14) Committee on Public Health and Well-Being:

(a) This committee shall cooperate with the members of the State Board of Health and with the staff of the State Department of Health and Environmental Sciences and shall act in an advisory and liaison capacity to them. It shall foster programs of education and instruction for the benefit of the medical profession and of the public, the objectives of which shall be 1) to improve all programs of public health and especially those which relate to the health and medical care rendered to ward Indians; 2) to improve the health and well-being of school children and to cooperate with school officials to develop improved programs of physical and mental health; 3) to develop continuing programs for the improvement of the health care and examination of all participants in school athletic programs, as well as to cooperate with appropriate school officials, coaches, and athletic directors to encourage the use of proper safety devices; 4) to study the increasing problems of mental illness and alcoholism and to cooperate with private and governmental agencies interested in these problems; and 5) to promote higher standards of industrial health and to cooperate with those industries and enterprises which may request assistance and counsel for the improvement of their industrial health programs.
(b) The chairman of this committee shall appoint subcommittees, as deemed necessary or appropriate, to fulfill the duties and responsibilities of this committee.

15) Committee on Public Relations.

This committee shall provide information to the public about the Association, its activities and policies. It shall foster cordial relations with all news media and utilize their facilities to promote a better understanding and a greater knowledge of the purposes and objectives of scientific medicine and or organized medicine to all citizens of Montana. The committee may announce policies approved by the House of Delegates and may inform the public of the activities and accomplishments of this Association and of its several committees.

16) Committee on Scientific Sessions.

The President-Elect shall, upon assuming office, appoint the chairman and at least four (4) members for a term of two (2) years to arrange the scientific programs and the scientific exhibits for the annual and the interim meetings during the year in which he shall serve as President. The members of this committee shall select speakers for these scientific programs. Full information about the scientific program of all meetings of the Association shall be submitted to the Secretary in ample time to prepare a printed program for distribution to the members of the Association and to other interested physicians.

17) Committee on Voluntary Health Agencies.

(a) This committee shall maintain close liaison between the members of the Association and all voluntary health agencies. It shall offer consultative services to all such agencies which may sponsor professional educational programs for physicians and shall offer its advice and counsel upon all programs of any voluntary health agency which

may be concerned with medical care, medical research, health education, and the relationships of such an agency with the medical profession.

(b) The chairman of this committee may appoint the necessary subcommittees to fulfill the duties and responsibilities of the committee.

ARTICLE X

Component Medical Societies

Section 1. All component medical societies now affiliated with this Association and those hereafter organized in this State which have adopted principles of orgainzation not in conflict with the Articles of Incorporation and Code of Bylaws of the Association shall, upon application, receive a charter from and become a component part of this Association.

Section 2. (a) Whenever a component medical society may wish to surrender its charter and unite with a neighboring component medical society, it may do so upon a majority vote of the active members of each society concerned and the approval of the House of Delegates of this Association. A new charter shall be issued to the new component medical society thus formed.

(b) If the majority of the active members of a component medical society desire to subdivide and form two component medical societies, such society may petition the House of Delegates for such action. The House of Delegates may issue new charters to each of the societies formed as a result of the subdivision, provided that each new component medical society thus formed has not less than eight (8) members. All subdivisions must be geographic and there shall not be two component medical societies in the same geographic area.

(c) If the majority of the members of a community in an area adjacent or contiguous to two or more component medical societies wish to transfer their affiliation from one of these component medical societies to another, they may do so upon a majority vote of the active members of the component medical societies concerned and upon approval of the House of Delegates of this Association.

Section 3. Charters shall be issued to component medical societies of the Association only upon recommendation and approval of the House of Delegates. They shall be signed by the President and the Secretary-Treasurer of the Association. The House of Delegates shall have the authority, by a two-thirds (2/3) vote of those present, to revoke the charter of any component medical society whose actions are in conflict with the letter or spirit of the Articles of Incorporation and the Code of Bylaws of the Association, as well as to amend the charter of any component medical society.

Section 4. Only one component medical society shall be chartered in any one county, except as provided in Article X, Section 2 paragraphs (b) and (c) of the Bylaws.

Section 5. Each component medical society shall be the judge of the qualifications of its members. Any physician, however, who may feel aggrieved by the action of the component medical society in refusing him membership or in suspending or expelling him shall have the right of appeal, first to the Committee on Medical Ethics and then to the House of Delegates. The House of Delegates shall submit its opinions and recommendations to the component medical society. In hearing appeals, the Committee on Medical Ethics may submit such oral or written evidence as in its judgment will fairly present the facts. Efforts at conciliation and compromise by the Committee on Medical Ethics and by individual members shall precede the hearing of such appeals.

Section 6. When a member in good standing of a component medical society moves to another county in this State, his name, upon request of the society into which jurisdiction he moves, shall be transferred, without cost, to the roster of that component medical society, providing all his dues and assessments for membership in this Association are paid.

Section 7. A physician may transfer membership to an adjacent component medical society with the approval of its executive committee and with the approval of the executive committee of the component medical society within which jurisdiction he resides and/or practices. In the event the permission to transfer membership is denied by the executive committee of one or both component medical societies, the physician may appeal the decision to the Executive Committee of the Association which decision shall be final and accepted by the physician and the component medical societies concerned.

Section 8. Each component medical society shall have the general direction of the affairs of the profession within the territory represented by it and its influence shall be constantly exerted for the advancement of the scientific, moral, and ethical standards of every physician under its jurisdiction. Systematic efforts shall be made by each member and by the society as a whole to increase the membership until the society embraces every qualified physician in the area under its jurisdiction.

Section 9. Each component medical society shall be entitled to proportional representation at all meetings of the House of Delegates of this Association. Each such society shall elect one delegate and one alternate delegate to serve as a member of the House of Delegates of this Association for each ten (10) active members, or fraction thereof, who are in good standing on the date of the meeting of the House of Delegates. The secretary of each component medical society shall submit a record of the names of all such duly elected delegates and alternate delegates to the Secretary-Treasurer of this Association at least forty-five (45) days prior to its annual and/or its interim meeting and within ten (10) days prior to any special session of the House of Delegates of this Association.

Section 10. The secretary of each component medical society shall maintain a full and complete roster of its members which shall indicate all changes in the personnel of the medical profession within the boundaries of the county or territory under the jurisdiction of the component medical society. The secretary of each component medical society shall serve as the liaison officer between this Association and the component medical society, and shall transmit to the membership of the component medical society all information which he receives from this Association as rapidly as is possible.

Section 11. The treasurer of each component medical society shall be responsible for the collection of dues and assessments for membership in the component medical society, the Montana Medical Association, and the American Medical Association. He shall transmit promptly all dues collected for membership in the Montana Medical Association and in the American Medical Association to the Executive Office of the Association.

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FEC
DOCUMENT
SEPARATOR

Ex. # 5 BB

CONSTITUTION

AND

BY-LAWS

of the

NEBRASKA MEDICAL ASSOCIATION

Constitution Approved and Adopted:

May 3, 1948

Amended:

May 2, 1951
May 12, 1952
May 12, 1953
May 10, 1954
May 18, 1955
May 14, 1956
May 15, 1957
April 27, 1960
April 28, 1964
October 4, 1969
October 24, 1971
May 3, 1972
October 5, 1974

By-Laws Approved and Adopted:

May 1, 1947

Amended:

May 4, 1948
May 3, 1949
May 3, 4, 1950
May 3, 1951
May 13, 14, 15, 1952
May 14, 1953
May 12, 13, 1954
May 18, 19, 1955
May 17, 1956
May 14, 15, 16, 1957
April 27, 1960
April 28, 1964
May 5, 1966
May 4, 1967
February 18, 1968
September 29, 1968
October 4, 1969
April 26, 1971
October 24, 1971
May 3, 1972
April 30, 1973
October 7, 1973
October 5, 1974
May 3, 1976

CONSTITUTION

NEBRASKA MEDICAL ASSOCIATION

* * * *

ARTICLE I - NAME

The name and title of this organization is the Nebraska Medical Association.

ARTICLE II - PURPOSES

The purposes of this Association are as follows:

To unify the medical profession of the State of Nebraska into one compact organization.

To unite with similar associations to maintain the American Medical Association, as well as

To advance the science and art of medicine, to elevate the standard of medical education, and to improve public health.

ARTICLE III - COMPONENT SOCIETIES

SECTION 1. Component Societies shall consist of those county and district medical societies, Nebraska house officers associations and medical student associations which now, or may hereafter, hold charters from this association.

SECTION 2. A county having five or more eligible physicians may form a component society. Only one component society shall be chartered in any one county of the state.

When fewer than five eligible physicians reside in a county, they may join a component society in a neighboring county.

A charter may be granted to a component society which may include two or more counties when, in the judgment of the House of Delegates, such combination is to the best interests of this Association.

SECTION 3. The State of Nebraska shall be divided into Councilor Districts, and component societies shall be allocated to the respective Councilor Districts as provided in Chapter VII, Section 9, of the By-Laws.

The component societies in the respective districts may organize councilor district medical societies.

ARTICLE IV - MEMBERSHIP

SECTION 1. Membership in the Nebraska Medical Association shall be attained only by those who are active members of a component society of the Association, as provided in the By-Laws.

SECTION 2. Every reputable physician licensed in the State of Nebraska and holding the degree of Doctor of Medicine or Bachelor of Medicine, and who practices medicine not founded on or adhering to exclusive dogma or sectarianism, shall be eligible for membership in a component society.

SECTION 3. The members of this Association shall be classified as follows:

(1) Active

(2) House Officer

(3) Honorary

(4) Life

(5) Service

(6) Student

ARTICLE V - REGULAR AND SPECIAL SESSIONS

SECTION 1. The Association shall hold an Annual Session for members and guests.

SECTION 2. The Annual Session shall be held during the spring months of each year, preferably the first week in May. The Committee on Scientific Session shall select the dates for the Annual Session.

SECTION 3. The city in which the next Annual Session is to be held shall be selected by the House of Delegates during its final meeting of each Annual Session.

SECTION 4. The Association shall hold an interim session during the winter months preceding the Annual Session, as described in the By-Laws.

SECTION 5. Special Sessions may be held in accordance with By-Laws enacted hereunder.

ARTICLE VI - OFFICERS AND BOARDS

SECTION 1. The constitutional officers of this Association shall be: President, President-Elect, Secretary-Treasurer, Speaker and Vice Speaker of the House of Delegates, four Directors, one Councilor from each of the respective Councilor Districts, two Delegates and two Alternates to the American Medical Association. Officers shall continue to serve in their respective offices until their successors have been installed.

The officers, except the Secretary-Treasurer and the Directors, shall be elected by the House of Delegates on the last day of the Annual Session and shall take office that day unless otherwise specified. The Secretary-Treasurer and the Board of Directors shall be elected by the Board of Councilors.

The President-Elect shall assume office as President during the next Annual Session following his election.

Delegates to the American Medical Association and their alternates shall assume office on the January first following their election.

By-Laws enacted hereunder shall determine the methods of nomination and election.

SECTION 2. The President shall serve for a term of one year. Should the President die, resign, or be removed from office, the President-Elect shall automatically become President for the unexpired term.

In the event of resignation of the President or incapacity of the President due to ill health, accident, or death, the office of President shall be assumed by the President-Elect. This in no way shall affect his eligibility for election to a full term of office.

In the event the President-Elect shall assume office of President, the Speaker of the House of Delegates shall assume the office of President-Elect until the next Annual Session.

In the event the Speaker of the House of Delegates assumes the office of President Elect, the Vice-Speaker of the House of Delegates shall assume the office of Speaker of the House of Delegates until the next Annual Session.

The Speaker and Vice-Speaker of the House of Delegates shall be elected for a term of three years each, their terms to run concurrently.

Delegates to the American Medical Association and an alternate for each shall be elected for such terms and in such number as the American Medical Association may prescribe in its Constitution and By-Laws.

The Secretary-Treasurer shall serve for a term of three years.

SECTION 3. The Council on Professional Ethics shall be vested with the judicial powers of the Association, as prescribed in the By-Laws.

SECTION 4. The Association may employ an Executive Secretary, selected by the Board of Directors and confirmed by the Board of Councilors, whose duties shall be set forth in the By-Laws.

SECTION 5. The Board of Directors shall be composed of the Secretary-Treasurer and four members elected by the Board of Councilors, each for a term of four years, so rotated that one shall be elected each year. Members of the Board of Directors shall serve not more than two consecutive terms. Members of the Board of Councilors shall not be eligible for election to the Board of Directors.

SECTION 6. A nominee for any of the constitutional offices named herein shall have been a member of the Association for at least three years immediately preceding his nomination. A nominee for the office of President-Elect shall have been a member of this Association for at least ten years preceding his elction.

ARTICLE VII - HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall be the legislative body of the Association.

SECTION 2. Delegates shall be members of, and elected by, component societies. Officers of the Association and Past-Presidents residing in this state shall be ex-officio members of the House of Delegates without vote.

SECTION 3. The Speaker or Vice-Speaker shall preside during the meetings of the House of Delegates.

SECTION 4. The House of Delegates shall be the final judge as to the qualification of its members.

ARTICLE VIII - FUNDS AND PROPERTY

SECTION 1. Funds for meeting the expenses of the Association shall be raised by annual per capita assessments on each component society. Assessments shall be equally apportioned to all members within any given membership

classification, as prescribed in the By-Laws. Funds may be raised also from the Association publications, by voluntary contributions, and in any other manner approved by the House of Delegates.

SECTION 2. All expenditures shall be approved and funds expended through the Board of Directors, under the supervision of the Board of Councilors. The Board of Directors, through the Board of Councilors, shall present an annual budget to the House of Delegates, covering the estimated expenses of the Association.

The House of Delegates may make appropriations from available funds to cover items presented in the budget, which shall take precedence over all other resolutions providing for appropriations.

All resolutions introduced in the House of Delegates which call for supplementary appropriations shall be referred to the Board of Councilors and the Board of Directors at least twenty-four hours before final action is taken.

SECTION 3. All books and records pertaining to financial transactions for monies of the Association shall be audited annually by a certified public accountant, and the report submitted to the Board of Councilors and the House of Delegates.

SECTION 4. Only active members in good standing in the Association shall hold interest in the properties of this Association. Cessation of active membership shall release and assign to the Association all property rights, title, and interest of such members.

ARTICLE IX - INCORPORATION

The Secretary of this Association is authorized to file these Articles of Incorporation, otherwise known as the Constitution and By-Laws of the Nebraska Medical Association, with the Secretary of State of the State of Nebraska, in Lincoln, Nebraska, in accordance with Article 9, Section 21-901, Revised Statutes of Nebraska, 1943, and the amendments thereto, and shall be listed as a non-profit professional association and society.

ARTICLE X - PLACE OF BUSINESS

The principal place of business for this corporation shall be in the City of Lincoln, County of Lancaster, State of Nebraska.

ARTICLE XI - REFERENDUM

The acting members of the House of Delegates assembled in session, by a two-thirds vote of those present, may order a referendum on any question pending before the House of Delegates, and submit the question to the active members of the Association for ratification or rejection. Such referendum shall be conducted by mail in the manner prescribed by the House of Delegates. A majority of those voting shall decide the issue, providing that not less than fifty-one percent of the active membership of the Association shall have voted on the proposition.

ARTICLE XII - SEAL

The Association shall have a seal, which may be altered or changed by order of the Board of Councilors and with the approval of the House of Delegates.

ARTICLE XIII - AMENDMENTS

Proposed amendments to any articles of this Constitution shall be presented in writing in open meeting during a regular session of the House of Delegates. Copies of such amendments shall be sent to each component society at least 60 days prior to the opening of the next corresponding regular session, at which time final vote shall be taken. A two-thirds vote of the members of the House of Delegates present at the time of the vote shall amend any Article of this Constitution.

ARTICLE XIV - REPEAL

All Articles and all Sections of all Articles of the Constitution of the Nebraska Medical Association, as said Constitution existed up to and including the 3rd day of May, 1972, A.D., are hereby repealed.

BY-LAWS

NEBRASKA MEDICAL ASSOCIATION

* * * * *

CHAPTER I - MEMBERSHIP

SECTION 1. A member of this Association must be an active member of one of the component societies. When he is certified to the Secretary-Treasurer of the Association as a member of a component society and classified as to the type of membership by the secretary of the component society, his name shall be included in the official roster of the Association, and he shall be entitled to all privileges of his class of membership.

SECTION 2. To maintain active membership in this Association, all members must pay dues and assessments as prescribed in the Constitution and By-Laws of the Nebraska Medical Association.

A graduate of a foreign medical school who has fulfilled all of the requirements for and is licensed to practice medicine and surgery in the State of Nebraska may become an active member of this Association through membership in a component society. For the purpose of this by-law, a foreign medical school shall be designated as a medical school located outside the boundaries of the continental United States of America.

Eligible physicians in the service of the Federal, or Nebraska State Government, who reside in Nebraska, and those on full time teaching assignments in a recognized school or college of medicine in Nebraska, may become active members of this Association through membership in a component society.

SECTION 3. House Officer membership may be issued through a component society to House Officers and fellows in Nebraska who qualify under the licensure laws of this state and who have appointments in recognized hospitals in Nebraska and who pay dues as prescribed by the House of Delegates. Such membership shall prevail only for the period of such graduate medical training. Such membership shall entitle the holder thereof to all membership benefits and responsibilities.

A House Officer member of this Association shall be eligible for membership in the American Medical Association upon payment of such dues as are fixed by the House of Delegates of that Association.

SECTION 4. Honorary membership may be bestowed on any member or individual for outstanding achievement in medicine or allied humanitarian service by a two-thirds vote of the Board of Councilors and with the approval of the House of Delegates.

Honorary membership shall be accompanied by a suitable certificate.

Honorary membership shall not affect the constitutional rights of an active member and does not relieve him of financial obligation and payment of dues.

Non-members of this Association who become Honorary members shall not pay dues nor enjoy the constitutional privileges of this Association.

SECTION 5. Life Membership may be granted to a member in good standing who has been in practice for 40 years, upon written request to his component society. The recommendation may be made by a two-thirds vote of the Board of Councilors and with the approval of the House of Delegates, and shall be retroactive to the date that Life Membership was first proposed and recommended by the component society.

Life Membership may also be granted in like manner to members in good standing, who, because of illness, disability, or other good cause, are not able to continue the practice of medicine.

A Life Member shall be exempt from payment of dues; may vote and hold office; may participate and attend regular sessions; shall receive all publications; and may become an Active Dues-Exempt Member of the American Medical Association.

SECTION 6. Service Membership shall be granted to a member of this Association in good standing who enters the armed services of the United States during an emergency, or when drafted. He shall be carried on the membership roster until termination of required active duty without payment of dues. On receiving an honorable discharge from such duty and resuming practice in this state, he shall be expected to resume immediately active membership in his component medical society.

SECTION 7. Student membership shall be granted to all regularly enrolled medical students of the University of Nebraska College of Medicine and the Creighton University School of Medicine upon direct application to the Nebraska Medical Association, or to the component student society, and payment of dues as prescribed from time to time by the House of Delegates. Student members will be eligible to attend all meetings of the Nebraska Medical Association and shall also be entitled to receive the Nebraska Medical Journal and serve as members of standing committees, but they shall not be entitled to hold office in the state association. A student member of this Association shall be eligible for membership in the American Medical Association upon payment of such dues as are fixed by the House of Delegates of that Association. He shall receive the paid member benefit publications.

SECTION 8. A member not in good standing, expelled or suspended from his component society, shall have like status in this Association. The right of appeal to the Council on Professional Ethics or to the Board of Councilors shall not be impaired, nor shall an appeal which is pending prevent carrying out the penalty imposed by the component society.

SECTION 9. Wherever in the following Chapters and Sections the unqualified term 'members' is used, the same shall refer equally to all classes of members of this Association.

SECTION 10. The Nebraska Medical Association may award a Certificate of Distinguished Service to a member in good standing, provided the nomination for such award be made by his component society or by a two-thirds vote of the Board of Councilors and with approval of the House of Delegates.

SECTION 11. Each year at the Annual Session of the Nebraska Medical Association there shall be awarded to each physician who qualified for membership in the Nebraska Medical Association, who has been recommended for the honor

by his component society, and who has been engaged in the practice of medicine for fifty years, a specially-designed pin, which shall be in recognition of the completion of fifty years in medical practice. In determining the period for which the award is made, the date of graduation from medical school shall be considered to be the beginning.

The names of the men who are to be considered for the awarding of this honor shall be selected by the Executive Secretary and the list of these names sent to each county secretary previous to each interim session. If no reply is received to the contrary, all names on this list shall be presented to the House of Delegates for approval at the fall session, and their approval shall be required for the awarding of the pin.

CHAPTER II - ASSESSMENTS AND EXPENDITURES

SECTION 1. The calendar year shall be the fiscal year of the Association.

SECTION 2. An annual assessment shall be levied against each active member of a component society, which shall be annual dues for membership in this Association. Dues whenever paid, shall be for the current calendar year. The dues of a House Officer member and a student member shall be prescribed by the House of Delegates.

Any physician who becomes a new member of the component society after July 1st, shall be obligated to pay one-half the annual assessment for the current calendar year.

The Board of Councilors, when in its opinion such action is expedient, and with the sanction of the House of Delegates, may increase or decrease Association dues, which change will take effect at the beginning of the next fiscal year.

The secretary of each component society shall forward to the Secretary-Treasurer of this Association on or before the last day of February of each year, its state and American Medical Association dues and membership assessments, together with a roster of officers, delegates and alternates, members of the component society, and a list of physicians who have moved into the area since the last report, together with the names of all who have moved from the area, by death or otherwise.

Any component society failing to make the required reports or to pay its assessment on or before the last day of February of each year, shall be held suspended, and none of its members or delegates shall be permitted to participate in any of the activities of the Association, nor to receive the Journal until such requirements have been met.

SECTION 3. All motions or resolutions regarding the appropriation of money shall specify a definite amount and the purpose for which it is to be used. All appropriations must be approved by the Board of Directors, the Board of Councilors and the House of Delegates.

Money expended by a member or a component society for Association activities shall not be repaid unless such expenditure has first been authorized by the Board of Directors of the Association.

Incurred expenses, on submission of an itemized statement, shall be repaid to the following officers and representatives of the Nebraska Medical Association:

(1) Officially elected delegates and their alternates to the American Medical Association and the North Central Medical Conference.

(2) Representatives to other meetings deemed important by the Board of Directors.

(3) Editor and Secretary-Treasurer while attending the meetings of the House of Delegates of the American Medical Association.

(4) Travel expense incurred by the Board of Councilors and the Board of Directors in line of the duties imposed herein in attending official meetings of the respective boards.

CHAPTER III - ETHICS AND DISCIPLINE

SECTION 1. The Principles of Medical Ethics of the American Medical Association shall be the rule of conduct for members of this Association, and shall guide the Board of Councilors in all decisions relating to questions of ethics.

SECTION 2. Except when authorized by the Board of Councilors of this Association or the Board of Censors of a component society, advertising to, or soliciting of, the laity by any group, hospital or related institution, or by any corporation, society or other organization, whether educational, religious or otherwise, engaged in the care of the sick, shall be construed as equivalent to advertising and soliciting by the physicians employed by, or associated in any professional capacity with the offending institution, and shall subject such physicians to discipline, suspension, or expulsion by the local Board of Censors.

SECTION 3. This Association declares that it is the right and duty of the medical profession as individuals to determine which persons, institutions and organizations shall have the right to gratuitous services.

SECTION 4. A member of this Association may give gratuitous or part-gratuitous service to the poor in the traditional relationship of physician to private patient if the recipient has been declared eligible thereto by an agency engaged in social service investigation and operated under regulations prescribed by this Association. A member shall not, however, contract with any agency to render medical service to the indigent except with the approval of his component society.

The foregoing provisions shall interfere in no way with the physician who chooses to care for those unable to pay a fee, if he treats the individual or the group as private patients.

SECTION 5. Any item not specifically provided for in these By-Laws shall be referred to the Board of Councilors for decision.

CHAPTER IV - ANNUAL SESSION

SECTION 1. Scientific meetings of the Annual Session shall be devoted to the scientific work of the members of this Association, to the inauguration of the President, to the annual address and awarding of a certificate of service to the retiring President, to special addresses by invitation, and to such matters of general interest to the Association as may have been placed on the program by order of the House of Delegates, the Board of Councilors, or the Committee on Scientific Session.

The order of exercises, papers, addresses and discussions at a scientific meeting shall be fixed by the Committee on Scientific Session, and shall be followed exactly, except when otherwise ordered by this committee.

SECTION 2. Each member of this Association in attendance at an Annual Session shall register and wear a badge of identification, which shall entitle him to the rights and privileges of his class of membership and to take part in the proceedings of the Annual Session.

Non-member physicians in attendance at an Annual Session shall pay a registration fee of five dollars, except residents and interns, or members in good standing of other state associations.

SECTION 3. All resolutions or memorials to be issued in the name of the Association must be referred to the House of Delegates not less than twenty-four hours prior to the time fixed for sine die adjournment of the House of Delegates and must be approved by the House before being issued or becoming effective.

SECTION 4. All papers read before a scientific meeting or section shall become the exclusive property of this Association, and shall be deposited with the Association immediately upon conclusion of its reading. The cost of publishing such paper shall be borne by the Association. Inclusion of illustrations without cost to the author shall be at the discretion of the Board of Directors or the Editor of the Journal. Permission to publish such papers in journals other than the Journal of the Association may be granted by the Board of Directors.

CHAPTER V - SPECIAL SESSIONS

SECTION 1. A special session of the House of Delegates may be called by a two-thirds majority vote of the House in session; by order of the Board of Councilors; or by petition to the President of one-third of the members of the House of Delegates; or by the President.

Notice of a special session of the House of Delegates shall be mailed to each member of the House at least fifteen days prior to the convening of such session, and shall state the time, place, and purpose.

SECTION 2. A special session of the Board of Councilors may be called by the President of this Association; by the Chairman of the Board of Councilors; or by petition of seven Councilors to the Chairman.

SECTION 3. A special session of the Directors may be held on call of the Chairman.

SECTION 4. No business other than that outlined in the official notice may be transacted at any special session.

CHAPTER VI - DELEGATES

SECTION 1. Delegates shall be members of and elected by component societies, or group of societies so organized, having a combined membership of five or more. Each component society, or group of societies so organized, in good standing having five or more members of the component society and the Nebraska Medical Association shall be entitled to send to the House of Delegates each year one delegate for the first five active members who are in good standing on December 31 of the calendar year immediately preceding. Any component society without delegate representation because it had less than five members in good standing on December 31st of the preceding year, will become immediately eligible for representation in the next session of the House of Delegates upon obtaining an increase in membership to five or more. The society, or group of societies so organized, will be entitled to a second delegate for the next 20 members or major fraction (50%) thereof and an additional delegate for each additional fifty members or major fraction thereof.

Numerical Determination of Delegates

Number of Member Physicians	Number of Delegates
0 - 4	0
5 - 14	1
15 - 25	2
26 - 75	3
76 - 125	4
126 - 175	5
176 - 225	6
226 - 275	7
276 - 325	8
326 - 375	9
376 - 425	10
426 - 475	11
476 - 525	12
526 - 575	13
576 - 625	14
626 - 675	15

Each delegate shall have a regularly elected alternate who shall represent his component society, or group of societies so organized, in the event that the delegate is unable to attend part or all of the sessions of the House of Delegates, or for any reason is unable to qualify for such service.

SECTION 2. A delegate or an alternate representing a component society, or group of societies so organized, shall have resided and practiced in Nebraska and shall have been an active member of a component society and the Nebraska Medical Association for at least two years immediately preceding his election.

Immediately following such election, the secretary of the component society, or group of societies so organized, shall certify the elected delegates and alternates to the Secretary-Treasurer of the state Medical Association.

SECTION 3. Delegates of the component society, or group of societies so organized, and their alternates shall be elected for a term of two years so rotated that one-half, as nearly as possible, shall be elected each year.

SECTION 4. During a session of the Association, an accredited delegate or his regularly-elected alternate may serve at any meeting of the House of Delegates; and the decision as to which one is to be seated at any meeting of the House shall be determined between themselves.

Members of the House of Delegates shall be officially seated at any meeting when they have answered the prepared roll call.

SECTION 5. Each delegate shall be entitled to one vote. He shall represent the component society, or group of societies so organized, through which his active membership originated. Representation in the House shall not be accorded to a component society, or group of societies so organized, whose delegate or alternate is absent unless approved by the House of Delegates.

SECTION 6. Four student delegates shall be entitled to hold a voting membership in the House of Delegates. There will be two delegates from each school of medicine in Nebraska, comprised of students who have completed at least half of the prescribed medical school curriculum. Such individuals must be current dues-paying members.

SECTION 7. A minimum of four delegates representing the House Officer Staff Association shall be entitled to hold voting membership in the House of Delegates. No less than two of these delegates shall be elected from the Creighton University House Staff Association and no less than two of these delegates shall be elected from the House Officers Association of the University Medical Center. Provided further that if the membership of either House Staff Association exceeds 50 members, then such Association shall be entitled to one additional delegate for each 50 members or fraction thereof. Such individuals must be current dues-paying members.

CHAPTER VII - HOUSE OF DELEGATES AND ITS DUTIES

SECTION 1. The House of Delegates shall foster the constitutional purposes of this Association. In pursuance of these duties, it shall:

(1) Elect

The President-Elect

The Councilors

The Speaker and Vice-Speaker of the House of Delegates

Delegates to the American Medical Association, and their alternates, for terms of two years each

Delegates and their alternates for terms of two years each to represent the Association at meetings of other medical societies which in its judgment merit such recognition

(2) Appropriate money for budgetary purposes, and make special appropriations

(3) Fix membership dues after considering recommendations made by the Board of Councilors.

(4) Select the city in which the Annual Session shall be held, as prescribed in Article V, Section 3.

(5) Have power to create commissions and special committees from its own membership, from the general membership of the Association, or from the public at large.

(6) Have power to create reference committees for the conduct of its business.

The Speaker of the House shall appoint the members of such committees, which shall be approved by the House of Delegates. Recommendations from these committees shall be submitted to the House, and a majority vote of those present shall be necessary for adoption. Unless otherwise ordered by the House, the term of any reference committee shall expire automatically with sine die adjournment of the Annual Session, or of the special meeting of the House at which the committee was appointed.

(7) Approve elections to honorary membership and resolutions and memorials issued in the name of the Association.

In addition to the foregoing duties, it may:

(1) Call special sessions of the House of Delegates, as prescribed in Chapter V, Section 1.

(2) Order a referendum on any question pending before the House of Delegates, as prescribed in Article XI.

(3) Specify that matters of general interest to the Association be scheduled on the scientific program.

(4) Assign additional duties to the constitutional officers and create additional offices to fulfill functions not foreseen in the Constitution and By-Laws.

SECTION 2. Chairmen of committees who are not members of the House of Delegates may report to the House in person, and may participate in the discussion of matters pertaining to the work of their committees, but shall not have the right to vote.

SECTION 3. The House of Delegates shall meet twice yearly. One meeting shall be at the time and place of the Annual Session. It may meet in advance or remain in session after adjournment of a regular session, or on call of the Speaker. The meetings of the House shall not conflict with the scientific programs scheduled, unless unavoidable. Open meetings of the House of Delegates may be attended by all members of the Association who are in good standing.

The Interim Session of the House of Delegates shall be held during September or October of each year immediately following the Interim Session of the Board of Councilors, and not less than 60 days prior to the opening of the next following session.

Executive meetings may be attended only by members of the House of Delegates as defined in Article VII, Section 2. Business to be transacted at executive meetings shall be sponsored by the House of Delegates, the Board of Councilors, or the Board of Directors.

SECTION 4. Except as otherwise provided in these By-Laws or ordered by a two-thirds vote of the House of Delegates, the following shall be the order of business of the House:

(1) Call to Order by the Speaker of the House of Delegates
(2) Roll Call
(3) Reading of the Minutes
(4) Report of the Board of Directors
(5) Report of the Board of Councilors
(6) Report of Officers
(7) Reports of Standing Committees
(8) Reports of Reference Committees
(9) Reports of Special Committees
(10) Unfinished Business
(11) New Business

SECTION 5. New business shall not be introduced during the last meeting of the Annual Session of the House except by a two-thirds majority vote of the members of the House present on that day, and shall require a two-thirds vote for ratification.

SECTION 6. Thirty-five delegates shall constitute a quorum for the transaction of business.

SECTION 7. Detailed minutes of all open meetings of the House of Delegates shall be recorded by the Secretary-Treasurer, and shall be published in the official journal. Business enacted in executive meetings shall be recorded and reported in substance in open meeting, but shall not be published unless so ordered by the House of Delegates.

SECTION 8. Charges calling for the impeachment of an officer, having been passed by a two-thirds majority vote of the Board of Councilors, shall be presented in writing to the House of Delegates. The House of Delegates shall then determine its procedure for hearing and acting upon such charges. The plaintiff and defendant shall be permitted to present evidence and witnesses in all impeachment proceedings. An officer may be removed from office by a two-thirds vote of the members of the House of Delegates present at the time of the vote.

SECTION 9. The House of Delegates shall divide the state by counties into twelve Councilor Districts, and each shall be represented by a resident Councilor. Apportionment of the counties in the State of Nebraska into Councilor Districts shall be as follows:

No. 1 - Douglas, Sarpy
No. 2 - Lancaster, Cass, Otoe
No. 3 - Gage, Johnson, Nemaha, Pawnee, Richardson
No. 4 - Knox, Cedar, Dixon, Dakota, Antelope, Pierce, Wayne, Thurston, Madison, Stanton, Cuming
No. 5 - Burt, Washington, Dodge, Colfax, Platte, Boone, Nance, Merrick
No. 6 - Saunders, Butler, Seward, Polk, York, Hamilton
No. 7 - Clay, Fillmore, Saline, Nuckolls, Thayer, Jefferson
No. 8 - Cherry, Keya Paha, Brown, Boyd, Rock, Holt, Sheridan
No. 9 - Custer, Valley, Greeley, Sherman, Howard, Dawson, Buffalo, Hall, Grant, Hooker, Thomas, Blaine, Loup, Garfield, Wheeler
No. 10 - Gosper, Phelps, Adams, Furnas, Harlan, Franklin, Webster, Kearney, Chase, Hayes, Frontier, Dundy, Hitchcock, Red Willow
No. 11 - Lincoln, Perkins, Keith, McPherson, Deuel, Garden, Logan, Arthur
No. 12 - Scotts Bluff, Banner, Box Butte, Morrill, Dawes, Sioux, Kimball, Cheyenne

Upon petition of a two-thirds majority of the members in any county, the House of Delegates may transfer that county from one councilor district to another.

CHAPTER VIII - ELECTION OF OFFICERS

SECTION 1. The House of Delegates on the first day of the Annual Session shall elect a Nominating Committee consisting of one delegate from each councilor district. This committee shall hold at least three previously-announced meetings of not less than one hour each -- one on the first day and two on the second day of the Annual Session -- for the purpose of receiving nominations for officers for the ensuing year. These meetings shall not conflict with the scientific meetings of the Annual Session. Any member of the Association may appear before this committee and present nominations for any of the elective offices.

The Nominating Committee shall then prepare a ticket containing the name or names of candidates for each elective office, except as otherwise provided in the Constitution and By-Laws.

SECTION 2. The report of the Nominating Committee and the election of officers shall be the first order of business of the House of Delegates following the reading of the minutes at the final meeting of the House of Delegates on the last day of the Annual Session.

Any delegate may volunteer additional nominations for any or all elective offices from the floor of the House, but his nominating speech must not exceed two minutes.

SECTION 3. All elections shall be by secret ballot and a majority vote of the delegates present shall elect, except, that if there be more than two nominees and no majority be declared, the two nominees receiving the highest votes shall be declared the nominees and another ballot taken. If there is only one nomination for an office, election may be by acclamations.

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CHAPTER IX - DUTIES OF OFFICERS AND EXECUTIVE SECRETARY

SECTION 1. In the pursuance of his duties, the President shall:

(1) Deliver an address during the scientific session at which his administration expires

(2) Appoint all committees not otherwise provided for, including all new standing committees that may be created during his term of office

(3) Fill all vacancies for unexpired terms on standing or special committees, caused by death, resignation, or removal. Such appointments shall not require the approval of the Board of Councilors until the regular meeting of this Board

(4) Be a member of the Board of Councilors

(5) Be a member of the Committee on Medical Service

(6) Be a member and chairman of the Committee on Policy

(7) Be a member of such other committees as the House of Delegates may hereafter designate

(8) Be an ex-officio member of all other committees and of the House of Delegates, without the right to vote

(9) Assist the Councilors in building up component societies, and perform such other duties as custom and parliamentary procedure may require

In the further performance of his duties, he may:

(1) Create special committees for any purpose, appointing the members and assigning them any powers and duties not in conflict with this Constitution and By-Laws. The tenure of such appointees shall not exceed the tenure of office of the President making the appointments, unless continued by order of the House of Delegates

(2) Call a special session of the Board of Councilors, as prescribed in Chapter V

SECTION 2. The President-Elect shall:

(1) Familiarize himself with the duties which will devolve on him as President

(2) Be a member of the Board of Councilors

(3) Be a member of the Policy Committee

(4) Be an ex-officio member of all committees, and of the House of Delegates, without the right to vote

(5) Be a member of such other committees as the House of Delegates may hereafter designate

(6) Perform such other duties as may be directed by the House of Delegates

(7) Appoint new members of all regular standing committees authorized in Chapter XII, Sections 1 and 2. These appointments shall be for the next ensuing year

(8) Assume office of President in event of resignation of President or incapacity of President due to ill health, accident, or death

SECTION 3. The Speaker of the House of Delegates shall:

(1) Preside at all sessions of the House of Delegates

(2) Appoint all reference committees with the approval of the House of Delegates

(3) Perform such duties as custom and parliamentary procedure may require

(4) Have the right to vote only in case of a tie

(5) Be an ex-officio member of the Board of Councilors, with the privilege of the floor, but without the right to vote

(6) In the event the President-Elect shall assume office of President, shall assume the office of President-Elect until next Annual Session

SECTION 4. The Vice-Speaker shall:

(1) Assume the duties of the Speaker during his absence or at his request

(2) Assist the Speaker in the performance of his duties

(3) Act in the capacity of Sergeant-at-Arms

(4) Have the right to vote only when acting in the capacity of Speaker, and then only in case of a tie vote

(5) In the event of death, resignation, removal or disability of the Speaker, automatically succeed to that position for the unexpired term

(6) Be an ex-officio member of the Board of Councilors, and have the same rights and privileges as does the Speaker

(7) In the event the Speaker of the House of Delegates assumes the office of President-Elect, shall assume the office of Speaker of the House of Delegates until next Annual Session

In the event of death, resignation, removal, or disability of both the Speaker and Vice-Speaker, the Board of Councilors shall appoint a Speaker for the current or next regular session, at which time a Speaker shall be elected by the House of Delegates.

SECTION 5. The Secretary-Treasurer shall:

(1) Be custodian of all moneys, securities and deeds belonging to the Association, and hold the same subject to the direction and disposition by the Board of Directors, except as prescribed in Chapter X

(2) Make such periodic reports of his official transactions as may be required by the Board of Directors

(3) Be bonded at the expense of the Association, in an amount designated by the Board of Directors

(4) Receive a salary fixed by the Board of Directors

(5) Advise the Executive Secretary on matters pertaining to the science of medicine and to professional relations

(6) Assume the duties of the Executive Secretary, pending the appointment of another Executive Secretary, should the office of Executive Secretary be vacated

(7) Be a member, and secretary of the Board of Directors

(8) Be a member of the Committee on Scientific Session

(9) Be a member of the Committee on Medical Service

(10) Be an ex-officio member of all standing committees and of the House of Delegates without the right to vote

In case of death, resignation or removal of the Secretary-Treasurer, the Board of Directors shall select a member of the Association to fill such vacancy until a Secretary-Treasurer is chosen at the next ensuing session of the Board of Councilors.

SECTION 6. The Executive Secretary shall:

(1) Perform the duties usual in such an office and to the office of Secretary, except those specifically imposed on the Secretary-Treasurer by this Constitution and By-Laws

(2) Refer to the Secretary-Treasurer all medical or professional questions

(3) Act as general administrative officer and business manager of the Association, subject to the advice and direction of the Board of Councilors and the Board of Directors

(4) Be directly responsible to the Board of Directors

(5) Be custodian of the official seal

(6) Be custodian of all communications, papers, and records pertaining to the duties of his office, except those designated for the custody of others, as provided in this Constitution and By-Laws, or by order of the Board of Directors

(7) Record, and promptly turn over to the Secretary-Treasurer, or to such other custodian as the Board of Directors may direct, all funds of the Association which may come into his possession

(8) Be bonded at the expense of the Association, in such amount as the Board of Directors may require

(9) Aid the Board of Councilors in the organization and guidance of the component societies and, so far as is practicable, visit each component society at least once annually

(10) Supply the component societies with the necessary forms for conducting their official business with this Association

(11) Charge and collect assessments against component societies

(12) Keep a card index by counties of all physicians in Nebraska and render annually to the American Medical Association and to this Association a statistical report of the membership status

(13) Be business manager of the official journal and manage all other publications of the Association, under the supervision of the Board of Directors, subject to provisions in Chapter XIV of these By-Laws

(14) Be a member of the Committee on Medical Service

(15) Perform such other duties and employ such assistants as the Board of Directors may direct

The salary of the Executive Secretary and the salaries of his assistants shall be fixed by the Board of Directors.

SECTION 7. Delegates to the American Medical Association shall:

(1) Attend the annual and interim sessions, and any special sessions of the House of Delegates of the American Medical Association, and faithfully represent this Association and its official policies in said House of Delegates

(2) Be ex-officio members of the House of Delegates of the Nebraska Medical Association, without the right to vote

SECTION 8. The House of Delegates may assign other and additional duties to the constitutional officers and to the Executive Secretary of the Association. It may create additional offices to fulfill functions not foreseen in the Constitution and By-Laws. The Board of Directors shall select the appointees, who need not necessarily be active members of the Association, to fill such newly-created offices. The duties of these appointees shall not conflict with those of the constitutional officers nor of the Executive Secretary.

SECTION 9. Officers of the Association, the Executive Secretary, the Editor of the Journal, Chairmen of the various committees and delegates to the American Medical Association and to selected medical meetings, shall submit an annual report of their activities to the Board of Councilors at its interim meeting preceding the interim session of the House of Delegates, any one or all of which may be published in the Journal on order of the Board.

Delegates to the annual, interim or special sessions of the American Medical Association may submit their report to the Editor for immediate publication in the Journal of the Nebraska Medical Association, and shall appear before the House of Delegates and discuss significant deliberations and actions taken by the House of Delegates of the American Medical Association.

The reports of the respective councilors may be combined. The minutes of the meetings of the Board of Councilors shall be submitted to the House of Delegates. In no instance shall the House of Delegates require confidential details to be included in the report of the Board of Councilors.

CHAPTER X - BOARD OF DIRECTORS

SECTION 1. The Board of Directors shall exercise general supervision over the financial affairs of the Association, and fulfill such duties as devolve on directors of corporations.

The Board of Directors shall:

(1) Establish and maintain the official headquarters of the Association

(2) Present an annual budget to the House of Delegates through the Board of Councilors

(3) Pass on all recommendations for incurring expense; and advise in financial deliberations of the standing committees, especially those of a non-scientific nature

(4) Acquire, hold, maintain and dispose of such moneys and property, personal and real, as may now be, or shall hereafter come into possession of the Association

(5) Select and employ an Executive Secretary, to be confirmed by the Board of Councilors; and also select appointees provided for in Chapter IX, Section 8, who need not be physicians or members of the Association

(6) Determine all salaries

(7) Require and hold the official bonds of such officers of the Association as is provided in these By-Laws, as well as of others in the employ of the Association who, in their judgment, should be bonded

(8) Refer and otherwise dispose of business matters coming within its jurisdiction

(9) Make recommendations to the Board of Councilors and the House of Delegates

(10) Be responsible for the publication of the Journal of the Nebraska Medical Association, and supervise the advertising policy of all official publications; and nominate the Editor of the Journal

(11) Fill vacancies occurring in the offices of President-Elect, Delegates to the American Medical Association and their alternates, subject to the approval of the House of Delegates at its next regular session

SECTION 2. The Board of Directors may:

(1) Select a bank or trust company to act as custodian of all or any part of the moneys, securities and deeds of the Association in place of the Secretary-Treasurer, and to act as agent of the Association in collecting any income therefrom

(2) Appoint a bank or trust company, or a subsidiary organization or corporation may be established by the Association to act as trustees of any trust, foundation, or fund

(3) Appoint additional custodians, or change existing custodians if in their opinion such additions or changes would be for the best interests of the Association

SECTION 3. Immediately following the annual fall session of the Board of Councilors, the Board of Directors shall organize by electing a chairman and

vice-chairman, and from its own membership shall appoint such committees as may be necessary. The Secretary-Treasurer of the Association shall be the secretary of the Board of Directors by virtue of his office. The Board of Directors shall hold at least four meetings in each calendar year. Should a vacancy occur in the Board of Directors, the Board of Councilors shall appoint a member to the Board of Directors, who shall serve the unexpired term.

CHAPTER XI - BOARD OF COUNCILORS

SECTION 1. The Board of Councilors shall be composed of one duly-elected Councilor from each Councilor District, the President, the President-elect, and the immediate Past President of the Association. The Speaker and Vice-Speaker of the House of Delegates shall be ex-officio members without the right to vote. The Councilors shall be elected for a term of three years each, so rotated that one-third, as nearly as possible, shall be elected each year. A Councilor shall serve not more than two consecutive terms.

A member from each Councilor District shall be nominated for the office of Councilor by the respective Councilor District Societies.

In lieu of a Councilor District Society in a Councilor District, representatives of the component societies of that district shall make the nomination. The names of such nominees shall be certified immediately to the House of Delegates by the President and Secretary of the respective Councilor District Societies, or by the chairman of the representatives of the component societies making such nominations. Nominations shall be presented as prescribed in the election routine for other officers. If a Councilor District fails to make a nomination, it shall be made in a manner prescribed in these By-Laws.

SECTION 2. The Board of Councilors shall:

(1) Be the judiciary of the Association, and act in advisory capacity to the Board of Directors

(2) Elect members of the Board of Directors and the Secretary-Treasurer, as prescribed in Article VI, Section 1, of the Constitution

(3) Issue charters to component societies, signed by the President and Secretary-Treasurer of this Association

(4) Appoint members to the Committee on Medicolegal Advice, and approves rules and regulations adopted by this committee relative to malpractice

(5) Approve recommendations for the organization of new committees

(6) Hear and decide all questions of discipline affecting the conduct of members or of a component society on which an appeal is taken from the decision of an individual Councilor

(7) Fulfill such other duties as are prescribed in the Constitution and By-Laws

The Board of Councilors may:

(1) Call special sessions of the House of Delegates of the Association, and of the Board of Councilors as prescribed in Chapter V

(2) Receive the findings and decisions of the Council on Professional Ethics for review and decision

(3) Revoke the charter of any component society, or the membership of any individual whose actions are in conflict with the letter or spirit of this Constitution and By-Laws

SECTION 3. Charges calling for the impeachment of an officer, bearing the signatures of two hundred active members, shall receive full hearing by the Board of Councilors. Accuser and accused shall be permitted to present evidence and witnesses at the impeachment proceedings. Impeachment of an officer shall require a two-thirds vote of the Board of Councilors, which must be confirmed by a two-thirds vote of the members of the House of Delegates present at the time of the vote.

SECTION 4. The Board of Councilors shall hold a fall session prior to the fall session of the House of Delegates, for the purpose of organizing and outlining the work for the ensuing year. At this meeting it shall elect a chairman and a secretary. It shall hold meetings during the annual session of the Association which shall not, as nearly as possible, conflict with the scientific meetings. It shall keep a permanent record of its proceedings. Seven members shall constitute a quorum. It shall, through its chairman, make an annual report to the House of Delegates at such time as may be provided, as required in Chapter IX, Section 9. The reports of all standing committees presented to the Board of Councilors, together with their recommendations, shall be referred to the House of Delegates for disposition at its next session.

SECTION 5. Each Councilor shall be organizer, peacemaker, and adviser for his own district. He shall visit, as nearly as possible, each component medical society in his district at least once each year, and on such visits shall familiarize himself with the activities of the society and assist in an advisory capacity. He shall organize component societies where none exist. He shall have authority to organize the physicians of two or more counties into a component society, so designated in name that it may be distinguished from a district society. These societies, when chartered, shall be entitled to all rights and privileges provided for component societies.

He shall render an annual report to the Board of Councilors at its fall session regarding the status of the profession in each county in his district.

It shall be the duty of each Councilor, if so requested, to appoint honorary pallbearers who shall represent the Association at the burial of a member who had resided in his district.

SECTION 6. Should a councilor office be vacated by death, resignation, or removal, the Board of Councilors shall appoint an acting Councilor who shall serve until the next meeting of the House of Delegates, at which time a Councilor shall be elected as prescribed in Article VI, Section 1. Such appointments shall be certified to the Secretary-Treasurer of the Association.

CHAPTER XII - COUNCILS AND STANDING COMMITTEES AND THEIR DUTIES

SECTION 1. The standing committees of this Association shall consist of at least six members each appointed annually by the President-Elect, except as otherwise provided in the By-Laws. The President-Elect may also appoint members and non-members to committees on an interim basis.

The President, the President-Elect, and the Secretary-Treasurer shall be ex-officio members of all standing committees, without the right to vote, except as otherwise provided in the By-Laws.

The House of Delegates may by motion create new, or abolish old committees at their discretion. Members of all committees shall continue to serve until their successors are appointed.

Whenever a physician is appointed to fill a vacancy as a member of the Board of Councilors, of the Board of Directors, or on a committee in which the number of terms any person may serve is limited by the Constitution and/or By-Laws, that term shall not count as a regular term, and such member shall be eligible for consideration for reappointment or election for the designated number of full terms.

SECTION 2. Members of the standing committees of the Association shall be appointed annually, except as otherwise provided in the By-Laws.

These committees shall be as follows:

1. Advisory to the Auxiliary
2. Allied Professions
3. Cancer
4. Constitution and By-Laws
5. Emergency Medical Service
6. Geriatrics
7. Health Education in Schools and Colleges
8. Hospital and Professional Relations
9. Insurance and Prepayment Medical Care
10. Maternal and Child Health
11. Medical Service
12. Medicolegal Advice
13. Medical Education
14. Medicine and Religion
15. Mental Health and Retardation
16. Peer Review
17. Policy
18. Public Helath
19. Public Relations
20. Rural Medical Service
21. Scientific Sessions
22. Health Planning
23. Membership

1. The Committee on Advisory to the Auxiliary shall cooperate with and foster the relationship between the Auxiliary of the Nebraska Medical Association and the Nebraska Medical Association.

2. The Committee on Allied Professions shall correlate and activate the joint purposes of the allied professions pertaining to the health of the people of the State of Nebraska, and to the perpetuation of the work of the allied professions as a free enterprise.

3. The Committee on Cancer shall bring to the attention of the state medical profession matters of current interest in this field. And shall cooperate with similar state or national committees. The Chairman shall submit a report to the Board of Councilors at the interim session.

4. The Constitution and By-Laws Committee shall consider all suggestions made to revise or amend the Constitution and By-Laws. It shall consider and compose provisions for such amendments, and present them to the House of Delegates for adoption or revision, as provided in Article XIII and Chapter XVI of the Constitution and By-Laws of the Nebraska Medical Association.

5. The Emergency Medical Service Committee shall concern itself with emergency health planning and operation. The Committee shall serve as the Association's representative in the dissemination of information regarding the development and implementation of remedial measures pertaining to national emergencies, local disaster situations and transportation safety. The Committee shall coordinate their activities with other agencies expending their efforts in developing emergency preparedness technique.

6. The Committee on Geriatrics shall familiarize itself with the problems presented by the increasing number of aged persons in our population. And shall cooperate with similar committees in other Associations, or with similar national committees.

7. The Committee on Health Education in Schools and Colleges shall concern itself with health education in the school system. Members on this committee shall be appointed on the basis of interest and knowledge in education.

The duties of this committee shall be as follows:

1. To study and evaluate the teaching of health education in the elementary and secondary schools and colleges in cooperation with key educators

2. To stimulate the establishment of self-evaluation studies and provide consultation services for such studies which will aid in developing an over-all school health program covering health instruction, health services and environmental health

3. To explore and study ways and means of teaching health education more effectively in schools

4. Stimulate development of post-graduate workshops in health education in colleges of the state for those teachers who have the responsibility of teaching health in order to assist them in keeping abreast of new advancements in the field of health

8. The Committee on Hospital and Professional Relations shall be concerned with the ethics, responsibilities, standards, contractural relations, general policies and procedures relevant to medical practice in hospitals. It shall render an annual report to the Board of Councilors and the House of Delegates.

9. The Committee on Insurance and Prepayment Medical Care shall concern itself with insurance contracts incident to the practice of medicine and of importance to the Association member.

The Committee shall also be a liaison committee between the members of the Nebraska Medical Association and all health insurance carriers. It shall convey to such health insurance carriers any complaints, criticism and/or constructive suggestions received from the members of the Nebraska Medical Association.

It shall be conversant with the work being done by the Council on Medical Service of the American Medical Association, and shall cooperate with this Council in furthering its purpose.

It shall report annually to the Board of Councilors and to the House of Delegates the progress made and the methods of operation of Nebraska Medical Service. No member of the Board of Directors or officers of the Nebraska Medical Service shall be eligible for appointment to this Committee.

10. The Maternal and Child Health Committee shall be concerned with the problems that fall within its special field, and shall endeavor to keep current information before the members of the Association.

11. The Committee on Medical Service shall seek to put into practice those methods which will broaden the mutual interests of the profession and laity in the practice of medicine; and to keep abreast of the trends and accomplishments in the prevention of disease and remedial care of the sick; and aid endeavors to improve medical care and lessen the burdens of those needing medical care and/or hospitalization; and to keep the profession and laity informed on matters which would endanger the physician-patient relationship.

12. The Medicolegal Advice Committee shall consist of five members, three of whom shall be appointed by the Board of Councilors. Of the three appointive members, one shall be appointed each year for a term of three years, and these members may be reappointed without restriction. The President and the President-Elect shall be the remaining two members by virtue of their official positions.

Claims or suits charging malpractice, filed against members of the Association, shall be thoroughly investigated by this Committee in accordance with rules and regulations adopted by this Committee and approved by the Board of Councilors. These rules shall not conflict with this Constitution and By-Laws.

The Medicolegal Advice Committee shall serve also as a liaison committee with a similar committee of the Nebraska State Bar Association.

The Executive Secretary shall be the Secretary of this Committee.

The Chairman of this Committee shall receive compensation in accordance with services rendered, as prescribed by the Board of Directors.

13. The Committee on Medical Education shall concern itself with the problems of medical education in Nebraska. It shall be a liaison committee between the two medical colleges of the state, and shall interest itself in, and make recommendations concerning post-graduate education for the physicians of the state.

14. The Committee on Medicine and Religion shall concern itself with creating the proper climate for communication between the physician and the clergyman that will lead to the most effective care and treatment of the patient.

15. The Committee on Mental Health and Retardation shall keep in touch with current progress in their field. It shall bring before the members of the Nebraska Medical Association such activities as may be of interest in this part of medical practice.

16. The functions of the state Peer Review Committee shall be as follows:

1. To act as a State Peer Review Committee to which decisions of the Area Peer Review Committee may be appealed, either by the physician, the patient or the third party carrier

2. To aid in the establishment of, and coordination of the Area Peer Review Committees

3. To establish, with consultation of existing Peer Review Committees, the mechanisms of gathering information, the recording, and the analysis of, cases reviewed so that there can be a uniform method of peer review activities in Nebraska

4. To advise all interested parties of the mechanisms established for initiating peer review in Nebraska

5. To educate the physicians of Nebraska as to the function and meaning of peer review as well as to disseminate medically useful information obtained from such peer review activities

6. The activities of all the Peer Review Committees shall have no disciplinary function. If cases are reviewed in which it appears disciplinary actions should be considered, these would be referred to the Council on Professional Ethics for their consideration. In addition, the State or Area Peer Review Committees will refer to the appropriate standing committees of the Nebraska Medical Association, any other matters that it encounters that are outside the purview of peer review

7. To establish at their discretion an advisory committee of specialists as required to assist the State Peer Review Committee and Area Peer Review Committees in completing proper review of a case. The details of this Committee are left to the discretion of the State Peer Review Committee

The State Peer Review Committee shall consist of fourteen members who are members of the Nebraska Medical Association and actively engaged in the private practice of medicine, appointed by the President of the Nebraska Medical Association. Membership shall consist of:

1. Four members who are engaged in General Practice and at least one of whom is a member of the American Academy of General Practice or certified by the Board of Family Practice
2. One urologist
3. One orthopedic surgeon
4. One general surgeon
5. One internist
6. One obstetrician-gynecologist
7. One pathologist
8. One radiologist
9. One psychiatrist
10. One anesthesiologist
11. One pediatrician

All of the members listed above, with the exception of those in Category #1, shall be certified by their respective Specialty Boards. The Committee members should be selected on the basis of geographical distribution to be representative of all areas in Nebraska. The Committee will elect its own chairman. No member may be appointed to any of the Peer Review Committees in Nebraska who is serving as a medical director of a third party carrier or serving as a member of its Board of Directors. No member of any Peer Review Committee should sit in review of his own case.

The term of service on the Committee shall be three years with the terms to be staggered as follows for the initial Committee: Five members - one year; Five members - two years; Four members - three years. No physician may serve continuously in excess of six years.

17. The Committee on Policy shall consist of the President of the Association, the President-Elect, and the three living immediate past presidents. In the event a past president dies or resigns while on the Policy Committee, the next immediate past president shall be reinstated on the committee.

This Committee shall have as its duty the guidance of the Association on questions of policy arising during intervals between meetings of the House of Delegates. It shall be empowered to act on all matters arising at other times than during meetings of the House of Delegates, and shall serve as a liaison committee between the House of Delegates and the officers of the Association.

18. The Public Health Committee shall be concerned with public health and occupational health problems of the people of the state and bring information they feel is of importance to the members of the Association.

19. The Committee on Public Relations shall be in charge of all Public Relations Programs set up by the Nebraska Medical Association. The Executive Secretary of the Nebraska Medical Association shall be secretary of this committee.

20. The Committee on Rural Medical Service shall foster the practice of medicine in rural Nebraska and cooperate with organized farm groups of Nebraska to further the objectives of the Committee on Rural Medical Service of the American Medical Association.

21. The Committee on Scientific Session shall consist of six appointive members, at least one of whom shall be a member of the American Academy of Family Practice, and the Secretary-Treasurer by virtue of his office. Members of this committee may be reappointed for a single term only.

It shall select the dates of the Annual Session as prescribed in Article V, Section 2, and have complete charge of all proceedings at this meeting, except those of the House of Delegates, the Board of Councilors, and the Board of Directors. It may appoint sub-committees to arrange and direct activities for the Annual Session other than the scientific program.

It shall arrange a scientific program for the Annual Session, as provided in Chapter IV, Section 1. It shall publish the program in the issue of the Journal immediately preceding the Annual Session and may issue supplemental programs by mail to the members of the Association and to others.

22. The Health Planning Committee's functions should include, but not be limited to the following:

1. Develope and continually update a plan for medical services in Nebraska
2. Seek counsel and recommendations for the Nebraska Medical Association Guidelines for Medical Services Health Planning in Nebraska from all groups, public and private, interested and involved in health care and its delivery
3. Provide an ongoing critique on the Nebraska Health Project Guidelines and present recommendations for improvement of same to the Comprehensive Health Planning Advisory Committee and Comprehensive Health Planning "A" and "B" Agencies as appropriate

23. The Membership Committee shall develop and implement programs for orientation and promotion of organized medicine to the medical student, House Officer and non-member physicians in Nebraska.

SECTION 3. The Council on Professional Ethics shall consist of five members. They shall be elected by the Board of Councilors of the Nebraska Medical Association for a term of five years. Their original terms of office shall be for one, two, three, four or five years; thereafter for five years. The President and President-Elect of the Association shall be ex-officio members of the Council.

Qualifications: The personnel should be chosen from the older, respected members of the profession who have demonstrated from time to time their interest in questions of an ethical nature and are outstanding examples of sobriety and good judgment in matters pertaining to the welfare of the profession and the interest of the public at large.

Their function shall be to investigate all complaints relating to or involving the ethical or professional practice of any physician in the State of Nebraska.

Any and all complaints or accusations against any member of the Nebraska Medical Association relative to irregular practice, habitual failure to respond to call without adequate reason, extravagant or questionable statements made as witnesses in a court of law, or any act calling for disciplinary measures of a member, shall become the concern of this Council. Complaints may be made by an individual patient, physician, Board of Censors of any local medical society, attorney, or any officer of a regular constituted court of law.

Duties: Complaints referred to the Association concerning the ethical conduct of a physician, shall be first investigated by the President of the local county medical society with the assistance of the respective Councilor for that District. If in their judgement the issue necessitates review by the Council on Professional Ethics, such information will be forwarded to the Chairman of the Council for review. Upon receipt of notice of such complaint, the Council on Professional Ethics, through its individual members or some competent person designated by them shall immediately investigate the charges, and if the Council is convinced that there is sufficient justification for a hearing, the physician shall be requested to appear before at least three members of said Council to answer the charges. Such hearing shall be conducted in private and the source of information and charges will not be divulged - only at such hearing.

After deliberation, the Council on Professional Ethics shall have a choice of one of the five following dispositions:

1. Dismiss the case because of insufficient grounds for a legitimate complaint.
2. Attempt a satisfactory adjudication of the complaint.
3. Suggest to the physician changes in his conduct and relationship with his patients in order that he may not bring unfavorable criticism upon his profession.

4. Refer to the Board of Councilors of the Nebraska Medical Association all cases in which action by the Board of Councilors is deemed necessary, together with recommendations as to disciplinary measures to be taken by the Board of Councilors of the Nebraska Medical Association

5. Refer the case to the Director of the Nebraska State Department of Health with recommendation that appropriate action be taken by that office

The Board of Directors shall provide the necessary budget for the expenses incurred in such activities.

CHAPTER XIII - COMPONENT SOCIETIES

SECTION 1. County, district, house staff or student societies adopting principles of organization not in conflict with this Constitution and By-Laws, and having complied with the conditions imposed by this chapter, upon application to the Secretary-Treasurer of this Association and with the approval of the Councilor of the District, and of the Board of Councilors, shall receive a charter and become a component part of this Association.

A medical society shall be organized in every county of the state when practicable, and a charter issued thereto. Before a charter is issued to any component society, full and ample notice and opportunity to become a member shall be given to every qualified physician in its jurisdiction.

A councilor district medical society may be organized in each councilor district. Only members of chartered component societies in a district may be members of a councilor district society. Candidates for the office of Councilor of the respective councilor districts shall be nominated as provided in Chapter XI, Section 1, of the By-Laws.

A duplicate charter may be issued by the Board of Councilors to any component society in good standing, in lieu of a lost charter. A new charter shall supersede all others previously issued.

A charter of a component society may be revoked by the Board of Councilors as prescribed in Chapter XI, Section 2, of the By-Laws.

SECTION 2. The component society shall be responsible for the activation, supervision and consummation of all matters under its jurisdiction which pertain to its members and to the public health of the community. It shall encourage every qualified physician within its domain to become a member of the society.

It shall hold regular meetings at which scientific programs shall be presented. It shall encourage its members to do original research and post-graduate work.

SECTION 3. At the last regular meeting of the fiscal year preceding the Annual Session of the Nebraska Medical Association, each component society, or group of societies so organized, shall elect delegates and alternates to represent it in the House of Delegates, as prescribed in Chapter VI, Sections 1, 2, and 3 of the By-Laws. The secretary of each component society, or group of societies so organized, shall send a list of such delegates to the Secretary-Treasurer of the Association, as prescribed in Chapter VI, Section 2, of these By-Laws.

SECTION 4. The secretary of each component society shall keep a roster of its members and of the non-affiliated registered physicians in his county, or membership area. The listing for each physician shall show the full name, address, college and date of graduation, date and number of Nebraska license, and such other information as may be deemed necessary.

On or before the first of March of each year, he shall send to the Executive Secretary and to the Councilor of his district a report containing, together with the above information, the names of all eligible physicians who have come into his area, and the names of all who have left the area, by death or otherwise during the preceding year. He shall remit membership dues to the Secretary-Treasurer of the Nebraska Medical Association, as prescribed in Chapter II, Section 2, of these By-Laws, and he in turn shall remit to the treasurer of the American Medical Association the dues of that organization.

SECTION 5. Each component society shall be the judge of the professional and moral qualifications of its own members. A member who has been suspended or expelled from his component society may carry his appeal to the Board of Councilors of this Association, and then, if necessary, to the Judicial Council of the American Medical Association.

In hearing such appeals, the Board of Councilors may admit oral or written evidence, whichever, in its judgment will best and most fairly represent the facts. Preceding every case of appeal, individual Councilors and the Board of Councilors shall make every effort to arrive at a compromise between the litigants.

SECTION 6. A member in good standing in a component society who moves into another county, may transfer his membership to the component society into whose jurisdiction he moves. Membership transfer to another component society shall not be official until the member is elected to membership by that society. Such transfer shall then be reported immediately to the Secretary-Treasurer of the Association.

A physician living near a county line, on permission of the society under whose jurisdiction he resides, may hold his membership in the component society whose place of meeting is most convenient for him to attend.

CHAPTER XIV - THE JOURNAL

SECTION 1. The House of Delegates shall establish and maintain an official journal of the Nebraska Medical Association, which shall be called the Nebraska Medical Journal.

SECTION 2. The Journal shall be published monthly and mailed to each member of the Nebraska Medical Association who is in good standing, and on request, to all new and reinstated members, commencing with the first issue of the year in which dues are received in the office of the Secretary-Treasurer, provided that such copies are available. It shall contain the scientific papers and proceedings of the Annual Session, minutes of the meetings of the House of Delegates and of the Board of Councilors, notices of regular and special meetings, advertising and such other matter as may be of interest to members. Editorials shall be given prominent place in the Journal.

SECTION 3. The advertising policy of the Journal shall be that of the State Medical Journal Advertising Bureau, subject to the approval of the Board of Directors.

Should there be any question as to the ethical nature of an advertisement, the Executive Secretary shall refer it to the Board of Directors, who by majority vote shall decide on acceptance or rejection.

SECTION 4. The Board of Directors shall establish the policies of the Journal and of the official publications of the Association. It shall elect an

Editor-in-Chief who is a member of the Association. He may appoint associate editors if needed.

The Board of Directors shall include a report of the activities of the Journal in their annual report to the Board of Councilors at its fall session.

The Executive Secretary of the Association shall be the business manager of the Journal, and shall collect all money due the Journal and turn it over to the Secretary-Treasurer.

CHAPTER XV - RULES OF ORDER

Except as otherwise provided in the Constitution and By-Laws and the Articles of Incorporation of this Association, Sturgis Parliamentary Proceedure, shall govern the proceedings of all meeting of the Association, the House of Delegates, the Board of Directors, the Board of Councilors, and of any section, committee, or other subdivision or group of the Association.

CHAPTER XVI - AMENDMENTS

These By-Laws may be amended at any regular session by a two-thirds vote of the members of the House of Delegates present, and further provided that the proposed amendment has been presented in writing in open meeting of the House of Delegates, and has laid on the table for one day. Proposed changes in the By-Laws must be presented to the Chairman of the standing Committee on Constitution and By-Laws not less than sixty days before the session at which they are to be presented.

CHAPTER XVII - REPEAL

All Chapters and all Sections of all Chapters of the By-Laws of the Nebraska Medical Association, as said By-Laws existed up to and including the 24th day of October, 1971, are hereby repealed. General officers, delegates and committee members now in office shall continue their incumbency until their successors are duly elected or chosen as provided herein.

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of the

NEBRASKA MEDICAL ASSOCIATION

* * *

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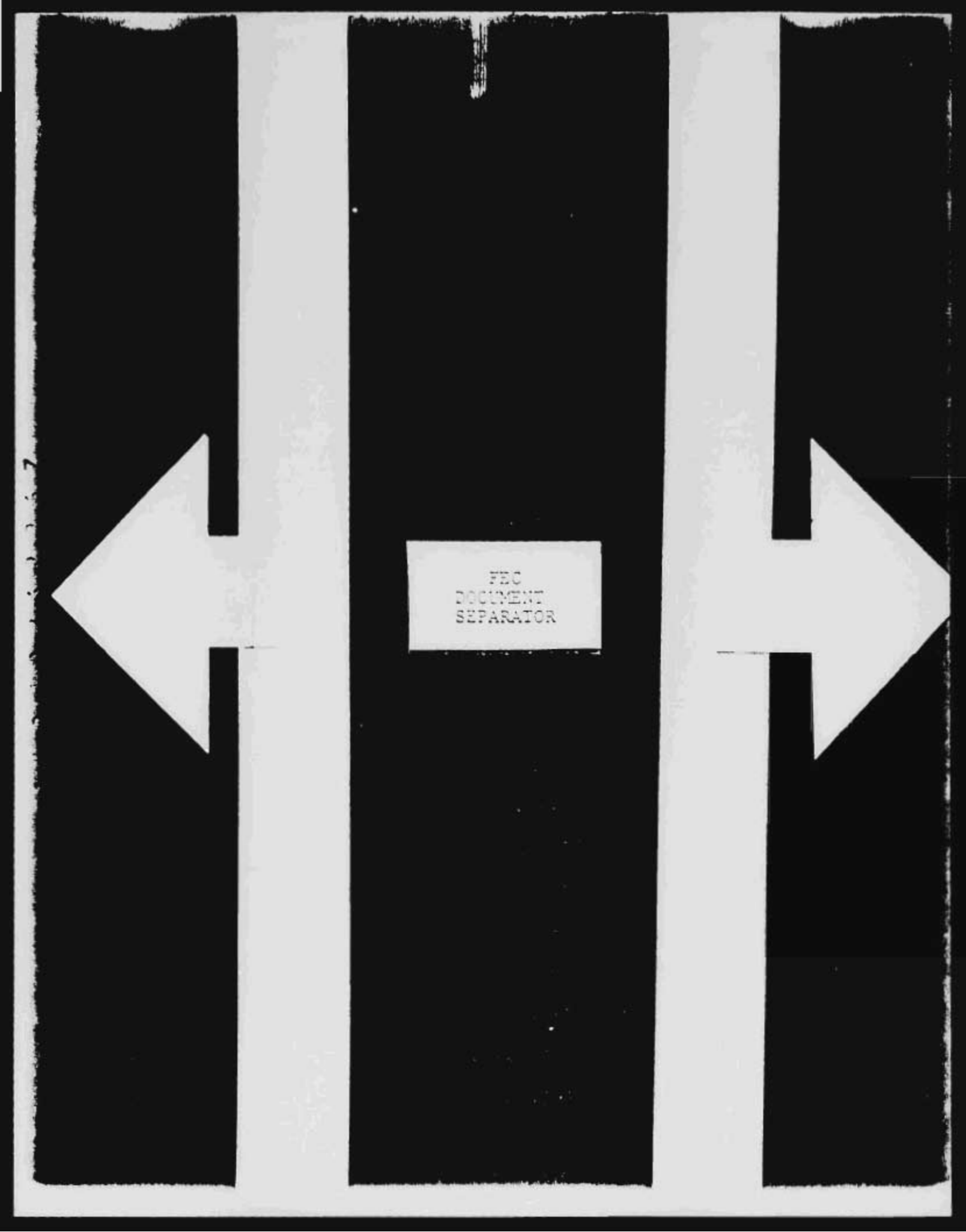
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CONSTITUTION AND BYLAWS

OF THE

NEVADA STATE MEDICAL ASSOCIATION

8101022258

November 1974

CONSTITUTION

ARTICLE I.

NAME OF THE ASSOCIATION

The name of this organization shall be the Nevada State Medical Association.

ARTICLE II.

PURPOSE

The purpose of this Association shall be to federate and bring into one compact fraternal brotherhood the entire medical profession of the State of Nevada and to unite with similar associations in other states and territories to form the American Medical Association, with a view to the extension of medical knowledge and to the advancement of medical science; to the elevation of the standard of medical education and the enactment and enforcement of just medical laws; to the promotion of relationships among physicians and to guarding and fostering of their opinions with regard to the problems of medicine so that the profession shall become more honorable and capable within itself and more useful to the public in the prevention and care of disease, and in the prolonging of and adding comfort to life.

The purpose of this Association shall also be to promote scientific medical research and practice.

This Association shall be a nonprofit organization.

ARTICLE III.

COMPONENT SOCIETIES

Section 1. Component medical societies shall consist of those county or regional medical societies now in existence and also such county or regional medical societies as may be granted charters in the future. There shall be no more than one component medical society recognized by the Association from each county.

Section 2. Membership in a component medical society shall be an absolute condition precedent to active membership in the Association. Those physicians who are practicing in counties where there is no component medical society shall be a member of a nearby or adjacent component medical society.

ARTICLE IV.

MEMBERSHIP

The Association shall consist of five classes of members:

Active
Associate
Life
Honorary
Student

Section 1. ACTIVE MEMBERS are those physicians who are actively engaged in the practice of medicine and who are members of the component medical societies. To be eligible for active membership in NSMA, a physician must be a member of his component medical society. Active members of this organization who plan to be out of the State of Nevada for more than one year because of additional post-graduate training, or those active members who are serving in the Armed Forces of the United States, or those active members who by reason of illness may be removed from active practice for a period of one (1) year or more, may apply to the Executive Committee of this organization for a leave of absence; upon such leave having been granted, they shall not be required to pay further dues and/or assessments during their absence.

Section 2. ASSOCIATE MEMBERS. The House of Delegates may elect to Associate Membership any physician who cannot qualify for either active, life or honorary membership. Any component society may place before the House of Delegates petitions for Associate membership. This type of membership may include any physician who is in the Armed Forces of the United States who has been licensed to practice medicine in Nevada and who has not been a member of any county medical society of this Association. It may also include physicians who are in the Veterans Administration, Indian Health Service, or any other type of practice which the House of Delegates may designate as being worthy of membership. Associate Membership may also include physicians or non-M.D. fulltime faculty members of a Nevada medical school. Associate Membership may also include fulltime interns and residents serving on the staffs of Nevada hospitals.

Associate members shall have a voice but no vote in the management of the affairs of this Association, nor shall they hold any office, but may be appointed to serve on Association committees and commissions. Dues for Associate Members shall be levied according to the section of the Bylaws pertaining to dues and assessments.

Section 3. LIFE MEMBERS. A physician who has retired from active practice and who has been a member in good standing of this Association for ten years may be eligible for consideration to become a Life Member, upon his application to and endorsement by his component medical society and upon approval of the House of Delegates of this Association.

Life Members shall not have a vote or voice in the management of the affairs of this Association, nor may they hold office, nor may they be required to pay dues and/or assessments.

Life Membership may be revoked by action of the House of Delegates or of the Executive Committee if the life member returns to the active practice or medicine.

Section 4. HONORARY MEMBERS. The House of Delegates at its annual meeting may elect such physicians as it may desire, either from within or outside of the State of Nevada, as honorary members. Honorary members shall not have a voice in the management of the affairs of the Association, nor may they hold office, nor may they be required to pay dues and/or assessments.

Candidates for honorary membership may be submitted on an unsolicited basis by each county medical society, with due evaluation and subsequent presentation of the individuals' credentials entitling them to such membership. Members of the House of Delegates may nominate for honorary membership candidates they deem worthy of this distinction.

Section 5. STUDENT MEMBERSHIP. The House of Delegates may elect to student membership any fully matriculated student in good standing who is attending a medical school in the State of Nevada. Such membership shall be conditional upon recommendation of the Dean of the student's medical school and upon recommendation of the county medical society wherein that medical school resides.

Student members shall have a voice but no vote in the management of the affairs of the Association, nor shall they hold any office, but they may be appointed to serve on Association committees or commissions. No dues shall be required of student members.

The above paragraph to the contrary notwithstanding, if a student member is elected as a delegate to the House of Delegates of the NSMA, by a duly constituted chapter of the Student American Medical Association at his school, this student shall have a vote in the proceedings of the House of Delegates.

ARTICLE V.

OFFICERS

Section 1. The officers of this Association shall consist of the President, the President-elect, the Past President, the Secretary-Treasurer, the Delegate to the American Medical Association, the Alternate Delegate to the American Medical Association, and the members of the Executive Committee.

Section 2. There shall be one member of the Executive Committee from each component medical society, elected by the members of the House of Delegates from that respective component society.

Section 3. Tenure for officers of the Association shall be as follows:

President	1 year
President-elect	1 year
Secretary-Treasurer	1 year
Delegate to American Medical Association	2 years
Alternate Delegate to American Medical Assoc.	2 years
Members of the Executive Committee from component societies	2 years

Section 4. For the year 1975-76, the term of the officers of the Association shall be eighteen months.

ARTICLE VI.

HOUSE OF DELEGATES

Section 1. The House of Delegates shall be the legislative body of the Association and shall consist of the President, the President-elect, the Immediate Past President, the Secretary-Treasurer, the Delegate and the Alternate Delegate to the American Medical Association, and the delegates from the component medical societies. It shall be the duty of the House of Delegates to conduct all business of the Association.

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Section 2. There shall be one member of the House of Delegates elected from each component medical society for each fifteen (15) members or fraction thereof. Tenure shall be for a period of two (2) years.

Section 3. A component medical society may receive or retain a charter upon approval of the House of Delegates.

Section 4. A member of the House of Delegates must have been a member of this Association for a period of at least two years preceding his election.

Section 5. There shall be one Alternate Delegate selected from each component society for each elected Delegate, and the Alternate Delegate shall serve in the absence of the Delegate.

Section 6. A duly constituted of the Student American Medical Association established at a medical school in the State of Nevada may elect one Delegate-at-large to the House of Delegates of the Nevada State Medical Association. Such Delegate shall be a regular member of the House of Delegates with all the rights and privileges of any other member of the House.

ARTICLE VII.

FUNDS AND EXPENSES

Funds for meeting the expenses of the Association shall be raised by annual dues and/or by special assessments by an equal per capita assessment of each member of this Association unless otherwise provided for. Voluntary contributions may also be accepted.

ARTICLE VIII.

SEAL

The Association shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

ARTICLE IX.

AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the members present at any annual session, provided that such an amendment may have been presented in open meeting at the previous annual session and notice sent officially to each component society at least two (2) months before the meeting at which final action is to be taken.

ARTICLE X.

INCORPORATION

The Association shall have the authority to provide for Articles of Incorporation whenever it may deem this necessary.

ARTICLE XI.

SESSIONS AND MEETINGS

Section 1. OPEN. The Association shall hold an annual session during which there shall be at least two general meetings open to all registered members, delegates and guests. Upon motion by a delegate, duly seconded, and by a majority vote of the seated delegates, an open session may be moved into either a closed or an executive session.

Section 2. CLOSED. A closed session shall be restricted to members of this Association and to members of the staff of this Association.

Section 3. EXECUTIVE SESSION. An executive session shall be limited to the members of the House of Deleegates as defined in ARTICLE VI, Section 1 of the Constitution. Such other individuals as the House of Delegates deems necessary to have present for the business at hand may be permitted to meet in Executive Session.

Section 4. The place for holding an annual session shall be fixed by the House of Delegates, but the time may be left to the Executive Committee.

Section 5. Special meetings of either the Association or the House of Delegates may be called by a two-thirds vote of the Executive Committee.

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CHAPTER I.

MEMBERSHIP

Section 1. ELIGIBILITY. Each component society of the Nevada State Medical Association shall judge the qualifications of candidates for election to membership therein. Active membership shall be restricted to those persons who are duly licensed and who hold a certificate issued by the Board of Medical Examiners of the State of Nevada. Membership in a component society, evidenced by the payment of dues and assessments for the current year to that society, shall be a prerequisite to active membership in the Association. Eligibility for other categories of membership shall conform to the sections of the Constitution and Bylaws pertaining thereto.

Section 2. CONTINGENCIES.

a. Continuing membership in this Association is contingent upon the payment of all dues and assessments unless other provisions of the Constitution and Bylaws are deemed by the Executive Committee to take precedence.

b. Continuing membership in this Association is contingent on attendance by all new members in an orientation course to be presented by the officers of the component county medical societies within three months after the member joins his component county medical society.

Section 3. BORDER AREA DISPENSATIONS. Eligibility for membership in this Association is extended to physicians whose residence and/or practice is in the Nevada border area of other adjoining states. Such physicians may belong to only one state medical society.

Section 4. LIMITATION OF MEMBERSHIP. A member shall hold only one type of membership in the Nevada State Medical Association at one time.

Section 5. Each member in attendance at the annual session shall register when his right to membership has been verified by reference to the records of the Association. No member shall take part in any of the proceedings of the annual session until he has complied with the provisions of this section of the Bylaws.

CHAPTER II.

GENERAL MEETINGS

Section 1. The general meetings shall be open to all registered members and guests. Before them, at such time as may have been arranged, shall be delivered the annual address of the President and the annual orations.

Section 2. The Program Committee shall be empowered to arrange the Scientific Program and allocate the time allowed each guest speaker for his scientific presentation. This committee, along with the presiding officer or moderator for each Scientific Session, shall regulate the length of time of discussion of each scientific presentation. The Program Committee is also delegated the duty to arrange for and supervise the scientific and commercial exhibits.

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CHAPTER III.

HOUSE OF DELEGATES

Section 1. DELEGATES.

a. Qualifications

(1) In order to be eligible for membership in the House of Delegates, a physician must have been an active member of the Nevada State Medical Association for at least two years preceding the session of the House in which he is to serve.

(2) The two-year membership requirement shall be waived for a medical student delegate elected under the provisions of the Constitution, Article IV, Section 5.

b. Term

(1) Delegates and alternates from component societies shall be elected for a two-year term and shall assume office on January 1 of the year succeeding their election, except that when the apportionment of delegates of component societies is increased, the delegates and alternates selected to fill new vacancies shall assume office immediately after their selection and serve during that calendar year. Component societies entitled to more than one representative shall select them so that one-half the number, as near as may be, are selected each year.

(2) Secretaries of component societies shall certify delegates and alternates to the Secretary of the Nevada State Medical Association.

(3) A medical student delegate may be elected for a one or two year term at the discretion of his chapter of the Student American Medical Association.

c. Apportionment

(1) Each component society shall be entitled to one delegate (or one duly elected alternate delegate) to the House of Delegates for each fifteen full paid active members or fraction thereof as recorded in the office of the Secretary of the Nevada State Medical Association on October 31 of each year. Such apportionment shall take effect the ensuing January 1 and shall remain effective for one year thereafter. On November 1 the Executive Director of the Nevada State Medical Association shall notify each component society of the number of delegates to which it is entitled.

(2) Any delegate or alternate who was elected in accordance with these by-laws and who has begun, at the time of apportionment, but not completed the term for which he was duly elected shall be permitted to complete such term as delegate or alternate.

(3) Each group of delegates of a component society shall select from its number of delegates one physician as its representative on the Executive Committee of the NSMA and an alternate to act in his absence.

(4) One medical student delegate may be elected by any one chapter of the Student American Medical Association from any one medical school in the State of Nevada.

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d. Registration

(1) Before being seated at any session, each delegate or his alternate shall deposit with the Reference Committee on Credentials a certificate signed by the president or secretary of his component society stating that the delegate or alternate has been regularly elected or duly appointed to the House of Delegates.

(2) A delegate or his alternate may be seated without credentials provided he is properly identified as the delegate or alternate selected by his society and so certified to the Executive Director of NSMA.

(3) When a delegate or his alternate are unable to attend a specified session, the appropriate authorities of the component society concerned may appoint a substitute delegate and alternate who upon presenting proper credentials shall be eligible to membership in the House of Delegates.

e. Status After Seating

A delegate whose credentials have been accepted by the Reference Committee on Credentials and whose name has been placed on the roll of the House shall remain a delegate until adjournment of that day's session. If a delegate, once seated, is unable to be present because of illness or other emergency, his place may be taken by an alternate if approved by the Committee on Credentials. After the alternate has been seated, he cannot be replaced.

Section 2. PROCEDURE.

a. Order of Business. The following shall be the general order of business at all sessions of the House of Delegates:

(1) Call to Order
(2) Roll Call
(3) Reading and adoption of minutes
(4) Election of recipients of special awards
(5) Reports of officers
(6) Reports of committees
(7) Unfinished business
(8) New business

At any meeting of the House by majority vote the order of business may be changed.

b. Privilege of the Floor

(1) Any Past President of the NSMA may have the privilege of the Floor at any session of House deliberations for a period of five minutes and in accordance with Roberts' Rules of Order.

(2) The House of Delegates in any session by a two-thirds vote may extend an invitation to address the House to any person who in its judgment might assist in its deliberations.

c. Introduction of Resolutions

Resolutions presented later than noon of the day before the opening meeting of a session of the House will be referred for consideration by the House only when they are:

- presented by the Executive Committee
- accepted by unanimous consent
- of an emergency nature

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d. New Business: Resolutions
Resolutions presented later than noon of the day before the opening meeting of a session of the House will be referred for consideration by the House only when they are:
- presented by the Executive Committee
- accepted by unanimous consent
- of an emergency nature

e. New Business: Other
New business other than resolutions, not presented in the regular order of business as set forth in Chapter III, Section 2(a), will be referred for consideration by the House of New Business if received by the Speaker by 9:00 a.m. of the last day of any meeting. To be accepted for referral to the House on the last day, however, such new business must be:
- presented by the Executive Committee
- accepted by unanimous consent
- of an emergency nature

f. Procedure
When the Speaker receives any resolutions pursuant to Section 2(d) or any other New Business, for introduction on the last day, pursuant to Section 2(e), he shall, unless it is introduced from the Executive Committee or by unanimous consent, refer it to the appropriate Reference Committee which shall then report to the House as to whether the matter involved is or is not of an emergency nature. If the Reference Committee reports that the matter is of an emergency nature, the matter shall be presented to the House. Matters thus presented may be acted upon by the House without further reference to committees. Favorable action shall require the affirmative vote of three-fourths of all delegates present and voting. If the committee reports that the matter is not of an emergency nature, the Speaker shall defer its introduction until the next session of the House.

g. Quorum
Fifty percent of the total number of delegates shall constitute a quorum.

Section 3. SESSIONS.
a. The House of Delegates shall meet annually at the time and place of the annual scientific session of the Association, except as wherein hereafter provided.
b. Special Circumstances
(1) The Executive Committee may elect to hold the annual meeting of the House of Delegates at a time separate and distinct from the annual scientific session of the Association when it may deem this to be in the best interest of the Association.
(2) Special meetings of the House of Delegates may be called by a two-thirds vote of the Executive Committee or upon petition of ten delegates.
(3) Meetings of the House of Delegates shall be held in accordance with provisions in the Constitution, Article XI, SESSIONS AND MEETINGS.

Section 4. MISCELLANEOUS

a. The President of the Association (or the Speaker of the House of Delegates) shall appoint members of the standing and special committees.
b. The House of Delegates shall elect a delegate and an alternate delegate to the House of the American Medical Association in accordance with the Constitution and Bylaws of that body.
c. The House of Delegates shall have the authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates and may be present and participate in the debate of their reports.
d. The House of Delegates shall approve all memorials and resolutions issued in the name of the Association before they shall become effective.
e. Legal counsel may be in attendance at all annual sessions of the House of Delegates and may participate in deliberations before this body.

CHAPTER IV

ELECTION OF OFFICERS

Section 1. The election of officers shall take place at the time of the annual meeting of the House of Delegates.

Section 2. The retiring President-elect shall automatically be advanced to the office of President and shall be inducted into that office by the retiring President on the last day of the Annual Meeting of the Association.

Section 3. All elections of officers shall be by the Australian ballot system, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority of the votes cast on the first ballot, the two nominees receiving the highest number of votes shall then be voted upon, and the nominees receiving the highest number of votes shall be declared elected. In case of a tie vote, the President or Presiding Officer shall cast the deciding vote.

Section 4. In case of a vacancy during the year in office of President, the President-elect shall automatically advance, but this automatic succession shall not operate to disqualify him from serving the next regular term of office for which he had been originally elected.

Section 5. The Delegate to the American Medical Association may be re-elected for two terms (total of six years). The Alternate Delegate may be re-elected for two terms and may succeed the Delegate to the American Medical Association at the completion of the Delegate's term.

CHAPTER V.

DUTIES OF OFFICERS

Section 1. PRESIDENT. The President shall preside at all meetings of the Association and shall appoint all committees or commissions not otherwise provided for. He shall deliver an annual address at a time as arranged and shall perform such

other duties as custom and parliamentary usage may require. He shall be the Executive Officer of the profession of the State during his term of office, and as far as practicable, shall visit by appointment the various sections of the State and assist in building up the component societies and in making their work practical and useful. In case of a vacancy in any of the elected offices not otherwise covered in these bylaws, the President shall appoint a successor to serve until the next annual meeting and elections. The President shall also be the Speaker of the House of Delegates. Any Past President of this Association shall have the privilege of the Floor for any discussion of any subject, but he shall not have a vote unless otherwise provided for. By invitation of the President, any member of this Association or any guest may be invited to discuss an issue or address the House of Delegates.

Section 2. PRESIDENT-ELECT. The President-elect shall be in charge of the work of the organization, including membership, under the direction of the President and shall exercise these duties and advise with the members of the Executive Committee on this phase of their activity. He shall succeed to the Presidency upon the event of death, resignation or removal from office of the President.

Section 3. SECRETARY-TREASURER. The Secretary-Treasurer shall demand and receive all funds due the Association, together with bequests and donations. He shall pay money out of the treasury for the necessary expenses of the Association. There shall be an annual audit of the books and accounts of the Association by a certified public accountant, which audit shall be approved at the annual meeting of the House of Delegates. The Secretary-Treasurer shall at the annual meeting of the House of Delegates make a detailed report of all income received and expenditures made, which report shall not be waived, but shall be read in detail.

As Secretary, he shall attend the general meetings of the Association and all special meetings and shall keep minutes of the proceedings in a proper record book. He shall be custodian of all record books and paper belonging to the Association and shall keep account of all funds of the Association which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners in the State by counties, noting on each his status in relation to his county society and shall transmit a copy of this list to the American Medical Association, transmitting to its secretary each month a report containing the names of new members and the names of those dropped from the membership roster during the preceding month. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees and commissions of their appointment and duties.

Section 4. The Association shall employ an Executive Director as an assistant to the Secretary and such other assistants as the Executive Committee or House of Delegates deems necessary at salaries to be determined by the Executive Committee.

Section 5. It shall be the duty of the Delegate to the American Medical Association to attend all meetings of the House ofDelegates of the AMA and to report on the business therein transacted. He shall be guided in his actions by the instruction of the Executive Committee as a whole, and by the direction of the President in particular. He shall keep himself informed of current trends and developments of

interest to organized medicine and shall be prepared at all times to discuss these matters in depth before the Executive Committee or before any component medical society. Further, he shall report at each session of the Executive Committee, either orally or in writing. At the Annual Meeting of the House of Delegates of the Nevada State Medical Association, he shall render a full written report pertinent to the conduct of his office.

Section 6. ALTERNATE DELEGATE. The duties of the Alternate Delegate to the American Medical Association shall be as follows:

a. To attend all meetings of the House of Delegates of the American Medical Association.
b. To familiarize himself with the organization and operation of the House of Delegates of the American Medical Association.
c. To keep himself informed on the same matters and in the same manner as expected of the Delegate.
d. To work cooperatively under the direction of the Delegate.
e. To assume the duties of Delegate either temporarily or for the remainder of an unexpired term in the event of illness, incapacity, removal or death of the elected Delegate.

CHAPTER VI.

EXECUTIVE COMMITTEE

Section 1. The Executive Committee shall meet on the first day of the Annual Session, and at such other times as necessity may require, subject to the call of the President, or upon petition of two members of the Committee. It shall meet on the last day of the Annual Session of the Association to organize. It shall make an annual report to the House of Delegates.

Section 2. The Executive Committee shall consist of one (1) member from each component society who shall be elected at an annual county medical society meeting by members of the House of Delegates from his society. His term of office will be for a period of two (2) years. He shall act as one of the allotted delegates of his component society. The Executive Committee shall be the Executive Body of the House of Delegates between sessions and shall exercise the power conferred on the House of Delegates by the Constitution and Bylaws.

Section 3. The Executive Committee shall be the Body of Censors of the Association. It shall review all reports and recommendations of any and all of the committees and commissions and is empowered with the executive function for disciplinary action. The Executive Committee may delegate its recommendations for disciplinary action to the component society. No individual proxies will be allowed in the Executive Committee. If a regular representative cannot attend a meeting, a substitute may be seated as approved by appropriate authorities of the component society.

Section 4. The Executive Committee shall become an appeal body for any physician or citizen whose case is heard and adjudicated at the component society level. The Executive Committee's decision in all cases, including membership in this Association, shall be final.

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Section 5. Charters shall be issued to county societies only on approval of the Executive Committee and shall be signed by the President and Secretary of the Association. Upon recommendation of the Executive Committee, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and Bylaws. In case a charter is lost, a new charter may be issued by officers of this Association.

Section 6. In sparsely settled sections of the State, the Executive Committee shall have the authority to organize component societies by combining two or more counties to form a regional society. Such a society, when organized and chartered, shall be entitled to all rights, privileges and representation accorded component societies. Any county organized as part of a regional component society may organize separately upon petition to and approval by the Executive Committee.

Section 7. The Executive Committee may employ an Executive Director who need not be a physician nor a member of the Association and may employ such other staff as may be deemed necessary for the proper operation of the Association.

Section 8. The salaries of all the employees of the Association shall be fixed by the Executive Committee.

Section 9. The Executive Committee shall provide such headquarters for the Association as may be required to conduct its business properly.

Section 10. The Executive Committee may secure legal counsel and opinion on all matters deemed necessary to protect the Association and its members from law suits and litigation. Any component society may likewise secure legal counsel and opinion by referring their request to the State Association through the Executive Director.

Section 11. The Executive Committee shall consist of the President of this Association, the President-elect, the Immediate Past President, the Delegate and the Alternate Delegate to the American Medical Association, the Secretary-Treasurer, and one member from each of the component medical societies.

Section 12. A Past President of the Nevada State Medical Association may speak before the Executive Committee if he so desires.

CHAPTER VII.

COMMISSIONS

The standing commissions of the Association shall be appointed by the President for a three year term, staggered so that not all of the commissioners leave office in the same year, and each such appointment or each vacancy filled by the President shall be with the approval of the Executive Committee: Commission on Governmental Affairs, Commission on Internal Affairs, Commission on Major Health Issues, Commission on Allied Health Fields and Commission on Medical Practice.

CHAPTER VIII.

TENURE OF OFFICE

Section 1. The current year of the Association shall begin at the close of the last session of the Annual Meeting and terminate at the close of the following Annual Meeting.

Section 2. The elected officers of the Association shall be installed at the close of the last session of each Annual Meeting.

CHAPTER IX.

DUES AND ASSESSMENTS

Section 1. The annual dues and assessments shall be determined by the House of Delegates and shall be levied on the members of the Association. They shall be payable on or before January 1 of the year for which they are levied. The Secretary of each component society shall cause to be collected and shall forward to the offices of the Association the dues and assessments for its members, together with such data as shall be required for a record of its officers and membership. Any member whose name has not been reported for enrollment and whose dues for the current year have not been remitted to the Secretary of this Association on or before March 1 shall stand suspended until his name is properly reported and his dues for the current year properly remitted.

Section 2. The record of payment of dues and assessments on file in the offices of the Association shall be final as to the fact of payment by a member and as to his right to participate in the business and proceedings of the Association.

Section 3. The annual dues and assessments shall be levied at the annual business meeting of the House of Delegates.

Section 4. The Association shall pay to the Auxiliary the amount of four dollars ($4.00) for those members of the Auxiliary whose spouses are active members of the Nevada State Medical Association for the current year.

CHAPTER X.

ETHICS

The Principles of Medical Ethics governing the members of the American Medical Association shall govern members of this Association.

CHAPTER XI.

The deliberations of this Association shall be conducted in accordance with the parliamentary usage as defined in Robert's Rules of Order.

CHAPTER XII.

COMPONENT MEDICAL SOCIETIES

Section 1. Only one component medical society shall be chartered in each county or region.

Section 2. Each component society shall be the judge of the qualifications of its members, subject to review and final decision by the State Association. Every reputable and legally qualified physician who practices regular (allopathic) medicine and who is a bona fide resident of the same county shall be eligible for election to membership. A component society member whose license has been revoked shall be droppped from membership automatically as of the date of revocation.

Section 3. A physician living near a county line may hold his membership in that county most convenient for him to attend on permission of the component society in whose jurisdiction he resides.

Section 4. Any physician who may feel aggrieved by the action of the society of his county in suspending or expelling him shall have the right to appeal to the Executive Committee whose decision shall be final. A county society shall at all times be permitted to appeal or refer questions involving membership to the Executive Committee for final determination. The Executive Committee may on its own motion investigate the conduct and activities of any member of this Association. Following a hearing and for good cause shown, the Executive Committee may expel or take any action deemed necessary with respect to any member.

Section 5. The Secretary of each component society shall keep a roster of its members and, if practicable, a list of non-affiliated physicians, in which shall be shown the full name, address, college and date of graduation, date of license to practice in the state, and such other information as may be deemed necessary. He shall furnish a copy to the Secretary-Treasurer of this Association.

CHAPTER XIII.

AMENDMENTS

Section 1. These Bylaws may be amended at any Annual Session of the House of Delegates by a majority vote of the members present at that session, if the proposed amendment has been properly submitted to the Association and has lain on the table for one day.

Section 2. Upon adoption of this Constitution and Bylaws, all previous Constitution and Bylaws are thereby repealed.

CHAPTER XIV.

In carrying out the provisions of the new Constitution and Bylaws, it will be agreed and understood that the present elected officers shall be elevated to those offices in order of rotation according to previous custom. It will also be agreed that the tenure of elected officers shall be fulfilled according to previous customs.

By-Laws

of the

New Hampshire Medical Society

BY-LAWS
OF THE
NEW HAMPSHIRE MEDICAL SOCIETY

Whereas the New Hampshire Medical Society was incorporated by Act of the New Hampshire Legislature in 1791; and

Whereas said Act provided that said Society "shall have full power and authority to make and enact such rules and by-laws for the better Government of said Society as are not repugnant to the laws of this State;"

Now Therefore, the following are adopted as the By-Laws of the New Hampshire Medical Society:

ARTICLE I. — NAME OF SOCIETY

The name and title of this organization shall be the NEW HAMPSHIRE MEDICAL SOCIETY, as provided by statute.

ARTICLE II. — PURPOSES OF THE SOCIETY

The purposes of this Society shall be the promotion of the art and science of medicine and the betterment of public health: (1) by federating and bringing into one compact organization the entire medical profession of the State of New Hampshire; (2) by uniting with similar associations in other states to form the American Medical Association; and (3) in such other ways, not contrary to law, as from time to time may seem expedient.

ARTICLE III. — COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE IV. — MEMBERSHIP

SECTION 1. This Society shall consist of active members, associate members, emeritus members and honorary members.

SECTION 2. Active members shall be those who are active members in good standing of their component societies and who shall pay dues. Such members may vote and hold office.

SECTION 3. Associate members may be teachers of medicine in New Hampshire who are not practicing medicine; physicians who are not licensed to practice medicine in New Hampshire but who are serving as interns, fellows or residents in hospitals in New Hampshire for the purpose of extending their education and not primarily for remuneration. Locum tenens physicians who are serving a member of this Society may be Associate Members. Associate members shall pay dues as determined by the House of Delegates, but they may not vote and they may not hold office.

SECTION 4. Emeritus members shall be those who have been members in good standing of this Society for a term of 15 years and who, after the age 65, have retired from active practice; those who are physically disabled; or, those to whom the payment of dues would be a hardship. Emeritus members shall be determined by a majority vote of the House of Delegates upon recommendation of their respective component societies. Emeritus members shall not be required to pay dues but may vote and may hold office.

SECTION 5. Honorary members shall be those in this or other states who have been previously elected as honorary members of this Society; also those in this or other states who have acquired an honorable distinction in their profession. A two-thirds vote of the House of Delegates shall be necessary for their election. They shall not be required to pay dues and they may not vote or hold office.

SECTION 6. All Officers, Members of the House of Delegates and Members of all Sections and Committees — scientific, standing or special — shall be members in good standing of the State Society and shall be current in the payment of dues when they assume office.

SECTION 7. Except as otherwise specifically provided, all members of the component County Societies, who are members in good standing of the State Society and who have paid their annual dues, shall be privileged to attend and take part in all meetings.

SECTION 8. No person who is under sentence of suspension or expulsion from any component society of this Society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take any part in any of its proceedings until such time as he has been restored to membership in said component Society.

SECTION 9. No person who is under sentence of suspension or expulsion from this Society by the Judicial Council shall be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take any part in any of its proceedings until such time as he has been restored to membership. Loss of license to practice medicine in the state of New Hampshire automatically will result in suspension of membership from this Society.

SECTION 10. Each member in attendance at any scientific meeting of the Society shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all of the privileges of membership at that meeting. No member or delegate shall take part in any of the proceedings of such meeting until he has complied with the provisions of this section.

ARTICLE V. — HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall be the governing body of the Society. Except as otherwise specifically provided in these By-Laws, it shall

have and may exercise all powers which may be necessary or convenient in order to effectuate the purposes of the Society. It shall consist of: (1) delegates elected by the component societies, and (2) ex officio, the immediate Past President, the President, the President-Elect, the Vice President, the Secretary, the Treasurer, the Trustees, the Delegates and Alternate Delegates to the American Medical Association, and the Speaker and the Vice Speaker. All shall have the power to vote except the Vice Speaker, AMA Delegate, Alternate Delegate and Trustees.

SECTION 2. The annual meeting of the House of Delegates shall be held in the month of January. Special meetings of said House shall be at such other times as designated by the President, by the Executive Committee or by written request of a majority of the members of said House and presented to the Speaker of the House.

SECTION 3. Each component society shall be entitled to send to the House of Delegates each calendar year two delegates for the first 20 or fewer active and emeritus members and for each additional 20 active and emeritus members and/or major fraction thereof one additional delegate. For this purpose county society membership shall be that number of members who have paid dues of this Society before September 1 of the year preceding the annual meeting. Delegates from component societies shall take office at the annual meeting following their election. Each county society shall be entitled to send an equal number of alternate delegates. The alternate delegates shall not have the privilege of participation in the business of the meeting unless they have been appointed by the President to temporarily fill the vacancy of a regular delegate. The President is authorized to appoint alternates from a county membership to temporarily fill a vacancy after consulting with members from such county. Each delegate must have been a member of the Society for the preceding two years.

SECTION 4. All the meetings of the House of Delegates shall be open to members of the Society, but without the privilege of participating in the business of the meeting except by a majority vote of the House of Delegates or as members of Sections or Committees in accordance with Section 7 of this article.

SECTION 5. It shall through its officers, sections and committees give diligent attention to and foster the scientific work and spirit of the Society; constantly strive to make each scientific meeting of the Society a stepping-stone to future ones of higher interest; consider and advise as to the material interests of the profession and of the public in those important matters wherein it is dependent upon the profession; and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation hereto.

SECTION 6. It shall elect Delegates and Alternate Delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body. Delegates and Alternates shall be elected for two-year terms and shall assume office upon election.

SECTION 7. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates, and such committees may report to the House of Delegates in person and may participate in the debate thereon.

SECTION 8. It shall approve all memorials and resolutions issued in the name of the Society before the same shall become effective.

SECTION 9. It shall prepare a summary of its proceedings which shall be available to all members of the Society.

SECTION 10. Ex officio members of the House of Delegates shall enjoy all the rights and privileges of the regularly elected delegates, except as provided for in Section 1, of this Article.

SECTION 11. A majority of the entitled delegates shall constitute a quorum.

ARTICLE VI. — OFFICERS

SECTION 1. The officers of this Society shall be a President, a President-Elect, a Vice President, a Speaker and a Vice Speaker of the House of Delegates, a Secretary, a Treasurer, ten Judicial Councilors (one from each County) and a Board of three Trustees. At the discretion of the House of Delegates, the offices of Secretary and Treasurer may be combined.

SECTION 2. The President-Elect shall be elected for a term of one year succeeding thereafter to the office of President for a term of one year. The Vice President shall be elected for a term of one year. The Secretary and Treasurer shall be elected annually. The Judicial Councilors shall be elected by their respective county society for terms of five years each and shall be divided into classes so that two shall be elected annually. The Trustees shall be elected by the House of Delegates for terms of three years and shall be divided into classes so that one shall be elected annually.

SECTION 3. The officers of this Society shall be elected by the House of Delegates at its annual meeting and shall serve for the terms to which elected and until their successors shall have been duly elected and installed. Officers may receive such compensation as may be determined justifiable by the House of Delegates. No person shall be elected an officer of the Society who has not been a member of the Society for the preceding two years.

SECTION 4. Elections shall be by ballot whenever there is a contest; and a majority of the votes cast shall be necessary to elect.

SECTION 5. The ten County Members of the Executive Board shall serve as the Nominating Committee and shall report their recommendations and the election of officers shall take place at the annual meeting of the House of Delegates. The Speaker and Vice Speaker of the House of Delegates need not be members of said House. The officers elected shall take their offices at the conclusion of the meeting and shall serve for the term to

which elected and until their successors shall have been duly elected and installed.

SECTION 6. Nothing in this article shall be construed to prevent additional nominations being made by members of the House of Delegates.

SECTION 7. If the President dies, resigns, is physically or mentally unqualified to serve, or is removed from office, the President-Elect shall immediately become President and shall serve the remainder of the term of his immediate predecessor. If the remainder of the term is less than six months, he shall serve as President until the second annual meeting of the House of Delegates following his original election as President-Elect.
If a President-Elect succeeds to the Presidency six months or more before the next annual meeting, the House of Delegates at that next annual meeting shall elect another eligible person to serve as President until the following annual meeting.

If there is a vacancy in the offices of both President and President-Elect, the Vice President shall act as President until the next annual meeting. A vacancy in the office of President-Elect shall not be filled until the next annual meeting of the House of Delegates.

ARTICLE VII. — DUTIES OF OFFICERS

SECTION 1. The President shall preside at all meetings of the Society, Executive Committee and Executive Board; shall appoint all committees not otherwise provided for; shall fill vacancies in sections and committees when they occur; and shall perform such other duties as custom and parliamentary usage may require. He shall be the real h. ad of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Judicial Councilors in building up the county societies and in making their work more practical and useful. He shall make an annual report to the House of Delegates. He shall be, ex officio, a member of all sections and committees.

SECTION 2. The President-Elect and the Vice President shall assist the President in the discharge of his duties, and shall successively officiate for him during his absence or at his request.

SECTION 3. The Secretary shall have the following rights and duties: (1) acting with the Sub-Section on Programs, to prepare and issue the programs for and attend all meetings of the Society and of the House of Delegates; (2) to keep minutes of the proceedings of the meetings of the Society and of the House of Delegates; (3) to notify each member of the House of Delegates at least two weeks before each meeting of all new business that is to be transacted or considered at that meeting; (4) to be the custodian of all record books and papers belonging to the Society except such as properly belong to the Treasurer; (5) to provide for the registration of the members and delegates at their meetings; (6) to keep a register of all licensed practitioners of the State by county, noting on each his status in relation to

his component society and to transmit a copy of this list to the American Medical Association; (7) to conduct the official correspondence, notifying members of meetings, officers of their election, sections and committees of their appointment and duties; (8) to report annually to the House of Delegates; (9) to aid the Council in the organization and improvement of the component societies and in the extension of the usefulness of the Society; (10) to serve as chairman of the Committee on Jurisprudence; and (11) to perform such other duties as may be required by the House of Delegates. He shall employ such assistants as may be ordered by the House of Delegates or by the Council as needed in the proper performance of its duties as outlined in Article XII.
In case of a vacancy existing in the position of Secretary or Treasurer, the President is empowered to appoint a successor to act until the next annual meeting.

SECTION 4. The Treasurer shall have the following rights and duties: (1) to receive all dues assessed by the Society and other incidental revenue; (2) to keep an accurate record of the funds received and disbursed by the Society; (3) to subject his accounts to annual audit by the Trustees of the Society; and (4) to make an annual report to the House of Delegates and the Society. He shall be bonded by tthe Society.

SECTION 5. The Trustees shall be the custodians of all the special funds of the Society. At the request of the Executive Committee they shall turn over to the Treasurer such available money over and above $50,000 in the Benevolence Fund as may be needed to meet any deficits. They shall audit the Treasurer's accounts and submit to the House of Delegates a written report at the annual meeting.

SECTION 6. The Speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require.

SECTION 7. The Vice Speaker shall officiate in the place of the Speaker during his absence or at his request. In case of death, resignation or removal of the Speaker, the vacancy shall be filled by the Vice Speaker.

ARTICLE VIII. — MEETINGS OF THE SOCIETY

SECTION 1. The Society shall hold an annual scientific session at a time and place to be decided upon by the House of Delegates. Said scientific session shall be open to all members of the Society and their guests. The House of Delegates may call special scientific sessions of the Society more frequently than annually if so desired. Wherever the term "annual meeting" is used in these By-Laws, it shall mean the annual meeting of the House of Delegates.

SECTION 2. Special meetings of the Society may be called by the President at his discretion; by the Executive Committee; by a petition signed by a majority of the members of the House of Delegates; or, by a petition signed

by 100 members of the Society entitled to vote. Notice of a special meeting of the Society shall be sent to all members thirty days prior to the meeting and shall state the reasons for the meeting and the date and place to be held. All members of the Society shall have equal rights to participate in the proceedings of the general meeting, but the right to vote shall be limited to members entitled to vote, as defined in Article IV, Sections 2 and 4. The President of the Society shall preside.

SECTION 3. For the purposes of taking binding action the voting requirements set forth in Article XI shall apply.

ARTICLE IX. — SECTIONS

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections whenever it shall deem such a division to be in the best interests of the Society and the profession.

ARTICLE X. — FUNDS AND EXPENSES

SECTION 1. Funds for meeting the expenses of the Society shall consist of annual membership dues as determined by the House of Delegates, such funds as may accrue from scientific sessions of the Society, and such other sources as the House of Delegates may direct.

SECTION 2. The House of Delegates shall determine the annual dues of Active and Associate members of this Society. Membership for a period of more than six months in a calendar year shall require the payment of full annual dues. Membership for a period of less than six months in a calendar year but more than three months shall require the payment of one-half of the annual dues. Membership for a period of less than three months in a calendar year shall not require the payment of dues. A member whose regular annual dues are in arrears must pay such dues before receiving credit for current annual dues. A member who has been suspended from membership in the Society and who later becomes reinstated, must pay any dues accrued during the period of suspension before receiving credit for current annual dues.

SECTION 3. Annual dues may be omitted because of financial hardship upon application to the Secretary of the Society. After the non-payment of annual dues for two years, membership in the Society shall be terminated except as otherwise provided in Article IV of these By-Laws.

SECTION 4. A member of the Society who is temporarily in the Armed Forces, in any type of Government Service, or serving as a missionary or any similar type of service shall not be required to pay dues for the years or portions thereof during which he is absent from his practice.

SECTION 5. All motions or resolutions appropriating money or special assessments shall specify a definite amount, or so much thereof as may be necessary for the purpose indicated and must be by a majority vote of the House of Delegates.

SECTION 6. The Executive Committee shall prepare and present a budget at the annual meeting of the House of Delegates; this budget to be placed in the hands of the Delegates at least 60 days prior to that meeting.

SECTION 7. The House of Delegates shall authorize all expenditures but may leave to the Executive Committee the powers of disbursement for the normal functioning and operation of the Society.

ARTICLE XI. REFERENDUM

The House of Delegates by majority vote may submit any question to the membership of the Society for a final vote. In addition, 100 members of the Society entitled to vote may by petition request the House of Delegates of the Society to issue a call for a general referendum upon any question. Such a petition shall be binding upon the House of Delegates with a resulting general referendum call being then issued.

Any referendum shall be conducted as determined by the House of Delegates by a written ballot by mail or at a general meeting of the Society called for this specific purpose. Notice and purpose of such a referendum shall be sent, in writing, to all members at least 30 days prior to submission of the ballots or the date of the general meeting.
The persons voting must comprise a majority of all voting members then registered in the Society. A majority of such vote shall determine the question and shall be binding upon the House of Delegates and the Society.

ARTICLE XII. — THE JUDICIAL COUNCIL

SECTION 1. The Judicial Council shall consist of 10 members. Each Judicial Councilor shall be elected by his respective county society. In case of vacancy for any reason, the Executive Committee shall appoint a Judicial Councilor to serve the unexpired term. Alternate members shall also be elected to fill any vacancy in the county representation at meetings of the full Judicial Council.

SECTION 2. The Council shall be the Judicial body of the Society. Its aim shall be to justly and amicably settle any grievance or complaint which shall be made against the Society or any of its members, but only if such grievance or complaint cannot be settled at the county level by the Judicial Councilor of the county or by whatever means the county society may have for such purpose. Any grievance, complaint or request for advice must be made in writing and shall be sent to the Secretary of this Society who shall refer the matter to the Judicial Councilor of the county concerned. The Judicial Councilor shall endeavor, through his own efforts or by reference to a proper agency within the county, to bring about a decision within 15 days which in his opinion is just. Any party aggrieved by his decision or indecision shall have the right to be heard before the entire Judicial Council upon written request to the Secretary. Action by the Judicial Council shall be final. Notice of such action shall be communicated through

the Secretary of the Society to the party or parties concerned and, where circumstances warrant, to the Secretary of the member's county society.

SECTION 3. The Judicial Council shall consider all questions involving the rights and standing of members of this Society whether in relation to other members or to the component societies or to this Society. All questions of an ethical nature brought before the House of Delegates or a general meeting shall be referred to the Judicial Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members, or of a component county society, upon which an appeal is taken from the decision of an individual Judicial Councilor. Its decision in all such cases shall be final and binding until such time as the Judicial Council itself may alter its decision.

SECTION 4. The Judicial Council shall meet prior to the annual meeting of the House of Delegates or as soon thereafter as possible and shall elect a chairman and a secretary for the ensuing year. It shall keep a permanent record of its proceedings on file with the Secretary of the Society. It shall make an annual written report to the House of Delegates through its chairman. It shall meet as necessity requires and upon call of the chairman, or the President of the Society, or on petition of three Judicial Councilors.

SECTION 5. Each Judicial Councilor shall be an arbiter for his county. He shall upon call from the Executive Committee represent his county at legislative committee hearings. He shall represent his state and county societies at public meetings when requested to do so by the Secretary of either Society.

SECTION 6. The Judicial Council in the proper performance of its duties may employ such help as may be necessary.

ARTICLE XIII. — STANDING COMMITTEES

SECTION 1. The Permanent standing committees shall be as follows:

Executive Committee
Executive Board
Committee on Jurisprudence
Committee on Amendments to the By-Laws
Committee on Officers', Committee & Section Reports
Committee on Third Party Medical Payment
Committee on Resolutions

These committees shall be elected annually by the House of Delegates, except as otherwise stated, and shall make an annual report to the House of Delegates.

SECTION 2. The Executive Committee shall consist of the immediate Past President, President, President-Elect, Vice President, Secretary, Treasurer and the Speaker of the House of Delegates. The Executive Committee shall

exercise between meetings of the House of Delegates any and all powers of the House of Delegates and shall perform such other specific duties as provided in the By-Laws or as may be assigned to it by the House of Delegates. The Executive Committee shall be responsible to the House of Delegates for all actions taken in that it is acting as an agent of the House of Delegates when the House is not in session. It shall fill vacancies in the Judicial Council and among the Trustees as they occur for the unexpired term. It shall have charge of the relations of the profession to the public. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of the public health and of scientific medicine. It shall keep in touch with professional and public opinion and shall endeavor to shape legislation so as to secure the best results for the whole people. Its work shall be done with the dignity becoming a great profession and with the wisdom which will make effective its power and influence. It shall have the authority to be heard before the entire Society upon questions of great concern at such time as may be arranged during any general meeting of the Society or at other designated times. It shall administer and advise concerning the affairs and policies of the Society and may designate the time and place for special and regular meetings of the House of Delegates. It may employ such secretarial staff as is necessary for the proper conduct of the Society's affairs. Through the Secretary it shall keep records of its transactions to be reported to the House of Delegates. It shall prepare the budget for the ensuing calendar year and submit it to the members of the House at the annual meeting; this budget to be placed in the hands of the Delegates at least 60 days prior to that meeting. It shall have the authority to make nominations for appointment to state offices, boards or commissions upon request by the Governor or other state officials, but only if such nominations are mandatory previous to the time of the next meeting of the House of Delegates. With the approval of the House of Delegates it may engage an executive director to perform those functions and assignments provided for in Article XVII of these By-Laws, either in part or by specific direction of the House of Delegates and/or the President or Secretary. His compensation and expenses shall be provided for by the House of Delegates upon recommendation of the Executive Committee. The president shall be the Chairman of this committee.

SECTION 3. The Executive Board shall consist of the members of the Executive Committee, the Vice Speaker, the AMA Delegate and Alternate Delegate, and ten County Society members (one elected by each county medical society). The Executive Board shall be elected by the House of Delegates for specified terms, with the exception of the ten County Society Board Members. The Board shall meet five times annually — in January, March, May, September and November. The Executive Board, when in session, shall assume all prerogatives, powers and responsibilities of the Executive Committee. Members of the Executive Board, other than those on the Executive Committee, will not by virtue of their membership hold membership in the House of Delegates.

The Chairmen of the nine Society Sections will be invited to and expected to attend as many meetings of the Executive Board as possible, for the purpose of reviewing Section activity and assisting in the Executive Board functioning.

The ten members of the Executive Board elected by their respective County Societies shall serve for a period of two years, with a maximum of three consecutive terms and they shall further act as a Nominating Committee with the Immediate Past President as Chairman.

SECTION 4. The Committee on Jurisprudence shall be elected and perform its duties in accordance with the provisions of Article XVI of these By-Laws.

SECTION 5. The Committee on Amendments to the By-Laws shall consist of three members one of whom shall be the Secretary of the Society who shall act as Chairman.

SECTION 6. The Committee on Officers' and Committees' Reports shall consist of three members appointed annually by the Speaker of the House. This Committee shall review the reports of the Officers, Sections and Committees and suggest action thereon to the House of Delegates at the annual meeting.

SECTION 7. The Committee on Third Party Payment shall consist of one member elected by each county society and shall serve in an advisory capacity to the Blue Shield program and other programs of prepaid medical care in the state. It shall elect its own chairman.

SECTION 8. The Committee on Resolutions shall consist of three members appointed annually by the Speaker of the House of Delegates. This Committee shall receive all resolutions at least thirty (30) calendar days prior to a meeting of the House of Delegates at which they are to be presented, with the exception of emergency resolutions which may be considered by a two-thirds majority vote of the House of Delegates. It shall be the responsibility of the Committee to forward these resolutions to the Secretary of the Society so that he may comply with Section 3, Article VII of the By-Laws: i.e., have sufficient time to include copies of such resolutions in the call of the meeting at least two weeks before said session at which new business is to be transacted or considered. The Committee shall suggest action thereon to the House of Delegates.

Resolutions submitted after thirty days can be considered on a two-thirds majority vote of the House of Delegates.

ARTICLE XIV. — OPERATIONAL SECTIONS

SECTION 1. To conduct the operational and functional activities of the Society the following operational Sections shall be established:

Section on Public Health
Section on Environmental Health
Section on Public Affairs
Sections on Institutional Health Care

Section on Medical Services
Section on Scientific Activities
Section on Mental Health
Section on Disaster Control
Section on Education.

The House of Delegates shall elect a Chairman for each of the above Sections, who shall serve as an ex officio member of the Executive Board and shall be expected to bring to the Board information and expertise in his field and particularly in the deliberations of the Board. A Vice Chairman and Secretary shall be elected by the Sections at their first meeting.

SECTION 2. The Section on Public Health shall have the responsibility for all public health matters in New Hampshire. In addition to the Chairman, it shall have at least five additional members who shall concern themselves with such matters as Industrial Medicine, Rural Health Care, Aging, Welfare and School Health Care.

SECTION 3. The Section on Environmental Health shall have the responsibility for the direction of all activity associated with health and the environment. In addition to the Chairman it shall consist of at least four additional members who shall concern themselves with Pollution and Sanitation.

SECTION 4. The Section on Public Affairs shall consist of a Chairman and at least fourteen additional members who shall concern themselves with Public Relations, Political Action, Socio-Economics of Health Care, Communications, Inter-Professional Relationships, Non-Medical Health Care, Legislation and such other matters as shall be deemed relative by the members of the Section.

SECTION 5. The Section on Institutional Health Care shall consist of a Chairman and at least eight additional members who shall concern themselves with Nursing Homes, County and State Institutions and Hospitals.

SECTION 6. The Section on Medical Services shall consist of a Chairman and at least fourteen additional members who shall concern themselves with such matters as Social Security, Federal Health Programs (Medicare and Medicaid), Health Care Financing, Regional Medical Programs, Insurance, OEO and CHP.

SECTION 7. The Section on Scientific Activities shall consist of a Chairman and, in addition, shall be composed of the Chairmen of the following permanent Scientific Committees: TB, Cancer, Cardiovascular Diseases, Maternal Health and Obstetrics, Infant and Child Health, Blood Banks, Medical Aspects of Sports, Rehabilitation and Physical Medicine and Organ Procurement.

SECTION 8. The Section on Mental Health shall consist of a Chairman and not less than nine members who shall concern themselves with such matters as Psychiatric Services, Alcoholism, Drug Dependence, Forensic and Preventive Psychiatry.

SECTION 9. The Section on Disaster Control shall consist of a Chairman and at least six members who shall concern themselves with Traffic Safety, Civil Defense and Emergency Medical Service.

SECTION 10. The Section on Education shall consist of a Chairman and at least ten additional members who shall concern themselves with the education and continued training of medical, para-medical and allied health care professions. It shall also be responsible for the scientific program of the Annual Meeting.

ARTICLE XV. — SCIENTIFIC COMMITTEES

SECTION 1. The permanent Scientific Committees shall be as follows:

Committee on Tuberculosis
Committee on Control of Cancer
Committee on Maternal Health & Obstetrics
Committee on Infant and Child Health
Committee on Blood Banks
Committee on Cardiovascular Diseases
Committee on Medical Aspects of Sports
Committee on Rehabilitation and Physical Medicine
Committee on Organ Procurement

SECTION 2. The Committee on Tuberculosis shall consist of six or more members. Three of these members shall be physicians in private practice, one in the field of thoracic surgery, one in the field of medicine and one in the field of radiology. Its duties shall be to take cognizance of tuberculous conditions in the state, and to recommend further legislation, and to bring before the society all matters regarding prevention and cure of this disease as may seem to them feasible.

SECTION 3. The Committee on the Control of Cancer shall consist of six members. Its duties shall be to study conditions in this state and bring to the attention of the Society and of the general public such matters concerning the prevalence, prevention and cure of the disease as may seem advisable to them.

SECTION 4. The Committee on Maternal Health and Obstetrics shall consist of three members and shall concern itself with maternal health throughout the state; report to the Society the causes of maternal mortality and morbidity; and recommend any methods which would improve such existing conditions.

SECTION 5. The Committee on Infant and Child Health shall consist of four members and shall concern itself with problems of infant and child health in the state.

SECTION 6. The Committee on Blood Banks shall consist of ten members, one from each county and shall concern itself with the use and storage of blood and its various products.

SECTION 7. The Committee on Cardiovascular Diseases shall consist of ten members, one from each county and shall concern itself with the problems of heart and cardiovascular diseases in its various manifestations.

SECTION 8. The Committee on the Medical Aspects of Sports shall consist of six members, one of whom shall be on orthopaedist, and ex officio the Chairman of the Committee on Rehabilitation. The Committee shall concern itself with the medical problems relating to sports on all levels of participation.

SECTION 9. The Committee on Rehabilitation shall consist of five members. The Chairman shall be an ex officio member of the Committees on Aging and the Medical Aspects of Sports. The Committee shall provide a continuing program of education in rehabilitation medicine and its relationship to general and specialty practice; it shall provide information to the Society as to facilities, agencies and services available in rehabilitation within the State, as well as various federal programs, such as those of Vocational Rehabilitation, Administration, the Public Health Service and the Department of Labor; it shall provide assistance and advice to State and local officials and agencies concerned with the development and expansion of rehabilitation services within the State.

SECTION 10. The Committee on Organ Procurement shall consist of a Chairman and not less than fifteen members who shall concern themselves with the full spectrum of activities of the medical profession as they relate to anatomical gifts (Chapter 545, N. H. Laws of 1969).

ARTICLE XVI. — COMMITTEE ON JURISPRUDENCE

SECTION 1. The Committee on Jurisprudence shall consist of the Secretary of the Society as its Chairman, and ten members (one from each county) who shall be elected annually by their county societies. Alternate members shall also be elected to fill any vacancy in the county representation at meetings of the committee.

SECTION 2. Meetings of the Committee may be held at the call of the Chairman at such time and place as he may deem proper, but he shall be required to call a meeting at any time by the written request of three members of the Committee.

SECTION 3. The Committee shall work in cooperation with the Society's legal counsel and be guided by his advice in an effort to avoid entanglements in the courts.

SECTION 4. It shall be the duty of each member of the Society, upon receiving information that a claim may be made against him, to immediately notify the Chairman of the Committee or legal counsel for the Society and at the earliest possible date thereafter to send a detailed report of the case, together with the names of the physicians involved in the treatment of the patient.

SECTION 5. Having received all obtainable information the Chairman shall call a meeting of the Committee. To this meeting the physician reporting the possible claim and other physicians involved who are members of the Society, may be called to give information regarding the facts in the case. Physicians who are not members of the Society may also be invited to attend.

SECTION 6. After full consideration has been given by the Committee to the evidence presented, the Committee, with the advice of counsel, shall determine whether the alleged claim should be contested in the courts or whether an effort should be made towards settlement.

SECTION 7. It is fully understood that this Committee will consider each case as impartial judges of the facts and with due regard to the rights of the public and that its function is not to offer protection to members of the Society who may be guilty of malpractice. It is, however, expected to do its utmost to protect those members who are subjected to the annoyance and expense of defending groundless suits.

SECTION 8. The members of this Committee may be reimbursed for actual expenses incurred in their work from funds of the Society; or from any other organization which may contract to do this.

ARTICLE XVII. — EXECUTIVE STAFF

SECTION 1. The Executive Committee shall appoint an Executive Director subject to the approval of the House of Delegates. At its discretion the Executive Committee may also appoint an Executive Secretary.

SECTION 2. The Executive Director shall exercise all such powers, carry out all such duties and shall observe all such duties and restrictions as the Executive Committee and/or House of Delegates may from time to time impose on him. The duties shall include the following:

1.) He shall be directly responsible to the Executive Committee and the House of Delegates.

2.) He shall refer to the Secretary all medical or professional questions.

3.) He shall be bonded in such amount as the Executive Committee may require.

4. He shall keep a card index by Counties of all physicians in New Hampshire and render annually to the American Medical Association and this Society a report on the membership status.

5.) He shall perform the duties usual to such an office and to the office of Secretary except those specifically imposed on the Secretary and Treasurer by these By-Laws.

6.) He shall act as general administrative officer and business manager of the Society subject to the advice and direction of the Executive Committee and House of Delegates.

7.) He shall be custodian of all communications and paper and records pertaining to the duties of his office.

8.) He shall record and promptly turn over to the Treasurer all funds of the Society which may come into his possession.

9.) He shall aid the Executive Committee in the organization and guidance of the component Societies.

10.) He may employ such assistance as may be approved by the Executive Committee and the House of Delegates.

11.) He shall collect the Society dues except from the members of any component society which collects the Society dues.

12.) He shall collect American Medical Association dues from all members of the Society who are members of the American Medical Association.

13.) He shall record attendance at and proceedings of all meetings of the House of Delegates, Executive Committee and general meetings of the Society.

14.) He shall perform such other duties as the Executive Committee and/or the House of Delegates may direct.

SECTION 3. The salary of the Executive Director and the salaries of the Executive Secretary and any other assistants shall be fixed by the House of Delegates.

ARTICLE XVIII. — BENEVOLENCE FUND

SECTION 1. In order that this Society may be able to render pecuniary aid to needy members who are sick, disabled or aged, or to needy widows and children of deceased members, a Benevolence Fund shall be created. The distribution of the fund shall be vested in a committee whose members shall consist of the Trustees of the Society, the President and the Secretary.

SECTION 2. The fund shall be at least $50,000 and the House of Delegates shall determine each year the amount to be contributed to it from the general funds of the Society, keeping in mind the eventual needs of the Society. The Committee may add to the Fund each year any income from the principal of the Fund not otherwise expended, and may accept contributions from any other source and add such contributions to the principal of the Fund. The income from the Fund may be added to the principal, may be expended for the purposes as stated in Section 1, or, may be used for the general needs of the Society.

SECTION 3. Applications for distribution of money for purposes provided for in Section 1 of this Article must be made to the Secretary of the Society. Upon receipt of a request for financial assistance, one or more members of the Committee shall promptly investigate the case and report the results of the investigation to the Committee. No money shall be expended without

unanimous consent of the Committee. The method of distribution of money, the amount to be expended in each case, and the method of repayment, if any, shall be decided in all cases by the Committee.

ARTICLE XIX. — RULES OF CONDUCT

The principles which shall govern the conduct of members of the Society in their relations to each other and to the public are the principles of the Medical Ethics of the American Medical Association set forth below and any future amendments thereto:

"PREAMBLE: These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions and with the public.

"SECTION 1. The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"SECTION 2. Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"SECTION 3. A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"SECTION 4. The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"SECTION 5. A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"SECTION 6. A physician should not dispose of his services under terms or conditions which tend to interfere with the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"SECTION 7. In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should

neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interest of the patient.

"SECTION 8. A physician should seek consultation upon request: in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"SECTION 9. A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"SECTION 10. The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of he individual and the community."

ARTICLE XX. — COUNTY SOCIETIES

SECTION 1. All component county societies now in affiliation with the State Society or those that may hereafter be organized in this state which have adopted principles of organization not in conflict with these By-Laws shall, upon application to the House of Delegates, receive a charter from and become a component part of this Society.

SECTION 2. Charters shall be issued only upon approval of the House of Delegates and shall be signed by the President and Secretary of this Society. The House of Delegates shall have authority to revoke the charter of any component county society whose actions are in conflict with the letter or spirit of these By-Laws.

SECTION 3. Only one component medical society shall be chartered in any county.

SECTION 4. Each component county society shall judge the qualifications of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is practicing, or who will agree to practice, nonsectarian medicine should be entitled to membership. Before a charter is issued to any component county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SECTION 5. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right of appeal to the Judicial Council.

SECTION 6. In hearing appeals the Judicial Council may admit oral or written evidence as in its judgment will best and most fairly present pre-

sent the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SECTION 7. When a member in good standing in a component society moves to another county in this state, his name, upon request, shall be transferred without cost to the roster of the component county society into whose jurisdiction he moves.

SECTION 8. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides, but no one shall be an active member in more than one component county society.

SECTION 9. Each component county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole to increase the membership until it embraces every qualified physician in the county.

SECTION 10. Frequent meetings shall be encouraged and the most attractive programs arranged that are possible. The younger members shall be especially encouraged to do postgraduate and original research work, and to give the Society the first benefit of such labors.

SECTION 11. At some meeting, at least sixty days in advance of the annual meeting of the House of Delegates, each component county society shall elect delegates to represent it in the House of Delegates, and the secretary of such component society shall send a list of such delegates to the Secretary of the Society immediately after their election.

SECTION 12. The secretary of each component society shall keep a roster of its members in the various categories. He shall furnish an official report containing such information to the Secretary of this Society sixty days in advance of each annual meeting of the House of Delegates. He shall note any changes in the personnel of the profession by death, or by removal to or from the county, and shall endeavor to account for every physician who has lived in the county during the year. He shall report new members as soon as they are qualified as members of his society, and shall promptly notify the Secretary of the State Society of all changes of addresses of the members of his society and of losses in membership, stating the causes thereof.

ARTICLE XXI. — THE SEAL

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

ARTICLE XXII. — RULES OF ORDER

The deliberations of this Society shall be governed by parliamentary usage as contained in Robert's Rules of Order, unless otherwise determined by a vote of its respective bodies.

ARTICLE XXIII — UNUSUAL SITUATIONS

Whenever a question arises which is not specifically covered by these By-Laws, it may be resolved by majority vote of the House of Delegates, if the question arises when said House is in session, otherwise by the Executive Committee.

ARTICLE XXIV. — REPEAL

All rules, regulations, constitutions, customs, practices, or By-Laws heretofore adopted or followed are hereby repealed and discontinued.

ARTICLE XXV. — AMENDMENTS

These By-Laws may be amended at any meeting of the House of Delegates by a majority vote of all the delegates present at that meeting, provided that written notice of the subject of the proposed amendment has been sent to members of the House of Delegates not less than thirty days prior to such meeting.

ARTICLE XXVI. — CONTRACTS/AGREEMENTS

Notwithstanding any other provision in these By-Laws to the contrary, neither the Society nor any duly organized body thereunder shall be empowered in any manner to determine or limit the compensation which a member of the Society may assess for his professional services. Any resolution, contract or agreement so affecting the prerogative of the individual member shall be null and void and have no binding significance. This amendment shall in no way abrogate powers given to the Judicial Council in Article XII to hear complaints.

Revisions recorded
as of May 21, 1970

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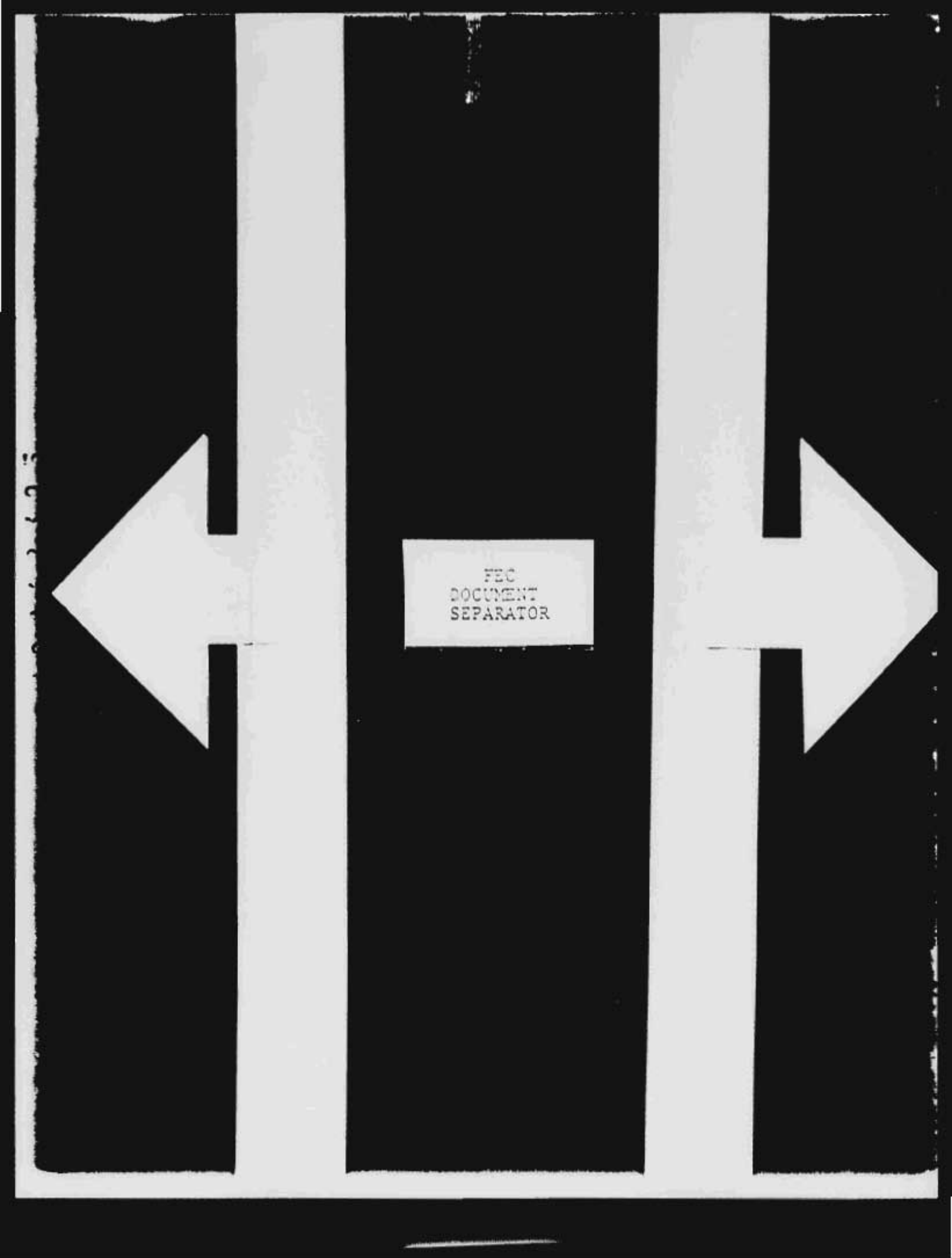
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CONSTITUTION AND BYLAWS
of the
NEW MEXICO MEDICAL SOCIETY

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ADOPTED--May, 1966
REVISED---November, 1971
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CONSTITUTION

of

THE NEW MEXICO MEDICAL SOCIETY

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BYLAWS

of

THE NEW MEXICO MEDICAL SOCIETY

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CONSTITUTION

of

THE NEW MEXICO MEDICAL SOCIETY

PREAMBLE

Recognizing that the best interests of the public whom we are privileged to serve, and of the honorable profession of which we are the members, can be most satisfactorily protected by concerted effort, we, the Doctors of Medicine of New Mexico, do hereby organize ourselves in conformity with the following provisions of the Constitution of the New Mexico Medical Society.

ARTICLE I

NAME

The name of this organization shall be the New Mexico Medical Society.

ARTICLE II

PURPOSES

The purposes of this Society are to bring into a single compact organization the reputable and ethical Doctors of Medicine of the State of New Mexico and students in good standing at the University of New Mexico School of Medicine, to extend medical knowledge and advance medical science, to elevate the standard of medical education, to secure the enactment and enforcement of just medical laws, to promote friendly relations among the members of the profession, to uphold the Principles of Medical Ethics of the American Medical Association, to uphold the obligations each member of the profession assumed under the Hippocratic Oath at the time he entered the profession, and to keep the members of the profession always cognizant of their unique influence on society.

ARTICLE III

MEMBERSHIP

Section 1. Qualifications. Membership in this Society shall

be open to all Doctors or Bachelors of Medicine living in the State of New Mexico who are professionally competent and of good moral character, and who are graduates of a medical school and who have completed the full medical curriculum and who are eligible for license to practice medicine in New Mexico, and also to duly registered undergraduate students at the University of New Mexico School of Medicine. The Bylaws of the Society shall set forth detailed qualifications with regard to the various types of membership.

Section 2. Component Societies. Component societies shall be those County and Regional Medical Societies within the State of New Mexico and the Society of the students at the University of New Mexico School of Medicine which have been granted charters by this Society. The charter for the component society of medical students shall only be valid at such times when the dues paying membership of the component society shall constitute 20 percent of the total medical student enrollment of the school or forty members, whichever number is greater.

ARTICLE IV

OFFICERS

Section 1. The Officers of this Society shall be a President, a President-Elect, a Vice-President, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice Speaker of the House of Delegates, a Councilor from each Council District, a Delegate (or Delegates) to the American Medical Association, and an Alternate Delegate (or Delegates) to the American Medical Association.

Section 2. Duties The President shall have the following duties and responsibilities: To preside at all meetings of the Society and the Council; to appoint the members of all Standing Committees except as otherwise provided for in the Bylaws; and to perform such other duties as custom and parliamentary usage may require. He shall be the recognized head of the profession in the State of New Mexico during his term of office and shall be available to visit the various component societies.

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The President-Elect shall familiarize himself with the duties and obligations which will become his upon his succession to the Presidency, and he shall have such other duties as he shall from time to time be requested to carry out by the President.

The Vice-President shall assist the President in the discharge of his duties and shall have all the duties, responsibilities and authority of the President during the President's temporary absence or disability.

The Secretary-Treasurer shall have the following duties: He shall attend all general meetings of the Society and the meetings of the House of Delegates and Council and shall cause accurate minutes of these respective meetings to be kept; he shall receive and care for all records and papers belonging to the Socicty including its Constitution and Bylaws; he shall send out the official announcements of the Annual Meeting and all other meetings of the Society and shall issue the programs of all such meetings; he shall provide for the registration of the members of the Society and Delegates to the House of Delegates at the Annual Meeting and all other meetings which may be held; he shall, with the cooperation of the Secretaries of the component societies, maintain a current index and register of all licensed physicians of the State of New Mexico, noting with respect to each his status in relation to his component society, the State Society and the American Medical Association and his correct name, address, place and date of graduation, date on which his license to practice medicine in the State of New Mexico was issued, and on request he shall submit a copy of this list to the American Medical Association; he shall assist the Councilors in the organization and improvement of the component societies within their Council Districts; he shall conduct all official correspondence of the Society, notifying members of meetings, Officers of their election, and Committee members of their appointments and duties; he shall take care of all monies received by the Society and cause to be kept a true and accurate amount thereof and shall render a statement thereof whenever required by the Council or the House of Delegates; he shall open bank accounts and deposit or cause to be deposited therein all monies received by the Society; he shall sign or cause to be signed all checks; he shall cause an annual audit of the affairs of the New Mexico Medical Society to be made by a

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certified public accountant, and he shall subject his accounts to such other examinations as the House of Delegates may from time to time require; he shall expend such funds as are directed by the Council and the House of Delegates; he shall bill all members for their dues and assessments and shall collect all assessments of the component societies, the State Society and the American Medical Association, except the dues and assessments of those component societies which indicate that they will assume the responsibility of collecting the dues and assessments of the State Society and the American Medical Association in addition to their own dues and assessments; he shall remit to the component societies dues received from their members to the Treasurers of the component societies; he shall employ such assistants as may be authorized by the House of Delegates; he shall make an annual report to the House of Delegates of his activities and of the state of the treasury of the Society; he may delegate any of the above duties to the Executive Director of the Society upon approval thereof by the Council; and he and the employees of the Society shall give a bond for the faithful performance of their duties in such sum as may be required by the Council, the premium on such bond to be paid by the Society.

The Speaker of the House of Delegates shall preside at the meetings of the House of Delegates and shall appoint all Reference Committees of the House.

The Vice-Speaker of the House of Delegates shall preside at meetings of the House of Delegates in the absence of or at the request of the Speaker of the House of Delegates.

Each Councilor shall serve as the organizer and representative for his Council District. He shall visit the component societies in his Council District at least once each year for the purpose of inquiring into the condition of the profession and to promote the zeal of the component societies and their members.

The Delegate (or Delegates) to the American Medical Association represent the New Mexico Medical Society at all meetings of the House of Delegates of the American Medical Association, and shall submit a semi-annual report of his activities as Delegate.

The Alternate Delegate (or Delegates) to the American Medical Association shall attend all meetings of the House of Delegates of the American Medical Association and shall represent the New

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Mexico Medical Society at such meetings in the absence of the Delegate.

Section 3. Terms of Office. The terms of office of the President, the President-Elect, and the Vice-President shall be one year. The terms of office of the Secretary-Treasurer, the Speaker of the House of Delegates, the Vice-Speaker of the House of Delegates, the Delegate (or Delegates) to the American Medical Association, and the Alternate Delegate (or Alternate Delegates) to the American Medical Association shall be two years. The terms of office of the Councilors shall be three years.

ARTICLE V

HOUSE OF DELEGATES AND COUNCIL

Section 1. House of Delegates. The House of Delegates shall be the legislative, deliberative and policy-making body of the Society. It shall consist of Delegates elected by the members of the component societies plus the members of the Council. Each member of the House of Delegates shall have one vote.

Section 2. Council. The Council shall be the executive and administrative body of the Society. The Council shall consist of the Officers of the Society as listed above in Article IV, Section 1, plus the immediate Past-President of the Society. The President of the Society shall preside at all Council meetings. Each member of the Council shall have one vote. The actions of the Council shall be subject to review and approval by the House of Delegates.

Section 3. Council Districts. The House of Delegates shall divide the State into appropriate Council Districts, and the details of such division shall be set forth in the Bylaws.

ARTICLE VI

MEETINGS

Section 1. Regular Meetings of the Society and the House of Delegates. Regular meetings of the Society and of the House of Delegates shall be held semi-annually, preferably, in the months of May and November. During each of these semi-annual regular meetings, general meetings of the Society shall be held daily and shall be open to all registered members of the Society and guests.

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The House of Delegates shall also meet daily during the regular semi-annual meetings of the Society until it has disposed of all business before the House. Meetings of the House of Delegates shall be open to all members of the Society, but closed to all other persons except those guests who have been specifically invited to attend. The time and place for holding the regular meetings shall be established and may be changed from time to time by the House of Delegates. The regular meeting which is held, preferably, in May of each year shall be the Annual Meeting and the regular meeting, preferably, in November shall be designated as the Interim Meeting of the New Mexico Medical Society.

Section 2. Special Meetings of the Society and the House of Delegates. Special meetings of the New Mexico Medical Society and/or the House of Delegates of the New Mexico Medical Society may be called by the President whenever the necessity shall arise. Special meetings of the Society and/or the House of Delegates shall also be called by the President on written petition of ten Delegates or of 10% of the Active Membership of the Society.

Section 3. Meetings of the Council. The Council of the New Mexico Medical Society shall meet at least quarterly at such times and places as shall be designated by the President. The Council meetings in May and November shall be held immediately preceding the regular meetings of the Society. Special meetings of the Council may be called by the President at any time whenever the necessity shall arise. Special meetings of the Council shall also be called by the President on written petition of three members of the Council.

ARTICLE VII

SEAL

The Society shall adopt an appropriate Seal and shall have the authority to change or renew the same without restriction.

ARTICLE VIII

BYLAWS

This Society shall have a body of Bylaws which shall contain all of the details necessary to amplify and carry out the provisions of this Constitution. The Bylaws shall be proposed, considered and

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adopted immediately after this Constitution has been adopted.

ARTICLE IX

AMENDMENTS

This Constitution may be amended in the following manner:

Section 1. Proposed amendments may be initiated either by one of the component societies through a member of the House of Delegates or by a petition signed by at least ten Active Members of the Society. In either case the proposed amendment must be submitted to the Secretary-Treasurer of the Society in writing at least thirty days prior to the opening session of a regular meeting of the House of Delegates.

Section 2. The proposed amendment will then be published and disseminated to all Active Members of the Society, and will be placed on the agenda of the forthcoming regular meeting of the House of Delegates.

Section 3. At the appropriate time during the aforesaid meeting of the House the proposed amendment will be read to the assembled Delegates by the Secretary-Treasurer. Consideration of the proposed amendment will be postponed until the next regular meeting of the House.

Section 4. Prior to the next regular meeting of the House of Delegates, the proposed amendment shall be published twice in an official publication of the Society.

Section 5. At the next regular meeting of the House the proposed amendment shall be presented to the assembled Delegates in the form of a motion to adopt the proposed amendment. If the proposed amendment was initiated by a member of the House, that member may present the motion to adopt. Otherwise the Secretary-Treasurer will move that the proposed amendment be adopted. The vote on the proposed amendment shall be by ballot. The proposed amendment must secure the affirmative vote of at least three-fourths of the ballots cast in order to be passed, and, furthermore, the total number of ballots cast must be equal to or greater than 50% of the total membership of the House of Delegates to constitute the action of a quorum. After the proposed amendment

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is passed by the House of Delegates the Secretary-Treasurer will so inform the Presidents of all component societies in writing giving the exact text of the proposed amendment as passed by the House.

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BYLAWS

of

THE NEW MEXICO MEDICAL SOCIETY

CHAPTER I

MEMBERSHIP

Section 1. Categories. The membership of the New Mexico Medical Society shall consist of two basic categories: Active Members and Special Members.

Section 2. Rights and Privileges of Membership.

A. Active Members shall have the following rights and privileges: To attend all meetings and social functions of the New Mexico Medical Society; to vote; to hold elective office; and to receive the publications of the New Mexico Medical Society including the monthly NEWSLETTER and the Rocky Mountain Medical Journal.

B. Special Members. shall have the right and be privileged to attend all scientific meetings and social functions of the New Mexico Medical Society. They may not vote or hold elective office in the New Mexico Medical Society. They shall not be required to pay membership dues to the New Mexico Medical Society, and shall not be entitled to receive any of the publications of the Society except by paid subscription.

Section 3. Active Members. There shall be three types of Active Membership: Regular Paid Members, Regular Dues-Exempt Members and Direct Members.

A. Regular Paid Members. In addition to the requirements set forth in ARTICLE III of the Constitution, a Regular Paid Member: (1) Must be a properly certified member of one of the component societies. (2) Must either be a citizen of the United States of America or must have filed a Declaration of Intent to become a citizen in the office of the Clerk of a Court of competent jurisdiction. (3) Must hold the degree of Doctor of Medicine or Bachelor of Medicine and must hold a license to practice medicine and surgery in at least one of the fifty States.

(4) Or he (or she) must be an Intern or Resident Physician serving in a training program approved by the American Medical Association. (5) Or he (or she) must be a Medical Student enrolled in the University of New Mexico School of Medicine. Regular Paid Membership shall be open to all physicians residing in New Mexico who fulfill the above requirements including the following: (1) Regular commissioned medical officers and commissioned medical officers of the reserve components on active duty with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service. (2) Civilian Physicians employed on a full-time basis by all Federal and State agencies, including but not limited to the United States Veterans Administration and the New Mexico Health and Social Services Department. (3) Civilian physicians employes as full-time administrators, full-time teachers, and in full-time research.

B. Regular Dues-Exempt Members. Regular Dues-Exempt Membership shall be limited to Emeritus Members and Retired Members. Emeritus Membership may be conferred by the House of Delegates upon the recommendation of the Council only on a member of this Society who has been a Regular Paid Active Member for five or more years, and only for one or more of the following reasons: Prolonged illness, absence from practice, for post graduate work, and retirement from practice. When the reasons for which Emeritus Membership was granted no longer exist, the member shall automatically be returned to Regular Paid Active Membership. Retired Membership may be granted by the House of Delegates upon the recommendation of the Council to any physician who formerly practiced or worked outside of New Mexico, who has retired from active practice or from his former position, and who has moved to New Mexico to live in retirement. Emeritus Members and Retired Members shall not be required to pay dues, but otherwise they shall have all of the rights and privileges of Active Members.

C. Direct Members. In any county where no component society exists, a physician who is qualified for membership may be elected to membership in the New Mexico Medical Society as a Direct Member after he (or she) has paid his (or her) annual dues and has filed an application with the Council. The

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Council will, after proper investigation of the application refer it to the House of Delegates for action. Direct Members shall have all of the rights and privileges of Active Members.

Section 4. Special Members. There shall be three types of Special Membership: Associate Members, Affiliate Members, and Honorary Members.

A. Associate Members. Associate Membership shall be limited to the following: (1) Full-time medical missionaries working in the State of New Mexico. (2) Members of the armed forces or the United States Public Health Service who are on temporary active duty (2 years or less). (3) Active Members who leave New Mexico to practice in another State shall be eligible to continue as Associate Members of the New Mexico Medical Society, provided that they are members of the State Society in that State where they are in practice.

B. Affiliate Members. Affiliate Membership may be conferred by the House of Delegates upon the recommendation of the Council on persons who belong to any one of the following categories: (1) Physicians who are members of the national medical societies of foreign countries. (2) New Mexico physicians who are located in foreign countries or United States possessions, and who are engaged in medical missionary, educational or philanthropic labors. (3) Dentists who hold the degree of D.D.S. or D.M.D., who are members of the American Dental Association and of their State and local dental societies. (4) Pharmacists who are active members of the American Pharmaceutical Association. (5) Teachers of medicine or of the sciences allied to medicine who are citizens of the United States and who are not otherwise eligible for membership in the New Mexico Medical Society. (6) Scientists in sciences allied to medicine and others who have attained distinction in their fields of endeavor, who are not otherwise eligible for membership in the New Mexico Medical Society.

C. Honorary Members. Honorary Membership may be conferred on any person by the House of Delegates upon the recommendation of the Council for outstanding achievement in the medical profession or for outstanding service to the New Mexico Medical Society. The Society shall present an appropriate

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certificate to such members. Honorary Members shall not be entitled to vote or hold elective office and shall be exempt from the payment of dues.

Section 5. Discrimination in Membership. Membership in the New Mexico Medical Society or in any of its component societies or its affiliated specialty societies shall not be denied or abridged on account of color, creed, race, religion or ethnic origin.

Section 6. Delinquency. Each dues-paying member (Regular Paid Active and Direct Active) must pay his (or her) annual dues on or before March 1 of each year. The annual dues are due and payable on January 1. Any member who fails to pay his (or her) annual dues on or before March 1 of each year shall be delinquent and shall be subject to expulsion from the the Society by action of the Council. A member who is expelled by the Council because of non-payment of dues may apply for reinstatement as soon as he has paid all delinquent dues and assessments and a reinstatement fee of $25.00. Thereafter, the delinquent member may be reinstated at the discretion of the Council. These provisions shall apply to all Regular Paid Members and Direct Members. The annual dues may not be paid in twelve equal monthly installments or in any other type of installments spread over the entire calendar year or over any portion of a calendar year. Annual dues statements for each calendar year shall be prepared sufficiently early in December preceding the year in which they are due in order that they can be received by the members prior to December 15. Annual dues statements shall be itemized. Annual dues statements shall be sent only to the individual members of the Society; they may not be sent in batches to groups or clinics, either large or small. Such groups and clinics which wish to pay the annual dues for the members of their staffs must indicate in a statement accompanying their checks the names of the members whose dues are being paid by each check and the amound paid for each member listed.

Section 7. Tenure.

A. Limitation. A member shall retain his (or her) membership as long as he (or she) complies with the provisions of the Constitution and Bylaws and with the Principles of Medical

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Ethics of the American Medical Association and the New Mexico Medical Society. A member shall hold only one type of membership at any one time.

B. Termination. When the Executive Director of the New Mexico Medical Society is officially informed that a member is not in good standing in his component society he shall remove the name of that member from the membership roll and shall inform the Executive Vice-President of the American Medical Association officially of the action taken. A member of this Society who has been suspended or expelled from his component Society or whose name has been dropped from its roll of members shall not be entitled to any of the rights or privileges of membership in the Society, nor shall he (or she) be permitted to participate in any of this Society's proceedings until the suspension has been removed or he (or she) has been readmitted to membership in his component society.

C. Transfer. Should a member remove his practice to another State he may continue as an Associate Member of the New Mexico Medical Society by applying for such membership. The application will be approved after the Executive Director has received notification from the Executive Director of the State Society to which the member has moved his (or her) practice that he (or she) has applied for membership in that State Society and that the application has been accepted. Any member in good standing in a component society of the New Mexico Medical Society who moves to another county within the State of New Mexico may, at his (or her) request, have his (or her) membership transferred without cost to the component society into whose jurisdiction he (or she) has moved.

Section 8. Orientation Course. An Orientation Course, the purpose of which shall be to instruct new members of this Society in the duties, privileges and obligations of membership, shall be conducted at least once each year. This Orientation Course shall be conducted under the supervision of the Council and shall be held at such times and places as the Council shall determine. The course shall consist of discussions, lectures, and such other forms of instruction as the Council shall approve. A new member of the Society must take the Orientation Course within two years after he has been admitted to membership. A new member who does not take the Orientation Course within

the two-year period of time specified above shall automatically cease to be a member of this Society unless he has been excused by the Council for valid reasons.

Section 9. Method of Admitting Members. Each component society shall be the judge of the qualifications of its own members provided that the component society acts in accordance with the Constitution and Bylaws of the New Mexico Medical Society. All applicants for membership shall be elected in a similar manner regardless of the Societies or Associations to which they may belong or from which they belong or from which they may bring cards of membership or reference. Each component society may, as it sees fit, require a certain number of months of residence within the county before admitting an applicant to membership provided that all other requirements of the Constitution and Bylaws of the New Mexico Medical Society are complied with. A physician who lives near a county line may be a member of that component society which is most convenient for him provided he obtains permission of the component society in whose jurisdiction he (or she) resides. The candidate for membership shall submit his (or her) application in writing to the Secretary of the component society in the county in which he (or she) resides. Before any action is taken by the component society upon the application, the applicant's name shall be submitted by the component society to the Executive Director of the New Mexico Medical Society on a form provided by the N.M.M.S. for that purpose. The form shall be returned to component society together with any information the executive office of the New Mexico Medical Society and the biographic department of the American Medical Association may be able to supply as an aid to the component society in determining the eligibility of the applicant. If the information returned from the executive office of the New Mexico Medical Society discloses, or if it is otherwise known that the applicant has at any time been refused membership, been expelled or suspended from membership in the New Mexico Medical Society or in any other constituent society of the American Medical Association, the component society shall defer action on the application and shall submit the application to the Council, with or without recommendations. The Council may then approve, disapprove, or postpone further action on the application. Unless and until the Council has approved the applicant's eligibility for membership and has so notified the Secretary of the component society,

no further action shall be taken by the component society on the application. A physician who feels that his (or her) component society has acted unjustly in refusing his (or her) membership or in suspending or expelling him, shall have the right to appeal to the Council. In such cases the decision of the Council shall be final. In considering such an appeal the Council may admit both oral and written evidence and testimony in an effort to obtain all the facts pertaining to the case.

CHAPTER II

FINANCIAL MATTERS

Section 1. Dues. The principal source of the Society's funds shall be the annual dues which each member of the Society shall be obliged to pay. The House of Delegates shall fix the amount of the annual dues. A newly elected Active Member of the Society shall not be obliged to pay more than 50% of the regular annual dues during the first year in which he is a member of the Society. Active Members (Regular Paid) who are either Interns or Resident Physicians shall pay annual dues of $15.00. The members of the component society of the students at the University of New Mexico School of Medicine will pay annual dues of $5.00. The House of Delegates may change the amount of the annual dues from time to time, however, such change shall require the affirmative vote of three-fourths of the House of Delegates. Any member who has practiced medicine for fifty years shall be excused from further payment of State Society dues, and this fifty years shall be computed from the day he received his medical degree.

Section 2. Other Funds. The Society may also raise funds by means of voluntary contributions, from the Society's publications, and in any other manner which may be approved by the House of Delegates.

Section 3. Appropriations and Expenditures. Normally the authority to appropriate funds to defray the expenses of the Society and for such other purposes as will promote the welfare of the profession shall be reserved to the House of Delegates. The Council shall constitute the finance committee of the House of Delegates. All resolutions for the appropriation

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of funds shall first be referred to the Council for consideration, and, thereafter, the Council shall present the resolution with its recommendations either for or against adoption to the House of Delegates for final action. Under unusual circumstances between meetings of the House of Delegates, the Council shall have authority to appropriate the necessary funds to defray unexpected and urgent expenses of the Society. The fiscal year of the Society shall begin on April 1 and end on March 31 of the succeeding year. Not later than March 1 of each year the Secretary-Treasurer and the Executive Director of the Society shall begin preparation of the proposed budget of the Society for the next fiscal year. The proposed budget will be based on the current year's expenditures plus or minus any proposed or anticipated major changes. Among the items included in the proposed budget there shall be ample funds intended specifically to reimburse the President of the Society and the Secretary-Treasurer of the Society for all travel expenses which they may incur in the conduct of their duties. The proposed budget for the Society shall be presented to the Council by the Secretary-Treasurer at the meeting of the Council immediately preceding the Annual Meeting of the House of Delegates. The Council shall review the proposed budget and may make any changes deemed to be necessary. Thereafter the Council shall present the proposed budget to the House of Delegates at the Annual Meeting of the House as part of its report to House. Final decisions and adoption of the proposed budget shall be reserved to the House of Delegates.

CHAPTER III

ELECTIONS AND SUCCESSION

Section 1. Time of Elections. The election of officers and the Delegate(s) and the Alternate Delegate(s) to the American Medical Association shall be held at the Annual Meeting of the House of Delegates.

Section 2. Nominations. Preceding the Annual Meeting of the House of Delegates the Nominating Committee shall select two or more candidates for each office to be filled by election, except the position of President-elect and shall ascertain that that the members they have selected are in good standing and are willing to serve if elected. The Nominating Committee

shall present their nominations in their report to the House of Delegates at the meeting at which the election is to be held. Following the reading of the report of the Nominating Committee, the presiding officer shall ask for further nominations from the floor.

Section 3. Vote Required for Election. After all nominations have been made, the election shall be held by written ballot. A candidate must secure the affirmative vote of a majority of the ballots cast in order to be elected. If there are more than two candidates for a single office and none of the candidates secures the affirmative vote of a majority on the first ballot, a second ballot shall be taken and only the two candidates who received the largest numbers of votes on the first ballot shall be voted upon on the second ballot. Those candidates who have been elected shall assume their offices upon the adjournment of the Annual Meeting of the House of Delegates and shall serve until their successors have been elected; however, the Delegate and Alternate Delegate to the American Medical Association shall assume their duties at a time which is in agreement with the provisions of the Constitution and Bylaws of the American Medical Association.

Section 4. Continuity. Those officers of the Society who were elected by the House of Delegates prior to the adoption of these Bylaws and whose term of office, under the previous Bylaws, extend beyond the date on which these Bylaws are adopted shall serve for their full terms of office in accordance with the provisions of the previous Bylaws which have been superseded by these Bylaws.

Section 5. Presidential Succession. If the President should resign, die, be removed or become permanently disabled and unable to serve, the Vice-President shall automatically become the President and shall serve as such for the unexpired portion of his predecessor's term of office.

Section 6. Succession to the Office of President-Elect. If the President-Elect should resign, die, be removed or become permanently disabled and unable to serve, the office of President-Elect shall be filled by a special election at the next regular or special meeting of the House of Delegates.

Section 7. Vice-Presidential Succession. If the Vice-President should resign, die, be removed, become permanently disabled and unable to serve, or succeed to the office of the President, the office of Vice-President shall be filled by a special election at the next regular or special meeting of the House of Delegates.

Section 8. Succession to the Office of the Delegate to the American Medical Association. If the Delegate to the American Medical Association should resign, die, be removed, or become disabled and unable to serve, the Alternate-Delegate shall automatically become Delegate and shall serve as such for the unexpired portion of his predecessor's term of office.

Section 9. Succession of Other Officers. If any of the officers of this Society as listed in Article IV, Section 1, of the Constitution, excepting the President, the President-Elect, the members of the Council, and the Vice-President should resign, die, be removed or become permanently disabled and unable to serve, the President shall appoint a member of the Society to serve in the vacant office until the next regular or special meeting of the House of Delegates. Such appointments shall require the approval of the Council. Officers so appointed shall serve as such only until the office can be filled by election at the next regular or special meeting of the House of Delegates. If a Councilor should resign, die, be removed, or become permanently disabled and unable to serve, he will be replaced by an election in that Council District. The newly elected Councilor will serve for the unexpired portion of his predecessor's term of office.

Section 10. Special Elections. Prior to any regular or special meeting of the House of Delegates at which a Special Election is to be held the Nominating Committee shall select two or more candidates for each office which is to be filled by election. At the time of the next regular or special meeting of the House of Delegates the Special Election shall be held in accordance with the provisions of Sections 2 and 3 of this Chapter. Each newly elected officer shall serve for the unexpired portion of his predecessor's term of office.

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Section 11, Disability. If any of the officers as listed in Article IV, Section 1, of the Constitution of the New Mexico Medical Society should become disabled, the Council shall decide whether or not the disability is sufficient to preclude further service by the officer as such. This decision shall require the unanimous approval of the Council with the exception of the vote of the specific officer in question. If the decision is affirmative, the office in question shall be declared vacant and the vacancy shall be filled as set forth above.

CHAPTER IV

HOUSE OF DELEGATES

Section 1, Membership. The House of Delegates shall be composed of Delegates elected by the voting members of the various component societies. Each component society shall be entitled to elect one Delegate for every ten Active Members in good standing and Emeritus Members, and one Delegate for a major fraction thereof. However, each component society shall be entitled to at least one Delegate, even if the total number of Active Members and Emeritus Members is less than ten. The component society of the Medical Students shall be permitted three (3) voting members in the House of Delegates. These members must be severally students in the second, third, and fourth year classes of the school. The voting members must have attended an orientation course of the New Mexico Medical Society. The elected delegates must be Active or Emeritus Members in good standing. In addition, all officers of the New Mexico Medical Society as listed in Article IV, Section 1, of the Constitution shall be members of the House of Delegates. Each member ofthe House of Delegates shall have one vote. Neither the Speaker nor the Vice-Speaker of the House of Delegates shall have a vote when presiding over the House of Delegates, except that in the case of a tie vote the presiding officer must vote.

Section 2. Duties and Responsibilities. The House of Delegates shall dilligently foster the scientific work and spirit of the Society and shall endeavor to make each regular meeting of the Society more interesting than the preceding regular meeting. It shall consider matters related to the material interests of the members of the medical profession and shall advise the public with regard to those matters wherein the public is dependent

upon the medical profession. The House of Delegates shall exert its influence to secure the passage and subsequent enforcement of all appropriate medical and public health legislation and shall disseminate to the public information related thereto.

The House of Delegates shall investigate the condition of the profession in each county in the State and shall have authority to adopt such methods as may be necessary to increase the interest of the members of the Society in those component societies which already exist and to organize the profession in those counties where component societies do not exist.

The House of Delegates shall encourage postgraduate medical education and medical research and shall endeavor to have the results thereof utilized and discussed in the component societies.

The House of Delegates shall elect the representatives of the New Mexico Medical Society to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that organization.

The House of Delegates shall have the authority to appoint committees for special purposes and to include as members of those committees members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates and those committee members who are not members of the House may nevertheless be present and participate in the debate on their reports.

The House of Delegates shall approve all memorials and resolutions issued in the name of the New Mexico Medical Society.

The House of Delegates may adopt standing rules to govern its proceedings and to further the purposes of the Society and may amend or repeal such rules by a majority vote of the Delegates present provided that such rules do not conflict with the Constitution and/or the Bylaws of the New Mexico Medical Society. Rules which are adopted in this manner shall be effective immediately unless otherwise provided for in the motion to adopt.

Section 3. Referendum. The House of Delegates may submit any question before it to a general referendum of the Active and Emeritus Members of the Society. The motion to submit a question

to a general referendum must be approved by the affirmative vote of two-thirds of the members of the House who are present at the time the motion is presented, a quorum being present. Any question submitted to a general referendum shall be voted upon by mail ballot and shall require the affirmative vote of a majority of the ballots cast, provided that the total number of ballots cast is equal to or greater than 50% of the total number of Active and Emeritus members of the Society. Any question which is submitted to a general referendum which is approved in the manner outlined above shall be binding on the House of Delegates.

CHAPTER V

COUNCIL

Section 1. Duties and Responsibilities. In addition to those enumerated in Article V. Sections 2 and 3 of the Constitution, the Council of the New Mexico Medical Society shall have the following duties and responsibilities:

A. The Council shall be the Board of Censors for the Society. In this capacity it shall consider and decide all questions and complaints regarding the rights and standing of individual members, whether in relation to other members, to the various component societies, or to this Society. All questions concerning medical ethics may be referred directly to the Council and, if brought before the House of Delegates, such questions shall be referred to the Council without discussion. As the Board of Censors the Council shall consider and decide all questions of discipline or right to membership in this Society which may be brought before it on appeal from the decision of a component society, a District Councilor, or the Grievance Committee. In all such matters the decision of the Council shall be final.

B. In sparsely settled areas of the State the Council shall have the authority to organize the physicians of two or more counties into a single component society. When so organized and chartered such component societies shall have all the rights and privileges of the other component societies until such time as the counties involved can be organized separately.

C. The Council shall provide for and supervise the

publication and distribution of all proceedings, transactions, minutes and publications such as the Newsletter and the official Journal of the Society. The Council shall appoint annually an associate editor and two members of the Board of Managers of the official Journal of the Society.

D. All money received by the Council and its agents resulting from the discharge of the duties assigned to them shall be paid to the Secretary-Treasurer of the Society.

E. The Council shall represent the Society in efforts to secure and enforce legislation to promote public health and advance scientific medicine.

F. The Council shall have the authority to employ an Executive Director for the Society. The Executive Director need not be a physician nor a member of the Society. The Executive Director shall act as the general administrative officer and business manager of the Society. The Council may delegate to the Executive Director those duties of the Secretary-Treasurer which the Council feels will best serve the interest of the Society.

G. In the interval between meetings of the House of Delegates the Council shall have full authority to act for the New Mexico Medical Society. In such instances the decisions of the Council shall be binding on all members of the Society. However, these decisions are subject to review and confirmation by the House of Delegates, if possible.

H. At each meeting of the House of Delegates the Council shall submit a complete report of its actions and decisions during the interval between meetings of the House.

I. Prior to the Annual Meeting of the House of Delegates the Council shall cause the accounts of the Secretary-Treasurer to be audited by a certified public accountant. The auditor's report shall be presented in the annual report of the Council to the House of Delegates.

Section 2. Council Districts. The State of New Mexico shall be divided into several Council Districts. The total membership of each Council District should equal or exceed 25 Active and Emeritus members, and should not exceed 125

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Active and Emeritus members. Geographically, Council Districts may vary in size from a part of a County to several Counties. In the more sparsely populated portions of the State the Council Districts shall be as small as possible, geographically, but must not have a total membership of less than 25 Active and Emeritus members. Any Council District which has more than 125 Active and Emeritus members shall be subdivided into two or more Council Districts of approximately equal size; the number of such Council Districts shall be determined by the number of Councilors to which the area to be subdivided is entitled as stipulated above. Such Council Districts shall be designated with a letter immediately following the Roman numeral which designated the original Council District prior to its being subdivided into two or more Council Districts (IIa, IIb, etc.).

The Active Members of each Council District shall nominate and elect the Councilor from their Council District. However, if they fail to elect a Councilor prior to March 1, of any year in which a Councilor from their District is to be elected, the Nominating Committee shall select nominees from among the membership of the District for election by the House of Delegates.

Councilors who were elected prior to the adoption of this Section shall continue to serve until their three-year terms of office expire, although the Roman numeral designating the Council District which each represents may be different depending on the location of his practice.

The Council Districts with their approximate total numbers of Active and Emeritus members as of the date of the adoption of this Section by the House of Delegates are as follows:

Council District I shall consist of Colfax County, Harding County, Mora County, San Miguel County and Union County (36 members).

Council District II shall consist of Santa Fe County, Sandoval County, Los Alamos County, Rio Arriba County and Taos County (158 members). Council District II shall be subdivided into two Council Districts at the discretion of and as determined by the Active and Emeritus members living in the counties comprising Council District II. The two Council Districts so established shall be designated as IIa and IIb.

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Council District III shall consist of Bernalillo County and Torrance County (453 members). District III shall be subdivided into five Council Districts at the discretion of and as determined by the Active and Emeritus members living in the counties comprising Council District III. The five Council Districts so established shall be designated as IIIa, IIIb, IIIc, IIId, and IIIe.

Council District IV shall consist of Curry County, De Baca County, Guadalupe County, Quay County and Roosevelt County (36 members).

Council District V shall consist of Chaves County (42 members).

Council District VI shall consist of Eddy County (31 members).

Council District VII shall consist of Lea County (31 members).

Council District VIII shall consist of Dona Ana County (43 members).

Council District IX shall consist of Catron County, Grant County, Hidalgo County and Luna County (27 members).

Council District X shall consist of Lincoln County, Otero County and Sierra County (26 members).

Council District XI shall consist of McKinley County, Socorro County, and Valencia County (33 members).

Council District XII shall consist of San Juan County (29 members).

These Council Districts may be altered in number, size (geographic and population) and shape from time to time in the manner described above at the discretion of the House of Delegates. The Council Districts may be realigned and redistricted annually, but must be realigned and redistricted at least every five years henceforth to compensate for major shifts in population density.

The Councilors who were elected prior to the adoption of this Section together with the number of the Council District each formerly represented, the number of the Council District each presently represents, and the time of expiration of the present

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term of office of each are listed below:

John J. Smoker, M.D., formerly represented Council District I, now represents Council District I, and term of office expires in May of 1974.

Adrian H. Bodelson, M.D., formerly represented Council District II, now represents Council District IIa, and term of office expires in May of 1974.

Samuel E. Neff, M.D., formerly represented Council District IV, now represents Council District IV, and term of office expires in May of 1975.

Walter J. Hopkins, M.D., formerly represented Council District V, now represents Council District VII, and term of office expires in May of 1975

Jack L. Coats, M.D., formerly represented Council District VII, now represents Council District XII, and term of office expires in May of 1975.

Jerome C. Pucelik, M.D., formerly represented Council District VI, now represents Council District VIII, and term of office expires in May of 1976.

William C. Gorman, M.D. formerly represented Council District III, now represents Council District IIIa, and term of office expires in May of 1976.

At the 88th Annual Meeting of the House of Delegates in May of 1974 the House will elect the additional Councilors to represent the new Council Districts created by the adoption of this section. The terms of office of the new Councilors so elected shall expire immediately after the adjournment of the Annual Meeting of the New Mexico Medical Society in the years and months as stated below:

Council Districts IX, X and XI: Initial terms of office to expire in May of 1975.

Council Districts IIIb, IIIc, IIId and IIIe: Initial terms of office to expire in May of 1976.

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Council Districts IIb, V and VI: Initial terms of office to expire in May of 1977.

Thereafter before each Annual Meeting of the New Mexico Medical Society the members in each Council District from which a Councilor is to be elected will elect a new Councilor from their District to serve for a three-year term. The initial elections by Council Districts for full three-year terms will be held in the years shown below:

1976 - Council Districts IIIa, IIIb, IIIc, IIId, IIIe and VIII.

1977 - Council Districts I, IIa, IIb, V and VI.

1978 - Council Districts IV, VII, IX, X, XI and XII.

CHAPTER VI

COMPONENT SOCIETIES

Section 1. Those component societies which are presently affiliated with the New Mexico Medical Society, and those which may be organized in this State in the future, which have adopted or shall adopt rules of organization which are not in conflict with the Constitution and Bylaws of this Society, shall receive a charter from and become a component part of the New Mexico Medical Society as soon as they have applied for a charter and paid the necessary dues.

Section 2. Charters shall be issued only upon the approval of the Council and shall be signed by the President and Secretary-Treasurer of this Society. Upon the recommendation of the Council the House of Delegates may revoke the charter of any component society whose actions are found to be in conflict with the letter or spirit of the Constitution and Bylaws of this Society.

Section 3. Before a charter may be issued to any component society, every qualified physician and qualified medical student in the area shall be given ample notice and shall have an opportunity to become a member.

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Section 4. In order to obtain and maintain its charter each component society must require each of its members to become and remain a member in good standing of the New Mexico Medical Society.

Section 5. Each component society shall have general supervision of the affairs of the profession in its area, and it shall endeavor to improve the scientific, moral, ethical and material status of all physicians in the area. The component society and each member thereof shall strive to increase the membership of the component society until all qualified physicians in the area are members.

Section 6. Prior to the Annual Meeting of the House of Delegates, each component society shall elect the Delegate or Delegates to represent it in the House of Delegates of the New Mexico Medical Society. The Secretary of each component society shall send a list of the Delegates of his society to the Executive Director of the New Mexico Medical Society at least thirty days before the Annual Meeting of the House of Delegates.

Section 7. The Secretary of each component society shall keep an index of its members and also a list of the non-affiliated licensed physicians of the county. This index and list shall contain the following information with regard to each physician listed: his full name, address, medical school and date of graduation, date of license to practice in the State of New Mexico, and such other information as may from time to time be felt to be necessary. The Secretary of each component society shall note any changes in the personnel of the profession by death or by physicians moving into or out of the county. The Secretary of each component society shall annually submit a report to the Secretary-Treasurer of the New Mexico Medical Society, and in this report he shall account for every physician who has lived within this county during the preceding year. Such reports shall be submitted at least thirty days before the Annual Meeting of the House of Delegates.

Section 8. The Secretary of each component society shall send the Executive Director of the New Mexico Medical Society the list of the new officers of his component society immediately after their election.

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CHAPTER VII
COMMITTEES

Section 1. Standing Committees. The House of Delegates of the New Mexico Medical Society shall have the following Standing Committees:

A. Grievance Committee
B. General Convention Committee
C. Nominating Committee
D. Liaison Committee to the Department of Health and Social Services
E. Constitution and Bylaws Committee
F. Maternal and Perinatal Mortality Committee
G. Legislative and Public Policy Committee
H. Medical-Legal Committee
I. Rocky Mountain Medical Conference Continuing Committee
J. Public Relations Committee
K. Insurance Committee
L. Liaison Committee to the University of New Mexico School of Medicine
M. Professional Review Committee
N. Committee on Continuing Medical Education
O. Committee to Review the Activities of the New Mexico Foundation for Medical Care and the New Mexico Professional Standards Review Organization.

The President of the State Society shall be an advisory member of all standing committees except the Grievance Committee and the Nominating Committee.

Section 2. Appointment and Selection of Committee Members. The members of the various Standing Committees and the Chairmen of those committees shall, with the exceptions of the committees noted below, all be appointed by the President of the Society.

A. The Grievance Committee shall normally be composed of the three Past-Presidents of the New Mexico Medical Society who have most recently completed their one-year terms of office as members of the Council in the capacity of Immediate Past-President. Each member of the Committee shall serve for a term of three years, and their terms shall be so arranged that the term of only one member shall expire each year. If for some reason one of the three Past-Presidents designated above is unable to serve or is unable to complete his three-term as

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a member of the Grievance Committee, one of the previous Past-Presidents will be appointed by the President to serve in his place.

B. The members of the Nominating Committee shall be elected by the House of Delegates at the Annual Meeting of the House. The Nominating Committee shall consist of one member from each Council District. The two immediate past presidents will also serve as members of the Nominating Committee. The Nominating Committee shall receive the name of a nominee from each component society by February each year. Those Council Districts comprising one county society shall submit two or more nominees to be considered by the House of Delegates. All nominees shall be members in good standing. In the event the local Council District does not provide the Nominating Committee with a list of nominees by the date specified, nominees from that area shall be chosen by the Nominating Committee itself. The annual election ballot shall contain the name or names of each county Society's nominee(s) from each District, one of whom shall be elected by the House of Delegates to represent his Council District on the Nominating Committee. After the members of the Nominating Committee have been elected by the House of Delegates, the President of the Society shall appoint one of the members who has been elected to the Committee to serve as Chairman of the Committee. The members of the Nominating Committee shall serve for two years staggered terms.

C. The Committee on Continuing Medical Education shall be composed of nine members appointed by the President of the Society. In May of 1973, immediately after the Eighty-seventh Annual Meeting of the New Mexico Medical Society; the President shall appoint three members to serve on the Committee for a term of one year, three members to serve for a term of two years, and three members to serve for a term of three years. Thereafter, in subsequent years immediately after each Annual Meeting of the Society the President shall appoint three members to serve for terms of three years, thus, establishing continuity of service and experience on the Committee. The President will also appoint one of the nine members of the Committee to serve as Chairman of the Committee for a period of one year. Upon the expiration of his term of office, any member of the Committee may be reappointed to serve successive three-year terms without limitation. Likewise, the Chairman of the Committee

may be reappointed as Chairman successively without limitation. If a member of the Committee should resign, die, be removed, become ineligible to serve, or become permanently disabled and unable to serve, the President of the Society shall appoint another member to serve as such for the unexpired portion of his predecessor's terms of office. The determination of disability shall be made in accordance with the provisions of Chapter III, Section 2, of these Bylaws.

Section 3. Submission of Items to the Committees. Excepting the Grievance Committee and the New Mexico Physicians' Service Board of Trustees, all problems and other items requiring consideration by any of the Committees shall be submitted to the President of the Society, in writing, and he will refer the matter to the appropriate committee. Such items may be submitted by any member of the Society or by the Executive Director of the Society.

Section 4. Committee Reports. Committee reports shall be written and submitted to the Executive Director of the Society at least thirty days prior to each regular meeting of the House of Delegates. Reports shall consist of a summary of the Committee's activities, findings, conclusions, and recommendations.

Section 5. Duties of Committees. The duties and responsibilities of the Standing Committees shall be as follows:

A. The Grievance Committee shall be an investigative body whose function shall be to continuously investigate the ethical deportment of the members of the medical profession of the State of New Mexico. It may begin its investigations on its own initiative or upon the complaint or suggestion of any individual. Periodically it shall advise the membership of the Society with regard to means for improving professional conduct. It shall be the duty of this Committee to prosecute on behalf of the Society as a whole, before the Council of the New Mexico Medical Society or any other appropriate body, charges against any physician whom the Committee feels is guilty of unprofessional or unethical conduct. The Grievance Committee shall elect such Committee officers as its purposes may require, and may conduct its proceedings in executive or secret sessions whenever the Committee feels that this will best serve the interests of the Society. A member of this Committee shall automatically be disqualified from taking part in the proceedings of the Committee

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if those proceedings affect a member of his own component society. In such circumstances the President of the Society shall appoint a temporary member to serve on the Grievance Committee during its consideration of that specific item. A member of the Grievance Committee may not hold any other elective office in the Society and may not be a member of the Council during his term of membership on the Grievance Committee, nor may he be a member of the New Mexico Board of Medical Examiners.

B. General Convention Committee. This Committee shall be responsible for planning and making all necessary arrangements for all regular meetings of the New Mexico Medical Society, including the selection of convention sites.

C. The Nominating Committee shall be responsible for nominating two or more candidates excluding the President-Elect for each office to be filled by election at the Annual Meeting of the House of Delegates or at any other meetings of the House when the need for a special election arises. The Committee shall also be responsible for nominating two candidates for each position on the New Mexico Physicians' Service Board of Trustees and for each position on the Nominating Committee for the succeeding year to be filled by election at the Annual Meeting of the House of Delegates. The Committee will meet at the discretion of the Chairman or at the direction of the President of the Society.

D. Liaison Committee to the Department of Health and Social Services shall act in an advisory capacity and meet with the representatives of the Department of Health and Social Services for the purpose of bringing before that Department the wishes of the Council and House of Delegates pertaining to matters of Public Health and Social Services.

E. The Constitution and Bylaws Committee shall be a fact finding and advisory committee on all matters pertaining to the Constitution and Bylaws of this Society. The Chairman of this Committee shall be the Parliamentarian for the House of Delegates. All proposed amendments to the Constitution and/or the Bylaws shall be referred to this Committee for their study and recommendations prior to being considered and debated by the House of Delegates.

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F. The Maternal and Perinatal Mortality Committee shall investigate the reasons for the mortality of infants and mothers and shall cause these reasons and their recommendations for the correction of these reasons to be publicized to the profession.

G. The Legislative and Public Policy Committee shall have at least one member from each component society appointed by the President. It shall assist the Council in securing and enforcing legislation to further the interests of public health and of scientific medicine.

H. The Medical-Legal Committee shall be responsible for considering medical-legal problems and shall also be the committee of this Society which shall function as liaison between the medical and legal professions of the State of New Mexico.

I. The Rocky Mountain Medical Conference Continuing Committee shall consist of five members who shall represent the New Mexico Medical Society in that Conference in accordance with the Constitution of the Conference.

J. The primary function of the Public Relations Committee shall be to give the public a better knowledge and understanding of the purposes and objectives of scientific medicine. Subject to the advice of the Council or House of Delegates, the Committee will determine and appropriately announce the policies of the Society in all matters related to the Society's public relations and in all matters related to medical legislation. This Committee shall coordinate those activities of the other Standing and Special Committees which include statements on behalf of the Society to persons or agencies outside of the membership of the Society.

K. The Insurance Committee shall serve as liaison between the medical profession and the various commercial insurance companies. It shall supervise the insurance programs endorsed by this Society for its members and shall recommend changes in existing programs or additional programs that are considered to be in the best interests of the members of the profession. Disputes between these insurance carriers and insured members of this Society shall be referred to the Insurance Committee.

L. The Liaison Committee to the University of New Mexico School of Medicine. This Committee shall serve as a liaison between the New Mexico Medical Society and the University of

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New Mexico School of Medicine. The committee shall serve in an advisory capacity to the School of Medicine in order to acquaint it with the needs and wishes of the New Mexico Medical Society regarding post-graduate education programs and in general the adaptation of the special School of Medicine facilities to programs which are in the best interest of the medical community at large. In this capacity it will also serve to aid the School of Medicine staff and authorities in any problems which the School of Medicine may encounter at the State level.

M. The Professional Review Committee shall be charged with the duty of reviewing all disputes which may arise between members of the Society and insurance carriers or government agencies regarding fees or professional care. Said committee shall make recommendations to the parties involved for the amicable settlement of such disputes.

N. The Committee on Continuing Medical Education shall coordinate and direct programs of continuing education in cooperation with the University of New Mexico School of Medicine, the Regional Medical Program and the New Mexico Medical Society. It shall also coordinate the activities of other organizations and act as a liaison group between the Medical Society and the medical educators.

O. Committee to Review the Activities of the New Mexico Foundation for Medical Care and the New Mexico Professional Standards Review Organization. This committee shall consist of twelve (12) members plus a chairman appointed annually by the President of the New Mexico Medical Society. Members may serve successive one-year terms without restriction. The Committee shall investigate, study and review all activities of the New Mexico Foundation for Medical Care and the New Mexico Professional Standards Review Organization in all aspects on a continuing basis. This Committee shall present its findings and recommendations to the House of Delegates semi-annually.

Section 6. Special Committees. The President of the Society may appoint special committees from time to time for specific purposes whenever the need for such may arise. Special committees shall be charged with their duties and obligations and be fully instructed by the President at the time of their appointment.

CHAPTER VIII
MEETINGS

Section 1. General Meetings of the Society. All members of this Society may attend and participate in the proceedings and discussions of the regular general meetings of this Society. These general meetings shall be presided over by the President, the President-elect or the Vice-

President. The Presidential address and various other orations and the scientific papers and discussions as are arranged for in the program shall be delivered before the general meetings of the Society.

Each member of the Society who attends the Interim or the Annual Meeting of the Society shall enter his name on the registration book indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of the Society, he shall receive a badge which shall be evidence of his right to all of the privileges of membership at the meeting. No member shall take part in any other proceedings of an Interim or Annual Meeting until he has complied with the provisions of this section. A member who fails to appear after having accepted a place on the program of an Interim or Annual Meeting and who does not present to the House of Delegates a good and sufficient reason for his absence shall be deprived from appearing on the program for the succeeding four meetings.

Section 2. House of Delegates. The regular meetings of the House of Delegates shall begin prior to the beginning of the regular meetings of the Society. At all meetings of the House of Delegates at least 50 per cent of the delegates must be present to constitute a quorum. The House of Delegates may adjourn from time to time as may be necessary in order to complete its business, provided that the hours during which it is in session shall conflict as little as possible with the general meetings of the Society.

The House of Delegates shall utilize the Reference Committee system in order to complete its business as expeditiously as possible. Each Reference Committee shall consist of five members of the Society appointed by the Speaker of the House of Delegates. The Speaker shall also designate which of the appointees shall serve as Chairman of each of the Reference Committees. The Reference Committees shall meet to accomplish their work between the first and second sessions of the House of Delegates and shall present their reports at the second session of the House of Delegates at the appropriate time. Each Reference Committee shall first hold a public meeting to which all interested members of the Society and other interested persons may attend. After all items on the Reference Committee's agenda have been considered in the public meeting, the members of the Committee shall meet in executive session to prepare their report to the House of Delegates. These Reference Committees shall consist of: (1) Reference Committee on Administrative Matters; (2) Reference Committee on Legislative and Public Affairs; and (3) Reference Committee on Miscellaneous Business.

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The Speaker shall assign to the agenda of each Reference Committee the appropriate committee reports and recommendations, resolutions, and other business in such a way as to equalize the burden of each committee. Under extraordinary circumstances he may appoint, pending the approval of the Council, special Reference Committees to deal with any item of business which is of such a time-consuming or unusual nature as to require a separate committee in the interest of efficiency.

Section 3. Council. At all meetings of the Council, at least 50 percent of the members of the Council must be present to constitute a quorum.

CHAPTER IX

PARLIAMENTARY AUTHORITY

In all matters not covered by its Constitution and Bylaws, the New Mexico Medical Society shall be governed by the current edition of Sturgis Standard Code of Parliamentary Procedure.

CHAPTER X

ETHICS

Section 1. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members of this Society in their relation to each other and to the public.

Section 2. In all matters not covered by the Principles of Medical Ethics of the American Medical Association, the conduct of the members of the New Mexico Medical Society shall be governed by rules of ethics established by their component societies and by Provisions of the Press and News Media Code of the New Mexico Medical Society. In addition, the following local rules shall govern the conduct of this Society's membership:

1. Non-illuminated office signs may be lighted by indirect light with enough light to make them clearly readable.

2. A physician may, on opening or on removal of his office, properly send announcements to his colleagues, to

his intimate friends not in the medical profession, and to those persons in allied fields with whom it may reasonably be expected he will associate. On moving to a new address in the same city, it is permissible for the physician to send cards to those patients who are listed in his files. Notice of opening or removal of office may be placed in the announcement section of the local newspaper in the community in which the physician has his office. The notice shall be limited to one column and not more than one and one-half (1-1/2) inches in height. The notice shall be limited to the time of opening or removal of office, and not to exceed three days. The notice may include the physician's name, location, limitation of practice and office hours.

3. Telephone numbers may be listed in the directory in the community in which the physician has an office and the community in which he resides. It shall be unethical to list telephone numbers in any community other than as specified.

4. Solicitations by radio, television, or the like, distributing of cards or any material that would in any way solicit patients shall be unethical.

5. It shall be unethical for a member to list his name in any commercially-sponsored advertising medium.

6. These rules of ethics shall apply to groups and clinics, as well as individual physicians.

Section 3. A copy of the Principles of Medical Ethics of the American Medical Association together with a copy of the Press and News Media Code of the New Mexico Medical Society shall be forwarded by the Executive Director to each physician on the list of newly licensed physicians as furnished to him by the New Mexico Board of Medical Examiners.

CHAPTER XI

PUBLICATIONS

Section 1. The official scientific journal of this Society shall be the Rocky Mountain Medical Journal.

Section 2. All papers which are read before the New Mexico

Medical Society shall be deposited with the Secretary-Treasurer when read and shall become the property of the Society.

Section 3. The Society shall also publish a monthly Newsletter. The Council shall supervise the publication of this Newsletter, and a copy shall be sent to each member of the Society.

CHAPTER XII

AMENDMENTS

These Bylaws may be amended in the following manner: Proposed amendments may be initiated by any member of the House of Delegates and must be submitted to the Secretary-Treasurer in writing at least thirty days prior to the opening session of a regular meeting of the House of Delegates. The proposed amendment will then be published and disseminated to all Active and Emeritus Members of the Society and will be placed on the Agenda of the forthcoming regular meeting of the House of Delegates. At the proper time during the aforesaid meeting of the House of Delegates, the proposed amendment will be read to the assembled Delegates by the Secretary-Treasurer. Consideration of the proposed amendment will be postponed until the next regular meeting of the House. At the subsequent regular meeting of the House of Delegates, the proposed amendment shall be presented to the assembled Delegates in the form of a motion to adopt the proposed amendment. If possible, the motion to adopt shall be made by that member of the House who initiated the proposed amendment. After adequate debate, the vote on the proposed amendment shall be by ballot. The proposed amendment must secure the affirmative vote of at least two-thirds of the ballots cast in order to be adopted, and, furthermore, the total number of ballots cast must be equal to or greater than 50 percent of the total membership of the House of Delegates to constitute the action of a quorum. Amendments so adopted shall be effective immediately.

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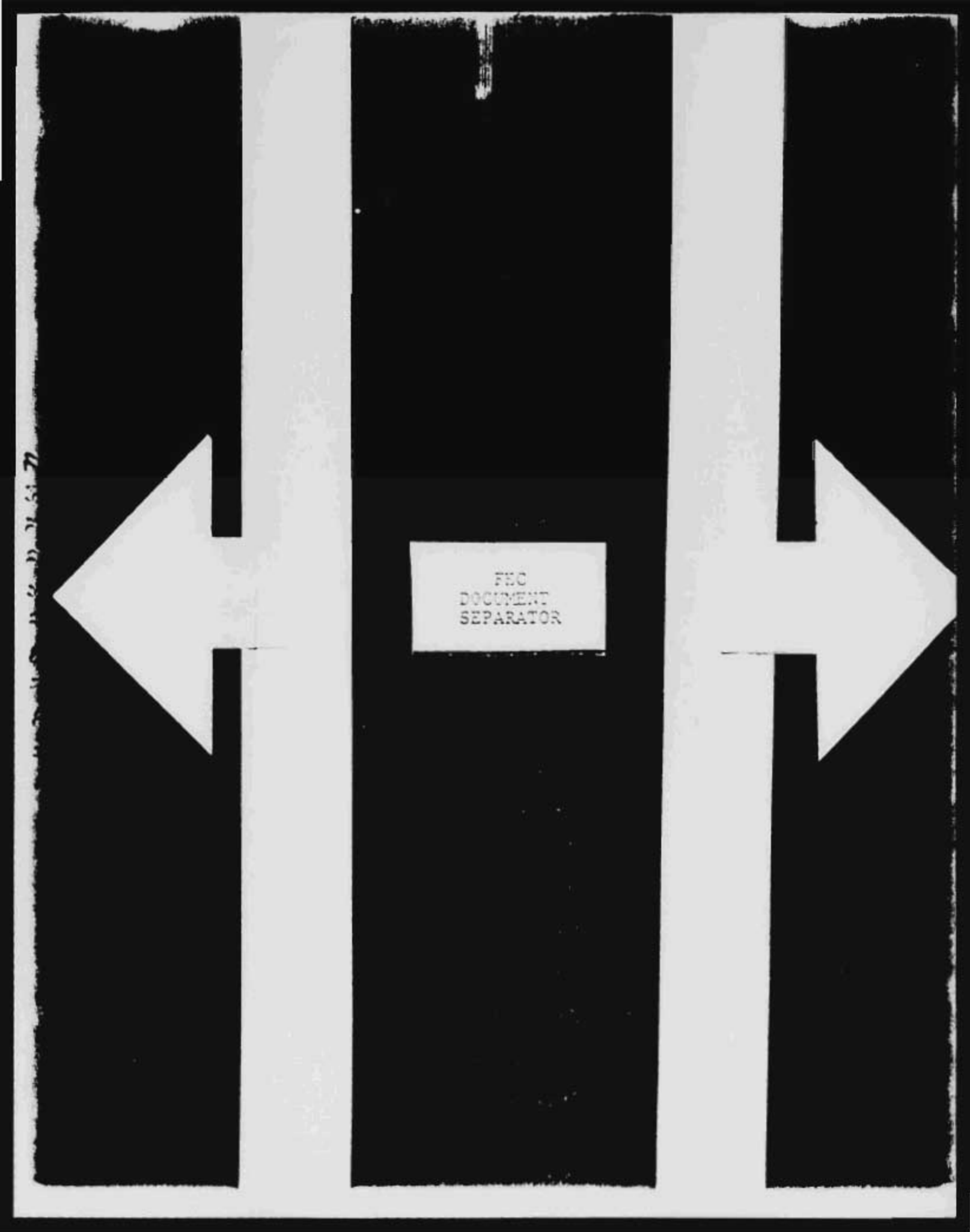
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MEDICAL SOCIETY

of the

STATE OF NEW YORK

BYLAWS

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MEDICAL SOCIETY OF THE STATE OF NEW YORK
420 LAKEVILLE ROAD
LAKE SUCCESS, NEW YORK 11040

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MEDICAL SOCIETY OF THE STATE OF NEW YORK

BYLAWS

Revised 1975

ARTICLE I. NAME AND PURPOSE

The name and title of the State Society shall be the Medical Society of the State of New York. The purposes of the State Society shall be: to federate into one organization the medical profession of the State of New York; to extend medical knowledge and advance the science and art of medicine; to establish the *Principles of Professional Conduct* which shall be binding on the members of the Medical Society of the State of New York, the members of the component county medical societies, and the members of the component district branches, in all matters in their relation to each other and to the public; to enhance the delivery of medical care of high quality to all people in the most economical manner; to promote the betterment of community health; and to enlighten and direct public opinion in regard to the problems of medicine and health for the best interests of the people of the State.

ARTICLE II. MEMBERSHIP

SECTION 1. CLASSES

The membership in the Medical Society of the State of New York shall be divided into five classes: (a) active, (b) junior, (c) life, (d) honorary, and (e) student.

Active and junior membership shall be limited to graduates of recognized medical or osteopathic schools who have completed not less than four satisfactory years of at least eight months each, or the equivalent, in a medical or osteopathic school in the United States of America or Canada registered as maintaining at the time a standard satisfactory to the medical or osteopathic licensing authorities of the State of New York, or in a medical or osteopathic school in a foreign country maintaining a standard not lower than that prescribed for medical schools in this State.

Junior members shall be those members who have been graduated from medical or osteopathic college not more than five calendar years, not counting active service in the armed forces of the United States or in the United States Public Health Service, or who have not completed their continuous residency training. In no case may junior membership continue more than seven years after the date of graduation from medical or osteopathic school.

The active and junior members shall be all active and junior members in good standing of the component county medical societies. A copy of the roster of such members, certified to be correct by the respective secretary of each component county medical society, shall be evidence of the right of the members whose names appear therein to membership in the Medical Society of the State of New York.

Junior members may become active members at any time during the period of allocated time deferment by paying the dues and assessments to their respective component county medical societies and the State Society.

A junior member shall automatically become an active member of his component county medical society, and the Medical Society of the State of New York on the expiration of the allocated time and the payment of the current active membership dues and assessments of his component county medical society and the State Society.

Student members shall be those members enrolled in recognized medical schools in the State of New York, who are pursuing a course of study leading to the degree of Doctor of Medicine. Eligible students may become members of the Medical Society of the State of New York. Concurrent membership in a component county society and the American Medical Association is not a requirement for student membership. They shall apply for student membership on a form supplied by the secretary together with such dues as are fixed by the House of Delegates. When a student member ceases to be enrolled in a recognized school of medicine in the State of New York pursuing a course of study leading to a degree of Doctor of Medicine, he shall be considered to have resigned from membership in the Medical Society of the State of New York.

A student member who is suspended from the rights and privileges of his medical school shall likewise be suspended for the same period from the Medical Society of the State of New York.

An active member in good standing for the five consecutive years before reaching the age of seventy years, unless there are extenuating reasons such as illness, or an active member in good standing for five consecutive years or more who is permanently disabled, may apply for life membership. He shall apply for such life membership to the component county medical society of which he is a member. His application shall be governed by the constitution and bylaws of the component county medical society relative to active membership.

His application shall be signed by the president and the secretary of the component county medical society of which he is a member and sent to the secretary of the

State Society for presentation to the Council for approval.

The honorary members of the Medical Society of the State of New York shall be such distinguished physicians residing outside the State of New York as may be elected. Nominations for honorary membership shall be endorsed by three members of the State Society and forwarded to the secretary of the State Society for presentation to the House of Delegates. A two-thirds vote of the House of Delegates present and voting shall be necessary for election to honorary membership.

SECTION 2. PRIVILEGES

Active members vote and hold office in the Medical Society of the State of New York.

They shall be entitled to receive the *New York State Journal of Medicine*, the *News of New York*, and the *Medical Directory of New York State*.

Junior members shall be privileged to attend all meetings of their component county medical societies, where they shall have voice in all discussions but no vote. They shall be entitled to receive the *New York State Journal of Medicine* and the *News of New York* but not the *Medical Directory of New York State*.

Life members shall not be subject to Medical Society of the State of New York dues or assessments but shall be accorded all the rights and privileges of active membership. They shall be entitled to receive the *New York State Journal of Medicine* and *the News of New York*, but the *Medical Directory of New York State* only on request.

Student members shall be entitled to receive the *New York State Journal of Medicine* and the *News of New York* but not the *Medical Directory of New York State*.

Honorary members shall be entitled to the privilege of attending the meetings of the Medical Society of the State of New York.

For a member elected after October 1, all rights and privileges of membership shall date from the time of election.

State Society dues and assessments of a member elected after October 1 shall be credited to the succeeding year.

A member of one component county medical society shall not be permitted to transfer to membership in another component county medical society until he has paid the current annual dues and assessments to the former component county medical society and has established a legal residence or practices in the county to which he desires transfer, except as provided in Article XVIII, "Component County Medical Societies," Section 2. The question of legal residence or locus of practice shall be verified by the component county medical society to which the member desires transfer.

Any member, except a member who is eligible and has applied for life membership, whose component county medical society and Medical Society of the State of New York dues are unpaid after May 1 of any current year or whose assessments are unpaid by the specified time is not in good standing and shall be deemed to be in arrears.

A member of the Medical Society of the State of New York who is in arrears for component county medical society dues and State Society dues or assessments shall not be eligible for any office or delegacy or be entitled to vote for any officer, councilor, trustee, or delegate.

A member whose dues are unpaid after June 1 or whose assessments are unpaid one month after the specified date shall be dropped from the rolls of membership of his component county medical society and the Medical Society of the State of New York upon reasonable notice to such member by his component county medical society, or the State Society, and without further action on the part of either the component county medical society or the State Society, and on such date he shall automatically cease to be a member of both the component county medical society and the State Society.

A member who has been dropped from the roll of a component county medical society by reason of failure to pay dues shall not be accepted by another component county medical society except by regular transfer after reinstatement in the original component county medical society.

Medical Society of the State of New York dues of a member reinstated after October 1 shall be credited to the succeeding year, all rights and privileges of membership, however, dating from the time of reinstatement; but no member dropped for nonpayment of dues and assessments shall be reinstated until he has, in addition, paid his dues and assessments for the year in which he was dropped.

A member convicted in a court of law of a crime evidencing moral turpitude shall thereupon cease to be a member of the Medical Society of the State of New York.

A member expelled from his component county medical society or suspended from its rights and privileges shall likewise be expelled or suspended for the same period from the Medical Society of the State of New York. The right of appeal to the State Society shall not be impaired. Members not in good standing or ceasing to be members of their component county medical society shall *ipso facto* have the same status in the State Society.

ARTICLE III. HOUSE OF DELEGATES

There shall be a House of Delegates which shall be the legislative body of the Medical Society of the State of New York and shall be charged with the general management, superintendence, and control of the State Society and its affairs and shall have such general powers as may necessarily be incident thereto, except as otherwise specifically provided by the Bylaws.

SECTION 1. COMPOSITION

The House of Delegates shall be composed of: (a) duly designated delegates from the component county medical societies; (b) officers of the Medical Society of the State of New York, councilors and trustees; (c) a duly designated delegate from each district branch; (d) a duly designated delegate from each scientific section; (e) duly designated delegate from the student membership; (f) the Commissioner of Health of the State of New York, or a deputy designated by him, provided that any representative shall be a member of the State Society; (g) past presidents of the State Society who shall be members for life; and (h) a representative from each of the medical schools in New York State, provided said representative is a member of the Medical Society of the State of New York.

The number of delegates to which each component county medical society is entitled shall be determined by one of the two following optional methods:

(a) Each component county medical society shall be entitled to as many delegates as there shall be State assembly districts in such county at the time of election, but each county medical society shall be entitled to elect at least 1 delegate;

(b) Any component county medical society, which according to the rolls of the Medical Society of the State of New York on May 1 of the previous calendar year, shall have had up to 99 members, shall be entitled to 1 delegate. Any component county medical society having 100 to 199 members shall be entitled to 2 delegates. Any component county medical society having 200 to 349 members shall be entitled to 3 delegates. Any component county medical society having 350 to 499 members shall be entitled to 4 delegates. Any component county medical society having 500 to 749 members shall be entitled to 5 delegates. Any component county medical society having 750 to 999 members shall be entitled to 6 delegates. Any component county medical society having 1,000 or more members shall be entitled to at least 7 delegates and 1 additional delegate for each additional 300 members. Each component county medical society shall be entitled to designate at least 1 delegate, but no component county medical society shall be entitled to designate more than 30 delegates.

A delegate to the House of Delegates shall not be considered in good standing or entitled to vote in the House of Delegates if the component county medical society by which he was elected is in default of the payment of any dues or assessments imposed by the House of Delegates, and said component county medical society has been duly notified of such default, or if such component county medical society shall at the time be under sentence of suspension imposed by the House of Delegates, or if such delegate is not in good standing in the Medical Society of the State of New York, or in the component county medical society to which he belongs.

The term of a delegate duly designated by a component county medical society, district branch, scientific section, or medical school shall begin at the first annual meeting of the House of Delegates subsequent to his designation.

A delegate shall practice or maintain residence or an office in the State of New York. Otherwise his office as a delegate in the Medical Society of the State of New York shall be declared vacant by the Council.

The student members of each medical school in New York State shall, at least sixty days prior to the annual meeting of the House of Delegates of the Medical Society of the State of New York, elect two members from among their number to represent them at the business meeting of the student members which shall be held immediately prior to the convening of the House of Delegates. At such meeting the representatives shall elect five members: a chairman, vice-chairman, secretary, delegate, and alternate delegate. No member shall hold more than one such office. The chairman, vice-chairman, and secretary shall conduct the business meeting and the delegate and alternate delegate shall represent the student members at the first annual meeting of the House of Delegates subsequent to their designation.

SECTION 2. DUTIES

The House of Delegates formulates policy for the Medical Society of the State of New York. No officer, councilor, board, commission, committee, or employe shall initiate any policy or commit the State Society to any policy unless such policy has been expressly approved by the House of Delegates or by the Council.

It shall elect the officers, councilors, and trustees of the State Society and the delegates to the American Medical Association.

Credentials signed by the president and secretary shall be issued to delegates to the American Medical Association.

It shall pass on the credentials and qualifications of delegates and shall decide who are entitled to be members of the House of Delegates of the Medical Society of the State of New York.

It shall have authority and power to suspend or otherwise discipline its own members, district branches, component county medical societies, or any members of the Medical Society of the State of New York charged with special duties for and under authority of the State Society.

It shall provide for a division of the scientific work of the Medical Society of the State of New York into appropriate sections; for the organization of the district branches; for rules and regulations for its own government, and for the administration of the affairs of the State Society.

It shall provide for the issuance of charters to component county medical societies in affiliation with the Medical Society of the State of New York.

It shall have authority to appoint special committees from among members of the Medical Society of the State of New York.

SECTION 3. MEETINGS

The annual meeting of the Medical Society of the State of New York and the annual meeting of the House of Delegates shall be held at the call of the speaker.

Such annual meetings may be held during the annual convention of the Medical Society of the State of New York though this is not required.

The sessions of the House of Delegates may be adjourned from time to time as may be necessary. At least 30 days before the annual meeting of the House of Delegates, the speaker shall announce a schedule of the adjourned sessions of the House of Delegates. This schedule may be amended by the House of Delegates during its meeting.

No new resolution shall be introduced at the last scheduled session except by a unanimous vote of the House of Delegates.

Special meetings of the House of Delegates shall be called by the speaker on the request in writing by 25 per cent of the duly accredited delegates of the previous annual meeting of the House, or at the request of the Council; and in case of the failure, inability, or refusal of the speaker to act, such meetings may be called by a notice thereof subscribed by 25 per cent of duly accredited delegates.

The notices of the annual and special meetings of the House of Delegates shall state the date, place, hour, and items of business that will be considered. These shall be mailed first class postpaid to each delegate not less than ten nor more than fifty days before such a meeting.

Publication of the notice of the annual meeting in the official publication of the Medical Society of the State of New York shall be considered as complying with this provision.

The affidavit of mailing by the secretary of the Medical Society of the State of New York to the last recorded address of the delegate shall be deemed sufficient proof

of the service on each and every delegate for any and all purposes.

A quorum shall consist of 100 members of the House of Delegates.

The following shall be the order of business at the sessions of the House of Delegates:

1. Calling the meeting to order
2. Invocation
3. National Anthem
4. Report of Reference Committee on Credentials
5. Report by the secretary as to the presence or absence of a quorum
6. Remarks by the speaker
7. Reading of the minutes of the previous meeting by title
8. Address by the president
9. Report of House Committee on Bylaws
10. Report of the Judicial Council
11. Reports of Council commissions and committees
12. Report of the secretary
13. Report of the treasurer
14. Report of the Board of Trustees
15. Report of the executive vice-president
16. Reports of district branches
17. Reports of special committees
18. Reports of reference committees
19. Elections
20. Recess for annual meeting of the State Society
21. Unfinished business
22. New business
23. Adjournment

This order of business may be altered by the speaker with the approval of the House of Delegates and may be suspended by two-thirds vote of the House.

No delegate shall speak on any question before the House of Delegates for longer than five minutes nor more than once on any subject except by the consent of a majority vote of the House.

As the first business of the last scheduled session of the annual meeting of the House of Delegates, the officers, councilors, and the trustees of the Medical Society of the State of New York, and the delegates to the American Medical Association shall be nominated and elected.

The rules contained in *Sturgis Standard Code of Parliamentary Procedure* shall govern the House of Delegates in all cases in which they are not inconsistent or in conflict with the Bylaws of the Medical Society of the State of New York or the standing or special rules of the House of Delegates.

ARTICLE IV. COUNCIL

There shall be a Council which shall exercise all the rights and duties of the House of Delegates, consistent with the Bylaws of the State Society, when the House of Delegates is not in session.

SECTION 1. COMPOSITION

The Council shall be composed of the president, president-elect, vice-president, immediate past-president, secretary, assistant secretary, treasurer, assistant treasurer, speaker, vice-speaker, chairman of the Board of Trustees, and 12 councilors elected by the House of Delegates.

The trustees, the executive vice-president, the deputy executive vice-president, and the general counsel of the Medical Society of the State of New York shall attend all meetings of the Council with voice but without vote.

Four councilors shall be elected annually by the House of Delegates, each for a term of three years. In the event of a vacancy, a councilor shall be elected by the Council to serve until the next meeting of the House of Delegates, at which time the House of Delegates shall elect a councilor to fill the unexpired term.

No person shall serve, consecutively, more than two terms as councilor. An unexpired term shall not be construed as a term of office.

The councilors shall assume office on election and shall hold office until their successors are duly elected and qualified.

A councilor shall practice or maintain a residence or an office in the State of New York. Otherwise his position in the Medical Society of the State of New York shall be declared vacant by the Council.

If a councilor is absent from three consecutive regular meetings of the Council without proper excuse, the Council shall declare his position vacant and elect a successor for the unexpired term.

SECTION 2. DUTIES

The Council shall take such action as is necessary to carry out the Bylaws and to give full effect to any resolution or vote of the House of Delegates.

It shall also have power to legislate as a House of Delegates, when the latter is not in session, on all matters consistent with the Bylaws.

It shall have the authority to make policy for the Medical Society of the State of New York when the House of Delegates is not in session.

The Council's resolutions and actions shall be decisive and final except that all resolutions and actions of the Council are subject to review by the House of Delegates. Its actions shall be governed by the Bylaws of the Medical Society of the State of New York and the rules and regulations of the House of Delegates.

The Council shall have power to fill any vacancy which may occur in any elective office not otherwise provided for, until the next meeting of the House of Delegates.

It shall prepare an annual budget for submission to the Board of Trustees.

The Council shall, with the approval of the Board of Trustees, appoint an executive vice-president, who shall be the chief executive officer of the Medical Society of the State of New York, to manage and direct the activities of the State Society including disbursement of its funds when duly authorized. He shall be a member of all boards, commissions, and committees with voice but without vote. The executive vice-president shall appoint a deputy executive vice-president subject to the approval of the Council.

The Council shall act on the applications for life membership which have been submitted by the component county medical societies. A majority vote of the Council present and voting shall be necessary for election to life membership.

The Council shall have responsibility for all publications of the Medical Society of the State of New York and their distribution. For the purpose of required announcements, the official publication of the State Society shall be the *New York State Journal of Medicine*.

Special committees shall report to the Council and shall be subject to the Council unless otherwise instructed by the House of Delegates.

The Council, with the aid of the general counsel of the Medical Society of the State of New York, shall examine the constitution and bylaws of component county medical societies and district branches and/or all amendments thereto which shall be submitted to the Council for approval and shall approve or disapprove of said amendments.

The duties of the Council shall include the supervision of all commissions, committees, and activities of the Medical Society of the State of New York.

The Council shall also keep constantly advised of the activities of and collaborate with the health and social service departments of the State and with hospitals, clinics, and social service agencies in furthering the health of the community.

Commissions and committees of the Council may include any member of the Medical Society of the State of New York who shall be appointed by the president subject to the approval of the Council.

The Council shall control all arrangements for the annual convention of the Medical Society of the State of New York.

SECTION 3. TRIALS FOR MALFEASANCE

The Council shall sit as a trial body for hearings on charges of malfeasance and/or nonfeasance.

Charges of malfeasance or nonfeasance preferred by a member against an officer, councilor, trustee, or member of a board, commission, or committee of the Medical Society of the State of New York shall be transmitted to the president in writing. The president shall order a trial on said charges by the Council, or a committee thereof.

Charges of malfeasance or nonfeasance preferred by a member against the president shall be tranamitted in writing to the secretary of the Medical Society of the State of New York and shall be considered by the Council with the vice-president presiding.

The accused shall be given at least ten days' notice of such trial and of the charges against him and shall have full opportunity to defend himself, but no such officer, councilor, trustee, or member of a board, commission, or committee shall be removed or otherwise disciplined except by a three-fourths vote of the Council.

In case any such officer, councilor, trustee, or member of a board, commission, or committee shall be removed, he may appeal from the decision of the said Council to the House of Delegates; but, pending the determination of such appeal, he shall not exercise the functions of his office.

SECTION 4. EXECUTIVE COMMITTEE

The Council shall establish an executive committee to be composed of the president, the president-elect, the immediate past-president, the secretary, the treasurer, and two additional members of the Council appointed by the president with the approval of the Council.

This committee shall be appointed by the president and shall serve only during his tenure as president.

The executive committee shall have the authority to take action in case of emergency arising in the interim between the meetings of the Council to protect the interests and purposes of the Medical Society of the State of New York as set forth in these Bylaws. In times of such emergency, the executive committee shall have all the powers and duties which are conferred on the Council, and it shall at all times assist the Council. Any action taken by the executive committee shall be reported in full to the Council at its next meeting.

SECTION 5. MEETINGS

The newly elected Council shall meet at the close of the annual meeting of the House of Delegates. The Council and Executive Committee shall meet at regular intervals at times and places that shall be fixed by the president with the approval of the Council. Twenty-five per cent of the members of the Council in writing may require the president to call a special meeting for such time and place as he shall designate, within ten days of his receipt of such notice.

The notices of the regular meetings of the Council shall state the date, place, hour, and shall be mailed postpaid to each member by first class mail not less than ten nor more than fifty days before a meeting.

The affidavit of mailing by the secretary of the Medical Society of the State of New York to the last recorded address of the Council member shall be deemed sufficient proof of the service on each and every Council member for any and all purposes.

Council members must receive at least three days' notice by letter or telegram from the State Society's office of a special meeting, which shall state the date, place, hour, and items of business that will be considered.

A quorum shall consist of 14 members of the Council.

The following shall be the order of business at meetings of the Council, which may be altered by the chairman with the consent of the Council:

1. Calling the meeting to order
2. Roll call
3. Reading of minutes
4. Communications
5. Report of the Executive Committee
6. Report of the president
7. Report of the secretary
8. Report of the treasurer
9. Report of the chairman of the Board of Trustees
10. Reports of councilors
11. Report of the executive vice-president
12. Reports of commissions and committees
13. Unfinished business
14. New business
15. Adjournment

ARTICLE V. OFFICERS

The officers of the Medical Society of the State of New York shall be a president, a president-elect, a vice-president, a secretary, an assistant secretary, a treasurer, an assistant treasurer, a speaker and a vice-speaker of the House of Delegates. They shall take office at the termination of the annual meeting at which they are elected and shall serve for one year or until their successors have been duly chosen.

No person may serve, consecutively, more than five terms as secretary, treasurer, assistant secretary, assistant treasurer, speaker, or vice-speaker. An unexpired term shall not be construed as a term of office.

No salaried employe of the Medical Society of the State of New York shall be an elected officer of the Medical Society of the State of New York. For the purposes of this article an honorarium shall not be considered as a salary.

SECTION 1. VACANCIES AND SUCCESSION

An officer shall practice or maintain a residence or an office in the State of New York, otherwise his office in the Medical Society of the State of New York shall be declared vacant.

The president-elect shall succeed to the presidency at the end of his term as president-elect.

In the event of the president's death, resignation, removal, permanent incapacity, or refusal to act, the vice-president shall succeed him and shall serve for the remainder of the unexpired term.

If the president is temporarily incapacitated for service by injury, ill health of himself or his family, important professional duties, or any other mandatory absence, the vice-president shall become acting president for the duration of such incapacity of the president. The president shall promptly notify the vice-president of his incapacity and request his attention to the duties of the office and shall also promptly notify the vice-president of the end of the period of temporary incapacity before resuming the office of the presidency.

If the office of vice-president becomes vacant for any reason whatsoever the Council shall elect a successor for the unexpired term.

If the office of president-elect becomes vacant, it shall remain so until the next annual meeting of the House of Delegates, at which an eligible member shall be elected to become president. A president-elect to succeed him at the end of his term shall also be elected at the same meeting.

The assistant secretary, the assistant treasurer, and the vice-speaker shall serve as the secretary, the treasurer, and the speaker, respectively, whenever these senior officers are incapacitated for service by injury, ill health of themselves or families, important professional duties, or any other mandatory absences. This shall be construed so as to include duty at or during meetings of the Board of Trustees as well as the other official duties designated for the senior officer. The senior officer shall promptly notify the junior officer of his incapacity and request his attention to said duties. When the period of incapacity is ended, the senior officer shall promptly notify the junior officer of the end of the period of temporary incapacity before resuming office.

If the offices of secretary, treasurer, or speaker, become vacant, for any reason whatsoever, these officers shall be succeeded by the assistant secretary, assistant treasurer, and vice-speaker, respectively, for the unexpired term.

If an elected officer is absent from three consecutive regular meetings of the Council, without proper excuse, the Council shall declare his office vacant. The vacancy shall be filled as provided in the Bylaws.

Any elected officer of the Medical Society of the State of New York who is called into active service in the armed forces of the United States or in the United States Public Health Service may, on application to the Council, be granted leave of absence for any portion of his term of office during which he is on active service. During such absence, his duties shall be delegated as the Council may direct except where such delegation is already provided for elsewhere in the Bylaws.

SECTION 2. DUTIES

President

The president shall set the dates and place of regular meetings of the Council and Executive Committee and shall preside at all meetings of the Medical Society of the State of New York, the Council, and the Executive Committee.

He shall name the appointive members of the Executive Committee and appoint the chairmen and members of all committees and the chairmen of all commissions of the Council with the approval of the Council. He shall appoint all other committees not otherwise provided for, with the approval of the Council.

Within three months after assuming the office of president, he shall appoint, as prescribed in Article XI, Section 2, a nominating committee, whose names he shall cause to be published in the official publication of the Medical Society of the State of New York.

He shall be an *ex officio* member of all boards, commissions, and committees with voice and vote, with the exception of the Judicial Council, the Board of Trustees, and the Nominating Committee wherein he shall have voice but no vote.

With the approval of the Council, he shall appoint a member to the Judicial Council to succeed the member with an expiring term, and in the event of a vacancy occasioned otherwise, he shall appoint a member for the unexpired term.

He shall appoint, with the approval of the Council, representatives to other medical societies or similar bodies as the interests of the Medical Society of the State of New York may require.

He shall appoint a sufficient number of delegates or alternate delegates to the House of Delegates of the American Medical Association when the full quota of those elected is not available, as provided in the Bylaws, Article VIII, paragraphs 3 and 4.

He shall appoint, with the approval of the Council, a chairman and a secretary for each organized session of the Medical Society of the State of New York.

When charges by a member of malfeasance or nonfeasance are preferred against any other officer, councilor, trustee, or member of a board, commission, or committee of the Medical Society of the State of New York and are transmitted to the president in writing, he shall order a trial on said charges by the Council, or a committee thereof.

He shall assign the special branches of work for which the members of the Council shall be responsible, with the approval of the Council.

He shall make an annual report to the House of Delegates.

He shall deliver an address at the annual meeting of the House of Delegates. He shall perform such other duties as the House of Delegates or the Council shall require.

He shall attend all meetings of the House of Delegates of the American Medical Association.

President-Elect

The president-elect shall perform such duties as may be requested by the president.

The president-elect shall attend all meetings of the House of Delegates of the American Medical Association.

Vice-President

The vice-president shall perform the duties of the president in the latter's absence.

He shall preside over the Council when it is deliberating on charges of malfeasance or nonfeasance preferred against the president.

Secretary

The secretary shall attend all meetings of the Medical Society of the State of New York, the House of Delegates, the Council, the Board of Trustees, and the Judicial Council, and shall keep minutes of their respective proceedings. These minutes shall be copied from a stenographer's notes with such deletion only as will not modify, alter, or becloud the history of the actions of the said bodies. The stenographer's typewritten copy shall be preserved until ordered destroyed by the House of Delegates.

He shall perform such other duties as may be prescribed from time to time by the House of Delegates or the Council. He shall attend all meetings of the House of Delegates of the American Medical Association.

The secretary shall be the custodian of the seal of the Medical Society of the State of New York and of all books of records and papers belonging to the State Society, except such as properly belong to the treasurer, and shall keep an account of and promptly turn over to the treasurer all funds of the State Society which come into his hands.

He shall record the name and date of admission of each member of the Medical Society of the State of New York.

He shall provide for the registration of the members at all conventions of the Medical Society of the State of New York. With the aid and cooperation of the secretaries of the component county medical societies, he shall keep a proper register of all registered physicians of the State by counties.

He shall conduct the official correspondence, notifying members of meetings, officers, councilors, trustees, and board members of their election, and commissions and committees of their appointments and duties.

He shall affix the seal of the Medical Society of the State of New York to the credentials of delegates to the American Medical Association and to such other papers and documents as may require the same.

He shall make an annual report to the House of Delegates. Acting in cooperation with the Council, he shall prepare and issue all programs.

He shall be an *ex officio* member of all boards, commissions, and committees with voice and vote, with the exception of the Judicial Council, the Board of Trustees, and the Nominating Committee wherein he shall have voice but no vote.

Assistant Secretary

The assistant secretary shall aid the secretary in the work of his office.

Treasurer

The treasurer shall keep accurate books of accounts of all moneys of the Medical Society of the State of New York which he may receive and shall disburse or cause to be disbursed the same when duly authorized. He shall be the official custodian of all securities and the income thereof owned by the State Society, subject to the direction and disposition of the Board of Trustees. The Board of Trustees may select a bank or trust company to act as custodian in the place of the treasurer of all or any part of such securities and to act as agent of the State Society in collecting the income therefrom.

He shall collect, on or before the first day of May in each year, from the treasurer of each component county medical society, the Medical Society of the State of New York per capita annual dues. He shall collect any assessments voted by the House of Delegates or the Council. He shall, at the expense of the Medical Society of the State of New York, give a bond for the faithful performance of his duties, which shall be approved by the Board of Trustees as to amount, form, and surety. He shall make an annual report to the House of Delegates and report to the Council at each of its meetings. He shall be an *ex officio* member of the Professional Medical Liability Insurance and Defense Board, with voice but without vote.

Assistant Treasurer

The assistant treasurer shall aid the treasurer in the work of his office.

He shall, at the expense of the Medical Society of the State of New York, give a bond for the faithful performance of his duties, which shall be approved by the Board of Trustees as to the amount, form, and surety.

Speaker

The speaker shall preside at all meetings of the House of Delegates. He shall appoint all committees to serve during the meeting of the House of Delegates at least thirty days in advance of the meeting. All resolutions submitted by component county medical societies, district branches, scientific sections, and medical schools to be presented to the House of Delegates should be forwarded to the speaker at least forty-five days in advance of the annual meeting of the House and referred by him to the appropriate reference committees; and all resolutions sent in subsequent to forty-five days should be presented to the House and referred to the appropriate reference committees.

Vice-Speaker

The vice-speaker shall perform the duties of the speaker when so requested by the speaker.

ARTICLE VI. TRUSTEES

There shall be a Board of Trustees which shall have charge of all property including trust funds and shall supervise the financial affairs of the Medical Society of the State of New York.

SECTION 1. COMPOSITION

The Board of Trustees shall consist of seven members elected by the House of Delegates. The president, secretary, treasurer, executive vice-president, deputy executive vice-president, and general counsel shall sit with the Board of Trustees with voice but without vote.

One trustee shall be elected annually for a term of five years, but whenever the terms of two trustees expire in the same year, two trustees shall be elected each for five years.

To be eligible for election as trustee a member shall have served at least two years as an officer, or at least three years as a councilor, or at least five years as a member of the House of Delegates.

No person shall serve more than one term as a trustee. An unexpired term shall not be construed as a term of office.

A trustee shall practice or maintain a residence or an office in the State of New York, otherwise his position in the Medical Society of the State of New York shall be declared vacant.

If a trustee is absent from three consecutive regular meetings of the Board, without proper excuse, the

Council shall declare his position vacant and elect a successor for the unexpired term.

In the event of a vacancy, a trustee shall be elected by the Council to serve until the next meeting of the House of Delegates at which time the House of Delegates shall elect a trustee to fill the unexpired term.

SECTION 2. DUTIES

The annual budget estimate, prepared by the Committee on Budget and Finance, after its approval by the Council, shall be submitted to the Board of Trustees for its approval.

All resolutions or recommendations of the House of Delegates or Council pertaining to expenditures of money must be approved by the Board of Trustees before the same shall become effective.

The Board of Trustees shall make and execute all contracts for the Medical Society of the State of New York. The fiscal year shall begin January 1 and end December 31 of each calendar year.

All moneys of the Medical Society of the State of New York received by the Board of Trustees, Council, or any member or agent thereof, shall be paid to the treasurer of the State Society. The Board of Trustees shall approve the bond of the treasurer and the assistant treasurer as to amount, form, and surety, and shall employ a certified public accountant licensed by the State of New York to audit the accounts of the treasurer and secretary and other agents of the State Society and present a statement of the same in its annual report to the House of Delegates.

The chairman of the Board of Trustees shall make a report to the House of Delegates of its transactions for the year and of the amount of money belonging to the Medical Society of the State of New York under its control.

SECTION 3. MEETINGS

The Board of Trustees shall meet immediately at the close of the annual meeting of the House of Delegates, and shall organize under the temporary chairmanship of the member senior in service on the Board, elect a permanent chairman, and fix the time and place of its regular meetings. Should two trustees have similar seniority, choice between them for temporary chairmanship shall be by lot.

The Board of Trustees shall meet at least bimonthly, except in July and August.

The notices of the regular and special meetings of the Board of Trustees shall state the date, place, and hour and shall be mailed first class postpaid to each member not less than ten nor more than fifty days before a regular meeting and at least five days before a special meeting.

The affidavit of mailing by the secretary of the Medical Society of the State of New York to the last recorded address of the trustee shall be deemed sufficient proof of the service on each and every trustee for any and all purposes.

Any three members of the Board of Trustees may require the chairman to call a special meeting at the office of the Medical Society of the State of New York for such time as shall be designated by them in writing.

A quorum shall consist of four members of the Board of Trustees.

The following shall be the order of business at the meetings of the Board of Trustees, which may be altered by the chairman with the approval of the Board:

1. Calling the meeting to order
2. Roll call by the secretary
3. Reading of minutes
4. Communications
5. Reports
6. Unfinished business
7. New business
8. Adjournment

ARTICLE VII. JUDICIAL COUNCIL

There shall be a Judicial Council which shall have jurisdiction to hear and determine all appeals from decisions on discipline of component county medical societies or decisions of such societies which may involve the privileges, rights, or standing of members, whether in relation to one another or to component county medical societies or to the Medical Society of the State of New York.

It shall hear also from applicants on appeals from the action of a component county medical society in excluding them from membership.

SECTION 1. COMPOSITION

The Judicial Council shall consist of five appointed members. One member shall be appointed by the president each year for a term of five years with the approval of the Council.

No member shall serve for more than two consecutive terms, but a member appointed to serve an unexpired term shall not be regarded as having served a term unless he has served three or more years.

A member of the Judicial Council shall practice or maintain a residence or an office in the State of New York, otherwise his position on the Judicial Council shall be declared vacant.

In the event of a vacancy, a member shall be appointed by the president for the unexpired term with the approval of the Council.

The president and secretary of the Medical Society of the State of New York shall be *ex officio* members of the Judicial Council with voice but no vote. The executive vice-president, the deputy executive vice-president, and the general counsel of the Medical Society of the State of New York shall sit with the Judicial Council with voice but without vote.

SECTION 2. DUTIES AND PROCEDURES

A member of a component county medical society who shall have been disciplined or directed to suffer discipline in any degree by any final decision of his component county medical society and who shall have exhausted his right of appeal, if any, with a component county medical society, feeling aggrieved by the decision of such society, may appeal to the Judicial Council of the Medical Society of the State of New York from the decision of such component county medical society by filing a notice of appeal with the secretary of the State Society and with the secretary of such component county medical society within three months after such final decision by such component county medical society.

An applicant for membership in a component county medical society who has been excluded from member-

ship in such society may likewise appeal from the action of said society.

The Judicial Council shall investigate also all charges preferred (a) by a member of a component county medical society against a component county medical society of which he is not a member; and (b) by a component county medical society against another such component county medical society or a member thereof.

A notice of appeal shall set forth in writing the name of the appellant, the name of such component county medical society, and the date and substance of the decision appealed from, and shall indicate the ground or grounds upon which such appeal is taken. If the appellant desires to be present, with or without counsel, at the hearing of said appeal, the notice of appeal must so state. In that event, the appellant must file with the notice of appeal a bond in the sum of $500 to cover the costs of said appeal. If the appellant fails to appear in person or be represented by counsel on hearing of said appeal, he shall forfeit to the Medical Society of the State of New York such shares of said bond as represents necessary expenditures incident to convening the Judicial Council for the hearing of said appeal.

On filing a notice of appeal, the appellant and the component county medical society shall submit to the secretary of the Judicial Council all records, minutes, letters, papers, and all written evidence, including a digest of all testimony not stenographically reported relating to the matter. All data so submitted shall be available only to the Judicial Council.

The Judicial Council shall consider the appeal on the data so submitted to it and may affirm, modify, or reverse the decisions so appealed from by a majority vote of the members present and voting. If, in its opinion, the taking of further evidence is advisable, the Judicial Council may summon witnesses and proceed to take such evidence in such manner as it may deem proper and render its decision by a majority vote of those present and voting, which decision shall be final and binding. A member shall have the right of appeal to the Judicial Council of the American Medical Association.

Whenever the Judicial Council has met, the secretary shall report the proceedings to the Council of the Medical Society of the State of New York at its next regular meeting.

The chairman shall submit an annual report of the Judicial Council to the House of Delegates.

SECTION 3. MEETINGS

Immediately at the close of the annual meeting of the House of Delegates the Judicial Council shall organize and elect its own chairman.

The secretary of the Medical Society of the State of New York shall be the secretary of the Judicial Council.

The Judicial Council shall meet on the call of the chairman. The notices of the meetings of the Judicial Council shall state the date, place, and hour and shall be mailed postpaid to each member not less than ten nor more than fifty days before a meeting.

The affidavit of mailing of the secretary of the Medical Society of the State of New York to the last recorded address of the member of the Judical Council shall be deemed sufficient proof of the service on each and every member for any and all purposes.

A quorum shall consist of three members of the Judicial Council.

ARTICLE VIII. ELECTIONS

As the first business of the last scheduled session of the annual meeting of the House of Delegates, the officers, councilors, and trustees of the Medical Society of the State of New York, and the delegates to the American Medical Association shall be nominated and elected.

A member of the Medical Society of the State of New York who is in arrears for component county medical society dues or State Society dues or assessments shall not be eligible for nomination to any office, the Council, the Board of Trustees, or as a delegate to the American Medical Association, or entitled to vote for any officer, councilor, trustee, or delegate.

The delegates to the American Medical Association shall be elected in the calendar year preceding the meeting of the House of Delegates of the American Medical Association to which they are elected. One half of the allotted number of delegates and alternate delegates shall be elected each year.

Nominations for delegate to the American Medical Association shall be made for not less than double the full number of delegates to be elected.

SECTION 1. BALLOTING

After the appointment of a sufficient number of tellers by the speaker and after all nominations have been made, the secretary of the Medical Society of the State of New York shall cause to be displayed in full sight of the House of Delegates a list of nominees for each office of the Medical Society of the State of New York and for delegates to the American Medical Association, arranged in alphabetical order, and shall also cause to be distributed a sufficient number of blank ballots for the use of the House of Delegates. These ballots shall have printed or stamped thereon the appropriate headings for each office with spaces thereunder in which may be written the name of the candidate or candidates to be voted for.

All elections for offices of the State Society and delegates to the American Medical Association shall be by ballot, each member of the House of Delegates depositing his ballot on roll call individually. When after the call for nominations from the floor, there is only one candidate for an office, the speaker shall direct the secretary to cast one ballot on behalf of the delegates. If there are more than two nominees for an office, with the exception of that of delegate to the American Medical Association, and none receives a majority of votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken for that office. This procedure shall be continued until one of the nominees receives a majority of the votes cast when he shall be declared elected.

For the election of delegates to the American Medical Association, the delegates shall be declared elected in the order of the highest number of votes cast until the allotted number shall have been chosen; a corresponding number in the next highest order of votes cast shall be declared alternate delegates.

When the full quota of elected delegates or alternate delegates is not available for attendance at the meeting of the House of Delegates of the American Medical Association, the president of the Medical Society of the State of New York shall appoint and certify a sufficient number to complete the quota.

A duly elected delegate to the American Medical Association who does not serve as such because of reduction in number of delegates to which the Medical Society of the State of New York is entitled shall fill any vacancy which may occur in the delegation before alternate delegates are designated for that purpose.

The delegates and alternate delegates shall take office at the beginning of the calendar year following their election and shall serve for a term of two years.

ARTICLE IX. REFERENDUM

At any meeting of the House of Delegates two-thirds of the members present and voting may order a referendum vote of the Medical Society of the State of New York on any question consistent with the Bylaws and in accordance with such regulations respecting the submission of the question as the House of Delegates may prescribe.

The members of the Medical Society of the State of New York shall vote thereon by mail. The polls shall be closed at the expiration of fifteen days after the mailing of the question; and if the members voting shall comprise a majority of all the active and life members of the Medical Society of the State of New York, a majority of such vote shall determine the question and be binding on the State Society and the House of Delegates.

When the House of Delegates is not in session the Council may in a similar manner order such a referendum by a two-thirds vote.

ARTICLE X. COMMITTEES OF THE HOUSE OF DELEGATES

SECTION 1. REFERENCE COMMITTEES

At least one month before the meeting of the House of Delegates the speaker shall appoint and publish in the official publication of the Medical Society of the State of New York such reference committees as he shall deem expedient for the purposes of the meeting. Immediately after the organization of the House of Delegates he shall formally announce the appointments of the committees. Only members of the House of Delegates shall be eligible for appointment to the reference committees. Such committees shall each consist of five members, three members constituting a quorum, and shall serve during the meeting of the House of Delegates for which they are appointed.

Annual reports of officers, Council commissions and committees, Board of Trustees, Judicial Council, district branches, and special committees shall be printed at least one month before the meeting of the House of Delegates and sent to the members of the reference committees appointed according to paragraph 1, for their preliminary consideration.

All recommendations, resolutions, measures, and propositions presented to the House of Delegates and which have been duly seconded shall be referred by the speaker to the appropriate reference committees, except that reports of committees of the House of Delegates may, at the discretion of the House, be presented directly to the House without referral to the reference committees.

Each reference committee shall consider such business as may have been referred to it and shall report promptly to the House.

Any member of the Medical Society of the State of New York in good standing shall have the right to appear before any reference committee and participate in its deliberations.

SECTION 2. COMMITTEE ON BYLAWS

The House Committee on Bylaws shall be appointed annually by the speaker. It shall consist of at least five members including a chairman, all of whom shall be members of the House. The president, secretary, and the speaker shall be *ex officio* members with voice and vote. The executive vice-president, deputy executive vice-president, and general counsel of the Medical Society of the State of New York shall be members of the committee with voice but without vote.

It shall be the duty of the committee to study all proposed amendments to the Bylaws and the *Principles of Professional Conduct* of the State Society and to report thereon at the annual meeting of the House of Delegates following the meeting at which such amendments are proposed. The committee shall include in its report recommendations for action on the proposed amendments with reasons for such recommendations.

It shall be the duty of the committee to suggest amendments to or revisions of the Bylaws and the *Principles of Professional Conduct* of the Medical Society of the State of New York.

The report of the House Committee on Bylaws shall be presented directly to the House, without referral to a reference committee.

SECTION 3. SPECIAL COMMITTEES

Special committees may be created by the House of Delegates to perform the special functions for which they are created. They shall be appointed by the speaker or other officer presiding pro tempore over the meeting at which the committee is authorized.

ARTICLE XI. COUNCIL COMMISSIONS AND COMMITTEES

SECTION 1. ORGANIZATION

Committees of the Council are grouped by the related nature of their purposes and functions. A commission is composed of the chairmen of all committees within such a group.

Subject to the approval of the Council, the president shall appoint the chairmen and members of all of its committees and the chairmen of the commissions.

Any member of the Medical Society of the State of New York is eligible for membership on committees and commissions of the Council.

All chairmen of such commissions and committees shall have the right to present their reports in person to the Council and to engage in the discussion of such reports. Members of such commissions and committees shall have the privilege of presenting minority reports, and both the majority and minority reports shall be published.

Any *ex officio* member of a committee who enjoys that status by being a duly elected officer of the Medical Society of the State of New York shall have all the rights, responsibilities, and duties of any other member of the committee.

SECTION 2. NOMINATING COMMITTEE

The Nominating Committee shall be appointed by the president from a list of not less than three or more than five names submitted by the respective district branches, in conformity with Article V, Section 2, paragraph 3. It shall consist of 11 members, 1 from each

district branch and 2 members at large. It shall be the duty of this committee to propose and nominate members of the Medical Society of the State of New York for all vacancies to be filled at the ensuring annual meeting of the House of Delegates. These recommendations shall be made to the House of Delegates in the same manner as prescribed in Article X, Section 1, paragraph 2.

SECTION 3. PROFESSIONAL MEDICAL LIABILITY INSURANCE AND DEFENSE BOARD

A committee to be known as the Profesaional Medical Liability Insurance and Defense Board shall be appointed by the president with the approval of the Council. It shall consist of nine members including a chairman, each appointed for a three-year term. No member shall serve for more than two consecutive terms. A vacancy created by expiration of a term shall be filled by the president, with the approval of the Council, by appointment of a member for three years. Other vacancies shall be filled for the unexpired term in similar manner. The secretary shall be an *ex officio* member of the committee with voice and vote. The treasurer shall be an *ex officio* member of the committee with voice but without vote. The general counsel and indemnity representative shall attend all meetings with voice but without vote. It shall be the duty of the committee to study and supervise, on behalf of the Medical Society of the State of New York, all matters having to do with profesaional medical liability insurance and defense.

SECTION 4. COMMITTEE ON PRIZE ESSAYS

A Committee on Prize Essays shall be appointed by the president with the approval of the Council. It shall consist of three members, including the chairman. It shall be the duty of this committee to receive all essays offered in competition for prizes which may be offered by the Medical Society of the State of New York. The committee shall make all necessary rules and regulations for the awarding of prizes, subject to the terms of the deeds of gift, and shall report the result at the next annual meeting of the House of Delegates. It shall give notice through the official publication of the State Society or by other methods of the amount of the prize and when the essays shall be submitted to the committee.

ARTICLE XII. SECTIONS AND SESSIONS

As designated by the House of Delegates, there shall be sections devoted to the scientific work of the Medical Society of the State of New York and sessions devoted to scientific, cultural, historical, or economic subjects. Both sections and sessions shall meet during the annual convention of the State Society, under the supervision of the Council.

SECTION 1. SECTIONS

The scientific sections designated by the House of Delegates shall organize at their annual meetings by the election of officers. Officers to be elected shall include a chairman, a vice-chairman, a secretary, and a delegate to the House of Delegates. The chairman, the vice-chairman, and the delegate shall be elected for one-year terms; the secretary for such term as the section may deem fit.

To participate in the election of any section, a member of the Medical Society of the State of New York must be registered with such section.

Should the delegate of a scientific section be unable to serve in the House of Delegates, the chairman of the section shall designate a substitute delegate and shall so notify the secretary of the Medical Society of the State of New York in writing.

The officers of the various sections shall prepare programs for their section under the direction and subject to the approval of the Council.

No new section shall be created by the House of Delegates unless a session devoted to its subject matter or specialty shall have been held at at least two successive annual conventions.

SECTION 2. SESSIONS

A session shall be a single meeting of a group to discuss scientific, cultural, historical, or economic subjects, under the direction and subject to the approval of the Council.

Each session shall have a chairman and a secretary who shall be appointed by the president with the approval of the Council.

ARTICLE XIII. MEETINGS

SECTION 1. ANNUAL CONVENTION

There shall be an annual convention of the Medical Society of the State of New York to be held at a time and place designated by the House of Delegates or by the Council.

This convention shall include the annual scientific program which shall include the annual meetings of the sections and sessions, scientific motion pictures, and exhibits, and such other activities, and presentations as the House of Delegates or Council may direct.

The annual meetings of the Medical Society of the State of New York and the House of Delegates may or may not be held at such convention pursuant to the provisions of Article III, Section 3 of these Bylaws.

SECTION 2. ANNUAL MEETING OF MEDICAL SOCIETY OF THE STATE OF NEW YORK

The Medical Society of the State of New York shall hold its annual meeting at the last scheduled session of the House of Delegates, while the House is recessed following the annual elections. The president shall preside at this annual meeting of the State Society, which shall include the induction of the incoming president. The incoming president shall deliver his inaugural address at the annual meeting of the State Society.

Following the adjournment of the annual meeting, the House of Delegates shall reconvene to complete its agenda and receive the report of the tellers.

SECTION 3. SPECIAL MEETINGS

Special meetings of the Medical Society of the State of New York shall be called by the president on the request in writing of members entitled to cast ten per cent of the total number of votes entitled to be cast at such meeting. Such request must specify the date and month of such meeting, which shall not be less than two nor more than three months from the date of such written demand. The president of the Society upon receiving the written request shall direct the secretary to promptly give notice of such meeting. If the secretary shall fail to give such notice within five business days of such request, any member signing such request may give the required notice.

SECTION 4. ORGANIZATION AND PROCEDURES

The notices of the annual convention and annual and special meetings of the Medical Society of the State of New York shall state the date, place, and hour and shall be mailed postpaid to each member by first class mail not less than ten nor more than fifty days before a meeting.

Publication of such notice in the official publication of the Medical Society of the State of New York shall be considered as complying with this provision.

The affidavit of mailing by the secretary of the Medical Society of the State of New York to the last recorded address of the member shall be deemed sufficient proof of the service upon each and every member for any and all purposes.

Each member in attendance at the annual convention of the Medical Society of the State of New York shall enter his name and the name of the component county medical society to which he belongs in a register to be kept by the secretary of the State Society for that purpose. No member shall take part in any of the proceedings of such convention until he shall have complied herewith.

All members in good standing so registered may attend and participate in the proceedings and discussions of the scientific meetings of the Medical Society of the State of New York and of the sections and sessions.

A distinguished physician of a foreign country or a physician not a resident of this State who is a member of his own state medical association may become a guest during any annual convention upon the invitation of the president or officers of the Medical Society of the State of New York, and may be accorded the privilege of participating in all the scientific programs of the convention.

No address or paper before the Medical Society of the State of New York, except those of the president and president-elect, shall occupy more than twenty minutes in its delivery.

All papers read before the Medical Society of the State of New York at its annual convention by its members shall become the property of the State Society. Whenever such paper shall be deemed not acceptable for publication in the *New York State Journal of Medicine* it shall be returned to the author as promptly as possible after its receipt in the publication office of the State Society.

The following shall be the order of business at the annual meeting of the Medical Society of the State of New York:

1. Calling the State Society to order
2. Reading of minutes of the last meeting by title
3. Induction of incoming president
4. Inaugural address by incoming president
5. Adjournment

The rules contained in *Sturgis Standard Code of Parliamentary Procedure* shall govern the Medical Society of the State of New York in all cases in which they are not inconsistent or in conflict with the Bylaws of the State Society.

ARTICLE XIV. FUNDS

Funds shall be raised by annual dues levied on each active member at a uniform per capita rate throughout the State. Funds may also be raised in any other manner approved by the House of Delegates or by the Council when the said House of Delegates shall not be in session. The dues or assessments of each junior member shall be one-third the amount levied on each active member.

The approval of the Council and of the Board of Trustees shall be necessary for the expenditure of any funds of the Medical Society of the State of New York, except that the said Board may delegate, to such person or persons as it sees fit, the authority to expend funds of the State Society in amounts and under conditions to be determined by said Board, on recommendation of the Council.

ARTICLE XV. DUES

The annual dues shall be determined by the House of Delegates.

Assessments can be levied by the House of Delegates or the Council and shall be payable within a period of time specified by them.

Life and honorary members shall not be required to pay dues or assessments to the Medical Society of the State of New York.

Annual dues are due and payable on the first day of January each year. The dues year shall coincide with the calendar year, January 1 to December 31.

Any member, except a member who is eligible for and has applied for life membership, whose component county medical society and State Society dues are unpaid after May 1 of any current year or whose assessments are unpaid by the specified time is not in good standing and shall be deemed to be in arrears.

A member whose dues are unpaid after June 1 of any current year or whose assessments are unpaid one month after the specified date shall be dropped from the roles of membership of his component county medical society and the Medical Society of the State of New York upon reasonable notice to such member by his component county medical society or the State Society, and without further action on the part of either the component county medical society or the State Society, and on such date he shall automatically cease to be a member of the component county medical society and State Society.

Dues and State Society assessments of a member elected or reinstated after October 1 shall be credited to the succeeding year, but no member dropped for nonpayment of dues and assessments shall be reinstated until he has, in addition, paid his dues and assessments for the year in which he was dropped.

The dues of an active, junior, or student member of the State Society may be remitted for the current year by action by the Council on account of illness, financial hardship, or temporary active service in the armed forces of the United States or in the United States Public Health Service, when the request for such remission is made by the member's component county medical society, except in the case of student members who shall make application for remission directly to the secretary. Such a request shall be accompanied by a brief summary of the reasons therefor. Remission of dues due to illness or financial hardship shall be reviewed annually.

ARTICLE XVI. EXPENSES

Allowances for expenses incurred in the actual performance of official duties by officers, councilors, trustees, members of the Judicial Council and of commissions and committees, delegates to the American Medical Association, and employes of the Medical Society of the State of New York shall be made in conformity with the following conditions.

The president and the president-elect shall be allowed a per diem and expenses when engaged on official business. The amount of the per diem shall be set by the House of Delegates.

All other officers, councilors, trustees, members of the Judicial Council, delegates to the House of Delegates of the American Medical Association or an alternate delegate who, at the direction of the Council, attends a meeting of the House of Delegates of the American Medical Association, members of commissions and committees of the Council, and of all special committees, members of the Medical Society of the State of New York appointed by the president or the Council to carry out special assignments for the State Society, and employes of the State Society shall be allowed traveling expenses when engaged on official business.

Members for life of the House of Delegates, delegates of the district branches, scientific sections, and student members, sitting in the House of Delegates, shall be allowed necessary expenses by the Medical Society of the State of New York.

Proper vouchers must be filed with the secretary of the Medical Society of the State of New York before any of the above allowances shall be made.

There shall be no allowances for the expenses, traveling or otherwise, for members of any reference committee.

Each district branch shall be entitled to receive a sum not to exceed $1,000 exclusive of the work done by the Medical Society of the State of New York regarding notices, programs, and so on, to defray the expenses of such district branch, provided a proper statement of such expenses shall have been presented to the secretary.

All bills, claims, or vouchers herein provided for shall be filed within thirty days after the date of the incurring of such expense. This time may be extended for any cause by the Board of Trustees.

ARTICLE XVII. DISTRICT BRANCHES

SECTION 1. DIVISION

The membership of the Medical Society of the State of New York shall be divided into nine district branches, as follows:

The First District Branch shall comprise the members of the Medical Societies of the Counties of Bronx, Kings, New York, Queens, and Richmond.

The Second District Branch shall comprise the members of the Medical Societies of the Counties of Nassau and Suffolk.

The Third District Branch shall comprise the members of the Medical Societies of the Counties of Albany, Columbia, Greene, Rensselaer, Schoharie, Sullivan, and Ulster.

The Fourth District Branch shall comprise the members of the Medical Societies of the Counties of Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Schenectady, Warren, and Washington.

The Fifth District Branch shall comprise the members of the Medical Societies of the Counties of Cayuga, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence.

The Sixth District Branch shall comprise the members of the Medical Societies of the Counties of Broome, Chemung, Cortland, Delaware, Otsego, Schuyler, Tioga, and Tompkins.

The Seventh District Branch shall comprise the members of the Medical Societies of the Counties of Livingston, Monroe, Ontario, Seneca, Steuben, Wayne, and Yates.

The Eighth District Branch shall comprise the members of the Medical Societies of the Counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming.

The Ninth District Branch shall comprise the members of the Medical Societies of the Counties of Dutchess, Orange, Putnam, Rockland, and Westchester.

Changes in the number or membership of these district branches may be made by a two-third vote of the House of Delegates at any annual meeting thereof.

SECTION 2. AIMS AND ORGANIZATION

The objectives of the district branches shall be to promote the scientific, social, cultural, and other interests of the medical profession within the district and to cooperate with the Council of the Medical Society of the State of New York in any way which that body may advise.

Each district branch may adopt a constitution and bylaws for its government and may amend them. The Constitution, Bylaws, and amendments shall not be in conflict with the Bylaws of the State Society and before becoming effective they shall be approved by the Council.

SECTION 3. OFFICERS AND ELECTIONS

Each district branch shall elect a president for two years and a delegate to the House of Delegates for two years, but with the approval of the Council a district branch may elect a president for one year.

Each district branch shall elect such other officers as are provided for in its bylaws. They shall attend the business meetings of the branch.

In the case of the inability of the delegate of a district to serve, the vice-president shall serve as delegate, and if the vice-president is unable so to function, the president shall designate a substitute delegate to serve and shall so notify in writing the secretary of the Medical Society of the State of New York.

Any elected officer of a district branch who is called into active service in the armed forces of the United States or the United States Public Health Service may, on application to the Council, be granted leave of absence for any portion of his term of office during which he is on active service. During such absence his duties shall be designated as the Council may direct, except where such delegation is already provided for elsewhere in the Bylaws.

The president of each district branch shall visit the component county medical societies of the district at least once during his tenure of office and make a careful inquiry of the condition of the profession in each county in his district and shall report thereon to the House of Delegates.

ARTICLE XVIII. COMPONENT COUNTY MEDICAL SOCIETIES

SECTION 1. DEFINITION

The term "component county medical society" shall include all county medical societies now in affiliation with the Medical Society of the State of New York or which may hereafter be organized and chartered by the House of Delegates. There shall be but one component county medical society in each county affiliated with the State Society. If there should be an insufficient number of physicians in any of the counties of this State to form themselves into a component county medical society, such physicians may become members of the component county medical society of an adjoining county when eligible by the constitution and bylaws of such component county medical society.

SECTION 2. MEMBERSHIP

Eligibility for membership in a component county medical society shall be determined by that society. Except by the approval of the Council no physician shall be an active or junior member in a component county medical society other than that of the county in which he practices or maintains legal residence.

Whenever an active or junior member in good standing or a life member in any component county medical society removes to another county in this State, his name on his request shall be transferred to the roster of the component county medical society of the county to which he removes, without cost to him, provided that he files a certificate with the secretary of the Medical Society of the State of New York, signed by the president and secretary of the component county medical society from which he removes as to his good standing in such society, and provided his application for membership has been acted on favorably by the members of the component county medical society of the county to which he has removed.

No member shall be active or junior member of more than one component county medical society, nor shall any component county medical society accept as a member a physician who does not practice or have a residence in that county in any other way than in accordance with the law governing transfers.

SECTION 3. DUTIES OF OFFICERS

The secretary of each component county medical society shall keep a roster of its members in which shall appear the full name of each of said physicians, the date of his admission to such society, his residence, and the date when his license to practice medicine in this State was granted. He shall note any changes in said roster by reason of removal, death, or change of name, revocation of license, or other disqualification.

He shall forward said roster and information together with the names and places of residence of each of the officers of said society and the names and residences of each delegate to the House of Delegates from said society to the secretary of the Medical Society of the State of New York at least ninety days before the date of the annual meeting of said House of Delegates.

The treasurer of each component county medical society shall forward to the treasurer of the Medical Society of the State of New York the amount of the State Society per capita dues and/or assessments and the amount of all American Medical Association dues collected from members of his component county medical society as promptly as possible but in any event before the first day of May of each year.

SECTION 4. MEETINGS

Each component county medical society shall hold an annual meeting for the purpose of electing officers and a delegate or delegates to represent it in the House of Delegates of the Medical Society of the State of New York in accordance with the Bylaws.

The annual meeting of each component county medical society shall be held between January 1 and July 1 of each year at a time which it shall determine.

All officers of the component county medical society shall enter on their official duties between May 1 and July 1 at a date determined by the component county medical society and shall serve for a term of one year or until their successors shall have been duly elected and qualified.

SECTION 5. RESIGNATIONS

An active, junior, or life member in good standing whose resignation from membership in his component county medical society shall have been duly accepted, shall be considered to have resigned from the Medical Society of the State of New York.

When a member in good standing, other than a life or honorary member, ceases, between May 1 and December 31 of any year, to reside and practice in the State of New York, he shall be considered to have resigned from membership effective as of that December 31. If such cessation to reside and practice occurs between January 1 and May 1 of any year, he shall, provided he has been in good standing for the prior calendar year, be considered to have resigned from membership effective as of the previous December 31.

On resignation, a member shall forfeit all rights and title to any share in the privileges and property of the Medical Society of the State of New York, the district branch, and his component county medical society.

SECTION 6. CONSTITUTION AND BYLAWS

Each component county medical society shall adopt a constitution and/or bylaws for regulation of its affairs and may amend them. The constitution, bylaws, and amendments shall not be in conflict with the Bylaws of the Medical Society of the State of New York, and before becoming effective, they shall be approved by the Council.

ARTICLE XIX. SEAL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

The seal of the Medical Society of the State of New York shall be as follows:

ARTICLE XX. AMENDMENTS

Amendments to the Bylaws or to the *Principles of Professional Conduct*, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates after having been submitted in writing at a previous annual meeting and having been published in the official publication of the Medical Society of the State of New York at least once and at least one month before the annual meeting at which action shall be taken.

The affirmative vote of two-thirds of the House of Delegates present and voting shall be necessary for adoption of any amendment.

Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists.

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MEDICAL SOCIETY OF THE STATE OF NEW YORK
ORGANIZED 1807

Ex. #5

Constitution and Bylaws

North Carolina Medical Society

Revised through
One Hundred Eighteenth Annual Session
Pinehurst, North Carolina
~~May 28-31, 1972~~

REVISED TO - MAY 1975

CONSTITUTION AND BYLAWS

of the

NORTH CAROLINA MEDICAL SOCIETY

Approved by the Medical Society of the State of North Carolina at the Annual Session in Hot Springs, North Carolina, June 2, 1903.

* * * *

Revised at the One Hundred Fifth Annual Session, Asheville, North Carolina, May 4, 1959.

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Revised at the One Hundred Tenth Annual Session, Greensboro, North Carolina, May 3, 1964.

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Revised at the One Hundred Fourteenth Annual Session, Pinehurst, North Carolina, May 12, 1968.

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Revised through the One Hundred Fifteenth Annual Session, Pinehurst, North Carolina, May 20, 1969.

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Revised through the One Hundred Eighteenth Annual Session, Pinehurst, North Carolina, May 23, 1972.

Raleigh, North Carolina
April 30, 1973

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CONSTITUTION AND BYLAWS
OF THE
NORTH CAROLINA MEDICAL SOCIETY

PREFACE

The medical profession of North Carolina was organized first in 1799. That year, the Legislature of North Carolina by special Act incorporated the medical profession as *THE NORTH CAROLINA MEDICAL SOCIETY*. In 1858, the General Assembly by another special Act provided that "the Association of regularly graduated physicians calling themselves the State Medical Society is hereby declared to be a body politic and corporate, to be known and distinguished by the name of the *MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA*". This Act, General Statutes, Chapter 90, Article I, also created the Board of Medical Examiners of the State of North Carolina. In 1972 the House of Delegates of the *MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA* changed the name of The Society to *NORTH CAROLINA MEDICAL SOCIETY*.

CONSTITUTION

Article I - Title of The Society

The name and title of this organization is *NORTH CAROLINA MEDICAL SOCIETY*. The words *THE SOCIETY* in this Constitution and Bylaws shall be construed to mean *NORTH CAROLINA MEDICAL SOCIETY*.

Article II - Purposes of The Society

The purposes of The Society shall be: to federate and bring into one compact organization the medical profession of the State of North Carolina; to unite with similar organizations within other states to form the American Medical Association; to extend medical knowledge, and advance medical science; to elevate the standards of medical education and service; to promote friendly intercourse among physicians; and to inform the public with such regard for the problems of medical care and public health, that the profession can become more capable within itself, and more useful in the prevention and cure of disease, and in prolonging and adding comfort to life.

Article III - Component Societies

Component county medical societies shall consist of those which hold charters from The Society.

Article IV - Membership of The Society

The membership of The Society shall consist of the following:

Section 1. The members of The Society shall be classified as Active, Life, Affiliate, Honorary, Intern-Resident Training, or Student.

Section 2. Active Members: The active members of The Society shall be the active members of the component societies, and those physicians who are admitted by the Executive Council as hereinafter provided.

Section 3. Life Members: Life Members shall consist of those members of The Society who shall have retired from the active practice of medicine on or after the age of 65 and who shall have been dues paying members for 30 years, or who upon reaching the age of 70 shall have been dues paying members for 20 years. They shall be exempt from all dues and assessments and shall be entitled to all the privileges enjoyed by active members. If any member eligible for Life Membership elects to continue paying his dues and assessments, he then shall continue as an active member. The time of a member's service in the Armed Forces of our country except on a career basis shall be considered as continuous membership in The Society.

Section 4. Affiliate Members: Upon recommendation of the component society of the county in which they are located, those doctors of medicine who are citizens of the United States engaged in teaching, public health, or research work, and who hold positions in the Federal Service, or are in salaried positions in our various state hospitals or penal institutions may be elected Affiliate Members by the Executive Council. They

shall be doctors of medicine licensed to practice medicine in North Carolina whose total professional income does not exceed an amount set from time to time by the Executive Council of The Society. They shall pay annual dues equal to one half the annual dues of active members and shall have all the rights and privileges of active members.

Section 5. The Honorary Members: Honorary Members must be nominated by the Council and must receive a two-thirds vote of the members of the House of Delegates present at the meeting at which their names are presented for election. They shall be physicians distinguished by their contributions to medicine, elderly physicians who, prior to their retirement displayed an exceptional interest in the welfare of The Society; or reflected credit and honor upon the profession. They shall be exempt from all dues and assessments and, except for the right to vote and hold office, shall be entitled to all the privileges of The Society.

Section 6. Intern-Resident Training Members: Physicians who are in training in hospitals in the United States, which are accredited by the Joint Commission on Accreditation of Hospitals for the continuing education of interns or residents and who are licensed to practice in North Carolina and certify their intention, to the best of their knowledge at that time, to practice medicine in North Carolina, may be admitted to membership in The Society without becoming a member of a component county medical society for and during the period of time in which they are engaged in training. Following the presentation

of credentials, the certification of such accredited hospitals, the approval of the Executive Council, and the payment of dues as fixed by the Executive Council, such physicians may be admitted directly to The Society. They shall have the same rights and privileges as Active Members.

Section 7. Student Members: Any student who is regularly enrolled as a candidate for the degree of Doctor of Medicine in a school in the State of North Carolina shall be eligible for Student Membership. This membership may be obtained through application to the Executive Office of The Society on a form provided for this purpose and election by majority vote of the Executive Council. Student members shall pay dues as periodically determined by the Executive Council, shall receive the *NORTH CAROLINA MEDICAL JOURNAL* and shall enjoy all the rights and privileges of membership in The Society, except voting for members of Boards or Commissions who are appointed or elected by The Society according to State Law.

Section 8. Revocation or Suspension of Membership: Membership in The Society may be suspended or revoked by a component county society or by the Executive Council of The Society where it is found that a member of The Society has been guilty of: (a) grossly immoral conduct, (b) producing or attempting to produce a criminal abortion, (c) false

or fraudulent representation to obtain or attempt to obtain practice in his profession, (d) habitual addiction to the use of morphine, cocaine, or any other narcotic or barbiturate drugs, (e) false or fraudulent representation of his professional skill to obtain or attempt to obtain money or anything else of value, (f) advertising or holding himself out under a name other than his own or advertising or publicly professing to treat human ailments under a system or school of treatment or practice other than that for which he holds a license, (g) any fraud or deceit by which he was admitted to practice or elected to membership in The Society, (h) any unprofessional or dishonorable conduct unworthy of or affecting the practice of his profession, (i) any violation of the principles of medical ethics of The Society or of the American Medical Association. Further, any member who has been convicted in any court, State or Federal, of any felony or other criminal offense involving moral turpitude or has been found guilty by the Board of Medical Examiners of the State of North Carolina of violating the Medical Practice Act or of conduct constituting grounds for suspension or revocation of his license to practice medicine may be suspended or have his membership revoked by the Executive Council of The Society. A transcript of the record of a conviction in any court certified by the Clerk of the Court in which such conviction is had shall be sufficient evidence to justify the suspension or revocation of membership in The Society. A certification

by the Board of Medical Examiners of the fact that such Board has found a member guilty of a violation of the Medical Practice Act or of conduct constituting grounds for suspension or revocation of his license to practice medicine shall be sufficient evidence to justify suspension or revocation of membership in The Society.

Article V - House of Delegates

The House of Delegates: The House of Delegates shall be the legislative and business body of The Society, and shall consist of delegates elected by the component county societies and delegates elected by the student members, ex officio the Past Presidents and Past Secretaries and the officers of The Society as defined in this Constitution and delegates elected by the Specialty Sections as provided for in Chapter XI, Section 1, of the Bylaws.

Article VI - Societies and District Societies

The House of Delegates may divide the scientific work of The Society into appropriate sections, and organize such councilor district societies composed of members of component county societies, as will promote the interests of the profession.

Article VII - Meeting and Sessions

Section 1. The Society shall meet annually at which time there shall be held at least two General Sessions, which shall be open to all registered members and to other members as provided under Article IV above.

Section 2. The time and place for holding each annual meeting shall be fixed by the House of Delegates, but in case a change of time or place or both should be considered necessary, the Executive Council shall have authority in the premises.

Article VIII - Officers

Section 1. The officers of The Society shall be a President, President-Elect, two Vice-Presidents, a Secretary, a Councilor and a Vice-Councilor from each district of The Society, and the Speaker and Vice-Speaker of the House of Delegates and the immediate Past-President of The Society.

Section 2. The President, President-Elect, Vice-Presidents, Speaker and Vice-Speaker of the House of Delegates shall be elected for a term of one year.

The Secretary, Councilors, and Vice-Councilors shall be elected for terms of three years each. Each year approximately one third of the Councilors and Vice-Councilors shall be elected for a term of three years.

All officers shall serve until their successors are elected and installed.

The Constitutional Secretary shall be elected to not more than two consecutive terms.

No Councilor or Vice-Councilor may be elected to serve more than two consecutive terms but a Vice-Councilor may be elected to the office of Councilor.

A Councilor, however, may not be elected to the office of Vice-Councilor at the regular election in the calendar year in which he may have completed two consecutive terms of office as Councilor.

Section 3. The officers of The Society shall be elected by the House of Delegates by ballot. A majority of the votes cast being necessary to elect at the first regular meeting at each annual session. However, when only one name is in nomination, the vote may be taken viva voce. No person who has not been a member of The Society for the past three years shall be eligible to be elected to any such office or offices. Any nominee for the office of President-Elect shall have been a continuous member of The Society in good standing for the immediate past five years, including the year of his election, and shall have attended two of the three meetings immediately preceding his nomination.

Article IX - The Board of Medical Examiners, The State Board of Health and the Editorial Board of the *NORTH CAROLINA MEDICAL JOURNAL*

Section 1. The seven members of the "Board of Medical Examiners of the State of North Carolina" shall be elected by the House of Delegates by majority ballot at the first regular meeting of the annual session as follows: Every two years two or three members shall be elected for terms of six years to replace members whose terms expire during that calendar year. Members of the Board of Medical Examiners of the State of North Carolina shall be elected to not more than one six-year term. Nominations shall be made by the Committee on Nominations

as provided for in the Bylaws, and shall be announced to the delegates at least 30 days in advance of the regular annual meeting.

Section 2. The elective members of the State Board of Health shall be nominated by the Nominating Committee and shall be elected by the House of Delegates for a term of four years to serve until their successor shall have been duly elected and qualified.

Section 3. The seven elective members of the "Editorial Board of the *NORTH CAROLINA MEDICAL JOURNAL*" shall be elected by the House of Delegates to serve for a term of four years. At all times, the Board must contain at least one faculty member from each of the schools of medicine within the State. The number of members elected in any one year shall be that number necessary to fill all vacancies including those of members whose terms expire during that calendar year.

Section 4. A vacancy occurring from any cause, other than the expiration of term of office, in the membership of the Board of Medical Examiners of the State of North Carolina or of the Editorial Board of the *NORTH CAROLINA MEDICAL JOURNAL* shall be filled by a quorum of the respective Board. A vacancy occurring in the membership of the State Board of Health by reason of the resignation, death, or disability of any member of the Board elected by The Society shall be filled by election by the House of Delegates or by the Executive Council of The Society between meetings of the House of Delegates. Any member of either of the aforementioned Boards elected by The Society may be removed by The Society.

Article X - Funds and Expenses

Funds for meeting the expenses of The Society shall be planned by the House of Delegates through an equal per capital assessment upon each county society, by voluntary contribution, and from the revenues from its publications or other approved activities. Funds may be appropriated by the House of Delegates to defray the expenses of the annual meeting, of publications, and of other purposes such as will promote the welfare of The Society, the profession, or the people of the State. No member solely by virtue of his membership in The Society shall be entitled to any financial profit, if any there be, from any activity of The Society.

Article XI - Referendum

By a two-thirds vote, the General Session of The Society may order a general referendum upon any question pending before the House of Delegates, including an amendment to this Constitution. The House of Delegates by a similar vote of its members or after a like vote of the General Session, may submit any such question by mail to the membership of The Society for a final vote. If the members voting comprise a majority of the members of The Society eligible to vote, a majority of such votes shall determine the question, and shall be binding upon the House of Delegates.

Article XII - The Seal

The Society shall have a common seal. The House of Delegates by majority vote shall be empowered to break, change, or renew the seal.

Article XIII - Amendments

By a two-thirds vote of the delegates registered at an annual meeting, the House of Delegates may amend any article of this Constitution provided: (1) that such amendment shall have been presented and accepted for consideration by a majority vote in open meeting at the previous annual meeting, and that such amendment shall have been sent officially to each component county society or printed in the official publication of The Society at least two months prior to the Session at which final action is to be taken, or (2) that such amendment shall, by a two-thirds vote of the House of Delegates, be submitted to and approved by a general referendum as provided for in Article XI.

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BYLAWS

Chapter I - Membership

Section 1. All active members of the component county medical societies permitted and provided for by the Constitution and Bylaws of The Society and active and affiliate members who have been made members by the Council as provided for by the Constitution, and who have paid their annual dues for the current year, shall be privileged to attend all business and scientific sessions of the annual meeting, and shall be eligible to vote and to hold office in The Society. Each member shall indicate at least sixty days prior to each annual meeting the one Specialty Section in which he wishes to register for eligibility to vote at the annual business meeting of that Section.

Section 2. The name of a physician upon the properly certified roster of membership whose dues and assessments have been paid for the current year, shall be prima facie evidence of his right to register at the annual meeting of The Society.

Section 3. No person who is under sentence of suspension or expulsion from The Society or from any component society of The Society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of The Society, nor permitted to take part in any of its proceedings until such time as he has been relieved of such disability, provided, however, that Life Members of The Society shall continue as such notwithstanding their being dropped from the roll of the component society for failure to pay dues.

Section 4. Each member in attendance at the annual meeting shall enter his name on the registration book. When his right to membership has been verified by reference to the record of the Secretary of The Society, he shall receive a badge, which shall be evidence of his right to all the privileges of members at the meeting. No member shall take part in any of the proceedings of an annual meeting before complying with the provisions of this section.

Section 5. Compulsory Continuing Education. Completion and certification of a program of continuing medical education on a periodic basis by the members of The Society as specified by the House of Delegates shall be a requirement for continued membership.

Chapter II - Annual and Special Meetings of The Society

Section 1. The Society shall hold an annual meeting at a time and place recommended by the Executive Council and approved by the House of Delegates at a preceding annual meeting. In case a change of time or place or both should be considered necessary, the Executive Council shall have authority to make such change.

Section 2. Special sessions of either The Society or the House of Delegates shall be called by the President upon petition of forty delegates, or the request of the Executive Council, or at his discretion.

Chapter III - General Sessions

Section 1. The General Sessions of The Society are the meetings of the Members provided for in Article IV of the Constitution. Each General Session shall be presided over by the President or in his absence, disability, or at his request, by one of the Vice-Presidents. At such time

and place as may have been arranged, the President shall deliver his annual address before the General Session. The entire time of the Session, so far as may be feasible shall be devoted to the delivery of papers and discussions relating to scientific medicine.

Section 2. The General Session, the House of Delegates, and ad interim the Executive Council shall have authority to create committees or commissions for scientific investigations, other purposes of special interest and importance to the profession, or public, and to receive and dispose of reports of the same. Any expense in connection therewith must be approved first by the House of Delegates, or by the Executive Council.

Section 3. Except by special vote, the order of exercises, papers and discussions set forth in the official program shall be followed from day to day until completed.

Section 4. Other than the address of the President, all addresses and papers before The Society shall be limited to fifteen minutes. No member shall speak longer than five minutes, nor except by unanimous consent, more than once on any subject. The terms of this section shall not apply to invited guests.

Section 5. All papers read before The Society shall be its property. Each paper shall be deposited with the Secretary when read. If not published by The Society, it shall be returned to the author.

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Chapter IV - House of Delegates

Section 1. The House of Delegates shall meet at the time and place of the annual meeting of The Society. The sessions of the House of Delegates shall be held at a time designated by the Executive Council and published in the *NORTH CAROLINA MEDICAL JOURNAL* at least two months prior to the meeting period. The Executive Council or the President may call a special meeting of the House of Delegates at any time upon petition of forty or more Delegates, the President must call a meeting of the House of Delegates. The election of the Nominating Committee shall take place at the first session of the House of Delegates.

Section 2. Each chartered component medical society of The Society, free from indebtedness to The Society and in good standing as a component medical society, shall be entitled to one delegate for its first twenty-five voting members or fewer, and an additional delegate for each additional twenty-five or major fraction of twenty-five voting members. The Student Members of the North Carolina Medical Society from each medical school in the State of North Carolina shall be entitled to one delegate for the first twenty-five student members or less, and an additional delegate for each additional twenty-five student members or any additional major fraction of twenty-five student members. Component societies composed of members from more than one county, shall apportion the delegates to each county in accordance with the number of members residing in each county. Except as

otherwise hereinafter provided, each component county medical society shall be entitled to at least one delegate who shall be a member residing in that county. A list of such delegates shall be certified officially by the Secretary of each component county medical society to the Executive Director of The Society on forms furnished by the Secretary of The Society, who shall issue an official certificate to each delegate. In the case of student delegates, the student members of The Society at each medical school in the State of North Carolina shall hold an election on or before December one of each year for the purpose of electing delegates and alternate delegates to the House of Delegates. This election and these delegates and alternate delegates shall be certified by the Chief Executive Officer (or his designee) of each medical school in the State of North Carolina to the Executive Director of The Society in the same manner as provided above for reporting component county medical society delegates. An official certificate shall be issued to each student delegate by the Secretary of The Society. In the event that the regular delegate is unable to attend, he shall endorse his certificate in favor of his alternate delegate. If neither the delegate nor the alternate delegate is able to attend the meeting of the House of Delegates, the delegate may designate some other member of his society or hyphenated society, or in the case of the Student delegates, the delegate may designate some other student member from his medical school, to attend the sessions of the House of Delegates. Every delegate shall be a voting member of The Society and a component county medical society or hyphenated society or student member of The Society. Every student delegate shall be a student member in good standing at his medical school and be a student member in good standing in the North Carolina Medical Society at the time of his admission to the House of Delegates. In the event that no resident physician of a county which is a part of a hyphenated society is able to attend the meeting of the

House of Delegates, the member previously designated by the hyphenated society as a delegate from that county shall endorse his credentials as delegate over to, and shall designate, any other member of such hyphenated society irrespective of his residence.

Section 3. A majority of the registered delegates of the House of Delegates at any meeting shall constitute a quorum. All meetings of the House of Delegates shall be open to members of The Society as provided for in Article IV, of the Constitution.

Section 4. The House of Delegates through its officers, the Executive Council and otherwise, shall give diligent attention to, and foster, the scientific work and spirit of The Society, and shall study and strive to make each annual session a furtherance to future ones of higher interest.

Section 5. The House of Delegates shall consider and advise the public in the important matters wherein it is dependent upon the medical profession, and shall use its influence to secure and enforce all proper medical and public-health legislation, and to make public the information in relation thereto.

Section 6. It shall make inquiry into the condition of the medical profession of each county in the State, and have authority to adopt such methods as may be deemed efficient for building up and increasing the interest in such county societies as already exist, and for organizing a

Society in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality.

Section 7. It shall encourage post-graduate work in medical centers, as well as home study and research, and shall endeavor to have the results of the study and research utilized and intelligently discussed in the county societies, and in The Society.

Section 8. It shall elect members of The Society as delegates and alternate delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body. Before each meeting of the American Medical Association House of Delegates, the delegates from the North Carolina Medical Society shall designate one of their number as chairman of the delegation, and shall select from the list of alternates such individuals to vote as may be necessary so that The Society will be fully represented. The Executive Council shall have the authority to fill any vacancy for the unexpired term that may occur between elections.

Section 9. Upon application, it shall provide and issue charters to county and to district societies organized to conform to the letter and spirit of the Constitution and Bylaws of The Society.

Section 10. In sparsely settled sections, the House of Delegates shall have authority to organize the physicians of two or more counties

into societies, to be designated by hyphenating the names of the two or more counties, so as to distinguish them from districts and other classes of societies. Organized and chartered hyphenated societies shall be entitled to all the privileges and representation provided herein for county societies. Upon written request of two thirds of the physicians residing in one of the counties which are parts of a hyphenated county society for permission to withdraw from such hyphenated county society and organize their own county society, the Executive Council may permit and authorize the formation of a new society. Such a petition shall be presented to the Executive Council by the Councilor of the District including such county. At the discretion of the Executive Council, such a request may be refused.

Section 11. The House of Delegates shall have authority, through its Executive Council, upon majority vote of the Council, a quorum being present, to elect any physician who applies directly to said Council for membership in The Society as provided in Section 4 of Article IV of the Constitution. When such a physician who has been refused admission to a local society and appeals to the Executive Council for membership and when after hearing, the Executive Council is convinced that the physician unjustly has been refused membership in the local society and that it is impossible to reconcile the local society to admitting him, the Executive Council may certify his election to the Secretary. On the payment of

annual dues and assessments for the current year, a member so elected shall be entitled to the rights and privileges of membership as provided by Article IV of the Constitution.

Section 12. The House of Delegates shall have authority through, or by, its Executive Council to discipline, suspend, or expel any members of The Society for good cause and particularly for conduct or reasons set forth in Article IV, Section 9, of the Constitution of The Society, or upon the recommendation of disciplinary action, suspension, or expulsion made to the Executive Council by the Mediation Committee of The Society after investigation and hearing.

Section 13. The House of Delegates may divide the counties of the State into ten councilor districts, and, organize in each a district medical society. Members of chartered county societies, and no others, shall be members of such district societies. Any county society wishing to transfer from one district to another may do so by securing a written petition signed by two thirds of the members of that county society. Upon the presentation of this petition to the Executive Council by the councilor of that district, the Council may grant, or refuse the request.

Section 14. The House of Delegates shall elect Society Members to the Board of Medical Examiners of the State of North Carolina, to the Editorial Board of the *NORTH CAROLINA MEDICAL JOURNAL*, to the North

Carolina Medical Care Commission, to the State Board of Health, to the Board of Trustees of North Carolina Blue Cross and Blue Shield, Inc., to the members of the Retirement Savings Plan Committee of the North Carolina Medical Society, and to other such commissions or boards on which The Society may have representation. Nominations shall be made by the Committee on Nominations and by nominations from the floor. Except as specifically limited by the Bylaws, members may be elected to succeed themselves.

Section 15. The House of Delegates shall have authority to appoint special committees from among members of The Society. Such committees may report to the House of Delegates in person, and participate in any debate thereon.

Section 16. The House of Delegates during the last general session of each annual meeting, shall present a summary of its proceedings which shall be published in the official publication of The Society.

Section 17. An annual report of the financial condition and management of the *NORTH CAROLINA MEDICAL JOURNAL* shall be made to the House of Delegates. This report does not relieve the management of the *JOURNAL* of its responsibility to the Executive Council or The Society in its advisory capacity.

Section 18. Any resolution to be considered or voted upon by the House of Delegates must have been filed with the Executive Director of

The Society at least thirty days before the first meeting of the House of Delegates. This rule may be set aside upon the vote of two thirds of the members present at the meeting of the House of Delegates or upon reference to the House of Delegates by the Executive Council.

Chapter V - Election of Officers

Section 1. All election shall be by secret ballot. When only one person is nominated for an office, the vote may be taken viva voce. A majority of the votes cast shall be necessary to elect.

Section 2. The House of Delegates, at its first session, shall select for the ensuing year a Committee on Nominations consisting of ten delegates, no two of whom shall be from the same councilor district. The President-Elect shall be an ex officio nonvoting member of the Committee. No other member of the Committee at the time of his election shall hold any elective office in The Society, and The Society shall nominate for office no member of the Committee for any office in The Society, not including the Board of Medical Examiners. Beginning with the 1974 annual meeting, election to the Nominating Committee will be for a term of three years. At the 1973 annual meeting, one member from each of the first, fourth and eighth districts will be elected for a full term of three years; one member from each of the second, sixth and tenth districts will be elected for a partial term of two years; and one member from each of the third, fifth, seventh and ninth districts will be

elected for a partial term of one year. At each annual meeting thereafter, members of the nominating Committee will be elected to replace members from the same district whose terms expire that year. No member of The Society shall be elected to the Nominating Committee for more than one full three year term unless he shall have been off the Nominating Committee for at least three years. As soon as it is practicable, the Committee on Nominations shall be called together by the Secretary of The Society, its duties shall be outlined, and a Chairman shall be elected by the Committee members. At least two weeks before the annual meeting, the Committee shall make its report to the President of The Society in a sealed, confidential letter, this report to remain unopened until presented to and read by the President to the House of Delegates at the time designated for the report of the Committee on Nominations to the House of Delegates at the next annual meeting of The Society. In the instance of vacancies occurring on the Committee, or of the discovery that any member is ineligible, the Executive Council shall have the power to fill such vacancies. It shall be the duty of the Committee on Nominations to consult with the members of The Society and to hold one or more meetings, at which the best interests of The Society and of the medical profession of the State shall be considered carefully, and to make its report to the next annual meeting of The Society. The Committee shall make at least one nomination for each of the offices provided for in Article VIII, Section 1 of the Constitution.

The nomination for Secretary shall be made each third year.

The nominations for the Councilors and Vice-Councilors from the ten Councilor Districts shall be made as follows: At each annual session, there shall be nominated for a term of three years candidates for Councilor and Vice-Councilor to replace those whose terms expire during that calendar year.

a. If ninety days or more prior to a scheduled election, a district medical society shall officially certify to the Committee on Nominations the name or names of members whom it wishes to be placed in nomination for Councilor or Vice-Councilor from that District, the Committee shall place such name or names in nomination and shall so designate these in its report. In this event, the Committee, prior to its report, shall poll by mail all the official delegates of the component societies of that district for approval of such names as nominees. If any name is not approved as a nominee by a majority of the votes of these delegates, the Committee shall submit at least one additional nomination for such office. This subsection does not limit the power of the Committee to make more than one nomination for any office.

Section 3. The report of the Nominating Committee and the election of officers shall take place at the first meeting of the House of Delegates of the annual session, at which time the function of such Nominating Committee shall cease.

Section 4. Nothing in this article shall be construed to prevent additional nominations being made by members from the floor of the House of Delegates.

Section 5. Any person known to have solicited votes for any office within the gift of The Society shall be ineligible for any office for two years.

Chapter VI - Duties of Officers

Section 1. The President of The Society shall be President of the Executive Council. He shall preside at all General Sessions of The Society; appoint all Committees not otherwise provided for; deliver an annual address at such time as may be arranged; give a deciding vote in case of a tie, in the Executive Council and the General Sessions, and shall perform such other duties as custom and parliamentary procedure may require. He shall be the real head of the medical profession of the State during his term of office. As far as practicable, he shall visit by appointment the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

Section 2. The President-Elect shall assist the President in the performance of his duties as may be requested by the President and otherwise shall prepare himself for assuming the duties of President. The President-Elect shall be an ex officio member of the Executive Council

and a nonvoting member of the Committee on Nominations. In case the office of President-Elect becomes vacant, the Executive Council shall consult with the Nominating Committee and shall fill the vacancy within thirty days.

Section 3. The Vice-Presidents shall be ex officio members of the Executive Council. They shall assist the President as he may request and shall preside in his stead during his absence or upon his request. Upon the death or the removal of the President, the First Vice-President shall assume the office of President. In case of the death or removal of the First Vice-President, the Second Vice-President shall assume the office of the First Vice-President.

Section 4. The Secretary shall perform the duties of Secretary at all meetings of the Executive Council, House of Delegates, and General Sessions, including roll calls and minutes of such meetings, and powers and duties as Secretary of the corporate society. In the case of death or removal of the Secretary, the Executive Council shall appoint an Acting Secretary to serve until the next meeting of the House of Delegates, at which time, the House shall elect an eligible member to fill the unexpired portion of the term of Secretary.

Section 5. An Executive Director may be employed by the Executive Council subject to the approval of the House of Delegates for such salary or compensation as may be fixed by the Executive Council. The Executive Council for cause may terminate his employment. Subject to the Executive

Council and the House of Delegates, he shall act as general administrative officer, as business manager of The Society and *JOURNAL*, and under the direction of the Finance Committee, as Treasurer of The Society. He shall act as Assistant Secretary to the Executive Council and General Sessions, and shall be responsible, subject to the Executive Council, for the business and other arrangements for the Annual Convention. Within such budget and salary scales as the Executive Council and the House of Delegates may approve, he may employ, supervise, and dismiss such administrative and clerical assistants as he deems best in order to accomplish the efficient conduct of his office. He shall be under the direct jurisdiction and supervision of the Executive Council and the President. He shall maintain an office, to be known as the Executive Office of The Society, at such place and with such staff and facilities as the Executive Council may approve and direct. He shall be designated and elected as Assistant Secretary of The Society with full power to act as Secretary in the absence of the Secretary. He shall aid the Councilors in the organization and improvement of the component societies and in the extension of the influence and usefulness of The Society. Subject to the approval of the Executive Council, he may employ an Assistant Executive Director, Director of Public Relations, and Health Education Consultant for such periods of time, compensation, and duties as may be approved by the Executive Council.

Under the jurisdiction of the Finance Committee, the Executive Director shall be the custodian of all monies, funds, securities, and deeds of The Society. When so directed by the Finance Committee, he shall demand and receive all funds due The Society, and shall receive all bequests and donations. Under the direction of the Finance Committee, he shall have the care and management of the fiscal affairs of The Society, and shall make such expenditures as authorized by the Executive Council. For the trust reposed in him, he shall give bond in such amount as may be fixed by the Executive Council. Through the Finance Committee, he shall render an accounting of his activities and of the funds or securities in his hands, to the Executive Council and the House of Delegates annually, and at such other times as may be requested by the House of Delegates or the Executive Council. At the end of the fiscal year, he, through the Finance Committee, shall charge upon his books the assessments against each component society, shall collect the assessments, and shall make proper credits for them. As directed by the Finance Committee, he shall invest the funds of The Society.

Section 6. The Speaker of the House of Delegates shall preside over all meetings of the House of Delegates. As presiding officer of the House of Delegates, he shall have the power to appoint such committees of reference as may be necessary for the orderly and proper conduct of the business of the House of Delegates, and to perform such other duties as custom and parliamentary usage require.

The Vice-Speaker shall officiate in the Speaker's absence or at his request. In case of death, resignation, or removal of the Speaker, the Vice-Speaker shall succeed to the speakership for the unexpired term.

The Speaker and Vice-Speaker shall be elected annually for one-year terms.

Chapter VII - Councilor Districts

Section 1. To facilitate the organization of the medical profession, the State of North Carolina hereby is divided by counties into ten Councilor Districts as follows:

First District -- Bertie, Chowan-Perquimans, Gates, Hertford, and Pasquotank-Camden-Currituck-Dare.

Second District -- Beaufort-Hyde-Martin-Washington-Tyrrell, Carteret, Craven-Pamlico-Jones, Lenoir-Green, and Pitt.

Third District -- Bladen, Columbus, Duplin, New Hanover-Brunswick-Pender, Onslow, and Sampson.

Fourth District -- Edgecombe-Nash, Halifax, Johnston, Northampton, Warren, Wayne, and Wilson.

Fifth District -- Cumberland, Harnett, Hoke, Lee, Moore, Richmond, Robeson, and Scotland.

Sixth District -- Alamance-Caswell, Chatham, Durham-Orange, Franklin, Granville, Person, Vance, and Wake.

Seventh District -- Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Montgomery, Rutherford, Stanly, and Union.

Eighth District -- Ashe-Alleghany, Forsyth-Stokes, Guilford, Randolph, Rockingham, Surry-Yadkin, and Wilkes.

Ninth District -- Alexander, Avery, Burke, Caldwell, Catawba, Davidson, Iredell, McDowell, Rowan-Davie, and Watauga.

Tenth District -- Buncombe, Cherokee, Graham, Haywood, Henderson, Jackson, Macon-Clay, Madison, Mitchell-Yancey, Polk, Swain, and Transylvania.

Chapter VIII - Councilors

Section 1. Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies where none exists, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make a report to the annual meeting of the House of Delegates of his doings and of the condition of the profession in each county in his district. He shall make reports more often, if he has knowledge of anything in any county society in his district about which the President or the Secretary should be informed. Reimbursement to Councilors for expenses that they have incurred in the performance of their duties within their districts shall be allowed as directed by

the Executive Council. Upon the absence, disability, resignation, or death of a Councilor, the Vice-Councilor shall serve as Councilor in a like manner and with all the powers and duties of the regular Councilor and for the same tenure of office of the Councilor to which time or term the Vice-Councilor shall have succeeded. Upon the death, resignation, or removal of a Vice-Councilor, or upon his succession to the office of Councilor, the Executive Council shall appoint an Acting Vice-Councilor to serve until the next meeting of the House of Delegates, at which time the House shall elect an eligible member to fill the unexpired portion of the term of the Vice-Councilor. If an Acting Vice-Councilor succeeds to the office of Councilor, he shall serve in Councilor manner until the next meeting of the House of Delegates.

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Chapter IX - The Executive Council

Section 1. The President, President-Elect, Vice-Presidents, Secretary, the Immediate Past-President, the Speaker and Vice-Speaker of the House of Delegates, the ten Councilors, (or Vice-Councilors), shall constitute the Executive Council, of which the President of The Society shall be President, and the Secretary shall be Secretary. The current Chairmen of the Legislative Committee and Constitution and Bylaws Committee, the Editor of the *NORTH CAROLINA MEDICAL JOURNAL*, the Secretary of the Board of Medical Examiners, and the State Health Officer shall be ex officio nonvoting members of the Executive Council. The

Executive Council shall meet upon the call of the President or upon the call of four other members of the Council. In the absence of the Councilor at any meeting of the Council, his Vice-Councilor shall perform the duties in his stead.

Section 2. The Executive Council through its President and Secretary, or through other members of Committees appointed by the President, shall represent The Society in its contact and co-operation with other organizations and agencies in the State to the end that such organizations may have the viewpoint of The Society and such help and assistance as The Society may be able to render.

Section 3. The Executive Council shall have supreme charge of all questions of ethics and of the discipline of members and shall be the Board of Censors of The Society. As such, it shall receive, hear, and decide finally for The Society all appeals from decisions of component societies. It shall have jurisdiction over, and decide finally for The Society, all questions of ethics, discipline, suspension of membership, or right to membership submitted to the Council by the Mediation Committee, the House of Delegates, a component society, the Committee on Constitution and Bylaws, or others. It shall have and exercise original jurisdiction over, and decide finally for The Society, all controversies between component societies and all controversies between members of different component societies. All questions of an ethical nature brought before the

House of Delegates or the General Session shall be referred to the Executive Council without debate. The Executive Council shall interpret the Constitution and Bylaws of The Society in all cases of misunderstanding or dispute.

The Executive Council shall have power to establish and prescribe rules of procedure governing all cases within its jurisdiction, including the admission of evidence, the taking of testimony by a Committee from its membership or by other representative, the holding of hearings, and the determining of all matters coming before it. The decision of the Executive Council shall be final in all judicial matters, including all questions regarding membership in The Society, provided that matters over which the Judicial Council of the American Medical Association has jurisdiction may be submitted to it for adjudication, but only as an appeal from the decision of the Executive Council of The Society.

Section 4. The Executive Council, ad interim, shall have the right to communicate the views of The Society on health, sanitation, legislation, and any other subject of interest to the people or the profession. It shall have the right to speak for The Society in matters regarding the conduct of affairs of The Society and its relation to the public generally, provided that such subject has not been acted upon previously by The Society. The Executive Council shall have authority to act in its discretion for The Society or for the House of Delegates on any matter

requiring action between the meetings of the House of Delegates and not otherwise provided for in the Constitution and Bylaws. All actions of the Executive Council shall be subject to review by the House of Delegates.

Section 5. The Executive Council shall make a full report of its activities to the annual meeting of the House of Delegates.

Chapter X - Committees

Section 1. The committees of The Society, except the Committees on Nominations, Mediation, and Negotiations shall be grouped in Commissions by the President, with the approval of the Executive Council, as follows:

ADMINISTRATION COMMISSION
ADVISORY AND STUDY COMMISSION
ANNUAL CONVENTION COMMISSION
PROFESSIONAL SERVICE COMMISSION
PUBLIC RELATIONS COMMISSION
PUBLIC SERVICE COMMISSION

The President, with the approval of the Executive Council, shall appoint a chairman of each Commission to serve for a period of one year, whose duties shall be to direct and co-ordinate the work and activities of the Committees assigned to the Commission of which he is Chairman. Through the Chairman of such Committees, the Commission Chairman shall report to and be responsible to the President and Executive Council for the performance of the work and functions of the Committees assigned to his Commission. He shall be an ex officio member of each said Committee. The Commissioners shall meet with the President annually, and at such

other times as requested by the President to assist him with Committee appointments, in coordinating Committee activities, and for the purpose of making recommendations for adding or reducing Committees assigned to a Commission.

The Commissioners shall meet annually with the Finance Committee to assist in preparing a budget for the following fiscal year.

Section 2. The standing Committees shall be as follows:

Committee on Legislation
Committee on Nominations
Committee on Finance
Committee on Arrangements
Reference Committee on Credentials of Delegates to House of Delegates
Mediation Committee
Reference Committees on Resolutions
Reference Committee on Reports of Officers and Committees
Committee on Public Relations
Committee on Maternal Health
Committee on Hospital and Professional Relations
Committee on Blue Shield
Committee on Constitution and Bylaws
Committee on Scientific Awards
Retirement Savings Plan Committee
Insurance Industry Committee
Committee on Medical Education
Council on Review and Development
Committee Advisory to the Crippled Chilren's Program of the State Board of Health

In addition to the foregoing standing Committees, such other Committees as may be necessary may be appointed by the President. The President shall be an ex officio member of all Committees which he appoints. All standing Committees shall no less than three members or more than 10 members, except

in those instances where specific provisions are otherwise made in the Bylaws or in the North Carolina State Law. Free use of consultants shall be urged for all Committees. The chairman of each Committee shall be appointed annually by the President from the Committee membership, except where otherwise provided in the Bylaws. All standing Committee appointments shall be made annually by the President unless stated otherwise in the Bylaws. Every appointed member of a committee serves at the pleasure of the President.

Section 3. The Committee on Legislation shall consist of three members and the President and Secretary. This Committee under the direction of the House of Delegates or the Executive Council shall represent The Society and express its viewpoint in legislative matters concerning public health and the science of medicine.

Section 4. The Committee on Nominations shall be selected and shall perform its duties in accordance with the provisions of Chapter V, Section 2 of these Bylaws. Nominations for all elective positions other than for the officers of The Society shall be announced in writing to the Delegates at least 30 days in advance of the annual meeting. The Committee on Nominations shall nominate delegates to the American Medical Association, representatives to the boards, commissions, and committees provided for in Chapter IV, Section 14 of these Bylaws, and to such other bodies as the Executive Council may determine.

Section 5. The Committee on Finance shall consist of three members. It shall authorize an annual audit of the receipts and disbursements of The Society and shall embody the audit in its annual report to the House of Delegates. The Committee, after meeting with the Commissioners, shall prepare a budget allocating specific amounts for the several purposes of The Society to be used as a guide to the Executive Director in the disbursements of The Society. The audit shall be submitted to the House of Delegates, for approval or disapproval, or in cases of emergency, to the Executive Council. In the event that the total approved allocations exceed the expected income of The Society, the Committee shall make recommendations for the needed increase in income for the coming year. It may make recommendations concerning the remuneration of the officers and may give other suggestions concerning the financial matters of The Society.

Section 6. The Committee on Arrangements shall consist of three or more members. It shall arrange suitable accommodations as the meeting

places of the Society, the House of Delegates, and respective committees, and sections, and shall have general charge of planning programs for the General Sessions and of all arrangements of facilities for the holding of the annual meeting. It shall be the duty of the Committee on Arrangements to establish, with the approval of the Executive Council, a time and place during one of the three General Sessions or the Banquet of the Annual Meeting, at which time the President or other officers of The Society may be installed.

Section 7. A Reference Committee on Credentials of Delegates to the House of Delegates shall consist of three members who shall consider and pass upon the credentials and the right of delegates to be seated in the House of Delegates.

Section 8. A Mediation Committee shall consist of the five most recent available Past-Presidents of The Society. Additional members, as the Executive Council may determine advisable, may be appointed by the President. The oldest member in point of service as President shall serve as Chairman of the Committee. A Vice-Chairman and a Secretary shall be elected from its members. The Committee shall hold meetings as often as necessary, and at a place most convenient for the members.

The establishment of the Mediation Committee shall be given full publicity, so that the people of the State may be made aware of its existence and of its functions.

a. The Committee shall have power to formulate rules to govern matters within its jurisdiction. After approval by the Executive Council, such rules shall be published in the *NORTH CAROLINA MEDICAL JOURNAL*, and within ten days after publication shall be binding upon all members.

b. The current edition of the *PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION*, as interpreted by the Executive Council of The Society, shall be the final standard by which all professional conduct is determined.

c. The Mediation Committee shall supervise the ethical deportment of the membership of The Society, make periodic recommendations for the improvement of professional conduct, and receive and investigate complaints against any physician when they have been preferred in writing and signed by any person, lay or professional. It at any time may advise any member of The Society on any matter pertaining to professional conduct.

d. The Committee may receive evidence, pass judgement on it, and, if possible, endeavor to settle all complaints amicably. It shall not assume authority to discipline any physician, but may file charges with the Executive Council against any physician deemed guility of unethical conduct.

e. No member of the Mediation Committee may participate in the deliberation of questions concerning the conduct of a physician living in the jurisdiction of that member's county. The Vice-Chairman shall

preside over all cases involving a member of the Chairman's county, and shall act as Secretary in all cases involving the Secretary's county. Any member against whom an accusation is made will be informed that no member of the Committee living in his county will be present during the hearing of his case. If the accused physician however, is willing, the Acting Chairman, in order to expedite proceedings, may instruct the Committee member living nearest the accused or the Councilor or the Vice-Councilor of the district in which the accused physician resides, to undertake preliminary investigation, obtain information, and report to the Committee.

f. The Mediation Committee shall have the authority to summon any member of The Society to appear before it, either to answer complaints or as witness in cases involving other members. Any member failing to respond to such a summons may be cited before the Executive Council for contempt proceedings.

g. When a complaint is being considered, unless in a given case the committee determines that verbatim testimony should be taken, no person other than committee members and the witness then being heard shall be admitted to any part of the proceedings, except upon the affirmative vote of the committee members present.

h. The Committee shall keep all complaints in professional confidence, but this regulation is not to excuse the Committee from informing the physician accused as to the basis of the complaint and from supplying him

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with sufficient details to enable him to prepare an answer. Any complainant unwilling to appear personally before the Committee may be told that such unwillingness hinders the Committee in its investigation. Every complainant invited to appear before the Committee shall be assured that his appearance and the origin of his complaint, except as above provided, will be kept confidential; provided, however, that should any form of prosecution result, the Committee of necessity must reveal the names of essential witnesses, even though the name of the complainant is included.

i. The Secretary of the Committee shall acknowledge the receipt of each complaint in writing. In consultation with the Chairman, he shall arrange for meetings of the Committee as often as necessary, and shall notify all persons concerned of the meeting places and dates. He shall keep the Chairman informed as to the progress of investigations that are being conducted between meetings of the Committee.

j. When the Chairman is informed by the Secretary of a new complaint, he shall decide whether it should be investigated by the whole committee, by one or more individual members of the Committee, or by the Councilor or Vice-Councilor of the District in which the accused physician resides. He may designate any of the above members to undertake a preliminary informal investigation.

k. When such an informal investigation has convinced the Chairman and at least one other member of the Committee that no disciplinary action is

indicated and both the complainant and the physician involved have agreed in writing to accept the advice of the appointed group, their advice and suggestions should be reduced to writing, and copies, signed by the Acting Chairman, may be furnished the complainant and the physician concerned.

l. When such an informal investigation convinces any disinterested member of the Committee that disciplinary action is indicated, the entire Committee, except the member whose county is involved, shall meet to consider the matter formally. Further action shall be determined by the majority vote of those Committee members present.

m. When, after investigation and attempts to effect amicable settlement, the Committee is unable to reconcile differences over fees charged by a member of The Society, the Committee by a majority vote shall determine the fee which it deems fair and proper. If The Society member shall agree to the amount so fixed and then fail to abide by his agreement, the Committee shall cite him before the Executive Council for contempt proceedings. Failure of the member to agree to the fixed fee by the Committee shall constitute grounds for preferring charges of unprofessional conduct.

n. Charges against a member of The Society shall be reduced to writing over the handwritten signatures of all other members of the Committee who took part in the proceedings, and shall be filed with the Executive Council. If it is determined that disciplinary charges ought to be filed

against a physician who is not a member of The Society, but that the evidence does not justify proceedings before the State Board of Medical Examiners, the Committee shall reduce the findings to writing and file them with the Executive Council. Subject to the advice of legal counsel and to the Execurive Council's orders, the Secretary of The Society shall notify the physician concerned of its findings. A copy of the notice shall be filed with the Executive Office of The Society.

o. Following the completion of an investigation, and as soon as possible after the final decision of the Committee, the original complainant and the accused physician shall be furnished with a written statement of all notes concerned with the matter, and that the Committee (1) considers the case closed or (2) has decided to file charges with a judicial body.

p. Immediately after each meeting of the whole Committee, its officers shall prepare and deliver to the Executive Office of The Society a brief report. The report should be suitable for publication in the *NORTH CAROLINA MEDICAL JOURNAL*, concerning any nonsecret action taken or general conclusions reached concerning ethical deportment within The Society.

q. In other than confidential matters, officers of the Committee shall keep appropriate and sufficient records of all its final actions, and shall make an annual report and recommendations to the House of Delegates.

r. The expenses of the Mediation Committee shall be provided by the Executive Council fund to cover those members of the Committee who shall

be reimbursed for traveling and living expenses incurred in fulfilling their duties as members of the Committee.

s. It is requested that each component society establish a Mediation Committee within the component society for the purpose of supervising the ethical deportment of its membership; making periodic recommendations for the improvement of professional conduct; receiving and investigating signed complaints written against any physician by any person, lay or professional, or which may be referred to it by the Mediation Committee of The Society. Also for considering and giving advice to The Society or to any member, pertaining to professional conduct, the Committee should conduct investigations upon its own motion of any matter involving the deportment or conduct of one of the members of its county societies which should come to its attention in any form.

t. In addition to the foregoing, the Mediation Committee of The Society shall be authorized and empowered to investigate on its own motion any matter involving the conduct or deportment of a member of The Society whenever any information justifying such investigation should come to its attention. When in the judgement of the Committee such referral is desirable, and where such component society has set up a Mediation Committee empowered to perform the functions herein outlined, the Mediation Committee of The Society is empowered and authorized to refer any such matter of deportment or conduct of a member of The Society to the Mediation

Committee of the component society of which such an individual is a member. The Mediation Committee of The Society shall consider in an appellate capacity any question or matter considered and passed upon or referred by a Mediation Committee of a component society, upon appeal by a member of The Society or by a complainant or other person involved in the matter. The Committee may conduct further investigation upon its own motion of any such matter.

u. The statements or actions of members of the Executive Council, Mediation Committee, officers, or representatives of The Society in the performance of their official duties for The Society shall be considered privileged communications. Neither such persons, nor The Society, nor its officers shall be liable to any member, or former member, for such statements or actions made, taken, or participated-in by them in their performance of such duties. All statements made to or testimony given by any person who has been invited to appear before the Mediation Committee or the Executive Council of The Society shall be considered privileged communications and shall not render such persons or witness liable to any member of The Society. Acceptance or continuance of membership in The Society shall constitute assent to this and to other provisions of the Constitution and Bylaws of The Society.

Section 9. Reference Committees on Resolutions as may be necessary shall be appointed by Speaker of the House of Delegates at the first

regular session of the House of Delegates of each annual meeting. Each Reference Committee shall consist of at least three members and to one of such committees shall be referred each resolution presented to the House of Delegates for study, and open discussion by the membership of The Society. Each reference Committee shall report back to a later regular session of the same House of Delegates the Committee's recommendations for adoption, rejection, amendment, or other disposition of each resolution, before each resolution is submitted to a vote of the House of Delegates.

The Speaker of the House of Delegates may refer any other matter to such a Committee before submitting the matter to a vote of the House of Delegates.

Section 10. A Reference Committee on reports of officers and committees, consisting of three members, who shall study reports of officers and the committees and make recommendations concerning the same to the House of Delegates shall be appointed by the Speaker of the House of Delegates.

Section 11. A Committee on Public Relations consisting of not fewer than three nor more than ten members, as determined by the Executive Council, shall determine the character and scope of Public Relations activities of The Society, and shall report its recommendations and activities for the approval of the Executive Council at least once annually. The tenure of office of each member shall be staggered so as to provide for the termination of the tenure of at least one member each year.

Section 13. A Committee on Maternal Health consisting of fourteen members to consist of one member from each of the ten medical districts, one from each of the three schools of medical teaching in the State, and a representative from the Personal Health Division of the State Board of Health, shall be appointed for terms of six years. The Committee shall elect its Chairman annually.

The duty of the Committee shall be to promote the highest standards of obstetric care for the State of North Carolina; to educate the people of the State to seek adequate maternal care; to prepare and provide for the physicians of the State an education and consultive maternal care program; to conduct a survey of maternal deaths in the State; and to determine the need for facilities to reduce maternal death rate; to investigate existing problems and to employ the procedures deemed necessary to further the progress of obstetrical care.

Section 14. A Committee on Hospital and Professional Relations shall consist of ten members, one member from each Councilor district of The Society. The Committee shall consider all matters involved in the relationship of physicians to hospitals; shall hear and investigate complaints of a hosptial professional staff, individually or collectively, against a hospital, or of a hospital against any member of a hospital staff; and shall attempt to bring about an amicable settlement of such complaints or differences. The Committee shall receive, hear, and investigate complaints with reference to professional relations between physicians and hospitals.

Section 14. A committee on Blue Shield consisting of at least one member representing each major practice specialty shall be appointed by the President for one year terms subject to reappointment, except that no member may serve more than five terms in any eight year period. The President shall seek recommendations for membership from the specialty sections and shall endeavor to insure as full a geographic and specialty representation as practical for proper functioning of the committee. It shall be the duty of this Committee to advise and counsel with the members of The Society on all matters relating to claims or any other business that they may have with the North Carolina Blue Cross and Blue Shield, Inc.; to inform the physician members of the Board of Trustees of that corporation of any matter deemed worthy of consideration and action by that board; and to advise and counsel with representatives of that corporation on any matter of mutual concern. The Committee may organize itself into subcommittees for claims, review, and other activities; and may meet as often as advisable. The whole Committee shall announce and hold each year at least four open meetings during which any member of The Society may present items for consideration by the Committee.

Section ~~14.~~ 15. A Committee on Constitution and Bylaws consisting of five members shall have the duty of considering all proposals to amend the Constitution or Bylaws. Any proposal to amend the Constitution or Bylaws first shall be referred to and considered by the Committee, and the Committee's recommendation with reference to such proposal shall be received at the meeting of the House of Delegates at which the proposal is considered.

Section ~~15.~~ 16. A Committee on Scientific Awards, composed of nine members, shall serve for a term of three years each. Only members of The Society shall be eligible to contend for or be considered for such scientific awards as may be arranged by diverse sources and approved by the Executive Council for presentation at annual sessions. Any contributions or tendering of an award for scientific merit must stipulate the above condition. The Committee shall consider, judge, and select the scientific exhibits, manuscripts, papers, or other sicentific presentations displayed or presented at annual sessions of The Society for which an award should be given for such presentation by The Society or by any donor approved by the Council.

Section ~~16.~~ 17. The Retirement Savings Plan Committee consisting of seven members shall be elected by the House of Delegates for terms of three years each. Members such as are necessary to fill vacancies created by expiring terms shall be elected during that calendar year.

Members of the Committee shall be subject to removal by the House of Delegates with or without cause, and shall serve without compensation. The Committee shall do all things necessary or appropriate for the administration of the North Carolina Medical Retirement Savings Plan of The Society. No member of the Retirement Committee shall be a director of the bank or insurance company or other carriers of the Plan.

Section ~~20.~~ 19. The Insurance Industry Committee shall consist of a Chairman and at least fifteen members representing as well as possible all geographic areas of the State, and all subdivisions of medical practice. It shall be the purpose and duty of the Committee, subject to the authority of the Executive Council and the House of Delegates, to represent and act for The Society in all matters affecting the relationship of The Society and its membership with all commercial health insurance companies. It may organize itself into as many subcommittees as necessary for its functions, one of these shall be the Medical Section of the *NORTH CAROLINA INSURANCE CLAIMS REVIEW SERVICE*.

The Committee shall not assume the functions of other Committees of The Society as herein provided, but upon request of any such Committee and with approval of the President, the Committee may assume such overlapping duties and functions as may involve the commercial health insurance companies. The Committee shall present to and promote with, the health insurance industry the viewpoint of medicine on matters involving the two disciplines, and shall effect a continuous liaison with the industry in matters relating the best interests of the public.

Section 19. A Committee on Medical Education consisting of at least ten members whose duties shall be the study, co-ordinating liaison, and implementing committee with respect to all activities of The Society in the recruitment to, and improvement in, undergraduate, postgraduate, and continuing education of physicians and allied health personnel within the State. To this end, the President shall appoint members-at-large and members representing the medical schools in North Carolina, the medical specialty organizations, including the North Carolina Academy of Family Physicians, and such other organizations and agencies in the field of medical education as deemed appropriate.

Appointments shall be made for a term of one year subject to reappointment.

The Committee shall report its activities and its recommendations to the House of Delegates and, in the interim, to the Executive Council, and upon approval, shall endeavor to implement its recommendations.

Section 20. A council on Review and Development consisting of the ten immediate living Past-Presidents, with the retiring Past-President acting as Chairman and the living Past-President with presidential tenure immediately preceding him acting as Vice-Chairman, and ex officio voting members: the incumbent President, President-Elect the Past-President and the Constitutional Secretary, and an ex officio non-voting member, the Executive Director, notified annually by the

President of The Society, shall periodically review functions and production of all standing committees for the purpose of recommending continuation, discontinuation, or other disposition of each committee. They shall establish in writing, subject to change from time to time, a format for procedure and they shall submit annually to the Finance Committee a budgetary expense item, and it is specifically provided that this Council may recommend such consultants to this Council as they feel are in the best interest of this Council.

The Executive Director or his designated staff member shall provide secretarial assistance for the Council on Review and Development.

Section 21. A standing Committee Advisory to the Crippled Children's Program of the State Board of Health shall be appointed annually by the President of The Society to advise the Board on any matters relating to the participation and performance of physicians in the Program.

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Chapter XI - Sections

Section 1. The following Sections shall constitute the regular scientific program: Surgery, Internal Medicine, Obstetrics and Gynecology, Public Health and Education, Pediatrics, Ophthalmology, Otolaryngology Maxillofacial Surgery, Family Practice, Neurology and Psychiatry, Radiology, Pathology, Anesthesiology, Orthopaedics, Student Member, Dermatology, Urology, Neurological Surgery, and Emergency Medicine.

...reated on recommendation by the Executive
...ouse of Delegates. Each section shall hold
...which a chairman, chairman-elect, a
...an alternate delegate shall be elected for
...gistered members of the Section present.
...ch details as pertain to the office. The
...to the office of Chairman at the next
...the Section.
...men of sections shall send to the Secretary
...previous to each meeting of The Society, the
...ented, to be used by the Committee on
...ons in making a program for the meeting. If
...ions are to be considered for scientific
...itted to the Executive Director within sixty

...shall be read before The Society unless the
...sence is due to some unavoidable circumstance.
...that has been presented to any other society
...ociety or District Society of the State or
...blication in any jouranl shall be received
...ety. In the instance of any paper accepted,
...the Society all rights to its ownership.

Any paper that is read before The Society or a section of The Society shall be considered the property of The Society. The Editor of the *JOURNAL* in his discretion shall be authorized to waive such ownership on behalf of The Society.

Only those papers presented before The Society, which are submitted in writing, will be eligible for awards or considered for publication in the *NORTH CAROLINA MEDICAL JOURNAL*. The speaker may arrange with the Editor of the *NORTH CAROLINA MEDICAL JOURNAL* for submission of such papers for publication in other *JOURNALS*.

Section 5. The Society is not to be considered as endorsing the views and opinions advanced by authors of papers published in the official publication of The Society.

Chapter XII - Assessments and Expenditures

Section 1. The annual dues of The Society shall be an assessment levied in an amount determined by the Executive Council and approved by the House of Delegates upon the membership of the component societies on a per capita basis provided the Executive Council on or before October 15 of the current year does not lower the same for the next succeeding year. The dues of Affiliate Members shall be one half that for active members. The dues of Intern-Resident Members for physicians continuing education in Inter-Resident training after graduation from medical school shall be ten dollars or a lesser amount as fixed by the

Executive Council. The fiscal year of The Society shall be the calendar year. The annual assessment shall be collected by the Secretary of each county society from each of its members on or before the first day of February and shall be forwarded to the Executive Director of The Society before the first day of March of said year. The Secretary of each county society shall forward to the Executive Director before the 1st day of March of each year, a statement of its assessment together with its roster of officers and members, a list of delegates, and alternate delegates, and a list of nonaffiliated physicians of the county. Any new member, other than by transfer from another State Association, who joins The Society after July will pay one half dues levied for that year. The Executive Council may exempt any member from the payment of partial or total dues and assessments who in its opinion should be relieved of such payment by reason of his personal circumstances.

Section 2. Any county society which fails to pay its assessment, or make the reports required, on or before the date stated, shall be held suspended. Until such requirements have been met, none of its members or delegates shall be permitted to participate in any of the business or proceedings of The Society or House of Delegates, or receive the *NORTH CAROLINA MEDICAL JOURNAL*. When a component society is not functioning, any member in good standing of such county may send his yearly dues directly to the Executive Director of The Society, and by so doing may keep himself in good standing.

Section 3. All motions or resolutions appropriating money shall specify a definite amount, or so much thereof, as may be necessary for the purpose indicated, and must be approved by the House of Delegates or by the Executive Council.

Section 4. In lieu of the above method of collecting dues, the Executive Council may authorize and empower the Executive Director to collect directly from individual members the dues for The Society, and at the request of any county society, the dues of such county society.

Chapter XIII - Rules of Conduct

The principles set forth in the Declaration of Principles of Medical Ethics of the American Medical Association shall govern the conduct of members of The Society in their relations to one another and to the public.

Chapter XIV - Rules of Order

The current edition of Sturgis Standard Code of Parliamentary Procedure shall govern this organization in all parliamentary situations that are not provided for in the law, or in its charter, Constitution and Bylaws, or adopted rules.

Chapter XV - County Societies

Section 1. All county societies affiliated in any way with The Society shall adopt and meet principles of organization not in conflict with the Constitution and Bylaws of The Society. New societies organized

according to the Constitution and Bylaws of The Society upon application to the House of Delegates, may receive a charter from and become members of The Society, and shall be known as component medical societies. A copy of the Constitution and Bylaws of each component society shall be filed with The Society.

Section 2. When possible, a component society, shall be organized in every county in the State and charter issued to those societies which qualify for them.

Section 3. A charter may be issued only upon approval of the House of Delegates. It must be signed by the President and Executive Director of The Society. The House of Delegates reserves to itself the authority to revoke The Charter of any component county society whose actions are in conflict with the letter or spirit of the Constitution and Bylaws. Such action may not be taken except by specific resolution naming the society concerned and the cause for a revocation therefor. The passage of such a resolution requires a two-thirds majority roll-call vote of the House of Delegates. If revoked, it shall be the duty of the Executive Director to call in the said Charter. Until such time when another society may be organized in the county or the said county society is reorganized the members of the said society heretofore existing shall cease to be members of a component county medical society and shall cease to be members of The Society. Before it shall be effective, any organization of a new component society or the reoganization of the old must be done

under the direction and approval of the House of Delegates. However, the members of the said society who voted to uphold the Constitution and Bylaws, dignity, and order of The Society through its Council, shall automatically continue as members of The Society, so long as they keep themselves in good standing by payment of annual dues to the Treasurer of The Society pending the organization of another society in the said county.

Section 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, if necessary, with the aid of the Councilor for the district, to bring all of the members into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Section 5. Each county society shall be the judge of the qualifications of its members, but, as such societies are the portals to The Society and to the American Medical Association, only reputable physicians who are legally licensed by and registered with the Board of Medical Examiners of the State of North Carolina and who are practicing or who will agree to practice non-sectarian medicine, shall be admitted as active members.

Section 6. Any physician aggrieved by the action of his county society in refusing him membership, or in suspending or expelling him, shall have the right of appeal to the Councilor of his district. Decisions of the Councilor may be appealed to the Executive Council by either party. The decision of the Executive Council shall be final, in matters

within its jurisdiction subject to appeal to the Judicial Council of the American Medical Association. The Executive Council may refer to the Mediation Committee any matter involving the membership, suspension, expulsion, or discipline of a member which may come to the attention of the Council by appeal as herein provided, or otherwise, for investigation, hearing, and recommendation to the Council for final action by the Mediation Committee. The Council may determine the action to be taken by The Society in such matters.

Section 7. In matters heard before the Mediation Committee or Executive Council, the Committee or Council may admit such oral or written evidence which it considers reliable and of value to present the facts fairly and adequately. In every case, efforts at conciliation and amicable adjustment shall precede all such hearings.

Section 8. When a member in good standing in a component society moves to another county in the State, his name, upon request, shall be transferred without cost to the roster of the county into whose jurisdiction he moves.

Section 9. On permission of the society in whose jurisdiction he resides, a physician living on or near a county line may hold his membership in the county most convenient for him to attend. Where additional membership is required for hosptial-staff privileges, with the consent of the component society of the county in which he resides, a member of one

component society may also be admitted to membership in another component society without paying or being included for payment of additional dues to The Society.

Section 10. Each county society shall have general direction of the affairs of the profession in that county. Its influence shall be exerted constantly for bettering the scientific and moral condition of every physician in that county; and systematic efforts shall be made by each member, and by the society as a whole, to elevate the profession of medicine in that county.

Section 11. Frequent meetings shall be encouraged, and the most attractive programs possible shall be arranged. The members shall be encouraged to do postgraduate and original research work and to give the county society the first benefit of such labors.

Section 12. Each county society shall hold its annual meeting at the regular meeting on or before December 1 of each year. If a society holds more than one meeting each month, then at the first meeting in December, at which time the officers for the ensuing year and a delegate, or delegates, and alternate, or alternates, to the House of Delegates of The Society shall be elected, reports of officers heard, and such other business transacted as properly may come before an annual meeting. Component societies must install these officers not later than May 1, succeeding the date of their election.

Section 13. The secretary of each component medical society shall, within one week following the annual meeting, transmit to the Executive Director of The Society a roster of the officers and delegates, and if possible, a roster of members, with a check covering annual dues required for each. In any event, such roster of members and the check for annual dues shall be mailed to the Executive Director on or before March 1. Any society failing to make the report as specified above, shall be suspended automatically with all its members, and cannot be reinstated until all the reports required above are in the hands of the Executive Director of The Society. Any member who is not reported thus and whose annual dues are not paid to The Society by March 1 shall be considered suspended from membership in The Society. Such a suspended member can be reinstated when all of his dues have been paid to The Society. In making his annual report, the secretary of the component society shall give the college and date of graduation, the date of license in the State, and such other information for all new members as may be requested by the Executive Director. For new members by transfer, the secretary shall give in addition the name of the county from which the transfer was made, and for transfer of members to other counties or states, the name of the county or state to which the transfer was made. He also shall give the names of all physicians in the county who are not members of the local society, and the names of such physicians as may have died during the year just

ending, and such other facts as will show an accounting of every physician who has resided in the county during the year. Such reports shall be made to the Executive Director on or before March 1 of the current year.

Chapter XVI - Order of Business

Section 1. The order of business shall be that as arranged in the Official Program, subject to change by a majority vote of the House of Delegates.

Section 2. The House of Delegates. The President, or in his absence, one of the Vice-Presidents in the order of their rank, shall call the House to order. The meeting shall be presided over by the Speaker, or in his absence, the Vice-Speaker of the House of Delegates or in the absence of both, a presiding officer shall be chosen by a majority of the delegates present.

Chapter XVII - Amendments

After an amendment has lain upon the table for one day, these Bylaws may be amended at any annual session by the majority vote of all the delegates present. Such items as have been sent out to the members of the House of Delegates by the Committee on Constitution and Bylaws at least one week in advance of the meeting at which they are proposed, may be passed at one sitting of the House of Delegates.

FEC
DOCUMENT
SEPARATOR

Constitution and By-Laws

of the

North Dakota Medical Association

REPRINTED JULY 1973

Forward

The first medical society in the Territory of Dakota was organized chiefly as the results of the efforts of Doctors C. S. Pine and H. G. C. Rose of Milbank. The first meeting was held at Milbank June 2, 1882. A constitution and by-laws were adopted and a permanent organization was effected with the following officers:

President	A. B. Glumphy	Yankton, S. D.
Secretary	H. G. C. Rose	Milbank, S. D.
Treasurer	C. S. Pine	Milbank, S. D.

In 1885 a new constitution and by-laws were adopted and measures taken to incorporate the society. In 1889 the name was changed to the South Dakota Medical Society.

Organized medicine in what is now North Dakota had its inception at Larimore in 1887, a temporary organization of what later became the North Dakota Medical Association being effected. A constitution and by-laws were adopted at a meeting in Larimore in 1889. A new constitution and by-laws were adopted at the annual meeting at Fargo in May 1904, revised at the Grand Forks meeting in 1919, again at the Minot meeting in 1946, and revised and adopted at the Grand Forks meeting in 1950.

A revised constitution and by-laws were adopted at the annual meeting at Fargo in June 1957. The constitution and by-laws were again revised and adopted at the annual meeting in Grand Forks in May of 1969.

Amendments to the 1969 revision, including those adopted at the 1973 annual meeting, are included in this publication.

1962-3	E. J. Larson	R. D. Harding	Dickinson
1963-4	A. R. Gilchrist	R. D. Harding	Minot
1964-5	G. A. Duffy	R. D. Harding	Grand Forks
1965-6	J. D. Conmy	R. D. Harding	Fargo
1966-7	G. W. Tompkins	R. D. Harding	Bismarck
1967-8	V. J. Foster	R. D. Harding	Minot
1968-9	C. H. Rath	R. D. Harding	Grand Forks
1969-0	H. C. Parker	R. D. Harding	Fargo
1970-1	T. E. Pederson	R. D. Harding	Bismarck
1971-2	E. A. DeCrevel	R. D. Harding	Minot
1972-3	W. M. Buckingham	R. D. Harding	Grand Forks
1973-4	D. H. Stroebel	R. D. Harding	Fargo
1962-3	E. J. Larson	W. M. Buckingham	R. D. Harding
1963-4	A. R. Gilchrist	W. M. Buckingham	R. D. Harding
1964-5	G. A. Duffy	W. M. Buckingham	R. D. Harding
1965-6	J. D. Conmy	W. M. Buckingham	R. D. Harding
1966-7	G. W. Tompkins	W. M. Buckingham	R. D. Harding
1967-8	V. J. Foster	W. M. Buckingham	R. D. Harding
1968-9	C. H. Rath	W. M. Buckingham	R. D. Harding
1969-0	H. C. Parker	R. S. Larson	R. D. Harding
1970-1	T. E. Pederson	R. S. Larson	R. D. Harding
1971-2	E. A. DeCrevel	R. S. Foster	R. D. Harding
1972-3	W. M. Buckingham	R. S. Foster	R. D. Harding
1973-4	D. H. Stroebel	R. J. Dunnigan	R. D. Harding

Constitution

Article I — Title and Definition

The name of this organization shall be the North Dakota Medical Association. It is a federacy of its district societies.

Article II — Objects

The objects of the Association are to promote the science and art of medicine and the betterment of public health.

Article III — Component Societies

Component societies shall consist of those district medical societies which hold charters from this Association.

Article IV — Members

The North Dakota Medical Association is composed of individual members of district medical societies and others as shall be provided in the By-Laws.

Article V — House of Delegates

The legislative and policy-making body of the Association is the House of Delegates composed of elected representatives and others as provided in the By-Laws. The House of Delegates shall transact all business of the Association not otherwise specifically provided for in this Constitution and By-Laws and shall elect the general officers except as otherwise provided in the By-Laws.

Article VI — Council

The Council shall be the executive body of the Association and shall consist of one Councillor from each district society, the President of the Association, and the immediate Past President of the Association as Councillor at Large. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed in the By-Laws.

Article VII — General Officers

The general officers of the Association shall be a President, President-Elect, First Vice President, Second Vice President, Immediate Past President, Secretary, Treasurer, Speaker of the House of Delegates, Vice Speaker of the House of Delegates and a Councillor from each District Medical Society. Their qualifications and term of office shall be provided in the By-Laws.

Article VIII — Scientific Assembly

The Scientific Assembly of the North Dakota Medical Association is the convocation of its members for the presentation and discussion of subjects pertaining to the science and art of medicine.

Article IX — Conventions

The House of Delegates and the Scientific Assembly shall meet annually and at such other times as is deemed necessary or as provided in the By-Laws in cities recommended by the Council and approved by the House of Delegates.

Article X — Funds, Dues and Assessments

Funds shall be raised by an equal per capita assessment on each member of each component society. The amount of the assessment shall be fixed by the House of Delegates.

Article XI — Amendments

The House of Delegates may amend any article of this Constitution by:

1) An affirmative vote of two-thirds of the delegates seated at the annual session, provided that such amendment shall have been presented at a regularly scheduled meeting of the House of Delegates at the previous annual session; or

delegates seated at the annual session, provided that such amendment shall have first been approved by the Council, and submitted by the

Chairman of the Council to the House of Delegates; and provided that the Chairman of the Council shall have caused to be furnished a copy of the amendment to each member of the Association, at least ninety days prior to the beginning of the annual session.

Article XII — Seal

The Association shall have a common seal. The House of Delegates by a two-thirds vote of the delegates seated at the annual convention shall have the power to break, change or renew the seal.

By-Laws

CHAPTER I

Membership (Qualifications, Election and Rights)

Section 1. This Association shall consist of Regular Members, Honorary Members, Associate Members, Service Members and Affiliate Members.

Section 2. Regular members shall be the members in good standing of the component societies, who have paid their full per capita dues, thereby earning all the rights of membership including the right to vote and hold office.

Hospital residents and interns in an approved North Dakota hospital shall be eligible for regular membership upon payment of dues as prescribed in Chapter IX, Section 6, Subsection D.

Section 3. Honorary Members. Any reputable physician who has been practicing medicine for a period of fifty years after graduation from medical school shall be eligible to honorary membership without payment of dues upon election to

honorary membership by his local society and approval by the Association through its House of Delegates.

Any reputable physician who has been practicing medicine for a period of forty years after graduating from medical school, of which twenty years has been within the state of North Dakota, shall be awarded a Certificate of Appreciation for his service to medicine, provided he has been recommended for such recognition by his local Medical Society.

Section 4. Associate Members. Physicians teaching in any regular medical school and those physicians under voluntary retirement who are not eligible for honorary membership, and not otherwise eligible for regular membership may become Associate Members of the Association, when elected Associate Members of the component society of the district in which said individuals reside. Such members shall enjoy the same privileges as regular members, except the right to vote or be elected to office.

Section 5. Service Members. Regular commissioned medical officers of the armed services, Veterans Administration physicians, and United States Public Health Service physicians may become Service Members of this Association when elected Service Members of the component society of the district in which they reside. Such members shall enjoy the same privileges as Associate Members as provided in Section 4.

Section 6. Persons who belong to one of the following classes may become affiliate Members:

1. Dentists who hold the degree of D.D.S. or D.M.D., who are members of the American Dental Association and their state and local dental societies, to be approved and nominated by the Council;

2. Pharmacists who are active members of the American Pharmaceutical Association and their state and local associations, to be approved and nominated by the Council; and

3. Teachers of medicine or of the sciences allied to medicine who are citizens of the United States and are not eligible to membership, to be approved and nominated by the Council.

A majority vote of the House of Delegates shall elect nominees to Affiliate Membership.

Section 7. No person who is under sentence of suspension or expulsion from any component society of this Association, or whose name has been dropped from its roll of members shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until such time as he has been relieved of such disability.

Section 8. Each member in attendance at the annual session shall enter his name and address and the component society of which he is a member in the registration book. No member or delegate shall take part in any proceedings of an annual session until he has complied with the provisions of this section.

Section 9. If the annual report and dues of a component society are not received by the Secretary of the Association for two consecutive years, then the charter of that society shall be automatically revoked and the Secretary of the Association shall notify the Secretary of that component society to that effect.

CHAPTER II

Annual and Special Sessions of the Association

Section 1. The annual session of the Association shall be held for four consecutive days which period of time will include the first Sunday in May.

Section 2. Special sessions of either the Association or the House of Delegates may be called by the President or the Executive Committee of the Council, if all members of that Executive Committee vote in the affirmative, or on petition of two-thirds of the total number of delegates in the Association.

Notices of such special sessions shall be mailed to all officers of the Association and to the President and Secretary of each component society at least thirty days before the date of the special session. The Secretary of each component society shall notify the delegates of that society immediately of the special session. All notices shall include information as to the purpose or purposes of the special session, time, date, and location.

Section 3. The fiscal year of this Association shall be the calendar year, that is January 1 through December 31 of each year.

Section 4. The House of Delegates and the Council shall meet annually at the time and place of the annual session of the Association.

CHAPTER III

General Meetings

Section 1. The general meetings shall be held on at least two days of the annual session. All registered members and guests shall be invited to these meetings. Each general meeting shall be presided over by the President, or in his absence

or disability, by the President-Elect or one of the Vice Presidents.

At the general meetings, the scientific sessions and presentations shall be delivered. No business of the Association shall be transacted at a general meeting.

CHAPTER IV

House of Delegates

Section 1. The House of Delegates shall meet annually at the time and place of the annual session of the Association, and shall so fix its hours of meeting as not to conflict with the first General Meeting of the Association, so as to give Delegates an opportunity to attend the scientific proceedings and discussions so far as is consistent with their duties. But if the business interest of the Association and profession requires, the House of Delegates may meet in advance or remain in session after the final adjournment of the General Meeting.

Section 2. Each component society shall be entitled to send to the House of Delegates each year, one delegate for each fifteen members and one for each major fraction thereof, but each district society holding a charter from this Association, which has made its annual report and paid its assessments as provided in this Constitution and By-Laws, shall be entitled to one delegate. In case a regularly elected delegate or alternate is unable to attend the annual meeting of the Association, the Speaker of the House of Delegates may appoint a substitute from the local society who shall have the rights and privileges of the regular delegates. Alternates may be seated in the House of Delegates but shall not be entitled to vote if the delegate for whom they are an alternate is present.

The following shall have the privileges of the floor but without the right to vote: The President of the Association, the President-Elect, the Councillors, the Secretary, the Treasurer, the Past Presidents, the Association Legal Counsel, the Vice Speaker of the House, and the delegates and alternate delegates to the American Medical Association.

Section 3. A majority of the elected delegates or designated alternates shall constitute a quorum for the transaction of business. All meetings of the House of Delegates shall be open to the members of the Association.

Section 4. It shall give diligent attention to and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each annual session a stepping stone to further ones of higher interest.

Section 5. It shall consider and advise as to the material interest of the profession, and of the public in those important matters wherein the public is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

Section 6. It shall make careful inquiry into the condition of the profession in the state, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such local societies as already exist and for organizing the profession in counties where societies do not exist. It shall especially endeavor to promote friendly intercourse between physicians of the same locality, and shall continue these efforts until every reputable physician in every county of the state has

been brought under the medical society influence.

Section 7. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Section 8. It shall, upon application, provide and issue charters to district societies organized to conform to the spirit of this Constitution and By-Laws.

Section 9. In sparsely settled sections it shall have authority to organize the physicians of two or more counties, and such societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for district societies.

CHAPTER V
Election of Officers

Section 1. All elections shall be by ballot and a majority of the votes cast shall be necessary for election. However, if there is only one nomination for an office, the election may be made by acclamation upon unanimous consent of the members of the House of Delegates present and voting without ballot.

Section 2. The President of the Association shall appoint a Nominating Committee of three which shall submit, at the first meeting of the Annual Session, nominations for the offices of President, President-elect, First Vice President, Second Vice President, Secretary, Treasurer, Speaker and Vice Speaker of the House of Delegates and Delegate and Alternate Delegate to the American Medical Association.

Section 3. Nothing in this chapter shall be construed to prevent additional nominations by members of the House of Delegates for offices in the Association; the Speaker or the Vice Speaker, whichever is present, shall call for such nominations after the report of the Nominating Committee has been received and before an officer has been elected.

Section 4. The President, President-elect, Vice Presidents, Secretary, and Treasurer shall be elected annually by the House of Delegates to serve for a term of one year.

Section 5. The Councillors shall be elected annually by the House of Delegates from a list submitted by the District Society, to serve for a term of three years. A Councillor shall not serve more than two consecutive terms. When a Councillor is elected to fill the unexpired term of a previous Councillor, the portion of the unexpired term shall not be included in the limit of two consecutive terms.

Section 6. The Speaker and Vice Speaker of the House of Delegates shall be elected for a one year term by the House of Delegates at its second meeting of each annual session. The Speaker and Vice Speaker may, but need not be, members of the House of Delegates.

CHAPTER VI
Duties of Officers

Section 1. The President shall preside at all general meetings of the Association; appoint all committees not otherwise provided for; deliver an annual address at such time as may be arranged; and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office and, as far as practicable, visit and

attend meetings of the component medical societies. On such occasions, he shall also visit the appropriate Councillors in an endeavor to become familiar with medical conditions and to assist in any problems they may have. He shall be ex-officio a member of the Council and of all committees. He shall designate the areas of responsibility for the President-elect, the First Vice President and the Second Vice President.

Section 2. The President-Elect or one of the Vice Presidents, when called upon, shall assist the President in the performance of his duties, and during his absence, or at the request of the President, one of them shall officiate in his place. In case of death, resignation or removal of the President, the vacancy shall be filled by the President-Elect, and in case of his death, resignation or removal, by the First Vice President, and in case of his death, resignation or removal, by the Second Vice President.

Section 3. The Treasurer shall give bond in such sum as the Council shall demand, the cost of the same being paid by the Association. He shall demand and receive from the Secretary all funds collected by him. He shall make a financial report at each meeting of the Council. He shall make an annual report upon the completion of the audit. He shall submit his accounts to such examination as the Council may order. He shall pay out money from the Treasury only upon properly executed vouchers.

Section 4. The Secretary shall attend the general meetings of the Association and the House of Delegates and keep minutes of their respective proceedings in separate record books. He shall also attend all meetings of the Council. He shall be custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of

and turn over monthly to the Treasurer all funds of the Association which he receives. He shall provide for the registration of the members and delegates at the annual sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the state by counties, noting on each his status in relation to his local society and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councillors in the organization and improvement of the local societies and in the extension of the power and usefulness of this Association. He shall conduct the official correspondence, notifying members of meetings, officers of their selection, and committees of their appointment and duties. He shall utilize such assistants as may be ordered by the Council including a part or full-time executive secretary. The Secretary's report shall cover the fiscal year. He shall supply each component society with the necessary blanks for making their annual report, keep an account with the component societies, charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Commission on Scientific Medicine, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council. He shall give bond in such sum as the Council may demand. The expense of such bond shall be paid by the Association.

Section 5. The Speaker, and in his absence, the Vice-Speaker, of the House of Delegates shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require of a Presiding Officer. He shall have the right to vote only when his vote is necessary to break a tie.

Section 6. Executive Secretary. An Executive Secretary, full or part-time, may be employed as

ordered by the Council. The salary of the Executive Secretary and office assistants of the Executive Secretary shall be fixed by the Council. The Executive Secretary shall give bond in such amount as the Council directs. The expense of such bond shall be paid by the Association. Office space shall be ordered by the Council for the Executive Secretary and such assistants as are necessary.

The duties of the Executive Secretary shall be those as ordered and delegated to him by the President of the Association, the chairman of the Council, the Secretary of the Association, other officers of the Association, and chairmen of various committees, both standing and special. The Executive Secretary shall have the authority to act as representative of the Association when so directed by the President. The Executive Secretary shall be of particular assistance for arrangements for the annual session or for special sessions of the Association, the Council, or the House of Delegates.

The Executive Secretary shall give a report of his official activities and those of his office at the annual session of the Association, or as requested by the President or the Secretary of the Association or the chairman of the Council. This report shall include a financial report which shall be subject to audit upon order of the Council. He shall submit his accounts to such examination as the Council may order.

CHAPTER VII

The Council

Section 1. The Council shall be the executive body of the Association and shall consist of one Councillor from each councillor district, the President of the Association, and the Immediate Past President as Councillor at Large. The term of office of the Councillor at Large shall be until the President currently in office becomes the retiring President. The Secretary of the Association shall be an ex-officio member of the Council. The Council shall have full authority and power of the House of Delegates, between the annual sessions unless the House of Delegates shall be called into a special session, as provided for in the By-Laws.

Section 2. No person shall expend or use, for any purpose, money belonging to the Association without the approval of the Council.

Section 3. All acts of the House of Delegates involving the expenditure, appropriation, or use in any manner of money or the acquisition or disposal in any manner of property of any kind belonging to the Association, must be approved by the Council before the same shall become effective.

Section 4. The Council shall formulate rules governing the expenditure of money to meet the necessary running expenses and fixed charges of the Association as well as such other rules governing its action as it may deem necessary or desirable. A majority of Council members shall constitute a quorum for the transaction of business. The Council shall recommend to the House of Delegates at the second meeting of the annual session the amount of per capita dues required by the budget established by the Council for the ensuing year.

Section 5. The Council shall hold meetings during the annual session of the Association and at such times as necessity may require, subject to the call of the President of the Association or the Chairman of the Council, or on petition of three Councillors. It shall keep a permanent record of its proceedings at all meetings. It shall, during the meeting at the annual session elect a Chairman,

Vice-Chairman, and Secretary. The Chairman of the Council shall appoint an Executive Committee to function during the ensuing year. It shall, through its Chairman, make an annual report to the House of Delegates at the first meeting of the House of Delegates at the annual session. This report shall include an audit of the accounts of the Secretary and Treasurer and other agents of this Association and shall also specify the character and cost of all the publications of the Association during the year, the amount of all other property belonging to the Association or under its control, with such suggestions as it may deem necessary. A Councillor who fails to attend meetings of the Council and whose absence in the opinion of the Council is without good cause, shall be replaced. In the event of a vacancy in any elective office, the Council may fill the same until the next annual election.

Section 6. Each Councillor shall attend, as far as is possible, all meetings of his district society, keep advised of the general conditions of his district society and attempt to improve the zeal of the society. He shall make an annual report of his activities and of the condition of the profession of his district society to each annual session of the House of Delegates.

Section 7. Collectively the Council shall be the board of censors of the Association and shall also act as a mediation committee. It shall consider questions referred to it by the board of censors of a component medical society; it shall accept for consideration an appeal by a physician member of a component medical society who disagrees with the decision of the component society involved, it shall likewise accept for consideration an appeal by one of the lay public who has placed a matter of concern to the component medical society and is dissatisfied with the action and decision of the

component medical society. In addition, the Council shall consider matters of concern which may be considered intercomponent society matters or problems which affect hospitals or hospital personnel affecting intercomponent societies. The decision of the Council in all cases shall be final. When the Council is acting as the mediation committee it shall be guided by the rules of procedure prescribed by the House of Delegates.

Section 8. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions, and memoirs of the Association, and shall have authority to appoint such assistants as it deems necessary.

Section 9. All matters concerning the Annual Session except the composition of the Scientific Program and arrangements on entertainment shall be managed by the Council with the cooperation of the District Society Committees. All commercial exhibits shall be paid into the Association and disbursed by the Council. All matters involving the expenditure of monies must be first approved by the Council and it shall pay all the expenses of the Annual Session except the cost of entertainment.

CHAPTER VIII

Commissions

Section 1. The standing commissions of the North Dakota Medical Association shall be:

A. Commission on Medical Services
B. Commission on Scientific Medicine
C. Commission on Communications
D. Commission on Allied Organizations
E. Commission on Legislation and Governmental Affairs
F. Commission on Socio-Economic Affairs

Section 2. Each Commission shall consist of the chairman plus at least 12 additional members, all to be appointed by the President. The President shall assign one or two Councillors to each commission to be ex-officio members with a vote. Any officers assigned to the commission shall have a right to vote.

In addition, two members, one freshman and one sophomore, from the student body of the University of North Dakota, School of Medicine, to be selected by their own student organization, shall be assigned to each Commission. The student members shall have all the rights and privileges of regular members, and may be reimbursed for such expenses as determined by the Council.

Section 3. Each Commission shall meet at least once each year. The date for the first meeting shall be set by the President, as soon as practical after the annual session. Subsequent meetings may be scheduled by the members of the Commission or by the chairman.

Section 4. General procedures of operation of the Commission shall be set forth by the Commission and approved by the Council.

Section 5. No expense shall be incurred by any Commission or Commissioner or by the Secretary or the Secretary's office without first receiving proper authority from the Council.

Section 6. Portfolios of the Commissions.

A. The Commission on Medical Services shall concern itself in all matters pertaining to emergency medical services, crippled children, aging and rehabilitation, maternal and child welfare, mental health, public health, rural and school health.

B. The Commission on Scientific Medicine

shall concern itself in all matters pertaining to the scientific program, arrangements for the annual meeting, medical education, nursing education, cancer, diabetes, cardiovascular diseases, multiple sclerosis and foreign trained physicians.

The Commission on Scientific Medicine shall name a Committee, either from among its membership or the membership of the Association, to arrange the scientific program of the annual session. The Committee shall consist of six members. The members shall serve a term of three years, and their terms shall be so arranged that two appointments shall be made each year. At least one member of the Committee shall be a resident of the city in which the next annual session will be held. The Committee shall hold its first meeting on or before the second Tuesday in December at which time it shall consider all suggested speakers for the Scientific Program, submitted by the members of this Association. The Committee shall select at least twenty-five percent of the speakers on the Scientific Program from members of the Association, if practicable, and if there are not sufficient suggested local speakers to meet this quota, the Committee shall be authorized to request presentation of such papers from individuals who are members. It shall determine the character and scope of the scientific proceedings of the Association, subject to the provisions of instructions of the House of Delegates, or of the Association, or to the provisions of the Constitution and By-Laws. Thirty days previous to each annual session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented, which shall be adhered to by the Association as nearly as is practicable.

Local arrangements shall be the responsibility of the Society in the territory where the annual session is to be held.

C. The Commission on Communications shall concern itself with all matters pertaining to public relations, official publication, necrology and medical history, AMA-ERF, physicians' placement service, and constitution and by-laws.

D. The Commission on Allied Organizations shall concern itself with all matters pertaining to the North Dakota Hospital Association, North Dakota Pharmaceutical Association, State Bar Association of North Dakota, North Dakota Dental Association, Woman's Auxiliary, Medicine and Religion, and State Nurses' Association.

E. The Commission on Legislation and Governmental Affairs shall concern itself with all matters pertaining to legislation, governmental agencies, medical center advisory council, the advisory committee to the State Highway Department, Governor's Health and Planning Committee, and the State Health Council.

F. The Commission on Socio-Economic Affairs shall concern itself with all matters pertaining to medical economics, including all third party participation in the delivery or paying of medical services, and liability insurance.

Section 7. The President may assign various subjects to any one of the standing Commissions, or he may appoint special committees, at his discretion, as the need arises.

CHAPTER IX

Assessments and Expenditures

Section 1. The annual assessment per capita shall be fixed by the House of Delegates at each annual session of the Association. The Secretary of each component society shall forward its assessment together with its roster of all officers and

members, list of delegates, and list of nonaffiliated physicians of the county or district to the Secretary of this Association not later than the first day of March in each year.

Section 2. Any district society which fails to pay its assessment, or make the report required, on or before the first day of April in each year, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Section 3. All motions or resolutions appropriating money shall specify a definite amount or so much thereof as may be necessary for the purpose indicated, and must be approved by the Council.

Section 4. New Members shall be assessed the per capita annual dues if they become members for the major portion of the Association's fiscal year, and one-half the annual dues for six months or less.

Section 5. Assessments for Delinquent Members. Members who have dropped from the Association for non-payment of dues shall, upon reinstatement to good standing in the Association be assessed the total per capita dues, regardless of the date during the fiscal year of the Association in which such reinstatement becomes effective.

Section 6. Exceptions to the per capita annual assessment are as follows:

A. Associate and Service Members, whether residing in or outside of North Dakota, shall be assessed ten dollars.

B. Members of the Association who have left North Dakota and return to active practice in

North Dakota shall be charged pro rata of the annual per capita assessment for the current year on this basis. The full assessment if they return to active practice in the first half of the current fiscal year, and one-half of the full assessment if they return to practice in the second half of the current fiscal year.

C. Members who are totally and permanently disabled for medical practice by reason of physical or mental incapacity shall be exempt from any annual assessment. Such members shall not have the right to vote or to hold office and shall not receive the official publication of the Association without charge; if they do wish the official publication, they may receive it for the charge which is made by the publishing agency to the Association.

D. Members in graduate training without restrictions to the period of time involved shall be assessed ten dollars.

CHAPTER X

Rules of Conduct

The principles set forth in the Principles of Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public.

CHAPTER XI

Rules of Order

The deliberations of this Association shall be governed by parliamentary usage as contained in "Robert's Rules of Order, Revised," unless otherwise determined by a vote of its respective bodies.

CHAPTER XII

Component Societies
(District Medical Societies — Councillor Districts)

Section 1 There shall be established the following numbered district medical societies:

1. To include the counties of Cass, Richland, Ransom, and the district medical society therein to be known as the First.

2. To include the counties of Bottineau, Rolette, Towner, Pierce, Benson, Ramsey, Eddy, Foster, the western part of Nelson, and the district medical society therein to be known as the Second.

3. To include the counties of Cavalier, Pembina, Walsh, Grand Forks, the eastern part of Nelson, and the district medical society therein to

4. To include the counties of Burke, Mountrail, the northern part of McLean, Renville, Ward, McHenry, Wells and the district medical society therein to be known as the Fourth.

5. To include the counties of Barnes, Dickey, and LaMoure and the district medical society therein to be known as the Fifth.

6. To include the counties of Mercer, Oliver, the northern part of McLean, Sheridan, Morton, Burleigh, Kidder, Grant, Sioux, Emmons, Logan, McIntosh and the district medical society therein to be known as the Sixth.

7. To include the counties of Stutsman and Sargent, and the district medical society therein to be known as the Seventh.

8. To include the counties of Divide, Williams, McKenzie, and the district medical society therein to be known as the Eighth.

9. To include the counties of Dunn, Stark, Adams, Hettinger, Bowman, Slope, Billings, Golden Valley, and the district medical society therein to be known as the Ninth.

10. To include the counties of Traill, Griggs and Steele, and the district medical society therein to be known as the Tenth.

Section 2. Charters to district societies shall be issued only upon approval of the House of Delegates, and shall be signed by the President and the Secretary of this Association. The House of Delegates shall have authority to revoke the charter of any component district society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Section 3. Each district society shall judge the qualifications of its own members.

Section 4. Each component society shall elect a board of censors of three physicians, each to serve a term of three years and the terms to be staggered. Vacancies on the board of censors shall be replaced at the annual election meeting of each component society. In addition to passing the qualifications of applicants for admission to the society, the board shall receive and act upon matters or questions involving the relationship of members to each other or to hospitals or to hospital personnel in which members of the component society practice, and it all licensee review and act upon matters or questions or complaints brought to it by a member of the lay public which may affect either a physician, a hospital, or hospital personnel in the geographic limits of the component society. The authority of the board of censors of a component society shall be restricted to matters concerning the members of the particular component society or geographic limits of the component society. It may thus be stated that

their function concerns intra-component society matters. The board of censors may refer the case to the Council of the Association. The physician member of the component medical society on whose case the board of censors has acted may appeal the action of the board of censors to the Council of the Association.

Section 5. When a member in good standing in in a component society moves to another district in this state, his name, upon request, shall be transferred, without cost, to the roster of the local society into whose jurisdiction he moves.

Section 6. A physician may hold his membership in that local society most convenient for him to attend, provided no objection is made by the society in whose jurisdiction he resides.

Section 7. At its annual election of officers, each local society shall elect a delegate and shall elect an alternate delegate for each elected delegate to represent it in the House of Delegates of this Association in the proportion of one delegate to each fifteen members or major fraction thereof based on the median regular and honorary membership as of December 31 of the year preceding the next annual session of the Association.

Section 8. The Secretary of each local society shall keep a roster of its members and a list of non-affiliated physicians of the district in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as deemed necessary. He shall furnish an official report containing such information upon blanks supplied to him to the Secretary of this Association immediately after the annual business and election meetings and at least sixty days before the annual session of this Association. In keeping such roster, the local Secretary shall note any change in the personnel of the profession by death or by removal to or from

the district, and, in making his annual report, he shall be certain to account for every physician who has lived in the district during the year.

CHAPTER XIII

Amendments

These By-Laws may be amended by the House of Delegates:

1. At any annual session, in the same manner as prescribed by Article XI of the Constitution.
2. By an affirmative vote of two-thirds of the delegates seated at the annual session, provided the amendment is introduced at the first regularly scheduled meeting of the session, and then laid over to the second regularly scheduled meeting of the session before final action is taken.
3. By the unanimous consent, for introduction and final passage, of the seated delegates at the second regularly scheduled meeting of the annual session.
4. By an affirmative vote of two-thirds of the the delegates seated at a special session called for the purpose of amending the By-Laws provided that each delegate and alternate shall have been furnished a copy of the proposed amendments at least thirty days prior to the beginning of the special session.

CHAPTER XIV

Section 1. Order of Business of the House of Delegates.

First Meeting

1. Call to order
2. Appointment of Committee on Credentials
3. Report of Committee on Credentials
4. Roll Call
5. Minutes of previous meeting
6. Appointment of Reference Committees
7. Report of President
8. Report of Secretary
9. Report of Treasurer
10. Report of the Chairman of the Council
11. Reports of Counsellors
12. Reports of Commissions
13. Report of the Delegate to the A.M.A.
14. Reports of Special Committees
15. Report of the Nominating Committee
16. Unfinished business
17. Adjourn

Second Meeting

1. Call to order
2. Roll call
3. Minutes of the first meeting
4. Reference Committee reports
5. Report of State Board of Medical Examiners
6. New Business
7. Resolutions
8. Fixing of per capita dues for ensuing year
9. Selection of time and place for future annual sessions
10. Report of nominating committee and election of officers
11. Unfinished business
12. Adjourn

The suggested order of business may be altered by additions, deletions, or changes in the order as determined by the Speaker and/or the Committee on Rules and Order of Business.

Section 2. The reports of the President, Secretary, Treasurer, Chairman of the Council, Councillors, Standing Commissions, Report of the Delegate to the A.M.A. and special committee reports need not be given in person; but shall be printed and referred by the Speaker to a Reference Committee for their consideration and report.

CHAPTER XV

Reference Committees of the House of Delegates:

Section 1. Appointment.

The Speaker shall appoint from the House the Committees named in this chapter and such additional committees as the House may approve. The Chairman shall be appointed by the Speaker. These Committees shall serve only during the annual session at which they were appointed.

Section 2. Procedure and Reports.

Resolutions, measures, propositions, and officer and Committee reports shall be referred to appropriate reference committees for consideration and report. The reports of all reference committees shall be presented to the House before final action may be taken on resolutions, measures or propositions, unless otherwise provided in the By-Laws, or unless unanimously ordered by the House.

Section 3. Organization.

(A) Each reference committee shall convene wherever necessary. It shall consider business referred to it and shall report to the House of Delegates when called on by the Speaker.

(B) Reference committees may summon officers, members of Commissions or Committees, members or employees of the Association for such information as may be needed to formulate their conclusions and recommendations.

Section 4. The following reference committees are hereby provided:

(A) Amendments to Constitution and By-Laws, to which shall be referred all proposed amendments to the Constitution and By-Laws.

(B) Credentials, to which shall be referred all questions regarding registration or credentials of delegates.

(C) Rules and Order of Business to which shall be referred all matters regarding rules governing action, methods of procedure and order of business, and Resolutions to include New Business.

(D) Such additional reference committees as may be required to consider the items of business before the House of Delegates. They shall be designated as Reference Committee No. 1, Reference Committee No. 2, etc. Business relating to a particular subject shall, as much as possible, be referred to the same reference committee.

Rules and Procedure for Mediation

Section 1. Collectively the Council shall be the Mediation Committee of the Association. The chairman of the Council shall act as chairman of the Mediation Committee. In some instances, the action of the Council as a Mediation Committee will closely parallel its activities as a board of censors of the Association. A majority of the members of the Mediation Committee shall constitute

a quorum for the transaction of business

Section 2. The purpose of the Mediation Committee is to prevent or resolve misunderstandings, to clarify and adjust differences between physicians, between physician and a patient, and between physician and hospitals or hospital personnel to assist in maintaining the high levels of professional deportment. To achieve these purposes, the Mediation Committee shall have the authority to receive complaints, to investigate, to mediate, to arbitrate, and to render decisions. The decision of the Mediation Committee shall be considered as final. The Committee shall act on what may be called an intercomponent society level with respect to complaints or problems affecting physicians, hospitals, or hospital personnel or members of the lay public. The board of censors of the component society or a physician or any lay person may appeal from the action of the component society to the Mediation Committee.

Section 3. The committee will respect the confidential nature of any complaint. Every complainant will be invited to present fully his complaint by letter or by appearance before the committee, with the assurance that his identity and the nature of his complaint will be kept confidential to the fullest degree consistent with adequate investigation of the complaint. However, should any formal prosecution result, the committee will of necessity reveal the names of prospective witnesses, even though these names may include that of the complainant. However, if it seems expedient, the committee or its chairman shall have the power to request but not to force any complainant and any association member complained against to face each other during the course of the investigation or hearing, formal or informal, relative to any matter under investigation and to examine and interrogate each other.

Section 4. The chairman of the committee may, at his discretion, acknowledge receipt of all complaints in writing as the circumstances of each case may suggest. He will arrange for meetings of the committee with such frequency as may be necessary so that investigation of each complaint is carried out with reasonable dispatch and will notify complainants and any other persons whom the committee wishes to interview concerning meeting dates and places.

Section 5. The chairman shall determine whether investigation or action on the complaint should be carried on formally by the whole committee at a meeting, or by one or more members of the committee individually. At the discretion of the chairman, the preliminary investigation may be made by a member of the committee from a district other than that in which the complaint originates.

Section 6. When an informal investigation like that referred to above has convinced a member of the committee, other than the member in whose district the complaint arose, that no disciplinary action is indicated and that both the complainant and the physician involved signify in writing that they are willing to accept the conciliation agreement, the advice and suggestions of said committee member shall be reduced to writing and supplied to both complainant and the physician concerned, over the signature of the chairman of the committee.

Section 7. When investigation convinces any member of the committee that disciplinary action is indicated, the entire committee shall consider the matter formally in meeting before further action is taken and further action shall be determined by majority vote of those present. Conciliation shall be considered. Disciplinary action may con-

sist of recommendations that the hospital concerned should consider whether the physician be denied hospital privileges, whether the physician concerned be dropped from the rolls of the component society and from the rolls of the North Dakota Medical Association, and suggestions to the North Dakota State Board of Medical Examiners for suspension or revocation of his license.

Section 8. When the matter concerns a matter of medical or surgical fees and if after investigation and attempts to effect an amicable settlement, the committee is unable to reconcile differences over the particular fee charged by an association member, the committee shall by a majority vote determine the fee which it deems fair and proper. Failure of the member to agree to such determination shall constitute grounds for action as indicated in Section 7.

Section 9. Whenever the committee determines to file formal charges against a member of the Association, the charges shall be reduced to writing and filed over the signature of the chairman of the committee and over the typed signatures of all other members of the committee who have taken part in the proceedings.

Section 10. The chairman of the committee shall keep appropriate and sufficient records of all of its final actions, other than confidential matters, and shall prepare an annual report and recommendations to the House of Delegates of the North Dakota Medical Association.

Section 11. Meetings of the committee shall be called by the chairman when it appears necessary for the entire committee to consider any complaint referred to it for adjudication and at such other times as may be necessary to consider other business within the scope of the activities of the committee.

take a transcript of the proceedings of hearings, or in the alternative, at the tribunal's discretion, recording equipment may be employed. A copy of the transcript shall be made available to the respondent upon his written request.

Section 21. The hearing tribunal shall in its sole discretion determine whether or not open or closed hearings or proceedings shall be conducted and may at any time limit or bar admittance to its hearings or proceedings, with the exception of the respondent and his attorney.

Section 22. The hearing tribunal may, in its discretion, grant recesses upon its own motion or upon the motion of either party to the hearing or proceeding, and for such periods of time as it deems warranted.

Section 23. The hearing tribunal shall, when discussing and/or voting upon any issues heard or raised before it, do so in executive session.

Section 24. The respondent or his counsel shall have the right to examine or cross-examine any witness testifying at any formal hearing or proceeding after charges have been filed. The individual members of the Board of Censors or hearing committee or hearing officer shall have the right to examine or cross-examine any witness testifying at any hearing or proceeding.

Section 25. The hearing tribunal shall have the authority to summon witnesses, and shall also summon such witnesses as are requested by the parties to the hearing or proceeding. Written notice to the prospective witness specifying the date, time, and place of the hearing or proceeding, and that he or she has been requested to appear as a witness will be deemed sufficient notification. The hearing tribunal shall make every effort to have any person testifying make such testimony under oath before a notary public or other person

authorized to administer oaths, but if this is refused, may interrogate them on their honor.

Section 26. The hearing tribunal shall have the authority upon its own motion, whereupon the motion of any party to a hearing or proceeding held before it, to object to the introduction of evidence or testimony upon the grounds that it is immaterial, irrelevant, or has no direct bearing upon the charges or issues before the tribunal. Any motion or objection as to evidence or testimony sustained by the tribunal shall result in the evidence or testimony so objected to being struck from any agreed summary or testimony which may be ultimately filed. Provided, however, the respondent shall have the right to make exception to such ruling of the hearing tribunal and either by stipulation or direct testimony or introduction of evidence preserve such testimony or evidence for consideration on appeal or other disposition.

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CONSTITUTION
AND
BYLAWS

OHIO STATE
MEDICAL ASSOCIATION

1975

Constitution and Bylaws of the Ohio State Medical Association

Revised as of May 14, 1975

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Constitution and Bylaws

of the

Ohio State Medical Association

CONSTITUTION

ARTICLE I
NAME AND PURPOSES

Section 1. Name. The name and title of this corporation shall be OHIO STATE MEDICAL ASSOCIATION.

Section 2. Purposes. The purposes of this Association shall be:

(1) To bring into one organization the physicians of the State of Ohio and through this and similar societies of other states to maintain and support the American Medical Association.

(2) To formulate and maintain educational programs designed to provide better service to the public in matters of personal and public health.

(3) To encourage among members of the medical profession the interchange of views on all phases of medical science to the end that each member of the profession may be better equipped to serve society and promote the health of the public.

(4) To maintain programs of scientific education keyed to the constant advancement of the science of medicine and to foster, encourage, and coordinate post-graduate educational facilities for the medical profession as a whole.

(5) To disseminate, among members of the profession, by means of scientific publications and otherwise, information reflecting advances in medical research.

(6) To maintain and advance the standards of medical practice in this state by requiring strict adherence by the members of the profession to the highest concepts of professional ethics.

(7) To study and formulate methods of health care delivery with particular emphasis on efficiency and availability.

(8) To carry on such functions and activities as are deemed necessary or desirable to effectuate the above purposes.

ARTICLE II
COMPONENT SOCIETIES

Section 1. Definition. Component societies shall consist of those county medical societies which now hold, or may hereafter receive, charters from this Association.

Section 2. Geographical Scope. Not more than one component society shall be chartered in any one county; provided, however, that a charter may be granted to a society comprising two or more counties, or parts thereof, when, in the judgment of the House of Delegates, the chartering of a multi-county society is in the best interests of this Association; and provided further, that whenever two or more component societies holding charters from this Association shall request in writing that they be organized into a single multi-county society, the House of Delegates may grant a charter to such multi-county society, such multi-county society to be officially designated by hyphenating the names of the counties comprising such multi-county organization.

Section 3. Membership in Adjoining Society. If there should be an insufficient number of physicians in any county to form themselves into a component county society, such physicians may become members of the component society of an adjoining county if they are otherwise eligible under the Constitution and Bylaws of such adjoining component society.

ARTICLE III
COMPOSITION OF THE ASSOCIATION

Section 1. Classes of Members. The Association shall consist of the following classes of members:

1. Active Members (including retired active members)
2. Associate Members
3. Members in Training
4. Non-resident Members
5. Honorary Members
6. Military Members
7. Affiliate Members
8. Student Members.

Section 2. Voting Members. The voting members of this Association shall consist of each of those physician members of the component societies who has complied with the eligibility requirements of Chapter 1 of the Bylaws of this Association, and who has been certified by the appropriate officer of his component society as being an active member or a Member in Training in good standing of such society, and whose dues and assessments in this Association for the current year have been received at the headquarters of this Association; provided, however, that the foregoing provision regarding receipt of dues and assessments shall not apply to members exempted from the payment of dues and assessments under the provisions of Chapter 2 of the Bylaws of this Association, or to members whose dues and assessments have been waived.

ARTICLE IV
HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of this Association and shall consist of: (1) delegates elected by the component societies; (2) officers of the Association enumerated in Article VI; (3) such representatives of other medical groups as may be determined by the House of Delegates; (4) delegates

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and alternate delegates to the American Medical Association from Ohio and Past Presidents of this Association each of whom shall be an ex-officio member without right to vote unless such delegate, alternate delegate or past president be a duly elected delegate from a component society or a duly elected officer of this Association.

ARTICLE V
MEETINGS

Section 1. Annual Meeting. This Association shall hold an Annual Meeting during which there shall be sessions of the House of Delegates, general sessions, meetings of specialty sections and meetings of specialty societies, all of which shall be open to all registered members and registered guests.

Section 2. Time and Place of Annual Meeting. The time and place for holding each Annual Meeting shall be fixed by the Council of this Association.

Section 3. Special Meetings. Special meetings of the House of Delegates shall be called by the President or other officer upon a two-thirds vote of the Council or upon the filing with the Executive Director of this Association of a petition duly authorized and signed by the governing bodies of at least thirty (30) component societies. Within ten days after such action of the Council, or the filing of such petition, the Executive Director shall give written notice to the members of the House of Delegates, setting forth the purpose or purposes of such called meeting and specifying the time and place thereof, which time of meeting shall in no event be less than twenty (20) days nor more than sixty (60) days after the mailing of such written notice.

ARTICLE VI
OFFICERS

Section 1. General. The officers of this Association shall be a President, a President-Elect, the Immediate Past President, a Secretary-Treasurer, and Councilors.

Section 2. Election and Eligibility. The officers of this Association shall be elected by the House of Delegates during the Annual Meeting. No person shall be eligible for an elective office who has not been (a) an active member or Member in Training of this Association during the entire preceding two years. The terms of the officers of this Association shall be such as are prescribed by Chapter 6 of the Bylaws of this Association.

ARTICLE VII
THE COUNCIL

The Council shall consist of one councilor from each councilor district and the other elected officers of this Association. The Council shall be the executive body of this Association and it shall have the complete custody and control of all funds and property of this Association and shall have and exercise full power and authority of the House of Delegates between meetings of the House of Delegates.

ARTICLE VIII
FISCAL YEAR

The fiscal year of this Association shall begin on January 1 and end on December 31.

ARTICLE IX
SEAL

This Association shall have an official seal bearing the legend "Ohio State Medical Association — 1835." The power to change or renew the seal shall rest with the House of Delegates in conformity with the laws of the State of Ohio.

ARTICLE X
REFERENDUM

By a two-thirds vote of the delegates present at a meeting of the House of Delegates, a general referendum shall be held upon any question then pending before it; and upon a petition duly authorized and signed by the governing bodies of at least one-half of the component societies and filed with the Executive Director on or before the thirtieth (30th) day following the adjournment of a meeting of the House of Delegates, a general referendum shall be held upon any action taken at such meeting.

The procedure to be followed in connection with the submission to a referendum of any referred question or action shall be that set forth in Chapter 14 of the Bylaws of this Association; provided, however, that if the referred question be with respect to a proposed amendment to this Constitution an affirmative vote of two-thirds (2/3) of those voting in such referendum shall be required to determine the referred question; and provided, further, that if the referred action of the House of Delegates be with respect to the adoption by the House of Delegates of an amendment to this Constitution a vote of two-thirds (2/3) of those voting in such referendum shall be required to reject and nullify the action of the House of Delegates in adopting such amendment.

ARTICLE XI

Section 1. Method of Amending. The House of Delegates may amend any article of this Constitution by a two-thirds (2/3) vote of the delegates and officers registered at the Annual Meeting or at any special meeting called for that purpose; provided, however, that such proposed amendment shall have been published in *The Journal* of this Association, or sent by first-class mail to all members of the Association, at least sixty (60) days before such meeting and that a true and correct copy thereof shall have been sent by first-class mail to the secretary of each component society at least thirty (30) days before each meeting.

Section 2. Conformity by Component Societies. When an amendment to this Constitution has been duly adopted, the secretary of each component society shall be notified in writing by the Executive Director within sixty (60) days after such amendment has become effective. It shall become incumbent upon each

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component society to make such change in its constitution and bylaws, or, if the society be a corporation, in its articles of incorporation and code of regulations or other fundamental body of rules for the government of the corporation, as will bring about conformity to the change in the Constitution of this Association. The secretary of such component society shall file with this Association a copy of such changes in the component society's constitution and bylaws together with written notice of compliance with the provisions of this section within one hundred and eighty (180) days after notice shall have been given by the Executive Director to such component society.

ARTICLE XII

Upon the adoption of this Constitution by a two-thirds (2/3) vote of the delegates and officers present and voting, this Constitution will become effective and thereupon all previous Constitutions shall be rendered null, and void of no effect.

BYLAWS

CHAPTER 1
MEMBERSHIP

Section 1. Rights of Members. All members in good standing of this Association shall have the right to attend all meetings of the Association and to take part in all the scientific proceedings of the Annual Meeting.

Section 2. Classification of Membership.

(a) Active Members. Active Members of this Association shall comprise all the active members in good standing of the several component societies. Active Members in good standing of this Association shall have the right to vote and hold office.

(b) Associate Members. Associate Members of this Association shall comprise all those members in good standing of the several component societies who hold an associate membership, or other probationary or provisional type of membership of limited duration, in a component society.

(c) Members in Training. Members in training shall comprise all those members in good standing of the several component societies who are pursuing studies and training in a program accredited by the American Medical Association and its associated groups. Members in training in good standing of this Association shall have the right to vote and hold office.

(d) Nonresident Members. Nonresident members shall comprise those former or present active members of this Association who have changed their residences to places outside Ohio and desire to maintain membership in this Association, who have been elected to nonresident membership by their component society, and whose dues and assessments in this Association for the current year have been paid.

(e) Honorary Members. The House of Delegates may elect as an Honorary Member any person distinguished for his services or attainments in medicine or the allied sciences or who has rendered other services of unusual value to medicine. An Honorary Member shall pay no dues or assessments.

(f) Military Members. Military Members comprise all those Active Members of this Association in good standing who are serving a limited tour of active duty with the Armed Services of the United States.

(g) Life Active Members. Any active member of this Association who shall make a single payment of $1,250.00 after January 1, 1974, for lifetime membership dues, shall become a Life Active Member of this Association and shall not be assessed additional membership dues during his lifetime. This membership shall be limited to the first 500 active members who make a single lifetime membership dues payment of $1,250.00 after January 1, 1974.

(h) Affiliate Members, Executives of the Ohio State Medical Association, county medical societies, and other medical organizations and specialty societies in Ohio with three years or more experience in the sponsoring organization are eligible for Affiliate Membership in the Ohio State Medical Association. Such Affiliate Membership shall be at the pleasure of the Council. An Affiliate Member shall pay no dues or assessments.

(i) Student Members. Student Members of this Association shall comprise those students in good standing who are pursuing the diploma of Doctor of Medicine in an approved medical college or institution in the State of Ohio.

Section 3. Eligibility. To be eligible for any class of membership other than honorary, affiliate or student, in this Association, a person shall possess all of the following qualifications, to wit:

(a) He must be a citizen of the United States,

OR

He must have resided in the United States for at least one year, and within a period of three years prior to the date of the filing of his application for membership in a component society he must have filed in an appropriate court of record a declaration of his intention to become a citizen of the United States, which declaration has not been withdrawn.

(NOTE: See Section 6 of this Chapter 1 as to effect of failure of a member to obtain United States citizenship.)

(b) He must hold a limited, temporary, or unlimited certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued by the licensing authority of the State of Ohio, which license

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must be in full force and effect at the time of his application for membership in this Association.

(c) He must be a member in good standing of a component society.

Section 4. Disqualification. No person who is under sentence of suspension or expulsion from any component society of this Association, or whose name has been dropped from such society's roll of members, shall be entitled to any of the rights or benefits of this Association.

Section 5. Effect of Expiration, Revocation, or Termination of Certificate. Membership in this Association of a member in active practice whose certificate to practice medicine and surgery has expired, has been revoked, or has been otherwise terminated, shall be cancelled automatically as of the effective date of such expiration, revocation or termination. The provisions of this Section 5 shall not apply to members who have retired from active practice.

Section 6. Effect of Failure to Acquire United States Citizenship. Membership in this Association of a non-citizen of the United States who has failed to acquire United States citizenship within a period of six years from the date of the filing in an appropriate court of record of his declaration of intention to become a citizen of the United States shall be cancelled automatically on the date of the expiration of such six year period or on January 1, 1974 whichever date is later.

Section 7. Disciplinary Procedure. Disciplinary action may be taken by this Association against a member of this Association only upon written charges signed by three or more members of this Association and filed with the Executive Director. As soon as possible, and in any event not later than ten (10) days after such filing, the Executive Director shall serve upon the accused member a true copy of such charges and shall also furnish to each member of the Council a copy thereof. Within thirty (30) days thereafter, the Council shall fix a time and place for a hearing on said charges and the Executive Director shall serve prompt written notice of such time and place upon the accused member and shall also furnish to each member of the Council a copy of such notice. Such hearing shall be held as soon as practicable but in no event sooner than twenty (20) days, or later than sixty (60) days, after the date of service of such notice upon the accused member. Service upon the accused of a copy of such charges or of such written notice, or both, may be made by delivering the same personally to the accused, or by sending the same both by registered mail and by regular mail addressed to the accused at his usual place of residence.

At the hearing upon such charges the accused shall be afforded full opportunity to be heard in his own defense, to be represented by legal counsel of his own choosing, to cross-examine the witnesses who testify against him, and to examine witnesses and offer evidence in his own behalf. The hearing shall be held and conducted in such manner as to ascertain all the facts fairly to the accused and this Association without requiring compliance with those formal or technical rules and requirements which ordinarily pertain to judicial proceedings.

Failure of the accused to appear or be represented at the hearing may be considered prima facie evidence of the truth of the charges.

A record shall be made of such hearing, and at the request of either the accused member or the Council, the Executive Director shall cause a transcript to be made of the proceedings and evidence and shall furnish to the accused member upon request a copy of such record without charge to the accused member. Following the conclusion of the evidence, the Council shall hear arguments of the parties and their counsel and may permit or require the filing of briefs.

The decision of the Council shall be final and shall be binding on the accused member and this Association.

Section 8. Exculpatory Provision. No person against whom disciplinary action is instituted pursuant to the provisions of this Chapter 1 shall have any claim or cause against this Association or a component society or against any officer, Councilor or member of such Association or society, by reason of the institution, prosecution or disposition of such charges or the hearing or consideration thereof.

CHAPTER 2
DUES AND ASSESSMENTS

Section 1. Determination of Dues. The annual dues and assessments of Active Members and Associate Members of this Association shall be determined by the House of Delegates, and shall be levied per capita on such members. They shall be payable before January 1 of the calendar year for which such dues are levied. The dues and assessments shall be collected by the designated officer of each component society and shall be forwarded to the headquarters of this Association, together with such data as shall be required by this Association for its own record of such society's officers and membership.

The Council of this Association shall have the authority to promulgate regulations governing the amount of annual dues and assessments of all classifications of members other than Active and Associate.

A physician who is not engaged in active practice because of disability or the infirmities of age and who was a member in good standing of this Association at the time of his retirement from active practice shall be exempt from the payment of dues and assessments in this Association, provided he requests such exemption and such request is approved in writing by the secretary of his component society.

A member of this Association for whom payment of his regular dues in this Association constitutes a financial hardship may request the Council of this Association for an adjustment of dues. Such request shall be in writing, signed by such member and filed with the secretary of such member's component society. If such society, or the council of such society, finds that payment by such member of his regular dues in this Association shall constitute a financial hardship

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and certifies such finding to the Council of this Association, the Council of this Association will make such adjustment of his OSMA dues for such period of time, and subject to such conditions, as such Council may deem appropriate and advisable.

Section 2. Receipt of Dues, Qualifying Membership. The record of payment of dues and assessments on file in the offices of this Association shall be evidence of the fact of payment by a member and of his right to attend all meetings of the Association and to participate in all the scientific proceedings of the Annual Meeting.

Section 3. Arrears in Membership. A member of this Association whose dues and assessments in this Association shall not have been paid to the secretary of his component society on or before January 1 of any year shall be deemed delinquent from January 1 of such year and until such dues and assessments have been paid.

Section 4. Penalty for Failure to Remit. Any component society which fails to forward to the headquarters of this Association on or before the thirtieth (30th) day preceding the Annual Meeting such dues and assessments of this Association as the society may have collected shall be subject to the suspension of all its rights and privileges under its charter, in which case none of its members or delegates shall be permitted to participate in any of the proceedings of this Association or of the House of Delegates.

Section 5. Exemption from Dues and Assessments. The provisions of Section 2 and 3 of this Chapter shall not apply to members exempted from the payment of dues and assessments, or to members whose dues and assessments are waived.

CHAPTER 3
ANNUAL MEETING

Section 1. Functions of Annual Meeting. The Annual Meeting of the Association will be held as provided in Article V of the Constitution. This shall encompass the Scientific Assembly, the House of Delegates meetings and such other functions as may be determined by the Council.

Section 2. Registration. Each member in attendance at the Annual Meeting shall register, after his status as a member in good standing has been verified by reference to the records of this Association.

The name of a physician upon the membership roster of this Association shall be prima facie evidence of his right to register.

No member or delegate shall take part in any of the proceedings of the Annual Meeting until he has registered.

Section 3. Scientific Program. The Scientific Assembly shall meet in such general sessions and such section sessions during the Annual Meeting as may be determined by the Committee on Scientific Work with the approval of the Council.

Section 4. Section Officers. Each section shall elect a chairman and a secretary to serve until their successors are elected. They shall serve as ex-officio members of the Committee on Scientific Work provided for in Section 4 of Chapter 9 of these Bylaws.

If for any reason a section shall fail to elect section officers at a section session held during the Annual Meeting, such officers shall be appointed by the Council at its first meeting following the close of the Annual Meeting.

Section 5. Section Sessions. Each section authorized by the Council shall hold its session or sessions at times determined by the Council but no section session shall be held at the same time as a general session.

Section 6. Acceptance of Papers. The papers and discussions in section meetings shall be limited to scientific subjects. No paper shall be presented before a section unless an abstract of such paper, containing not less than thirty (30) and not more than one hundred and fifty (150) words, be in the hands of the Committee on Scientific Work at least thirty (30) days before the first day of the Annual Meeting.

Section 7. Section Rules. Rules adopted by a section must not be in conflict with the Constitution and Bylaws of this Association and must be approved by the Council before becoming effective.

Section 8. Time Limit of Papers. The Committee on Scientific Work shall each year fix a time limit for the delivery of each paper.

Section 9. Papers shall be the Property of the Association. All papers read before this Association shall be its property and immediately after being read shall be deposited with the secretary of the section, if read before a section, or with the Executive Director, if read before a general session.

Unless express consent of the Council is first obtained, no member shall cause a paper read before this Association, or any part, abstract or summary thereof, to be published elsewhere prior to publication in the official *Journal* of this Association; and each guest speaker invited to read or deliver a paper on a medical or scientific subject shall be expected to agree, at the time of his acceptance of such invitation, to refrain from causing such paper to be published elsewhere prior to publication in such *Journal*. These papers shall be released to the author by the Editor of *The Journal* if he has not stated, within a period of six (6) months after submission, his intent to publish them.

CHAPTER 4
THE HOUSE OF DELEGATES

Section 1. Meetings of House of Delegates. The House of Delegates shall meet annually at the time and place of the Annual Meeting of this Association. All sessions of the House of Delegates shall be open to all members in good standing of this Association.

Section 2. Ratio of Representation. Each component society shall be entitled to one delegate in the House of Delegates for each one hundred (100) Active Members, Associate Members, and Members in Training, or fraction thereof, in good standing in this Association; provided, however, that each component society shall be entitled to at least one delegate and one alternate delegate. The names of such delegates and alternate delegates shall be submitted to the headquarters of this Association at least thirty (30) days prior to the first day of the meeting of the House of Delegates.

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In case a delegate or alternate delegate of a component society is unable to serve, the president or secretary of such society may at any time certify to the Chairman of the Committee on Credentials the name of an Active Member or Member in Training in good standing to serve in the place of such absent delegate or absent alternate delegate.

The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place and stead of such absent delegate or alternate delegate.

Section 3. Quorum. A majority of registered delegates and officers of this Association shall constitute a quorum.

Section 4. Committees of the House of Delegates. For the purpose of expediting proceedings the President shall appoint from the roster of delegates the following reference committees: Committee on President's Address; Committees on Resolutions, to which shall be referred all resolutions (except those of an ethical nature involving the professional relations of individual physicians or groups of physicians); Committee on Credentials; and other committees considered necessary by the President.

The President shall appoint from the roster of alternate delegates the Committee on Tellers and Judges of Election.

Section 5. Delegates to the American Medical Association. The House of Delegates shall elect representatives to the House of Delegates of the American Medical Association in accordance with the constitution and bylaws of that body.

Section 6. Councilor Districts. The House of Delegates shall establish councilor districts. A district society may be organized in any of the councilor districts to meet at such time or times as such society may fix, provided the dates chosen do not fall within a period of two weeks preceding or two weeks following the Annual Meeting of this Association.

Section 7. Special Committees. Any voting member who is in good standing in this Association may be appointed to serve on any committee created for a special purpose. All members of committees who are not members of the House of Delegates shall have the right to present their reports to the House in person and to participate in the debate thereon, but shall not have the right to vote.

Section 8. Resolutions. Every resolution to be presented to the House of Delegates for action shall be filed with the Executive Director of the Association at least sixty (60) days prior to the first day of the meeting at which action on such resolution is proposed to be taken, and promptly upon the filing of any such resolution the Executive Director shall prepare and transmit a copy thereof to each member of the House of Delegates. Each resolution which, if adopted, would require expenditure of funds by the Association, shall have attached, a statement of the amount of the estimated annual expenditure. No resolution may be presented or introduced at any meeting of the House of Delegates unless the foregoing requirements for filing and transmittal shall have been complied with or unless such compliance shall have been waived by a Special Committee on Emergency Resolutions named to decide whether late submission was justified. This special committee shall consist of the chairmen of the several resolution committees. If a majority of the members of the Special Committee on Emergency Resolutions vote favorably for waiving the filing and transmittal requirement, then such resolution shall be presented to the House of Delegates at its opening session. All resolutions presented subsequent to the 60-day filing date prior to the opening session of the House of Delegates shall be submitted by their sponsors to the committee no less than 12 hours prior to the opening session of the House of Delegates.

The Executive Director shall cause to be published in *The Journal* in advance of such meeting of the House of Delegates such resolutions as the President or the Council may designate.

No consideration may be given, or any action taken, by the Committee on Resolutions or by the House of Delegates, with respect to any resolution unless such resolution shall have been presented or introduced at the opening session of the meeting of the House of Delegates; provided, however, that a resolution dealing with an event or development occurring too late to permit the introduction of any such resolution at the opening session may be introduced at a later session with the consent of at least four-fifths (4/5) of the delegates present; and upon its introduction, such resolution shall be referred to the Committee on Resolutions for consideration and report; and, provided further, that the Committee on Resolutions shall have the right to amend any resolution presented or introduced, or to draft a composite or substitute resolution embracing the same subject matter as that contained in a resolution or resolutions presented or introduced, and to submit such amended, composite or substitute resolution for adoption by the House of Delegates, and the House of Delegates shall have the right to adopt any such amended, composite or substitute resolution.

Section 9. Order of Business. The following shall be the order of business for the opening and final sessions of the House of Delegates:

A. Opening Session.

1. Call to order by the President.
2. Report of Committee on Credentials.
3. Consideration of minutes of last Annual Meeting and of minutes of any special meeting of the House of Delegates held since the last Annual Meeting.
4. Introduction of special guests.
5. Appointment of Reference Committees by the President.
6. Election of Committee on Nominations.
7. Report of Special and Standing Committees.
8. President's Address.
9. Introduction of Presidents of other State Societies.
10. President-Elect's Address.
11. Introduction of Resolutions.
12. Miscellaneous business.

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B. Final Session.

1. Report of Committee on Credentials.
2. Election of President-Elect.
3. Report of Committee on Nominations; and election of other officers.
4. Reports of Reference Committees.
5. Miscellaneous business.
6. Installation of officers.
7. Announcement of Committee Appointments by newly installed President and action thereon by House of Delegates.
8. Unfinished business.
9. Adjournment.

The order of business may be modified for any session by the presiding officer with consent of the House of Delegates.

CHAPTER 5
NOMINATION AND ELECTION OF OFFICERS

Section 1. Committee on Nominations. On the first day of the Annual Meeting the House of Delegates shall elect a Committee on Nominations consisting of one delegate from each councilor district. The chairmanship of the Committee on Nominations shall be rotated in numerical order annually among the Councilor district representatives on such Committee. The Committee on Nominations shall report to the House of Delegates a ticket containing the name of one or more members for each of the offices to be filled at the Annual Meeting except that of President-Elect. Prior to selecting a ticket the Committee shall hold hearings which shall be open to all members in good standing of this Association. Any member in good standing shall have the opportunity to appear before the Committee regarding any proposed candidate. The Committee may request an interview with any proposed candidate or with any member concerning such proposed candidate's qualifications. Each nominee must have a majority vote of the Committee in order to be placed on the ticket for presentation to the House of Delegates. Each nominee for Councilor must be a resident of the councilor district for which he is nominated. Delegates and Alternate Delegates to the American Medical Association shall be elected at large.

Section 2. Eligibility for Reelection of Officers. No Past President of this Association shall be eligible for election as President-Elect. No Secretary-Treasurer shall serve for more than two consecutive terms. No Councilor shall serve in such capacity for more than three consecutive terms. Any officer originally elected to serve a year or less of an unexpired term shall not be regarded thereby as having served a term.

Nothing in these Bylaws shall be construed as forbidding later reelection to any office, other than that of President or President-Elect, after an interruption in consecutive service.

Section 3. Nomination of President-Elect. Nominations for the office of President-Elect shall be made from the floor of the House of Delegates; provided, however, that only those candidates may be nominated whose names have been filed with the Executive Director at the time and in the manner hereinafter provided, unless compliance with such requirements shall be waived as hereinafter provided. The name of a candidate for the office of President-Elect must be filed with the Executive Director of the Association at least sixty (60) days prior to the meeting of the House of Delegates at which the election is to take place. Promptly upon the filing of such candidate's name, the Executive Director shall prepare and transmit this information to each member of the House of Delegates. No nomination for President-Elect may be presented at any meeting of the House unless the foregoing requirements of filing and transmittal have been complied with or unless such compliance shall have been waived or dispensed with by a vote of at least two-thirds (2/3) of the delegates present at the opening session of such meeting. The Executive Director shall cause to be published in *The Journal* in advance of such meeting of the House of Delegates biographical information on all candidates meeting the requirements of filing and transmittal.

Section 4. Nomination of Officers and of Delegates and Alternate Delegates to the American Medical Association. The report of the Committee on Nominations with respect to all offices, except that of President-Elect, and with respect to all Delegates and Alternate Delegates to the American Medical Association, shall be posted at the registration desk of the Association at the earliest time practicable and at least three hours before the final session of the House of Delegates. Nominations for the office of President-Elect shall be made from the floor at the final session of the House of Delegates.

Each nominating speech for any office shall be limited to three minutes. Not more than one speech shall be made in seconding a given nomination and such seconding speech shall be limited to one minute.

Section 5. Nominations from the Floor. Nothing in this chapter shall be construed to prevent additional nominations from the floor by delegates.

Section 6. Election of Officers and of Delegates and Alternate Delegates to the American Medical Association. The election of officers of this Association and of delegates and alternate delegates to the American Medical Association shall be by ballot. The election of delegates to the American Medical Association shall be conducted by means of a single ballot sheet and the election of alternate delegates shall likewise be conducted by means of a separate single ballot sheet.

In the event there is only one position to be filled, the nominee receiving the majority of all votes cast shall be declared elected. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken; this procedure shall be continued until one of the nominees receives a majority of all votes cast whereupon he shall be declared elected.

In the event there is more than one position to be filled from among any number of nominees, a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon any ballot the number of

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nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes shall be declared elected. If upon any ballot some but not all of such positions are filled, a new ballot shall be taken from among all of the remaining nominees; and on such new ballot a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon such new ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes cast shall be declared elected. If upon any ballot no nominee receives the votes of a majority of those voting, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken; this procedure shall be continued until all of such positions have been filled.

Section 7. Removal from Office. Any officer of this Association, or any delegate to the American Medical Association, or any alternate delegate to the American Medical Association, may be removed from office, for cause, at any time.

Proceedings for the removal from office of an officer of this Association or any delegate or alternate delegate to the American Medical Association shall be commenced by the filing with the Executive Director of this Association of a written complaint signed by not less than sixty delegates to the House of Delegates of this Association from at least thirty component societies. Such complaint shall name the person sought to be removed, shall state the cause for removal, and shall demand that a meeting of the House of Delegates be held for the purpose of conducting a hearing on the charges set forth in the complaint, and for the purpose of selecting an individual to fill the office which may be vacated by reason of the removal from office of the person sought to be removed.

Within ten (10) days after the filing of such complaint, the Executive Director shall serve upon the person named in such complaint a true and correct copy of such complaint, together with a written notice specifying the time and place of hearing the charges set forth in such complaint. The Executive Director shall also mail a copy of such complaint and notice to each delegate to the House of Delegates of this Association.

Service upon the person named in such complaint of a copy of the complaint together with such written notice shall be made by delivering the same personally to such person or by sending the same by certified mail addressed to such person at his usual place of residence.

At the hearing upon such charges the person named in such complaint shall be afforded full opportunity to be heard in his own defense, to be represented by legal counsel of his own choosing, to cross-examine the witnesses who testify against him, and to examine witnesses and offer evidence in his own behalf.

The House of Delegates shall convene for the purposes of hearing the charges in such complaint, and electing a successor if need be:

(a) on any date during the Annual Meeting of the House of Delegates, provided the date of such Annual Meeting is more than thirty (30) and less than sixty (60) days subsequent to the date of the service of such written notice upon such person sought to be removed; or

(b) at a special meeting called for the purpose of hearing the charges set forth in such complaint, which special meeting shall be held on a date more than thirty (30) and less than sixty (60) days subsequent to the date of the service of such written notice upon such person sought to be removed.

A quorum shall consist of two-thirds (2/3) of the elected delegates.

If two-thirds (2/3) of the delegates of the House of Delegates present and voting by secret ballot vote affirmatively to remove such person from office, such person shall be declared removed from office.

A successor to an office in which a vacancy has been created as a result of the removal from office of any such officer, delegate or alternate delegate shall be elected to serve the balance of the term of such office. All nominations for such office shall be made from the floor. The election of a successor officer, delegate or alternate delegate shall be by a majority of the delegates present and voting and shall be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association, and with respect to a successor delegate or alternate delegate to the American Medical Association such election shall also be in accordance with Section 5 of Chapter 4 of the Bylaws of this Association.

CHAPTER 6
DUTIES AND TERMS OF OFFICERS AND OF THE EXECUTIVE DIRECTOR

Section 1. President. The President shall preside at all general sessions of this Association and sessions of the House of Delegates. He shall appoint all committees for the selection of which other provision is not made. He shall deliver an annual address at a session of the House of Delegates. He shall be chairman of the Council and shall perform such other duties as pertain to the principal administrative officer of a corporation. He shall be an ex-officio member of all committees of this Association. As Immediate Past President he shall be a member of Council for a period of one year immediately following his term of office as President. If the office of President shall become vacant, the Immediate Past President shall succeed to the Presidency and complete the unexpired term of such office; and in the event of the refusal or inability of the Immediate Past President to fill such vacancy, the President-Elect shall succeed to the Presidency and serve out the balance of such unexpired term.

Section 2. President-Elect. The President-Elect shall be a member of the Council and an ex-officio member of each standing committee, of the Auditing and Appropriations Committee, and of each special or other committee appointed by the President. He shall assume the duties of the President during the temporary absence or disability of the latter. If the office of President shall become vacant and the Immediate Past President shall refuse or be unable to fill such vacancy, the President-Elect shall serve as

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President during the balance of the unexpired term and thereafter during the term for which the President-Elect was elected.

Section 3. Immediate Past President. The Immediate Past President shall be a member of the Council for a period of one year immediately following his term of office as President, and during such period he shall be an ex-officio member of each standing committee, of the Auditing and Appropriations Committee, and of each special or other committee appointed by the President. The Immediate Past President, as well as all Past Presidents of this Association, shall have the right of the floor for discussion at all meetings of the House of Delegates.

Section 4. Secretary-Treasurer. The Secretary-Treasurer shall receive all funds due this Association from every source whatever, except current accounts due *The Journal* in the conduct of its business. He shall deposit and keep the funds of this Association in a bank or banks of deposit approved by the Council. He shall keep a complete set of books concerning the receipts and expenditures of this Association, except those of *The Journal*. He shall have the duty to make such purchases, sales, leases, acquisitions or dispositions of real and personal property as may be ordered or authorized by the Council and to execute on behalf of this Association, all documents and papers which may be required in connection with any such purchases, sales, leases, acquisitions or dispositions. He shall pay money out of the treasury upon vouchers as directed by the Auditing and Appropriations Committee, rendering a monthly trial balance of his accounts to each member of Council. At the expense of this Association he shall give bond in such amount as shall be required by the Council.

The Secretary-Treasurer shall be a member of Council and an ex-officio member of the Auditing and Appropriations Committee.

Section 5. Executive Director. The Executive Director shall be appointed by the Council. He shall be ex-officio the secretary of this Association, of its Council, and of all its committees. He shall be the executive agent of this Association and shall transact its business under the direction of its officers. He shall collect, through the secretaries of the component societies, dues for membership in this Association and dues for membership in the American Medical Association and he shall remit to the Secretary-Treasurer of this Association all collected dues for membership in this Association and shall remit to the secretary of the American Medical Association all collected dues for membership in that association.

He shall be the managing editor and business manager of *The Journal*. He shall pay over the excess of receipts over expenses, if any, of *The Journal* to the Secretary-Treasurer at the end of each fiscal year, or whenever ordered to do so by the Auditing and Appropriations Committee or the House of Delegates. Whenever the income of *The Journal* does not meet its expenses, he shall make requisition, with the approval of the Auditing and Appropriations Committee and the Council, on the Secretary-Treasurer for the necessary funds.

He shall have charge of the business offices of this Association and may employ such aid as shall be authorized by the Council. He shall be the custodian of all books and papers belonging to this Association except those of the Secretary-Treasurer.

He shall provide for the registration of the members at the Annual Meeting and shall provide for reporting the proceedings of the annual Meeting. He shall conduct the official correspondence, notifying members of meetings, officers of their election, committees of their appointments and duties, and he shall perform such other duties as may be assigned to him by the President or the Council. At the expense of this Association he shall give bond in such amount as shall be required by the Council.

Section 6. Terms of Officers. The President shall serve one year and shall be succeeded by the President-Elect. The term of office of the Secretary-Treasurer shall be for three years. The term of office of Councilors shall be for two years; Councilors of the odd-numbered districts shall be elected at annual meetings held in even-numbered years; and the Councilors of the even-numbered districts shall be elected in odd-numbered years. All these officers shall serve until their successors are elected and qualified.

For the purposes of this section, the period from one Annual Meeting until the next shall be regarded as one year.

CHAPTER 7
THE COUNCIL

Section 1. Powers and Duties of the Council. The Council shall be the executive body of this Association. Between meetings of the House of Delegates, the Council shall have and exercise all the powers and authority conferred on the House of Delegates by the Constitution and these Bylaws. In the exercise of the interim powers thus conferred upon it, the Council shall take no action contravening any general policy which shall have been adopted by the House of Delegates and which is then in effect.

The Council shall have direction of the investment and reinvestment of the funds of this Association.

The Council shall determine the character and scope of the scientific proceedings of this Association and at least thirty (30) days prior to each Annual Meeting, it shall issue a program announcing the order in which papers and discussions are to be presented.

The Council shall be the board of censors of this Association, considering all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates involving the professional relations of individual physicians or groups of physicians shall be referred to the Council without discussion. The Council shall have full power and authority to hear and decide all questions of discipline affecting the conduct of the members of this Association or the conduct of a component society. Its decisions in all cases, including questions regarding the right of membership in this Association, shall be final.

The Council shall provide for and superintend the issuance of *The Ohio State Medical Journal*, referred to herein otherwise as *The Journal*. It shall have full power and authority to appoint a medical editor or publication board, or both, and make any other provisions for the publication of *The Journal* which in its judgment are feasible including full discretionary power: (1) to promulgate rules and regulations governing the publication of *The Journal*; (2) to enumerate and define the powers and duties of the medical editor or publication board, or both; and (3) to fix the terms and conditions of their appointment.

The Council shall have full power and authority to employ an Executive Director, who need not be a physician or member of this Association, and to employ such other employees as the Council may deem necessary or advisable.

The Council shall provide such offices for the headquarters of this Association as may be required properly to conduct its business.

Section 2. Council Meetings. The Council shall hold meetings during the Annual Meeting of this Association and at such other times as necessity may require, subject to the call of the President or on the petition of three Councilors filed with the Executive Director.

Section 3. Publication of Proceedings. The Council shall cause to be published in *The Journal* of this Association a summary of its meetings and actions.

Section 4. Individual Duties of Councilors. Each Councilor shall be the organizer, peacemaker and censor for his district. He shall visit each county in his district at least once each year for the purposes of inquiring into the condition of the profession and of each component society in his district and of keeping in touch with the activities of each of such societies. In every disciplinary matter involving a member of a component society located in the Councilor's district, the Councilor, in advance of a hearing on any charges filed against such member, shall make every effort to effect a conciliation or compromise consistent with honor and the principles of medical ethics.

Section 5. Auditing and Appropriations Committee. An Auditing and Appropriations Committee consisting of three members of the Council shall be appointed by the President, with the consent of the Council, to serve for one year. This Committee shall prescribe the method of accounting and shall audit any and all accounts of this Association. It shall prepare and present annually to the Council a budget providing for the necessary expenses of this Association. The budget, after approval by the Council, shall be published and distributed to the delegates and alternate delegates at least 90 days prior to the Annual Meeting. Any surplus or balance of funds for a given year shall revert to the general fund. The President, the President-Elect, the Immediate Past President and the Secretary-Treasurer shall be ex-officio members of such Committee with full voting rights.

Section 6. Salaries and Expenses of Officers and Employees. The salaries of officers and employees of this Association shall be fixed by the Council. The Auditing and Appropriations Committee may allow the payment of necessary traveling and other expenses incurred by officers and Councilors in the discharge of their duties to this Association.

Section 7. Vacancies. Except as otherwise provided by Chapter 6 hereof, the Council shall fill by appointment any vacancy in office occurring in the interval between the Annual Meetings of the House of Delegates. Any such appointee shall serve until the next Annual Meeting of the House of Delegates at which time the office shall be filled in the manner provided for in the Constitution and in these Bylaws.

CHAPTER 8
DELEGATES AND ALTERNATE DELEGATES TO THE AMA

Section 1. Organization. As soon as practicable after their election and installation, the Delegates and Alternate Delegates to the American Medical Association shall nominate from their membership candidates for the chairmanship and vice-chairmanship of the delegation and the Council of this Association shall elect one of such nominees as Chairman and one as Vice-Chairman. The President of this Association will be ex-officio Co-Chairman of the delegation.

Section 2. Duties of the Chairman. He shall act as Co-Chairman with the President of this Association of meetings of the delegation. He shall appoint such committees as may be necessary to assist the work of the delegation. He shall report periodically for the delegation to the Council of this Association.

Section 3. Duties of the Vice-Chairman. He shall perform the duties of the Chairman when the Chairman is absent or otherwise unable to function.

Section 4. Terms of Office. The Chairman and Vice-Chairman shall serve for a period of one year or until their successors are duly elected and qualified.

CHAPTER 9
COMMITTEES

Section 1. Titles of Committees. The standing committees of this Association shall be the following:

1. Committee on Public Relations.
2. Committee on Scientific Work.
3. Committee on Education.
4. Committee on Judicial and Professional Relations.
5. Committee on Membership and Planning.

Other committees of this Association shall be those designated in Sections 4 and 7 of Chapter 4, Section 1 of Chapter 5 and Section 5 of Chapter 7 and such special committees as may be appointed by the President.

Section 2. Appointment. Each year the President, with the approval of the House of Delegates, shall appoint one member for a term of five years to each of the following standing committees: Committee on Public Relations, Committee on Education, Committee on Judicial and Professional Relations, and Committee on Membership and Planning, and shall

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appoint two members for terms of five years each to the Committee on Scientific Work. The President shall designate the chairman of each standing committee from among its members.

In the event of the death or resignation of a standing committee member or of his inability or refusal to serve, the President, with the approval of the Council, shall appoint a successor to serve until the next Annual Meeting of the House of Delegates, at which time the President, with the approval of the House of Delegates, shall appoint a successor to serve for the balance of the unexpired term of such standing committee member.

The President, the President-Elect and the Immediate Past President shall be ex-officio members, with full voting rights, of each standing committee, of the Auditing and Appropriations Committee, and of each special or other committee appointed by the President.

Section 3. Committee on Public Relations. The Committee on Public Relations shall consist of five appointed members, together with the ex-officio members.

This Committee shall consider especially areas of communications and public relations involving this Association, medicine and public health. This Committee shall, from time to time, consider and evaluate developments, conditions and situations involving medicine and public health, and may prepare and recommend to the Council public relations programs pertaining thereto. Other committees may seek, and shall be entitled to receive, the counsel and advice of the Committee on Public Relations in regard to public relations aspects of programs, problems and activities involving the other committees of this Association.

In case any subcommittee is appointed, its members may be appointed from the membership of this Association at large, but the chairman of such subcommittee shall be appointed by the President from among the members of the Committee on Public Relations.

Section 4. Committee on Scientific Work. The Committee on Scientific Work shall consist of ten appointed members, together with the ex-officio members. This committee shall have charge of the general arrangements for the Annual Meetings of the Association, including the scientific programs both for general sessions and for such sections as may be authorized by Council, as well as the scientific exhibits.

All receipts from the Annual Meeting shall be turned over to the Secretary-Treasurer of this Association. All expenditures must be authorized in advance by the Auditing and Appropriations Committee.

With the advice of the President and subject to approval by the Council, the Chairman of the Committee on Scientific Work may appoint such subcommittees as he may deem necessary and the President shall appoint a chairman for each subcommittee so appointed.

Section 5. Committee on Education. The Committee on Education shall consist of five appointed members, together with the ex-officio members. This committee shall consider and devise ways and means of (1) extending the educational work of this Association for the benefit of its members, working with the component societies and affiliated district societies, whenever possible; and (2) furthering the education of the general public in health matters and fostering a sane point of view about medical care. Subcommittees may be appointed in the same manner as provided in Section 4 of this chapter.

Section 6. Committee on Judicial and Professional Relations. The Committee on Judicial and Professional Relations shall consist of five appointed members, together with the ex-officio members. It shall have the following duties:

(1) It shall investigate, at the request of the Council, questions and controversies arising under the Constitution or Bylaws of this Association or under the Principles of Medical Ethics of the American Medical Association.

(2) It shall serve as a board of review with respect to proposed amendments to the constitution or bylaws of a component society of this Association and shall submit to the Council for its guidance the Committee's comments and recommendations respecting such proposed amendments.

(3) With the approval of the Council, the Committee may retain legal counsel to appear as amicus curiae on behalf of this Association in cases which may be pending in the courts where, in the opinion of the Committee, the legal questions involved are of special interest to this Association or its members.

(4) It shall disseminate to members of this Association information relative to the causes of malpractice suits and suggested methods of reducing the incidence thereof.

Section 7. Committee on Membership and Planning. The Committee on Membership and Planning shall consist of five appointed members, together with the ex-officio members.

This Committee shall study and make recommendations to arrive at ways and means of effectuating the stated purposes of this Association and of making organized medicine meaningful and responsive to the needs of the profession and the public.

Subcommittees may be appointed in the same manner as provided in Section 4 of this chapter.

Section 8. Responsibility of Committees. The actions of all standing and special committees shall be subject to the approval of the Council.

CHAPTER 10
COMPONENT SOCIETIES

Section 1. Organization of Societies. Upon application to the House of Delegates, all component societies hereafter organized in this state, which have adopted principles of organization in conformity with the Constitution and Bylaws of this Association, shall receive charters from this Association; provided, however, that their constitutions and bylaws or, in the case of incorporated societies, their articles of incorporation, codes of regulations, codes of bylaws or other fundamental bodies of rules of society

government, shall have been submitted to the Council and received its approval. All such charters shall be signed by the President and the Secretary-Treasurer.

Section 2. Suspension or Revocation of Charters of Societies. The House of Delegates shall have authority and power to suspend or revoke a charter heretofore or hereafter issued to any component society whose actions are in conflict with the Constitution or Bylaws of this Association.

Section 3. Title of a Component Society. The name and title of each component society shall read exactly as found in its charter. No change in such name shall be made without the approval of the Council of this Association.

Section 4. Custody of Charter. The charter of each component society, as issued by this Association, shall be preserved and shall be kept in the custody of the secretary of such component society at all times.

Section 5. Constitutions of Component Societies. Each unincorporated component society shall have a constitution and bylaws. Each incorporated component society shall have, in addition to articles of incorporation as required by law, a constitution, a code of regulations, a code of bylaws, or other fundamental body of rules for its government similar in content and form to the bylaws of unincorporated component societies. All such constitutions, bylaws, articles of incorporation, codes of regulations and other fundamental bodies of rules shall be in conformity to the Constitution and Bylaws of this Association, and a copy thereof shall be transmitted to the headquarters of this Association for approval and recording. The bylaws of each unincorporated component society, and the code of regulations, code of bylaws, or other fundamental body of rules of each incorporated society shall set forth specifically the duties of the several officers and of its executive body (council or trustees).

Section 6. Changes in Constitution and Bylaws of Component Societies. Whenever a component society shall have made a change or amendment in its constitution, bylaws, articles of incorporation, code of regulations, or other fundamental body of rules for its government, such change or amendment shall be submitted to the Council of this Association for written approval, and such change or amendment shall not become effective until such approval shall have been given.

Section 7. Functions and Duties of Component Societies. Each component society shall have general direction of the business and affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of its members. Systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician in the county.

Section 8. Date Membership Dues are Payable. The membership dues in all component societies shall be due and payable on or before December 1 preceding the calendar year for which such dues are assessed.

Section 9. Official Records of Component Societies. The official copy of the constitution and bylaws of each unincorporated component society, and the official copy of the articles of incorporation, code of regulations, code of bylaws or other fundamental body of rules of each incorporated component society, shall be kept by such component society in a special book provided for that purpose. In such special book shall be entered all amendments which have been approved by the Council of this Association. Such book shall contain the name and address of each component society member who is entitled to membership in this Association; and there shall be recorded in it the date of each member's election, the date of his decease and the date of any resignation or order of suspension or expulsion from the society. It shall be the duty of the society's secretary to preserve this book and hold it available when required for reference.

Section 10. Certification of Delegates of Component Societies. Each component society at its regular annual meeting shall elect delegates to represent it in the House of Delegates of this Association in accordance with these Bylaws, unless other definite procedure for the selection of delegates is provided in its constitution and bylaws, or in its articles of incorporation, code of regulations, code of bylaws, or other fundamental body of rules of society government. The secretary of each component society shall send a list of such delegates and alternates to the Executive Director of this Association at least thirty (30) days before the Annual Meeting of this Association. Representation in the House of Delegates shall be contingent on compliance with the foregoing provisions. In the absence of, or the disability or disqualification of a delegate, his duly certified alternate shall be seated in his place.

Section 11. Combined Component Societies. The House of Delegates shall have authority to organize the physicians of two or more counties, or parts thereof, into a multi-county society to be designated by hyphenating the names of such counties so as to distinguish them from a district or single county society. Such multi-county societies, when organized and chartered, shall be entitled to all the privileges and representatives provided herein for component societies.

CHAPTER 11
MEMBERSHIP IN COMPONENT SOCIETIES

Section 1. Qualifications for Membership in a Component Society. To be eligible for active membership, associate membership or in training membership in a component society, or other probationary or provisional type of membership of limited duration, a person must possess all of the following qualifications:

(a) He must meet all those requirements for membership in this Association which are enumerated in Section 3 of Chapter 1, hereof, and at the time of making application to the component

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society shall tender the appropriate Ohio State Medical Association dues and assessments for the current year;

(b) He must not be engaged, nor profess to be engaged, in the practice of sectarian medicine; and

(c) He must be a bona fide resident of, or must conduct the major portion of his practice in, the county in which such component society is located.

Provided, however, that where it is more convenient for a member of a component society to attend the meetings of another component society located in a county adjoining that in which he holds such membership, such member, upon application to, and approval by, both the society in which he holds such membership and the society in such adjoining county, shall be entitled to a transfer of his membership to the latter society; and, provided further, that no person possessing an active membership, associate membership, or in training membership, or probationary or provisional type of membership, of limited duration, in one component society may acquire or possess at the same time an active membership, or an associate or probationary or provisional type of membership of limited duration, in another component society.

As used in this Section 1, "active membership" in a component society means any type of membership having voting and office-holding rights and privileges.

Subject to the provisions of the foregoing paragraphs of this Section 1, each component society shall be the sole judge of the qualifications necessary for any and all classes of membership in such society.

Section 2. Roster of Members. The secretary of each component society shall keep a roster of its members, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary by Council. He shall send a copy of the program of each meeting of the society to the Councilor of his district and to the Executive Director of this Association.

Section 3. Change of Residence. When a member in good standing in a component society moves to another county in this state, he shall be given upon request a written certificate of those facts by the secretary of his society, without cost, for transmittal to the secretary of the component society in the county to which he moves. Pending his acceptance or rejection by the society in the county to which he moves, such member shall be considered to be in good standing in the component society from which he was certified and in this Association to the end of the period for which his dues have been paid.

Section 4. Disciplinary Procedure. Disciplinary action may be taken by a component society against a member thereof only upon written charges signed by a member or members of such society and filed with the society's secretary. As soon as possible, and in any event not later than ten (10) days after such filing, the secretary shall serve upon the accused member a true copy of such charges and shall also furnish to the Councilor for the district a copy thereof. Within thirty (30) days thereafter, the society shall fix a time and place for a hearing on said charges and the secretary shall serve prompt written notice of such time and place upon the accused member and shall also furnish to the Councilor for the district a copy of such notice. Such hearing shall be held as soon as practicable but in no event sooner than twenty (20) days, or later than sixty (60) days, after the date of service of such notice upon the accused member. Service upon the accused of a copy of such charges or of such written notice, or both, may be made by delivering the same personally to the accused, or by sending the same by registered mail and also by regular mail addressed to the accused at his usual place of residence.

At the hearing upon such charges the accused shall be afforded full opportunity to be heard in his own defense, to be represented by legal counsel of his own choosing, to cross-examine the witnesses who testify against him, and to examine witnesses and offer evidence in his own behalf. The hearing shall be held and conducted in such a manner as to ascertain all the facts fairly to the accused and the society without requiring compliance with those formal or technical rules and requirements which ordinarily pertain to judicial proceedings. Failure of the accused to appear or be represented at the hearing may be considered prima facie evidence of the truth of the charges.

A record shall be made of such hearing, and at the request of either the accused member or the component society, the society's secretary shall cause a transcript to be made of the proceedings, evidence and findings in connection with such hearing without charge to the accused member. If the findings shall include, or be followed by, an order or decree of the component society suspending or expelling the accused member from the society, the execution or enforcement of such order or decree shall be stayed until the expiration of the time allowed by Section 5 hereof for the perfecting of an appeal to the OSMA, and thereafter shall be stayed during the pendency of any appeal that may have been timely filed and perfected. Prompt written notice of the findings and order or decree shall be served by the secretary upon the accused member together with a copy of such findings and order or decree.

Section 5. Appeals. Any member who has been censured by his component society, or who has been suspended or expelled from membership therein, shall have the right to appeal to the Council of this Association from the order of censure, suspension or expulsion; and the Council shall have jurisdiction to hear and determine such appeal, and to affirm, modify or reverse the order of the component society. Any such appeal shall be on questions of law and procedure only, and not on questions of fact. Such appeal must be filed with the Council within twenty (20) days after the date of the service upon the accused member of the component society's order from which the appeal is taken; with such appeal the appellant shall file proof that a copy of such appeal has been mailed to, or otherwise served upon, the president or secretary of the component society from whose order the appeal is taken.

As soon as practicable, and within forty (40) days after the filing of such appeal, or within such additional time as may be allowed by the Council, the component

society shall file with the Council a record of the society's disciplinary proceedings against the appellant, including the original papers, documents, resolutions and minutes, or copies thereof, relating thereto, and including a transcript of the proceedings, evidence and findings in connection with its hearing on the charges against the appellant. With such record there shall be filed a certificate signed by the president or secretary of such society certifying that such record constitutes a complete, true and correct record of all the disciplinary proceedings before such society, and further certifying that a true and correct copy of such record, and written notice of the filing of such record with the Council, have been mailed to, or otherwise served upon, the appellant. If the component society shall fail or refuse to file such record within the said forty (40) days or within such additional time as may be allowed by the Council, the Council may enter an order sustaining such appeal and reversing the order or decree of the component society.

Following the filing of the record by the society the Council shall fix the time for the filing of briefs by the accused and the society and shall set a date for the hearing of the appeal before the Council, and the Executive Director shall give prompt notice thereof to each party and to each party's legal counsel.

The appeal shall be heard, considered and determined by the Council solely upon the record filed by the society with the Council and upon the briefs and oral arguments of the parties or their legal counsel; and the decision of the Council shall be final and binding on both the accused member and the society.

Section 6. Effect of Failure of a Component Society to take Requested Disciplinary Action. In the event that a component society shall fail or refuse to take prompt disciplinary action against one of its members after being requested in writing by the Council of this Association to do so, the Council of this Association may cause such disciplinary action to be instituted and prosecuted; and in any such disciplinary action so instituted the procedure prescribed by Section 7 of Chapter 1 of these Bylaws shall govern; and at the conclusion of the hearing by the Council it may enter such order of (a) dismissal of the charges, or (b) censure of the accused member, or (c) suspension from the society, or (d) expulsion from the society as the evidence adduced at such hearing shall warrant. The decision of the Council shall be final and shall be binding on both the accused member and the component society.

Section 7. Exculpatory Provision. No person against whom disciplinary action is instituted pursuant to the provisions of this Chapter 11 shall have any claim or cause of action against this Association or a component society or against any officer, Councilor or member of such Association or society, by reason of the institution, prosecution or disposition of such charges or the hearing or consideration thereof.

Section 8. Effect of Expiration, Revocation or Termination of a Certificate. Membership in a component society of a member of such society whose certificate to practice medicine and surgery, or osteopathic medicine and surgery, has expired, has been revoked or has been otherwise terminated, shall be cancelled automatically as of the effective date of such expiration, revocation, or termination. The provisions of this Section 8 shall not apply to members who have retired from active practice.

Section 9. Effect of Failure to Maintain Membership in the Ohio State Medical Association. Membership in a component society of a member of such society who has failed to acquire and maintain membership in this Association shall terminate automatically.

CHAPTER 12
ETHICAL PRINCIPLES

The ethical principles governing the members of the American Medical Association shall govern members of this Association.

CHAPTER 13
RULES OF PROCEDURE

The deliberations of this Association shall be conducted in accordance with parliamentary usage as prescribed in the current edition of Sturgis' Standard Code of Parliamentary Procedure, by Alice Sturgis.

CHAPTER 14
REFERENDUM

Within sixty (60) days after a general referendum has been ordered either by the (1) House of Delegates, or (2) upon the petition of at least thirty (30) component societies as prescribed in Article X of the Constitution, the Executive Director shall prepare and have printed and mailed by first-class mail to each Active Member of this Association an official circular setting forth the following:

(a) A resume of the provisions in this Constitution and Bylaws applying to a general referendum;

(b) An announcement by the President as to the time set by him for closing the polls which shall be not less than fifteen (15) days or more than thirty (30) days after the mailing of circulars and ballots;

(c) The resolution, motion or action submitted to referendum;

(d) A statement of not more than 200 words prepared by the proposer or proposers of the resolution, motion or action giving arguments in its favor;

(e) A statement of not more than 200 words giving arguments in opposition prepared by one or more members appointed by the President from among those opposed to the resolution, motion or action.

Enclosed with the circular shall be an official reply envelope and a ballot labeled with the official seal of this Association. On the ballot the resolution, motion or action shall be printed and below it shall be spaces for the indication of "yes" or "no" by making a cross mark. The reply envelope shall be addressed to a special committee of three tellers appointed by the President and it shall carry return first-class postage or the equivalent thereof under the postal regulations.

To be counted by the tellers a ballot shall meet the following requirements:

(a) Either "yes" or "no" must be clearly indicated with a cross mark;

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(b) The ballot must be received by the committee of tellers in the sealed official reply envelope by first-class postage on or before the day set for closing the polls; and

(c) The ballot must be an official ballot mailed to each Active Member, duly labeled with the seal of this Association.

Within ten days following the time set for closing the polls, the tellers shall meet at the headquarters office of this Association to open the envelopes containing the ballots and poll the votes in the presence of each other, keeping in mind that the referendum is not valid unless participated in by not less than one-half of the Active Members of this Association.

The results of the referendum shall be transmitted in writing by the tellers to the President immediately after the count has been completed. The President shall announce such results to the members of the Council and publication thereof shall be made in *The Journal* of this Association.

Except as otherwise provided in Article X of the Constitution of this Association, a resolution, motion or action receiving a majority of the votes cast in a valid referendum, shall be declared adopted, carried or ratified, as the case may be, and the same shall become effective fifteen (15) days after the results of the referendum shall have been published in *The Journal*.

CHAPTER 15
AMENDMENTS

Section 1. Method of Amending. These Bylaws may be amended at any Annual Meeting of the House of Delegates by a majority vote of the delegates present at that session, provided that the proposed amendment shall have been published in *The Journal* at least thirty (30) days prior to the Annual Meeting.

Section 2. Conformity by Component Societies. When an amendment of these Bylaws has been adopted as provided in Section 1 hereof, it shall be the duty of the Executive Director to notify the secretary of each component society within sixty (60) days after such amendment has become effective. It shall become incumbent upon each component society to make such changes in its constitution and bylaws, or, if the society be a corporation, in its articles of incorporation, code of regulations, code of bylaws, or other fundamental body of rules for the government of the corporation, as will bring about conformity to the change in the Bylaws of this Association.

Within one hundred and eighty (180) days after such notification to each component society, written notice of compliance by such component society with this provision, together with copies of the changes made to effect such compliance, shall be sent by the secretary of such component society to the Council for its review and approval.

CHAPTER 16

Upon the adoption of these Bylaws, all previous Bylaws are hereby declared null, void and of no effect.

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SEPARATOR

Ex. 5 JJ

CONSTITUTION

and

BYLAWS

of the

OKLAHOMA STATE MEDICAL ASSOCIATION

AS ADOPTED MAY, 1966

AND AMENDED THROUGH APRIL, 1975

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OKLAHOMA STATE MEDICAL ASSOCIATION

CONSTITUTION

ARTICLE I

Name

The name of this association is the OKLAHOMA STATE MEDICAL ASSOCIATION, INCORPORATED.

ARTICLE II

Purpose of the Association

The association is formed to promote the science and art of medicine.

ARTICLE III

Component Societies

The association shall charter component county or district societies.

ARTICLE IV

Membership

The members of the component societies shall be the members of the association. Membership in the association is a privilege and not a right.

ARTICLE V

House of Delegates

Section 1. The House of Delegates shall be the legislative body of the association. It shall be composed of: (1) Delegates elected by the component societies; (2) General Officers of the association; (3) All other members of the Board of Trustees and Alternate Trustees; and (4) Delegates and Alternate Delegates to the American Medical Association.

Section 2. It shall meet at least once at each annual meeting. A special meeting may be called by the President, or by the Board of Trustees, or by petition to the Speaker from not less than thirty Delegates. Only such business as is specified in the call shall be transacted at a

special meeting.

Section 3. It shall apportion the state into suitable Trustee Districts, and shall elect the Board of Trustees.

ARTICLE VI

Board of Trustees

Section 1. The Board of Trustees shall consist of: (1) The General Officers of the association; and (2) Trustees to be elected from each of the fourteen Trustee Districts, except that a district with 200 physician-members or more shall be entitled to two Trustees. The Board will elect its own Chairman as provided in the bylaws.

Section 2. The Board of Trustees shall be the Executive and the Judicial branch of the association.

Section 3. The Board of Trustees shall meet at least once during the annual meeting, and on call by the Chairman of the Board, or by petition to the Chairman of the Board from one-third or more of its members.

ARTICLE VII

Meetings

The association shall hold an annual meeting at a place designated by the Board of Trustees.

ARTICLE VIII

General Officers

Section 1. The General Officers of the association shall be the President, President-Elect, Immediate Past-President, Vice-President, Secretary-Treasurer, Speaker of the House of Delegates, Vice-Speaker of the House of Delegates, and Chairman of the Board.

Section 2. General Officers shall be elected by the House of Delegates at its annual meeting, with the exception of the Immediate Past-President who shall remain as an officer in this capacity for a period of one year following the completion of his term as President and with the exception of the Chairman of the Board of Trustees, who shall be selected by the Board. The House of Delegates may remove any General Officer from office for cause.

Section 3. The President-Elect and the Vice-President shall be elected for terms of one year each. The Secretary-Treasurer, Speaker and Vice-Speaker of the House of Delegates shall be elected for terms of two years each. At the expiration of his term, the President-Elect shall become President for a term of one year, and at the completion of his term as President, he shall remain a General Officer in his capacity as Immediate Past-President for a period of one year.

Section 4. The General Officers shall assume the duties of their offices at the close of the annual meeting at which they are elected or installed, and shall serve until their successors have been elected and installed.

ARTICLE IX

Finances

The House of Delegates shall levy such dues and assessments as it considers proper for the conduct of the business of the association. The Board of Trustees, at least annually, shall submit a budget for future operations of the association to the House of Delegates, and the House of Delegates shall make such appropriation of funds as it considers proper.

ARTICLE X

Referendum

The House of Delegates may submit any question to a vote of the members of the association, provided that two-thirds of the Delegates present at the meeting vote in favor of such referendum. The House of Delegates shall designate a committee to conduct the referendum and publish the result.

ARTICLE XI

Seal

The House of Delegates shall adopt an official Seal for the association.

ARTICLE XII

Ethics

The Principles of Medical Ethics of the American Medical Association currently in force shall be those of this association, and shall govern the conduct of its members.

ARTICLE XIII

Amendments

The House of Delegates may amend this constitution or any part thereof by the affirmative vote of two-thirds of the Delegates present at any annual meeting, provided that notice of the proposed amendment shall have been given to each component society at least 60 days before such meeting. No amendment shall become effective until the close of the annual meeting at which it is adopted.

ARTICLE XIV

Enabling and Repealing Clause

This Constitution supercedes and repeals all previous Constitutions. Any Bylaw, Resolution, or Enactment in conflict herewith is declared to be of no effect.

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BYLAWS

CHAPTER I

Membership

Section 1.00 BASIC REQUIREMENTS. All membership in the Oklahoma State Medical Association shall originate in component societies. Except as otherwise provided, membership in a component society and in this association shall be granted only to residents of Oklahoma who are citizens or who have filed a declaration of intent to become citizens of the United States, and to doctors of medicine who shall have received that degree from an educational institution approved by the Board of Trustees, and who are licensed by the Oklahoma State Board of Medical Examiners. All members of component societies and of this association are required to belong to the American Medical Association.

1.01 EXCEPTIONS.

1.011 STATE LICENSE. A doctor of medicine employed by any branch of the Federal Government who is not licensed to practice medicine in Oklahoma, but who meets all other requirements, may be elected to membership under the regular membership classifications and conditions as described herein.

1.012 MEDICAL DEGREE. A person who does not hold the degree of doctor of medicine may be named an Honorary Member, as provided in Section 2.06.

1.013 STATE RESIDENCE. The basic membership requirement for residing in Oklahoma shall not apply to Life Members, Honorary Members, Corresponding Members, Affiliate Members, Junior Members, or to former members called to active duty with the Armed Forces of the United States.

Section 2.00 CLASSIFICATIONS. Members of the association shall be classified as Active Members, Active Dues-Exempt Members, Life Members, Affiliate Members, Honorary Members, Corresponding Members, Junior Members and Student Members.

2.01 ACTIVE MEMBERS. Members of component societies whose dues and assessments are fully paid shall be Active Members. Such members shall have the full privileges of association membership, including the rights to vote and hold office.

2.02 ACTIVE DUES EXEMPT MEMBERS. Active members of the association who are excused partially or wholly from the payment of dues, in accordance with Chapter II, Sections 1.031 (b) and 1.032 (a) and (b),

shall have the full privileges of association membership, including the rights to vote and hold office.

2.03 LIFE MEMBERS. Any physician, a member in good standing of this association who meets one or more of the following qualifications, may be elected to Life Membership: (a) Retired from the active practice of medicine due to ill health or age; (b) Engaged in the active practice of medicine for 50 years or more; (c) Attained the age of 70 years.

2.031 ELIGIBILITY AND APPLICATION. Eligibility for such consideration is limited to physicians who have been active members of this association for not less than five years immediately preceding the application, unless in the discretion of the Board of Trustees there are mitigating circumstances justifying the waiver of this requirement, and whose petition for Life Membership meets the following conditions: (a) Initiated by a component society; (b) Approved by the Board of Trustees prior to the annual meeting; (c) Approved by the House of Delegates at the annual meeting.

2.032 RIGHTS. Life Members who reside in the State of Oklahoma shall have the rull rights and privileges of association membership, including the rights to vote and hold office. Such members shall not be required to pay association dues or assessments.

2.04 AFFILIATE MEMBERS. Affiliate members shall be those so classified by component societies who are ineligible for regular membership, but meet one or more of the following classifications: (a) Active members of other component associations of the American Medical Association; (b) Active members of the association who find it necessary to leave the state in order to engage in medical inissionary, education, or philanthropic labors, are eligible for this classification of membership for periods of time related to individual circumstances as may be determined by the Board of Trustees. Petition for such election to membership must originate in a component society. Approval of the petition by the Board of Trustees is necessary before the affiliate membership may be awarded.

2.041 RIGHTS. Affiliate Members may be required to pay partial dues in an amount to be specified by the Board of Trustees. They shall be entitled to all of the privileges of membership, except voting and holding office.

2.05 JUNIOR MEMBERS. Physicians serving as full-time interns or residents, upon application of the component society, may become Junior Members of the component society and of this association. Membership in this classification is limited to the period of training.

2.051. RIGHTS. Junior Members may be assessed dues annually by the House of Delegates. They shall be entitled to all the privileges of membership, except voting and holding office.

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2.061 RIGHTS. No dues or assessments shall be required of Junior Members. They shall be entitled to all the privileges of membership, except voting and holding office.

2.06 HONORARY MEMBERS. Honorary Membership in the association may be conferred on those persons who meet one or more of the following classifications: (a) Non-physicians engaged in medical education or medical research; or (b) Other persons whose contributions to medicine justify the honorary membership. Petition for such election to honorary membership must originate in a component society. Approval of the petition by the Board of Trustees and the House of Delegates is necessary before an Honorary Membership may be awarded.

2.061 RIGHTS. No dues or assessments shall be required of Honorary Members. They shall be entitled to all the privileges of membership, except voting and holding office. However, they shall not receive any publication of the association except by subscription.

2.07 CORRESPONDING MEMBERS. Corresponding Membership in the association may be conferred on those active members of the association who find it necessary to leave the state, but desire to retain contact with the association and their colleagues. Petition for election to Corresponding Membership may originate in a component society or the Board of Trustees. Approval of the petition by the Board of Trustees is necessary before Corresponding Membership may be awarded. However, the Corresponding Membership category may be maintained by an individual only so long as he is in good standing in a constituent component of the American Medical Association or if he has retired from active practice while out of state.

2.071 RIGHTS. Corresponding Members shall be required to pay partial dues in an amount to be specified by the Board of Trustees. They shall be entitled to all of the privileges of membership, except voting and holding office.

2.08 STUDENT MEMBERS. Persons serving as fulltime medical students in the Oklahoma University College of Medicine, upon application of a component society, may become Student Members of the component society and of this association. Membership in this classification is limited to the period of training.

2.081 RIGHTS. No dues or assessments shall be required of Student Members. They shall be entitled to all of the privileges of membership, except voting and holding office, except as otherwise provided in these bylaws. However, they shall not be entitled to receive any publication of the association except by subscription.

Section 3.00 APPLICATION CLEARANCE. All secretaries of component societies shall submit a copy of all applications for membership to the Executive Office of the association before final action on the application is taken. Such applications shall be submitted to the Department of Investigation of the American Medical Association. An authenticated copy of the report of the Department of Investigation and any information available from the Executive Office shall, in turn, be forwarded to the component society for the information of its board of censors. Accomplishment of this procedure is a prerequisite to membership in the association.

Section 4.00 JURISDICTION. Except as otherwise provided in Chapter XI, it shall be the general policy of this association and its component societies that its active members shall belong to the component medical society in the county wherein they maintain their predominant medical practice. Life, Affiliate, Corresponding and Junior Members who leave the state may maintain membership through the component societies of their original affiliation.

4.01 TRANSFER. Should a member move his residence to the jurisdiction of another component society, he shall apply for a continuation of his membership through the new jurisdiction, as provided in Chapter XI.

Section 5.00 TENURE. A member shall retain his membership as long as that membership complies with the provisions of the Constitution and Bylaws and with the Principles of Ethics of the American Medical Association.

5.01 TERMINATION. Membership may be revoked for cause. A member who has been suspended or expelled from a component society, or against whom like action has been taken separately by the Board of Trustees or by the House of Delegates, or who has failed to pay dues or authorized assessments, shall not be a member in good standing, and upon official notification by the President of the Oklahoma State Medical Association to the member of such action, his name shall be removed from the membership roll by the Executive Director.

5.02 NARCOTIC LAW VIOLATION. Any member whose federal narcotic permit has been revoked, suspended or surrendered shall, upon recommendation of the Board of Trustees, cease to be a member of his component medical society and of the association as of the effective date of such revocation, suspension or surrender.

5.03 TERMINATION OF LIFE, HONORARY, CORRESPONDING AND AFFILIATE MEMBERSHIPS. The House of Delegates, upon recommendation of the Board of Trustees, may revoke any Life, Honorary, Corresponding or Affiliate Membership by a two-thirds vote of the members present, for any breech of ethics or conduct unbecoming the honor of such memberships.

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ments: (a) Life, Honorary, Junior Members, and Student: (b) A member

Section 6.00 REGAINING MEMBERSHIP.

6.01 AFTER SUSPENSION. A member suspended for non-payment of dues or assessments may be reinstated upon full payment of the amount due, but may not vote or hold office until the following year. A member suspended by action of his component society, or by action of the association, for a stated period of time may be reinstated at the end of that period upon full payment of obligations for the year in which the suspension ends, provided the reinstatement is approved by the body invoking the suspension.

6.02 AFTER TERMINATION. A member whose membership has been terminated for non-payment of dues or assessments may apply for new membership after the first of the succeeding year, provided such application is accompanied by payment of all obligations for the full year in which membership was terminated. Such applications shall be processed according to the provisions for new members. A member whose membership has been revoked by action of the component society, or by action of the association, may not reapply for membership until at least one full year has elapsed after final action was taken on the revocation, and reinstatement under such conditions must be approved by the body which revoked the membership.

CHAPTER II

Dues, Initiation Fee, and Assessments

Section 1.00 DUES.

1.01 AMOUNT. Dues shall be assessed annually by the House of Delegates for the succeeding calendar year.

1.02 LEVY. Dues shall be levied per capita on the members of the association, except as specifically provided herein.

1.03 EXEMPTIONS.

1.031 COMPLETE EXEMPTION. The following classifications of members shall be completely exempted from payment of dues and assessments: (a) Life, Honorary, Student, and Junior Members; (b) A member for whom the payment of dues would be a financial hardship may be relieved of association dues for any given year, provided an application for such privilege originates in his component society and receives the approval of the Board of Trustees. Full membership rights and privileges will be retained during the period of dues exemption.

1.032 PARTIAL EXEMPTION. The following classifications of members shall be partially exempted from payment of dues and assessments, according to the terms prescribed; (a) Physicians who have been engaged in the practice of medicine less than one year since the completion of hospital training may, at the election of the component society, be assessed one-half the amount of regular dues and/or assessments for their first year of association membership. Such members have the full rights and privileges of association membership during this period of partial dues exemption; (b) Upon the judgement of the component society, and with the approval of the Board of Trustees, physicians with financial or other sufficient reasons may be assessed one-half of the amount of regular dues and assessments. Such members have the full rights and privileges of association membership; (c) Affiliate and Corresponding Members shall be required to pay partial dues in an amount to be specified by the Board of Trustees.

1.033 MILITARY EXEMPTION. An active member of the association who is called to active duty with the Armed Forces of the United States shall be relieved from the payment of dues and assessments during the period of military service. Such members, however, shall retain all rights and privileges of association membership, except the rights to vote and hold office.

1.04 DUE DATE. Dues shall be payable on January 1 of the year for which levied, and shall become delinquent if not paid before February 1 of that year.

1.05 COLLECTION AND REMITTANCE. Dues shall be collected and remitted to the association by the component societies.

1.06 CERTIFICATION OF PAYMENT. Certification of payment shall be made to the association by the component societies on or before March 31 of each calendar year, and a report of delinquency shall be prepared as of March 31, for transmittance to the state association headquarters office no later han April 15.

1.07 SUSPENSION. Failure to pay dues by March 31 shall result in the automatic suspension of membership in the association. The provisions for reinstatement are specified in Chapter I, Section 6.01 of these bylaws.

1.08 FORFEITURE OF MEMBERSHIP. Failure to pay dues by May 31 shall result in the automatic termination of membership in the association. The provisions for reinstatement are specified in Chapter I, Section 6.02 of these bylaws.

1.09 REFUNDS. When a dues-paid member of the association leaves the state or otherwise changes his membership classification during the first six months of the calendar year, January 1 to July 1, he may

request and receive a refund of one-half of the dues paid to the state association. Members leaving the state or changing membership classification during the last half of the calendar year, July 1 to December 31, are not entitled to a refund of state association dues.

1.10 APPORTIONMENT. Dues and half dues for new members shall be apportioned by quarter years.

Section 2.00 AMERICAN MEDICAL ASSOCIATION DUES. All active members of the association shall pay annual dues or assessments levied by the American Medical Association as may be required by the classification of membership. AMA dues and assessments shall be collected and remitted by component societies in like manner as state association dues and assessments, and failure to pay AMA dues and assessments shall result in suspension or termination of state association membership in accordance with the same terms applicable to state dues and assessments.

Section 3.00 ASSESSMENTS.

3.01 AUTHORITY. The House of Delegates shall determine the necessity for and the amount of special assessments.

3.02 COLLECTION. Special assessments shall be collected and remitted in the same manner as dues, unless the House of Delegates shall specify direct collection by the state association. Assessments shall become due on such date as may be fixed by the House of Delegates, and shall become delinquent 60 days thereafter.

3.03 SUSPENSION. Failure to pay special assessments within 60 days from the due date set by the House of Delegates, or before the end of the calendar year, whichever occurs first, shall automatically result in suspension from membership.

3.04 FORFEITURE OF MEMBERSHIP. Failure to pay assessments within 120 days from the due date set by the House of Delegates, or within 60 days after the end of the calendar year, whichever occurs first, shall automatically result in the termination of membership.

3.05 REFUNDS. Assessments are not refundable.

Section 4.00 RECORD OF PAYMENT. The records of the association shall be evidence of the payment of all dues and assessments.

CHAPTER III

Annual Meeting

Section 1.00 TIME. The annual meeting of the OSMA House of Delegates shall be held at least 30 days prior to the annual meeting of the

American Medical Association. The precise dates for the annual meeting shall be selected by the Board of Trustees.

CHAPTER IV

House of Delegates

Section 1.00 COMPOSITION. The House of Delegates shall be comprised of the General Officers of the association, Delegates and Alternate Delegates to the American Medical Association, Trustees and Alternate Trustees, delegates elected by the component societies, and two non-voting delegates to be elected by the Student American Medical Association Chapter located at the Oklahoma University College of Medicine.

1.01 QUALIFICATIONS. Delegates and Alternate Delegates must be members in good standing of the Oklahoma State Medical Association.

1.02 REPRESENTATION. One Delegate and one Alternate Delegate shall be elected by component societies for each 25 Active, Active Dues-Exempt, and Life Members residing in the State of Oklahoma, or fraction thereof.

1.03 DETERMINATION OF REPRESENTATION. Representation of a component society in the House of Delegates shall be determined by the records of the association on December 31 of the year preceding the term of service.

1.04 SAMA REPRESENTATION. The two delegates from the Oklahoma University SAMA Chapter shall be allowed full privileges of the House of Delegates, except voting, notwithstanding Section 1.01 above.

Section 2.00 ELECTION AND TERM OF OFFICE. Delegates and Alternate Delegates shall be elected in November or December by component societies. Certification of Delegates and Alternate Delegates shall commence on January 15 following their election by component societies, and shall continue in effect for a period of one year. General Officers, Delegates and Alternate Delegates to the AMA, and Trustees and Alternate Trustees shall serve as voting Delegates during their terms of office.

Section 3.00 MEETINGS AND ATTENDANCE.

3.01 ANNUAL MEETING. The House of Delegates shall conduct its annual meeting at the time and place selected by the Board of Trustees in compliance with Chapter III, Section 1.00.

3.02 SPECIAL MEETINGS. Special meetings shall be held as provided by the Constitution.

3.03 QUORUM. A majority of the certified and qualified delegates shall constitute a quorum at any annual or special meetings.

3.04 ATTENDANCE. Any registered member of the association and invited guests may attend a meeting of the House of Delegates. The Speaker of the House of Delegates shall determine who has the privilege of the floor.

3.05 SEPARATED SESSIONS. When justified by the volume of business to be considered at an annual meeting, the Speaker may hold the opening and closing sessions of the House of Delegates on separate days.

Section 4.00 COMMITTEES.

4.01 REFERENCE COMMITTEES. Prior to the annual session, the Speaker shall appoint Reference Committees from the membership of the House of Delegates, which committees shall act to expedite the business of the annual session. At special meetings, the option of appointing reference committees shall rest with the Speaker.

4.02 CREDENTIALS COMMITTEE. The Speaker of the House of Delegates shall annually appoint a Credentials Committee, whose members must be Delegates.

4.21 CREDENTIALS. The Executive Director shall certify to the committee a list of Delegates and Alternate Delegates.

4.022 DUTIES. The committee shall determine the eligibility of the certified Delegates as representative of their component societies, certify such Delegates and determine the presence of a quorum prior to the House of Delegates proceeding with the transaction of its business.

4.023 CONTESTS. In the event of a contest between alleged Delegates from a component society, the committee shall hear all relevant facts, adjudge who shall be Delegates, and report its findings and judgement to the House of Delegates, which may be accepted, rejected or otherwise disposed of by the House of Delegates. Contest Delegates shall not be seated until their status is resolved.

Section 5.00 ELECTION OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION. The House of Delegates shall elect Delegates and Alternate Delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body. They shall be elected at the annual meeting for a term of two years, beginning January 1 of the year following election. Such Delegates or Alternate Delegates shall attend all meetings of the American Medical Association. If the office of Delegate is vacated, the Alternate Delegate shall succeed to this position for the remainder of the unexpired term. If the office of Alternate Delegate is vacated, the President shall appoint an Alternate Delegate to serve until the next annual meeting, at which time a successor shall be elected to

fill the unexpired term.

Section 6.00 COMPONENT SOCIETIES.

6.01 CHARTER. The House of Delegates may authorize the issuance of charters to county societies or district societies which shall be component societies of the association.

6.02 REVOCATION. The House of Delegates may revoke the charter of a component society for cause.

Section 7.00 TRUSTEE DISTRICTS. The House of Delegates shall divide the state into suitable trustee districts, based upon a two-thirds vote of the Delegates present.

Section 8.00 FINANCE

8.01 BUDGET. The House of Delegates shall consider and act upon the budget submitted by the Board of Trustees.

8.02 DUES. The House of Delegates shall assess association dues, and stipulate the time and method of payment.

8.03 ASSESSMENTS. The House of Delegates shall have the power to levy special assessments, and to stipulate the time and method of payment.

Section 9.00 ORDER OF BUSINESS. The following shall be the order of business of the annual meetings of the House of Delegates:

9.01 Opening session.

9.02 Call to order

9.03 Report of the Credentials Committee, and determination of the presence of a quorum.

9.03 Consideration of the minutes of previous meeting.

9.05 Nomination of Officers, Delegates and Alternate Delegates to the American Medical Association.

9.06 Nomination of Trustees.

9.07 Appointment of Reference Committees.

9.08 Reports of Officers and Board of Trustees.

9.09 Reports of Standing Committees.

9.10 Reports of Councils.

9.11 Reports of Special Committees.

9.12 Presentation of Resolutions.

9.13 Levying of dues and/or assessments.

9.14 Presentation of amendments to Constitution and Bylaws.

9.15 Submission of invitations for next annual meeting.

9.16 Unfinished business.

9.17 Miscellaneous and new business.

9.18 Recess.

9.19 Closing session.

9.20 Roll call.

9.21 Consideration of unfinished business of previous meeting.

9.22 Report of Reference Committees.

9.23 Miscellaneous and new business.

9.24 Election of Officers, Delegates and Alternate Delegates to the American Medical Association.

9.25 Election of Trustees.

9.26 Installation of Officers, Delegates and Alternate Delegates to the American Medical Association.

9.27 Installation of Trustees.

9.28 Unfinished business.

9.29 Adjournment.

Section 10.00 MEMORIALS AND RESOLUTIONS.

10.01 INITIATION. A memorial or resolution may be initiated by a component society or by a member of the association, and must be signed by either the secretary of the component society or by the member, respectively.

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10.02 FILING. All memorials and resolutions to be considered by the House of Delegates must be filed with theExecutive Office of the association at least 30 days prior to the meeting at which they are to be considered. The Board of Trustees may initiate, or may recommend to the House of Delegates a memorial or resolution from a component society, waiving the requirement for prior filing.

10.03 APPROVAL. All memorials and resolutions approved by the House of Delegates shall be in the name of the association.

10.04 DELEGATED AUTHORITY. When the House of Delegates is not meeting, resolutions may be issued by the Board of Trustees in the name of the association.

10.05 CERTIFICATES OF ACCOMPLISHMENT. Accomplishments in the field of medicine may be recognized by a Certificate of Accomplishment. Such award shall be initiated by a component society, approved by the Board of Trustees prior to the annual meeting, and voted by the House of Delegates.

CHAPTER V

Board of Trustees

Section 1.00 COMPOSITION. The Board of Trustees is composed of the association's General Officers and Trustees to be elected from each of the fourteen authorized Trustee Districts, except that a district with 200 physician-members or more shall be entitled to two Trustees. In computing the physician population of each Trustee District, only Active, Active Dues-Exempt and Life Members shall be counted. An Alternate Trustee shall be elected for each Trustee, but such Alternate Trustee shall serve only in the absence of his respective Trustee. The Chairman of the Board of Trustees may invite such ex-officio members to meetings as deemed necessary or advisable in the conduct of business.

Section 2.00 ELECTION OF DISTRICT TRUSTEES. Trustees and Alternate Trustees shall be elected by the House of Delegates at the annual meeting, based upon nominations made by the Delegates from their respective districts. In Trustee Districts consisting of more than one county, the Trustee and Alternate Trustee shall not be elected from the same county.

Section 3.00 TERMS OF OFFICE. All Trustees and Alternate Trustees representing Trustee Districts shall be elected at the annual meeting for concurrent terms of three years each. The General Officers shall serve on the Board of Trustees during their terms of office.

301 TENURE. No District Trustee shall be elected for more than two full consecutive terms, and shall be ineligible at the expiration of that term for immediate election to Alternate Trustee. This limitation does not apply to Alternate Trustees.

Section 4.00 APPORTIONMENT OF TRUSTEE DISTRICTS. The State of Oklahoma has been divided nto fourteen (14) Trustee Districts, as provided in Chapter IV, Section 7.00, composed of the following counties:

District No. 1 - Criag, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington.

District No. 2 - Kay, Noble, Osage, Payne, Pawnee.

District No. 3 - Garfield, Grant, Kingfisher, Logan.

District No. 4 - Alfalfa, Beaver, Cimarron, Dewey, Ellis, Harper, Major, Texas, Woods, Woodward.

District No. 5 - Beckham, Blaine, Canadian, Custer, Roger Mills.

District No. 6 - Oklahoma.

District No. 7 - Cleveland, Creek, Lincoln, Okfuskee, Pottawatomie, McClain.

District No. 8 - Tulsa.

District No. 9 - Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner.

District No. 10 - Haskell, Hughes, Latimer, LeFlore, Pittsburg, Seminole.

District No. 11 - Atoka, Bryan, Choctaw, Coal, McCurtain, Pushmataha.

District No. 12 - Carter, Garvin, Johnston, Love, Marshall, Murray, Pontotoc.

District No. 13 - Caddo, Comanche, Cotton, Grady, Jefferson, Stephens.

District No. 14 - Greer, Harmon, Jackson, Kiowa, Tillman, Washita.

4.01 CHANGE OF DISTRICTS. The House of Delegates may revise the composition of Trustee Districts. Such revision shall require a two-thirds vote of the Delegates present.

Section 5.00 MEETINGS. The Board of Trustees shall meet as provided by the Constitution. One meeting shall be held immediately prior to the annual meeting of the association.

5.01 QUORUM. At any meeting of the Board of Trustees, a majority of the Trustees shall constitute a quorum.

5.02 PRESIDING OFFICER. The presiding officer of the Board of Trustees shall be the Chairman of the Board, who is elected by the Board from among its own members at its annual meeting. The term of office for the Chairman is one year, and he is limited to three consecutive terms in this position. A Vice-Chairman shall be elected by the Board from among its own members to serve concurrently with the Chairman and according to the same limitation of tenure. The Vice-Chairman shall preside in the absence of the Chairman of the Board. The President of the association is ineligible for election to either office.

Section 6.00 GENERAL DUTIES. The Board of Trustees shall perform all acts and transact all business for or on behalf of the association, and shall manage the finances, property, and conduct the affairs, work and activities of the association, except as may be otherwise provided in the Constitution or Bylaws. It shall carry out or supervise the attainment of directives from the House of Delegates. When the House of Delegates is not in session, the Board of Trustees may exercise legislative powers normally conferred upon the House, provided that no action may be taken which is contrary to a general of specific policy prescribed by the House of Delegates. The Board of Trustees shall endeavor to promote unity of purpose and friendly relations between all members and component societies of the association.

Section 7.00 SPECIFIC DUTIES. In addition to the rights and duties conferred or imposed on the Board of Trustees elsewhere in the Constitution and Bylaws, the Board of Trustees shall perform other duties as prescribed in this section.

7.01 ANNUAL REPORT. The Board of Trustees shall report annually to the House of Delegates at the time of the annual meeting. The report shall be presented on behalf of the Board of Trustees by the Chairman of the Board.

7.02 BUDGET AND AUDIT. The Board of Trustees shall prepare an annual budget of income and expenses, and shall present it to the House of Delegates for consideration. The report shall be presented for the Board of Trustees by the Secretary-Treasurer. The Board of Trustees may prescribe a method of accounting for the association. Three members of the Board

shall be appointed as a Committee on Appropriations and Auditing, and this committee shall be responsible for an annual audit of accounts of the association.

7.03 JUDICIAL AUTHORITY. The judicial power of the association shall be vested in the Board of Trustees, whose decision on behalf of this association shall be final.

7.031 ORIGINAL JURISDICTION. The Board of Trustees shall have original jurisdiction in: (a) All questions involving the interpretation of the Constitution and Bylaws of this association; (b) All controversies involving ethics or arising under this Constitution and Bylaws to which the Oklahoma State Medical Association is a party; (c) All controversies between two or more component societies, or between a component society and a member of another component society; (d) All matters where a showing is made that an objective forum cannot be obtained or has not been obtained in a component society, based upon the motion of a member of the Board of Trustees which is supported by a majority of Trustees present; and (e) All matters of professional conduct properly referred to the Board of Trustees by the Grievance Committee as set forth in Chapter X (7.06 (d) and 7.07) of these Bylaws.

7.032 DELEGATION OF AUTHORITY. The Grievance Committee of the association shall be the investigating committee of the Board of Trustees on matters involving judicial decision. The Board of Trustees, in its discretion, may refer appropriate complaints or controversies to the Grievance Committee for investigation under the rules governing Grievance Committee procedure; and it shall receive and act upon matters properly brought to its attention by the Grievance Committee. In either instance where the Grievance Committee becomes involved in a problem of original jurisdiction, it shall report its findings and recommendations to the President, and shall prefer and prosecute any charges before the Board of Trustees.

7.033 APPELLATE JURISDICTION. The Board of Trustees shall have appellate jurisdiction for this association in all cases arising between a component society and one or more of its members. Notice of appeal shall be filed with the Board of Trustees in writing within 30 days of the date of the decision by the component society, and the appeal shall be perfected within 60 days from the date of notice.

7.034 MEETINGS, RULES OR PROCEDURE. The Board of Trustees may function in judiciary capacity at any annual or called meeting. It shall enact its own rules of procedure for hearing and disposing of cases of original or appellate jurisdiction; provided, however, that all parties to a controversy, including the Grievance Committee and the Board of Trustees, are entitled to legal counsel, adequate notice of charges, adequate notice of hearing, and the right of cross examinations.

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7.06 CENTRAL OFFICE. The Board of Trustees shall establish and maintain a central office.

7.035 PENALTIES. In carrying out its responsibilities involving problems of original association jurisdiction, the Board of Trustees may penalize any member of the association who has been found guilty of unprofessional conduct, ethical or organizational violations by: (a) Official written reprimand to the member and written notice to the officers of his component medical society; (b) Suspension from membership for a fixed period of time; (c) Termination of membership; (d) The reporting of gross offenders to the Oklahoma State Board of Medical Examiners; or (e) Any appropriate combination of such penalties. When acting in an appellate capacity, the Board of Trustees may affirm, reverse or render such judgement as should have been rendered by a component society.

7.036 APPEALS TO THE AMERICAN MEDICAL ASSOCIATION. Judicial decisions of the Board of Trustees may be appealed to the Judicial Council of the American Medical Association in accordance with that organization's Constitution and Bylaws. In such event, the decision of the Board of Trustees shall not be suspended pending the appeal to the AMA Judicial Council.

7.04 ISSUANCE OF CHARTERS. A medical society desiring to become a component society of the association, shall file a request for a charter, together with a copy of its constitution and bylaws with the association. Upon approval of the Board of Trustees, and authorization by the House of Delegates, a charter, signed by the President and Secretary-Treasurer of the association, shall be issued.

7.041 REVOCATION OF CHARTERS. The Board of Trustees may recommend to the House of Delegates the revocation of a charter for cause.

7.05 AMALGAMATION. The Board of Trustees may approve the amalgamation of two or more component societies, and may approve separations of such societies upon request. Final authorization shall be by action of the House of Delegates.

~~7.06 EMPLOYEES; OFFICES. The Board of Trustees shall select or approve all employees of the association, and shall determine all conditions of employment. It shall establish and maintain a central office.~~

7.07 EDITORIAL BOARD OF THE JOURNAL. The Board of Trustees shall appoint an Editorial Board for the Journal of the Oklahoma State Medical Association consisting of three members appointed for staggered tenures of three years each. One Editorial Board member shall be designated by the Board of Trustees as Editor-In-Chief. Editorial Board appointments may be revoked at will.

7.08 JOURNAL, MEMBERSHIP DIRECTORY. The Board of Trustees shall authorize the publication of a monthly journal of the association and a periodic membership directory.

Section 8.00 ADMINISTRATION AND ANNUAL PROGRAM OF ACTIVITIES. The Board of Trustees shall adopt administrative rules of procedure necessary to carry out the duties herein described, and shall develop an Annual Program of Activities based on recommendations submitted by the Council on Planning and Development. The program of priority projects shall be considered and developed at the annual meeting of the Board of Trustees for implementation during the succeeding organizational year.

7.09 **FIFTY YEAR PINS. The Board of Trustees may award Fifty Year Pins to members who have practice medicine for 50 years or more since graduating from medical school. Application for such awards must be initiated by component medical societies and, upon approval, the pins shall be presented to the recipients by appropriate members of the Board of Trustees. Receipt of a Fifty Year Pin does not in itself change the member's classification of membership.**

~~Section 8.00 ADMINISTRATION. The Board of Trustees shall adopt administrative rules of procedure necessary to carry out the duties herein described.~~

CHAPTER VI

Election of Officers, Trustees

Section 1.00 OFFICERS, TRUSTEES. The General Officers of the association shall be the President, President-Elect, Immediate Past-President, Vice-President, Secretary-Treasurer, Speaker of the House of Delegates and Vice-Speaker of the House of Delegates. The composition of the Board of Trustees is defined in Chapter V, Section 1.00 of these bylaws.

Section 2.00 ELECTORATE. The House of Delegates shall elect the General Officers, Trustees and Alternate Trustees of the association at the annual meeting.

Section 3.00 TENURE. The President-Elect and the Vice-President shall be elected for terms of one year each; the Secretary-Treasurer, Speaker and Vice-Speaker of the House of Delegates shall be elected for terms of two years each. At the expiration of his term, the President-Elect shall become President for a period of one year. Trustees and Alternate Trustees shall be elected for concurrent terms of three years each; provided that the tenure of a Trustee is limited to two consecutive full terms.

Section 4.00 ELIGIBILITY. Any Active or Life Member in good standing, who has full membership rights and privileges, may be elected as a General Officer, Trustee, or Alternate Trustee.

Section 5.00 NOMINATIONS. Candidates for General Officer positions may be nominated by any member of the House of Delegates. Candidates for Trustee or Alternate Trustee must be nominated by a Delegate from their Trustee Districts, as provided in Chapter V, Sections 1.00 and 2.00 of these bylaws.

Section 6.00 TIME. Nominations for all elective offices shall be made only in the opening session of the annual meeting of the House of Delegates.

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Section 7.00 ELECTION. General Officers, Trustees, and Alternate Trustees shall be elected in the closing session of the annual meeting of the House of Delegates.

Section 8.00 BALLOT. All contested elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. If no nominee receives a majority of the votes cast on the first ballot, the nominee receiving the fewest votes shall be dropped from the list and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of the votes cast. Where there is only one nominee for an office, a majority vote, without ballot, shall elect. In the event of a tie between the two nominess receiving the least number of votes, a new ballot shall be taken.

Section 9.00 GENERAL OFFICER VACANCIES. Vacancies in any general office, except President, President-Elect and Speaker of the House of Delegates, shall be filled by appointment of the President, with the approval of the Board of Trustees, effective until the next annual meeting, at which time the House of Delegates shall elect a successor to either begin a new term or to complete any unexpired term. A vacancy in the office of President shall be filled automatically by the Vice-President, and a vacancy in the office of the Speaker of the House of Delegates shall be filled automatically by the Vice-Speaker. If the office of President-Elect becomes vacant, the President shall immediately call a special session of the House of Delegates for the purpose of filling the vacancy by election.

Section 10.00 TRUSTEE VACANCIES. A vacancy occurring in the position of District Trustee shall be filled automatically by the authorized Alternate Trustee. A vacancy occurring in the position of District Alternate Trustee shall be filled by appointment of the Board of Trustees, after considering nominations received from the presidents of affected component medical societies. Such appointments by the Board of Trustees shall expire at the next annual meeting, at which time the House of Delegates shall elect a successor to fill the unexpired term.

CHAPTER VII

Duties of Officers

Section 1.00 PRESIDENT. The President shall be a voting member of the House of Delegates, Board of Trustees, and of certain committees as provided in these bylaws, and shall be an ex-officio member of all other councils and committees he appoints. The President shall be the chief representative of the association and shall coordinate and supervise all association activities.

Section 2.00 PRESIDENT-ELECT. The President-Elect shall become President upon installation at the annual meeting following his election. During his term of office as President-Elect, he shall be a member of the

House of Delegates, the Board of Trustees and of certain committees as provided in these bylaws.

Section 3.00 VICE-PRESIDENT. The Vice-President shall assist the President in the coordination and supervision of all association activities. He shall be a member of the House of Delegates and the Board of Trustees. In the event of the death, resignation, removal from the state, disqualification or disability of the President, as determined by the Board of Trustees, the Vice-President shall succeed to the Presidency for the unexpired term.

Section 4.00 SECRETARY-TREASURER. The Secretary-Treasurer shall be a member of the House of Delegates and the Board of Trustees. He shall keep the minutes of all meetings of the House of Delegates. As Treasurer he shall give bond in the amount specified by the Board of Trustees. He shall be custodian of all funds of the association and shall make all authorized disbursements on voucher, signed by the Executive Director and countersigned by the President. He shall render an annual account of all receipts, expenditures, funds invested and on hand to the Board of Trustees and House of Delegates, and shall open his books and records to such audit or inspection as may be ordered by the Board of Trustees or House of Delegates. He shall invest reserve funds on order of the Board of Trustees. When authorized by the Board of Trustees, he may borrow money in the name of the association and may pledge property of the association as security for the repayment thereof.

Section 5.00 SPEAKER OF THE HOUSE OF DELEGATES. The Speaker shall be a member of the House of Delegates, the Board of Trustees, and of committees as provided in these bylaws. He shall preside at all meetings of the House of Delegates. In the absence of the Vice-Speaker, he may designate any member of the House to preside temporarily. In the event of vacancy in the offices of President and Vice-President, he shall become acting President for the unexpired term.

Section 6.00 VICE-SPEAKER OF THE HOUSE OF DELEGATES. The Vice-Speaker shall be a member of the House of Delegates and the Board of Trustees. He shall preside in the absence of the Speaker. He shall become Speaker for the unexpired term upon occurrence of a vacancy in that office.

Section 7.00 IMMEDIATE PAST-PRESIDENT. The Immediate Past-President of the association shall remain as a general officer of the association for a period of one year following his tenure as President, and shall be a member of the House of Delegates during this period. He shall serve as Chairman of the Committee on Planning, as a member of the Board of Trustees and as a member of other committees as specified in these bylaws.

CHAPTER IX

Councils

Section 1.00 COUNCILS. The Councils of the association shall be: Council on Planning and Development, Council on Members Services, Council on Medical Service. Council on Professional and Public Relations, Council on Governmental Activities, Council on Medical Education, and Council on Public and Mental Health.

1.01 PURPOSE. The Councils shall assist the President in the planning and conduct, supervision and control of appropriate aspects of association activities. At the discretion of the President, association Standing Committees and Special Committees may be grouped under the direction of appropriate Councils.

1.02 APPOINTMENT. The Council on Planning and Development shall be chaired by the Immediate Past President, and shall otherwise consist of the President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Board of Trustees, the Chairmen of all other association Councils, and Delegates and Alternate Delegates to the American Medical Association. Other Councils, as identified in succeeding sections of this chapter shall be appointed annually by the President and shall consist of no less than nine members of the association. The membership of each Council may include the chairmen of the committees under its direction. Except for the Council on Planning and Development, appointments shall be based on staggered tenures of three years each.

Section 2.00 COUNCIL ON PLANNING AND DEVELOPMENT.

2.01 DUTIES. The Council will study and make recommendations to the Board of Trustees and to the House of Delegates concerning the long-range objectives of the Association, and will assess and make recommendations regarding the resources and programs necessary to reach these objectives. It will also present at each annual meeting its recommendations to the Board of Trustees regarding an Annual Program of Activities which must be consonant with long-range planning objectives.

Section 3.00 COUNCIL ON MEMBERS SERVICES.

3.01 DUTIES. The Council will assume responsibility to plan and carry out services of all types having direct benefit to association members and constituent county or district medical societies of the association, including but not limited to insurance benefit programs, special publications, travel programs, services to the Woman's Auxiliary, student and house staff relations, speakers services, membership surveys, personal services including counseling, membership recruitment, and adjudication of disputes. The activities of the Council shall be governed by the association's Annual Program of Activities as determined and interpreted by the Board of Trustees.

CHAPTER VIII

The Journal

Section 1.00 OFFICIAL PUBLICATION. The official publication of the association shall be the Journal of the Oklahoma State Medical Association.

Section 2.00 FREQUENCY. The Journal shall be published and distributed monthly, unless modified by action of the Board of Trustees.

Section 3.00 MANAGEMENT. The Executive Director of the association shall be the Business Manager of the Journal subject to the policies established by the Editorial Board and the Board of Trustees.

Section 4.00 EDITORIAL BOARD. Three members of the association shall be appointed by the Board of Trustees to staggered terms of three years each on the Editorial Board. One Editorial Board member shall be named Editor-In-Chief by the Board of Trustees.

4.01 DUTIES OF THE EDITORIAL BOARD. The Editorial Board shall determine the editorial policies of the Journal under supervision of the Board of Trustees. It shall select articles for publication, consult with the Business Manager on advertisers, financial statements, format and association news coverage, and perform all other acts necessary or expedient in publication of the periodical.

4.02 EDITOR-IN-CHIEF. -In-Chief shall supervise and coordinate all activities of the Editorial Board. In addition, in order to keep well informed on association policy, he shall be the guest of the Board of Trustees and House of Delegates at all meetings.

Section 5.00 ACCOUNTS. Separate income and expense accounts shall be maintained for all transactions related to publication of the Journal. An audit of such accounts shall be submitted to the Board of Trustees and House of Delegates at the end of each fiscal year, and a separate budget for the Journal activity shall be presented to the Board of Trustees and House of Delegates at the annual meeting for the succeeding year.

CHAPTER IX

Councils

Section 1.00 COUNCILS. The Councils of the association shall be: Council on Public Policy, Council on Insurance, Council on Continuing Medical Education, Council on Socio-Economic Activities, Council on Public Health and Council on Professional and Intervocational Relations.

CHAPTER X

Committees

Section 1.00 STANDING COMMITTEES. The standing committees ~~the~~ association shall be: Constitution and Bylaws Committee, ~~Medical-~~ ~~pier Liaison Committee,~~ Executive Committee, ~~the Committee on Planning,~~ ievance Committee, and the Financial Aid to Education Committee.

PHYSICIANS COMMITTEE

1.01 PURPOSE. The Councils shall assist the President in the planning and conduct, supervision and control of appropriate aspects of the association program. At the discretion of the President, association standing committees and special committees may be grouped under the direction of appropriate councils.

1.02 APPOINTMENT. Each council shall consist of at least six members of the association, and the membership of each council may include the chairmen of the committees under its direction. Physicians will be appointed to the councils by the President, to serve concurrently with his term of office, provided that at least two or more incumbent council members shall be retained in order to assure continuity.

CHAPTER X

Committees

Section 1.00 STANDING COMMITTEES. The standing committees of the association shall be: Scientific Assembly Committee, Constitution and Bylaws Committee, Medical Center Liaison Committee, Executive Committee, the Committee on Planning, Grievance Committee, and the Financial Aid to Education Committee.

Section 2.00 SCIENTIFIC ASSEMBLY COMMITTEE. The Scientific Assembly Committee shall consist of at least six members, appointed for staggered terms of three years each by the President.

2.01 DUTIES. The Scientific Assembly Committee, with the approval of the Board of Trustees, shall work with all other interested medical and allied health organizations to arrange for joint meetings of a scientific and medical nature. It shall be responsible for assisting in the planning, conduct and publicity of such programs, and for the planning and conduct of other related events and functions not otherwise assigned to other association committees and officers. The committee may request the president to appoint special committees or advisory groups to assist in the proper conduct of its program.

Section 3.00 CONSTITUTION AND BYLAWS COMMITTEE. The Constitution and Bylaws Committee shall consist of at least six members, appointed for staggered terms of three years by the President and approved by the Board of Trustees.

3.01 DUTIES. The committee shall consider amendments proposed by members of the association or by component societies, and shall present them with its recommendations to the House of Delegates for consideration. The committee may originate amendments to the Constitution and Bylaws and submit them in like manner to the House of Delegates. If the committee refuses to present a proposed amendment to the House of Delegates, it may be

3.01 DUTIES. The Executive Committee may act on behalf of the association on administrative matters not involving major policy decisions, providing such actions are not contrary to established administrative policies of the Board of Trustees or House of Delegates. It shall report all of its official actions to the Board of Trustees at the next regular meeting of the Board. It shall select or approve all employees of the association and shall establish salaries and conditions of employment. It shall meet on the call of the President.

presented on the floor of the House by any Delegate. The committee may be called on by the Board of Trustees to serve in an advisory capacity in any judicial hearings involving an interpretation of the Constitution and Bylaws.

7.02 MEETINGS. The Constitution and Bylaws Committee shall meet at necessary intervals to expedite the preparation of amendments and recommendations for presentation at the opening session of the annual meeting of the House of Delegates.

Section 4.00 MEDICAL CENTER LIAISON COMMITTEE. The Medical Center Liaison Committee shall consist of at least six members, appointed for staggered terms of three years each by the President and approved by the Board of Trustees.

4.01 DUTIES. The Medical Center Liaison Committee shall establish necessary liaison with the University of Oklahoma College of Medicine and with the Board of Regents of the University of Oklahoma. In addition, it shall develop and sustain a program designed to interest well qualified and motivated students in medicine as a career.

Section 5.00 EXECUTIVE COMMITTEE. The Executive Committee shall consist of the General Officers of the association as defined in Chapter VI, Section 1.00, and the Chairman of the Board of Trustees.

5.01 DUTIES. The Executive Committee may act on behalf of the association on administrative matters not involving major policy decisions, providing such actions are not contrary to established administrative policies of the Board of Trustees or House of Delegates. It shall report all of its official actions to the Board of Trustees and the House of Delegates at the next regular meeting of either. It shall meet on call of the President.

Section 6.00 COMMITTEE ON PLANNING. The Committee on Planning shall consist of the President, President-Elect, Immediate Past-President, Speaker of the House of Delegates, the Chairman of the Board of Trustees, and the chairmen of all association Councils. The Immediate Past-President of the association shall serve as chairman.

6.01 DUTIES. It shall be concerned with long-range planning of association objectives, and shall advise the Board of Trustees concerning future programming of association activities and the development of necessary ways and means to meet important objectives effectively. The committee shall review current problems in relationship to state and national trends, and shall make estimates of future conditions which may require adjustments in current association activities and in future programming. A program of priority projects may be recommended by the committee for the consideration of the Board of Trustees and the General Officers of the association.

6.02 MEETINGS. The Committee on Planning shall meet at least twice a year, and shall report its recommendations to the Board of Trustees no later than March 1st of each year in order that such recommendations as approved by the Board may be incorporated into the Board's annual report to the House of Delegates.

Section 7.00 GRIEVANCE COMMITTEE. The Grievance Committee shall consist of the last five living Past-Presidents who are residing in the State of Oklahoma. The senior member from the standpoint of service shall be chairman.

7.01 COMPLAINTS. The Grievance Committee shall investigate all complaints referred to it directly by the complainant or by the Board of Trustees, provided all complaints to be considered must be submitted in writing and be signed by either the complainant or the presiding officer of the Board of Trustees. In addition to complaints which may be referred to the Grievance Committee for investigation by the Board of Trustees, as provided in Chapter V, Section 7.032 of these bylaws, the committee may receive and investigate all complaints presented in writing by any person or organization concerning the ethical or professional conduct of any member of the association.

7.02 PURPOSE. It shall be the purpose of the Grievance Committee to mediate complaints to the mutual satisfaction of the complainant and the accused physician, and to thereby enhance public or intraprofessional relations.

7.03 JURISDICTION. The committee may assume original jurisdiction in all complaints properly presented to it, or it may refer such complaints directly to the Board of Trustees or to the Grievance Committee or Board of Censors of a component medical society.

7.04 RULES OF PROCEDURE. The committee shall enact its own rules of procedure, provided that the accused physician shall receive full notice of the complaint, and shall be given the opportunity of a full hearing on the substance thereof, including the right of cross-examination.

7.05 PHYSICIAN COOPERATION. Full cooperation with the Grievance Committee is mandatory upon every member of the association. Willful failure of a member to communicate satisfactorily with the committee, or willful failure to appear before the committee when summoned, or disregard of committee recommendations toward the solution of a problem, shall be considered sufficient cause for the committee to refer a record of such conduct to the Board of Trustees with recommendations for appropriate disciplinary action.

7.06 DISPOSITION OF CASES. After the investigation and deliberation of a complaint, the committee shall have a choice of one of the following dispositions: (a) To dismiss the case because of insufficient

grounds, and t...
(b) To attempt t... ise the complainant and the accused physician;
of all parties ... ate the complaint to the satisfaction and understanding
accused physi... d: (c) To recommend corrective actions on the part of the
reasonable leng... quiring satisfactory evidence of compliance within a
natives, to ref... me; or, (d) In the absence of other satisfactory alter-
record and re... ase to the Board of Trustees, together with a complete
dations for appropriate disciplinary measures.

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information on ... for disciplinary purposes must be supported by complete
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Committee shall ... ecommendations for disciplinary penalties. The Grievance
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the direction ... of office, and shall be appointed on his own initiative
he Board of Trustees or House of Delegates.

CHAPTER XI

Component Societies

Section 1.00 CONSTITUTION AND BYLAWS. Each component society shall have a constitution and bylaws. These shall be in conformity with the Constitution and Bylaws of the Oklahoma State Medical Association and a copy thereof shall be transmitted to the headquarters of this association for approval and record. Any amendment or change in such constitution and bylaws of component societies shall be submitted to the Board of Trustees for its approval and then filed with the Executive Office.

Section 2.00 CHARTER. All societies chartered by the association shall be component societies.

Section 3.00 REVOCATION OF CHARTER. The House of Delegates on its own initiative or on recommendation of the Board of Trustees may revoke the charter of a component society for cause, or for failure of representation of that society by a Delegate at three consecutive annual meetings of the House of Delegates.

Section 4.00 MEETINGS. A component society must meet at least [illegible] times each year. Officers shall be elected in November or December for the succeeding year.

Section 5.00 CERTIFICATION OF OFFICERS. A list of officers, Delegates and Alternates elected shall be certified to the association on or before January 15 of each year.

Section 6.00 DISTRICT SOCIETIES. District societies may be organized on petition to the Board of Trustees, authorized by the House of Delegates, provided byat one active member resides in each county of the district and that the county societies agree to dissolve and surrender their charters at the time of chartering the district society.

Section 7.00 TRANSFER OF MEMBERSHIP. When a member of a component society changes the location of his predominant medical practice to another county, he shall receive a certificate of the facts relating to his membership from his component society, and if in good standing, may continue in that status for a period of not more than one year, pending action upon his application for membership in the society to which he wishes to transfer. If such application is not approved, the applicant may appeal to the Board of Trustees for relief. The decision of the Board of Trustees shall be final.

Section 8.00 RESIDENCE NEAR A COUNTY BOUNDARY. It is the general policy of this association that membership should be maintained in the medical society of the county in which a member maintains his predominant medical practice. For good and sufficient reasons, however, a physician who resides near a county boundary can request and may receive a special dispensation from the Board of Trustees to belong to a medical society in a county other than the one wherein he maintains his predominant medical practice.

Section 9.00 DUAL MEMBERSHIP. Membership in more than one component medical society is prohibited unless the petitioning member can demonstrate justifiable need to the Board of Trustees. In cases where special dispensation may be granted by the Board of Trustees, a physician will be carried on the official association roster for the component society of his predominant medical practice, and all dues and assessments for the Oklahoma State Medical Association shall be collected through this component society. Any disciplinary or official action taken by one component society shall be binding on the other component society and on this association, in accordance with these bylaws. For purposes of determining a component society's representation in the House of Delegates, the physician with dual membership privileges shall only be counted in the component society of his predominant medical practice.

Section 10.00 LESS THAN FIVE PHYSICIANS IN A COUNTY. A physician practicing in a county where less than five (5) practicing physicians reside, for which there is no component medical society, is eligible for membership in the society of an adjoining county.

Section 11.00 DISCIPLINE OF MEMBERS. No disciplinary action shall be taken by a component society against one of its members unless he shall have received a written copy of the charges against him ten days in advance of hearing. Records shall be kept of all hearings. When such actions affect membership status, a certified copy of such record shall be transmitted to the association within 30 days of the date a decision is made.

Section 12.00 APPEALS. Members against whom disciplinary action has been taken by a component society, may appeal to the Board of Trustees in writing within 30 days of the decision by the component society. Failure of the component society to transmit a certified record of the hearing may result in re-instatement of the accused as a member in good standing.

CHAPTER XII

Parliamentary Procedure

In the absence of a specific provision governing parliamentary procedure, the procedure specified by the latest edition of Robert's Rules of Order shall govern.

CHAPTER XIII

Amendments

These bylaws may be amended by majority vote of the Delegates present at any annual meeting. All amendments shall be presented in writing at one session and may be adopted only at a subsequent session. No amendment shall become effective until the close of the annual meeting at which time it is adopted.

CHAPTER XIV

Enabling and Repealing Clause

Adoption of this revision of the bylaws shall repeal all previous bylaws, amendments, motions of records, rules and regulations in conflict therewith.

FEC
DOCUMENT
SEPARATOR

Ex. #5 KK

OREGON MEDICAL ASSOCIATION

Articles of Incorporation and Bylaws

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Oregon Medical Association

BYLAWS OF THE OREGON MEDICAL ASSOCIATION
a non-profit Corporation
(as revised and adopted September 26, 1976)

CHAPTER I. NAME

The name of this organization shall be the OREGON MEDICAL ASSOCIATION, successor to the Oregon State Medical Society, an unincorporated association.

CHAPTER II. PURPOSES

The corporation is organized to federate and to bring together into one compact organization the entire ethical medical profession in this State; to unite with similar organizations in other states and territories of the United States to form the American Medical Association; to promote the science and art of medicine; advance medical education and knowledge, and promote public health and sanitation; and to charge and revoke the charters of the component medical societies of this Association.

CHAPTER III. COMPOSITION OF THE ASSOCIATION

The membership of the Association shall consist of those members in good standing of the several component medical societies of the Association who elect to join this Association and are not otherwise ineligible for membership under these Bylaws; and those persons who are designated as honorary members of the Association by the Board of Trustees.

CHAPTER IV. CLASSIFICATIONS OF MEMBERSHIP

Section A. Members of this Association shall be classified, as each is qualified, according to several classes of membership, as defined in Subsections 1-8 of this section. The privileges and responsibilities of these classes shall also be outlined in Subsections 1-8 of this section.

1. ACTIVE members shall be physicians who are licensed to practice medicine by the Board of Medical Examiners in the State of Oregon. Such members shall have the right to vote, hold office, and all other privileges of membership in this Association.

2. ASSOCIATE members shall be physicians who are full-time employees of any governmental agency, and who receive no significant compensation from the private practice of medicine; or who are engaged in full-time scientific work in connection with a reputable institution of learning and receive no significant compensation from the private practice of medicine; or who are engaged in postgraduate medical training in an institution approved for such training by the Council on Medical Education of the American Medical Association. Such members shall have the right to vote, hold office, and all other privileges of membership in this Association.

CHAPTER IV., Section A (Continued)

3. AFFILIATE members shall be full-time medical students in an institution approved for such training by the Council on Medical Education of the American Medical Association. Such members shall not have the right to vote or hold office, except that the University of Oregon Health Sciences Center School of Medicine Chapter of the American Medical Students Association shall have two representatives from its membership who are also Affiliate members of this Association to serve as voting members of this Association's House of Delegates.

4. LIFE members shall be physicians who have been Active or Associate members of this Association for 30 years and who have fully retired, or who have attained age 65. Such membership may be granted by the Board of Trustees, contingent upon the applicant's election to a similar status by his component society. Such members shall have the right to vote, hold office, and other privileges of membership in this Association.

5. EMERITUS members shall be physicians who have been Active or Associate members of this Association for less than 30 years and who are retired. Such membership may be granted by the Board of Trustees, contingent upon the applicant's election to a similar status by his component society. Such members shall not have the right to vote or hold office in this Association.

6. INACTIVE members shall be physicians who are located in foreign countries and engaged in medical, missionary, or similar educational or philanthropic endeavor; or members of this Association who are temporarily practicing outside the State of Oregon. Such membership may be granted by the Board of Trustees. Such members shall not have the right to vote or to hold office in this Association.

7. HONORARY members shall be physicians who have distinguished themselves in any department of medicine; or members of scientific, literary, or other organizations whose interest, research or contributions have assisted in the advancement of the science of medicine; or persons who have performed outstanding service on behalf of scientific medicine. Such members shall not have the right to vote or hold office in this Association. The number of Honorary members shall not exceed 10 percent of the total membership of the Association.

Section B. The Board of Trustees shall review the applications of persons for all classifications of membership. The Board shall then award or refuse to award the appropriate membership.

Section C. Nothing in the Articles of Incorporation or Bylaws of this Association shall be construed to give the benefits of membership to a physician who hereafter becomes delinquent in dues or assessments to a component society of this Association, whether or not he is a member in good standing of another component society of this Association, or who is under sentence of suspension or expulsion of his component society, this Association, or the American Medical Association, provided such suspension or expulsion is pursuant to the constitution or bylaws of said

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CHAPTER IV., SECTION C. (Continued)

societies; or a person whose license to practice medicine in the State of Oregon has been revoked or suspended.

Section D. Nothing in the Articles of Incorporation or Bylaws of this Association shall be construed to prevent the appointment or service of members of any class on committees of the Association.

Section E. Any member of this Association who may move to another state or territory of the United States may maintain membership in the Association for one year following vacation from the State, providing that such member pay any dues or assessments which a member of the class which may be held at the time of vacation would be required to pay. Such members shall not have the right to vote or hold office in this Association.

Section F. Application for any class of membership, or acceptance of membership or use of any privileges of membership in the Association or any of its component societies, shall be deemed and taken to be in agreement on the part of the member to be bound by the Articles of Incorporation and Bylaws of this Association, together with regularly adopted amendments thereto, and the actions of the Association or officers thereof taken pursuant to said Articles of Incorporation and Bylaws, exclusive of any other remedy.

CHAPTER V. DUES AND DELINQUENCY

Section A. The House of Delegates shall determine the annual dues for membership in this Association and may also determine special assessments. Such dues and assessments shall be due and payable on January 1 of each year.

Section B. A member in good standing shall remit dues appropriate to his classification of membership as well as any assessments by April 30 of each year.

Section C. When a member's dues or assessments are unpaid by April 30 of the current year, said member shall be automatically suspended from membership. If dues or assessments remain unpaid on December 31 of the current year, said membership shall be automatically terminated.

1. A member who has been automatically suspended for nonpayment of dues may apply for reinstatement by payment of sums for which he is delinquent and current year's dues and assessments. The Board of Trustees shall then consider the reinstatement of a member so suspended and, providing no other cause for excluding him exists, may reinstate or refuse to reinstate him.

2. A member whose membership has become automatically terminated for nonpayment of dues or assessments may apply to this Association for readmission in the same classification he enjoyed, or that changed conditions warrant, within one year after such automatic termination. Such application shall be accompanied by the dues and assessments unpaid and current year's dues and assessments.

CHAPTER V. SECTION C. 2 (Continued)

The Board of Trustees shall then consider such application, and if such person is a member in good standing of his component society and there is no other cause for excluding him, may reinstate him to membership.

Section D. The annual dues for various classes of members shall be: for Active members $155, except that Active members shall pay one-half Active dues during the first year of their membership and three-quarters of Active dues during the second year of their membership; for Associate members $100; Life, Emeritus, Affiliate, Honorary, and Inactive members and members who are engaged in full-time postgraduate training shall not be required to pay dues.

Section E. The Board may remit dues of members under special circumstances.

CHAPTER VI. COMPONENT SOCIETIES

Section A. Component societies shall consist of those county or district societies which hold unrevoked charters from this Association or its predecessor, the Oregon State Medical Society, an unincorporated Association.

Section B. Only one component society shall be chartered in any one county. If the Board or the House of Delegates deem it advisable, a charter may be issued to a district society containing two or more counties each of which have no county medical society. Charters shall be issued to component societies on approval of the Board or the House of Delegates, and shall be signed by the President and Secretary of this Association.

Section C. The constitution and bylaws of the several component societies shall provide that the Articles of Incorporation and Bylaws of this Association shall bind such societies, and that no constitution or bylaws shall be enacted contrary to those of this Association. Use of privileges granted members by the Articles of Incorporation and Bylaws of this Association, or the constitution and bylaws of the predecessor of this Association, shall constitute an agreement to be so bound.

Section D. The Board shall revoke the charter of any component society when less than two-thirds of its members are members in good standing of this Association. Unless two-thirds of the members of a component society are members in good standing of this Association, none of its members shall be permitted to take any part in the meetings of this Association.

Section E. The charter of a component society may be revoked by a two-thirds vote of the Board or the House of Delegates upon: (a) failure to perform the duties required to be performed by such societies by the Articles of Incorporation or Bylaws of this Association; or (b) actions in conflict with the spirit and letter of the Articles of Incorporation and Bylaws of this Association; or (c) failure to comply with the policy of the House or Board of this Association; or (d) failure to require its members to abide by the Articles of Incorporation

CHAPTER VI., Section E. (Continued)

and Bylaws of this Association; or (e) failure to enforce the Principles of Medical Ethics of the American Medical Association.

Section F. Each component society shall judge the qualifications of its own members, subject to the provisions of the Articles of Incorporation and Bylaws of this Association, and action taken pursuant thereto. Any reputable physician regularly licensed to practice medicine and surgery who is practicing in accordance with the Principles of Medical Ethics may apply for membership. Any physician who fulfills the above requirements, and is refused membership in a component society, may appeal to the Board of Censors of this Association in the same manner provided by CHAPTER XII, Section F of these Bylaws. The decision of the Board of Censors shall be final, and shall be followed by each component society to which such action applied, unless the appropriate body of the American Medical Association shall reverse the Board.

Section G. When a member in good standing in a component society moves to another county or district in this State, he shall be given written certification of these facts by the secretary of his society, without cost, for transmission to the secretary of the society in the county or district to which he moves. Such member shall be considered to be in good standing in the county or district society from which he was certified in the Association to the end of the period (respectively) for which his dues have been paid.

Section H. The secretary of each component society shall keep a roster of said component society's members, on which shall be shown the full name current address, classification of membership in said component society, and any other information which may be deemed necessary.

1. In keeping such roster the component society's secretary shall note and monthly notify the secretary of this Association, of any changes in the personnel of said component society's membership, by death, by resignation, or by removal to or from the county.

2. The secretary of each component society shall report to the Association on July 1 and January 1 of each year, and any other time required by the Board, a list of members in good standing of his society. In making these semi-annual reports, the secretary of each component society shall endeavor to account for every member of said society who has lived within that county during the previous six months.

CHAPTER VII. HOUSE OF DELEGATES

Section A. The House of Delegates shall be the legislative body of this Association. It shall hold an annual meeting and may hold special meetings, as may be called in the manner provided by the Bylaws of this Association.

CHAPTER VII. (Continued)

Section B. The House of Delegates shall consist of:

1. Delegates elected by the component societies under the provisions of the Bylaws of this Association and the constitution and bylaws of such component societies.

2. The officers of this Association enumerated in CHAPTER IX, Section A of these Bylaws;

3. Any officer or trustee of, or delegate or alternate delegate to the American Medical Association who is a member of this Association.

4. Past Presidents of the Association who are Active or Associate members in good standing;

5. One representative of each scientific section of the Association as established under CHAPTER XIII, Section C of these Bylaws; and

6. Two representatives from the membership of the University of Oregon Health Sciences Center School of Medicine Chapter of the American Medical Student Association who are also Affiliate members of this Association, and have been elected by that organization by its voting membership.

Section C. At some meeting prior to the end of each calendar year, each component society shall select such delegates and alternates to represent it in the House of Delegates as it may be entitled to under these Bylaws. Such duly elected delegates and alternates shall serve a term of one year commencing January 1st. The secretary of each component society shall send a list of such delegates and alternates to the secretary-treasurer of this Association on or prior to January 15th of each year on a form supplied by this Association.

1. Such delegates and alternates shall become delegates and alternates of record until and including the next following December 31st.

2. Vacancies among delegates and alternates shall be filled in the manner determined by the component society in which the vacancy occurs. The secretary of such component society shall notify the secretary-treasurer of this Association of the member selected to fill any such vacancy.

Section D. Each component society shall be entitled to one delegate and one alternate for every twenty-five Active, Associate and Life members, or major fraction thereof, in good standing in this Association who were also members in good standing of such society, as of the date of the meeting to elect such delegates and alternates or as of the preceding December 31st; provided each component society shall be entitled to at least one delegate and alternate; and provided further, such society shall not otherwise be disqualified hereunder.

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CHAPTER VII (Continued)

Section E. If a sufficient number of delegates or alternates from any component society or scientific section is not present at a meeting of the House of Delegates to make up the number permitted such society or section, the House may elect acting delegates from among the members of such society or section present at such meeting, provided such members are otherwise qualified to act as delegates. Such acting delegates shall have all rights and privileges of regular delegates at the meeting at which they are elected, but only in the absence of the regular or alternate delegates.

Section F. The House of Delegates shall meet annually at the time and place of the annual session of the Association. The Board of Trustees may order a meeting of the House of Delegates in advance of such annual session, by giving the same notice as required for a special meeting of the House.

Section G. The Board of Trustees of the Association when regularly assembled, or the House of Delegates at the annual or at a special meeting, may order that a special meeting of the House be held, not earlier than twenty days after the meeting ordering such special meeting. In such event the secretary-treasurer shall mail a written notice to the delegates, alternates and other members of the House of Delegates, stating the time, place and purpose of said meeting, at least ten days before the date thereof. The House of Delegates shall have the same powers and privileges in such special meetings as in an annual meeting, unless some power is given by the Articles of Incorporation and Bylaws to be exercised only at the annual meeting.

Section H. The speaker shall appoint a credentials committee and such additional reference committees as may be required to consider the items of business before the House of Delegates. Such reference committees shall consider and make recommendations to the House on all reports and resolutions which shall have been referred to them.

1. At meetings of the House of Delegates, all delegates, alternates and other members of the House shall register with the chairman of the Credentials Committee appointed by the Speaker for that meeting.

2. A majority of the total potential voting membership of the House of Delegates shall constitute a quorum. The presence of a quorum shall be sufficient to decide any question the House is empowered to decide, unless otherwise provided by law or the Articles of Incorporation and Bylaws of this Association.

Section I. The speaker may also appoint such other committees as he may deem advisable, unless otherwise provided by motion, or the Articles of Incorporation and Bylaws of this Association.

Section J. The secretary-treasurer shall prepare a summary of the proceedings of the House of Delegates at its annual and any special meetings to be distributed to the delegates and component societies.

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CHAPTER VIII. BOARD OF TRUSTEES

Section A. The Board of Trustees shall be the executive body of this Association and shall have the full authority and power of the House of Delegates between the sessions of said House, unless a referendum is called under the Articles of Incorporation and Bylaws of this Association or such authority and power is specifically reserved to the House of Delegates of this Association.

1. The Board of Trustees shall from among its members annually elect a Board of Censors. The Board of Censors shall hear and decide all questions of discipline of members of this Association, and appeals from decisions of component societies.

2. In sparsely settled sections of the State, the Board of Trustees shall have the authority to organize the physicians of two or more counties into district component societies, and these societies when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

3. In addition to the powers outlined herein, the Board of Trustees shall review and approve or disapprove all actions of its executive committee, except for those powers and duties which are specifically reserved for that body by these bylaws, action of the House of Delegates, or law; provide adequate headquarters for the Association; and may appoint special committees and designate their powers and duties.

Section B. The Board of Trustees shall consist of such trustees and such alternate trustees in a number as is provided in Section E, of this CHAPTER of the Bylaws; the officers of the Association as delineated in CHAPTER IX, Section A, of the Bylaws; and any officer or trustee of, or delegate or alternate delegate to, the American Medical Association who is a member of this Association.

Section C. The Board of Trustees shall hold at least quarterly meetings at such times and places as shall be decided by the Board.

1. Special meetings may be called at any time by the president, or shall be called on written petition of three members of the Board.

2. Notice of any meeting of the Board shall be mailed to each member of the Board at least three days prior thereto; and shall state the time and place of such meeting, and the general business to come before the Board.

Section D. A majority of the members of the Board shall constitute a quorum. A majority of the Board present, provided a quorum is in attendance, shall be sufficient to decide any question the Board is empowered to decide, unless otherwise provided by law, or the Articles of Incorporation or Bylaws of this Association.

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Section E. The State shall be divided into twenty trustee districts as follows:

District No. 1	-	Multnomah County
District No. 2	-	Clackamas County
District No. 3	-	Washington County
District No. 4	-	Clatsop & Columbia Counties
District No. 5	-	Marion & Polk Counties
District No. 6	-	Linn County
District No. 7	-	Lane County
District No. 8	-	Douglas County east of Scottsburg
District No. 9	-	Jackson County
District No. 10	-	Klamath County
District No. 11	-	Jefferson, Deschutes, Crook & Wheeler Counties
District No. 12	-	Hood River, Wasco, Sherman & Gilliam Counties
District No. 13	-	Morrow and Umatilla Counties
District No. 14	-	Baker, Union & Wallowa Counties
District No. 15	-	Tillamook & Lincoln Counties
District No. 16	-	Yamhill County
District No. 17	-	Benton County
District No. 18	-	Coos & Curry Counties & Douglas County
District No. 19	-	Josephine County
District No. 20	-	Lake, Harney, Grant & Malheur Counties

1. Each district shall be entitled to one trustee for each 125 voting members of the Association or any portion thereof. If the number of voting members in a trustee district is less than 25 on December 31st of any year, that district shall be incorporated with the contiguous district having the smallest number of voting Association members until the next December 31st when the original district has 25 or more voting members within it.

2. Only an Active, Associate, or Life member in good standing of this Association, who is a member in good standing of a component society in the trustee district which he would represent shall be elected as trustee for that district.

Section F. In trustee districts comprised of only one component society, that society, at a meeting held not later than 30 days prior to the first day of the Association's annual meeting, shall elect such trustees as said district shall be entitled to under these Bylaws. At least fifteen days prior to the annual session of this Association, the secretary of such component society shall submit the names of such trustees to the secretary-treasurer of this Association.

Section G. In all other trustee districts in any year in which trustees are to be elected from such districts, trustees shall be elected by mail ballot of the voting membership of that trustee district to be held on the first Wednesday of April of such year.

1. A member shall vote in the trustee district where he maintains his voting membership.

2. Nomination shall be by petition signed by at least five voting members of this Association eligible to vote for such a nominee. The petition submitted in nomination of a member for the office of trustee shall be accompanied by a statement from the nominee signifying his willingness to accept the office if elected.

CHAPTER VII, Section G (Continued)

3. Nominating petitions shall be filed with the secretary-treasurer of this Association at least thirty days before the election.

4. The secretary-treasurer of this Association shall mail ballots containing the nominations for the office of trustee in each district to every voting member of this Association in such districts no less than fifteen days preceding the election.

5. Ballots shall be deposited in person or by mail with the secretary-treasurer of this Association, on or before the day of election. The Secretary-Treasurer of this Association shall canvass the votes and record the results thereof

6. The candidate in each district receiving a plurality of votes cast shall be declared elected. The balloting shall be conducted so that the secrecy of the ballot shall be preserved.

7. If the election results in a tie vote, a second election shall be conducted within ten days and there will be submitted to the members in the district in which the tie vote occurred the names of the nominees receiving the highest equal number of votes. The procedure for such election shall follow the procedure set forth herein as closely as possible.

Section H. At least three months prior to the first day of each annual meeting, the secretary-treasurer of this Association shall notify the secretary of each component society in trustee districts in which an election of a trustee is to be held of such election. Such notification shall be accompanied by a copy of a text of Section F or G of this CHAPTER, as is appropriate to each district. The secretary-treasurer shall in a like manner notify the secretary of the component societies in a trustee district when a special election is to be held to fill a vacancy in an office of trustee

Section I. The term of trustee shall begin the day following the annual session of the Association following his election, and he shall serve until his successor is elected and qualified; provided that the service of the trustee elected to fill a vacancy shall begin on the date of his election.

Section J. 1. In a trustee district comprising only one component society, such component society shall fill any vacancy occurring in the office of a trustee when conditions make it impossible for the trustee to serve. Such a meeting shall be held not more than 60 days after the occurrence of the vacancy Trustees shall serve for terms of two years, providing that one-half or as nearly as may be of the trustees shall complete their terms each year, further providing that districts with two or more trustees shall have an equal or nearly as may be number of trustees whose term shall expire each year.

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CHAPTER VIII, Section J (Continued)

2. When, in any other trustee district, a vacancy shall occur in the office of trustee, such vacancy shall be filled for the unexpired term at a special election held on a date designated by the Board of Trustees of this Association not more than 60 days after the occurrence of the vacancy. Such special election shall be conducted in accordance with the election procedure for a regular election of a trustee.

Section K. 1. An alternate trustee shall be elected for each trustee provided for in accordance with this CHAPTER. The term in office of alternate trustees shall be two years and shall coincide with the term of the duly elected trustees in and for their respective districts. Alternate trustees shall be elected in the same manner as trustees are elected as provided in this CHAPTER, and likewise vacancies in the offices of alternate trustees shall be filled in the same manner vacancies which occur in the offices of trustee are filled as provided in this CHAPTER.

2. Alternate trustees shall represent their respective trustee districts at meetings of the Board of Trustees in the absence of duly elected trustee, and shall, under such circumstances, have the same rights and privileges as a duly elected trustee.

Section L. The president, immediate past president, president-elect, vice president, secretary-treasurer, speaker and vice speaker of the House of Delegates, and two other members of the Board of Trustees shall form an executive committee.

1. The Board shall from its membership, elect the two members to serve on the executive committee, each to serve for a period of two years; provided one of the two members shall be elected by the Board each year so that the members at large shall serve staggered terms; and provided further that the term of a member of the executive committee shall not extend beyond the term for which such member has been elected as a member of the Board.

2. The executive committee shall have responsibility for preparing a complete annual budget for the ensuing year, and shall present such a budget for the consideration of the Board of Trustees some time prior to the beginning of the year for which said budget is prepared.

3. Subject to the approval of the Board of Trustees, the executive committee shall also direct the activities of the headquarters office, approve the employment of personnel, approve necessary emergency expenditures, care for any other emergency which may arise during the interim between meetings of the Board; and perform such other duties as may be required of it by the Board, the House of Delegates, by these Bylaws, or by law. A report of these interim activities shall be made by the committee at the next regular meeting of the Board.

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CHAPTER VIII, Section L. (Continued)

4. The executive committee shall meet at least two weeks in advance of regular meetings of the Board of Trustees. Whenever possible it shall meet two weeks in advance of any special meeting of the Board. In addition to its other duties, the executive committee shall determine an agenda for board meetings. This agenda together with appropriate supportive documents shall be distributed by mail to all members of the Board and to the president of each component society as soon thereafter as may be practicable.

CHAPTER IX. OFFICERS

Section A. The officers of the Association shall be a president, president-elect, immediate past president, vice president, secretary-treasurer, speaker of the House of Delegates, vice speaker of the House of Delegates, and trustees in a number as shall be determined by CHAPTER VIII, Section E of these Bylaws.

Section B. 1. The president-elect, vice president, and secretary-treasurer shall be elected for one year by the voting membership in the same manner prescribed by these Bylaws. Trustees shall be elected for two years in the manner prescribed by these Bylaws. The speaker and vice speaker of the House of Delegates shall be elected for terms of one year by the House of Delegates in the manner prescribed by these Bylaws. The president and immediate past president shall serve terms of one year by virtue of the office they previously held.

2. These officers shall serve until their successors are elected and take office, provided that the president-elect shall succeed to the presidency upon his installation at the next annual session after his election; provided further that the Board of Trustees shall have authority to fill any vacancy in the offices of vice president, and secretary-treasurer for the unexpired term.

Section C. 1. Four delegates shall be elected to fill four of five positions on the Nominating Committee by the House of Delegates at any special meeting of the House designated as the midyear meeting by call for such meeting. The delegate receiving the greatest number of votes in said election shall serve as a chairman of the Nominating Committee. The chairman of the preceding year's Nominating Committee shall serve as the fifth member of the Nominating Committee, providing he is a voting member of the Association as described in CHAPTER IV., Section A of the Bylaws. If the chairman of the preceding year's Nominating Committee is unable or unqualified to serve, then the otherwise qualified member of the preceding year's Nominating Committee who received the second greatest number of votes on his election shall so serve.

2. If no such special midyear meeting is called, the Board of Trustees at its first regular Fall meeting shall elect such a Nominating Committee.

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CHAPTER IX., Section C. (Continued)

3. a. The Nominating Committee shall select nominees for the offices of president-elect, vice-president, secretary-treasurer, speaker of the House, vice speaker of the House, and such delegates and alternate delegates to the American Medical Association positions as shall expire on the following January 1st. The Committee shall make its report to the secretary-treasurer not less than 75 days before the first day of each annual meeting.

b. Not less than 60 days before the first day of the annual meeting the secretary-treasurer shall notify each voting member by mail at his last known address of the recommendations of the Nominating Committee for the offices of president-elect, vice president, secretary-treasurer, and speaker and vice speaker of the House of Delegates.

c. Any (thirty) 30 or more voting members may nominate one or more persons for such offices by written, signed petition filed with the secretary-treasurer not less than 30 days before the first day of each annual meeting. The secretary-treasurer shall then forthwith prepare a written official ballot containing the names of all nominees for such offices and mail, together with two official open envelopes, instructions for voting and a compilation of each candidate's biographical data as prepared by the secretary-treasurer. Each candidate may prepare, for inclusion with his biographical data, a statement of no more than one hundred words outlining his personal views as to why he is qualified.

d. A voting member shall write his name on the outside of the official envelope and enclose his ballot in the official inside envelope and seal both envelopes. Such ballots shall be delivered personally or mailed to the office of the Association by noon on the day preceding the annual meeting of the House of Delegates of the Association. Ballot envelopes shall be kept sealed until tallied by the secretary-treasurer. At any time after the official closing of the polls, the ballot shall be tallied by or under the direction of the secretary-treasurer, and the result of such tally shall be declared at the first meeting of the House of Delegates following that tally.

e. The nominee receiving a majority of votes cast for each office shall be declared elected. In case no nominee for a particular office receives a majority of votes cast, the House of Delegates shall hold an election for that office by secret ballot as a special order of business. The nominee receiving the lowest number of votes at such election shall be eliminated from consideration and a new ballot of the House of Delegates taken. This procedure shall be continued until one of the nominees receives a majority of the total votes cast.

4. The speaker and vice speaker of the House of Delegates shall be elected by the House on the first day of its annual meeting, to serve one year beginning the day after the close of that annual meeting, and until their successors are elected and qualified.

CHAPTER IX., Section C. (Continued)

5. With respect to such delegate and alternate delegate to the American Medical Association positions as shall expire on the following January 1st, said officers of the Association shall be elected according to the following procedure.

a. The election of delegate and alternate delegates to the American Medical Association shall be conducted in the same manner as for other officers of the Association as prescribed in subsection 3 of this section, except that right to official notification, nomination by petition, and service as electors shall be limited to voting members who are also members of the American Medical Association.

b. The nominee receiving the majority of votes cast for each delegate or alternate delegate position shall be declared elected. In case no nominee for a particular position receives a majority of votes cast, the secretary-treasurer shall prepare a ballot containing the names of the two nominees receiving the greatest number of votes in the regular election. These ballots shall then be mailed to all voting members who are also members of the American Medical Association. Such run-off election shall be conducted so that the polls shall be closed no later than three weeks after the secretary-treasurer has declared the necessity for such run-off election. The secretary-treasurer shall then tally the votes and declare a winner in the manner prescribed in subsection 3 of this Chapter.

c. The term in office of a delegate or alternate delegate to the American Medical Association shall be for the remainder of the year in which he is elected, the year following and until January 1st of the next year, and until his successor is elected and qualified.

d. When a vacancy may occur in any position of delegate to the American Medical Association, the most senior alternate delegate shall fill that vacancy for the remainder of the unexpired term. The vacancy in the position of alternate delegate thereby or otherwise created shall be filled at the next regular election of the Association.

CHAPTER X. DUTIES OF OFFICERS

Section A. The PRESIDENT shall preside over all meetings of the Association, the Board of Trustees, and its executive committee; shall appoint all committees not otherwise provided for, shall be entitled to cast the deciding vote in any meeting in case of a tie; shall deliver an address at the annual meeting; and shall perform such other duties as custom or parliamentary usage may require.

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CHAPTER X., (Continued)

Section B. The PRESIDENT-ELECT shall assist the president in the discharge of his duties He shall serve as president-elect until the annual session next ensuing after his election and shall become president upon his installation and shall serve thereafter as president until the installation of his successor. In the event of the resignation, death, disqualification, or removal of the president, the president-elect shall immediately become president and shall serve for the remainder of the term of his immediate predecessor and shall continue to serve as president for the term for which he was originally elected.

Section C. The IMMEDIATE PAST PRESIDENT shall serve as a voting member of the Board of Trustees and its executive committee for a period of one year following the installation of his successor as president of the Association. He shall act as advisor to the president.

Section D. The VICE PRESIDENT shall assist the president in the discharge of his duties, substitute for the president when he is called upon to do so by the president, and have powers of the president during the resignation, death, disqualification, or removal of both the president and president-elect, the vice president shall become president for the unexpired term. In this event, the Board of Trustees at its first meeting thereafter shall elect a member of the Board to serve the vice president's unexpired term.

Section E. 1. The SECRETARY-TREASURER shall attend the general meetings of the Association, the House of Delegates, the Board of Trustees and its Executive Committee, and the Board of Censors; and shall keep accurate minutes of their respective proceedings. He shall superintend all ballots and shall be custodian of all books and papers belonging to the Association. The secretary-treasurer shall make an annual report to the House of Delegates and such other reports as may appear to be necessary; and subject to the direction and control of the Board of Trustees and the House of Delegates, shall have care and management of the financial affairs of the Association He shall collect all money due the Association. He shall be custodian of all funds of the Association and shall keep an accurate accounting of all expenditures, collections and dedicated funds, as well as any other accounts he may deem necessary and prudent. He shall pay money out of the treasury as authorized by the Board of Trustees or the House of Delegates; and shall submit a financial report to the Board at each meeting of the Board.

2. The secretary-treasurer shall have such other duties and powers as custom may require or as may be given to him by the Board of Trustees or the House of Delegates. He shall render annually to the House of Delegates a report of the finances of the Association.

3. In the absence or incapacity of the secretary-treasurer, the president shall be authorized to draw checks on the funds of the Association.

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CHAPTER X. (Continued)

Section F. The SPEAKER of the House of Delegates shall conduct the proceedings of the House, and shall supervise matters attendant to such proceedings.

Section G. The VICE SPEAKER of the House of Delegates shall assist the speaker in the discharge of his duties; and shall conduct the proceedings of the House in the absence of or at the request of the Speaker.

Section H. TRUSTEES shall report and interpret to the component societies in their respective districts discussion and actions of the Board and when desirable and practical, ascertain and convey to the Board opinions of their respective component societies on questions before the Board. Trustees shall also present to the Board matters which their respective component societies desire the Board to consider.

CHAPTER XI COUNCILS AND COMMITTEES

Section A. The standing councils and committees of the Association shall be as follows:

1. The ETHICS Committee, which shall consist of three members of the Board of Trustees and the president of the Association, shall consider any matter of medical ethics or professional conduct referred by the Board of Trustees or House of Delegates and shall report directly to the Board of Trustees. If the matter involves individual members of this Association, it shall report to the Board of Censors.

2. The COUNCIL ON MEDICAL EDUCATION shall concern itself with the under-graduate, postgraduate and continuing education of doctors of medicine and allied health professional and technical personnel, and shall establish criteria and methods of reporting in compliance with the requirements for continuing education programs of the Association, and shall recommend to the Board of Censors probation or suspension of members who do not comply with such requirements, under procedures established by the House of Delegates.

   a. Twelve members of the Association shall constitute the voting membership of the Council. The voting members of the Council shall be appointed for a period of two years, six being appointed each year. No Council member may serve on the Council for more than ten consecutive years. In the event a vacancy may occur on the Council, the president shall appoint a replacement to serve for the unexpired term.

   b. The officers of the Council shall be a chairman and a vice chairman. The chairman and vice chairman shall be elected annually by the voting membership of the Council. The officers shall have the duties usually ascribed to their respective offices. The chairman shall appoint all committees and committee chairmen of the Council.

CHAPTER XI., (Continued)

3. The LONG RANGE PLANNING Committee shall consider the long term goals of the Association It shall be chaired by the immediate past president of the Asscciation.

4. The NATIONAL POLICY Committee shall initiate or consider proposals relating to national medical policy and present its recommendations to the House of Delegates or the Board of Trustees. This Committee shall meet at least twice each year prior to the meetings of the House of Delegates of the American Medical Association and may hold other meetings on the call of the chairman. The Committee shall consist of the senior Oregon delegate to the American Medical Association who shall be chairman, other delegates and alternates to the American Medical Association from Oregon, the Executive Committee of this Association, and any member of the Association who is an officer or trustee of the American Medical Association.

5. The REVISION OF ARTICLES OF INCORPORATION AND BYLAWS Committee shall recommend any additions, deletions or other amendments to the Articles of Incorporation or Bylaws of this Association as may be directed by the Board of Trustees or the House of Delegates. The Committee may also submit such amendments as it deems reasonable and appropriate. It shall submit all proposed amendments to the House of Delegates.

6. The PROFESSIONAL LIABILITY CLAIMS REVIEW COMMITTEE shall investigate such professional liability claims against members of the Association as may be referred to it. The Committee shall consist of twenty-five (25) members, each of whom shall serve for a term of three years, provided that one-third shall be appointed or reappointed each year and provided further that no member shall serve more than two consecutive three-year terms. The president shall appoint a chairman annually.

7. The INSURANCE AND FEE REVIEW COMMITTEE shall review matters referred to it arising out of disputes or inquiries regarding professional fees and matters relating thereto. The Committee shall consist of not more than twenty-one (21) nor less than fifteen (15) members, each of whom shall serve for a term of three years, provided that one-third shall be appointed or reappointed each year and provided further that no member shall serve more than two consecutive three-year terms

8. The QUALITY OF PATIENT CARE AND PEER REVIEW COMMITTEE shall review matters referred to it arising out of questions regarding the appropriateness, utilization or quality of medical services provided by members of the Association. The Committee shall consist of not more than twenty-one (21) nor less than fifteen (15) members, each of whom shall serve three-year terms, provided that one-third shall be appointed or reappointed each year and provided further no member shall serve more than two consecutive terms.

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CHAPTER XI. (Continued)

Section B. Unless otherwise provided for in these bylaws, the president shall appoint standing committees and councils of the Association and such special committees as may be created by the Board of Trustees or the House of Delegates; and may appoint such other special committees as he may deem appropriate. Appointment of standing and special committees shall be made with the advice and consent of the Board of Trustees.

1. Standing committees and councils, and other committees, unless otherwise provided for in these bylaws, shall consist of at least three members appointed by the president, and each member so appointed, unless otherwise provided by these bylaws shall serve until the close of the next annual session after his appointment and until his successor is appointed. Unless otherwise provided by these bylaws, committee appointees of the president shall serve with all rights, privileges, and authorities attendant to their appointment upon acceptance of said appointment and until the Board of Trustees shall next meet to confirm such appointments

2. The president may discharge committee members with the advice and consent of the Board of Trustees. In the event of the resignation, removal or other inability to serve of a committee member, the president shall appoint a successor for the remainder of the term of the vacated position.

3. The president with the advice and consent of the Board of Trustees or the House of Delegates may limit the term of any special committee to a specified time.

4. Committees and councils shall report to the Board of Trustees unless otherwise provided for in these bylaws, and their report shall be made by the committee or the council chairman or his appointed representative

5. The committees shall submit annual reports at annual meetings of the House of Delegates; and when so directed or when it appears appropriate, shall submit interim reports at any special meeting of the House of Delegates.

CHAPTER XII. BOARD OF CENSORS

Section A. A panel of eleven voting members of the Board of Trustees shall be the Board of Censors and six alternates shall be elected by the Board of Trustees each year at its first meeting succeeding the annual session of the Association. In the event a censor is unable to attend a meeting of the Board of Censors, an alternate censor shall serve in his place and shall have all the rights and authority vested in a censor. The Board of Censors shall have authority to act officially only when seven or more censors, or their duly qualified alternates are seated. Upon its election, the Board of Censors shall meet to elect a chairman, who shall so serve until his successor is elected and qualified. All matters before the Board of Censors shall be decided by a simple majority

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CHAPTER XII., (Continued)

Section B. A censor shall disqualify himself from consideration of any matter before the Board of Censors when conditions exist which affect his abil- to render an impartial judgment. Upon motion of any party to a proceeding before the Board, the Board shall consider whether one or more of its members should be disqualified and alternates seated. The decision of the Board shall be final and binding on all parties, except that a censor shall retain the right to disqualify himself at any time.

Section C. 1. The Board of Censors shall have authority to suspend, expel, or otherwise discipline members for violations of subsection 4 of this section, upon initiation of proceedings before the Board of Censors by a complaint filed by a member, an appropriate standing or ad hoc committee of the Association, a component society, or upon motion of the Board itself.

2. A copy of the complaint shall be filed with the Board and a copy shall be kept to be furnished to the accused on his request.

3. Upon filing of such a complaint, the Board of Censors shall invoke a hearing to consider the charges in the manner prescribed by Section E of this CHAPTER.

4. The Board of Censors may suspend or expel a member or place a member on probation for:

a. Failure to observe the Principles of Medical Ethics of the American Medical Association.

b. Failure to observe the Articles of Incorporation and Bylaws of this Association or Articles of Incorporation and Constitution or Bylaws of such member's component society.

c. Failure to maintain the quality of his medical care, after a recommendation from an appropriate review committee of the Association.

d. Other unprofessional conduct.

e. Failure to comply with the continuing education program of the Association, or failure to submit reports satisfactory to the Board of Censors showing compliance with said program

Section D. In any proceeding pursuant to this CHAPTER, The Board of Censors:

(1) Shall allow the accused to be heard, cross examine witnesses and to present evidence on his own behalf.

(2) May request that the Association's legal counsel be present to advise the Board and the parties to the proceedings;

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CHAPTER XII., Section D (Continued)

(3) Shall allow any party to a proceeding before it to be represented by another member of the Association or by an attorney.

(4) May call any witnesses who are members of the Association to appear in order to give testimony it considers relevant to the proceeding;

(5) May require any parties to a proceeding to produce such documents, records or other material the Board considers relevant to the proceeding;

(6) May continue any hearing or proceeding on such terms and conditions as it may consider advisable;

(7) Shall require the secretary-treasurer to take and preserve an accurate resume of the proceedings.

Section E. Before the Board may consider any action pursuant to this CHAPTER, it shall notify the accused member or, as the case may be, the appellant and the respondent to the proceeding, of the fact that a hearing will be held to consider action pursuant to this CHAPTER. With respect to original proceedings before the Board of Censors, the following procedure shall apply:

(1) This notice shall state the time, place, and date of the hearing, and shall state in ordinary language the conduct of the accused which is the basis for the proceeding and,

(2) The notice shall specify the particular bylaw, principle of medical ethics, or rule of the Association, as embodied in these bylaws, which is alleged to have been violated.

(3) The Board shall include with the notice to the accused a copy of the relevant portions of the bylaw, principle of medical ethics, or other rule which is alleged to have been violated.

(4) The notice shall be sent to all parties to the proceeding by certified mail or shall be delivered personally, at least ten days prior to the proposed hearing.

Section F. In the case of appeals of the decisions of component societies, the following procedures shall apply.

1. Any member of the component society who has been censured, suspended or expelled by his component society may appeal to the Board of Censors of this Association within 30 days after the final decision so censuring, suspending or expelling him.

2. The member, committee, or other person or agency signing the formal charges against the member of a component society may also appeal to the Board of Censors of this Association within 30 days after the final decision of the component society considering such charges.

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CHAPTER XII., Section F (Continued)

3. Appeals shall be perfected by filing with the secretary-treasurer of this Association:

(a) A copy of the correspondence which preceeded filing of formal charges, including notice of conciliatory meetings and letters of the accused if any;

(b) A transcript of testimony taken at any conciliatory hearing, if stenographic notes were taken, together with exhibits, documents, etc. introduced by such hearing or hearings;

(c) A copy of the formal charges;

(d) A copy of the notice of the meeting;

(e) A transcript of testimony at the hearing of the formal charges together with exhibits, documents, etc. introduced thereat;

(f) A copy of the final decision of the component society;

(g) Formal written notice of appeal stating the grounds of appeal, resume of the evidence, resume of any new evidence relied upon by appellant and whether or not appellant desires a hearing before the Board of Censors; and

(h) Any other writings pertinent to the case which in the opinion of the appellant would aid the Board in considering the appeal;

4. If the accused is appealing, the component society shall be termed respondent. If the component society or other person is appealing, the accused shall be termed respondent. The respondent may also file with the secretary any evidence or papers deemed pertinent and which are not filed by appellant.

5. The rights of notification, hearing, and representation set forth for the accused in any original proceeding before the Board of Censors shall apply in the case of appeals of a component society's decision, but the Board of Censors shall limit the scope of review and the taking of testimony to those issues originally heard before the component society.

Section G. If any party fails to appear at a hearing called pursuant to Section E of this CHAPTER, said party waives his right to a hearing before the Board of Censors and the Board shall render its decision on the basis of the testimony and evidence presented at said hearing, providing a party to the proceeding who does not appear may submit written testimony on his behalf.

CHAPTER XII., (Continued)

Section H. At the end of any hearing before the Board of Censors, the Board shall consider the matter and discipline or exonerate the accused member; or in the case of an appeal of the decision of a component society, shall confirm, reverse or modify the decision of said society. The secretary-treasurer shall then notify in writing all parties of the proceeding; including the component society of which the accused, appellant, or respondent is a member.

Section I. Members expelled from this Association pursuant to this CHAPTER shall be eligible for membership one year from the date of expulsion on the same terms and in like manner as original applicants for membership. Members suspended or otherwise disciplined pursuant to this CHAPTER shall be so disciplined for a period and on terms which the Board of Censors shall determine.

Section J. The decision of the Board of Censors in any proceeding under this CHAPTER shall be final and binding on all parties; provided any party may appeal to an appropriate body of the American Medical Association. The decision of said body shall be binding on this Association.

CHAPTER XIII. SESSIONS AND MEETINGS

Section A. The Association shall hold an Annual Session and may hold special sessions at such time and place as shall be determined by the House of Delegates or the Board of Trustess. Notice of the selection of time and place of meetings shall be given to members at least 30 days prior to such annual or special sessions.

Section B. All members in good standing of this Association may attend and participate in the proceedings and discussions of the general meeting, provided they are duly registered.

Section C. The annual session or any special session designated as the annual scientific session shall include the annual or scientific meetings of the following scientific sections:

1. Allergy
   Anesthesiology
   Dermatology
   General Practice
   Internal Medicine
   Neurology
   Ophthalmology
   Orthopedics
   Otolaryngology
   Pathology
   Pediatrics
   Physical Medicine & Rehabilitation
   Preventive Medicine
   Psychiatry
   Radiology
   Surgery
   Urology

2. Applications for the establishment of a scientific section shall be submitted to the Board of Trustees of this Association. Applications must be accompanied by proposed bylaws stating the purposes of the section and its organizational structure which shall include provision for annual dues and assessments.

CHAPTER XIII., Section C (Continued)

3. The officers of a scientific section shall be the chairman, vice-chairman, secretary-treasurer, a voting representative and an alternate representative to the House of Delegates.

4. A scientific section shall not adopt any rule of regulation or bylaw which is inconsistent with the Articles of Incorporation and Bylaws of this Association, nor shall it adopt any policy or engage in any activity which has not been approved by the House of Delegates or the Board of Trustees of this Association.

5. Scientific sections may hold additional scientific meetings as may be provided in their bylaws or as may be provided by the Board of Trustees.

6. Only members in good standing of this Association shall be members of a scientific section.

CHAPTER XIV. REFERENDUM

Section A. The House of Delegates, in any legal meeting, may order a general referendum by a two-thirds vote. The Board of Trustees, in any legal meeting, may also order a general referendum by two-thirds vote.

Section B. The conduct of such referendum shall be under the terms and conditions as the referring body shall determine and may be conducted by mail vote or any other means.

Section C. A majority vote of all members entitled to vote shall determine the question and the decision so reached, shall be binding on the House of Delegates and the Board of Trustees of the Assocation.

Section D. When the Board of Trustees or the House of Delegates has power to decide a question under the Articles of Incorporation and Bylaws of the Association, the action of the Board of Trustees or the House of Delegates shall be valid pending final determination of the referendum, unless the resolution or motion providing for such referendum shall specifically suspend such power of the Board of Trustees or the House of Delegates pending action of the Association on the general referendum.

CHAPTER XV. FUNDS AND EXPENSES

Section A. Funds shall be raised by an annual per capita assessment of dues upon various classes of membership as provided in the Bylaws of this Association. Funds may also be raised by voluntary contribution, or in any other manner provided by the House of Delegates or Board of Trustees. Funds so derived may be appropriated by the House of Delegates or the Board of Trustees to defray the expenses of the Association.

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CHAPTER XV., (Continued)

Section B. If any member shall die, resign, be suspended, expelled, or otherwise cease to be a member of the Association, any interest he may claim in and to any property of the Association shall cease, and such event shall operate as a release in assignment to the Association of all right, title, 6d interest of such member in and to all the property of the Association, provided this section shall not be construed as providing any property interest of any member.

CHAPTER XVI. AMENDMENTS TO BYLAWS

Section A. These Bylaws may be amended, deleted, or repealed by the House of Delegates at any annual meeting or regularly called special meeting by a vote of two-thirds of the delegates present, if a quorum is present; provided, the proposed amendment has laid on the table for one day or a copy of the proposed amendment has been sent by the secretary of this Association to the secretary of each component society at least 14 days prior to said meeting, or unanimous consent of all delegates present at said meeting is obtained.

CHAPTER XVII. PARLIAMENTARY AUTHORITY

Section A. All proceedings of this Association shall be conducted according to the latest edition of Roberts' Rules of Order.

8102525

FEC
DOCUMENT
SEPARATOR

Ex. 5 LL

CHARTER,
CONSTITUTION
and
BYLAWS
of the
PENNSYLVANIA MEDICAL SOCIETY

8170102622330

As amended October 7, 1975

as Printed January 11, 1977
as Amended September 18, 1976

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CHARTER

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF DAUPHIN,
PENNSYLVANIA

In Re:
MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA } No. 1171
TERM September 1959

APPLICATION FOR AMENDMENT OF
CHARTER AND ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION

To The Honorable, the Judges of the Said Court:

The Application of The Medical Society of the State of Pennsylvania (herein called "Corporation") respectfully states as follows:

1. The initial registered office of the Corporation, as set forth in its Certificate of Incorporation, was the City of Philadelphia. Thereafter, on April 3, 1959, the registered office of the Corporation was duly changed, pursuant to Section 304 of the Non-Profit Corporation Law (1933, May 5, P.L. 289, Article III, Section No. 304, 15 P.S. 2851-304), to 230 State Street, Harrisburg, Dauphin County, Pennsylvania. In accordance with the procedure set forth in Section 316 of the Non-Profit Corporation Law, and as required thereby, notice of such change of registered office was filed with and recorded by the Recorder of Deeds of Philadelphia, the county from which the registered office was moved, on the 3rd day of April, 1959 in Misc. Book No. 265 at page 271, &c., and with the Recorder of Dauphin County on April 3, 1959 in Charter Book "Y" at page 265, and with the Secretary of the Commonwealth on April 3, 1959, and a certified copy of the Articles of the Corporation were filed with and recorded by the Recorder of Deeds of Dauphin County on April 3, 1959 in Charter Book "Y" at page 266.

2. The Corporation was incorporated in compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania entitled "An Act to Provide for the Incorporation and Regulation of Certain Corporations," approved the 29th day of April, 1874 and the supplements thereto, and the Court of Common Pleas No. 4 for Philadelphia County entered its Decree of Incorporation on the 20th day of December 1890 and the original Articles were recorded in the Office for Recording of Deeds in and for the City and County of Philadelphia in Charter Book No. 16 at page 507, etc., on the 20th day of December, 1890. A certified copy of the Certificate of Incorporation and the Decree of said court are attached hereto as Exhibits A-1 and A-2.

3. A verbatim copy of this Application was published in the PENNSYLVANIA MEDICAL JOURNAL, the official journal of the Corporation, which was mailed to every member of the Corporation not later than September 1, 1959. On October 19, 1959 at a meeting in Pittsburgh, Pennsylvania, the House of Delegates of the Corporation, the duly constituted body of the Corporation authorized under its Constitution and Bylaws to act on behalf of the membership thereof, of which meeting written notice was given on September 30, 1959 to each and every member thereof entitled to vote thereat, duly adopted by the unanimous vote of all of the delegates present and entitled to vote thereat a resolution authorizing the filing of this Application with the Court, a copy of which resolution is attached hereto as Exhibit B.

4. As set forth in the resolution referred to in Paragraph 3 above, the Corporation hereby makes application to this Honorable Court for approval of the restatement, in its entirety, of its Articles of Incorporation, said restated Articles to read as follows:

RESTATED ARTICLES OF INCORPORATION

ARTICLE I. The name of the Corporation shall be "Pennsylvania Medical Society." Said name has been registered with the Department of State of the Commonwealth of Pennsylvania within six months of the date of the application for approval of these Restated Articles of Incorporation.

ARTICLE II. The registered office of the Corporation will be in Lemoyne, Cumberland County, Pennsylvania, and its address shall be 20 Erford Road, Lemoyne, Cumberland County, Pennsylvania.

ARTICLE III. The said corporation is formed for the purpose of federating the medical profession in the Commonwealth of Pennsylvania; to unite with similar state medical societies to constitute the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education, and to uphold the ethics and dignity of the medical profession.

ARTICLE IV. The Corporation is to have perpetual existence.

ARTICLE V. The Corporation shall have no capital stock.

ARTICLE VI. No members of the Corporation shall receive any pecuniary gain or profit, incidental or otherwise, from its activities.

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the Bylaws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members or special members from among persons who are not members in good standing of affiliated county medical societies.

5. As stated in the Restated Articles of Incorporation of the Corporation, the new corporate name as set forth therein has been duly registered with the Department of State of the Commonwealth of Pennsylvania, as evidenced by its Certificate dated November 20, 1959, attached hereto as Exhibit C and made a part hereof.

6. As provided in Section 706 of the Non-Profit Corporation Law, the Corporation has caused due notice of its intention to apply to this Honorable Court for an amendment to its charter to be advertised in two newspapers and proofs of publication thereof are attached hereto as Exhibits D-1 and D-2.

In view of the foregoing, the Corporation requests this Honorable Court to issue its Order and Decree that the Restated Articles of Incorporation of the Corporation be approved as the charter of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and affixed the corporate seal of the Corporation this 23rd day of November, 1959.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA
By. A. W. Cowley, M.D.
President
Harold B. Gardner, M.D.
Secretary

HULL, LEIBY AND METZGER
By: William H. Wood
Attorneys for Medical Society of the State of Pennsylvania
(SEAL)
Arthur H. Clephane
Of Counsel

COMMONWEALTH OF PENNSYLVANIA } ss.
COUNTY OF DAUPHIN }

On the 23rd day of November, 1959, before me, the Subscriber, a Notary Public in and for the Commonwealth of Pennsylvania, with office in the County of Dauphin, personally appeared the within-named A. W. Cowley, President and Harold B. Gardner, Secretary, the subscribers to the foregoing Application for Amendment of Charter and Restated Articles of Incorporation, and in due form of law, acknowledged the same to be their act and deed, and the act and deed of their associates for the purposes therein specified.

WITNESS my hand and Notarial Seal the day and year aforesaid.

(SEAL)
Geneva C. Magonel
Notary Public

DECREE

And now, this 30th day of November, 1959, an application for the Restated Articles of Incorporation and the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA under the Pennsylvania Nonprofit Corporation Law approved May 5, 1933, as amended, having been presented for approval to me, a law judge of the said County, accompanied by proof of the publication of notice of said application and a certified copy of the resolutions authorizing the Restated Articles of Incorporation, I do hereby certify that I have perused and examined the said instruments and that I find them to be in the proper form within the provisions and requirements of the Act of the General Assembly of the Commonwealth of Pennsylvania, known as the "Nonprofit Corporation Law," approved May 5, 1933, as amended, and that the proposed Restated Articles of Incorporation appear to be lawful and that they will be beneficial and not injurious to the community. It is, therefore, ordered and decreed that the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA be and the same are hereby approved and upon the recording of the said Restated Articles of Incorporation and this Decree, the said Restated Articles of Incorporation shall become the Articles of Incorporation and the Charter of said Corporation.

WITNESS my hand and seal of the Court.

(SEAL)
Homer L. Kreider
Judge

Entered in the Court of Common Pleas of Dauphin County to No. 1171 September Term, 1959.

Certified December 15, 1959 Russel G. Hummel
Prothonotary

Recorded in the office for the Recording of Deeds for the County of Dauphin in Charter Book "Z", page 103.

WITNESS my hand and seal of office this 3rd day of December, 1959.

(SEAL)
Marion Anderson
Recorder of Deeds

CONSTITUTION

ARTICLE I.—NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II.—PURPOSES OF THIS SOCIETY.

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall be those county medical societies whose several constitutions and by-laws have been approved by this Society, and whose constitutions and bylaws continue thereafter to be in accord with the Constitution and Bylaws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the Bylaws of this Society.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Definition.*—As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. *Active Members.*—The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. *Senior Active Member.*—A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. *Associate Member.*—An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment.

SECTION 5. *Full-Time Federally Employed Physicians.*—Full-time civilian physicians employed by all federal agencies including but not limited to the Veteran's Administration, who do not have an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, and regular commissioned medical officers and commissioned medical officers of the reserve components, who hold the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathy, on extended active duty (more than two years) with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, who upon application have been nominated by the Surgeons General of their respective services, may become Active members of the Society enjoying all the rights and privileges thereof provided they pay the annual assessment.

SECTION 6. *Affiliate Member.*—Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 7. *Intern and Resident Members.*—Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized full-time post-graduate training. Intern and Resident

members shall be required to pay 10 per cent of the annual assessment.

SECTION 8. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assesament.

SECTION 9. *Special Student Member.*—The President of each Active Chapter of the American Medical Students Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the Bylaws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying or Associate Member of this Society to remain a member in good standing of the Society after June 30, 1976, he must show evidence of engaging in continuing medical education as prescribed by the Bylaws of this Society.

ARTICLE V.—SEPARATION OF POWERS

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by Bylaws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Vice-president Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the Bylaws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition.*—The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's Bylaws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice President of the Pennsylvania Medical Society as instructed by the Executive Vice President, and in January of each year the Executive Vice President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker, Vice Speaker, and Immediate Past Speaker, of the House of Delegates, the President, President Elect, the Vice President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex-presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice-President, as set forth in Section 2. Alternate delegates shall be seated as determined by the

Chairman of the delegation from each county society, or in the absence of the Chairman, the Secretary of the county society, or in the absence of either of these by the Credentials Committee. No Chairman of a delegation shall have the power to unseat a delegate involuntarily.

Specialty societies shall be entitled to elect at the time of electing their delegate, one alternate. Such alternates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society.

Although automatically an ex-officio member of the House without the right to vote (Section 2) the President of any Component Society may be elected as one of the county's regular elected delegates or alternates, pursuant to the customary rules of electing delegates and alternates to the House of Delegates.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the American Medical Students Association.

SECTION 4. *Seating of Members.* — A delegate whose credentials have been accepted by the Committee on Credentials shall remain a seated delegate until final adjournment of that Convention, however, if such delegate is unable to be present, his place may be taken during the period of his absence by a certified alternate and further should no certified alternate be present then a member of his component society may be seated in accordance with Section 3 above. A voting delegate elected as Speaker of the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as Speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII.—SESSIONS AND ASSEMBLIES

SECTION 1. *Annual Session.*—This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Vice President, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and Bylaws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. *Special Sessions.*—Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than forty and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than thirty days prior to the holding of the session.

SECTION 3. *Business to be Conducted.*—No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expressly stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the Bylaws, provided, however, that nothing herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expressly stated in the request and call for the session.

SECTION 4. *Scientific Assemblies.*—Scientific Assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.*—The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and Bylaws of this Society.

SECTION 2. *Composition.*—The Board of Trustees and Councilors shall consist of the President, the President Elect, the Vice President, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the Bylaws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. *Election.*—The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. *Vacancies.*—In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees and Councilors shall fill the vacancy within ninety days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the Bylaws of this Society.

ARTICLE IX.—THE JUDICIAL COUNCIL.

SECTION 1. *Duties.*—The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and Bylaws of the American Medical Association and in the Bylaws of this Society.

SECTION 2. *Original Jurisdiction.*—The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or Bylaws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. *Appellate Jurisdiction.*—The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the By-laws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the Bylaws of this Society.

SECTION 4. *General Jurisdiction.*—The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, Bylaws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution or Bylaws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or Bylaws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Vice President of this Society, and in the absence thereof to any officer of this Society, and the Executive Vice President or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and Bylaws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting t' e policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. *Composition.*—The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the House, for terms of three years. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means; however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of

Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice-Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business.

SECTION 6. *Qualifications of Members.*—No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. *Vacancies.*—In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. *Quorum.*—Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X.—OFFICERS.

SECTION 1. *Designations.*—The officers of this Society shall be a President, a President Elect, a Vice President, a Treasurer, a Secretary, a Speaker and a Vice Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. *Qualifications.*—All officers of this Society must be Active, Senior Active, Intern or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. *Term of Vice President, President Elect, and President.*—The Vice President shall be elected annually by the House of Delegates. He shall serve as Vice President until the first general meeting of the Annual Session of the Society next ensuing after his election at which time he automatically shall accede to the office of President Elect. He shall serve as President Elect until the succeeding Annual Session, at which time he automatically shall accede to the office of President and shall serve as President until the installation of his successor. In the event that circumstances beyond the control of the Society prevent the holding of the Annual Session, the Vice President shall automatically accede to the office of President Elect and the President Elect shall automatically accede to the office of President at the previously announced time for the Annual Session.

SECTION 4. *Terms of Other Officers.*—A Secretary, a Speaker and Vice Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. *Successor to the President, President Elect, and Vice President.*—If the office of President should become vacant, the President Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his accession as President elect. If the office of President Elect becomes vacant, the Vice President shall immediately become President Elect and shall serve for the remainder of the term of his immediate predecessor. If the office of Vice President becomes vacant, such shall remain vacant until the next Annual Session of this Society at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of both President and President Elect become vacant, the Vice President shall immediately become President and shall serve as President until the second Annual Session of this Society following his election as Vice President. If the offices of both President Elect and Vice President become vacant, the Board of Trustees shall designate from the Board of Trustees one who shall act as President Elect and one who shall act as Vice President, each of whom shall so act until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of President, President Elect and Vice President should become vacant, the Board of Trustees shall designate from among the Board of Trustees one who shall

act as President, one who shall act as President Elect, and one who shall act as Vice President, each of whom shall so act until the next Annual Session of the House of Delegates, at which time the House of Delegates shall elect an eligible person as President, an eligible person as President Elect, and an eligible person as Vice President.

Should the President, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the President Elect shall act in his stead. Should the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the Vice President shall act in his stead. Should both the President and the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of their offices, the Vice-President shall act in their stead.

SECTION 6. *Vacancies in Other Offices.*— Vacancies in any office, other than that of Speaker of the House of Delegates, and those mentioned in Section 5 of this Article X occurring between Annual Sessions of the House of Delegates shall be filled by the Board of Trustees and Councilors, and the persons so elected to fill vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. *Duties.*—The officers of this Society shall have such duties as are prescribed by the By-laws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI.—FUNDS

SECTION 1. *Annual Assessment.*—Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 per cent of the annual assessment. Interns or Residents during their period of training shall be required to pay only 10 per cent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (c) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

SECTION 2. *Other Income.*—Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. *Expenses.*—All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. *Special Funds.*—The House of Delegates may by resolution or Bylaw establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII.—PRINCIPLES OF ETHICS.

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII.—BYLAWS.

The House of Delegates shall have the power to enact, alter and repeal Bylaws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV.—SEAL.

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear: "Organized 1848: Chartered 1890", and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV.—AMENDMENTS.

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and Bylaws, if the Bylaws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and/or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BYLAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1.—*Definition.* In conformity with the Constitution of this Society the term "physician" as used in these Bylaws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2.— *Membership Compulsory.* Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3.—*Admission to Membership.* Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification and assessment required by Section 4 of Chapter XVI of these Bylaws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws.

SECTION 4.—*Limitations on Privileges of Membership.* In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these Bylaws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5.— *Continuing Medical Education Requirement.* In order for an Active or Senior Active dues-paying or Associate member of this Society to remain a member in good standing of the Society after June 30, 1976, he must have qualified for the American Medical Association's Physician's Recognition Award, which award is currently based upon a three-year qualifying period. Each Active or Senior Active dues-paying or Associate member once he has qualified for the American Medical Association's Physician's Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active or Associate members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted. The Board shall waive such requirements upon application from any Associate member not actively engaged in the practice of medicine. Special student members are exempt from the Continuing Education Requirement.

SECTION 6. – *Suspension from Membership.* The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1976) if he is an Active or Senior Active dues-paying or Associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall be for a period of one year, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the right or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7.—*Termination of Membership.* The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active or Associate Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of the one year period of suspension, (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of

membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and(c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying or Associate member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II.—GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES.

SECTION 1. — *General Meetings.* The Annual Session of the Society and special sessions of the Society shall be presided over by the President, the President Elect or the Vice President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2.— *Scientific Assemblies.* The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3.—*Registration.* No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Vice President.

CHAPTER III.—HOUSE OF DELEGATES.

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution of this Society and these Bylaws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body and subject to the provisions of Section 1 of Chapter IV of these By-laws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2.—*Meetings.* The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3.—*Credentials Committee.* There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these Bylaws.

SECTION 4. – *Credentials of Delegates.* Prior to the opening of any session of the House of Delegates, the Secretary of each Component Society, under the seal of the same, shall certify to this Society the names of each voting delegate and each alternate who has been legally and regularly designated as a voting delegate or alternate delegate to this Society. The Secretary of each specialty Society in Pennsylvania shall certify to this society the names of the voting delegate and the alternate who have been legally and regularly designated as that society's voting delegate and alternate to this society's House of Delegates. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the American Medical Students Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the Credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Vice President in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Vice President shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the seating of the secretaries or presidents of Component Societies and for the identification of the voting and non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5.—*Quorum.* Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6.—*Rules of Order* Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these Bylaws.

SECTION 7.—*Committee on Rules.* There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these Bylaws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8.—*Reports.* The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9.—*Reference Committees.* The Reference Committees of the House of Delegates shall each consist of five members, and such alternates as the Speaker of the House of Delegates may deem necessary, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and Bylaws shall be a Reference Committee of the House of Delegates during the annual meeting of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10.—*Open, Closed and Executive Sessions.* The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11.—*Publication of Proceedings.* The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session except that proceedings of Closed and Executive Sessions shall not be published.

CHAPTER IV.—ELECTIONS.

SECTION 1.—*Ballot.* All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association shall be elected by a plurality vote.

SECTION 2.—*Time of Elections.* The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3. —*Commencement of Terms.* All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 4. —*Nominations.* All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and Bylaws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these Bylaws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution and other sections of the Bylaws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative councils and committees in the interval between Annual Sessions, it shall have the right to borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Vice President for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Vice President; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Vice President and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the House of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the Bylaws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2.—*Board Officers.* At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice Chairman to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3.—*Committees of the Board.* The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee

(b) Publication Committee, to supervise the publication of the JOURNAL

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4.—*Meetings.* Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5.—*Quorum.* Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6.—*Publication of Proceedings.* The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI.—OFFICERS.

SECTION 1.—*President.* The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these Bylaws.

SECTION 2.—*President Elect.* The President Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these Bylaws and perform such other duties as may be required by the Constitution and Bylaws or directed by the Board of Trustees and Councilors.

SECTION 3. *Vice President.* — The Vice President shall assist the President and the President Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to him by the President.

SECTION 4.—*Speaker of the House of Delegates.* The Speaker or the Vice Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these Bylaws.

SECTION 5.—*Secretary.* The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and these Bylaws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Vice President shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6.—*Treasurer.* The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these Bylaws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Vice President, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Vice President.

SECTION 7.—*Assistant Treasurers.* The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8.—*Assistant Secretaries.* The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9.—*Execution of Documents.* The Chairman of the Board of Trustees and Councilors, the President, the President Elect, the Vice President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII.—THE EXECUTIVE VICE PRESIDENT

SECTION 1. *Duties.* — In addition to the Duties imposed on the Executive Vice President by the Constitution and other provisions of these Bylaws, the Executive Vice President shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) repair and maintain the real and personal property of this Society.

The Executive Vice President shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or Bylaws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Vice President shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Vice President, if a member of this Society, shall not, except as expressly permitted by the Bylaws, be

eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Vice President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice President until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Vice President prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these Bylaws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Vice President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these Bylaws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these Bylaws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X.—FISCAL YEAR AND ASSESSMENT YEAR.

SECTION 1.—*Fiscal Year.* The calendar year shall be the fiscal year for the society.

SECTION 2.—*Assessment Year.* The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI.—COUNCILOR DISTRICTS.

SECTION 1.—*Area.* The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District—Philadelphia County.

Second Councilor District—Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District—Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District—Columbia, Montour, Northumberland, Schuylkill, and Snyder Counties.

Fifth Councilor District—Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District—Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District—Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District—Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District—Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District—Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District—Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District—Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2.—*General Duties of Councilors.* Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these Bylaws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3.—*Temporary Councilors.* In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII.—DISTRICT BOARDS OF CENSORS.

SECTION 1.—*Composition.* Each Councilor District shall have a separate Board of Censors comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2.—*Jurisdiction.* The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these Bylaws.

CHAPTER XIII.—DISCIPLINARY PROCEEDINGS AND APPEALS.

SECTION 1.—*Scope of Disciplinary Proceedings.* No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter. Each Component Society shall establish a county board of censors to be responsible for disciplinary proceedings involving members of the Component Society, and shall file a

report on disciplinary activities annually with the Secretary of this Society. All written and signed communications received by the Secretary of this Society, containing charges against a member which could require disciplinary proceedings, shall be forwarded by the Secretary to the appropriate grievance committee. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of the communication by the grievance committee that the grievance committee has considered the charges, the Secretary may refer a copy of the communication to the county board of censors. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of a copy of the communication by the county board of censors that the county board of censors has considered the charges, the Secretary may refer a copy of the communication to the District Board of Censors, which may initiate original disciplinary proceedings.

SECTION 2.—*General Rules.* Except as the context otherwise requires, the following general rules shall apply to all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3.—*Original Disciplinary Proceedings.* In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4.—*Appeals to District Boards of Censors.* Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5.—*Appeals to the Judicial Council.* Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6.—*Appeals to the Judicial Council of the American Medical Association.* Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the By-laws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these Bylaws.

SECTION 7.—*Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council.* No action of any Component Society censuring, suspending, or expelling a member and no action of any

District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

SECTION 8. – *Notification of Expulsion.* Written notification of all final decisions expelling a member for disciplinary reasons shall be given to the State Board of Medical Education and Licensure and the appropriate hospital medical staff.

SECTION 9. – *Automatic Suspension.* Any member of this Society convicted by a court of competent jurisdiction of the commission of a felony or any crime involving moral turpitude, shall be automatically suspended for an indefinite period. It shall be the duty of the Secretary promptly to inform the appropriate county board of censors of any such conviction of any member of this Society, however, any member of the Society having any such information should promptly report the same to the county board of censors. The county board of censors shall make due inquiry and, if it finds that such member has, in fact, been so convicted, it shall order a certified copy of the conviction from the court and upon receipt thereof it shall be filed with the member's records. The county board of censors shall thereupon notify the member that he will stand suspended from membership for an indefinite period, beginning ninety days following his conviction by the court, or ten days following the notice if such notice is issued more than ninety days after the conviction, unless prior to the effective date of the suspension, the member certifies to the county board of censors that he has filed an appeal from the conviction. If the member so convicted has so appealed, the suspension from membership shall be stayed until such time as the appeal has been finally disposed of by a court of last resort, and such suspension shall be completely nullified in the event that the conviction of the member is reversed by such court.

SECTION 10. *Reinstatement after suspension.* Any member indefinitely suspended from membership pursuant to the provisions of Section 9 of this chapter may be reinstated to full membership after a period of six months from the effective date of the suspension. Applications for reinstatement may be submitted not earlier than four months after the effective date of the suspension, shall be in writing setting forth the reasons why the member believes he is entitled to reinstatement, and shall be filed with the county board of censors. The county board of censors, after due inquiry, shall hold a meeting to consider the application. The suspended member shall be reinstated upon a majority vote of the members of the county board of censors present and voting at the meeting, provided that there is a quorum of at least four members present at the meeting.

CHAPTER XIV.–COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS

SECTION 1. *-Appointment of Members, Vacancies and Qualification.* Except as otherwise provided in the Constitution and Bylaws, all appointments of chairmen, vice chairmen, and members of committees, administrative councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) *Appointment of Chairmen, Vice Chairmen, and Members of Standing Committees, Administrative Councils and Commissions.* All such appointments shall be made by the President Elect at least ninety days prior to the next Annual Session, or by the President if the President Elect shall be incapacitated or unable to perform the duties of his office or if a vacancy occurs in the office of President Elect before all appointments are made, or by the Vice President if both the President Elect and the President be incapacitated or unable to perform the duties of their offices or if a vacancy occurs in both of the offices of President and President Elect before all appointments are made. In making appointments to commissions, the President Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice-chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) *Appointment of Members and Chairmen of Special Committees.* Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) *Tenure of Chairmen, Vice Chairmen, and Members of Committees, Administrative Councils and Commissions.* The terms of all appointed chairmen, vice chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) *Qualification for Membership on Committees, Administrative Councils and Commissions.* All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President Elect, the Vice President and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these Bylaws.

(iii) No member shall serve concurrently as (a) a member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less

than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) *Vacancies.* All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice-chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2.—*Standing Committees* This Society shall have the following standing committees:

Advisory Committee to the Woman's Auxiliary
Committee on Constitution and Bylaws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association
Committee on Objectives
Committee on Relationships with Allied Profesaions
Committee on Discipline

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Vice President before July 1, and shall be composed and have the functions, as follows:

(a) *Advisory Committee to the Woman's Auxiliary.* The Advisory Committee to the Woman's Auxiliary shall consist of five members. It shall act in an advisory capacity whenever called upon by the Woman's Auxiliary regarding its functions or changes in its Constitution and Bylaws.

(b) *Committee on Constitution and Bylaws.* The Committee on Constitution and Bylaws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Vice President as ex-officio members without vote. The Speaker may reappoint a delegate to the Chairmanship of this Committee for a maximum of six consecutive years. No member other than the Chairman may be appointed more than two consecutive years. The term of a member of this Committee shall begin with the opening session of the annual House of Delegates meeting following his appointment and shall conclude immediately prior to the next annual meeting. This Committee shall constantly study the Constitution and Bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to the Constitution or Bylaws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these Bylaws.

(c) *Committee on Medical Benevolence.* The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and shall perform the duties prescribed in Section 6 of Chapter IX of these Bylaws.

(d) *Committee on Aid to Education.* The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these Bylaws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) *Committee to Nominate Delegates to the American Medical Association.* The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

(f) *Committee on Objectives.* The Committee on Objectives shall consist of seven members, four of whom shall be appointed by the Speaker and three of whom shall be appointed by the President. When this amended paragraph becomes effective, the President shall appoint three members, one for a term of one year, one for a term of two years, one for a term of three years, and thereafter annually the President shall appoint one member to this committee for a term of three years; and the

Speaker shall appoint four members, one for a term of one year, one for a term of two years, one for a term of three years, and one for a term of four years, and thereafter annually shall appoint one member for a term of four years. Among the appointees from the Speaker shall be included one member who is either a member of AMSA, an Intern or a Resident. The Committee on Objectives shall report to the Board of Trustees and shall submit annually a written report to the House of Delegates. This committee shall select its own chairman and vice-chairman. It shall be the duty of the committee to recommend objectives to the Board of Trustees and to review annually these objectives and recommend any desirable changes.

(g) *Committee on Relationships with Allied Professions.* The Committee on Relationships with Allied Professions shall consist of five members. Appointments shall be subject to confirmation by the Board of Trustees and Councilors. The committee shall render a written report to the Board of Trustees and Councilors at appropriate times. It shall concern itself with matters requiring liaison and/or cooperation between this Society and other professional organizations.

(h) *Committee on Discipline.* The Committee on Discipline shall consist of six members, one of whom shall be the Chairman of the Board of Medical Education and Licensure of the Commonwealth of Pennsylvania with voting privileges when a member of the Pennsylvania Medical Society.

The activities of the Committee on Discipline shall not conflict with, or supersede, the provision for disciplinary proceedings and appeals contained in Chapter XIII of these Bylaws.

The Committee shall be responsible for:

(i) consulting on problems of discipline with Component Societies through their judicial boards and grievance committees.

(ii) discussing and investigating matters referred to the Committee by the State Board of Medical Education and Licensure, by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(iii) maintaining liaison between Component Societies, the Pennsylvania Medical Society, and the Board of Medical Education and Licensure by acting as a transmitting agent or clearing house on matters of discipline.

(iv) evaluating actions of a local grievance committee when requested by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(v) operating visitation programs for the discussion of disciplinary problems with Component Societies at their invitation.

SECTION 3.—*Special Committees.* This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Vice President before July 1.

SECTION 4.—*Administrative Councils.* The administrative councils shall conduct all of the activities and business of the Society, except as otherwise provided in the Constitution and Bylaws. The four administrative councils shall be as follows:

(a) The Council on Governmental Relations, which shall be responsible for

(i) securing legislation in the best interest of the public, scientific medicine and the medical profession,

(ii) informing the membership of the Society of important proposed legislation, and encouraging the members to be active individually in political affairs, and

(iii) liaison between the Society and the executive and legislative branches of government;

(b) The Council on Medical Service, which shall be responsible for

(i) insuring to the Society that the various Blue Cross, Blue Shield, and other medical and hospital insurance plans in the Commonwealth of Pennsylvania are being operated for the benefit of the subscribers and the public in conformity with the ideals and ethics of the medical profession,

(ii) evaluating proposals for health and medical services to be rendered in the Commonwealth by state and federal governments and private organizations; supervising the preparation of fee schedules and investigating other financial phases of medical practice; and reviewing the various group insurance plans offered to members of the Society, and

(iii) liaison with the general practice and specialty groups in Pennsylvania in regard to fee schedules;

(c) The Council on Professional Relations and Services, which shall be responsible for professional relations of the Society, including membership recruitment and indoctrination, and the development and administration of programs and services of benefit to members.

(d) The Council on Education and Science which shall be responsible for all matters relating to continuing medical education, the extension of medical knowledge, and the advancement of medical science.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President-elect and qualified in accordance with these By-laws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a Chairman and a Vice Chairman appointed by the President Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Vice president before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with

the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5. — *Commissions.* Each council shall recommend the number of commissions and the size of each commission as it shall deem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV.—PENNSYLVANIA MEDICAL CARE PROGRAM.

SECTION 1.—*Purpose.* The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2.—*Organization.*

(a) *Administration of Program.* — The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these Bylaws.

(b) *Regional Committees.* — Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coorordinating the activities of the Pennsylvania Medical Care Program within the designated region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical socieites and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) *Sub-committees.* — Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI.—COMPONENT SOCIETIES.

SECTION 1.—*Admission.* Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its Constitution and Bylaws are not inconsistent with the Constitution and Bylaws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it is located.

SECTION 2.—*Termination of Affiliation.* The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or bylaws of the Component Society is not in accord with the Constitution and Bylaws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or Bylaws of this Society, as the same may from time to time be amended.

SECTION 3.—*Investigation of Applicants for Membership.* Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, and only bonafide interns and residents may be admitted to active membership in the Component Society.

SECTION 4.—*Membership Records.* The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such

other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Vice President in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of full-time federally employed physicians, certifying that the member possesses the qualifications for such membership set forth in Section 5 of Article IV, or (e) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution or (f) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 7 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Vice President of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Vice President the names of the officers of the Component Society within fifteen days after their election.

SECTION 5.—*Membership Assessments.* The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Vice President thereof.

SECTION 6.—*Delinquent Members.* No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7.—*Membership Transfers.* A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8.—*Choice of Membership.* Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society, except that a member who has full membership or proper membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

SECTION 9.—*Direction of Affairs of Component Societies.* Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Vice President a copy of all amendments to its constitution or by-laws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10.—*Delegates to this Society.* Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Intern or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the Bylaws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII.—AMENDMENTS

These Bylaws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after lying over one day. If there be a majority but less than a three-fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These Bylaws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Chapter XIV, Section 3 of the Bylaws authorizes the House of Delegates to establish special committees to assist in its work. The membership of these committees is determined by the President of the Society unless otherwise specified by the House. They report annually to the House of Delegates. Following is a brief outline of the origins and duties of the special committees of the House:

COMMITTEE ON MEDICINE, RELIGION AND BIOETHICS

In 1963, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee on Medicine and Religion.

(Page 86, Proceedings, 1963 House of Delegates). At the meeting of the Society's Board of Trustees and Councilors, November 13, 1974, the name of the committee was changed to Committee on Medicine, Religion, and Bioethics.

COMMITTEE TO STUDY RELATIONS BETWEEN MEDICINE AND OSTEOPATHY

In 1961, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee to Study Relations Between Medicine and Osteopathy. The House of Delegates stipulated:

"a. That the Committee develop a plan for future relations between Medicine and Osteopathy.

"b. That individual county societies be notified to consult and cooperate with this committee, rather than engage in independent action with regard to this problem."

In 1962, the Committee presented its plan for the ultimate merger of medicine and osteopathy. The House of Delegates adopted the plan and directed that the Committee achieve these stated objectives.

(Page 229, Proceedings, 1961 House of Delegates, Supplemental Report D, as amended; Page 75, Official Reports, 1961 62)

SPECIAL COMMITTEES OF THE BOARD OF TRUSTEES

Chapter V, Section 3 of the Bylaws authorizes the Board of Trustees and Councilors to create special committees to aid in its work. Under this provision the Board has the authority to determine the duties and membership of its committees. Following is a brief summary of the functions and origins of the special committees of the Board.

COMMITTEE ON LIBRARY AND ARCHIVES

This committee was established by the Board on August 4, 1965. The responsibilities of the committee are to determine adequate protection for the Society's archives and to make recommendations with regard to the disposition of surplus archival items. The committee is also responsible for assuring the effectiveness of the library service.

(Pages 9-10, Minutes, Board of Trustees, August 4, 1965; Pages 5-7, Minutes, Board of Trustees, January 19-20, 1966)

COMMITTEE ON BENJAMIN RUSH AWARDS

On January 23, 1948, the Board of Trustees decided that an annual award program should be created which would recognize outstanding contributions to the health and welfare of Pennsylvanians by laymen and lay organizations. To this end, the Board created a special Award Committee. Subsequently the awards were named in honor of Benjamin Rush. The recipients of these awards are selected by the Board of Trustees upon recommendation by the committee..

(Pages 5-6, Minutes, Board of Trustees, January 23, 1948)

COMMITTEE ON DISTINGUISHED SERVICE AWARD

On November 17, 1955, the Board of Trustees established an award program to be known as the Distinguished Service Award. This award is to be given to members of the Pennsylvania Medical Society who make outstanding scientific contributions to medicine. The award is not given on an annual basis; recipients are chosen by the Board upon recommendation by the committee. Membership of the committee is composed of the three living immediate past presidents of the Society.

(Page 23, Minutes, Board of Trustees, November 17, 1955)

COMMITTEE ON OFFICERS' CONFERENCE

On August 7, 1958, the House of Delegates discontinued its special committee on the Secretaries and Editors Conference and the Board of Trustees appointed a special committee to plan the program for a meeting of state and county officers. On January 8, 1959, the committee was given the name of the Committee on Officers' Conference. Tenure of the Officers Conference Committee shall be a maximum of five one-year terms. The Committee is also responsible for planning a Socio-Economic Seminar in conjunction with the Annual Business Session.

(Page 8, Minutes, Board of Trustees, August 7, 1958; Page 38, Minutes, Board of Trustees, January 8, 1959; Page 12, Minutes, Board of Trustees, May 13, 1970; Page 8, Minutes, Board of Trustees, May 15, 1968)

COMMITTEE ON SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

On January 26, 1967 the Board of Trustees created this committee to assume responsibility for the Susquehanna Valley Regional Medical Program. The committee consists, among others, of the Trustees from the Councilor Districts involved in the program.

(Page 27, Minutes, Board of Trustees, January 26, 1967)

INTERSPECIALTY COMMITTEE

On October 8, 1969, the Board of Trustees created this Committee to: (a) Make readily available to the Officers, Board of Trustees, and House of Delegates the knowledge,

wisdom, facilities, and energy of the medical specialty societies of Pennsylvania; (b) To facilitate access of medical specialists to policy making of Pennsylvania Medical Society; (c) To improve coordination of professional effort in the community. On August 8, 1973 the Board established a maximum of six one year terms on the Interspecialty Committee.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON FAMILY PRACTICE

In his address before the 1964 House of Delegates, Richard A. Kern, M.D., then President-Elect of the Society, delineated the future role of the general practitioner as he envisioned it and made the following suggestion:

> "I therefore suggest to this House of Delegates the appointment of an ad hoc committee to study the subject of group practice, including the training of the general practitioner for his role in such groups, the establishment of an American Board of General Practice, and such other measures as may further this program, and that this House of Delegates instruct our delegates to the American Medical Association to advocate such measures therein."

This portion of Dr. Kern's speech was referred to the Reference Committee on Miscellaneous Business, and the House of Delegates approved its recommendation as follows:

> "Your reference committee also considered that portion of the address of the President-Elect on the future of the general practitioner and recommends that the Board of Trustees promptly appoint a Special Committee on General Practice. The purpose of this committee will be to study the problems of general practice, including those outlined in Dr. Kern's address. It is further recommended that this committee have adequate representation from the Pennsylvania Academy of General Practice."

(Page 78, Proceedings, 1964 House of Delegates)

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

SECTION 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

SECTION 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

SECTION 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

SECTION 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

SECTION 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

SECTION 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

SECTION 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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PMS—AMA Membership
Categories, Dues and Benefits at a Glance

The PMS Benefits designated below as "all" include participation in or eligibility for:

- Appointment to commissions, committees and councils; election to office; the right to vote
- Automobile Leasing Program
- Group insurance programs
  - PMS Professional Liability Insurance Program
  - Disability Income Plans
  - Exceptional Risk Disability Income Plan
  - Executive Major Medical Coverage
  - Excess Major Medical Coverage
  - Business Overhead Expense Plan
  - Accidental Death and Dismemberment Plan
  - Individual Life Insurance Program
  - Automobile Insurance Program
  - Group Life Insurance for Professional Corporations
  - Personal-Professional Umbrella Liability Insurance Program
  - Workmen's Compensation Dividend Plan
- Medical Benevolence Fund
- Medical Education Resource Center
- Educational Fund
- Pennsylvania Medical Continuing Education Institute
- Pennsylvania Medical Care Foundation
- PSRO Information
- Legal opinions on medico-legal questions
- Counsel on questions of medical ethics
- Peer review on request in disputes involving third parties
- Input on legislative matters through an effective lobby
- Medical Staff Bylaws Information
- PENNSYLVANIA MEDICINE
- Physicial Placement Service
- PaMPAC
- Speech writing service
- Public Relations Counsel
- Free Health Education pamphlets
- There are other programs and services in addition to those listed.

* * *

Membership Classifications
PMS and AMA Dues Purposes

ACTIVE MEMBER - Any physician who is fully licensed to practice medicine and surgery in the Commonwealth of Pennsylvania and is a member of a component society. Also, any physician who is employed full-time by the federal government in a civilian or military capacity and does not hold an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

Dues	PMS	$150.00
	AMA	$110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, (2) if member is retired from active practice, or (3) over age 70.
Benefits	PMS	All
	AMA	All except publications for AMA dues exempt are available only by subscription.

MILITARY - (ACTIVE MEMBER) - Any active member serving temporarily in the armed forces or other federal government service (before March 1).

Dues	PMS and AMA - Dues-exempt	
Benefits	PMS	All
	AMA	Same as AMA dues exempt (1) and (2) above.

DISABILITY - (ACTIVE MEMBER) - Any Active Member who is prevented from the practice of medicine by reason of illness or disability.

Dues:	PMS and AMA - Dues-exempt	
Benefits:	PMS	All
	AMA	Same as AMA dues exempt (1) and (2) above.

INTERN and RESIDENT - Any Member serving a hospital internship, residency, or other recognized full-time postgraduate training.

Dues:	PMS	$10.00 (10% of regular assessment)
	AMA	$20.00
Benefits:	PMS	All
	AMA	All

SENIOR ACTIVE MEMBER - Any member at least 65 years of age on January 1 with at least 30 years continuous membership (membership in other states or AMA may be included).

Dues:	PMS	$75.00 (50% of regular assessment)
	AMA	$110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, or (2) if member is retired from active practice or (3) over age 70).
Benefits:	PMS	All
	AMA	Same as Active Member except publications for AMA dues exempt are available only by subscription.

AFFILIATE MEMBER - Any member of a component society not engaged in active practice within the jurisdiction of the component society who belongs to one of the following classes:

(a) members of national medical societies or foreign countries

(b) American physicians whether or not licensed to practice medicine and surgery in Pennsylvania engaged in missionary or philanthropic labors

(c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania

(d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health or administrative medicine

(e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice

(f) physicians in active practice who move out of the Commonwealth of Pennsylvania if they maintain active membership in a county society and the state society in their new state of residence. Members in this category are not eligible for any Society-endorsed insurance programs.

Dues:	PMS and AMA - Dues-exempt	
Benefits:	PMS	cannot vote or hold any office, serve as a delegate, member of a commission, committee, or council, and is not entitled to benefits of Medical Benevolence Fund or Educational Fund
	AMA	Same as Associate Member

ASSOCIATE MEMBER - Any Active or Senior Active Member who is at least 70 years of age and who has at least 30 years continuous membership (membership in other states or AMA may be included).

Dues:	PMS and AMA - Dues-exempt	
Benefits:	PMS	All — except cannot vote, hold any office, serve as delegate, member of commission, committee, or council.
	AMA	May not vote or hold office and will not receive scientific publications except by direct subscription.

FEC
DOCUMENT
SEPARATOR

PENNSYLVANIA MEDICAL SOCIETY

20 ERFORD ROAD
LEMOYNE, PENNSYLVANIA 17043
(717) 238-1635

EXHIBIT A

PRESIDENT
William J. Kelly, M.D., Pittsburgh
PRESIDENT ELECT
John V. Brady, M.D., Philadelphia
VICE PRESIDENT
John B. Lovette, M.D., Johnstown
CHAIRMAN OF THE BOARD OF TRUSTEES
George A. Rowland, M.D., Millville
SECRETARY
G. Winfield Yarnall, M.D., Camp Hill
EXECUTIVE VICE PRESIDENT
John F. Rineman, Lemoyne

January 11, 1977

TO: Presidents, Secretaries, and Executive Secretaries of Component County Medical Societies

FROM: G. Winfield Yarnall, M.D., Secretary

The Pennsylvania Medical Society's 1976 annual House of Delegates adopted six amendments to the Society's Constitution and Bylaws. It has been decided to not republish the Constitution and Bylaws this year, but rather to reflect these changes by the issuance of this memorandum, which should be filed with all copies of the Constitution and Bylaws dated October 7, 1975.

The newly adopted changes to the Constitution and Bylaws are as follows (note that those sections enclosed in brackets [] have been deleted, while those underlined have been added):

1. CHANGE IN QUALIFICATIONS FOR AFFILIATE MEMBER STATUS

Constitution
Article IV. Membership

Section 6. Affiliate Member. Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of the Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the art and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, [public health] or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth

provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

2. REVISED TIME LIMITS FOR SPECIAL SESSIONS OF THE HOUSE OF DELEGATES

Constitution
Article VII--Sessions and Assemblies

Section 2. Special Sessions. Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than [forty] fourteen and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than [thirty] fourteen days prior to the holding of the session.

3. TERM OF SUSPENSION FOR THOSE NOT MEETING CONTINUING EDUCATION REQUIREMENT

Bylaws
Chapter I--Membership

Section 6--Suspension from Membership. The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1976) if he is an Active or Senior-Active dues-paying or Associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31, and such suspension shall [be for a period of one year.] remain in force until such member submits sufficient supplemental records to fulfill the award requirement. (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XII of these Bylaws, of an

order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the rights and privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

Section 7. Termination of Membership. The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active or Associate Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of [the] a one year period of suspension. (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying or Associate member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

4. DISCIPLINARY AMENDMENT

Bylaws

Chapter XIII--Disciplinary Proceedings and Appeals

Section 4. Appeals to District Boards of Censors. Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by the

Component Society or any Component Society aggrieved by the decision of another Component Society's Board of Censors shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

5. EXPULSION OF UNQUALIFIED WITNESS

Bylaws

Chapter XIII--Disciplinary Proceedings and Appeals

Section 10. Expulsion of Unqualified Witness. Any member of this Society who testifies as an expert witness without meeting the qualifications set forth in this Section shall be subject to expulsion after a due process hearing as set forth in this Chapter. An expert witness must have basic educational and professional knowledge as a general foundation for his testimony, and in addition, have current personal experience and practical familiarity with the problems that are being considered and be actively engaged in the practice of the medical subject under discussion.

(This section is to be inserted as Section 10 of Chapter XIII of the Bylaws. That section formerly numbered as Section 10 - Reinstatement After Suspension - is now Section 11.)

6. CLARIFICATION OF MEMBERSHIP ON COUNCILS AND COMMITTEES

Bylaws

Chapter XIV. Committees, Administrative Councils and Commissions

Section 1. (d iii) Qualification for Membership on Committees, Administrative Councils and Commissions.
[No member shall serve consurrently as (a) member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.] A member may serve concurrently only as (a) member of one administrative council and one commission under that council, or (b) a member of one council or one commission and one standing committee, or (c) as an appointed member of not more than two standing committees.

FEC
DOCUMENT
SEPARATOR

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E.R.S.M.

The CHARTER

OF THE

Rhode Island Medical Society

TOGETHER WITH THE

RULES and BYLAWS

AS AMENDED TO MARCH 14, 1973

AND

A LIST OF PAST OFFICERS

State of Rhode Island, A. D., 1812

AN ACT TO INCORPORATE CERTAIN PHYSICIANS AND SURGEONS BY THE NAME OF "THE RHODE ISLAND MEDICAL SOCIETY"

As the medical art is important to the health and happiness of society, every institution calculated to further its improvement is entitled to public attention; and as medical societies, formed on liberal principles, and encouraged by the patronage of the laws, have been found conducive to this end:

SECTION 1. *Be it therefore enacted by the General Assembly, and by the authority thereof it is enacted,* That Amos Throop, William Bowen, Pardon Bowen, Levi Wheaton, Rowland Greene, Samuel Hudson, Daniel Barrus, Joseph Comstock, Niles Manchester,[1] John M. Eddy, Thomas M. Barrows, Charles Eldridge, Jacob Fuller, Moses Mowry, Peleg Clark, John Mackie, Jeremiah Williams, W. Corlis Bowen, Joseph B. Pettes, Walter Wheaton, Stephen Harris, Sylvester Knight, Abraham Mason, Ezekiel Comstock, Augustus Torrey, A. Waldron, Caleb Fisk,[2] Solomon Drowne, Comfort A. Carpenter, Thomas Nelson, Thomas Warren, John W. Richmond, William G. Shaw, Cyril Carpenter, Thomas Carpenter, Gorton Jerauld, Charles Foster,[3] Lemuel W. Briggs, John Aldrich, Jonathan Easton, Benjamin Waite Case, Enoch Hazard, David King, William Fenner,[4] Edmond Thomas Waring and Jonathan Easton, jun. be and they hereby are formed into, constituted and made a body politic and corporate, by the name of *The Rhode Island Medical Society;* and that they and their successors, and such other persons as shall be elected in the manner hereafter mentioned, shall be and continue a body politic and corporate, by the same name forever.

SEC. 2. *And be it further enacted,* That the members of the said society may from time to time, elect a President, two Vice-Presidents, one or more Secretaries, with such other officers as they shall judge necessary and convenient; and they the members of the said society shall have full power and authority, from time to time, to determine and establish the names, number and duty of their several officers, and the tenure they shall respectively have in their offices.

[1]The name of John Wilkinson appears in the Society records after Niles Manchester.
[2]"s" is omitted from both State House and Society records.
[3]Chillingsworth Foster in Society records.
[4]Turner in Society records.

SEC. 3. *And be it further enacted,* That the members of the said society shall have a common seal, and power to break, change and renew the same at their pleasure.

SEC. 4. *And be it further enacted,* That the said society may sue and be sued, in all actions, real, personal or mixed, and prosecute and defend the same until final judgment and execution.

SEC. 5. *And be it further enacted,* That the said society shall have full power and authority, to make and enact such rules and by-laws, for the better government of said society, as are not repugnant to the laws of this State, or of the United States, and to annex reasonable fines and penalties to the breach of them, not exceeding the sum of fifty dollars, to be sued for and recovered by said society, and to their own use, by action of debt, in any Court having cognizance of the same; and also to determine the number requisite to constitute a quorum for the transaction of business, and to establish the time, place and manner of convening the said society.

SEC. 6. *And be it further enacted,* That the said society, at any stated legal meeting of the same, may, by a majority of votes of those present, elect any suitable person or persons to be a member or members of the said society: *Provided,* That all practising physicians or surgeons, resident within this State, who shall be so elected, shall, within one year after such election, subscribe the by-laws of the said society, or otherwise declare in writing their assent to the same, or such election shall be void; and all persons, not practising physicians or surgeons, or not resident within this State, who shall be so elected, may be deemed honorary members of the said society; and at any such meeting the said society shall have power, in like manner, to suspend or expel for improper conduct, any member of said society.

SEC. 7. *And be it further enacted,* That the President and members of said society, or such officers or members as they shall specially appoint for that purpose, shall have full power and authority to examine all candidates for the practice of physic and surgery (who shall offer themselves for examination) respecting their skill in their profession; if upon examination the said candidates shall be found skilled in their profession, and fitted for the practice of it, they shall receive the approbation of the said society in letters testimonial, under the seal of the said society, signed by the President, or such other person or persons as shall be appointed for that purpose.

SEC. 8. *And be it further enacted,* That the said society may and shall forever be deemed capable in law, of having, holding and taking, in fee simple, or any less estate,

by gift, grant or devise, or otherwise, any land, tenement or other estate, real or personal, provided that the annual income of the whole real estate may be given, granted or devised to or purchased by the said society, shall not exceed the sum of five hundred dollars; and the annual income or interest of said personal estate shall not exceed fifteen hundred dollars: And the annual income or interest of the said real and personal estate, together with the fines and penalties paid to said society, or recovered by them, shall be appropriated to such purposes as are consistent with the end and design of the institution of the said society, and as the members thereof shall determine.

Sec. 9. *And be it further enacted*, That a meeting for the organization of the said society shall be held in some convenient place within this State, and that Dr. Amos Throop be and he hereby is authorized to appoint the time and place for holding the said meeting, and to give public notice of the same, in two or more newspapers printed in the towns of Newport and Providence.

Passed February Session, A. D. 1812.

(Passed March 1, 1887)

AN ACT IN AMENDMENT OF "AN ACT TO INCORPORATE THE RHODE ISLAND MEDICAL SOCIETY", PASSED BY THE GENERAL ASSEMBLY AT ITS FEBRUARY SESSION, A. D. 1812

It is enacted by the General Assembly as follows:

Section 1. Section 8 of an act entitled "An act to incorporate the Rhode Island Medical Society", is hereby amended to read as follows:

"Sec. 8. And be it further enacted, that the said society may and shall forever be deemed capable in law, of leasing, holding and taking, in fee simple or any less estate, by gift, grant or devise or otherwise any land, tenement or other estate, real or personal, to the amount of one hundred thousand dollars, and such personal property shall be exempt from taxation to the amount of twenty thousand dollars so long as the same shall be exclusively appropriated and used for such purposes as are consistent with the end and design of the institution of the said society."

Sec. 2. This act shall take effect immediately upon its passage.

(Passed April 21, 1898)

AN ACT IN AMENDMENT OF AN ACT ENTITLED "AN ACT TO INCORPORATE THE RHODE ISLAND MEDICAL SOCIETY", PASSED BY THE GENERAL ASSEMBLY AT ITS FEBRUARY SESSION, A. D. 1812, AMENDED AT ITS JANUARY SESSION, A. D. 1887.

It is enacted by the General Assembly as follows:

Section 1. Section 8 of an act to incorporate the Rhode Island Medical Society", passed by the general assembly at its February session, A. D. 1812, is hereby amended so as to read as follows:

"Sec. 8. And be it further enacted, that the said society may and shall forever be deemed capable in law of having, holding and taking in fee simple, or any less estate by gift, grant or devise or otherwise, any land, tenement or other estate, real or personal, to the amount of one hundred thousand dollars. And the whole or any portion of said estate, real or personal, or the income thereof or of any portion of the same, together with the fines and penalties paid to said society or recovered by it, said society may appropriate to such purposes as are consistent with the end and design of the institution of said society, and as the members thereof shall determine."

Sec. 2. This act shall take effect immediately upon its passage.

Bylaws of the Rhode Island Medical Society

As Amended to March 14, 1973

Article I — Name

The name of this organization is the RHODE ISLAND MEDICAL SOCIETY.

Article II — Objects

The objects of this Society are to promote the science and art of medicine and the betterment of public health; to promote friendly intercourse among physicians; and to enlighten and direct public opinion in regard to the problems of medicine.

Article III — Membership

SECTION 1. *Classes of Members.* — This Society consists of (a) Members, (b) honorary members.

SECTION 2. *Members.* — The Members are all the active members in good standing in the component societies from whom the required annual dues or special assessments have been received timely by the Treasurer of this Society, unless exemption from payment of dues or assessments has been provided in these bylaws, or by action of the Council. Intern and resident physicians, issued a non-limited license to practice medicine by the State of Rhode Island, and serving in training programs approved by this Society, and for whom there are no provisions for active membership in a county or district society in this state, shall be elgible for active membership in this Society upon application with endorsement of two (2) active members of this Society on the staff of the hospital in which they are training, provided there is no disapproval for membership by the Council of this Socety.

SECTION 3. *Honorary Members.*—The honorary members are persons elected as such by the General Session on the nomination of the Council, provided, a physician resident in and practicing in Rhode Island shall not be eligible for honorary membership.

SECTION 4. *Rights of Members.*—Members who are in good standing are entitled to all the rights, benefits and privileges of this Society, including the right to register at sessions of the Society, to attend and participate in the general meetings held therein, to vote, to hold office, subject to the qualifications and by these Rules and Bylaws for particular offices, to serve [illegible] to receive a copy of the Soci[illegible] issued. When a Member [illegible] loses membership in a component [illegible] estate, as the case may be, [illegible] all right and title to any share in the property and property [illegible] Society. The only rights possessed by honorary members [illegible] to register at sessions of the Society, to attend general meetings [illegible] committees and to [illegible] official publication [illegible]

SECTION 5. *Good* [illegible] in good standing [illegible] laws:

(a) Unless payment [illegible] and special assessments on his behalf have been received by the Treasurer as provided in these bylaws, unless exemption from payment of dues or assessments has been provided in these bylaws or by action of the Council.

(b) If he has been suspended or expelled by his component society, regardless of whether he has pending an appeal from such disciplinary order to the Council of this Society or to the Judicial Council of the American Medical Association; or

(c) if his license to practice in this or any other State has been revoked or suspended and has not been subsequently restored on appeal.

SECTION 6. *Dues.* — On or before January 1 of the year for which the dues in question are payable each Member shall be assessed an annual dues sum as the House of Delegates of this Society have determined at its meeting immediately preceding. Said dues shall be paid to the Treasurer of the Rhode Island Medical Society. Any Member with respect to whom dues for the year have not been received by the Treasurer by May 1 shall be suspended from membership in the Society, and he shall forfeit his membership if said indebtedness remains unpaid fifteen (15) days after official notification thereof from the Treasurer.

Members having attained the age of seventy (70) years shall, if they so request in writing, be exempt from the payment of dues, but they shall remain active members in good standing.

Article IV — Component Societies

SECTION 1. *Defined.* — The component societies of this Society consist of those county or district medical societies which hold charters from this Society that are in full force and effect.

SECTION 2. *Charters.* — (a) All charters issued by this Society continue in full force and effect until revoked or suspended.

(b) The Council, with the approval of the House of Delegates, may charter as a component society a medical society representative of the medical profession of a county or district as circumstances may dictate or as seems desirable.

SECTION 3. *Qualifications of Members.* — Subject to the provisions of section 4 of this Article, each component society is the sole judge of the qualifications of its members and the acceptance of applicants is wholly at the pleasure of the component society. A component society may create classes or types of membership in addition to the types of membership of this Society but only such members of the component society as possess the qualifications required by these Bylaws are Members of this Society.

SECTION 4. *Limitations.* — Component societies are subject to the following limitations:

(a) The Bylaws of this Society, and the amendments thereto that may be adopted in the future, are the supreme law of the component societies. In so far as the Constitution or Bylaws of this Society the Constitution or Bylaws of the component society are void and of no effect.

(b) A component society may admit to active membership or continue in such membership only such physicians as (1) are licensed to practice medicine and surgery in Rhode Island, (2) reside or practice in the territorial jurisdiction of the society, except as the rules and regulations of this Society may otherwise provide, (3) abide by the Code of Ethics of the American Medical Association, and (4) do not practice or claim to practice any school or system of sectarian medicine or healing.

(c) A member against whom disciplinary action has been voted by a component society shall have the right to appeal to the Council of this Society and eventually to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the Society shall remain

full force and effect during the pendency of such peal or appeals.

SECTION 5. The House of Delegates shall have thority to revoke the charter of any district soci- whose actions are in conflict with the letter or it of these Bylaws.

SECTION 6. *Delegates and Councilors.* — Each ponent society is entitled to elect one delegate the House of Delegates of this Society for each nty active members, or major fraction thereof, the component society. Regardless of the total ber of active members, each component society ntitled to elect at least one delegate. Only Mem- s of this Society are eligible for election as dele- ates or alternates. The delegates shall be selected y the component societies at their respective annual eetings, for one year terms, which run from the eeting at which they were elected to the next en- ng annual meeting of the component society. ch component society is entitled to elect one ouncilor and one alternate Councilor who shall e Members of the Society, and who shall serve two ear terms beginning at the close of the annual eeting at which they are elected.

SECTION 7. *Vacancies in Offices.* — If a delegate councilor elected by a component society dies, signs, ceases to be a member in good standing of he Society, becomes disabled, or for any other rea- n cannot assume the duties of his office, or will e absent from a session of the House of Delegates this Society, the president of the component ciety may appoint another Member to serve in is stead during the balance of the term or during e disability or absence, as circumstances may call r. As soon as practicable after the appointment, he president of the component society shall notify he Secretary of this Society of his action.

SECTION 8. *Secretaries' Duties.* — The secretary each component society shall keep a roster of its members, grouping the members according to the type of membership held. With respect to each member, the roster shall contain the full name, address, date of birth, professional college and date of graduation, the date the member was licensed to practice in this State, and such other information as the Secretary of this Society may require. In keeping such records the secretary shall note any change in the personnel of the profession by death or by removal and shall so notify the Secretary in

such form as he may require. He shall promptly notify the Secretary of losses of memberships, giving the causes in individual cases.

SECTION 9. *Membership in Society of County Other Than That of Residence.* — Any doctor of medicine residing on or near a county or district line may be elected to membership in that component society whose meetings will be most convenient for him to attend, if the action is agreeable to the component society embracing the county or district in which the physician resides.

SECTION 10. *Membership Where Major Office and Residence Are in Different Counties or Districts.* — Any doctor of medicine, who has his major office or professional practice in one county or district and resides in another county or district, has the option of applying for membership in the component society having jurisdiction of either county or district, if the action is agreeable to both affected component societies.

Article V — Officers

SECTION 1. *Officers.*—The officers of this Society are the President, President-Elect, Vice President, Secretary, Treasurer, Speaker and Vice Speaker of the House of Delegates, and the Councilors.

SECTION 2. *Tenure of Officers.*—The House of Delegates at its regular annual session shall elect the following officers to serve one year terms: President, President-Elect, Vice President, Secretary, Treasurer, and Speaker and Vice Speaker of the House of Delegates. Each component society shall be entitled to elect one Councilor and one alternate Councilor to the Council who beginning at the close of the annual meeting of the component society at which they are elected shall assume office and serve until the corresponding period of the second annual meeting following their election or until their successors assume office. The officers elected by the House of Delegates shall assume office at the close of the annual session at which they were elected and shall serve until the corresponding period of the annual session next following their election. At the close of the annual session next following his election, the President-Elect shall assume the office of President, and serve as such until the corresponding period of the following annual session or until his successor assumes office.

SECTION 3. *Vacancies; How filled.* — If before the expiration of the term for which he was elected, the President dies, resigns, is removed, or becomes disqualified, the Vice President shall succeed to the office vacated, with all the prerogatives and duties pertaining to the office. Vacancies created by the death, resignation or removal of other officers and vacancies and contingencies not here provided for shall be filled by appointment by the Council for the unexpired portion of the term, except in the case of vacancy in the office of President-Elect when the Council shall submit a nominee to the House of Delegates, and in the case of vacancy in the office of an elected Councilor, the president of the component society concerned shall appoint a member to serve the unexpired portion of the term.

SECTION 4. *Qualifications.* — Only a Member of this Society is eligible for election or appointment as an officer.

SECTION 5. *Duties — in General.* — In addition to the rights and duties provided elsewhere in these Bylaws or as custom or parliamentary usage may require, the officers shall have the rights and duties respectively assigned to them in the succeeding sections of this article.

SECTION 6. *President.* — The following rights and duties devolve on the President: (1) to preside at all general meetings of the Society, and of the Council; (2) to deliver an address at the annual session at such time as may be arranged; (3) to act as the real head of the profession in the State and, when he deems it advisable or necessary, to visit personally, or by representative of his own designation, the various component societies and to assist the Councilors in building up the component societies and in making their work more practical and useful; (4) to serve as a member of the Board of Trustees of the Rhode Island Medical Society Building and to appoint annually in September a Member of this Society as a member of the Board of Trustees to serve for a one year term beginning the following January 1; (5) to appoint annually to serve for a one year term delegates to other medical societies and an Anniversary Chairman to preside at the next annual dinner; (6) to appoint all committees not otherwise provided for; and (7) ex officio to serve as a member of all committees.

SECTION 7. *Vice President.* — The Vice Presi-

dent shall assist the President in the discharge of his duties and shall officiate for the President during his absence or at his request. He shall serve as a member of the Council and of the House of Delegates and as Chairman of the Board of Trustees of the Library Building.

SECTION 8. *President-Elect.* — The President-Elect shall by active aid to the President and by membership on the Council and in the House of Delegates of which he is a member during the term of his office so conduct himself as to obtain the greatest possible acquaintanceship with the affairs and personnel of the Society so as to enable him efficiently to fulfill the office of President when he succeeds thereto.

SECTION 9. *Secretary.* — The following rights and duties devolve on the Secretary: (1) to keep minutes of the proceedings of the general meetings of the Society, of the meetings of the Council and of the meetings of the House of Delegates; (2) to be the custodian of the Society's seal; (3) to notify members of meetings, officers of the elections, committees of their appointments and duties, and to send all notices required by these by-Laws or by order of the House of Delegates or the Council, or by law; (4) to provide for the registration of members and delegates at sessions of the Society and of the House of Delegates and to keep a record of such registration; (5) to keep a register of all component societies, their respective officers, and of all Members of the Society and to transmit a copy of this list to the American Medical Association, notifying the Secretary of the American Medical Association as to the names of new Members and the names of those dropped from the membership roster; (6) to keep a register of all licensed practitioners of medicine of the state, who are members of this Society, by county, noting the status of each in relation to the appropriate component society; (7) to be the custodian of all record books and papers of the Society except such as properly belong to the Treasurer; (8) to report to the House of Delegates; (9) to prepare and issue all programs as may be directed by the Committee on Scientific Work and annual meeting; (10) to aid the Council in the organization and improvement of the component societies and in the extension of power and usefulness of this Society; (11) to perform such other duties as may be required by the Council or the House of Delegates;

(12) to be *ex officio* a member of all Standing Committees.

SECTION 10. *Treasurer.* — The following rights and duties devolve on the Treasurer: (1) to serve as a member of the Council, of the House of Delegates and of the Board of Trustees of the Rhode Island Medical Society Building; (2) to charge on the records of the Society the dues of each Member and to demand and receive all funds due the Society, including bequests and donations, to deposit same in a depository approved by the Council, and to keep an accurate record thereof as well as of funds disbursed by the Society; (3) at the Council meeting in September to present to the Council, for its approval, a budget of necessary expenses of the Society for the ensuing year and to pay all bills within the scope of the approved budget; (4) to pay only on the order of the Council bills not within the scope of the approved budget; (5) under the supervision of the Council to invest the funds under his care; (6) after receiving the recommendation of the Council, to sell, mortgage, or lease any property belonging to the Society and to execute the necessary legal documents therefor; (7) when directed by the House of Delegates, to sue in the name of the Society and to prosecute such suits to final judgment and execution; (8) to subject his accounts to examination by the auditors annually; (9) to render an account of his work and of the state of the funds of the Society annually, and to make in writing such other reports as the House of Delegates or the Council may require; (10) to employ such assistants as may be authorized by the Council; and (11) to give bond in such sum as may be fixed by the Council, the premium on such bond to be paid by the Society.

SECTION 11. *Speaker of the House of Delegates.* — The Speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require. He may address the House of Delegates at the opening of each meeting, limiting his address to matters of conduct and procedure in the House. He is entitled to vote when the vote is by ballot or roll call. In all other cases he shall have the right to vote only in case of a tie.

SECTION 12. *Vice Speaker of the House of Delegates.* — The Vice Speaker of the House of Delegates shall officiate for the Speaker in the latter's absence or at his request. In case of death, resig-

nation or removal of the Speaker, the Vice Speaker shall officiate during the unexpired term. He is entitled to vote when the vote is by ballot, or by roll call.

Article VI — House of Delegates

SECTION 1. *General Powers.* — All legislative power of the Society is vested in and resides in the House of Delegates, which alone shall have authority to determine the policies of the Society. It shall elect (1) all the officers, (2) such delegates to the American Medical Association to which the Society may be entitled, and (3) the elected committeemen.

SECTION 2. *Composition.* — The House of Delegates shall be composed of (1) delegates elected by the component societies, each component society being entitled to elect one delegate for each twenty (20) active members in good standing, or major fraction thereof, exclusive of intern and resident members, with the added provision that each component society shall be entitled to elect at least one delegate; and (2) The President, the President-Elect, the Vice-President, the Secretary, the Treasurer, the Speaker, the Vice-Speaker, and the Immediate Past President; and (3) without the power to vote unless elected as a delegate from a component society, the Editor of the Rhode Island Medical Journal, the delegate and the alternate delegate to the House of Delegates of the American Medical Association, the Director of the State Department of Health in Rhode Island, the President of the Rhode Island Medical Society Physicians Service, five Commissioners of Committee Commissions of the Society, elected by the House upon the nomination of the President of the Society, and an official representative named by each organized specialty group in Rhode Island recognized by the House of Delegates.

SECTION 3. *Conduct of Business.* — The House of Delegates in its deliberations shall be presided over by the Speaker, and in his absence by the Vice Speaker, and in his absence by the President, and in his absence also by any delegate agreeable to it. Twenty (20) delegates shall constitute a quorum for the transaction of business. The Secretary shall record the proceedings.

The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to the membership of this Society for a general referendum by ballot sent by mail, and it shall be bound by the result.

SECTION 4. *Time of Meeting.* — The House of Delegates shall meet in January and September, and also in Annual Session each year, at such place and time as the President may determine. The House may be called into special session at any time during the year by the President in his discretion or on the written petition of fifteen delegates or fifty members.

SECTION 5. *Special Committees.* — The House of Delegates may appoint committees composed of any Members of the Society for special purposes or it may provide for such committees and authorize the appointment of Members by the President. Such committees shall report to the House of Delegates and members of such committees may participate in discussion and debate relative to their reports but unless committeemen are delegates they shall not have the right to vote.

SECTION 6. *Reporting of Proceedings* — When the House of Delegates meets the Secretary shall cause a summary of the proceedings to appear as soon as practicable in the Society's official publication.

SECTION 7. *Election of Officers, Delegates to the American Medical Association, and Elected Committeemen.* — At its meeting in September on the even year the House shall elect a delegate and alternate to the House of Delegates of the American Medical Association, and annually at its annual meeting shall elect officers and elected committeemen. With respect to both elections the Council shall authorize a nominating committee of five, consisting of two (2) Councilors elected from component societies to the Council, two (2) Delegates elected from component societies to the House, all to be named by the President of the Society who shall be the fifth member of the committee, which shall prepare a list of candidates to be presented to the Council. A list of nominees approved by the Council shall be mailed to the House at least one week prior to the meeting. Other nominations may be made from the floor of the House by any voting member of the House. All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.

SECTION 8. *Reports of Officers.* — The Secretary, for the Council, and the Chairmen of committees, shall prepare and submit for the consideration of the House reports, preferably in writing, concerning their activities.

SECTION 9. *Fixing of Annual Dues.*—The House at its September meeting shall determine and fix the dues for the ensuing fiscal year.

SECTION 10. *Tenure of Office.* — A Delegate to the House of Delegates of the Rhode Island Medical Society may serve a maximum of six (6) successive years, and shall be ineligible for re-election as a delegate for at least one year after such a six-year tenure.

Article VII — The Council

SECTION 1. *General Powers.*—The Council shall carry out the mandates and policies of this Society as determined by the House of Delegates or by referendum or initiative measures. Subject only to the provisions of (1) these Bylaws, (2) resolutions or enactments of the House of Delegates, and (3) measures initiated at the general session, the Council has full and complete power and authority to perform all acts and to transact all business for the Society and to manage and conduct all of the property, affairs, work and activities of the Society.

SECTION 2. *Composition.* — The Council shall consist of the Councilors elected by the component societies, the five most recent living past Presidents of the Society, if active members, the President, the President-Elect, the Vice-President, the Secretary, and the Treasurer, and five (5) Commissioners elected by the House of Delegates upon the nomination of the President, who shall serve as non-voting members.

SECTION 3. *Meetings.* — The Council shall meet bimonthly at such time and place as the President may determine. The President may call a special meeting of the Council on his own motion and must call a special meeting on the written request of seven members of the Council. Twelve members shall constitute a quorum. The President shall preside at the meetings of the Council and, in his absence, the Vice President and President-Elect in order. The Secretary shall keep a record of its proceedings.

SECTION 4. *Duties.* — In addition to the duties

and powers conferred on the Council elsewhere in these Bylaws, the Council shall act as the arbiter of the Society with respect to matters of ethics and questions involving the rights and standing of Members, whether in relation to other Members, to the component societies, or to this Society. When its jurisdiction is invoked as hereinafter provided it shall review instances in which disciplinary orders or measures have been adopted by a component society against a member.

SECTION 5. *Appeals and Disciplinary Proceedings.* — A member of the component society censured, suspended, expelled, or otherwise disciplined by his component society may appeal to the Council within two months following the date of such disciplinary order for a determination of applicable questions of law and procedure but not of fact. Appeals shall be in writing and be filed with the Secretary of the Society. On the filing of an appeal the Secretary shall notify other members of the Council. Appeals shall be heard by the Council only after reasonable notice in writing of not less than ten days of the time and place of the hearing on the appeal has been given to the appellant member and the president and secretary of the component society. In every case of an appeal the Council, prior to any hearing on the appeal, shall exert all proper efforts at conciliation and compromise. The decision of the Council shall be final and bind the appellant member and the component society unless the matter is carried timely to the Judicial Council of the American Medical Association.

SECTION 6. *Report to the House of Delegates.* — The Council at each session of the House of Delegates shall make a report concerning the state of the Society and the work and proceedings of the Council during the interval since the last session of the House.

SECTION 7. *Compensation of Officers and Employees.* — The Council shall fix the compensation of the officers, representatives and employees of the Society.

SECTION 8. *Executive Secretary.* — The Council may employ an Executive Secretary of the Society after authorization by the House of Delegates.

SECTION 9. *Tenure of Office.* — A Councilor to the Council of the Rhode Island Medical Society elected by a component society may serve a maximum of six (6) successive years and shall be in-

eligible for re-election as a Councilor for at least one year after such six-year tenure.

Article VIII — Sessions and Meetings

SECTION 1. *Sessions of the Society.* — The Society shall hold an annual session at such place and at such time as the House of Delegates may determine. The Secretary shall give to each member at least seven days' notice of such annual session.

SECTION 2. *General Meetings.* — During the annual session there shall be held at least one general meeting open to all registered members. The general meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigations of special interest and importance to the profession and to the public. The general meeting by a two-thirds vote of the members present may order a general referendum on any question pending before the House of Delegates and when so ordered the House of Delegates shall submit such question to the Members of the Society by ballot sent by mail. A majority of such votes shall determine the question and be binding on the House of Delegates. The general meeting may receive and vote on resolutions introduced at any session but the resolutions shall not be binding on the Society until approved by the House of Delegates.

SECTION 3. *Special Sessions.* — A special session of the Society may be called by the President in his discretion and must be called by him on the written petition of fifty members.

SECTION 4. *Right of Members to Participate.*— All members of the Society may attend and, except as otherwise limited, may participate in the annual session held by the Society, subject only to such reasonable parliamentary rules as may be adopted. Members may also attend meetings of the House of Delegates, except when the House of Delegates is in executive session. Except with the consent of the House of Delegates, however, no member not a delegate may have the privilege of the floor.

SECTION 5. *Registration Required.* — Before a member can attend and participate in proceedings or activities of the annual sessions he must register, under such procedure as the Secretary may prescribe.

SECTION 6. *Guests.* — The privilege of attending the annual session may be extended to guests under such conditions as the Secretary may determine.

Article IX — Finance

SECTION 1. *Raising of Funds.* — Funds for conducting the affairs of the Society may be raised (1) by such annual dues from Members of this Society as the House of Delegates may determine at its September meeting; (2) by such special assessments on members as the House of Delegates may determine; (3) by voluntary contributions, devises, bequests, and other gifts; and (4) in any other manner approved by the House of Delegates.

SECTION 2. *Fiscal Year.* — The fiscal year of this Society is from January 1 to December 31 inclusive.

SECTION 3. *Supervision.* — Supervision of the funds, investments, and expenditures of the Society is vested in the Council. The Council shall receive the audited accounts of the Treasurer and of other agents of the Society and present a statement of those accounts in its annual report to the House of Delegates. It shall pass on the sufficiency of the bond given by the Treasurer. It shall report on all resolutions appropriating money and shall submit such report to the House of Delegates for authorization or approval. At the meeting of the House of Delegates in September the Council shall submit a budget for the expected income and expenses of the Society for the ensuing year. If it approves the House of Delegates shall make the necessary appropriations and impose such conditions on the expenditure of the funds so appropriated as it sees fit, provided, in the case of an emergency the Council may authorize the expenditure of funds for items not mentioned in the budget for that year.

Article X — Standing Committees and Boards of Trustees

SECTION 1. *Names and Commissions.*—The standing committees of the Society, of which the President and the Secretary shall be members, ex officio, shall be the following: Committee on Scientific Work and Annual Meeting, Committee on Public Laws, Committee on Publication, Committee on Mediation, Committee on Medical Economics, Committee on Occupational Health, Committee on

Library, Committee on Public Relations and Policy, Trustees of the Rhode Island Medical Society Building, Trustees of the Caleb Fiske Fund, and Trustees of Special Funds. Each committee of the Society, elected or appointed, shall be assigned to a committee commission by the Council, and each committee commission shall be under the supervision of a Commissioner who shall be an active member of the Society who is not an officer of the Society and who shall report to the President of the Society on the activities of the committees within his respective commission group. Commissions are designated as follows: Commission on Community Relations, Commission on Health Programs, Commission on Professional Relations, Commission on Public Health, and Commission on Socio-Economics.

SECTION 2. *Required Reports.* — Each of these committees shall report to the House of Delegates, preferably in writing, concerning its activities. The Trustees of the Caleb Fiske Fund and Trustees of Special Funds shall report to the Council.

SECTION 3. *Vacancies.* — If an elected or appointed committeeman dies, resigns, is removed or fails to serve, the Council shall appoint a Member of the Society to serve on an elected committee until the next session of the House of Delegates at which time the House shall elect a Member of the Society to serve for the unexpired portion of the term, and for the Mediation Committee the President shall appoint, with approval of the Council, a member of the Society to serve for the unexpired portion of the term.

SECTION 4. *Scientific Work and Annual Meeting.* — The Committee on Scientific Work and Annual Meeting shall consist of nine (9) members elected by the House of Delegates. The Committee shall determine the character and scope of the scientific proceedings of the Society for each session, subject to instruction of the House of Delegates. It shall be the duty of the Committee to provide a suitable place and to make all necessary arrangements for each meeting of the Society. The Committee shall prepare and issue at least seven days previous to each session a program announcing the order in which papers, discussions, and other business shall be presented.

SECTION 5. *Public Laws.* — The Committee on Public Laws shall consist of nine (9) members

elected by the House of Delegates. The Committee shall keep itself informed with respect to laws, court decisions, court proceedings, administrative rules, and proposed and pending legislation relating to public health and such other matters as relate to the objects of the Society.

SECTION 6. *Publication.* — The Committee on Publication shall consist of nine (9) members elected by the House of Delegates. The Committee shall arrange for the publication and distribution and have charge of the Society's official Journal. Expenses of the Committee must be authorized by the Council, and subsequently reported to the House of Delegates. All receipts shall accrue to the Treasurer.

SECTION 7. *Mediation.* — The Committee on Mediation shall consist of ten (10) members, in addition to the president and the secretary of the Society, *ex officio*. The committee shall elect a chairman and a vice chairman to serve for annual terms. In 1961, and each year thereafter, the president of the Society shall appoint one member for a term of ten (10) years to replace the member whose term expires. The president may appoint himself, or reappoint a member whose term expires if he so desires, but all appointees to the committee must be members in good standing of the Rhode Island Medical Society. In the event that a vacancy occurs on the committee, the president of the Society, with the advice and consent of the Council, shall appoint a member to complete the unexpired term of the member whose appointment is vacated.

The Committee shall review all cases of threatened or instituted action for malpractice against any member of the Society, and shall also investigate all complaints concerning the professional conduct of members referred to it.

The Committee shall have authority to require the attendance of any member before it relative to unprofessional conduct, upon not less than seven (7) days written notice to the member, and failure of the member to appear before the Committee without justifiable cause shall be reported to the Council of the Society for disciplinary action. The Committee, after investigation, shall have the authority to prefer charges of unethical or unprofessional conduct against a member to the Council.

SECTION 8. *Medical Economics.* — The Committee on Medical Economics shall consist of nine

(9) members elected by the House of Delegates. The committee shall be charged with the duty of studying and investigating, so far as it and the Council may deem practicable or advisable, such phases of general economics as have a bearing on the practice of medicine.

SECTION 9. *Occupational Health.* — The Committee on Occupational Health shall consist of nine (9) members elected by the House of Delegates. The Committee on Occupational Health shall keep itself informed concerning: (1) actual conditions and practices in industry affecting or relevant to the health and well-being of industrial workers; (2) the medical care rendered as a result of industrial accidents or occupational diseases; and (3) legislation pertinent to the field of occupational health. This committee shall also study, determine, and advocate such measures and laws as in its judgment will improve the welfare of the industrial worker. Such a committee shall cooperate with other agencies having a legitimate interest in the health of industrial workers. It shall coordinate its activities, so far as possible, with the activities of the Council on Occupational Health of the American Medical Association.

SECTION 10. *Library.* — The Committee on the Library shall consist of nine (9) members elected by the House of Delegates. The Committee shall have charge of the Library of the Society and shall have custody of all books and pamphlets published by the Society and the Trustees of the Fiske Fund. It shall appoint some suitable person Librarian, the amount of whose compensation shall be approved by the Council, and it shall make rules concerning the use of the Library. The Librarian shall keep a list of all additions to the Library, shall see that the Library is open for reference at such hours as the Committee may direct, shall compile the necessary catalogs and reference lists, shall loan books from the Library only on receipts, and shall perform such other duties as may be assigned by the Committee.

SECTION 11. *Public Policy and Relations.*—The Committee on Public Policy and Relations shall consist of five (5) members, of whom three shall be the president, the president-elect, and the secretary of the Rhode Island Medical Society, and two members elected by the House of Delegates. The Committee shall concern itself with all matters

of public policy, public relations, and information relative to medicine and public health.

SECTION 12. *Rhode Island Medical Society Building.* — The Board of Trustees of the Rhode Island Medical Society Building shall consist of seven (7) members as follows: the Vice President, who shall be chairman, the chairman of the Library Committee, one person elected by the Providence District Society, one person not a member of the Providence Society, who shall be appointed by the President, the President, the Secretary, and the Treasurer. The Committee shall have charge of the Library building, shall appoint some suitable person janitor, assign him his duties and fix his compensation, but the amount must be approved by the Council. Through the budget of the Treasurer this Committee shall recommend to the Council the amount necessary for the maintenance of the building. Other expenses of the Committee must be authorized by the Council, which expenditures must subsequently be reported to the House of Delegates.

SECTION 13. *Caleb Fiske Fund.* — The President, the President-Elect, and the Vice President shall be the Trustees of the Caleb Fiske Fund.

SECTION 14. *Other Special Funds.* — The President, the Secretary and the Treasurer shall be the Trustees of such special funds as have been created and may be created hereafter, provided other Trustees are not designated by the creators of the funds or appointed by the House of Delegates.

Article XI — Delegates to the American Medical Association

SECTION 1. *Selection and Terms.* — The House of Delegates at its September meeting on the even year shall elect a delegate and alternate to the House of Delegates of the American Medical Association, in conformity with the applicable provisions of the Constitution and By-Laws of the American Medical Association.

SECTION 2. *Assumption of Office.* — The Delegate and alternate shall assume office on January 1 of the year succeeding their election, for two year terms, and shall serve until their successors are elected and assume office.

SECTION 3. *Vacancy During Elected Terms; How Filled.* — If before the termination of his

term the delegate dies, resigns, ceases to be a member in good standing of this Society, becomes disabled or for any other reason cannot assume or continue to assume the duties of his office or will be absent from a session or meeting of the House of Delegates of the American Medical Association, the rights and duties of the office devolve on his alternate for the time being or for the remainder of the term as circumstances, in the opinion of the Council, may indicate.

Article XII — Ethics

The Code of Ethics of the American Medical Association in force at the time of the adoption of these Rules and By-Laws and as it may from time to time thereafter be amended by the American Medical Association shall govern the conduct of members of this Society in their relation to each other and to the public.

Article XIII — Official Publication

The official publication of this Society is the Rhode Island Medical Journal, in which shall be published all official Society notices and transactions of the House of Delegates, the general meetings of the Society, and abstracts of the meetings of the Council.

Article XIV — Rules of Order

In the absence of any provision in these By-Laws to the contrary, all general meetings of the Society and all meetings of the House of Delegates, of the Council, and of Committees shall be governed by the parliamentary rules and usages contained in the then current edition of Robert's "Rules of Order."

Article XV — Amendments

These Rules and Bylaws may be amended in any general meeting of the Society by a majority vote of the Members present and voting, provided the proposed amendment has been presented to the House of Delegates and has received its approval by a two-thirds vote of the delegates present and voting at the meeting at which the amendment is considered.

Article XVI — Repeal of Previous Rules and Bylaws and Motions

On the adoption of these Rules and Bylaws (1) all previous Rules and Bylaws and, (2) motions of record and rules and regulations in conflict with the Rules and Bylaws are hereby repealed, provided that all officers, delegates, and elected committeemen now in office shall continue their incumbency until their successors are duly elected as provided in these Rules and Bylaws.

PRESIDENTS OF THE RHODE ISLAND MEDICAL SOCIETY

Amos Throop	1812-1814
William Bowen	1814-1815
Pardon Bowen	1815-1823
Caleb Fiske	1823-1824
Levi Wheaton	1824-1829
David King	1829-1834
Charles Eldredge	1834-1837
Usher Parsons	1837-1840
Richmond Brownell	1840-1843
Theophilus C. Dunn	1843-1846
Lewis L. Miller	1846-1847
Joseph Mauran	1847-1848
David King	1848-1849
S. Augustus Arnold	1849-1850
George Capron	1850-1851
Hiram Allen	1851-1852
Joseph Mauran	1852-1855
Ariel Ballou	1855-1856
Isaac Ray	1856-1858
James H. Eldredge	1858-1860
Charles W. Parsons	1860-1862
Henry E. Turner (Newport)	1862-1864
Sylvanus Clapp	1864-1866
Otis Bullock	1866-1868
James W. C. Ely	1868-1870
George L. Collins	1870-1872
Lloyd Morton	1872-1874
Fenner H. Peckham	1874-1875
George W. Jenckes	1875-1876
Edwin M. Snow	1876-1877
Charles H. Fisher	1877-1878
Edward T. Caswell	1878-1880
Charles O'Leary	1880-1882
Job Kenyon	1882-1884
Oliver C. Wiggin	1884-1886
Horace G. Miller	1886-1888
Albert Potter	1888-1889
John W. Mitchell	1889-1891
William H. Palmer	1891-1893
Robert F. Noyes	1893-1895
Elisha P. Clarke	1895-1897
William A. Gorton	1897-1899
George D. Hersey	1899-1901
George F. Keene	1901-1903
William R. White	1903-1905

Christopher F. Barker	1905-1907
Charles V. Chapin	1907-1908
Frank B. Fuller	1908-1909
Eugene Kingman	1909-1910
Augustine A. Mann	1910-1911
Frederick T. Rogers	1911-1912
Alexander B. Briggs	1912-1913
John W. Keefe	1913-1914
Stephen A. Welch	1914-1915
Frank L. Day	1915-1916
Edmund D. Chesbro	1916-1917
John Champlin	1917-1918
Gardner T. Swarts	1918-1919
John M. Peters	1919-1920
Jesse E. Mowry	1920-1921
George S. Mathews	1921-1922
Frank E. Peckham	1922-1923
Arthur T. Jones	1923-1924
William F. Barry*	1924
Halsey DeWolf	Dec. 1924-1925
Halsey DeWolf	1925-1926
Herbert G. Partridge	1926-1927
Norman M. MacLeod	1927-1928
Arthur H. Harrington	1928-1929
Frank T. Fulton	1929-1930
Julian A. Chase	1930-1931
Harry L. Barnes	1931-1932
N. Darrell Harvey	1932-1933
Charles S. Christie	1933-1934
Albert H. Miller	1934-1935
Roland Hammond	1935-1936
John E. Donley	1936-1937
Walter C. Rocheleau	1937-1938
Edward S. Brackett	1938-1939
Charles H. Holt	1939-1940
Lucius C. Kingman	1940-1941
Frederick V. Hussey	1941-1942
Charles F. Gormly	1942-1943
Murray S. Danforth**	1943-1944
Michael H. Sullivan	1943-1944
Elihu S. Wing	1944-1945
John F. Kenney	1945-1946
Herman C. Pitts	1946-1947
Arthur H. Ruggles	1947-1948
Joseph C. O'Connell	1948-1949
Peter Pineo Chase	1949-1950
Charles J. Ashworth	1950-1951
Herman A. Lawson	1951-1952
Albert H. Jackvony	1952-1953
Earl F. Kelly	1953-1954
Henri E. Gauthier	1954-1955

Frank B. Cutts	1955-1956
Charles L. Farrell	1956-1957
George W. Waterman	1957-1958
Francis B. Sargent	1958-1959
Alfred L. Potter	1959-1960
Earl J. Mara	1960-1961
Samuel Adelson	1961-1962
Arthur E. Hardy	1962-1963
Thomas Perry, Jr.	1963-1964
John C. Ham	1964-1965
William A. Reid	1965-1966
Harry E. Darrah	1966-1967
Stanley D. Davies	1967-1968
John J. Cunningham	1968-1969
Stanley D. Simon	1969-1970
Richard P. Sexton	1970-1971
William J. MacDonald	1971-1972
Robert V. Lewis	1972-1973
Edmund T. Hackman	1973-1974

**Died in Office December 17, 1924*
***Died in Office June 5, 1943*

FIRST VICE PRESIDENTS

William Bowen	1812-1814
Peter Turner	1814-1815
William Whitteridge	1815-1818
Caleb Fiske	1818-1823
David King, Sr.	1823-1829
Solomon Drown(e)	1829-1831
John Mackie	1831-1834
Samuel West	1834-1837
William Turner	1837-1840
Theophilus C. Dunn	1840-1843
Lewis L. Miller	1843-1846
Jabez Holmes	1846-1847
(Resigned: Joseph Mauran appointed 1847)	
David King, Jr.	1847-1848
S. Augustus Arnold	1848-1849
George Capron	1849-1850
Hiram Allen	1850-1851
William A. Shaw	1851-1852
Sylvanus Clapp	1852-1854
Ariel Ballou	1854-1855
Hiram Cleveland	1855-1856
James H. Eldredge	1856-1858
Charles W. Parsons	1858-1860
Henry E. Turner (Newport)	1860-1862
Jarvis J. Smith	1862-1864

Otis Bullock	1864-1866
James W. C. Ely	1866-1868
George L. Collins	1868-1870
Lloyd Morton	1870-1872
Fenner H. Peckham	1872-1874
George W. Jenckes	1874-1875
George A. Pierce	1875-1876
Charles H. Fisher	1876-1877
Edward T. Caswell	1877-1878
George P. Baker	1878-1880
Job Kenyon	1880-1882
Oliver C. Wiggin	1882-1884
Horace G. Miller	1884-1886
Albert Potter	1886-1888
John W. Mitchell	1888-1889
William H. Palmer	1889-1891
Robert F. Noyes	1891-1893
Elisha P. Clarke	1893-1895
William A. Gorton	1895-1897
George D. Hersey	1897-1899
George F. Keene	1899-1901
William R. White	1901-1903
Christopher F. Barker	1903-1905
Charles V. Chapin	1905-1907
Frank B. Fuller	1907-1908
Eugene Kingman	1908-1909
Augustine A. Mann	1909-1910
Frederick T. Rogers	1910-1911
Alexander B. Briggs	1911-1912
John W. Keefe	1912-1913
Stephen A. Welch	1913-1914
Frank L. Day	1914-1915
Edmund D. Chesbro	1915-1916
John Champlin	1916-1917
Gardner T. Swarts	1917-1918
John M. Peters	1918-1919
Jesse E. Mowry	1919-1920
Herbert Terry	1920-
(Died in office, August, 1920)	
George S. Mathews	1920-1921
Frank E. Peckham	1921-1922
Arthur T. Jones	1922-1923
William F. Barry	1923-1924
Halsey DeWolf	1924-1925
Herbert G. Partridge	1925-1926
Norman M. MacLeod	1926-1927
Arthur H. Harrington	1927-1928
Frank T. Fulton	1928-1929
Julian A. Chase	1929-1930
Harry L. Barnes	1930-1931
N. Darrell Harvey	1931-1932

Charles S. Christie	1932-1933
Albert H. Miller	1933-1934
Roland Hammond	1934-1935
John E. Donley	1935-1936
Walter C. Rocheleau	1936-1937
Edward S. Brackett	1937-1938
Charles H. Holt	1938-1939
Lucius C. Kingman	1939-1940
Frederic V. Hussey	1940-1941
John P. Jones	1941-1942
Murray S. Danforth	1942-1943

(Beginning with 1943-1944, first and second vice presidents became President-Elect and Vice President)

PRESIDENTS-ELECT

Elihu S. Wing, Sr.	1943-1944
John F. Kenney	1944-1945
Herman C. Pitts	1945-1946
Arthur H. Ruggles	1946-1947
Joseph C. O'Connell	1947-1948
Peter P. Chase	1948-1949
Charles J. Ashworth	1949-1950
Herman A. Lawson	1950-1951
Albert H. Jackvony	1951-1952
Earl F. Kelly	1952-1953
Henri E. Gauthier	1953-1954
Frank B. Cutts	1954-1955
Charles L. Farrell	1955-1956
George W. Waterman	1956-1957
Francis B. Sargent	1957-1958
Alfred L. Potter	1958-1959
Earl J. Mara	1959-1960
Samuel Adelson	1960-1961
Arthur E. Hardy	1961-1962
Thomas Perry, Jr.	1962-1963
John C. Ham	1963-1964
William A. Reid	1964-1965
Harry E. Darrah	1965-1966
Stanley D. Davies	1966-1967
John J. Cunningham	1967-1968
Stanley D. Simon	1968-1969
Richard P. Sexton	1969-1970
William J. MacDonald	1970-1971
Robert V. Lewis	1971-1972
Edmund T. Hackman	1972-1973
Nathan Chaset	1973-1974

SECOND VICE PRESIDENTS

Jonathan Easton	1812-1813
Peter Turner	1813-1814
Pardon Bowen	1814-1815
Caleb Fiske	1815-1818
David King, Sr.	1818-1823
John Mackie	1823-1824
Solomon Drown(e)	1824-1829
John Mackie	1829-1831
Edmund T. Waring	1831-1834
William G. Shaw	1834-1837
Ezekiel Fowler	1837-1840
Jeremiah Williams	1840-1842
(Died in office)	
Lewis L. Miller	1842-1843
Jabez Holmes	1843-1846
David King, Jr.	1846-1847
S. Augustus Arnold	1847-1848
George Capron	1848-1849
Hiram Allen	1849-1850
William A. Shaw	1850-1851
Joseph Mauran	1851-1852
Charles W. Parsons	1852-1853
Ariel Ballou	1853-1854
Hiram Cleveland	1854-1855
Isaac Ray	1855-1856
Charles W. Parsons	1856-1858
Henry E. Turner (Newport)	1858-1860
Jarvis J. Smith	1860-1862
Otis Bullock	1862-1864
James W. C. Ely	1864-1866
George L. Collins	1866-1868
Lloyd Morton	1868-1870
Fenner H. Peckham	1870-1872
George W. Jenckes	1872-1874
Howard W. King	1874-1875
Charles H. Fisher	1875-1876
Edward T. Caswell	1876-1877
George P. Baker	1877-1878
Charles O'Leary	1878-1880
Oliver C. Wiggin	1880-1882
Horace G. Miller	1882-1884
John W. Sawyer	1884-1886
John W. Mitchell	1886-1888
William H. Palmer	1888-1889
Robert F. Noyes	1889-1891
Elisha P. Clarke	1891-1893
William A. Gorton	1893-1895
Francis H. Rankin	1895-1897
George F. Keene	1897-1899

William R. White	1899-1901
Christopher F. Barker	1901-1903
Charles V. Chapin	1903-1905
Frank B. Fuller	1905-1907
Eugene Kingman	1907-1908
Augustine A. Mann	1908-1909
Frederick T. Rogers	1909-1910
Alexander B. Briggs	1910-1911
John W. Keefe	1911-1912
Stephen A. Welch	1912-1913
Frank L. Day	1913-1914
Edmund D. Chesebro	1914-1915
John Champlin	1915-1916
Gardner T. Swarts	1916-1917
John M. Peters	1917-1918
Jesse E. Mowry	1918-1919
Herbert Terry	1919-1920
George S. Mathews	1920-1921
Arthur T. Jones	1921-1922
William F. Barry	1922-1923
Halsey DeWolf	1923-1924
Herbert G. Partridge	1924-1925
Norman M. McLeod	1925-1926
Arthur H. Harrington	1926-1927
Frank T. Fulton	1927-1928
Julian A. Chase	1928-1929
Harry L. Barnes	1929-1930
N. Darrell Harvey	1930-1931
Charles H. Christie	1931-1932
Albert H. Miller	1932-1933
Roland Hammond	1933-1934
John E. Donley	1934-1935
Walter C. Rocheleau	1935-1936
James W. Leech	1936-1937
Charles H. Holt	1937-1938
Lucius C. Kingman	1938-1939
Frederic V. Hussey	1939-1940
John P. Jones	1940-1941
Charles F. Gormly	1941-1942
Elihu S. Wing, Sr.	1942-1943

VICE-PRESIDENT

Michael H. Sullivan	1943-1944
Fenwick G. Taggart	1944-1945
Joseph H. Ladd	1945-1946
Michael H. Scanlon	1946-1947
Isaac Gerber	1947-1948
Edgar S. Potter	1948-1950

Robert T. Henry	1950-1951
Edward S. Cameron	1951-1952
Louis E. Burns	1952-1953
Herbert E. Harris	1953-1954
John G. Walsh	1954-1956
Joseph C. Johnston	1956-1957
Stanley Sprague	1957-1958
Samuel Adelson	1958-1960
Frank W. Dimmitt	1960-1961
Frank I. Matteo	1961-1962
Robert R. Baldridge	1962-1963
Samuel Nathans	1963-1964
Robert W. Drew	1964-1965
Walter J. Dufresne	1965-1966
Michael DiMaio	1966-1967
F. Bruno Agnelli	1967-1968
Peter C. H. Erinakes	1968-1969
Charles S. Dotterer	1969-1970
Jeannette E. Vidal	1970-1971
Richard J. Kraemer	1971-1972
John A. Dillon	1972-1973
Americo A. Savastano	1973-1974

CORRESPONDING SECRETARIES

William Turner	1812-1832
Thomas H. Webb	1832-1839
Christopher G. Perry	1839-1840
Hiram Allen	1840-1849
Charles W. Parsons	1849-1851
Henry E. Turner	1851-1852
James W. C. Ely	1852-1855
Edwin M. Snow	1855-1856
George P. Baker	1856-1861
Edward A. Crane	1861-1863
Charles W. Parsons	1863-1875
Edward M. Harris	1875-1887
George D. Hersey	1887-1897
Herbert Terry	1897-1905

RECORDING SECRETARIES

John Mackie	1812-1817
John W. Richmond	1817-1820
Pardon Brownell	1820-1825
Richmond Brownell	1825-1829
S. Augustus Arnold	1829-1837
Johnson Gardner	1837-1842
Leander Utley	1842-1844
Christopher G. Perry	1844-1846

Charles W. Parsons	1846-1849
James W. C. Ely	1849-1852
Edwin M. Snow	1852-1855
W. Owen Brown	1855-1858
J. H. Rathbun	1858-1859
Edward A. Crane	1859-1861
Horatio G. Stickney	1861-1862
B. Lincoln Ray	1862-1866
George E. Mason	1866-1869
Clarence T. Gardner	1869-1872
Edward M. Harris	1872-1875
Walter E. Anthony	1875-1880
Virgil O. Hardon	1880-1881
George D. Hersey	1881-1887
William R. White	1887-1895
Frank L. Day	1895-1902
Stephen A. Welch	1902-1905

SECRETARIES

Stephen A. Welch	1905-1912
Jay Perkins	1912-1916
James W. Leech	1916-1936
Guy W. Wells	1936-1941
William P. Buffum	1941-1946
Morgan Cutts	1946-1952
Thomas Perry, Jr.	1952-1959
Arthur E. Hardy	1959-1961
Michael DiMaio	1961-1966
Stephen J. Hoye	1966-

ASSISTANT SECRETARIES

Morgan Cutts	1941-1942
Alfred L. Potter	1942-1946
Charles B. Ceppi	1946-1950

TREASURERS

Thomas M. Barrows	1812-1830
Jacob Fuller	1830-1839
Sylvester Knight	1839-1841
Harvey Armington	1841-1849
Lewis W. Clifford	1849-1850
Charles W. Fabyan	1850-1852
George P. Baker	1852-1855
George L. Collins, Sr.	1855-1863
James W. C. Ely	1863-1865
Fenner H. Peckham, Sr.	1865-1868

Thomas K. Newhall	1868-1874
George H. Kenyon	1874-1875
Fenner H. Peckham, Jr.	1875-1876
Timothy Newell	1876-1878
Charles H. Leonard	1878-1888
George L. Collins, Jr.	1888-1897
Frederick T. Rogers	1897-1902
George S. Mathews	1902-1910
Winthrop A. Risk	1910-1919
Henry J. Hoye	1919-1921
Winthrop A. Risk	1921-1922
James W. Leech	Nov. 22, 1921-Jan. 1, 1923
(Acting Treasurer)	
Jesse E. Mowry	Jan. 1, 1923-1945
Charles J. Ashworth	1945-1949
G. Raymond Fox	1949-1950
Earl F. Kelly	1950-1952
Henri E. Gauthier	1952-1953
John A. Dillon	1953-1958
Francis V. Garside	1958-1959
(Re-elected for 1959-1960 but died in 1959)	
J. Murray Beardsley	1959-Jan. 1964
(Died in office)	
John A. Dillon	1964-
(Appointed protem January 1964; elected May 1964)	
John A. Dillon	1964-1969
John P. Grady	1969-

ASSISTANT TREASURERS

Charles J. Ashworth	1941-1945
G. Raymond Fox	1945-1949
John A. Dillon	1949-1953

EXECUTIVE SECRETARY

Mr. John E. Farrell	1943-1973

COMMISSIONERS

Thomas F. Head	1973-
Kenneth Liffman	1973-
Richard P. Sexton	1973-
Leonard S. Staudinger	1973-
Frank W. Sullivan	1973-

PRINCIPLES OF MEDICAL ETHICS
of the
AMERICAN MEDICAL ASSOCIATION

Introduction

Ethical principles are basic and fundamental. Men of good conscience inherently know what is right or wrong, and what is to be done or to be avoided. Written documents attempt to express for the guidance of all what each knows to be true. Thus the Principles of Medical Ethics are truly guides to good conduct.

Principals of Medical Ethics

Preamble

These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

Section 1

The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section 2

Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section 3

A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

Section 4

The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed

disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5

A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

Section 6

A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

Section 7

In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

Section 8

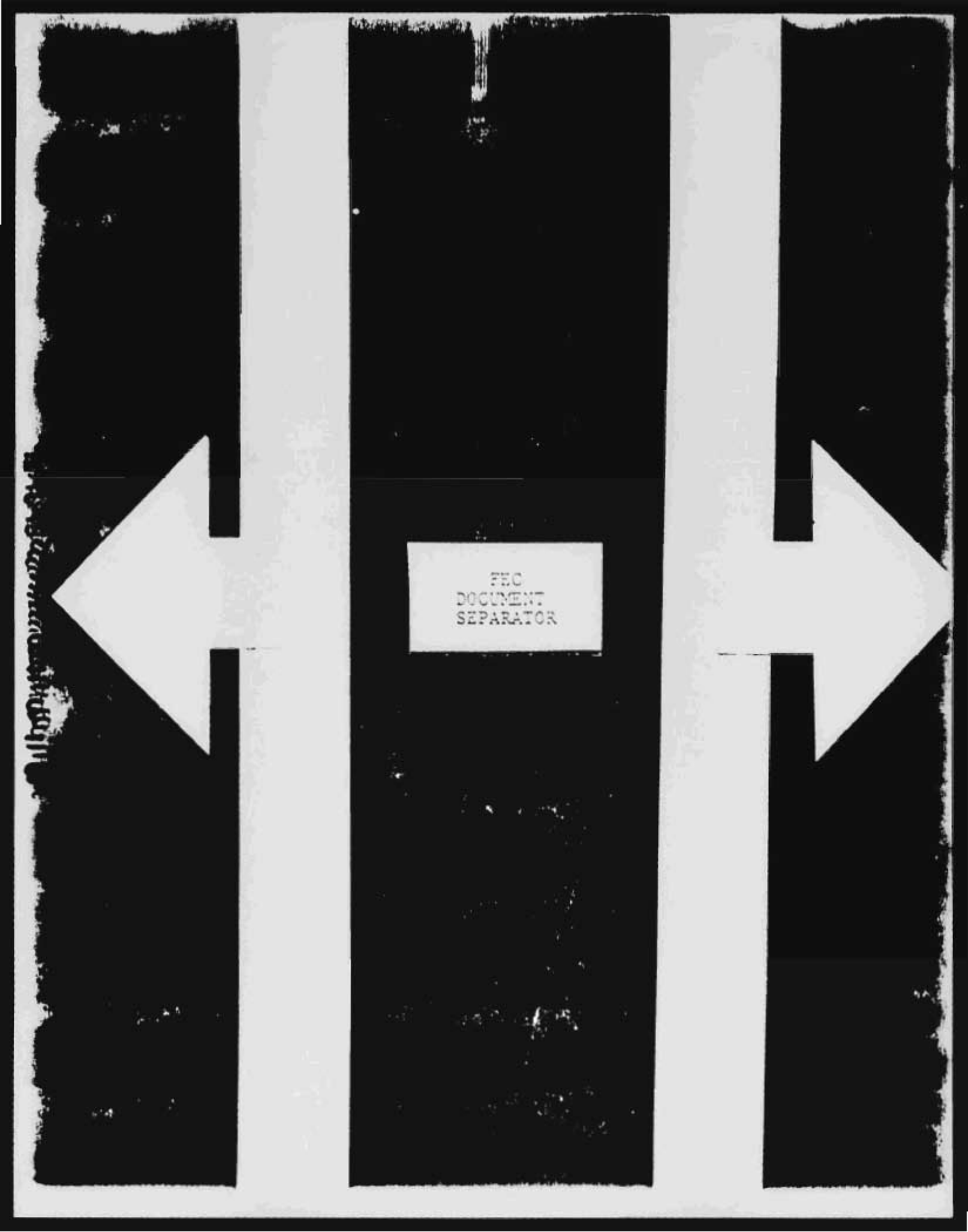
A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

Section 9

A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

Section 10

The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.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DOCUMENT
SEPARATOR

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February, 1977

CONSTITUTION

SOUTH CAROLINA MEDICAL ASSOCIATION

(Changes or additions in the Constitution and in the By-Laws since the printed version of April 1973 have been underlined.)

ARTICLE I--Name of the Association

The name and title of this organization shall be the South Carolina Medical Association, Incorporated.

ARTICLE II--Purpose of the Association

The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of South Carolina, and to unite with similar Associations in other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standards of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, so that the profession shall become more capable and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III--Component Societies

Component Societies shall consist of those county or other medical societies which hold charters from this Association.

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ARTICLE IV--Composition of the Association

This Association shall consist of members, honorary fellows, honorary members, and other interns, residents and student members.

ARTICLE V--House of Delegates

SECTION 1. The House of Delegates shall be the legislative and policy making body of the Association and shall consist of: (1) delegates elected by component societies; (2) the Councilors; (3) the President, the President-Elect, the Vice President, the Secretary, the Speaker and Vice Speaker but without the power to vote, and the Treasurer if he is a member of the Association; (4) all Past Presidents of the Association whose legal residence is in South Carolina; (5) a physician member of the State Board of Health and Environmental Control to be appointed by the State Board of Health and Environmental Control provided he is a member of the Association; (6) the Chairman of the State Board of Medical Examiners; (7) the Delegates and Alternate Delegates to the American Medical Association: (8) the Dean of the School of Medicine at the Medical University of South Carolina and the Dean of the School of Medicine of the University of South Carolina provided they are members of the Association; and (9) the Presidents of the Senior Classes of the schools of Medicine in South Carolina.

SECTION 2. The number of delegates from each of the component societies shall be proportional to the number of SCMA members in the respective societies, as provided in the By-Laws.

ARTICLE VI--Council

The Council shall consist of one Councilor from each of the medical districts in the State, the President, the Vice Presidents, the President-Elect, the immediate Past President, the Secretary, the Treasurer if he is a member of the Association, and the AMA Delegates all with vote. The Speaker, the Vice Speaker,

The Editor of the Journal, and the AMA Alternate Delegates, shall be ex-officio members of the Council without vote. Any member of the South Carolina Medical Association holding a high office in the American Medical Association shall be, during his term of office, an Honorary, ex-officio member of Council without voting privilege. The Council shall be the Finance Committee of the House of Delegates and shall perform the other duties outlined in the By-Laws. A simple majority of the members of Council shall constitute a quorum.

ARTICLE VII--Section and District Societies

The House of Delegates may provide for a division of the scientific work of the Association into appropriate Sections and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component societies.

ARTICLE VIII--Sessions and Meetings

The Association shall hold an Annual Session during which there shall be held General Meetings, which shall be open to all registered members and guests. The place for holding each Annual Session shall be fixed by the House of Delegates. The time for holding the meeting shall be fixed by the Council. Special meetings may be held as may be provided in the By-Laws.

ARTICLE IX--Officers

SECTION 1. The officers of the Association shall be a President, a President-Elect, a Vice President, a Secretary, a Treasurer who may or may not be a member of the Association, and one Councilor from each of the medical districts in the state.

SECTION 2. A President-Elect shall be elected annually to serve as such until the annual meeting next succeeding his election, and he shall become President on his installation at that session and shall serve as President until the installation of his successor. In the event of the death of the President-Elect while in office, a successor shall be chosen as a special order of business at the beginning of the first ensuing session of the House of Delegates.

SECTION 3. A Vice President, a Secretary, and a Treasurer shall be elected annually.

SECTION 4. A Speaker and Vice Speaker of the House of Delegates shall be elected for a term of two years each to serve not more than two consecutive terms.

SECTION 5. Councilors shall be elected for a term of three years, but no Councilor shall serve for more than three consecutive terms.

SECTION 6. The officers of the Association shall be elected by the House of Delegates during the final session of its annual meeting. No person shall be eligible to election to any office who has not attended at least one of the last two annual meetings of the Association.

ARTICLE X--Funds and Expenses

Funds shall be raised by the payment of dues by each member of the Association. The amount of the annual dues shall be fixed by the House of Delegates. A change in the amount of annual dues shall not be made except on a two-thirds vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Association's publications and in any other manner approved by the Council. Funds may be appropriated by the House of Delegates to defray the expenses of the Association for publications and for such other purposes as will promote the

welfare of the profession, but all resolutions appropriating the funds must be referred to the Council before action is taken thereon.

ARTICLE XI--Referendum

SECTION 1. A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum upon any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding upon the House of Delegates.

SECTION 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceeding section, and the result shall be binding upon the House of Delegates.

ARTICLE XII--The Seal

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIII--Amendments

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual

Session, and that it shall have been sent officially to each component county society at least two months before the session at which final action is to be taken.

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BY-LAWS

SOUTH CAROLINA MEDICAL ASSOCIATION

CHAPTER I--Membership

SECTION 1. Any physician who is a member in good standing of a component society and who has paid his annual dues to the Association is a member of the Association.

SECTION 2. Each member in attendance at the Annual Session shall register, indicating the component society of which he is a member. When his right to membership has been verified and it has been shown that he has paid his annual dues, he shall receive a badge which shall be evidence of his right to all privileges of membership at that Session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this Section.

SECTION 3. Any physician who has been a member in good standing for forty years automatically shall become an Honorary Member of the Association. Any physician who has been a member in good standing for twenty-five years shall, upon retirement from active practice, be eligible for Honorary Membership in the Association provided his society so recommends and provided further that his application is approved by Council. Honorary Members shall be entitled to all the privileges of members of the Association but shall be exempt from the payment of annual dues.

SECTION 4. Members of the Association shall be exempt from any and all dues which become payable while they are on active duty in time of war in the medical department of any of the uniformed services. Physicians who go directly into

the military service following graduation from medical school or internship without having joined a component medical society, but who become members of a component society and the Association following their discharge shall be entitled, upon the approval of such component society, to have, like those referred to in the preceeding sentence of this paragraph, their period of military service included in the calculation of their period of membership to qualify for the status of Honorary Member and the exemption of dues.

SECTION 5. Distinguished medical men, living outside of the state, and those living in the state who are no longer connected with the practice or teaching of medicine, may be elected Honorary Fellows of the Association by an affirmative vote of three-fourths of the members of the House of Delegates voting. Honorary Fellows are exempt from the payment of dues but shall have all the privileges of membership except the right to vote and to hold office.

SECTION 6. Physicians who are members of other state medical associations may, upon the invitation of the President or Secretary of this Association, become guests of the Association and as such, they shall be given the privilege of participating in all the scientific work of the sessions. Special badges shall be provided for them by the Secretary.

SECTION 7. Interns and Residents shall be permitted to become active members of the South Carolina Medical Association with the right to vote and hold office and membership on committees, at reduced rates.

SECTION 8. Any member of the Association who becomes disabled and is forced to give up active practice for that reason, shall be entitled to continue his membership in the Association without the payment of dues until the end of such disability, and shall be carried on the rolls as a regular member during the period of such disability.

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SECTION 9. A component unit on Interns and Residents is established in which those who become members of the South Carolina Medical Association will hold concurrent membership. This component unit is to be established on a pilot project basis for a term of five (5) years from the date it is approved by the House of Delegates. At the Annual Meeting of the House one (1) year before completion of this pilot project, it is to be re-evaluated by the House to decide whether to end the project at the conclusion of the five year period, extend the project or make the component unit permanent.

In those component medical societies without provision for active membership for Interns and Residents at reduced dues, Interns and Residents will be permitted direct membership in the South Carolina Medical Association and its component unit on Interns and Residents, until such time as active membership in the component society is available.

Members of the Component Unit on Interns and Residents may establish their own operating procedures including election of component unit officers, nomination of members for committee assignments, election of delegates to the SCMA House of Delegates and definition of "Intern" and "Resident" as regards eligibility for active membership in the SCMA and the Component Unit on Interns and Residents.

CHAPTER II--Special Sessions of the Association

Special Sessions of either the Association or of the House of Delegates shall be called by the President on petition of the Council, or of twenty-five Delegates representing ten component societies.

CHAPTER III--General Meetings

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meeting

shall be presided over by the President or by the Vice President, and before them shall be read the address of the President.

SECTION 2. The General Meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigations of special interest and importance to the profession and public.

CHAPTER IV--House of Delegates

SECTION 1. The House of Delegates shall meet on the day before that fixed as the first day of the Annual Session but may complete its regular business, including the election of officers, before or after the General Meeting as it may see fit.

SECTION 2. Each component society, except the Component Unit on Interns and Residents, shall be entitled to send one Delegate to the House of Delegates each year, and those societies which have more than twenty members of the State Association shall be entitled to one Delegate for every twenty members of the State Association and one for each fraction thereof. The Component Unit on Interns and Residents shall be entitled to send two delegates to the SCMA House of Delegates to represent the membership of the Component Unit. Interns and Residents who are admitted to active membership in the SCMA at reduced rates shall be counted for representation in the House of Delegates only through the Component Unit on Interns and Residents.

SECTION 3. The number of Delegates elected by each component society, except the Component Unit on Interns and Residents, shall be based upon the number of members of the State Association in good standing of such society as of December 1st of the preceding year.

SECTION 4. Fifty Delegates shall constitute a quorum.

SECTION 5. It shall, through its officers, Council, and otherwise, give diligent attention to and foster the work and spirit of the Association.

SECTION 6. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation.

SECTION 7. It shall encourage postgraduate and research work, as well as home study.

SECTION 8. It shall hear the reports of the President, the Secretary, the Treasurer, the Council, and of Standing and Special Committees and shall act upon such recommendations or resolutions as may be submitted.

SECTION 9. It shall have authority to appoint committees for special purposes from among the members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates and may be present and participate in the debate thereon.

SECTION 10. It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Resolutions to be presented at an Annual Meeting must be submitted to the Association thirty days prior to the meeting at which the resolution is to be considered. Urgent resolutions may be introduced to the House of Delegates on a favorable vote of two-thirds of the members of Council or the majority vote of the members of the House of Delegates present and voting.

SECTION 11. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body. In order to stagger the terms of the Delegates to the American Medical Association, at least one Delegate shall be elected each year to serve for two years.

CHAPTER V--Election of Officers

SECTION 1. Officers of the Association shall be elected by the House of Delegates as its last order of business at the Annual Session. All elections shall be by ballot, a majority of the votes cast being necessary to elect. Where there are three or more nominees and no nominee receives a majority of the votes cast, the nominee receiving the lowest number of votes shall be eliminated from consideration, and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of the votes cast.

SECTION 2. Nominations for office, except for the office of Treasurer and the office of Councilor, shall be made from the floor.

SECTION 3. Nominations for Treasurer shall be made by Council, sitting as the Finance Committee of the Association.

SECTION 4. Nomination for the office of Councilor shall be made by the Delegates from the counties comprising the district for which the Councilor is to be elected. Prior to the election of the officers of the Association, the Delegates from the district the term of whose Councilor is about to expire shall select a nominee, whose name shall be presented to the House of Delegates as the name of the nominee for Councilor from that district.

SECTION 5. Any person known to have solicited votes or sought any office

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within the gift of this Association shall be ineligible for any office for two years.

SECTION 6. The Council shall elect an Executive Secretary, whose duties shall be determined and salary fixed by the Council.

CHAPTER VI--Duties of Officers

SECTION 1. The President shall preside at all meetings of the Association; shall appoint all committees not otherwise provided for; shall deliver an annual address at the Annual Session of the Association; and shall be the real head of the profession in the State during his term of office and, so far as practicable, shall visit the various sections of the State and there meet with the Councilors and component societies in an effort to advance the work of the Association.

SECTION 2. The Vice President shall assist the President in the discharge of his duties.

SECTION 3. The President-Elect shall endeavor to visit as many of the component societies as possible and thus acquaint himself with the membership as well as with the work of the Association so that he will be better prepared to assume the office of President. In the case of the death, resignation, removal from office, or removal of legal residence from the state of the President, the President-Elect shall succeed to the office of President.

SECTION 4. The Secretary shall attend the General Meetings of the Association and of the House of Delegates and shall keep minutes of their respective proceedings. He shall be ex-officio Secretary of the Council. Acting with the Committee on Scientific Program, he shall prepare and issue all programs and serve without pay. He shall make an annual report to the House of Delegates. The Secretary is empowered to sign contracts under the direction of Council or the House of Delegates.

SECTION 5. The Executive Secretary shall perform the duties outlined and designated by the Council, and shall work under the direct supervision of the Council and be responsible to that body. He shall attend the General Meetings of the Association and of the House of Delegates. He shall be custodian of all records, books and papers belonging to the Association, except such as properly belong to the Treasurer. He shall provide for the registration of the members at the Annual Session. He shall keep a card index register of all members of the Association and shall transmit a list of these to the American Medical Association at stated intervals. He shall so far as possible, keep an accurate list of all physicians in the State who are not members of the Association. He shall aid the Councilors in the organization and improvement of the component societies and in the extension of the power and usefulness of the Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall supply each component society with the necessary blanks for making their annual reports and shall keep an account of all members of such society who have paid their dues. Acting with the Committee on Legislative Activities, he shall aid in the dissemination of information to the members of the Association concerning pending legislation. The amount of his salary shall be fixed by Council. He shall make an annual report to the House of Delegates and Council. At the discretion of Council, any of the duties outlined above may be transferred from the Executive Secretary to the Secretary of the Association.

SECTION 6. The Treasurer shall give bond in a sum to be determined by Council. He shall demand and receive all funds due the Association, together with bequests. He shall pay money out of the treasury in accordance with instructions from the Council, or House of Delegates. He shall submit his accounts to a certified accountant approved by Council, for an annual audit, and he shall annually render a report and an account of the state of the funds in his control to the Council.

The amount of his salary shall be fixed by the Council.

SECTION 7. The Speaker of the House of Delegates shall preside over all meetings of the House of Delegates. He shall also serve as a non-voting member of the Council concurrent with his term of office. It shall be his duty to preserve order, appoint a parliamentarian with a term of two years and not more than three successive terms and to follow the proper parliamentary procedures. It shall be the duty of the Speaker to have the representatives of each component county society checked by the Committee on Credentials at the time of the Annual Session and to fill any vacancy by appointment when the duly elected primary or alternate representatives of such societies are not present. Temporary appointees shall be members of the component society having the vacancy. He shall appoint the House of Delegates' Credentials Committee. He may vote in the House of Delegates only in case of a tie ballot.

SECTION 8. The Vice Speaker of the House of Delegates shall preside over the House of Delegates in the absence of the Speaker. The Vice Speaker shall be an ex officio member of Council without the right to vote. In the event of the Speaker's death, resignation, or inability to serve, the Vice Speaker shall succeed him for the unexpired term.

CHAPTER VII--Council

SECTION 1. The Council shall meet daily during the Annual Session and at such other times as necessity may require, subject to the call of the Chairman or on petition of three Councilors. At its first meeting after the adjournment of the House of Delegates, it shall elect a Chairman, Vice Chairman, and a Clerk, who, in the absence of the Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates. A simple majority of its members shall constitute a quorum.

SECTION 2. The Council shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a component society, upon which an appeal is taken from the decision of an individual Councilor.

SECTION 3. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SECTION 4. The Council shall provide for and superintend the publication of the Journal of this Association and for such other publications as may be necessary. The Council shall appoint the Editor and such assistants as may be deemed necessary. The salary of the Editor shall be fixed by the Council.

SECTION 5. The Council shall receive the annual audit of the Treasurer and the annual report of the Executive Secretary, the Editor, and other agents of the Association and shall present a statement of the same in its annual report to the House of Delegates. At the Annual Meeting the Council shall adopt a financial budget for the coming year.

SECTION 6. Between the regular meetings of the House of Delegates the Council shall serve as the Executive Committee of the Association. In the event of a vacancy in the office of the Secretary or of the Treasurer, AMA Delegates or Alternate Delegates, the Council shall fill the vacancy until the next annual election. In the event that the President and Vice President both die, or resign, or are moved from office,

the Chairman of the Council shall assume the Presidency until the President-Elect is duly installed into office at the next Annual Session. In the event of the death, resignation, or removal from the State of any state official, who under the law is required to be nominated by the South Carolina Medical Association for appointment, Council may nominate his successor, if such action is necessary, before the next meeting of the House of Delegates.

SECTION 7. In case of a vacancy on Council because of the death or resignation of a Councilor for a particular district, the Council may elect a Councilor from the same district to serve until the next meeting of the House of Delegates.

SECTION 8. Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit each component society in his district at least once a year for the purpose of inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. Should there be any county in his district which does not have a county society, he shall endeavor to establish the same. He shall make an annual report of his work, and of the condition of each county in his district at the annual meeting of the Council.

CHAPTER VIII--Committees

SECTION 1. Classification. The following classes of committees are hereby provided:

a. Standing Committees

b. Special Committees

c. Reference Committees

SECTION 2. Qualification of committee members. Any member of the Association is eligible to serve on a standing committee or on a special committee. Membership in a reference committee is limited to delegates. Chairmen of standing or special committees who are not members of the House of Delegates may present their reports to the House of Delegates in person and participate in the discussion, but shall not be entitled to vote.

SECTION 3. Standing Committees. Standing Committees shall be composed of seven members, unless designated otherwise in a following section of this Chapter, appointed by the President with the advice and consent of the Council, for terms of three years. Terms shall be arranged so that at least two but not more that three members shall complete their terms each year, unless designated otherwise in a following section of this Chapter. No member shall be eligible to serve more than two consecutive terms. The Chairmen of the committees shall be designated by the President, unless designated otherwise in a following section of this Chapter, and it shall be the duty of the Chairman to call a meeting of his committee within sixty days after adjournment of the Annual Session, at a time and place fixed and determined by him. Standing committees may appoint sub-committees for special purposes. Members of these sub-committees must be members of the Association but not necessarily members of the Standing Committees. Reports of these sub-committees shall be presented to the Standing Committees.

SECTION 4. The following shall be the standing committees of the House of Delegates:

Committee on Scientific Program

Committee on Cooperative Activities

Committee on Legislative Activities

Committee on Medical Education

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Committee on Medical Service

Committee on Emergency Medical Services

Committee on Mental Health

Committee on Public Relations

Committee on Industrial Medicine

Committee on Maternal Health

Committee on Infant and Child Health

Mediation Committee

Memorial Committee

Committee on Historical Medicine

Committee on Constitution and By-Laws

Benevolence Fund Committee

Peer Review Committee

Laboratory Quality Committee

Professional Liability Committee

SECTION 5. Committee on Scientific Program. This committee shall determine the character and scope of the scientific sessions of the Association and shall select the speakers, subject to instruction of the House of Delegates and Council. Sixty days prior to the Annual Session it shall prepare and issue the official program of the meeting and place a copy thereof in the hands of the Editor for publication. The President and the Secretary of the Association shall be ex officio members of the committee, in addition to the seven members appointed as provided in the By-Laws.

SECTION 6. Committee on Legislative Activities. It shall be the duty of this committee to keep in touch with public and professional opinion; to make a careful study of such plans and proposals as are advanced which bear directly or indirectly upon the practice of medicine and upon the public health; and to advise the House of Delegates, the Council, and the members of the Association concerning these matters. It shall represent the Association before the committees of the General Assembly of South Carolina.

Membership: The committee will be made up of one representative from each organized medical specialty plus one member from each of the nine medical districts in the state.

Term of Membership: Each member shall be appointed for three years and may succeed himself only once.

Full Committee Meetings: The full committee will meet twice yearly, once at the SCMA Annual Meeting in May and once during the SCMA Mid-Winter Meeting.

Meeting Attendance: Any committee member who misses more than two meetings without having provided the Chairman with written notice shall be dismissed from the committee and replaced.

Analysis of Legislation Proposals: The members of the committee shall be provided with copies of all legislation proposals affecting the general health of the population. The Chairman of the committee and the Council, through the Executive Director, shall poll committee members for their guidance on major legislation proposals.

Election of an Executive Committee: The full committee shall elect an Executive Committee of not more than three persons who shall give guidance to the Executive Director and Council on emergency legislative questions.

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SECTION 7. Committee on Cooperative Activities. It shall be the duty of this committee to study those state agencies, professional organizations, and voluntary health agencies whose activities lie in the field of medicine, medical care, and public health; to discuss with representatives of these groups and organizations problems of mutual concern; and to work with them toward the solution of these problems.

SECTION 8. Committee on Medical Education. It shall be the function of this committee to suggest and aid in instituting means and methods for improving post-graduate medical education of Association members; to disseminate information relative to medicine as a career to college and high school students in the state; and to stimulate interest and financial support for the American Medical Association Education and Research Foundation.

SECTION 9. Committee on Medical Service. It shall be the duty of this committee to study and suggest means for distribution of medical service to the public consistent with the policies of this Association; to investigate matters pertaining to the economic and social aspects of medical care; and to study and make available facts and opinions relative to insurance as it affects the physicians and their patients.

SECTION 10. Committee on Emergency Medical Services. It shall be the function of this committee to study, suggest and implement, with the approval of Council, ways and means for providing and improving emergency medical services, and to cooperate with state and federal agencies in making plans for rendering emergency medical care.

SECTION 11. Committee on Mental Health. It shall be the duty of this committee to study matters pertaining to the mental health aspects of medical care in South Carolina and to advise the Association as to what is being done and what needs to be done in this field

SECTION 12. Committee on Public Relations. It shall be the duty of this committee to keep informed as to the various activities of the Association; to advise officers and members of the Association of the strengths and weaknesses of its official program; and to promote plans for telling the story of the Association and its work to the public in such a way as to strengthen the stature of the organization and of its members.

SECTION 13. Committee on Industrial Medicine. It shall be the duty of this committee to study matters pertaining to industrial health in South Carolina and to advise the Association as to what is being done and what needs to be done in this field. It shall also serve as the liaison committee to the South Carolina Industrial Commission.

SECTION 14. Committee on Maternal Health. This committee shall consist of the Director of the Maternal and Child Health Division of the South Carolina Department of Health and Environmental Control, provided he is a member of the Association; one specialist in obstetrics or obstetrics/gynecology from each Medical District to be recommended by the S. C. Obstetrical and Gynecological Association and one specialist in family practice from each Medical District to be nominated by the South Carolina Academy of Family Practice. The Chairman shall be one of the specialists in obstetrics or obstetrics/gynecology. Should notice of the nominations from the South Carolina Academy of Family Practice and Ob/Gyn Association not be received by the Secretary of the Association before adjournment of the Annual Session, the Council of the Association shall appoint these members without nomination. Terms shall be arranged so that not more than seven members shall complete their terms of service each year.

SECTION 15. Committee on Infant and Child Health. This committee shall consist of nine members who shall be appointed for terms of three years each, and no member shall succeed himself more than once. Three members of the committee

shall be general practitioners, nominated by the South Carolina Chapter of the American Academy of Family Practice; three shall be specialists in obstetrics and/or gynecology and shall be nominated by the South Carolina Obstetrical and Gynecological Society; three members shall be specialists in pediatrics, nominated by the South Carolina Pediatric Society. The Chairman of the committee shall be one of the specialists in pediatrics and shall be designated by Council. Should notice of nominations to this committee not be received by the Secretary of the Association before adjournment of the Annual Session of the Association, the Council shall select the members of the committee without such nomination.

SECTION 16. Mediation Committee. The Mediation Committee shall be composed of nine members, one from each medical district of the Association. These shall be elected by the House of Delegates from a slate of eighteen (18) members submitted by Council, such list to include two members from each medical district but no two members from any one county. The terms of these members shall be three years and shall coincide with the terms of the Councilors from the corresponding districts. No member of the committee shall serve more than two consecutive terms. The committee shall meet twice a year and upon the call of the chairman. At its annual meeting it shall elect its own officers. The committee shall receive and investigate complaints concerning professional conduct and ethical deportment of members of the Association and shall attempt amicable adjustment. When disciplinary action is indicated, all evidence shall be submitted to Council with recommendation for action. The committee shall develop its method of procedure and rules for action subject to the approval of Council.

SECTION 17. Memorial Committee. This committee shall be composed of three members, appointed by Council, whose duty it shall be to secure the names of and information relative to members of the Association who have died within a

given year, and to present the names of these men with a fitting tribute at the next Annual Session of the Association.

SECTION 18. Committee on Historical Medicine. This committee shall be composed of five members, appointed by Council, to serve at the will of the Council. Its duty shall be to search for and gather together such information as is available concerning the life and activities of the Association and its members, and to disseminate this historical data through articles in the Journal and through special publications.

SECTION 19. Committee on Constitution and By-Laws. It shall be the duty of this committee to study the Constitution and By-Laws of the Association from time to time, and to formulate for proposal such changes as it may deem proper; to consider any proposed amendments which may be referred to it by any official, committee or member of the Association and to make recommendation to the Council and/or the House of Delegates as to the advisability, propriety and language of any such amendment, initiated by this committee, or referred to it as above indicated. The Speaker and Vice Speaker shall be ex-officio members of the committee without vote.

SECTION 20. Benevolence Fund Committee. This shall be a standing committee of three members to serve three years, the terms staggered so that there will be continuity. This committee shall administer funds to a beneficiary after he has been determined eligible. The rules and regulations are to be made by the committee. No member shall be eligible to serve more than two consecutive terms. After a lapse of one year, he shall be eligible for re-election. Council shall nominate two members yearly to be presented to the House of Delegates for the election.

SECTION 21. Peer Review Committee. This committee shall consider all cases referred to it relating to the appropriateness of professional services and/or

fees rendered by a physician to a patient or group of patients, and any action by a third party referable to these services and fees. The committee shall be composed of ten members of the South Carolina Medical Association, one from each medical district and one elected at large. They shall be elected to the House of Delegates from nominees submitted by the Council. Council shall submit two nominees for each position; not more than one nominee may come from any one county. Council shall determine from each nominee his willingness to serve, prior to submission of his name to the House. Term of office shall be three years, and no member may serve more than two consecutive terms. The terms of the district representatives shall be staggered by having them coincide with the terms of the Councilors of their respective districts. Any vacancy on this committee shall be filled by an appointee of Council. At the next Annual Meeting of the House of Delegates, Council shall present to the House the name of this appointee together with one additional nominee, for election to fill the remainder of any unexpired term.

(Need section on Laboratory Quality Committee, to be defined by Council.)

(Need section on Professional Liability Committee, to be defined by Council.)

SECTION 24. The chairman of each standing committee shall present a report at the Annual Meeting of the House of Delegates. Such reports shall be sent to the Editor at least sixty days prior to the Annual Session, to be published in that issue of the Journal which appears closest to the date of the Annual Session. Should matters of importance develop after the Chairman has sent in his report to the Editor, he shall be given the opportunity to make a supplementary report.

SECTION 25. Special Committees. Special committees may be established by the House of Delegates or by the Council. The functions of such a committee, its composition and its method of appointment, shall be determined by the body

which establishes it. Such a committee, unless otherwise specified, shall serve for the year of its appointment.

SECTION 26. Reference Committees.

(a) Appointment. The Speaker of the House of Delegates shall appoint from the members of the House of Delegates the committees enumerated in this section and such additional committees as the House may approve. Each committee shall consist of five members, a chairman to be designated by the Speaker. These committees shall serve only during the session at which they are appointed.

(b) All resolutions presented to the House of Delegates shall be referred to appropriate reference committees for consideration and report. No resolution presented to the House of Delegates may be voted upon without being referred to a reference committee unless (a) it is so ordered by a two-thirds vote of the delegates present, or (b) it is presented on the last day of the session by Council.

(c) Hearings and Recommendations. Each committee shall convene as soon as possible after recess of the meeting of the House, or during the meeting if necessary. It shall conduct open hearings on the business referred to it and any member of the House of Delegates and of the Association is privileged to present his views upon the matter under consideration. Following the hearing, the committee shall go into executive session and prepare its report. The final report shall be presented to the House of Delegates by the chairman of the reference committee upon the call of the President.

(d) Enumeration. The following reference committees are hereby provided:

(1) Reference Committee on Credentials, to which shall be referred all questions regarding registration and credentials of delegates.

(2) Reference Committee on Reports of Council and Officers, to which these reports shall be referred.

(3) Reference Committee on Public and Occupational Health, to which

shall be referred all matters dealing with public health, industrial health, Workmen's Compensation, and public welfare.

(4) Reference Committee on Legislative Activities and Public Relations, to which shall be referred all matters relating to state and national legislation, and to public relations of the Association.

(5) Reference Committee on Medical Education and Hospitals, to which shall be referred all matters relating to medical education and hospitals.

(6) Reference Committee on Medical Service and Insurance, to which shall be referred matters pertaining to medical service and insurance.

(7) Reference Committee on Amendments to the Constitution and By-Laws, to which shall be referred all proposed amendments to the Constitution and By-Laws.

(8) Reference Committee on Miscellaneous Business, to which shall be referred all other business.

CHAPTER IX--County Societies

SECTION 1. All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall upon application, receive a charter from and become a component part of this Association.

SECTION 2. Charters shall be issued only upon the approval of the House of Delegates and shall be signed by the President and Secretary of this Association. The House of Delegates shall have the authority to revoke the charter of any component society whose actions are in conflict with letter or spirit of the Constitution and By-Laws.

SECTION 3. Only one component medical society shall be chartered in any county.

SECTION 4. Each county society shall be judge of the qualifications of its members.

SECTION 5. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership or in suspending or expelling him, shall have the right of appeal to the Council and finally to the House of Delegates.

SECTION 6. When a member in good standing in a component society moves to another county in this state, his name, upon request, shall be transferred without cost to the roster of the county society into whose jurisdiction he resides.

SECTION 7. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

SECTION 8. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county.

SECTION 9. At some meeting in advance of the Annual Session each county society shall elect a delegate or delegates (as provided in Chapter IV, Section 2), and the secretary of the society shall send the names of such delegates to the Secretary of the Association at least ten days before the Annual Session.

SECTION 10. The Secretary of each component society shall keep a record of

its members, and a list of the non-affiliated registered physicians of the county. Each year he shall submit a list of all members and non-affiliated physicians to the Secretary of this Association at least thirty days before the Annual Session, together with the dues of all members.

SECTION 11. Any county society which fails to pay the dues of its members or to make the report required on or before April 1 of each year shall be held as not in good standing, and none of its delegates or members shall be permitted to participate in any of the business or proceedings of this Association or the House of Delegates until such requirements have been met.

SECTION 12. When a component society acts as host to the General Meeting of the Association, the component society shall appoint a committee on local arrangements to collaborate with the Executive Secretary in making the arrangements for the Meeting.

CHAPTER X--Finances

SECTION 1. The annual dues for members of this Association shall be $220.00 except Residents and Interns, whose dues shall be $15.00, of which $6.00 shall be for subscription to the Journal of the Association. The dues for members who join the Association on or after July 1 shall be $110.00 for the remainder of the calendar year, and $3.00 of such dues for a portion of an initial year of six months or less shall be for subscription to the Journal of the Association. The Treasurer of the Association shall bill for and collect at the same time with the annual dues an additional sum of $10.00 from each member of the Association.

This amount is to be earmarked as a contribution to the American Medical Association Education and Research Foundation according to the Doctor's instructions, and is to represent a voluntary contribution and not a compulsory portion of the Association dues.

SECTION 2. The fiscal year for this Association shall run from July 1 through June 30.

SECTION 3. The expenses of all meetings of the Association shall be paid by the Association and the Treasurer is authorized to pay such expenses out of Association funds, after approval by Council.

CHAPTER XI--Districts

The counties of the State shall be divided into the following districts:

District 1: Charleston, Colleton, Jasper, Dorchester, Berkeley, Beaufort.

District 2: Edgefield, Aiken, Lexington, Richland, Saluda.

District 3: Laurens, Newberry, Greenwood, Abbeville, McCormick.

District 4: Anderson, Greenville, Oconee, Pickens.

District 5: Chester, Kershaw, Lancaster, York, Fairfield.

District 6: Florence, Darlington, Chesterfield, Marlboro, Dillon Marion, Horry.

District 7: Clarendon, Georgetown, Lee, Sumter, Williamsburg.

District 8: Allendale, Bamberg, Barnwell, Calhoun, Hampton, Orangeburg.

District 9: Spartanburg, Union, Cherokee.

CHAPTER XII--Miscellaneous

SECTION 1. No address or paper before the Association, except those of the President and invited guests, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes nor more than once on any subject, except by special consent of the presiding officer.

SECTION 2. All papers read before the Association or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

SECTION 3: The deliberations of this Association shall be governed by parliamentary usage as contained in Sturgis' Standard Parliamentary Procedure, when not in conflict with the Constitution and By-Laws.

SECTION 4: The Principles of Medical Ethics of the American Medical Association shall govern the conduct of the members in relation to each other and to the public.

CHAPTER XIII--Amendments

These By-Laws may be amended at any Annual Meeting of the House of Delegates by a two-thirds vote of the delegates present.

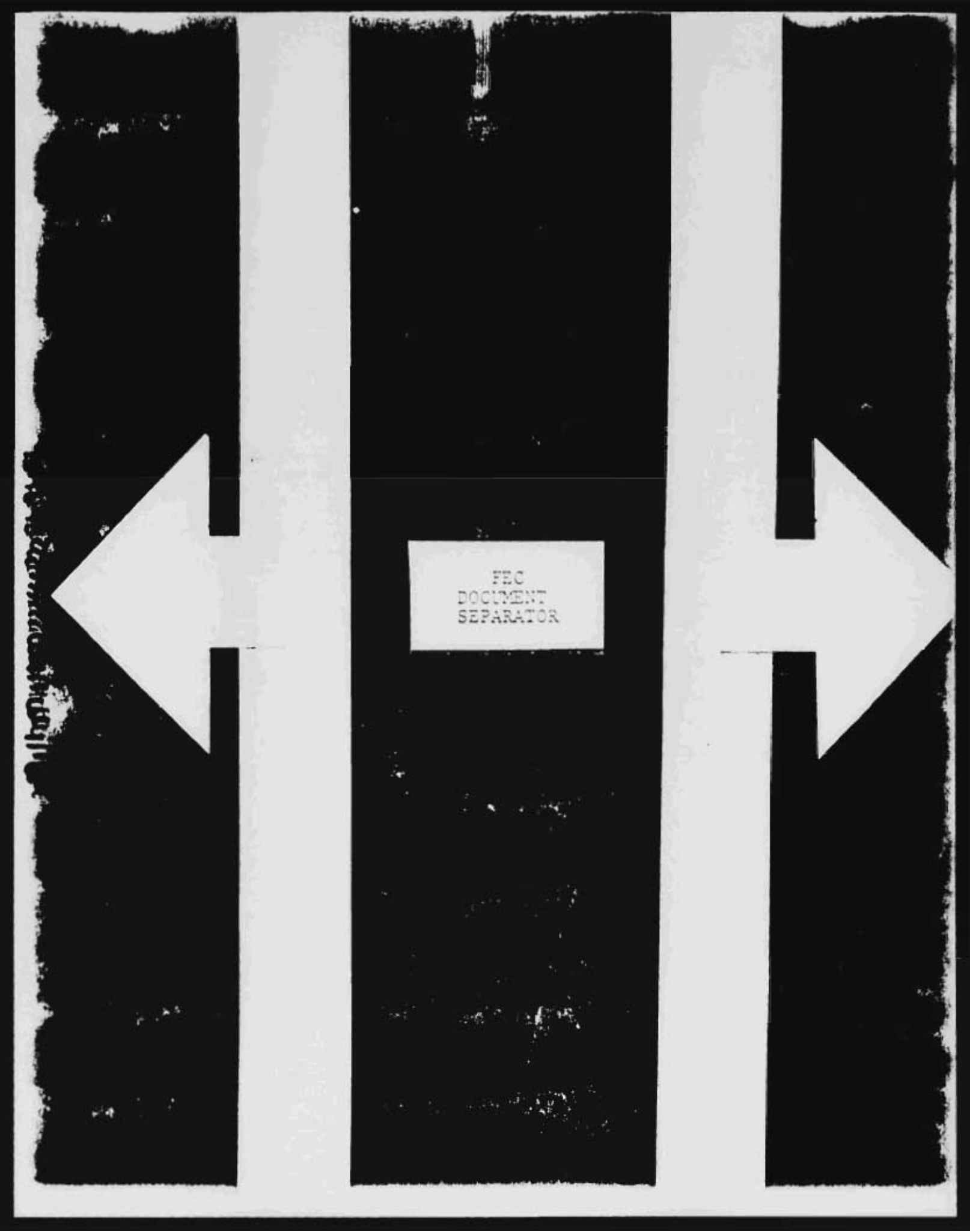
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Exhibit 14

Ex. # 5 00

ARTICLES OF INCORPORATION

AND

BYLAWS

SOUTH DAKOTA STATE MEDICAL ASSOCIATION

1970

ARTICLES OF INCORPORATION

OF

THE SOUTH DAKOTA STATE MEDICAL ASSOCIATION

8107225339

ARTICLE I

The name of this corporation shall be the South Dakota State Medical Association.

ARTICLE II

Objects and Purposes

The objects and purposes of this corporation shall be to advance the medical and collateral sciences and to assist in acquiring a knowledge of the same; to work for the benefit of community health and welfare; to bring together the physicians of this state into one organization and unite with similar organizations to form the American Medical Association; to elevate the standards of medical education; to assist in establishing high standards of medical care in all public programs and to advise persons or agencies in the administration of such programs; and to lease, hold, purchase, buy or sell such property, real, personal, or mixed, as may be necessary or reasonably incidental to the conduct of its business, its purposes and objects; and to acquire such property or any part of it by gift, devise, or purchase.

ARTICLE III

Principal Business

The business of said corporation may be carried on in all counties of the State, but its principal office shall be in the City of Sioux Falls, County of Minnehaha, State of South Dakota.

ARTICLE IV

Existence

The existence of the Corporation shall be perpetual unless dissolved by law.

ARTICLE V

Stock

This corporation shall have no capital stock.

ARTICLE VI

Non-Profit Nature

The corporation does not and shall not afford pecuniary gain, incidentally or otherwise, to its members or to any component county or district medical society and shall not be operated for the purpose of making any profit. No part of the earnings of the corporation shall enure to the benefit of any member or any component county or district medical society. All income of the corporation shall be used for the fulfillment of the purposes for which it was formed, including operating expenses of the corporation.

ARTICLE VII

Officers

The Officers of this association shall consist of a president, president-elect, vice-president, secretary who shall also be treasurer, speaker of the House of Delegates, and the councilors.

The mode of election and terms of office of the officers shall be fixed by the Bylaws of this Corporation.

ARTICLE VIII

Governing Body

A: The Association shall create a legislative and business body to be known as the House of Delegates in such a manner as may be now or later provided in the Bylaws. It shall exercise the delegated powers of the members of the Association as a whole, and of the component societies as units. It shall hold annual sessions, shall elect officers of the association except as may be provided in the Bylaws, and shall transact all general business of the corporation not otherwise specifically provided for in the Bylaws.

B: The Council shall be the Board of Trustees of this Association and shall carry out the mandates and policies of the Association as determined by the House of Delegates.

ARTICLE IX

Cumulative and Proxy Voting

Cumulative voting and voting by proxy shall not be permitted.

ARTICLE X

Seal

This association shall have a common seal as set by the House of Delegates which shall have the power to change or modify the seal as consistent with South Dakota law.

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ARTICLE XI

Other Lodges

This Corporation shall not be subject to any grand, supreme, or sovereign lodge or any superior body or bodies.

ARTICLE XII

Property

The amount of property which this Corporation may hold shall be unlimited, and shall be in such quantity and amount as authorized and approved by the House of Delegates at any annual meeting or special meeting called for the purpose of determining property to be held by the Corporation.

ARTICLE XIII

Dissolution

In case of dissolution of this Corporation all property belonging to the corporation shall be disposed of as determined by the House of Delegates by a majority vote at any regular meeting or at a special meeting called for such purpose provided, however that ten (10) days notice shall be given to each member of the House cf Delegates of any proposed disposition prior to dissolution.

ARTICLE XIV

Liability

The private property of the members of this corporation shall not be liable for corporate debts.

ARTICLE XV

Amendments

These Articles of Incorporation may be amended at any Annual Meeting of the membership by a vote of a two-thirds majority of members then and there present, and such meeting shall authorize and empower the President, Vice President and Secretary of the Association then in office to prepare Amended Articles of Incorporation and make application to the Secretary of State for a Certificate of Amendment as provided by the laws of the State of South Dakota in the case of other corporations. The Amendment to the Articles of Incorporation shall be acknowledged by the President, Vice President and Secretary of the Association who shall append thereto an affidavit duly authorized and sworn thereto by each of them setting forth that at such regular annual meeting the date and place of said meeting being stated in the affidavit that it was voted by a two-thirds majority of its members then and there present, to amend its Articles of Incorporation as therein set forth and that the affiants are the President, Vice President and Secretary of the Association duly empowered and authorized to prepare such Amended Articles of Incorporation.

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BYLAWS

OF

THE SOUTH DAKOTA STATE MEDICAL ASSOCIATION

ARTICLE I

Name

The name of this corporation shall be the South Dakota State Medical Association.

ARTICLE II

Objects and Purposes

The objects and purposes of this corporation shall be to advance the medical and collateral sciences and to assist in acquiring a knowledge of the same; to work for the benefit of community health and welfare; to bring together the physicians of this State into one organization and unite with similar organizations to form the American Medical Association; to elevate the standards of medical education; to assist in establishing high standards of medical care in all public programs; and to lease, hold, purchase, buy or sell such property, real, personal, or mixed, as may be necessary or reasonably incidental to the conduct of its business, its purposes and objects; and to acquire such property or any part of it by gift, devise, or purchase.

ARTICLE III

Membership

Section 1. Requirements

This Association shall consist of (a) active members, (b) life members, and (c) associate members, all of whom shall be doctors of medicine and/or osteopathy and licensed in the state of South Dakota or permitted to practice herein under the provisions of the Medical Practice Act; or enrolled in an approved school of medicine in the state of South Dakota. Active members of the Association shall be required to complete 150 hours of defined continuing medical education credits over each three year period of time for maintaining membership; such specified hours to be approved by a recognized accrediting body. The Continuing Medical Education Committee of the South Dakota State Medical Association shall have the privilege of waiving this requirement when due cause can be shown by the member. Accumulation of such credit hours shall begin January 1, 1977.

Section 2. Categories

a: ACTIVE MEMBERS of this Association are all physicians lawfully registered in the State of South Dakota of good moral character and professional standing who do not support or practice or claim to practice any exclusive system of healing, and who are

active members in good standing in the component societies from whom, or on whose behalf, the required annual dues or special assessments have been paid to this association in accordance with the applicable provisions of Article IX Sec. 1.

b: LIFE MEMBERS are those who meet all of the following requirements:
(1) have been members for a continuous term of ten years;
(2) are not engaged in the active practice of medicine;
(3) have been made an honorary or life member of their component society;
(4) have been elected a Life Member of this Association by a majority vote of its House of Delegates or of the Council between Annual Meetings;
and, one of the following requirements:
(1) are over age 65;
(2) are incapacitated for work because of illness or infirmity.
Life members may participate in the scientific assembly and receive the Journal of the Association, but shall not be required to pay membership dues, and each life or honorary member shall continue his relationship with his component society.

c: ASSOCIATE MEMBERS are those serving on active commissioned duty in the armed forces of the United States or in an approved intern or residency program in South Dakota, or enrolled in an approved school of medicine in the State of South Dakota. They shall not be required to pay membership dues and shall receive the Journal of the Association. They shall not have a vote nor will their membership be counted in apportionment of delegates from their component societies.

ARTICLE IV

Component Societies

Section 1. Definition

The component societies of this Association consist of those medical societies representative of the medical profession of a county, or a group of counties,now in affiliation to form this State Association or those that may hereafter be organized in this state, which have adopted principles of organization not in conflict with these Bylaws, and which have upon application to the Council received charters from this Association granted only after their constitution and/or bylaws have been submitted to the Council and have received its approval. Charters issued by this Association are in full force and effect until revoked, but the Association shall have the right, without revoking a charter, to suspend some or all of the rights and privileges of a component society for the causes and in the manner provided in these Bylaws.

Section 2. Limitations

Component societies are subject to the following limitations:
a: Bylaws of State Association--The Bylaws of this Association, and the amendments there to that may be adopted in the future,

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are the supreme law of the component societies. Insofar as the constitution or bylaws of the component society are contrary to, or inconsistent with, the bylaws of this Association, the constitution or bylaws of the component society are void and of no effect.

b: Council Approval of Component Society Constitution -- The constitution or bylaws, or any amendment thereto, of the component society shall not become effective until approved by the Council of this Association. If a proposed constitution or bylaw, or an amendment thereto, is disapproved by the Council, the affected society may appeal to the House of Delegates at its next regular meeting and the Council must act on the matter according to the instructions of the House.

c: One Society in County -- Not more than one component medical society shall be chartered in one county.

d: Component Society Membership and Discipline -- Each component society shall judge the qualifications of its members, subject to review and final decision by the Council of this Association. A member of a component society whose license has been revoked shall be dropped from membership automatically as of the date of revocation. The Council of this Association shall have the authority to expel a member should a component society fail to do so after being so requested by the said Council, and a component society may expel, suspend, censure or otherwise discipline a member who fails to abide by the Code of Ethics of the American Medical Association, or for such other cause as is stated in the society's constitution and/or bylaws, provided a copy of the charges preferred against the member is served to him, he is given at least ten days notice to prepare his defense, and a hearing is held on those charges at which he is afforded a full opportunity to be heard in his own defense, and to present witnesses and other evidence in his behalf. A component society, if its constitution and/or bylaws so provide, may drop from membership any member in arrears with respect to dues for six months or more without giving notice or holding a hearing. A member against whom disciplinary action has been voted by a component society shall have the right of appeal to the Council of this Association and eventually to the Judicial Council of the American Medical Association, under such rules as those two bodies may adopt; the disciplinary action voted by the society, however, shall remain in full force and effect during the pendency of such appeal or appeals.

Section 3. Revocation of Charters

a: Cause for Revocation -- The Council may, in its discretion, revoke the charter of or suspend any or all rights and privileges of a component society, which in the opinion of the Council:

1. Fails (willfully or negligently) to pay prior to the ensuing January 1, an assessment, regular or special, levied on it;
2. Fails to investigate any charges preferred against any of its members, which, if true, would be cause for society

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discipline or fails to conduct in a proper manner disciplinary proceedings where a complaint has been filed in a proper manner and form;

3. Fails to execute a disciplinary sentence imposed on a member as a result of disciplinary proceedings conducted in accordance with the requirements of Article IV, Section 2,d;
4. Willfully refuses or fails to obey or follow policy, rule of conduct, or course of action regularly and validly enunciated by the House of Delegates, or
5. Commits any act which is contrary to or inconsistent with the objects of this Association.

b: Procedure of Revocation -- The Council shall have jurisdiction to revoke a charter or to suspend any or all rights of a component society only if:

1. A hearing is held at which the accused society has a full and complete opportunity to be heard in its own defense;
2. At least two weeks prior to the hearing notice is given the affected society as to the time and place of the hearing and as to the alleged derelictions of the society which will be the subject of the hearing; and
3. Two-thirds or more of the Council vote to suspend rights or privileges or to revoke the charter of the affected society.

c: Reinstatement -- The Council in its discretion may provide conditions under which the affected society will be restored to good standing in this Association and can resume the exercise of all of the rights and privileges of component societies.

d: Appeal -- component society whose rights and privileges of its charter have been suspended or revoked by the Council, shall have the right to appeal to the House of Delegates at its next session, and the decision of the House of Delegates in the matter shall be final. Pending the determination of the House of Delegates, the decision of the Council shall be given full force and effect. In the case of every appeal, both as a board and as individuals, the Councilors shall, preceding all such hearings, make efforts toward conciliation and compromise.

Section 4. Transfer of Members

a: Relocation Within the State -- When a member in good standing in a component society moves to the area of another component society in this State, he shall be given a written certificate of these facts by the secretary of his society, without cost, for transmission to the secretary of the society in the district to which he moves. Pending his acceptance or rejection by the society to which he moves, such member shall be considered to be in good standing in the component society from which he was certified and in the State Association to the end of the period, respectively, for which his dues have been paid.

b: Discretionary Selection of Society -- A physician may hold his membership in that component society most convenient for him to attend with the permission of the component society in whose jurisdiction he resides.

Section 5. Professional Influence

Each component society shall have general direction of the affairs of the profession in the district, and its influence shall be constantly exerted for bettering the scientific, moral, and material condition of every physician in the district. Systematic effort shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician in the district.

Section 6. Delegates to Annual Meetings

At some meeting in advance of February 1st immediately prior to the annual meeting of this Association, each component society shall elect delegates and an equal number of individual alternates therefor to represent it in the House of Delegates of the Association in accordance with these Bylaws. The secretary of each component society shall send a list of such delegates and alternates to the Secretary-Treasurer, of this Association, or his designee, at least sixty days before the annual meeting. Representation in the House of Delegates shall be contingent on compliance with the foregoing provisions.

Section 7. Recommendations for Councilors

In the years when a councilor is to be elected from a district society, that society shall in advance of April 1st, select a member to be recommended for each office of councilor from its district to be elected that year. The name shall be sent to the Secretary-Treasurer of the Association at least thirty (30) days before the Annual Session, and the name shall be submitted to the Nominating Committee of the House of Delegates upon its appointment.

In addition to, and concurrently with, the submission of the foregoing recommendation for councilors, each district society shall submit the name of a member to be recommended as alternate councilor for each councilor to be elected for that year.

Section 8. Roster of Members and Programs of Societies

The Secretary of each component society shall keep a roster of its members and, if practicable, a list of all non-affiliated physicians, in which shall be shown full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be required by the Council. He shall send a copy of the program of each meeting of the component society to his district councilor and to the Secretary of the State Association or his designee.

ARTICLE V

Annual Meetings

Section 1. Time and Place

An annual meeting shall be held at such place and time as provided in Article VII, Section 2, paragraph a, and Article VIII, Section 2, paragraph c, and shall be open to all members and invited guests.

Section 2. Papers

All papers read before this Association shall be its property. Each paper, when it has been read, shall be deposited with the Secretary-Treasurer or his designee. Authors of papers read before this Association shall not allow them to be published elsewhere until (1) they have been published in its Journal, or (2) with the approval of the Secretary-Treasurer or his designee.

ARTICLE VI

Governing Body

Section 1. House of Delegates

All governing powers of the Association, including the power to alter, amend, or repeal these Bylaws, is vested in and resides in the House of Delegates, which alone shall have authority to determine the policies of the Association. It shall elect the officers as outlined in these Bylaws and such delegates to the American Medical Association as the Association may be entitled.

Section 2. Composition

The House of Delegates shall be composed of (1) delegates elected by the component societies, each component society being entitled to elect one delegate for each 20 active and life members in good standing, or fraction thereof, who enjoy all the rights and privileges of memberships, provided each component society shall be entitled to elect at least one delegate, and (2) the officers of the Association enumerated in Article VII, Section 1. a. of these Bylaws.

Section 3. Presiding Officer

The House of Delegates in its deliberations shall be presided over by the Speaker of the House of Delegates and in his absence by any delegate selected by it as Speaker Pro-tem.

Section 4. Meeting Time

When the House of Delegates meets in regular session, it shall meet on at least two days of the annual meeting. It may also meet at other times and shall meet in such special session in accordance with the terms of the call. The call to special session may be initiated by the President, Speaker of the House, Council, or upon petition of eleven members of the House. The call for special sessions shall be issued at least ten days prior to the scheduled session.

Section 5. Quorum

Fifteen delegates shall constitute a quorum of the House of Delegates. All meetings of the House of Delegates shall be open to members of the Association.

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Section 6. Inability of Delegates to Serve

If a delegate, and his alternate, elected by a component society die, resign, cease to be a member in good standing of the society, become disabled, or for any reason cannot assume the duties of office, or will be absent from the session of the House of Delegates, the president of the component society shall appoint another active member to serve in his stead during the balance of the term or during the disability, or absence, as circumstances indicate. As soon as practicable after the appointment, the President of the component society shall notify the Secretary-Treasurer of this Association or his designee of his action.

Section 7. Reference Committees

The speaker of the House of Delegates shall appoint from among the delegates such reference committees to which reports and resolutions may be referred as may expedite the business of the House. Such reference committees may include committees on credentials, resolutions, annual reports, tellers and judges of election, and such other committees as may be expedient.

Section 8. Special Commissions

The House of Delegates may appoint commissions composed of members of the Association for special purposes, or it may provide for such commissions and authorize the appointment of members by the President. Such commissions shall report to the House of Delegates and members of such commissions may participate in discussion and debate relative to their reports, but unless commissioners are delegates they shall not have the right to vote.

Section 9. Districts

The House of Delegates shall divide the state into Councilor Districts, specifying the political subdivisions each district shall include, and, when the best interest of the Association and the profession will be promoted thereby, organize in each a District Medical Society, of which all members of the component societies shall be members.

Section 10. Budget of Expenditures

The House of Delegates shall approve an annual budget of expenditures to be submitted by the Council.

Section 11. Memorials and Resolutions

All memorials and resolutions issued in the name of the Association shall not become effective until approved by the House of Delegates.

Section 12. Referendum

At any session, either annual or special, the House of Delegates may by a two thirds vote order a general referendum to the membership of the Association on any pending question, and a majority vote of the members voting shall determine the question.

ARTICLE VII

Officers

Section 1. Designation and Terms

a: Designation -- The officers of this Association shall be the President, President-Elect, Vice President, Speaker of the House of Delegates, Secretary-Treasurer, one Councilor-at-Large who shall be the immediate Past President, one Councilor for every fifty (50) members or fraction thereof from each component society, and the Delegate(s) and Alternate(s) to the American Medical Association. The Council may employ an executive secretary who need not be a physician nor a member of the Association who may act in an ex-officio capacity at the direction of the Secretary-Treasurer.

b: Eligibility -- To be eligible for election or appointment as an officer of this Association, except that of Executive Secretary, a member must possess the qualifications required by the bylaws under Article III, Section 2 a or b.

c: Terms of Officers -- The House of Delegates at its regular meeting shall elect the following officers to serve the terms indicated: (1) President-Elect, one year; (2) Vice-president, one year; (3) Speaker of the House of Delegates, one year; (4) AMA Delegate(s) and Alternate Delegate(s), two years; (5) One Council member for a three year term from one-third of the districts and where a district has more than one member, only one such member shall stand for election in any given year, provided that if a district has four or more members, more than one may then stand for election in such a manner to provide for staggered election of equal numbers of council members from any one district. (6) The Council shall elect a Secretary-Treasurer to assume office at the close of the last general session of the meeting to serve for three years. All of the officers shall serve until their successors are elected and installed, and each officer shall assume office at the close of the last general session of the annual meeting at which they were elected, and shall serve until the corresponding period of the annual meeting following their election, except in the case of the Councilors and the Secretary-Treasurer, and they of the third annual meeting next following their election. The AMA Delegate(s) and Alternate(s) shall take office on the first of the calendar year following election for a period of two years. At the close of the last general session of the annual meeting next following his election, the President-Elect shall assume the office of President, and serve as such until the corresponding period of the following annual meeting, or until his successor assumes office at the next annual meeting. At the conclusion of the meeting at which the term of the Secretary-Treasurer is to expire, the Council shall elect a Secretary-Treasurer to assume office at the close of the last general session of the meeting and to serve until the corresponding period three annual meetings hence.

d: Restrictions -- No Officer or Councilor shall be permitted to serve simultaneously as a chairman of a Commission or Reference Committee of the South Dakota State Medical Association or to serve simultaneously as an Officer and Councilor or to serve in more than one Officer position except there shall be no restriction as to who may serve as delegate or alternate delegate to the American Medical Association.

e: Initial Appointment of Additional Council Members -- In districts authorized more than one council member, such additional members shall be elected to initial terms of three years or less, and thereafter for full three year terms, such initial terms to be determined by the nominating committee of the House of Delegates, based upon the length of term remaining for present councilors for such district to effectuate the provision of staggered years of election set forth above (Article VII, Section c(5).

f: Alternate Councilors -- An alternate councilor shall be elected for each councilor elected pursuant to subsection c (5) above, which alternate councilors shall also be considered officers of the Association.

Section 2. Election of Officers

a: Nominating Committee -- The President at the first meeting of the House of Delegates of the regular session, shall appoint committee on nominations consisting of one member from each Councilor District. The committee on nominations shall report the result of its deliberations to the House of Delegates in the form of a ticket containing the name of at least one member for the office of President-Elect, of at least one member for the office of Vice-president, of a member for each of the offices to be filled at that annual meeting, and of locations for future annual meetings. No two candidates for President-Elect shall be from the same District. Whenever a councilor's term expires, the Nominating Committee shall select at least one (1) nominee for the office of councilor from each district and at least one (1) nominee for the office of alternate councilor from each district from each list submitted by each component district society (See Article IV, Section 7.) Each candidate for Councilor must be a resident of the District from which he is nominated.

b: Time of Election -- The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates at the second session of the regular meeting of such House.

c: Nominations from the Floor -- Nothing in this Article shall be construed to prevent additional nominations being made from the floor by members of the House of Delegates.

d: Method of Election -- If more than one nominee is proposed for an office the vote shall be taken by written ballot. In case no nominee receives a majority of the votes cast on the first ballot, the nominee receiving the least number of votes shall be dropped from the list of nominees and a new ballot taken. This procedure shall continue until one of the nominees receives a majority of the votes cast, when he shall be declared elected.

Section 3. Failure to Fill Office

If before the expiration of the term for which he was elected, the President or President-Elect dies, resigns, is removed from office, or becomes disqualified, the President-Elect or Vice-president shall succeed to the next higher office vacated. Vacancies created by the death, resignation or removal of other officers shall be filled by appointment by the Council for the unexpired portion of the term, or in the case of vacancies in the office of the Councilor or the Secretary-Treasurer, until the next annual meeting.

Section 4. Duties of Officers

a: President -- The President shall preside at all meetings of the Association; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time and place as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and as far as practicable, shall visit by appointment the various sections of the State and assist the Councilors in building up the component societies and in making their work more practical and useful. He shall be a member of the Council for a period of one year immediately succeeding his term of office, known as Councilor-at-Large. He shall be an ex-officio member of all committees of the Association.

b: President-Elect -- The President-Elect shall be a member of the Council, shall act for the President in his absence or disability. If the office of President should become vacant, the President-Elect shall succeed to the Presidency, serving the unfilled term prior to his own term of office.

c: Vice-President -- The Vice-President shall assist the President in the discharge of his duties, and shall officiate in the absence or disability of the President and President-Elect.

d: Speaker of the House -- The Speaker of the House of Delegates shall preside at the meetings of the House of Delegates, shall serve on, and be a member of the Council, and shall perform other duties as custom or parliamentary procedure require.

e: Secretary-Treasurer

(1) Funds -- The Secretary-Treasurer or his designee shall demand and receive all funds due the Association, together with bequests and devises. He shall pay money out of the treasury and shall subject his accounts to such examination as the House of Delegates may order, and shall annually render an account of his doings and of the state of the funds in his hands.

(2) Records -- The Secretary-Treasurer shall attend the general meetings of the Association and the meetings of the House of Delegates, and shall keep minutes of the respective proceedings. He shall be Secretary of the Council. He shall be custodian of all record books and papers belonging to the Association and shall keep account of all funds of the Association which come into his hands. He shall provide for registration of the members and delegates at the annual meeting. He shall, with the cooperation of the secretaries of the

component societies, keep a card index register of all the legal practitioners of the State by districts noting on each his status in relation to the component society, and shall transmit a copy of this list to the American Medical Association, transmitting to its Secretary each month a report containing the names of those dropped from the membership roster during the preceding month. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistance as may be ordered by the Council and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports, and shall collect from them the regular per capita assessments. The amount of his salary shall be fixed by the Council.

(3) Bond -- The Secretary-Treasurer shall give a bond in such sum as shall be fixed by the Council, the premium to be paid by the Association.

f: Executive Secretary -- The Executive Secretary shall perform such duties as may be assigned to him by the Council, the Secretary-Treasurer or by the House of Delegates, and in the absence or disability of the Secretary-Treasurer shall perform the duties of the Secretary-Treasurer. The Executive Secretary shall give a bond in such sum as shall be fixed by the Council, the premium to be paid by the Association.

g: Officers Reports -- All officers shall submit an annual report to the House of Delegates at the Annual Meeting.

ARTICLE VIII

Council

Section 1. Composition

The Council shall consist of the Councilors, the President, the President-Elect, the Vice-President, the immediate Past President, (Councilor-at-Large) the Speaker of the House of Delegates, the Secretary-Treasurer of the Association, and the Delegate(s) to the American Medical Association. A majority of its members shall constitute a quorum.

Section 2. Duties

a: General -- The Council shall be the Board of Trustees of the Association and shall carry out the mandates and policies of the Association as determined by the House of Delegates. The Council shall have full authority and all of the powers of the House of Delegates between annual meetings, unless the House of Delegates shall be called into session as provided by these Bylaws, or unless the House of Delegates shall by resolution otherwise specifically provide, and in performing such acts and in transacting such business shall manage and conduct all of the property, affairs, work and activities of the Association.

b: Board of Censors -- The Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standing of members, whether in relation to

other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates shall be referred to the Council without discussion. It shall hear and decide all questions of societies when an appeal is taken from the decision of an individual Councilor. Its decisions in all cases, including questions regarding membership in this Association, shall be final unless otherwise provided herein.

c: Annual Meeting -- The Council through its Secretary, or his designee, shall arrange for the annual meeting of the Association, including provision of suitable meeting places and dates, arrangements for dinners, luncheons, Social affairs, collecting receipts and disbursing payment of all expenses. The Council may ask the assistance of local committees appointed by the district society in which the meeting is to be held for the purpose of local arrangements, and may request advice on program content from any and all of the specialty groups in the State.

d: Appointments -- The Council shall by appointment fill any vacancy in an office not otherwise provided for which may occur during the interval between annual meetings of the House of Delegates; the appointee shall serve until his successor has been elected.

e: Headquarters -- The Council shall provide such headquarters for the Association as may be required to conduct its business properly.

f: Publications -- The Council shall provide for and superintend the issuance of all publications of the Association, including proceedings, transactions, and memoirs and shall have authority to appoint an editor and such assistants as it deems necessary.

g: Management of Funds

(1) Budget -- The Council shall submit an annual budget providing for the necessary expenses of the Association, which shall be prepared by the Committee on Auditing and Appropriations and presented for the Council's consideration at the first meeting of the Council at the annual meeting of each year.

(2) Audit -- The Council shall prescribe the methods of accounting and through a committee of three of its members, to be known as the Committee on Auditing and Appropriations, shall audit all accounts of this Association.

(3) Expenditures -- All resolutions of the House of Delegates providing for appropriations or expenditures shall be referred to the Council, and all of such which are approved by the Council shall be included in the annual budget. The Council may, by order, authorize any officer or committee to expend money not provided in the budget as adopted, or to spend any money in excess of the budget limitation.

(4) Salaries -- The salaries of all employees of the Association shall be fixed by the Council.

2. Annual Report -- The Council shall submit an annual report to the House of Delegates, which shall specify the character and cost of the publications of the Association, the amount and character of all of its property, and shall provide full information concerning the management of all affairs of the Association which the Council is charged to administer.

Section 3. Meetings

The Council shall meet on the day of and the day following the annual meeting of the House of Delegates and at such times as necessity may require, subject to the call of the President or Chairman of the Council or on petition of one-third of the members of the Council. The call for special meetings of the Council shall be issued at least five days prior to the scheduled meeting.

Section 4. Duties of Councilors

Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit each component society in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and keeping in touch with the activities of and to aid in the betterment of the component societies in his district. He shall make an annual report of his work and of the condition of the profession of each component society in his district at the annual meeting of the House of Delegates. The necessary traveling expenses incurred may be allowed on a proper itemized statement, but shall not be construed to include his expense in attending the annual meeting of the Association.

Section 5. Alternate Councilors

Alternate Councilors shall serve with the same powers, duties and responsibilities as councilors, and as voting members of the council, in the absence of the councilor to whom they are alternates. In district societies with more than one councilor, if the alternate councilor for the absent councilor is unable to act, another alternate councilor from that district may act in the stead of the absent councilor.

ARTICLE IX

Finances

Section 1. Revenue

a: Dues and Assessments

(1) Determinations -- Funds for conducting the affairs of the Association shall consist of the annual dues and assessments which shall be determined by the House of Delegates, and shall be levied per capita on the members of the Association, provided that the House of Delegates may make exceptions to equal per-capita assessments or special assessments as it may determine in regular or special session. Dues and assessments shall be payable on or before January 1 of the year for which they are levied.

(2) Payment -- The Secretary-Treasurer of each component society shall cause to be collected and shall forward to the offices of the Association the dues and assessments for its members, together with such data as shall be required for a record of its officers and members. Any member whose name has not been reported for enrollment and whose dues for the current year have not been

remitted to the Secretary-Treasurer of this Association or his designee on or before March 1, shall stand suspended until his name is properly reported and his dues for the current year properly remitted.

(3) Exceptions -- State or federally employed physicians who are active members of other state societies but temporarily stationed in South Dakota shall be granted membership without payment of state dues. Life and associate members shall not be required to pay dues. A new member enrolled after July 1st of each year shall be required to pay only one-half of the annual dues.

(4) Record of Payment -- The record of payment of dues and assessments on file in the office of the Association shall be final as to fact of payment by a member and as to his right to participate in the business and proceedings of the Association and of the House of Delegates.

(5) Delinquency -- For the purpose of medical defense a member shall be deemed delinquent from and during the period extending from January 1 of the current year until his dues and assessments shall have been received at the offices of the Association, having been remitted by the Secretary of the component society of which he is a member.

b: Additional Revenue -- The House of Delegates may at its discretion authorize the creation of additional sources of revenue not inconsistent with the non-profit nature of the Association.

Section 2. Management of Funds

Supervision of the funds, investments, and expenditures of the Association is vested in the Council or in such committee as the Council may designate. (See Article VIII, Section 2, Paragraph g).

ARTICLE X

Commissions

Section 1. Commission Categories

There shall be two primary categories of Commissions of the Association. These shall be standing commissions hereinafter provided, and special commissions as authorized in Article VI, Section 8. Said commissions shall report annually to the House of Delegates.

Section 2. Standing Commissions

a: Designation.
The standing commissions of the Association shall be as follows:
Commission on Medical Service
Commission on Scientific Medicine
Commission on Legislation and Governmental Relations
Commission on Internal Affairs, Communications and Liaison

b: Composition
Unless otherwise provided in the bylaws, each of the commissions shall consist of fifteen (15) members, each of whom shall serve for a term of three (3) years. Five members of each of these commissions shall be appointed annually by the

President, provided that at the next annual session five members of each of the foregoing commissions shall be appointed for a term of three years, one for two years. The President shall be an ex-officio member of each commission. If a commission member manifests a lack of interest in commission proceedings and fails to attend commission meetings, he shall be automatically dropped from membership on that commission and the President may appoint a replacement to complete the unexpired term thus created.

Section 3. Duties of Commissioners

a: Medical Service
The Commission on Medical Service shall have jurisdiction on matters relating to Medical Education and Hospitals; Insurance, including Programs, Prepayment Plans, Workmen's Compensation; Rural Medical Service; Traffice Safety; and School and Public Health.

b: Scientific Medicine
The Commission on Scientific Medicine shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates. Thirty days previous to each annual session, it shall prepare and issue a program announcing the order in which papers and discussion shall be presented. It shall inquire into matters relating to Scientific Programs and Post-Graduate Medical Education and shall have jurisdiction over matters of acute and chronic diseases of a physical and mental nature.

c: Communications, Liaison and Internal Affairs
The Commission on Communications, Liaison and Internal Affairs shall have jurisdiction on matters relating to Radio and Television; Press Relations; Public Relations; Publications; Physicians' Placement Service. The commission shall inquire and act on matters relating to allied health personnel and shall have jurisdiction on matters of Budget and Audit; Constitution and Bylaws; Obituary Records; Membership; and Medical Licensure.

d: Legislation and Governmental Relations
The Commission on Legislation and Governmental Relations shall inquire and appropriately act on all National and State Legislation affecting the public health or the medical profession.

e: General Procedure
General Procedures of operation of the foregoing commissions shall be set forth by the Commissions and approved by the Council.

Section 4.

In addition to the foregoing Commissions there shall be an Executive Commission and a Grievance Commission, a Credentials Commission and a Professional Liability Commission.

a: Executive Commission -- The Executive Commission shall consist of the President, President-Elect, Vice-President, Secretary-Treasurer, Speaker of the House, Councilor-at-Large, and Chairman of the Council. Its duties shall be advisory in

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nature to the various officers and Commissions when indicated, and it shall function when asked to do so by any one of them. It shall also have other functions as delegated from time to time by the House of Delegates or by the Council, and shall have the power and authority to act on behalf of the Council between meetings of the Council in emergency situations.

b: Grievance Commission -- The Grievance Commission shall consist of five past-presidents of the Association, who shall serve five years except that the first appointments shall be one, two, three, four, and five years respectively. The Commission shall receive grievances, investigate the facts, attempt to mediate the dispute or refer such grievances to the proper authorities, and to educate the profession in the ethics of the practice of medicine. Rules of procedure shall be submitted to the Council for approval.

c: Credentials Commission -- The Credentials Commission shall consist of the Executive Commission of the South Dakota State Medical Association. The Credentials Commission shall promptly and in a most expeditious manner review all applications for membership in the State Medical Association referred to the Commission by a component district medical society or the Council. The Commission may also establish criteria for the review of any member of the State Medical Association for membership renewal; such criteria to be submitted to the Council for approval.

d: Professional Liability Commission -- The Commission on Professional Liability shall consist of one member from the Commission on Legislation and Governmental Relations; one member from the Commission on Credentials; one member from the Committee on Continuing Medical Education; one physician member from the Board of Directors of the South Dakota Foundation for Medical Care; one member from the Grievance Commission; one member from the Utilization and Review Committee; and three members at large. The Commission shall be appointed by the president; the original appointments shall consist of three appointments for a one year term; three appointments for a two year term; and three appointments for a three year term. Thereafter, all appointments shall be to study and work in a liaison capacity and make recommendations to the Council in matters pertaining to professional liability problems and insurance coverage in the state of South Dakota.

Section 5. Cooperation with Commissions

Any member of this Association who shall willfully refuse or fail to assist or cooperate with the investigations of any Association Commissions, especially those Commissions concerned with Grievance and Medical Defense may be subject to disciplinary action of the Council of the Association. This disciplinary action shall be taken by the issuance of a citation directed to the member, which citation shall be served either personally or by registered mail. Upon citation such members shall be given full opportunity to explain his refusal to cooperate with the Commission or Commissions. Nothing herein shall be construed as to require any member to con-

done or ignore an unethical act or an act of medical malpractice committee by a member of this Association. The Council, upon such hearing may excuse the non-cooperation, censor the member, suspend him for a definite period of time, expel him from membership. If the circumstances warrant, and by a majority vote of the members of the Council, the citation may provide that such a member is suspended until the time of hearing fixed by the citation.

ARTICLE XI

Rules of Order

The deliberations of this Association, the House of Delegates and the Council shall be conducted in accordance with parliamentary procedure as defined in Robert's "Rules of Order, Revised."

ARTICLE XII

Amendments

These Bylaws may be amended at any annual meeting by a majority vote of the delegates present at that meeting if the proposed amendment has been properly submitted to the members of the House of Delegates not less than thirty days prior to such annual meeting.

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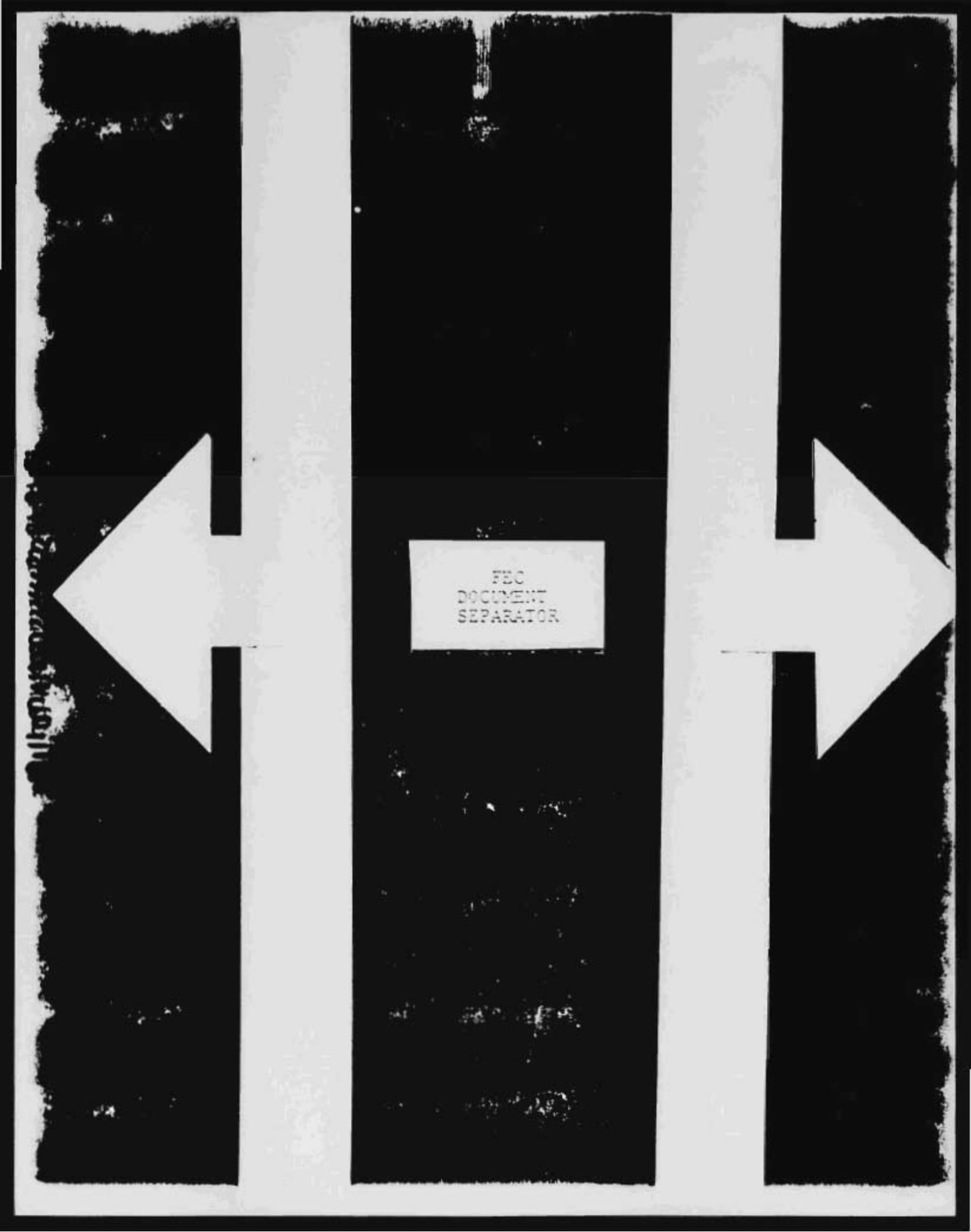
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Constitution and By-Laws

of the

Tennessee Medical Association

81124226560

Amended April 12, 1975

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CONSTITUTION AND BY-LAWS OF THE TENNESSEE MEDICAL ASSOCIATION

CONSTITUTION

ARTICLE I
Name of the Association

The name and the title of this organization shall be "The Tennessee Medical Association."

ARTICLE II
Purposes of the Association

The purposes of this Association shall be to federate and to bring into one compact organization, through the component societies, the medical profession of the State, and to unite with similar associations in other states to form the American Medical Association.

The aims of this association shall be:

1. The extension of medical knowledge, the advancement of medical science, the maintenance of medical ethics, and the competence of the art of medical practice.

2. The elevation of the standards of medical education.

3. The enforcement of just laws that have to do with the health and welfare of the people of this State.

4. The promotion of friendly intercourse among physicians, and the guarding and fostering of their material interests.

5. The enlightenment and direction of public opinion in regard to the problems of health and medical care, and the promotion of understanding between the public and the medical profession.

6. To make the medical profession of the State more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III
Component Societies

Component Societies shall consist of those local Medical Societies which hold charters from this Association.

ARTICLE IV
Composition of the Association

Section 1. This Association shall consist of Active Members, Associate Members, Veteran Members, Honorary Members, Intern and Resident Members, and Student Members.

Sec. 2. The Active Members of this Association shall be active members of the Component Medical Societies who have been certified to the Secretary of this Association and whose dues have been paid for the current year.

Sec. 3. Associate members shall be commissioned officers in active service of the U. S. Armed Forces, Veterans Administration, and Public Health Service, residing in the State, who are elected to membership by a Component Society and certified to the Secretary of the State Association as Associate Members. Such physicians may be eligible for active membership, if otherwise qualified.

Sec. 4. Veteran Members are those who, because of age or impaired health, have been elected Veteran Members of their Component Societies, and who are so certified to the State Association annually by the Component Societies.

Sec. 5. An Honorary Member is one who is a member of another State Association, or other reputable society, who is pre-eminent in general or special scientific work, whose name, with detailed information concerning his education and professional qualification, is presented in writing by three members of this Association, and who is elected by a two-thirds vote of the House of Delegates.

Sec. 6. An Intern or Resident Member is any doctor of medicine appointed and serving in an approved Intern or Resident status, serving in an approved hospital in Tennessee, and who is certified as an Intern or Resident Member of his component medical society.

Sec. 7. A Student Member is any student regularly and duly enrolled in a medical school in Tennessee and who is a candidate for the degree of Doctor of Medicine, and who is certified by his Component Medical Society.

Sec. 8. Wherever the term physician is used in this Constitution or in the By-Laws, the following definition shall apply: A physician is a person who having been regularly admitted to a medical school duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in medicine, and has acquired the requisite qualifications to be legally licensed to practice medicine.

ARTICLE V
House of Delegates

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the Component Societies; (2) ex-officio the Officers; (3) the five most recent surviving ex-Presidents of the Association, except that all ex-Presidents who were living in April 1956 shall be members for life; (4) the Associations delegates to the American Medical Association; (5) the elected officials of the American Medical Association, provided such officials are members in good standing of the Tennessee Medical Association, the Commissioner of Public Health, and the Commissioner of Mental Health for the State of Tennessee, provided such Commissioner of Public Health or Mental Health is a member in good standing of the Tennessee Medical Association.

ARTICLE VI
Sections

The House of Delegates may provide in the By-

Laws for a division of the scientific work of the Association into appropriate Sections as the need may arise.

ARTICLE VII
Annual Meetings of the Association

The Association shall hold an Annual Meeting at such time and place as provided in the By-Laws, and the Scientific Meetings shall be open to all registered members and guests.

ARTICLE VIII
Officers

Section 1. The officers of the Association shall be a President, President-Elect, a Vice-President for each of the three grand divisions of the State, the elected Trustees, the Councilors, a Speaker of the House of Delegates, and a Vice-Speaker of the House of Delegates.

Sec. 2. The Board of Trustees shall consist of the President of the Association, the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, the immediate Past-President, the President-Elect, and members elected by the House of Delegates as hereinafter provided.

Nine members of the Board of Trustees shall be elected by the House of Delegates, three from each grand division of the State, and no more than two from any one component society.

The elected Trustees shall serve for a period of three years and no Trustee shall be eligible immediately to succeed himself, except that this provision shall not apply to a Trustee who by virtue of election or appointment has served any portion of another's unexpired term. The Board of Trustees will organize by the election of a Chairman, and a Secretary-Treasurer from the nine elected as Trustees.

Sec. 3. There shall be one councilor for each of the ten councilor districts in Tennessee and such councilor districts shall be divided into sections to include those counties in each of the councilor districts as defined by the action of the House of Delegates in April, 1961, and listed in this section. The councilors shall be elected for a term of two years, in the following manner: councilors from odd numbered districts will be elected in even calendar years and councilors from even numbered districts will be elected in odd calendar years. No councilor shall serve more than four consecutive years. The councilor districts shall be composed of the counties as listed in each of the following ten districts:

District No. 1: Carter, Claiborne, Cocke, Grainger, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.

District No. 2: Anderson, Blount, Campbell, Cumberland, Hamblen, Jefferson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Union.

District No. 3: Bledsoe, Bradley, Hamilton, Marion, McMinn, Meigs, Monroe, Polk, Rhea.

District No. 4: Clay, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White.

District No. 5: Bedford, Coffee, Franklin, Grundy, Lincoln, Moore, Sequatchie.

District No. 6: Cannon, Cheatham, Davidson, Dickson, Houston, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, Wilson.

District No. 7: Decatur, Giles, Hickman, Humphreys, Lawrence, Lewis, Marshall, Maury, Perry, Wayne.

District No. 8: Benton, Carroll, Chester, Crockett, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Madison, McNairy.

District No. 9: Dyer, Henry, Lake, Lauderdale, Obion, Weakley.

District No. 10: Shelby, Tipton.

The Judicial Council shall organize annually by the election of a Chairman and a Secretary.

Sec. 4. The President-Elect, the three Vice-Presidents, the Speaker and the Vice-Speaker of the House of Delegates, shall be elected annually for one year. The Speaker and the Vice-Speaker of the House shall hold office for not more than four consecutive years. The President-Elect shall assume office as President at the expiration of the term of the President.

Sec. 5. The President, Secretary-Treasurer, and Speaker of the House of Delegates shall be ex-officio members of the Judicial Council without vote.

Sec. 6. Every officer shall hold office until his successor is elected and assumes office.

Sec. 7. All officers of the Association shall be elected at the second regular session of the House of Delegates, and they shall assume office at the conclusion of this session.

Sec. 8. Only a member who has been a member in good standing for five years next preceding the election, and is in attendance at the meeting shall be eligible for election as President-Elect.

ARTICLE IX
The Powers and Duties of the Board of Trustees

Section 1. The Board of Trustees shall have entire control of the publication, the policy and the editorial and financial management of the Journal of the Association. It shall be authorized and empowered to make all contracts necessary for the conduct of the Journal. It shall appoint the Editor of the Journal.

Sec. 2. The Secretary-Treasurer of this Association shall be the custodian of all the funds of the Association.

Sec. 3. The Board of Trustees shall hold quarterly meetings, one of which shall be held on the last day of the Annual Meeting, and such other meetings as the business of the Association may require, subject to the call of the Chairman. The Board of Trustees shall make expenditures of the funds of the Association dependent upon the availability of such funds as determined by the Board of Trustees and as ordered by the House of Delegates. The Board of Trustees shall render at the Annual Session a full and detailed accounting of all receipts and disbursements.

Sec. 4. In the event of a vacancy by death or resignation of any member of the Board of Trustees between the Annual Meetings of the Association, the Vice-President for that division of the State in which the vacancy occurs, shall serve as a member of the Board of Trustees until the next annual meeting. In the event of a vacancy as the result of the resignation of one of the members of the Board of Trustees during the Annual Meeting, the Nominating Committee shall report its selection of a nominee for election by the House of Delegates to fill the unexpired term of the member who has resigned from the Board of Trustees.

Sec. 5. The Board of Trustees shall be the Executive Board of the Association to determine the policy and details of management between sessions of the House of Delegates.

Sec. 6. The Board of Trustees shall serve without compensation, however, their actual expense in attending the meetings of the Board shall be paid out of the funds of the Association. This is not to apply where a meeting is held at the Annual Meeting.

Sec. 7. The Board of Trustees shall have such powers to invest the funds of the Association as are granted by law to General Welfare Corporations as such law from time to time may be amended.

ARTICLE X
Fiscal Year and Dues

Section 1. The fiscal year of the Association shall be from January 1 through December 31.

Sec. 2. The annual dues of Active Members shall be fixed in the By-Laws. No dues shall be paid by Veteran, Associate, Student, or Honorary Members. (Chap. IX.)

ARTICLE XI
Referendum

The General Meeting of the Association may, by a two-thirds vote of the members present and voting, order a general referendum upon any question pending before, or already decided by the House of Delegates. The House of Delegates may, by a similar vote of its own members, or after a vote of the general meetings, submit any such question to the membership of the Association for a final vote. If the persons voting shall comprise a majority of all the members registered at that Annual Meeting, a majority of such vote shall determine the question and be binding upon the House of Delegates.

ARTICLE XII
The Seal

The Association shall have a common seal, with the power to break, change or renew the same at pleasure, by action of the House of Delegates.

ARTICLE XIII
Amendments

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates registered at the Annual Session; provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been sent officially to each component Society at least two months before the Session at which action is to be taken.

BY-LAWS
CHAPTER I
Membership and Sections

Section 1. All Active Members, Associate Members, Veteran Members, Intern and Resident Members, Student Members, Honorary Members, and invited guests shall be privileged to attend all scientific meetings and take part in the discussion of all scientific questions, but Active Members and Veteran Members, and Intern and Resident Members only shall be entitled to vote and hold office.

Sec. 2. A physician whose name is upon a properly certified roster of members, or list of delegates of a chartered component Society, which has paid its annual assessment, or an invited guest, is eligible to register at the annual meeting.

Sec. 3. No person who is under sentence of suspension or expulsion from any component Society of this Association, or whose name has been dropped from its roll of members shall be entitled to any of the rights or benefits of this Association nor shall he be permitted to take any part in any of its proceedings until such time as he has been relieved of such disability.

Sec. 4. Each member in attendance at the Annual Meeting shall enter his name on the registration book or card, indicating the component Society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that meeting. No Member or Delegate shall take part in any of the proceedings of an Annual Meeting until he has complied with the provisions of this Section.

CHAPTER II
Annual and Special Meetings of the Association

Section 1. The Association shall hold an Annual Meeting in April on the dates and at such place as has been fixed by the Board of Trustees, but it is agreed that the meetings shall rotate annually to Middle, West, and East Tennessee if possible.

The House of Delegates shall meet annually at the place of the Annual Meeting of the Association. If the business interests of the Association require, it may meet in advance of or remain in session after the final adjournment of the general meeting, such extraordinary sessions being subject to the call of the Speaker of the House of Delegates.

Sec. 2. Special Meetings of either the Association or House of Delegates shall be called by the President at his discretion or upon petition of twenty Delegates.

Sec. 3. If for any valid reason an Annual Meeting cannot be held on the date as named, the President, the three Vice-Presidents, the Secre-

tary-Treasurer, and the Board of Trustees may fix another date provided the Secretaries of component Societies are notified as far in advance of the changed date as possible by the Executive Director of the Association and, if time permits, each Member shall be notified by a personal communication mailed to his address."

CHAPTER III
General Meetings

Section 1. The General Meeting shall include all registered Active Members, Associate Members, Veteran Members, Student Members, Honorary Members and guests, all of whom shall have equal rights to participate in the proceedings and discussions. Each General Meeting shall be presided over by the President, or, in his absence or disability, or by his request, by one of the Vice-Presidents. Before it, at such time and place as may have been arranged, shall be delivered the Annual Address of the President and the annual orations; and the entire time of the meeting, so far as possible, shall be devoted to papers and discussions, clinics, and demonstrations, relating to scientific medicine.

Sec. 2. The General Meeting shall have authority to create committees or commissions for scientific investigation of special interest and importance to the profession and public, and to receive and dispose of reports of the same, but any expense in connection therewith must first be authorized by the House of Delegates.

Sec. 3. Except by special vote, the order of exercises, papers, and discussions as set forth in the official program, shall be followed from day to day until it has been completed, and all papers omitted shall be recalled in regular order.

Sec. 4. All papers read before the Association shall be its own property. Each paper shall be deposited with the Editor of the Journal.

CHAPTER IV
House of Delegates

Section 1. The House of Delegates shall meet annually at the time and place of the Annual Meeting of the Association. If the business interests of the Association require, it may meet in advance of or remain in session after the final adjournment of the General Meeting, such extraordinary sessions being subject to the call of the Speaker of the House of Delegates.

Sec. 2. Each component Society shall be entitled to send to the House of Delegates each year one delegate for every fifty active, *veteran, and intern and resident members,* and one for every fraction thereof, based upon the number of such members in the component Society in good standing as of December 1 of the year preceding the session of the House. Each component Society holding a charter from the Association, which has made its annual report and paid its assessment as provided in the Constitution and By-Laws, shall be entitled to at least one delegate. No delegate from any chartered component medical society shall be entitled to be seated in the House of Delegates unless the component medical society which he represents has complied with the requirements of the Association by submitting the report to the Councilor of the District in which the component society is located. Each delegate of a component society shall be a proxy representing all of the members of his component society, except as to matters upon which a referendum is held as provided in Article XI of the Constitution, and the meeting of the House of Delegates shall constitute the annual meeting of the members of the Association in accordance with the requirements of the law of the State of Tennessee relating to general welfare corporations.

Sec. 3. A majority of the *eligible* Delegates shall constitute a quorum, and all the sessions of the House of Delegates shall be open to Members of the Association.

Sec. 4. From among members of the House of Delegates the Speaker of the House of Delegates, for the purpose of expediting proceedings, shall appoint Reference Committees to which reports and resolutions shall be referred. He shall also appoint a Committee on Credentials and such other committees as may be considered by him to be necessary.

Sec. 5. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body, for a period of two years, no two residing in the same grand division of the state, except when more than three delegates are authorized. The Association shall pay the expenses of each Delegate representing the Association at the American Medical Association meetings, *and the extent of payment of expenses to alternate delegates shall be determined by the Board of Trustees.*

Sec. 6. It shall, upon application, provide and issue charters to component Societies organized to conform to the spirit of this Constitution and By-Laws of the Association, or in the ethics of the American Medical Association, when so recommended by the Councilors.

Sec. 7. In sparsely-settled sections it shall have authority to organize the physicians of two or more counties into one component Society, the name to be chosen by that Society, so as to distinguish them from district and other classes of Societies; and these Societies, when organized and chartered, shall be entitled to all the privileges and representations provided herein for component Societies.

Sec. 8. It shall have authority to appoint special committees for special purposes from its own membership, or from among members of the Association who are not members of the House of Delegates; and such committeemen shall report to the House of Delegates in person, and may participate in the debate thereon.

CHAPTER V
Election of Officers

Section 1. All elections shall be by ballot of

the House of Delegates and the majority of the votes cast shall be necessary to elect.

Sec. 2. On or before March 1st each year, preceding the annual session, the Board of Trustees shall consider the names of the members of the House of Delegates of the Association, and select nine delegates, from those eligible, to compose a Nominating Committee. The members of the Nominating Committee shall represent the three grand divisions of the state, with three members from East Tennessee, three members from Middle Tennessee and three members from West Tennessee. No two members of the Nominating Committee shall represent the same county medical society. The Executive Director of the Association shall notify the secretaries of all component medical societies of the names of members of the Nominating Committee, with the request that those members named to the Nominating Committee shall be made known to the membership of each of the component societies.

The Nominating Committee will be supplied, by the Board of Trustees, with the offices that are to be filled and elected by the House of Delegates. Any county medical society desiring to place the name of any physician in nomination for an office of the Tennessee Medical Association, will have the opportunity to contact its representatives on the Nominating Committee.

It shall be the duty of the Nominating Committee to hold at least one meeting, prior to the opening session of the House of Delegates at a time and place designated by the President of the Association, elect a chairman and consider candidates for offices to be filled. The committee shall report its selection of nominees to the House of Delegates. The Nominating Committee shall name at least one member for each of the offices to be filled at the general session.

Sec. 3. The report of the Nominating Committee and the election of officers shall be the first order of business of the second session of the House of Delegates.

Sec. 4. Nothing in this Chapter shall be construed to prevent additional nominations being made by members of the House of Delegates.

Sec. 5. In balloting for the nominees for President-Elect, if on the first ballot no one receives a majority of the votes cast, the name receiving the smallest number of votes shall be dropped, and the balloting shall proceed in this manner until an election is had.

CHAPTER VI
Duties of Officers

Section 1. The President, or his appointees, shall preside at all meetings of the Association. He shall appoint all members of Committees not otherwise provided for, shall deliver an Annual Address at such time as may be arranged, shall give a deciding vote in case of a tie, and shall perform such other duties as custom and parliamentary usage may require. He shall be the head of the profession of the State during his term of office, and, as far as practicable, shall visit, by invitation, the various component societies of the State and assist the Councilors in building up these societies and in making their work more practical and useful. *In the event of his death, resignation, inability to serve, or removal from office, the President-Elect shall succeed to the Presidency. Such a circumstance shall not prevent the President-Elect from then serving as President during the term for which he was originally elected.* The retiring President shall be ex-officio a member of the Board of Trustees for one year.

Sec. 2. The Vice-Presidents shall assist the President in the discharge of his duties, as requested by the President.

Sec. 3. The Secretary-Treasurer shall give bond for the trust reposed in him, for such amount as the remaining members of the Board of Trustees may name, said bond to be made by a regular bonding company, and paid for by the Association. He shall demand and receive all funds due the Association, together with bequests and donations. All funds shall be deposited in a State or National Bank. He shall pay money out of the treasury on bills certified to by him or the Executive Director of the Association only; he shall subject his accounts to such examination as the House of Delegates may order; he shall annually render an account of his acts and of the state of the funds in his hands.

Sec. 4. The Speaker of the House of Delegates shall preside over that body and perform the usual duties of such officer. He shall sign the Minutes of its transactions when same have been read and approved by the House. In the event of his absence for any cause, or upon request of the Speaker, the Vice Speaker of the House of Delegates, shall perform those duties. The Speaker and the Vice Speaker shall also be ex-officio members of the Board of Trustees.

Sec. 5. In the event of the death, resignation, disability, or removal of any official of this Association, other than the President, or a member of the Board of Trustees, the vacancy so created shall be filled by the Board of Trustees, and the officer so appointed shall serve until the next regular session of the House of Delegates.

This shall include Delegates and Alternate Delegates to the House of Delegates of the American Medical Association.

Sec. 6. The Editor of the Journal shall be appointed by the Board of Trustees. The Editor shall act with the Committee on Scientific Affairs to prepare and issue programs for the meetings of the Association.

As the Editor of the Journal, he may select an Editorial Board to be composed of as many members as he deems administratively desirable, subject to the approval of the Board of Trustees. The Editor's honorarium shall be determined by the Board of Trustees.

Sec. 7. The Board of Trustees shall be em-

powered to select and remove, without assigning cause, an Executive Director. The Executive Director may or may not be a member of this Association, and may or may not be a graduate in medicine. He shall be custodian of all records, books, papers, building and property belonging to the Association, except such property belonging to the Editor of the Journal, the Judicial Council, the Sections and the various committees, and shall keep account of and promptly turn over to the Secretary-Treasurer all funds of the Association which may come into his hands; he shall provide for the registration of members and delegates at the Annual Meeting; and upon request, shall transmit a copy of this list to the American Medical Association. Insofar as in his power, he shall use the printed matter, correspondence, and influence of his office to aid the Councilors in the organization of the component societies and in the extension of the power and influence of this Association. He shall visit each councilor district at least once a year and oftener, if advisable, and assist the Councilors in organizing unorganized counties, and use every means possible to promote the interests of the Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall serve as Recorder for the House of Delegates. He shall discharge such other duties as the Board of Trustees shall direct. He shall act as business manager of the Journal of the Association, and he shall be the director of all activities in the central office. His salary shall be determined by the Board of Trustees. He shall be required to furnish bond paid for by the Association in the amount designated by the Board of Trustees.

CHAPTER VII

Judicial Council

Section 1. The Judicial Council shall hold meetings during the Annual Session of the House of Delegates, and at such other time as necessity may require, subject to the call of the Chairman or on petition of three Councilors. Following the election of Councilors during the Annual Session of the House of Delegates, the Judicial Council shall meet for organizational purposes and to outline its work for the ensuing year. The Judicial Council shall keep a permanent record of its proceedings. Five Councilors shall constitute a quorum.

Sec. 2. The Judicial Council shall have the power to censure, suspend, expel, or to take such other disciplinary action with respect to members or component societies as in the exercise of its discretion it may deem proper under the circumstances.

Sec. 3. A Councilor shall be designated by the Chairman to investigate each matter referred to the Judicial Council relating to allegedly improper conduct of members and/or activities of component societies. Such Councilor shall report in writing his findings to the Judicial Council and may participate in the Judicial Council's discussion of the matter which he investigated, but he shall not be entitled to vote thereon. The Councilor shall be responsible for indoctrination in all matters of ethics of each new member of the Tennessee Medical Association on an annual basis.

Sec. 4. (a) The Judicial Council shall hold hearings on all matters relating to the censure, suspension, expulsion, or other disciplinary action of any member. The Judicial Council shall also hold hearings with respect to the censure of any component society, with respect to the revocation or suspension of its Charter, or with respect to any other matter affecting its relationship with the Association. Such hearings shall be conducted by no less than five members of the Judicial Council, excluding the investigating member who shall not be eligible to participate therein. A member or component society against whom a charge is made shall be given fifteen days' written notice of the hearing and the charges against him or it. Such member or component society shall have the right to be represented by counsel and shall be entitled to a full and equitable hearing.

(b) The Judicial Council shall make a written report of its decision within thirty days after the conclusion of the hearing and shall mail a copy of the report to the member or component society with respect to whom the matter relates, and a copy to the President of the Association.

(c) The decision of the Judicial Council shall be final and binding on all parties unless within thirty days from the date on which the decision was mailed, as hereinbefore provided, an aggrieved member or component society mails a written notice of appeal to the President of the Association with a copy to the Executive Director. Thereafter, within sixty days, the President shall convene the House of Delegates for the purpose of having the House hear such appeal. All interested parties shall be given at least twenty days' written notice of such hearing and shall have the right to be represented by counsel.

(d) The House of Delegates shall make a written report of its decision and mail a copy of the same to the member or component society with respect to whom the matter relates. The decision of the House of Delegates shall be final.

(e) All notices required to be sent hereunder shall be sent by certified mail, return receipt requested.

Sec. 5. The President of the Association shall notify the Board of Medical Examiners of the State of Tennessee of any final decision of the Judicial Council or any decision of the House of Delegates which involves a finding that a member has been guilty of unprofessional or dishonorable conduct as defined in Tennessee Code Annotated 63-613 (or any amendment thereof adopted after the effective date of this amendment to the By-Laws of the Association).

CHAPTER VIII
Divisions and Committees

Section 1. Divisions: The program of work of the Association shall be conducted by such Divisions and Committees as may be established by the House of Delegates. The program of the Association shall be conducted through the following structure:

(a) Divisions
(b) Standing Committees
(c) Special Committees

Sec. 2. The Committees of each Division shall report annually to the House of Delegates and when required, to the Board of Trustees. Each Division shall be composed of the appropriate Committees and Sub-Committees of the Association, and coordinated by a member of the Board of Trustees.

The Divisions of the Association shall be as follows:

1. Division on Scientific Services
2. Division on Legislation and Governmental Medical Affairs
3. Division on Communications and Public Service
4. Division on Health Services and Socio-Economics
5. Division on Medical Education

Sec. 3. Division on Scientific Services—This Division shall consist of the following Committees: Committee on Scientific Affairs, Committee on Emergency Medical Services, Committee on Environmental and Occupational Health, Committee on Blood Banks and Medical Laboratories, Committee on Mental Health, Committee on Rehabilitation, and other appropriate committees or subcommittees that may be established.

Sec. 4. Division on Legislation and Governmental Medical Affairs—The Committees of this Division shall be concerned with legislative matters on both the state and national level. When legislative questions, or health issues on the state or national level arise between sessions of the House of Delegates, the appropriate committee of the Division on Legislation and Governmental Medical Affairs shall have the authority to establish interim policies for the Association, subject to the approval of the Board of Trustees.

This Division shall consist of the following Committees: Committee on Legislation, Liaison Committee to the Public Health Department, Committee on Governmental Medical Services, the Committee on Comprehensive Health Planning, the Committee on Regional Medical Programs, and other appropriate committees and sub-committees that may be established.

Sec. 5. Division on Communications and Public Service—The Committees of this Division shall engage in such activities as may result in a proper evaluation by the medical profession of its obligation to the public.

The Division shall consist of the following Committees: Communications and Public Service Committee, Rural Health Committee, Advisory Committee to the Woman's Auxiliary, Committee on Health Project Contest, Interprofessional Liaison Committee, Committee on Youth & Education, Committee on Medicine and Religion, and other appropriate committees and sub-committees that may be established.

Sec. 6. Division on Health Services and Socio-Economics—The Committees of this Division shall be concerned with the socio-economic aspects of medical care (excluding legislation) and in addition, it shall be the duty of those committees of this Division to coordinate recommendations regarding the various types of health insurance programs and such related programs in which members of the Association may participate, or be involved.

This Division shall consist of the following Committees: Committee on Hospitals, Committee on Hospital Accreditation, Committee on Tennessee Medical Association Group Insurance, Committee on Socio-Economics of Health Care, Peer Review Committee, Mediation Committee, and other appropriate committees and sub-committees that may be established.

Sec. 7. Division on Medical Education—The Committees of this Division shall investigate and make recommendations on activities dealing with medical education; and shall evaluate and study programs dealing with continuing medical education.

The Division shall consist of the following committees: Liaison Committee to Medical Schools in Tennessee, Committee on Continuing Medical Education, and other appropriate committees and sub-committees that may be established.

Standing Committees and Their Duties

Sec. 8. (a) The Committees of this Association shall be Standing and Special Committees. The Standing Committees shall be as follows:

1. Committee on Scientific Affairs
2. Committee on Legislation
3. Liaison Committee to the Public Health Department
4. Committee on Governmental Medical Services
5. Committee on Tennessee Medical Association Group Insurance
6. Committee on Constitution & By-Laws
7. Committee on Hospitals
8. Mediation Committee
9. Peer Review Committee
10. Communications & Public Service Committee
11. Interprofessional Liaison Committee
12. Committee on Continuing Medical Education

(b) The members of these standing committees shall be appointed by the Board of Trustees.

Any vacancy for any unexpired term that might occur shall be filled by the Board of Trustees. The terms of service of members of standing committees shall be for a period of three years except when otherwise provided in the By-Laws.

The appointments shall be made for such a period of years that the terms of not more than one-third of the members will terminate each year. Each standing committee shall make a report to the House of Delegates at each Annual Session.

Sec. 9. The Committee on Scientific Affairs shall consist of *five members. In addition,* the Editor of the Journal shall be a member of the Committee. It will be the duty of this Committee to plan and provide the scientific program for each meeting of this Association. Previous to each Annual Meeting the Committee shall prepare and issue a scientific program which shall be adhered to by the Association as nearly as practicable. It shall also be the duty of this Committee actively to assist the Editor and those acting as the Editorial Board in preparing the scientific portion of the Journal of the Association.

Sec. 10. The Committee on Legislation shall consist of *one member* from each congressional district of the state. The Board will appoint the Chairman of the Committee. The Editor will be ex-officio, a member of the Committee. The Committee shall be organized with three members to be named for three years, three for two years and three for one year. Thereafter, members of the Committee shall be named for a term of three years each. In the work of the Committee, if it is found that additional members are necessary in the conduct of the Committee's business, the Committee may request the Board of Trustees for additional appointments to serve one year terms. Under the direction of the House of Delegates, it shall represent the Association in securing and enforcing legislation in the interest of the public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall utilize every organized influence of the profession to promote the general influence in local, state, and national affairs. Its work shall be done with the dignity becoming a great profession, and with that wisdom which shall make effective its power and influence. It shall have authority to be heard before the entire Association upon questions of great concern at such times as may be arranged during the Annual Meeting.

Sec. 11. The Liaison Committee to the Public Health Department shall consist of five members. The Board of Trustees shall name the Chairman of the Committee for the period of the appointee's term of office. At least one member shall be from each grand division of the State. One member shall be appointed for a period of five years; one for four years; one for three years; one for two years; and one for one year. Thereafter, one member shall be appointed annually for a period of five years.

It shall be the duty of this Committee to confer with the officials of the Department of Health of the State in matters of policy affecting the profession of the State; and it shall be the further duty of this Committee to confer with any member or members of this Association in matters concerning the activities of the Department of Health of the State, provided that all matters over which this Committee shall have jurisdiction shall be presented to the Committee, through its Chairman, in writing.

It shall be the duty of the Committee to make a detailed annual report to the House of Delegates of its activities; said report being subject to review by the House of Delegates. In the interval between the annual sessions of the House of Delegates the action of this Committee by a majority vote shall be final.

The House of Delegates directs the Liaison Committee to act in an advisory manner to the Public Health Council as now constituted, in the matter of formation of all policies.

Sec. 12. The Committee on Governmental Medical Services shall consist of not more than nine members. The Committee shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including medical services in welfare departments, maternal and child health programs sponsored through governmental agencies, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, and any and all programs and plans for medical care to be provided through municipal, state or federal governments.

Sec. 13. The Committee on Tennessee Medical Association Group Insurance shall consist of not more than six members representing the three grand divisions of the state.

It shall be the duty of this Committee to attend to all group insurance in which this Association is or may become interested. It shall have power to select insuring companies, accept or reject master policies, arrange premium rates, and act as trustees for this Association in the matter of such group insurance.

All actions of the Committee shall be subject to the approval of the Board of Trustees.

The Chairman of the Committee shall be designated by the Board of Trustees. He shall report to the House of Delegates at each Annual Session upon the activities of the Committee during the preceding year. All necessary expenses of the Committee in the performance of its duties shall be paid by the Treasurer of this Association

upon certification of its expenses by the Chairman of the Committee, but this shall not apply to attendance at meetings held at the Annual Meeting.

Sec. 14. The Committee on Constitution and By-Laws shall consist of six members. The Board of Trustees shall name the Chairman of the Committee for the period of the appointee's term of office. The composition of the Committee should consist of at least one member from each Grand Division of the State.

The Committee on Constitution and By-Laws shall keep in contact with the development and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and By-Laws always in accord with the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and By-Laws—to the end that all members of the profession, by reference to the Constitution and By-Laws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and By-Laws may be avoided.

Sec. 15. The Committee on Hospitals shall consider all matters relating to the operations of hospitals as the same may affect the medical profession and the public welfare. It shall make recommendations to the House of Delegates when in its judgment action should be taken on any matter pertaining to the policies enforced in the operation of a hospital.

The principal objective of this Committee is that of preserving a proper relationship between the medical profession and the hospitals in the State. When policies are formulated and enforced by a hospital, which in the opinion of the Committee constitutes a violation of the ethical principle which should govern the relationship of a hospital to members of the medical profession and the public, it shall be its duty to bring the matter to the attention of the medical profession and to take such other steps as are deemed necessary and appropriate to correct the practice.

The Committee is charged with the duty of recommending legislation on the subject to the House of Delegates should such a step be considered advisable.

Sec. 16. The Mediation Committee—The Committee shall be composed of the last three surviving Ex-Presidents. The Ex-President who has served on the Committee for two previous years will serve as Chairman during the third year of his term on the Committee.

The duties of the Committee shall be to receive complaints on appeals from county or district mediation committees, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. The Committee's principal duties will be to hear any complaints that are registered by patients against any physician at whose hands he thinks he has suffered an injustice.

Sec. 17. The Peer Review Committee—The Committee shall be composed of the last five surviving Past-Presidents. The Past-President with the most seniority will serve as Chairman for one year. The Chairmanship shall follow this rotation each year with the out-going President becoming a member of the Committee each year.

The duties of this Committee shall be to evaluate the quality of medical care on the basis of documented evidence to support diagnosis, treatment, and justified utilization of facilities. The Committee shall review utilization and the development of appropriate professional controls. The primary duty and responsibility of the Committee shall be the maintenance of the quality of medical care furnished to the patient. The Committee shall devote particular attention to unnecessary admissions, excessive length of inpatient stay; delay in use of x-ray, laboratory and other diagnostic and therapeutic services and delay in consultation and referral. The Committee shall report its findings (with respect to each matter referred to it) to all interested parties and to the Board of Trustees. Further, it shall make such recommendations to the Board as it may deem appropriate under the circumstances.

Sec. 18. The Communications and Public Service Committee shall consist of not more than nine members, representing the three grand divisions of the state. The Editor of the Journal will be ex-officio, a member of this Committee.

It shall be the duty of the Communications and Public Service Committee to enlighten and direct public opinion in regard to the problems of health and medical care, and the promotion of understanding between the public and the medical profession.

Sec. 19. The Interprofessional Liaison Committee—The Committee shall consist of not more than nine members to be appointed by the Board of Trustees, the members to serve terms of three years each.

The Committee shall continually seek to find the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with attorneys, dentists, pharmacists, nurses, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

Sec. 20. Committee on Continuing Medical Education—The Committee shall consist of the appropriate number of members as determined by the Board of Trustees. Members of the Com-

mittee should be knowledgeable of and interested in Continuing Medical Education.

The Committee shall have as its duty the development and implementation of a Continuing Medical Education program for the physicians of Tennessee. This program shall have as its ultimate objective the improved health care of the patient and it should make it possible for each physician to use in his practice the modern medical knowledge that continually becomes available.

Special Committees

Sec. 21. Special Committees shall be established by the Association to conduct specific work and studies, such special committees shall be placed in the proper Division. The special committees shall consist of members as appointed by the President, with approval of the Board of Trustees. The terms of office shall be designated to the members of such committees upon their appointment.

The function of special committees is for a specific project as determined by the House of Delegates, the Board of Trustees or the President.

CHAPTER IX

Assessments and Expenditures

Section 1. The annual dues shall be determined by the House Delegates and shall be levied per capita on the active members and Intern and Resident members of the chartered component societies. The annual dues shall be payable on January 1 of the year for which they are levied, but any component society reporting dues to the Tennessee Medical Association shall be considered delinquent if payment of dues are not made by July 1 of the year for which they are levied. The secretary of each component society shall cause to be collected and shall forward to the offices of the State Association, the dues for its members. Any member whose name has not been reported for enrollment and whose dues for the current year have not been remitted to the State Association on or before July 1 of the year for which they are levied shall stand delinquent until his name is properly reported and his dues for the current year properly remitted. Every active member of the Association shall receive the Journal without cost.

Sec. 2. *A new member joining the Association for the first time and who is so reported after July 1 of a given year, shall pay one half of the annual dues for that year only.*

Sec 3. The Honorary Members of any component medical society are exempt from payment of dues, but a complete list of their names, certified by the respective component medical society, will be kept in the Headquarters Office of the Tennessee Medical Association. Likewise, a component medical society is required to report a list of its Veteran Members who have been elected by that society and the Journal will be furnished to Veteran Members without cost.

Sec. 4. The secretary or treasurer of each component society shall forward a roster of all officers, membership, a list of delegates to the House of Delegates of the Tennessee Medical Association, together with a list of non-affiliated physicians of the county if practical, and also a list of members who have died during the year, to the Executive Director of this Association thirty days in advance of the annual meeting.

Sec. 5. The record of payment of dues on file in the offices of the Tennessee Medical Association shall be final as to the fact of payment by a member of the Association.

CHAPTER X

Rules of Conduct

The Principles set forth in the Code of Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XI

The deliberations of this Association shall be guided by parliamentary usage as contained in Sturgis "Standard Code of Parliamentary Procedure."

CHAPTER XII

Component Societies

Section 1. All Component Societies now in affiliation with the State Association, or those that may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, may, upon application to the House of Delegates, receive a charter from and become a component part of this Association.

Sec. 2. Charters shall be issued only upon approval of the House of Delegates, and shall be signed by the President and the Secretary-Treasurer of this Association. The House of Delegates shall have authority to revoke the charter of any component Society, whose actions are in conflict with the letter or spirit of this Constitution and By-Laws, or the code of ethics of the American Medical Association upon recommendation of the Judicial Council, after a hearing as set forth in Section 3 of Chapter VII of these By-Laws.

Sec. 3. Each component Society shall judge the qualifiactions of its members. Every reputable and legally licensed and registered physician, who is practicing or who will agree to practice nonsectarian medicine, shall be entitled to membership. Only licensed and registered physicians who are Active, Veteran, or Intern or Resident members and who are members in good standing of the Tennessee Medical Association may be elected to office in a component Society or to represent it in the House of Delegates of the Tennessee Medical Association. Each component Socicy of this Association may amend its constiution and/or by-laws to provide that the payment of dues to the American Medical Asso-

ciation shall be a condition of active membership in that society. Before a charter is issued to any component Society, full, and ample notice and opportunity shall be given to every such physician in the County to become a member.

Sec. 4. Only one component Medical Society shall be chartered in any County. When more than one County Society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the District, if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Judicial Council, which shall decide what action shall be taken.

Sec. 5. Any physician who may feel aggrieved by the action of the Society in his County in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Judicial Council.

Sec. 6. In hearing appeals, the Judicial Council may admit oral or written evidence, as in its judgment will best and more fairly present the facts, but in the case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise should precede all such hearings. Hearings will be conducted as set forth in Section 3 of Chapter VII.

Sec. 7. When a Member in good standing in a component Society moves to another County in the State, his name, upon request, and with the consent of his component Society, shall be transferred, without cost, to the roster of the component Society in whose jurisdiction he moves, but he shall not hold membership in more than one component Society.

Sec. 8. A physician living on or near a County line may hold his membership in that County most convenient for him to attend, on permission of the Society in whose jurisdiction he resides, and with consent of his Councilor.

Sec. 9. Each component Society shall have general direction of the affairs of the profession in the County or Counties and its influence shall be constantly exerted for bettering the scientific, moral, and material condition of every physician in the County; and systematic effort shall be made by each member, and by the Society, as a whole, to increase the membership until it embraces every qualified physician in the County.

Sec. 10. Frequent meetings shall be encouraged and the most attractive programs arranged that are possible. The younger members shall be especially encouraged to do postgraduate and original research work and to give the Society the benefits of such labors. Official position and other preferments should be unstintingly given to such members.

Sec. 11. At some meetings in advance of the annual meeting of this Association, each component Society shall elect a Delegate or Delegates to represent it in the House of Delegates of this Association, in the proportion of one Delegate and one alternate to each fifty members or fraction thereof; and the Secretary of the Society shall send a list of such Delegates to the Secretary-Treasurer of this Association on or before January 1 preceding the Annual Meeting.

Sec. 12. The Secretary of each Component Society shall keep a roster of its members and shall furnish an official report of the membership to the Association at least once a year and oftener if circumstances as to membership may require. The Secretary of the Component Society shall also note any changes in the personnel of the membership, with special reference to changes due to death and removal from the district.

CHAPTER XIII
Amendments

In order to amend the by-laws of this Association, a two-thirds majority of the members of the House of Delegates present and voting shall be necessary. Such amendment, after having been filed in writing, shall lie over one day. Any by-law may be suspended during the pending meeting by unanimous consent.

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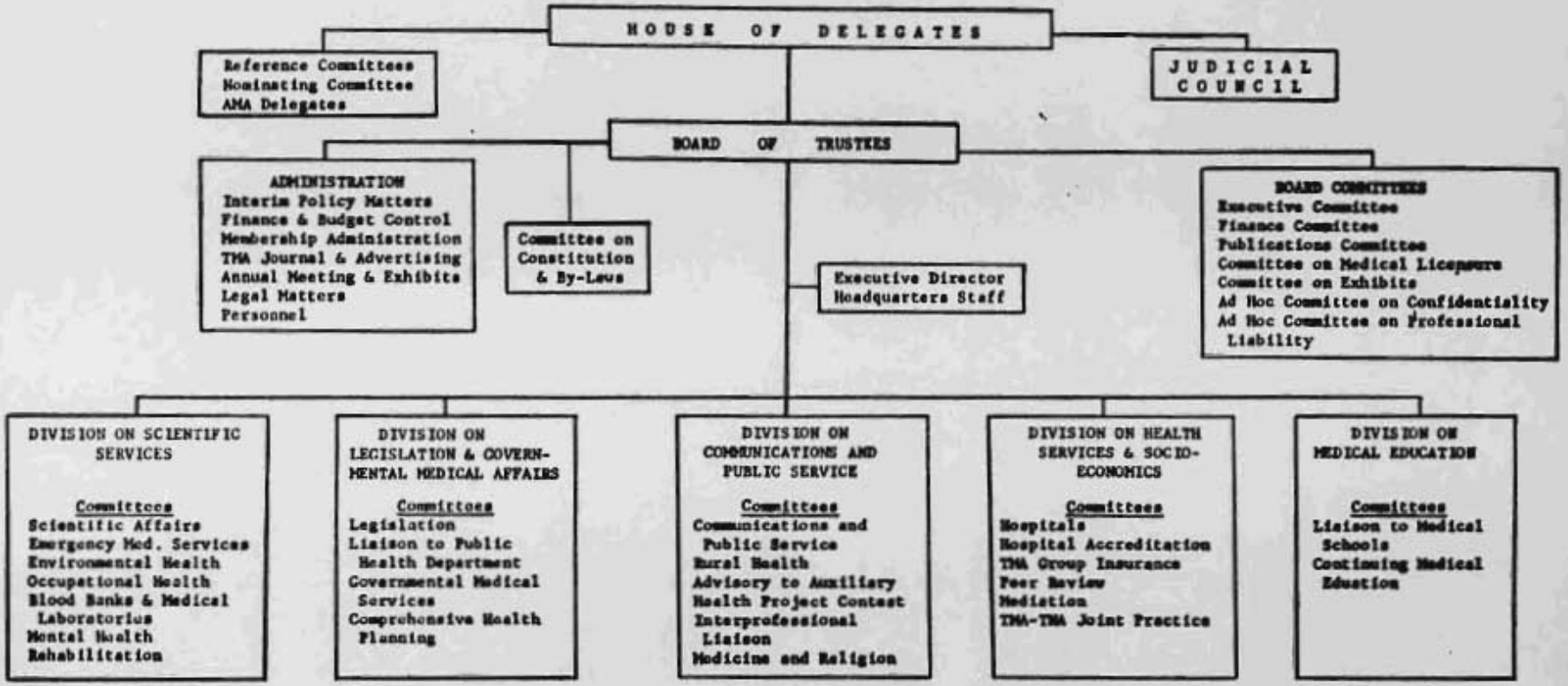
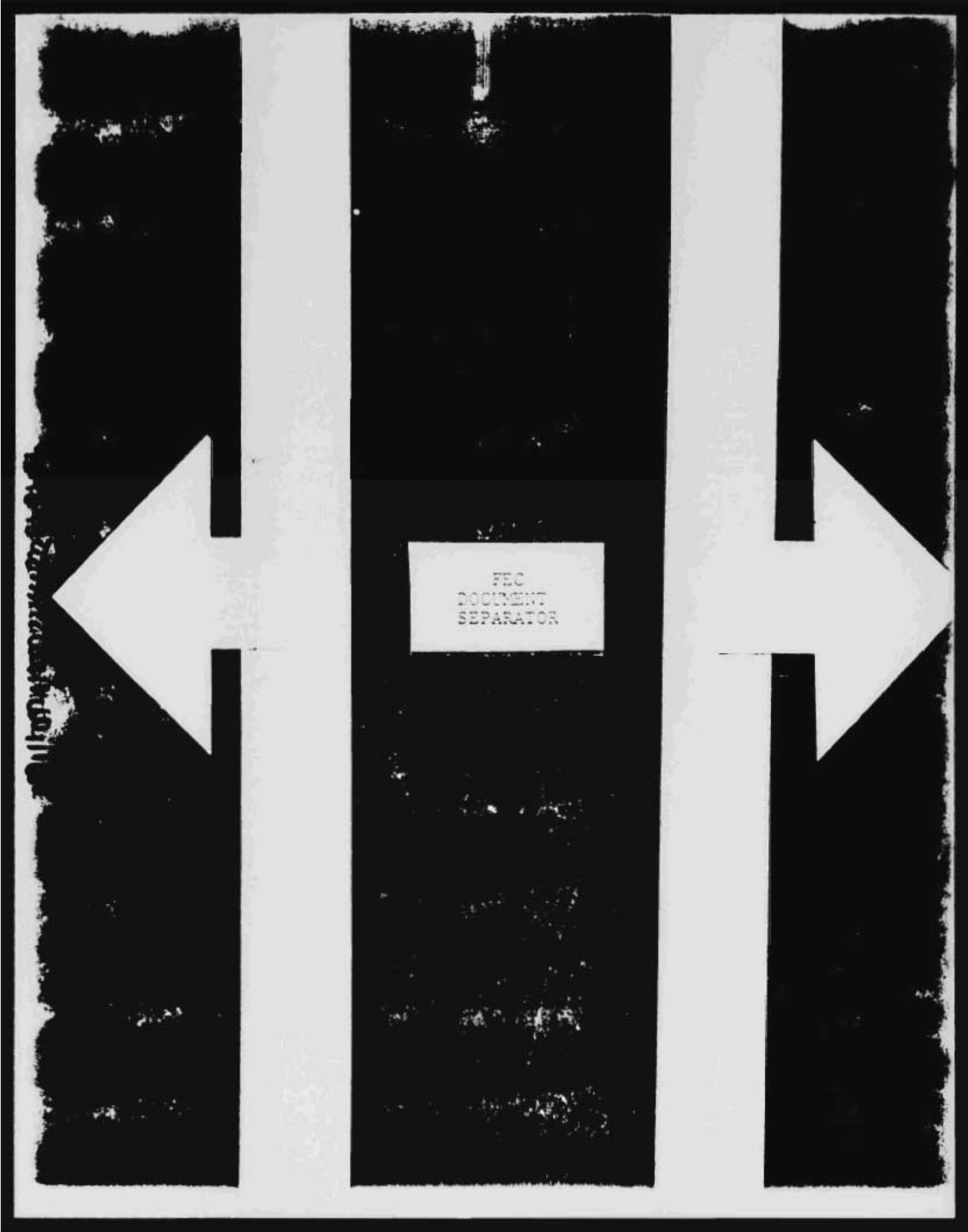
Tennessee Medical Association
Organizational Structure

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Texas Medical Association

CONSTITUTION

and

BYLAWS

NOVEMBER 7, 1976

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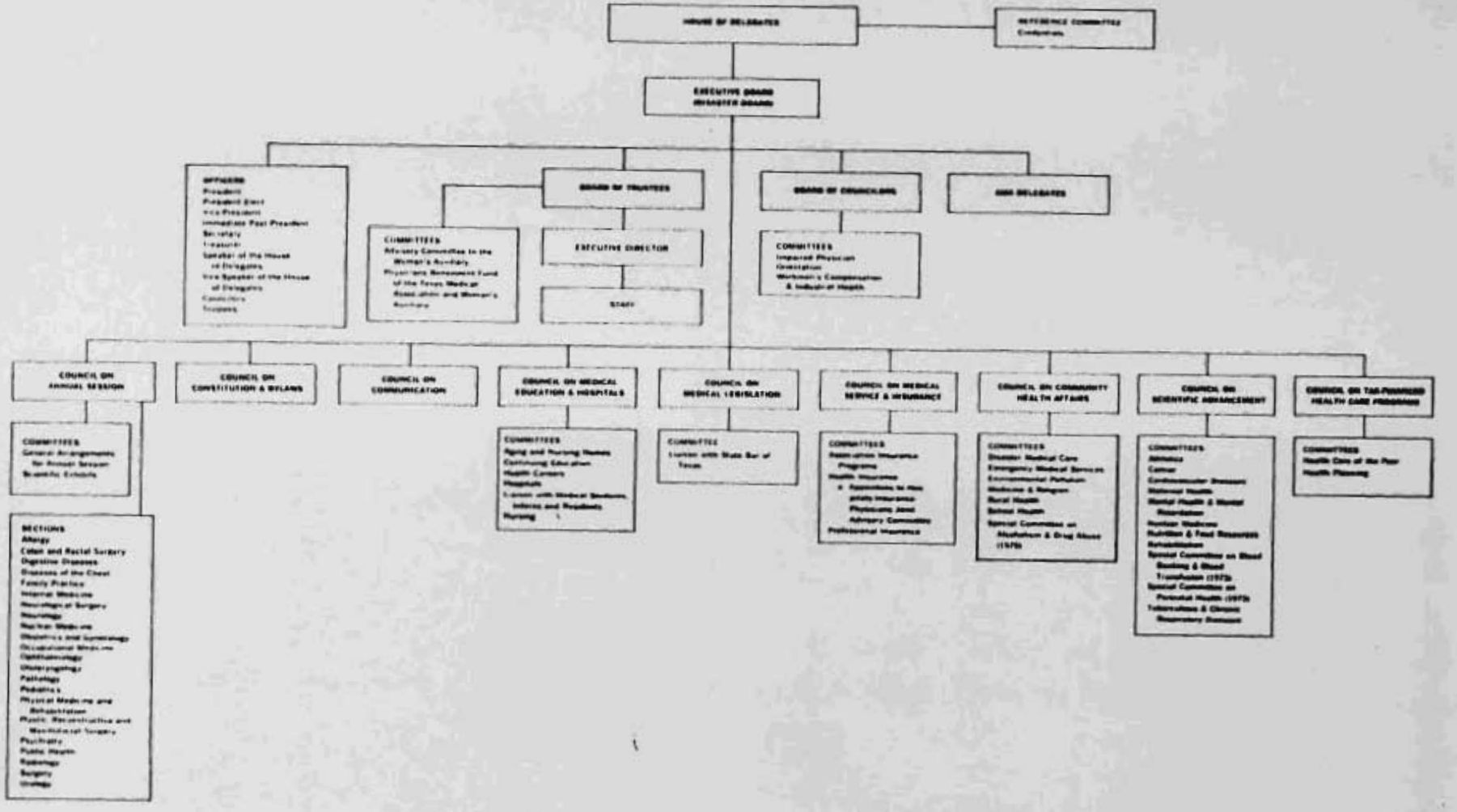
This edition of the Constitution and Bylaws includes amendments from the Nov. 9, 1975, May 8, 1976, and Nov. 7, 1976 meetings of the House of Delegates.



ARTICLE I. NAME AND PURPOSES.

Sec. 1. The name and title of this organization shall be the Texas Medical Association.

Sec. 2. The purpose of this Association shall be to federate and bring into one compact organization the entire profession licensed to practice medicine and surgery in the State of Texas and to unite with similar associations of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members, and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of medicine in Texas so that the profession shall become more capable and honorable within itself and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life. The Association shall have the right and the authority through its proper agencies, when acting only in its protection, to regulate fair dealings among the members of the Association, to maintain and advance the standards of medical practice, and to enact Bylaws regulating such matters.

ARTICLE II. COMPOSITION OF THE ASSOCIATION.

Sec. 1. This Association shall consist of the several component county medical societies, duly and constitutionally chartered, and its membership shall comprise only those members of said component county societies who have been duly elected, who have been reported to the office of the Executive Director as members, and for whom the Executive Director has received the annual per capita assessment, made in accordance with the Bylaws of the Association.

Sec. 2. Each component county society shall judge the qualifications of its own members, but it shall have all due regard for the fact that only through a component county society may a physician become a member of the Texas Medical Association and of the American Medical Association.

Sec. 3. Only physicians, holding the degree of Doctor of Medicine and/or Doctor of Osteopathy and legally registered to practice medicine in Texas, in which connection a temporary license, certificate or permit, shall not be deemed adequate, who do not hold themselves out as practitioners of sectarian medicine, and who subscribe to the Principles of Ethics of the American Medical Association, shall be eligible for membership; except that medical officers of the federal government, and teachers in medical schools, who do not practice medicine and who are not required to register under the Medical Practice Act of Texas, and who are for the time bona fide residents of the State of Texas, shall be eligible for membership. House staff physicians who are serving in training programs approved by the American Medical Association and who hold institutional permits from the Texas State Board of Medical Examiners shall be eligible for Intern and Resident membership. Full-time students who are pursuing a course of study in a medical school in Texas approved by the Texas State Board of Medical Examiners leading to the degree of Doctor of Medicine (and/or Doctor of Osteopathy) shall be eligible for student membership in the Association.

Sec. 4. Any distinguished physician not a resident of this state, or any distinguished scientist not a physician and who is not eligible for membership in this Association, may become a "guest" during any annual session on invitation of the President of this Association, and shall be accorded the privilege of participating in all of the scientific work and social activities for that session.

Sec. 5. Members of other state medical associations, the families of members or physicians entitled to register in any capacity at the annual session of this Association, or other reputable citizens who may be invited to attend any of the meetings of the Association, may be registered as "visitors" and as such shall be privileged to participate in the several social and general activities of the session.

Sec. 6. Any person of scientific attainment may be invited by the chairman of any scientific section to become a "nonmember participant," and may be so registered for the purpose of appearing upon the program of the scientific section of an annual session or participating in the discussion of a scientific section, provided that not more than two such "nonmember participants" appear on the program of any scientific section in the same annual session; and provided further that approval of such invitation first be obtained from the Council on Annual Session.

Sec. 7. For purposes of general education, distinguished persons who are not physicians may be invited as guests of the Association to appear on the programs of the annual session. Such persons shall be selected by the Council on Annual Session and invited by the President.

ARTICLE III. OFFICERS.

Sec. 1. The officers of this Association shall be a President, a President-Elect, a Vice-President, an Immediate Past President, a Secretary, a Treasurer, seven Trustees, a Councilor for each councilor district, a Speaker and Vice-Speaker of the House of Delegates.

Sec. 2. The President shall automatically assume office at the expiration of his term as President-Elect. The President-Elect, Vice-President, Speaker of the House of Delegates, and Vice-Speaker of the House of Delegates shall be elected for terms of one year each. The Secretary, Treasurer, and Councilors shall be elected for terms of three years each. The Trustees shall be elected for terms of five years each. All officers shall serve until their successors are elected and installed.

Sec. 3. The officers of this Association shall be elected by the House of Delegates in regular session at the time of the annual session, after the completion of all other business, and no person shall be elected to any such office who has not been a member of the Association for the preceding two years.

ARTICLE IV. TRUSTEES.

Sec. 1. The business affairs of the Association shall be managed by a Board of Trustees, comprising seven members, elected in accordance with this Constitution and Bylaws and the Treasurer of the Association, who will be a member ex officio without vote. All funds of the Association shall be subject to the exclusive control of the Board of Trustees, except as otherwise provided in this Constitution and Bylaws. The Board of Trustees shall decide all questions not specifically delegated to other authorities by this Constitution and Bylaws. It shall in general serve as a board of directors, within the meaning of the corporate laws of the State of Texas.

ARTICLE V. BOARD OF COUNCILORS.

Sec. 1. A Board of Councilors, consisting of one member from each councilor district, is hereby constituted. All questions pertaining to medical ethics shall be referred to this Board, through channels, and as provided for in this Constitution and Bylaws. The Board of Councilors shall have general supervision of component county societies, and district societies, and questions pertaining to such shall be referred to the Board, through channels, as provided for in this Constitution and Bylaws.

ARTICLE VI. SESSIONS AND MEETINGS.

Sec. 1. The Association shall hold an annual session during which there shall be presented scientific programs which shall be open to all registered members and guests.

Sec. 2. The time and place for holding each annual session shall be fixed by the House of Delegates, or by the Executive Board, and the said Executive Board shall have the authority to change both the time and place of meeting, or either, to meet unforeseen emergencies, as hereinafter provided.

Sec. 3. Special sessions of either the Association or the House of Delegates, or special meetings of either, shall be called by the President at his discretion or if petition is filed by thirty delegates.

ARTICLE VII. HOUSE OF DELEGATES.

Sec. 1. The House of Delegates shall constitute the legislative body of the Association. The membership of the House of Delegates shall consist of (1) Delegates, elected in accordance with this Constitution and Bylaws, and ex officio (2) the President, the President-Elect, the Vice-President, the Immediate Past President, the Secretary, and the Treasurer; (3) Councilors; (4) Trustees; (5) the Speaker of the House of Delegates; (6) Vice-Speaker of the House of Delegates; (7) Texas delegates and alternate delegates to the American Medical Association; (8) three members elected at large to the Executive Board from members currently serving in the House of Delegates; and (9) the members of the Council on Medical Legislation and the several chairmen of the other respective councils.

Sec. 2. The House of Delegates shall meet at the time of the annual session of the Association, in accordance with the Bylaws of the Association, and at such other times as may be provided for by the said Bylaws.

Sec. 3. In the event that an annual session of the House of Delegates may be prohibited by either the federal or the state government during a time of war or widespread civil disorder, the President shall request the Executive Director to call a meeting of the Disaster Board at approximately the usual date of the annual session of the Association, or at a special session.

ARTICLE VIII. COMPONENT COUNTY SOCIETIES.

Sec. 1. Component county societies shall be organized under the direction of the Board of Councilors, where the best interests of the profession shall indicate. Charters shall be issued to said component county societies by the Executive Director, countersigned by the President of the Association, upon the direction of the Board of Councilors.

Sec. 2. When so organized, component county societies shall have general jurisdiction over the medical affairs within their respective territories, in accordance with the provisions of this Constitution and Bylaws.

ARTICLE IX. COUNCILOR DISTRICTS AND DISTRICT SOCIETIES.

Sec. 1. The House of Delegates shall divide the state into appropriate councilor districts.

Sec. 2. The House of Delegates shall provide for the organization and chartering of such district societies as will promote the best interests of the profession. Such societies shall be composed only of members of component county societies of their respective councilor districts, and should be scientific and educational in character.

ARTICLE X. SCIENTIFIC SECTIONS.

Sec. 1. The House of Delegates shall divide the scientific work of the Association into appropriate sections, and provide for their management.

ARTICLE XI. FINANCE.

Sec. 1. The finances of the Association shall be in the general charge and keeping and under the general management of the Board of Trustees, except as may be provided otherwise by this Constitution and Bylaws.

Sec. 2. The House of Delegates shall provide for an equal per capita assessment of component county societies, and for the proper distribution of the amount so raised into the several funds of the Association, as established by the Board of Trustees or the House of Delegates; provided that no assessment shall be made upon honorary members, inactive members, or members emeritus of the Texas Medical Association elected in accordance with this Constitution and Bylaws.

Sec. 3. The Association, through its Board of Trustees, shall invest its money in such a manner as may seem wise, appropriating the profits accruing therefrom to the several funds of the Association.

Sec. 4. The Trustees shall have the authority to receive volunteer contributions, for specific or general purposes, and shall dispose of said contributions in accordance with the terms of the donors, or its own judgment in the instance there are no such terms.

Sec. 5. The Association, through its Board of Trustees, shall have the authority to disburse its funds, in accordance with this Constitution and Bylaws. All appropriations made by the House of Delegates, or acts requiring the expenditure of funds, shall be approved by the Board of Trustees before becoming effective.

ARTICLE XII. INCORPORATION.

Sec. 1. The Association shall have a common seal with power to break, change, or renew the same at pleasure.

Sec. 2. The Association shall have the authority to take out papers of incorporation under the corporate laws of the State of Texas.

Sec. 3. Component county societies shall have the authority to take out papers of incorporation, provided that said incorporation does not remove the said component county societies from the jurisdiction of this Association.

Sec. 4. The Association year shall be from January 1 to December 31, both dates inclusive. Membership shall be for the Association year. The fiscal year shall be established by the Board of Trustees.

ARTICLE XIII. AMENDMENTS.

Sec. 1. The House of Delegates may amend any article of this Constitution by a two-thirds vote of its members present and voting, at any regular (annual or interim) session, provided that such amendment shall have been presented in open meeting at the previous regular session, published in *Texas Medicine*, and sent officially to each member of the House and each component county society at least two months before the session at which final action is to be taken.

Sec. 2. Procedure for consideration by the House of Delegates of amendments to this Constitution shall be defined in the Bylaws.

Sec. 3. A complete revision of this Constitution may be accomplished by a two-thirds vote of the House of Delegates at any regular session, provided that such complete revision shall have been ordered in a preceding regular session, and the revised version shall have been published in *Texas Medicine*, and sent officially to each member of the House and each component county society not later than approximately three months prior to the session in which the final vote thereon is to be taken.

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CHAPTER I. MEMBERSHIP.

Sec. 1. The qualifications and requirements for membership shall be as stated in Article II, Sections 1, 2, and 3.

Sec. 2. Membership in the Association shall consist of the following classifications:

(1) Provisional
(2) Regular
(3) Emeritus
(4) Honorary
(5) Inactive
(6) Military
(7) Intern and Resident
(8) Student

Sec. 3. The name of a physician on the properly certified roster of members of a component county society which has paid its annual assessment shall be prima facie evidence of membership in the Association.

Sec. 4. A member in attendance at the annual session shall verify his name on the certified roster of the component county society of which he is a member when he shall receive a badge, which shall be evidence of his right to all the privileges of membership during that session. No member shall take part in any of the proceedings of an annual session until he has complied with the provision of this section.

CHAPTER II. OFFICERS.

Sec. 1. The officers of the Association shall be as stated in Article III, Section 1.

Sec. 2. The *President* shall be the real head of the medical profession of the state during his term of office. He shall, as far as practicable, visit the various sections of the state in the interest of the Association and its component societies and in the interest of the public health, in cooperation with the Councilors of the Association. In general, the President shall perform such other duties as custom and parliamentary usage may require. He shall preside at all meetings of the Association except the House of Delegates, deliver an address to the Association during its annual session, and appoint all committee members and fill all vacancies in office not otherwise provided for in this Constitution and Bylaws. (Vacancies in elective office shall be filled only until the meeting of the House of Delegates at the next annual session.) He shall cooperate with officers, committees, and councils of the Association in the performance of their several duties and shall endeavor so to coordinate the several activities of the Association, through the constituted agencies, that the maximum good results may be attained during his term of office. He shall be ex officio a member of each of the councils of the Association, the House of Delegates, and the Executive Board. Under the conditions specified in Article VII, Section 3, the President shall request the Executive Director to call a meeting of the Disaster Board.

Sec. 3. The *President-Elect* shall be ex officio a member of the House of Delegates and of the Executive Board. Upon his elevation to the Presidency, he shall nominate to the House of Delegates at the time of the election members of councils and shall fill vacancies in standing committees. In the event of death, removal, or disability of the President-Elect, the President shall assemble the Executive Board for the purpose of electing a President-Elect.

Sec. 4. The *Vice-President* shall assist the President in the performance of his duties and shall perform such service as the President may request. In the event of the death or removal of the President, the Vice-President shall assume the office of the President. In the event of disability of the President, as determined by the Board of Trustees, the Vice-President shall perform the duties for the President and shall continue these duties during the period of disability. The Vice-President shall be ex officio a member of the House of Delegates and the Executive Board.

Sec. 5. The *Immediate Past President* shall be ex officio a member of the House of Delegates and of the Executive Board and shall perform such duties as the President may request.

Sec. 6. The *Secretary* shall cause a record to be made of the proceedings of the House of Delegates and the meetings during the annual and special sessions and shall see that the various activities of the Association are made of record in the Association's office. The Secretary shall attend all sessions of the House of Delegates and shall cause a record of all votes and the minutes of all proceedings to be kept in a book obtained for that purpose and shall perform like duties for the standing committees when required to do so. The Secretary shall sign, attest, and place the seal on any and all necessary papers required by law for the Association. He shall be ex officio a member of the House of Delegates and Executive Board.

The term of office for Secretary shall be three years. Tenure of office as Secretary by election and/or by appointment shall not exceed three terms, provided, however, that serving as much as one year of the three-year term shall be considered as serving a full term.

Sec. 7. The *Treasurer* shall be the custodian of all moneys, securities, deeds, and properties belonging to the Association, which may properly come into his possession, and shall hold the same subject to the direction and disposition of the Board of Trustees. He shall give to the Board of Trustees a suitable bond for the faithful performance of his trust. He shall be ex officio a member of the House of Delegates and the Executive Board. He shall also be ex officio a member of the Board of Trustees without vote.

The term of office for Treasurer shall be three years. Tenure of office as Treasurer by election and/or by appointment shall not exceed three terms, provided, however, that serving as much as one year of the three-year term shall be considered as serving a full term.

Sec. 8. The *Speaker of the House of Delegates* may or may not be a delegate. He shall preside at all meetings of the House of Delegates. His duties shall be those of a presiding officer in accordance with parliamentary rules and customs. He shall be ex officio a member of the House of Delegates, Executive Board, and Council on Constitution and Bylaws. He may appoint such committees as are necessary to assist him in the performance of his duties. In the event of his absence from the House, the Vice-Speaker shall preside in his stead.

Sec. 9. The *Vice-Speaker of the House of Delegates* may or may not be a delegate. He shall preside over the House of Delegates in the absence of the

*Hereinafter, all references in this document to "Article" shall refer to articles in this Constitution, all references to "Chapter" shall refer to chapters in these Bylaws, and all references to "the Association" shall refer to the Texas Medical Association.

Speaker and shall assist the Speaker in the performance of his duties. He shall be ex officio a member of the House of Delegates, Executive Board, and Council on Constitution and Bylaws.

Sec. 10. The duties of the *Trustees* and *Councilors* shall be as stated in Articles IV and V and in Chapters III and IV, respectively.

CHAPTER III. BOARD OF TRUSTEES.

Sec. 1. The Board of Trustees shall have charge of all properties and moneys of the Association and shall manage its financial affairs after the manner and with the usual authority of boards of directors of corporations under the laws of the State of Texas. The term of office of Trustees shall be five years. Tenure of office as Trustee by election and by appointment, either or both, shall not exceed two terms, provided, however, that serving as much as two years of the five-year term shall be considered as serving a full term. Trustees shall be ex officio members of the House of Delegates and the Executive Board. At the first meeting of the Board of Trustees following adjournment of the annual session, it shall organize by electing a chairman and a secretary, and the chairman shall appoint such committees as may seem necessary or desirable.

It shall be the duty of the Board of Trustees to provide for and superintend the publication of *Texas Medicine* and all proceedings, transactions, and memoirs of the Association. It shall have full discretionary powers to omit from *Texas Medicine*, in part or in whole, or to publish in abstract any paper that may be referred to it by any of the scientific sections. It shall appoint a general manager and editor for the journal, which two positions may be held by one person, and such assistants as may be necessary, and it shall determine their salaries and the terms and conditions of their employment.

All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees before the same shall become effective. In case the Board of Trustees fails to agree to or approve a request or recommendation of the House of Delegates, a full report shall be returned to the next regular session of the House of Delegates setting forth the reasons for the action or lack of action by the Board of Trustees. Should the House of Delegates by vote again request action by the Board of Trustees concerning business affairs of the Texas Medical Association, this request shall be considered mandatory by the Board of Trustees, and the will of the House of Delegates shall be complied with before the next regular session.

During the regular sessions of the Association, the Trustees shall hold meetings as often as may be deemed necessary by the chairman, and all matters referred to the board by the House of Delegates shall be reported on within twenty-four hours, if so requested by the House.

The Board of Trustees shall have the accounts of the Executive Director, Treasurer, and of the journal office audited annually, or oftener if deemed necessary, and shall make an annual report on the same to the House of Delegates, which report shall also specify the character and cost of all the publications of the Association during the year, the amount and character of properties belonging to the Association, and a tentative budget covering the various activities and enterprises of the Association for the next fiscal year.

Any vacancy in the office of Secretary or Treasurer, on account of death or for any other reason, shall be filled by the Board of Trustees until the next annual session of the House of Delegates. The Board of Trustees shall fix the salary of the Executive Director and Treasurer.

Regular meetings of the board shall be held immediately following adjournment of the annual session. Special meetings of the board may be called at any time by the chairman or by four members of the board by personal notice or mailing a written or printed notice to the last known address of each Trustee at least five days before such meeting is to be held. The chairman shall convene the board upon request of the President of the Association and shall lay before the board any communication from the President, as requested.

Sec. 2. An Executive Director shall be employed by and shall be under the direction of the Board of Trustees.

He shall employ the necessary assistants in the performance of his duties. It shall be lawful for him to assume other duties and titles not in contravention of this Constitution and Bylaws, as directed by the House of Delegates or the Board of Trustees. He shall be ex officio a member of each council of the Association.

He shall receive, receipt for, and make of record in his office all moneys and property coming into the possession of the Association. He shall promptly pass to the Treasurer all moneys thus received, taking his receipt therefor, and make such disposition of the property and other things of value thus received as may be directed by the Board of Trustees. He shall expend the funds of the Association from a working account established and replenished by funds drawn from the treasury on a voucher system approved by the Trustees.

He shall, in conjunction with the President of the Association and under the advice of the Council on Annual Session, prepare the program for the annual session, causing the same to be published in *Texas Medicine* approximately one month in advance of the convening of the annual session. He shall edit and prepare the minutes of the House of Delegates of each session and cause a summary of actions to be printed in the Association's news bulletin and the journal. He shall also cause transactions to be published and distributed to delegates, alternate delegates, county society secretaries, Association officers, board and council members, and others who request them. He shall, in conjunction with the President and the local arrangements committee, provide for the accommodation of annual and special sessions of the Association and for the recognition and registration of members, delegates, visitors, and guests attending such sessions.

He shall maintain in his office records and data pertaining to the medical profession of Texas, with particular reference to membership in the Association and to the ethical and moral status of physicians, and the same shall be available to the proper officials of the Association, of component county societies, and of the American Medical Association. These records shall not be made public except by and with the consent of the individuals concerned or upon direct orders of the Board of Councilors of the Association.

The Executive Director shall use the facilities of his office so far as may be practicable and so far as may be required in assisting the Board of Trustees, the Board of Councilors, and the officers, councils, and committees of the Association in the performance of their respective duties. He shall, under the direction of the President or the proper officers, councils, or committees of the Association, conduct its official correspondence. He shall notify

officers and council members of their election and committee members of their appointment, and he shall inform them of such meetings as they may be expected to attend.

He shall annually make report to the House of Delegates, covering in brief the transactions of his office, and shall make such reports to the Board of Trustees and the Board of Councilors as may be required of him by these bodies. He shall be bonded to the extent and in the manner required of him by the Board of Trustees, and in favor of the Board of Trustees, for the faithful performance of his duties as herein set forth and as may hereafter properly be required of him.

CHAPTER IV. COUNCILORS.

Sec. 1. The House of Delegates shall elect a Councilor for each councilor district upon a nomination made by the respective district society at its regular meeting. In the event that a nomination for a Councilor may not have been made by the respective district society, the delegates from the component county medical societies in the district concerned, meeting at the annual session, shall so nominate. If no nomination may come from the district concerned, a nomination shall be made from the floor of the House. The term of office of Councilors shall be three years, and their election shall be arranged in such manner that one-third, as nearly as possible, shall be elected each year. Vacancies in the office of Councilor shall be filled by Presidential appointment until the next session of the House of Delegates, at which time election for the unexpired term shall be held. Tenure of office as Councilor by election or by appointment, either or both, shall not exceed three terms, provided, however, that serving as much as two years of the three-year term shall be considered as serving a full term. Councilors shall be ex officio members of the House of Delegates. Any Councilor who fails to attend two consecutive regularly scheduled meetings of the Board of Councilors shall automatically be dropped from such membership. The Chairman and Vice-Chairman of the Board of Councilors shall be ex officio members of the Executive Board.

Sec. 2. A Vice-Councilor for each district may be appointed by the Board of Councilors. When so appointed, Vice-Councilors shall assist Councilors in the performance of their duties and shall have the authority of Councilors only when acting in their official capacity and in the place of the Councilor. When appointed, the term of office of the Vice-Councilor shall correspond to the current term of office of the Councilor of his district unless previously relieved by action of the Board of Councilors. Any Vice-Councilor who fails to attend two consecutive regularly scheduled meetings of the Board of Councilors shall automatically be dropped from such membership.

Sec. 3. It shall be the duty of each Councilor to organize county societies in his own district whenever opportunity may offer and the best interests of the profession may require; in a general way, advise and supervise county societies in the conduct of the affairs of medicine in their respective jurisdictions; in a similar manner organize and, in general, supervise the district society of his district in accordance with the provisions of this Constitution and Bylaws; receive and, if possible, decide matters appealed to the Councilor from the decision of the component county societies; promptly pass to the Board of Councilors appeals that cannot be decided by him; adjust, if possible, complaints made by members of component county societies or by physicians in the district who are not members and who feel that they have grievances against a component county society; and cooperate with the officers, councils, and committees of the Association in the performance of their respective duties when called upon, and particularly insofar as they may pertain to his district. The Councilor shall be the organizer, peacemaker, and censor for his district. He shall visit each county society at least once each year.

Sec. 4. The Board of Councilors shall consist of the Councilors for the several councilor districts. It shall elect its own administrative officers, including a chairman, a vice-chairman, and a secretary, and shall provide its own rules of procedure, provided the said rules of procedure do not conflict with this Constitution and Bylaws, the Constitution and Bylaws of the American Medical Association, or the Principles of Ethics of the American Medical Association.

Sec. 5. The Board of Councilors shall authorize the issue of charters to county and district societies and, through its chairman, shall direct the Executive Director of the Association to issue such charters, as provided for in Chapter X, Section 1.

Sec. 6. The Board of Councilors may, in its discretion, after proper application has been received therefor, divide a multi-county society into one or more societies when a majority of the members from one or more of the involved counties makes proper application therefor or when in the judgment of the Board of Councilors such action would benefit the profession of medicine. Nothing in this section shall be construed to allow a county medical society incorporating only one county to be divided into more than one county medical society. The names of the counties embraced in the division shall be included in the charter, but it shall be lawful for a county medical society to adopt a shorter and more appropriate name having territorial or historical import of local application. All such charters shall be signed by the President and the Executive Director of the Association and shall bear the seal of the Association.

Sec. 7. The Board of Councilors shall have the authority to revoke the charter of a county society for (1) failure or refusal to comply with the provisions of this Constitution and Bylaws; (2) failure to pay the per capita dues of at least five members; (3) failure or refusal to exact of its members conformity with the Principles of Ethics of the American Medical Association; (4) failure to enforce the rule against fee splitting, as set out in Chapter XV, Section 3; and (5) it shall further have authority to revoke the charter of any component county society or any district society which, in the estimation of the board, is antagonistic to and in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 8. The Board of Councilors shall constitute the Board of Censors of the Association. The Board of Councilors shall receive and hear appeals of individual members from the disciplinary action taken by component county medical societies pursuant to the provisions of Chapter XI, Section 7.

The Board of Councilors may receive and hear appeals of component county societies from decisions of individual Councilors. The Board of Councilors may receive and hear complaints and consider questions involving members, component county medical societies, or district societies of the Association upon complaints and questions of an ethical nature for which there exists no defined appellate procedure in this Constitution and Bylaws. The Board of

Councilors shall receive and hear those appeals provided for in Chapter X, Section 9. The Board of Councilors, in those instances in which local action has not or cannot be taken or in questions involving two or more component county medical societies, may, after due notice and investigation, take original jurisdiction in any matter involving any provisional, regular, emeritus, honorary, inactive, military, intern and resident, or student member of the Association for violation of this Constitution and Bylaws, for violation of the Principles of Medical Ethics of the American Medical Association, or for violation of the ethical policies of the Texas Medical Association. The Board of Councilors may censure, suspend, or expel any provisional, regular, emeritus, honorary, inactive, military, intern and resident, or student member of the Association found guilty of such a violation.

With the exception of the rules of procedure set forth in Chapter XI, Section 7 governing the appeal of a member from the disciplinary action of a component county medical society, all other appeals or hearings before the Board of Councilors shall be governed by such rules of procedure as may be adopted or promulgated by virtue of Chapter IV, Section 4.

The decision of the Board of Councilors in all such cases shall be final, except that a member or a component county society or a district society may appeal to the Judicial Council of the American Medical Association in accordance with the Bylaws of that organization.

The Board of Councilors shall hold such meetings as it may deem necessary, provided that at least one meeting is held during each regular session of the Association before which meeting any physician who has a grievance proper to be heard by the board shall be allowed to appear.

Sec. 9. All questions of ethics or complaints of members against each other, component county societies, or district societies coming before the House of Delegates shall be referred to the Board of Councilors without debate. The Board of Councilors will make report to the House of Delegates on all such matters so referred as promptly as circumstances will permit.

Sec. 10. The Board of Councilors shall cause to be prepared and, through its chairman or secretary, presented to the House of Delegates each year a comprehensive report of the condition of the profession throughout the State and the state of organization of component county societies, district societies, and the Association.

CHAPTER V. SESSIONS AND MEETINGS.

Sec. 1. The Association shall hold two regular sessions, an annual session in the spring and an interim session in the fall of each year at such time and place as may be established by the House of Delegates or the Executive Board in accordance with the provisions of this Constitution and Bylaws.

Sec. 2. Special sessions may be held at any time or place upon call of the President at his discretion or upon petition of at least thirty delegates, as provided for in Article VI, Section 3. Special sessions shall be held in accordance with the provisions of the call responsible for their convening.

Sec. 3. Each session of the Association may consist of meetings of the House of Delegates, meetings of the Scientific Sections, and special programs.

Sec. 4. The order of exercises and meetings as published in the official program shall be followed from day to day until completed unless otherwise directed by the Council on Annual Session.

Sec. 5. The House of Delegates shall meet at such time and place as may be decided upon by its own act.

Sec. 6. The Scientific Sections shall meet in accordance with the official program.

Sec. 7. Related organizations will be encouraged to meet at times that will not conflict with the scheduled scientific programs of the Association; however, if this is impractical, such conflicts should be submitted to the Council on Annual Session for approval.

Sec. 8. Host societies shall not plan or furnish any entertainment to members and guests of the Association which will in any way interfere or conflict with the official program without prior approval by the Council on Annual Session.

CHAPTER VI. HOUSE OF DELEGATES.

Sec. 1. It shall be lawful for the House of Delegates to meet in regular session before, during and after both the annual and the interim sessions and in special sessions as provided in these Bylaws. The order of business of the House of Delegates shall be arranged in advance of its meetings, and, if possible, published to the members prior to its convening. It shall organize and function in accordance with Article VII. No official action shall be taken by the Association establishing any schedule of fees for the medical, surgical, and special services of its members.

Sec. 2. Component county societies which have made their annual reports to the Executive Director in accordance with this Constitution and Bylaws; which have on their rolls at least five members; and which have paid their annual dues to the Executive Director shall be entitled to representation in the House of Delegates to the extent of one delegate for the first one hundred members or less, and one additional delegate for each additional one hundred members or fraction thereof. Delegate seats in the House of Delegates will be allocated for each county society according to the number of members on record on December 31 preceding. Such delegates shall be elected by their respective component county societies, in accordance with Chapter X, Section 6 (c).

Sec. 3. The meeting may be called to order whenever the chairman of the Reference Committee on Credentials certifies to the Speaker that a majority of the qualified delegates is present. Roll calls shall be taken for the purpose of a record vote only whenever demanded by a delegate or at the discretion of the Speaker, provided, however, that the Speaker shall not allow the roll call to be used as a dilatory tactic.

Sec. 4. Delegates and ex officio members of the House of Delegates shall be seated by the Reference Committee on Credentials upon presentation of satisfactory evidence of their right to membership in the House of Delegates, in accordance with this Constitution and Bylaws. Delegates shall present credentials signed by the president and secretary of their respective societies to the effect that they have been duly elected as such. Alternate delegates shall present the credentials of their principals, duly signed over to them by the said principals. Ex officio members shall qualify by establishing their identity as officials of the Association who are entitled to membership in the House of Delegates.

Sec. 5. The House of Delegates shall have full authority to decide the right of any claimant to membership therein, provided no provisions of this Constitution and Bylaws are violated in the decision. Any member of the Association claiming a seat in the House of Delegates may appeal to the House from the adverse decision of the Reference Committee on Credentials.

Sec. 6. If a delegate, once seated by the House of Delegates, is unable to continue in attendance because of unavoidable circumstances, he may be replaced by an alternate delegate. Under such circumstances, the delegate's alternate, or another alternate elected by his society, may be seated in the delegate's stead by complying with the requirements of these Bylaws pertaining to the seating of delegates.

Sec. 7. (a) The House of Delegates shall have authority to appoint committees and commissions not mentioned in this Constitution and Bylaws and such officials as may be necessary for the conduct of its own affairs and not prohibited by this Constitution and Bylaws. It shall have the authority to establish rules of conduct, but in general and in all instances not covered by this Constitution and Bylaws or its own special rules, *Sturgis Standard Code of Parliamentary Procedure* shall govern.

Sec. 7. (b) Reference Committees shall consist of at least five members. The Speaker of the House of Delegates shall appoint the reference committee members and designate the chairmen, and for a regular session of the House, they shall consider and report finally on all matters referred to them on or before the final meeting of the session for which they were appointed. There shall be a Reference Committee on Credentials, and the Speaker shall name such other reference committees as are necessary to accomplish the work of the House.

Sec. 8. Reports of all officers, councils, and committees permitted to report to the House of Delegates shall be prepared in advance of the session as provided in Chapter VI, Section 11 and shall be referred to the appropriate reference committee of the House without debate, except as provided in Chapter VI, Section 9. All questions pertaining to medical ethics shall be referred to the Board of Councilors without debate. Such questions so referred shall be debated and decided by the House of Delegates only upon recommendation of the Board of Counselors and in executive session. All matters pertaining to appropriation of funds shall be referred to the Board of Trustees, with or without recommendation, directly or following submission to a reference committee. When a reference committee makes its recommendation about a report, the original report may be read and or discussed by the officer, council, or committee submitting the report or by any member of the House of Delegates, provided, however, that reading of the original report shall not exceed twenty minutes. Reports of officers, councils, and committees shall be printed in full—or to any reasonable extent—in a pamphlet for use by members of the House of Delegates and in the minutes of the House.

Sec. 9. Unanimous consent shall be required for the introduction of new business on the last scheduled day of meeting of the House of Delegates during each regular session, except when presented by the Board of Trustees, the Board of Councilors, or the Executive Board. All new business so presented shall require three-fourths affirmative vote for adoption.

Sec. 10. All meetings of the House of Delegates shall be open to members of the Association, but the House of Delegates shall have authority to exclude all except members of the Association at any time. It shall require of all present, whether members of the House or not, the same decorum it requires of its own members. Executive sessions, when ordered, shall be open only to members of the Association and necessary staff, and the members who remain in attendance at such meetings shall be required to abide by the established rules of the House pertaining to such sessions or special rules adopted at the time of such sessions.

Sec. 11. (a) It shall be the policy of the Association to place all items of business to be acted upon by the House of Delegates in the hands of its members and the county medical societies well in advance of each meeting.

All reports, resolutions, recommendations, etc., from whatever source shall be received by the Executive Director at least sixty days prior to each regular session. Such items shall be printed in full and shall be mailed to all members of the House of Delegates and to all county medical societies at least twenty-eight days prior to the regular session.

Sec. 11. (b) Late reports, resolutions, recommendations, etc., shall be deferred until the subsequent regular session unless the author pleads urgency and the Reports and Resolutions Screening Committee concurs, such committee consisting of the Speaker as chairman, the Vice-Speaker, and the President. Decisions of the committee may be appealed to the House.

Sec. 12. A representative from each Texas chapter of the American Medical Student Association may attend meetings of the House of Delegates and have the privilege of discussion and debate but shall not have permission to vote. Such representatives may be excluded from executive sessions of the House.

Sec. 13. An Executive Board shall be comprised ex officio of the President, Vice-President, President-Elect, Immediate Past President, Secretary, Treasurer, Speaker of the House of Delegates, Vice-Speaker of the House of Delegates, the Board of Trustees, Chairman and Vice-Chairman of the Board of Councilors, Chairman and Vice-Chairman of the AMA delegation, Chairman of the Council on Medical Legislation and three additional members elected at large from members currently serving in the House of Delegates. All members of the Executive Board shall be ex officio members of the House of Delegates. The Executive Board shall meet as often as necessary to dispatch pertinent business on call of the Chairman or by request of at least five members of the Board; the Board may call upon any resource person who might be of help in disposition of pending business. The TMA President shall be Chairman of the Board. The TMA Vice-President shall be Vice-Chairman of the Board.

It shall be the duty of this board in the interim between sessions of the House of Delegates to advise the officers, councils, and committees of the Association in the management and coordination of their several activities; to administer the affairs assigned to it by the House of Delegates; and to fix the policy of the Association subject to the affirmative approval of the ensuing House of Delegates, provided that the approval of a resolution or motion in contravention with a policy adopted by the House of Delegates shall require a majority of three-fourths of those present.

If any member of the Executive Board, except the President and the President-Elect, fails to attend two consecutive regularly scheduled meetings of the board or any two consecutive regularly scheduled

meetings of the body or group in which he holds an office which makes him a member of the board, the office shall be declared vacant.

If for any reason a member of the Association holding any office does not perform the duties of his office, the Executive Board shall declare the office vacant.

Within ten days after the death, disability, or removal of both the President and Vice-President, the Executive Board shall assemble on call of the President-Elect for the purpose of electing a President for the unexpired term. In the interim, the President-Elect shall serve as President pro tempore. In event of the death, disability, or removal of the President-Elect, the President shall call a meeting of the Executive Board for the election of a President-Elect.

In the event a catastrophe of national proportions such as war may prevent the House of Delegates from acting, the Executive Board shall have the further authority to receive and act on the reports of officers, boards, councils, and committees; to legislate; to elect and install officers; and to elect the nominees of the President-Elect to the councils in accordance with regulations applying to the House of Delegates. In case of the type of national catastrophe mentioned, the Executive Board shall be considered a Disaster Board and shall be called into session as provided in Article VII, Section 3.

Sec. 14. An Emergency Policy Board shall consist of the President, Vice-President, Speaker of the House of Delegates, chairman of the Board of Trustees, and chairman of the Board of Councilors. The President shall be chairman of this board. This board shall have the authority to act in lieu of the House of Delegates or the Executive Board in establishing policy between meetings of these bodies subject, however, to the proviso that the House of Delegates or the Executive Board may override a decision of the Emergency Policy Board at its next meeting by a majority vote.

Sec. 15. The Association shall not enter into a contract with any person, firm, or agency with respect to the practice of medicine or fees for such practice.

CHAPTER VII. ELECTIONS.

Sec. 1. The House of Delegates in regular session at the time of the annual session shall elect the President-Elect, the Vice-President, the Secretary every third year, the Treasurer every third year, one or two Trustees, five Councilors, the Speaker of the House of Delegates, the Vice-Speaker of the House of Delegates, members of councils when vacancies occur, the delegates and alternate delegates to the American Medical Association, and three members-at-large to the Executive Board. Nominations shall be from the floor of the House and by members of the House. Nominating speeches shall not exceed five minutes in duration, and seconding speeches shall not exceed two minutes.

Sec. 2. All elections shall be by secret ballot, and a majority of the votes cast shall be necessary to elect. When there are three or more nominees, the one receiving the least number of votes on each ballot shall be dropped until a majority vote is received by one of the said nominees. When there is only one nomination, vote may be by acclamation.

Sec. 3. Delegates and alternate delegates to the American Medical Association shall be elected in accordance with the Bylaws of that organization.

Sec. 4. Members-at-large to the Executive Board shall each be elected for a term of three years; tenure by election and/or by appointment shall not exceed three terms, provided, however, that serving as much as one year of the three-year term shall be considered as serving a full term. Two or more nominations should be made for each position at time of election to fill a vacancy.

CHAPTER VIII. COMMITTEES.

Sec. 1. In addition to the officers, the activities of the Association shall be carried on by such committees as may be established by the House of Delegates or the President. Committees shall be classified as follows: (1) councils, (2) standing committees, (3) special committees, (4) reference committees, and (5) special appointees.

Sec. 1. (a) *Councils* may be established only by the House of Delegates and shall consist of five, seven, or nine members. The term of office shall be for three years, and the terms shall be staggered. Tenure of office shall not exceed three terms; serving as much as two years, whether by election or appointment, shall constitute a full term. Council members shall be elected by the House of Delegates on nomination by the President-Elect at the time of election of officers. Any member of a council who fails to attend two consecutive regularly scheduled meetings of the council shall automatically be dropped from such membership.

In nominating council members, the President-Elect shall endeavor, whenever feasible, to maintain on the membership of each council the chairmen of the committees that are subordinate to and report through such council. The chairman of a council shall be designated by the President-Elect when such position becomes vacant. Interim vacancies shall be filled by appointment of the President.

The chairman of a council shall be ex officio a member of the House of Delegates. In addition, the members of the Council on Medical Legislation shall be ex officio members of the House of Delegates.

The President shall be an ex officio member of all councils. The councils shall report to the House of Delegates and/or the Executive Board. The councils of the Association shall be as follows: (1) Council on Annual Session, (2) Council on Medical Legislation, (3) Council on Community Health Affairs, (4) Council on Communication, (5) Council on Medical Education and Hospitals, (6) Council on Scientific Advancement, (7) Council on Medical Service and Insurance, (8) Council on Constitution and Bylaws, and (9) Council on Tax-Financed Health Care Programs.

Sec. 1. (b) *Standing committees* shall consist of three, five, seven, or nine members, with the exception of the Committee on Maternal Health and the Committee on Health Planning, which may have thirty members. The term of office shall be for three years, and the terms shall be staggered. Tenure of office shall not exceed three terms; serving as much as two years shall be considered a full term. Appointments shall be made by the President-Elect at the time of election of officers, and interim vacancies shall be filled by appointment by the President.

Standing committees may be established only by the House of Delegates, and normally no standing committee will be created until its antecedent special committee submits at least two annual reports to the House of Delegates.

All standing committees shall report to a specific council or board as herein subsequently designated. Any member of a committee who fails to attend two consecutive regularly scheduled meetings of the com-

mittee shall automatically be dropped from such membership. Should any standing committee fail to meet during the entire year between the end of one annual session and the end of the following annual session of the Association, the committee shall be abolished. The membership of the Committee on Orientation shall be determined as set forth in Chapter VIII, Section 12 (b).

Sec. 1. (c) *Special committees* shall consist of as many members as the President deems necessary to carry out the purposes of the committee. The term of office shall be for one year. The function of special committees is for a specific project as determined by the President or as directed by the House of Delegates. Appointments shall be made and the chairman designated by the President. A special committee shall report to a council or board or as designated.

Sec. 1. (d) *Special appointees* may be designated to other organizations as herein directed or at the discretion of the President. The purpose of these appointees may be to act as advisers to allied organizations or to establish liaison between the Association and allied organizations. Appointments shall be made by the President for one year.

Sec. 2. **COUNCIL ON ANNUAL SESSION.** The council shall establish regulations for the guidance of the Scientific Sections and the related organizations in the preparation, publication, and presentation of the scientific program at the annual session. The council shall advise with the President and Executive Director on arrangements for the annual session. The various Scientific Sections, as provided in Chapter IX, shall be under the jurisdiction of and report to the Council on Annual Session. In addition, the following committees will report to the council:

Sec. 2. (a) *Committee on Scientific Exhibits* shall be a standing committee. This committee shall develop a scientific display for the annual session that will enhance the teaching value of the session and that will help to show the research, clinical, and educational progress being made in medicine. The committee shall encourage members of the Association; clinic, hospital, and medical school staffs; and other selected agencies to provide exhibits and shall select the exhibits to be shown. A plan of awards to recognize meritorious exhibits may be formulated.

Sec. 2 (b) *Committee on General Arrangements for Annual Session* shall be a special committee appointed by the President upon nomination of the component county society in the area where the annual session is to be held. It shall be the duty of this committee to provide, through subcommittees of its own selection, suitable arrangements for the annual session. The committee will include a physician who will cooperate with an appointee of the Woman's Auxiliary in preparing and conducting an appropriate service in memory of deceased physicians and deceased wives of physicians.

Sec. 3. **COUNCIL ON MEDICAL LEGISLATION.** The council shall concern itself with legislative matters on both the state and national level. The council shall report to the House of Delegates and/or the Executive Board and shall act as the Association's representative in carrying out the legislative policy as established by those bodies. When legislative questions arise between sessions of the House of Delegates and or the Executive Board, the Council on Medical Legislation shall have the authority to establish interim policies for the Association. The council shall receive all reports and recommendations dealing with legislation from boards, councils, and committees and shall have the responsibility of implementing those recommendations subsequently adopted as Association policy. The chairman of the Council on Medical Legislation shall be ex officio a member of the Executive Board. The following committee shall report to this council:

Sec. 3. (a) *Committee on Liaison with the State Bar of Texas* shall be a standing committee. It shall be the duty of this committee to study and promulgate methods of improving mutual understanding and cooperation between physicians and lawyers on local, county, and state levels. Various facets of related problems involving the medical and legal professions are to be studied and recommendations made. Activities of the committee within this sphere shall be investigative and educational; the committee shall have no disciplinary powers.

Sec. 4. **COUNCIL ON COMMUNITY HEALTH AFFAIRS.** The council shall study and make recommendations in the field of overall public health, preventive medicine, and health education, and it shall cooperate with other organizations to secure the best understanding of and advancement in these problems. It shall also study methods of increasing the safety factor involved in various methods of transportation, and it will make recommendations, when indicated, to physicians, insurance carriers, and the public. The council shall supervise, be assisted in its work by, and receive reports from the following committees:

Sec. 4. (a) *Committee on Disaster Medical Care* shall be a standing committee. It shall be the duty of this committee to coordinate and integrate the efforts of physicians with other organized agencies devoted to preparation and execution of plans in the event of any occurrence of catastrophic proportions.

Sec. 4. (b) *Committee on Emergency Medical Services* shall be a standing committee. The duties of this committee shall be to provide the impetus and assistance with all interested parties in the formulation of community plans for emergency medical services leading to statewide coverage, to serve as liaison and a focus for interaction between concerned federal and state governmental agencies and the Texas medical community in the field of emergency medical care, to keep Texas physicians informed through official TMA sources of emergency medical services on both national and state levels, to help component medical societies initiate and maintain improved emergency medical services, and to identify and review existing state departmental plans, goals, guidelines, operational procedures, and evaluational programs; and participate in and provide recommendations representing the practicing physician input which may not have been obtained because of lack of existing mechanisms.

Sec. 4. (c) *Committee on Environmental Pollution* shall be a standing committee. It shall be the duty of this committee to follow legislation on environmental pollution and make recommendations to the Council on Medical Legislation through the Council on Community Health Affairs and to serve as an aid and correlating body for county medical societies and related medical organizations in respect to pollution. It should issue its opinions periodically in respect to pollution and human health and educate the membership of the association in the various aspects of environmental pollution. It will make recommendations, through proper channels, in order to influence local and state governmental bodies in respect to legislation, bond issues, and so forth, concerning environmental pollution.

Sec. 4. (d) *Committee on Medicine and Religion* shall be a standing committee. It shall work to initiate and maintain liaison between physicians and ministers in the care of the whole man.

Sec. 4. (e) *Committee on Rural Health* shall be a standing committee. It shall be the duty of this committee to strive for the improvement of rural health through study, survey, research, and exchange of information; to maintain a liaison with other rural health organizations and farm organizations; to keep physicians and the public posted on all phases of physician distribution throughout the state; and to assist physicians desiring locations and communities needing physicians to get together.

Sec. 4. (f) *Committee on School Health* shall be a standing committee. It shall be the duty of this committee to cooperate with the Texas Education Agency and the Texas Department of Health Resources in all school health work; to offer leadership in planning and developing a proper school health program by conferences between physicians and school administrators; and to explore areas of conflict or misunderstanding between school personnel, private physicians, and/or medical societies and to attempt to eliminate such misunderstandings.

Sec. 4. (f) (1) *Adviser to the State Board of Educ* shall be a physician appointed from the Committee on School Health to confer with the State Board of Education about matters of mutual concern. The term of appointment shall be one year.

Sec. 5. COUNCIL ON COMMUNICATION. The duties of the council shall be to conduct such programs and engage in such activities as necessary to inform the membership and the public of problems, policies, positions, and programs of the Texas Medical Association.

Sec. 6. COUNCIL ON MEDICAL EDUCATION AND HOSPITALS. It shall be the duty of the council to investigate and make recommendations on such subjects as education in medical schools, training of interns and residents, continuing education, patient care, and the relation of physicians to all facilities providing patient care and to the allied professions assisting in the provision of that care. The council shall supervise and be assisted by the following committees:

Sec. 6. (a) *Committee on Aging and Nursing Homes* shall be a standing committee. Its duty shall be a liaison with the Texas Nursing Home Association and it shall represent the association in its relationships with other organizations and agencies concerned with the problems of aging.

Sec. 6. (b) *Committee on Continuing Education* shall be a standing committee. It shall be the duty of this committee to recommend voluntary programs of continuing medical education to coincide with physicians' changing needs to keep abreast of advancing scientific knowledge.

Sec. 6. (c) *Committee on Health Careers* shall be a standing committee. It shall be the responsibility of this committee to devise ways to encourage promising young men and women to pursue careers in medicine and paramedical fields.

Sec. 6. (d) *Committee on Hospitals* shall be a standing committee. It shall be the duty of this committee to study problems and issues of common interest to physicians and hospital personnel, as well as inviting information from medical staffs regarding ongoing accreditation requirements of the hospitals in which they practice. This committee, by extending invitations to hospital administrative personnel to attend committee meetings, shall also function in a liaison role with the Texas Hospital Association.

Sec. 6. (e) *Committee on Liaison with Medical Students, Interns and Residents* shall be a standing committee with nine members. Its duty shall be to establish better liaison and understanding between the Texas Medical Association and Texas medical students, interns, and residents. The committee shall also promote increased membership in organized medicine by medical students and house staff officers.

Sec. 6.(f) *Committee on Nursing* shall be a standing committee. Its duty shall be liaison with nurses' organizations.

Sec. 7. COUNCIL ON SCIENTIFIC ADVANCEMENT. It shall be the duty of this council to supervise and coordinate on a state level the work of committees concerned with advancement in certain large fields of medical endeavor. It will be assisted in its work by the following committees:

Sec. 7. (a) *Committee on Athletics* shall be a standing committee. It shall be the duty of this committee to study, evaluate, and make appropriate recommendations for prevention of illness and injuries to athletic participants.

Sec. 7. (b) *Committee on Cancer* shall be a standing committee. It shall be the duty of this committee to supervise any activities of the Association related to cancer and to inaugurate and promote educational movements among physicians and the public for the control of cancer.

Sec. 7. (c) *Committee on Cardiovascular Diseases* shall be a standing committee. It shall be the duty of this committee to keep informed on the various aspects of cardiovascular diseases and to coordinate measures for the dissemination of this knowledge in order to improve methods of prevention and treatment of conditions within this field.

Sec. 7. (d) *Committee on Maternal Health* shall be a standing committee and shall include at least one member from each councilor district. It shall be the duty of this committee to carry on continued study and compilation of information regarding maternal deaths within the state in order to properly advise and direct methods for improvement in this sphere.

Sec. 7. (e) *Committee on Mental Health and Mental Retardation* shall be a standing committee. It shall be the duty of this committee to keep abreast of all progress in the field of nervous and mental diseases so that such knowledge can be utilized properly to aid in the prevention of mental illness and to improve the methods of care and the ideals of treatment for the mentally and emotionally ill. The committee shall also cooperate with other recognized agencies and organizations concerned with the broad fields of mental hygiene and neuropsychiatry for the purpose of prevention and treatment.

Sec. 7. (f) *Committee on Nuclear Medicine* shall be a standing committee. It shall be the duty of this committee to follow developments in this field and advise with regard to education, research, and control in the field of nuclear medicine. This committee shall cooperate with other allied organizations in carrying out this endeavor.

Sec. 7. (g) *Committee on Nutrition and Food Resources* shall be a standing committee. It shall be the duty of this committee to monitor and evaluate current trends and knowledge in the field of human nutrition, and to provide leadership and information to the physicians and general public of Texas to the end that decisions regarding optimum nutrition may be based upon sound scientific data and experience. The committee shall be expected to plan and propose educational activities within the proper scope of the Texas Medical Association and shall establish and develop communications with other interested groups. The educational functions of the committee should be designed to reinforce and refresh the already established body of knowledge of nutrition. It shall work to evaluate and assist in dissemination of new objective scientific information regarding all aspects of foods and nutritional supplements, as an alternative to anecdotal and often unsupportive data, so that physicians and the general public may make reasonable decisions as to diet and dietary additions.

Sec. 7. (h) *Committee on Rehabilitation* shall be a standing committee. This committee shall concern itself with physical medicine and allied fields and shall encourage further development in this sphere among industry, hospitals, and the medical profession.

Sec. 7. (i) *Committee on Tuberculosis and Chronic Respiratory Diseases* shall be a standing committee. It shall be the duty of this committee to give continued study and consideration to the problems of tuberculosis and other chronic respiratory diseases, and to cooperate with the Texas Department of Health Resources and constituted health authorities throughout the state, as they work for the control and management of these problems.

Sec. 8. COUNCIL ON MEDICAL SERVICE AND INSURANCE. It shall be concerned with socio-economic aspects of medical care, but not including legislation. In addition, it shall be the duty of this council to study, coordinate, and make recommendations regarding the various types of insurance programs in which members of the Association may participate or be involved. The council will be assisted in its work by the following committees devoted to various specific fields of insurance:

Sec. 8. (a) *Committee on Association Insurance Programs* shall be a standing committee. This committee shall study, re-evaluate, and advise regarding the various insurance programs providing coverage for members and personnel of the Association, with the exception of professional insurance.

Sec. 8. (b) *Committee on Health Insurance* shall be a standing committee. This committee shall make a continuing study of voluntary health insurance programs in order that it may better inform members of the Association, as well as insurance carriers, of developments and changing aspects in this field, including the study of health care costs. This committee shall also function as a liaison group between the Association and Blue Cross-Blue Shield of Texas in matters pertaining to voluntary health insurance programs.

Sec. 8. (b) (1) *Appointees to the Hospitals-Insurance-Physicians Joint Advisory Committee of Texas* shall consist of one or more physicians appointed for one-year terms as representatives of the Association on this joint committee. The Chairman of the Council on Medical Service and Insurance shall appoint one of these TMA members to report to that council.

Sec. 8. (c) *Committee on Professional Insurance* shall be a standing committee. This committee shall carry out investigations in the field of professional liability in order to follow current trends, perform indicated educational campaigns, and cooperate with members of the Association when confronted with these problems.

Sec. 9. COUNCIL ON CONSTITUTION AND BYLAWS. The Speaker and the Vice-Speaker of the House of Delegates shall be ex officio members of the council. The council shall be a fact-finding and advisory body on matters pertaining to the Constitution and Bylaws. Recommendations may be made on the council's initiative. Appropriate matters may be referred to the council by the House of Delegates, Executive Board, the President, other councils and committees, or individual county societies.

Sec. 10. COUNCIL ON TAX-FINANCED HEALTH CARE PROGRAMS. The council shall consist of nine members. It shall be the duty of this council to study and evaluate tax-financed health care programs and to report thereon to the officers, official bodies, and members of the Association.

The council shall maintain liaison with agencies and individuals, public and private, on tax-financed health care programs and may consult and advise such parties on the views of the medical profession in Texas concerning such existing or proposed programs.

The council may organize itself into subcommittees as needed, and the President may appoint additional members to these subcommittees when requested by the council.

The council shall be permitted to obtain consultants when and as needed from government, private agencies, and consumers.

Sec. 10. (a) *Committee on Health Care of the Poor* shall be a standing committee. It shall be the duty of this committee to promote better understanding of specific health problems of rural and urban poor and to work to remedy these problems, to act as liaison group between organizations and agencies representing health care of the poor, to work in conjunction with other TMA committees with like problems, and to work as liaison with the AMA committee of the same nature.

Sec. 10. (b) *Committee on Health Planning* shall be a standing committee. It shall be the duty of this committee to compile and disseminate information on health planning and to establish and maintain liaison at the state level with all governmental and voluntary agencies involved in health planning. The membership of this committee shall be composed of one representative of each Council of Government area.

Sec. 11. BOARD OF TRUSTEES. The duties of the Board of Trustees are set forth in Article IV and Chapter III. In addition, the Board of Trustees will receive the reports of the following committees:

Sec. 11. (a) *Advisory Committee to the Woman's Auxiliary* shall be a standing committee. This committee shall encourage the Auxiliary to carry out projects recommended for it by the Association and shall advise on such projects, methods, and problems as may be brought before it by members of the Auxiliary.

Sec. 11. (b) *Joint Committee on Physicians Benevolent Fund of the Texas Medical Association and Woman's Auxiliary* shall be a standing committee. It shall be the duty of this committee to implement the purposes of the Physicians Benevolent Fund for the assistance of needy physicians and their widows

and families who, because of misfortune, have insufficient incomes and are unable to work.

Sec. 12. BOARD OF COUNCILORS. The duties of the Board of Councilors are outlined in Article V and Chapter IV. In addition, the Board of Councilors will receive the reports of the following committees:

Sec. 12. (a) *Committee on the Impaired Physician.*

Sec. 12. (b) *Committee on Orientation* shall be composed of the chairman of the Board of Trustees, the chairman of the Board of Councilors, the chairman of the Council on Medical Service and Insurance, the chairman of the Council on Medical Legislation, and the chairman of the Council on Communication. It shall be the duty of the Committee on Orientation to provide an orientation program for members to be given in conjunction with the meetings of the Executive Board and the annual session.

Sec. 12. (c) *Committee on Workmen's Compensation and Industrial Health* shall be a standing committee. It shall be the duty of this committee to explore the physician's contribution to the effectiveness of the Workmen's Compensation Law and his obligation under the law. The committee shall, under jurisdiction of the Board of Councilors, review workmen's compensation cases in which either the physician or the insurance company is dissatisfied with decisions of arbitration committees at the local level. The committee shall cooperate with the Committee on Liaison with the State Bar of Texas in reviewing these cases at the state level.

It shall also be the duty of this committee to investigate the health needs of workers and the medical requirements of industry in Texas; to adopt guiding principles to govern lawful and ethical extension of medical services to employed workers; to provide a source of consultation on subjects of medical interest to such groups as labor, management, and public agencies; and to improve teamwork between industrial physicians and private practitioners.

CHAPTER IX. SCIENTIFIC SECTIONS.

Sec. 1. The scientific program for the annual session shall be divided into the following Sections:

Allergy
Colon and Rectal Surgery
Digestive Diseases
Diseases of the Chest
Family Practice
Internal Medicine
Neurological Surgery
Neurology
Nuclear Medicine
Obstetrics and Gynecology
Occupational Medicine
Ophthalmology
Otolaryngology
Pathology
Pediatrics
Physical Medicine and Rehabilitation
Plastic, Reconstructive and Maxillofacial Surgery
Psychiatry
Public Health
Radiology
Surgery
Urology

Sec. 2. Finances permitting, the Board of Trustees shall appropriate sufficient funds from the treasury of the Association to cover the expenses of physician or scientist guests, as provided for in Article II, Section 4, or of distinguished guests, not physicians, who may be invited to appear on programs, as provided in Article II, Section 7.

Sec. 3. The President-Elect, upon his elevation to the Presidency, shall appoint a secretary for each Scientific Section, who shall serve for a period of one year and then shall automatically become chairman of the section to serve for a period of one year. It shall be the duty of said chairman and secretary, in consultation with the Council on Annual Session, to prepare programs for their respective sections for the annual session following their appointment. Their term of office shall conclude with the adjournment of the annual session for which their respective programs are compiled.

Sec. 4. Section officers shall select the papers to be presented to their respective sections from among the best papers offered and in accordance with the general plans for the work of the Scientific Sections formulated by the Council on Annual Session. The program shall not be closed until January 15 of the year in which it is to be presented, and any member of the Association who is in good standing shall have the right, and it shall be his privilege, to offer a paper to any Scientific Section, but no member shall be allowed to contribute more than one paper to the programs of the Scientific Sections at the same session. Section officers may include in the program of their respective sections, upon approval of the Council on Annual Session, as authors or co-authors with members of the Association selected persons of scientific and educational attainments, qualified so to participate, who will be registered at the annual session as "nonmember participants," provided that not more than two such nonmember participants may appear on any Scientific Section program.

Sec. 5. Papers offered to the Scientific Sections shall be requested, if previously unpublished, for possible publication in *Texas Medicine*. Papers shall be delivered to the secretary of the section as soon as they have been read before the section; in the instance the author is not able to present his paper, he shall see that it comes into the possession of the section secretary in time for presentation if it is the desire of the Council on Annual Session to have it so presented. All such papers shall be typewritten "originals," written on one side of the paper only, double-spaced, and with ample margins.

With prior approval of the Council on Annual Session, a nonmember participant may appear on more than one section program and may present previously published papers. Guests, as provided for in Chapter IX, Section 2, may also take part in one or more section programs if approved by the Council on Annual Session.

For guest speakers and nonmember participants, the Council on Annual Session may waive the requirement that papers presented on section or other annual session programs must become the property of and be delivered to the Association.

Sec. 6. Scientific Sections shall convene at the time and place prescribed by the scientific program for the annual session, and their sessions shall be so conducted as to insure the completion of the program in the time specified. The sessions of Scientific Sections shall be governed by rules of order prepared by the Council on Annual Session and, where such rules do not cover, by *Sturgis Standard Code of Parliamentary Procedure*, so far as *Sturgis Standard Code of Parliamentary Procedure* may

apply. No essayist shall be permitted more than twenty minutes in which to present his paper, unless specific approval is given by the Council on Annual Session in advance of the presentation. Not more than five minutes shall be allowed each speaker in discussing any one paper. The time allowed speakers shall not be extended in any instance, but it shall be within the province of a section to continue the presentation or discussion of any paper following the time of adjournment of the section, provided the said extension of time does not conflict with the official program.

Sec. 7. Petitions, memorials, and resolutions originating in Scientific Sections must be approved by the House of Delegates before becoming operative.

CHAPTER X. COUNTY SOCIETIES.

Sec. 1. *Charter.*

Ten or more physicians of any county or group of counties in this state, who possess the qualifications for membership in the Association as set out in Article II, Section 3 may, by applying to the Board of Councilors, secure a charter as a component county society of the Association, as provided in Chapter IV, Section 5, provided that no other component county medical society of the Association embraces within its established jurisdiction any part of the territory sought thus to be incorporated. Where the geography presents a problem, less than ten, but not less than five, physicians may be granted a charter upon appeal to the Board of Councilors. The names of the counties embraced in a county society shall be included in the charter, but it shall be lawful for a county society to adopt a shorter and more appropriate name having territorial or historical import of local application. All such charters shall be signed by the President and Executive Director of the Association and shall bear the seal of the Association.

Sec. 2. *Constitution and Bylaws.*

Each component county society shall prepare and enact into law a constitution and bylaws, or rules and regulations, in keeping with the Constitution and Bylaws of the Texas Medical Association, no part of which may be in contravention therewith. Before becoming operative, such constitution and bylaws, or rules and regulations, shall be approved by the Board of Councilors, and they shall be promptly submitted for that purpose through the Councilor of the district in which the component county society is located. Should the Board of Councilors refuse to approve any constitution and bylaws, or rules and regulations, thus submitted, the same shall be returned for reconsideration and amendment. The Board of Councilors may revoke the charter of any component county society which fails or refuses to amend its constitution and bylaws, or rules and regulations, so as to make them compatible with the Constitution and Bylaws of the Association. Only one component county society may be chartered in any one county; however, branch societies may be established as provided in Chapter X, Section 5.

Sec. 3. *Incorporation.*

Component county societies shall have the right and authority to secure incorporation under the laws of the State of Texas, and when so incorporated, they shall be entitled to conduct their affairs in accordance with the requirements of the corporate laws of the State of Texas and the Constitution and Bylaws of the Texas Medical Association, the former having precedence only where there is an irreconcilable conflict. It shall be lawful for a county society thus incorporated to provide for the transaction of its business through its board of directors, provided that an appeal from the decisions of said board of directors to the county society is allowed and that the decision of the county society on such matters so appealed is final, subject only to appeal to the Councilor of the district and the Board of Councilors of the Association as provided in this Constitution and Bylaws; and provided further, that trials of members for unethical and improper conduct, the election of members, and the election of officers shall be by the society as a whole. The application for incorporation under the laws of the State of Texas shall be made on a form provided therefor by the General Counsel of the Association. In the absence of provisions to the contrary, *Sturgis Standard Code of Parliamentary Procedure* shall govern their meetings and proceedings in general.

Sec. 4. *Executive Board.*

Component county societies with fifty or more members shall have the right to authorize an executive board to perform the following duties: (1) to transact the routine business of the county society, (2) to refer questions of policy to the county society for decision, (3) to receive and act on applications for membership, and (4) to conduct the trial of a member and render a verdict.

Sec. 5. *Branch Societies.*

Component county medical societies having over one hundred members and with congested divided areas may be allowed to establish branch societies according to the following provisions: (1) twenty-five members is a required minimum for the establishment and maintenance of a branch society; such members must reside or practice in the area designated as the branch society area; (2) at least 80 percent of the members practicing in a semi-isolated section of the area of jurisdiction of the component county society must petition for establishment of a branch society; (3) approval by the parent county society of the petition for establishment of a branch society must be by a two-thirds majority vote; (4) the parent society, via its district Councilor, must make application to the Board of Councilors for permission to establish a branch society; the application is to be accompanied by a detailed plan of operation and the necessary changes in the constitution and bylaws of the parent society; approval is to be by a two-thirds majority vote of the Board of Councilors meeting in regular session; (5) only a member of the parent society may be a member of a branch society, and disciplinary jurisdiction is to remain with the parent society; and (6) the parent component county society retains the right to abolish a branch of its society with the approval of the Board of Councilors.

Sec. 6. *Officers.*

Sec. 6. (a) *Elections.*—Component county societies shall consist of not less than five members, and there shall be a president, a secretary-treasurer, and a board of censors as set forth in Chapter X, Section 6 (b). No member can hold more than one of such offices at one and the same time. There may be such other officers as may be required, including a board of directors if the society is incorporated under the laws of the State of Texas. The term of office for all officers, except the censors and delegates, shall be for the Association year; with the further exception that the office of secretary and/or treasurer may be extended up to three years. All officers and delegates to the Association shall be elected during the last quarter of the year or at

the last meeting of the year in the instance there is no meeting in the last quarter. Vacancies in the offices referred to in this Bylaw shall be filled in the manner stated in the society bylaws, but when no provisions are made for any such contingency, such vacancies shall be filled by the component county society president until the time for the annual election of officers.

Sec. 6. (b) *Election of Censors.*

Sec. 6. (b) (1) In those county societies of less than two hundred members, the Board of Censors shall be composed of three members. The term of office of the censors shall be three years, and they shall be so elected that but one vacancy normally occurs each year.

Sec. 6. (b) (2) In those county societies of more than two hundred members, the society may elect to increase the Board of Censors from not less than three to not more than seven members. The censors then shall serve terms of three years, and their election shall be so arranged that no more than three shall be elected in any one year except for the first year that the society elects to increase the size of the board. In this first year, the election of the additional members shall be so arranged that the terms of office of the newly elected members shall not conflict with the future election of members as described above.

Sec. 6. (c) *Delegates.*—Each component county society shall be entitled to representation in the House of Delegates on the following basis: One delegate for the first one hundred members or less, and one additional delegate for each additional one hundred members or fraction thereof (Chapter VI, Section 2). Delegate seats in the House of Delegates will be allocated for each county society according to the number of members on record on December 31 preceding. Such delegates shall be elected by their respective component county societies in accordance with these Bylaws. The term of office of delegates shall be two years, and their election shall be, as far as possible, so arranged that not more than half of the vacancies shall occur in any one year. There shall be an alternate delegate elected for each delegate, and it shall be lawful for any alternate delegate to serve in the place of any absent principal upon the proper transfer of credentials (Chapter VI, Sections 4 and 6). The county society secretary shall furnish each delegate with suitable credentials certifying to his election, and any delegate has the authority to sign over his credentials to the alternate delegate chosen by the society for his place or, in the absence of his own alternate delegate, to another alternate delegate who may be able to attend the annual session which the credentials cover.

Sec. 6. (d) *Secretaries.*—Secretaries of component county societies shall be the custodians of the books, papers, and records of their respective societies, including the charters and incorporation paper, if any. They shall prepare and maintain records showing the names and addresses of members and such other matters as they may deem pertinent or which they may be required to make note of, either by their respective societies or by the Association; maintain contact as nearly as possible with the physicians of their respective counties; receive all dues and moneys coming to the society, and pay out or direct the paying out of same, or turn the same over to the treasurer on orders of their respective presidents; and perform such other secretarial duties as their societies may require of them. They shall forward to the Executive Director of the Association the names and remittances of members paying annual dues as soon as practical following their receipt. These remittances shall be made at least monthly, and the completed roster is due April 1. It shall be the duty of county society secretaries to advise members, when indicated, of the penalties of delinquency as provided in Chapter X, Section 7.

Secretaries of component county societies shall promptly notify the Executive Director of the Association of the relief of any disqualification of membership suffered by any of their members. Said notification shall be in writing, and the Executive Director shall in like manner acknowledge receipt of such notice, informing the county society's secretary of the steps that have been taken to correct the record of such members in his office.

Secretaries of component county societies shall file their annual reports with the Executive Director of the Association not later than February 1 of each year. The reports shall be made upon blanks furnished by the Executive Director. This blank shall be so arranged as to show a list of the officers and members of the societies; a list of the provisional members; a list of honorary, military, emeritus, intern, resident, student, and inactive members; a list of non-affiliated physicians; a list of members received from other societies by transfer; a list of members transferred to other societies; a list of members who died during the year; and a list of members removed from the county and not transferred to other societies. In addition to these lists, the blanks shall call for data necessary to enable the Executive Director to maintain his records at the highest level of accuracy and efficiency.

Sec. 6. (e) *Boards of Censors.*—The boards of censors of component county societies shall examine and report on the qualifications of applicants for membership in their respective organizations and shall ascertain from the Executive Director of the Association what the records in his office show in regard to the past conduct of any such applicants before making report to their respective societies.

The Board of Censors shall review the record of each provisional member at the termination of the provisional period and shall present the same to the society with recommendation for or against regular membership.

The Board of Censors will provide supervision and guidance in matters of medical ethics and etiquette for provisional members. At any time during the provisional period of a member, the Board of Censors may exercise its authority granted in Chapter XI, Section 3 (c) of the Bylaws and conduct a hearing with regard to the membership of that physician. Any charges against the physician must be reduced to writing and a hearing must be conducted in accordance with the provisions of Chapter XI, Section 3, with exceptions of Sections 3 (g) and 3 (o), which shall be inapplicable to hearings for provisional members. The Board may recommend to the society or its executive board that the provisional member be dropped from the society, and this may be done by a two-thirds majority vote of those present and voting at a regular meeting of the county society or its executive board. A provisional member who is dropped from the county medical society through this process may not appeal this decision to the Board of Councilors, except as provided in Chapter X, Section 9. The physician shall have the opportunity to reapply for membership after a period of one year in accordance with Chapter X, Section 10 (a).

The Board of Censors shall supervise the ethical deportment of the members of its society and shall counsel individual members where circumstances warrant.

As provided in Chapter XI, Section 8, the Board of Censors shall have the authority to investigate on their own initiative suspected violations of conduct and to prefer charges when indicated after thorough investigation. They shall receive and investigate charges of unethical conduct made against members of their respective societies by another member and shall review the findings of the county Public Grievance Committee or the Adjudication and Medical Testimony Committee and make proper disposition of each case.

Sec. 7. *Finance.*

County societies shall have the authority to levy dues against their members sufficient to cover the per capita dues of the Association and district societies and to defray the expenses of their own organizations.

The official year for county societies shall be January 1 to December 31, both dates inclusive. Annual dues shall be due and payable on January 1.

Members who have not paid dues by April 1 shall automatically be considered delinquent. A delinquent member shall not have the privileges of voting, holding office, or attending the annual session.

A delinquent member may be reinstated as a member in good standing upon payment of dues, provided payment is made before July 1 of the same calendar year in which the delinquency occurred. A delinquent member who has not been reinstated by July 1 shall automatically be dropped from membership. A former member who thus forfeits membership may reapply for membership, and such application is to be processed as an original application and without consideration of delinquent dues.

County society secretaries shall forward to the Executive Director of the Association the names and remittances of paid-up members as soon as practicable following their receipt. These remittances shall be made at least monthly, and the completed roster is due April 1.

Sec. 8. *Application for Membership.*

Application for membership in a component county society shall be made in duplicate and shall contain the following information: Full name and address; place and date of birth; preliminary and medical education, including degrees received; date and number of certificate to practice medicine in Texas which has been properly recorded with the district clerk; previous locations and dates of residence in each; and such other information as may be required by the Association or the component county society. The county society secretary shall retain the original application in his files, forwarding the duplicate to the Executive Director of the Association. Each application shall be endorsed by two or more members of the society to which it is presented, and it shall be approved or disapproved by the Board of Censors before being voted on by the society. No application shall be voted on at the same meeting at which it is presented or until the Board of Censors has had an opportunity to conduct such investigations as may be required by these Bylaws, provided the said report shall be made within sixty days, unless an extension of time is granted by the society. If an application for membership is rejected by a county medical society, the physician may not apply to that society for a period of one year from the date of rejection. When an application for membership has been denied on the basis of investigations which reflect questionable ethical or professional practices, it shall be the duty of the secretary of the component county medical society to report promptly to the Board of Councilors the name of the physician thus denied membership.

Sec. 9. *Membership in Adjacent Society.*

A component county medical society may grant permission for a physician who resides under its jurisdiction to apply for membership in another component county medical society, providing the territorial limits of the two societies join.

Any physician who may feel aggrieved by the action of the society of his county in refusing him membership shall have the right to request said county society for permission to apply for membership in an adjoining component county medical society. Should this request be denied, he shall have the right of appeal to the Board of Councilors, which, on a majority vote, may permit him to apply for membership in a component county society whose territorial limits join those of the component county society under whose jurisdiction he resides.

Any physician who becomes a member of another component county medical society by the means provided in this Bylaw shall have the same privileges as any other member.

A physician may not be a member of more than one component county medical society of the Association at the same time.

Sec. 10. *Classification of Members.*

Sec. 10. (a) *Provisional.*—Component county societies shall provide a provisional period for applicants seeking membership in their county society of twenty-four months. New members accepted on a provisional basis shall have all of the privileges of regular membership in the society, except as provided in this Bylaw and in Chapter X, Section 6 (e).

A provisional member shall not hold elective office, endorse applications for membership, serve as delegate or alternate delegate to the Association, nor vote on his or another provisional member's elevation to regular membership.

When a provisional member is dropped from the county medical society before the end of the provisional period by the means provided in Chapter X, Section 6 (e), he may not apply again for membership in any component county medical society for a period of one year if he continues to reside under the jurisdiction of that component county medical society.

At the end of the provisional period, a provisional member shall again be considered by the Board of Censors of said component society and elected by the county society before his membership can become permanent.

If, at the end of the provisional period, the provisional member fails to be elected to regular membership, the Board of Censors of said component county medical society will provide counsel directed toward rehabilitation of the rejected physician. The rejected physician may also request the Board of Censors to recommend to the society a further period of provisional membership; and it may be granted, the time at which it may begin and the duration of the additional provisional period to be stipulated by the Board of Censors in its recommendation in each individual case, though it may not exceed a period of one year from the date of rejection by the county society. At the end of this additional period of provisional membership, the candidate will again be considered by the Board of Censors, who will place his name before the county society again with recommendation as to acceptance or rejection. If the provisional member fails to be elected to regular membership after the second provisional period, he may not again apply for provisional membership in any county society until one year has elapsed after the second rejection by the society or upon appeal to the Board of Councilors as provided in Chapter X, Section 9.

All provisional members shall have attended at least one orientation program given by the Association before being considered for regular membership.

Qualifying orientation programs shall be offered at the time and place of the annual session of the Association and in conjunction with meetings of the Executive Board of the Association.

Intern membership, resident membership, student membership, and military membership shall not be considered as a substitute for any part of the twenty-four months of provisional membership.

Any member accepted on transfer from another component county medical society shall also serve twenty-four months as a provisional member and shall attend the orientation program, unless such member has previously attended the orientation program presented by the Association, before being considered for regular membership.

Sec. 10. (b) *Regular.*—The acceptance of the privileges of regular membership carries with it the obligation and privilege to assume the duties of any office to which the member may be elected or appointed by the county medical society and the Association.

Sec. 10. (c) *Emeritus.*—The House of Delegates, upon nomination of the Board of Councilors and the approval of the county medical society in which the member resides, may elect any member of the Association who has rendered exceptional and distinguished service to scientific or organized medicine, or both, to the status of member emeritus. Any nomination to the status of membership emeritus shall be held by the Board of Councilors for a period of one year before recommendation thereupon is made to the House of Delegates. A two-thirds majority of the House of Delegates registered for the meeting shall be required for election. A member emeritus shall have all the prerogatives of membership and shall not be required to pay dues. The distinction thus conferred may not be removed except by action of the House of Delegates upon recommendation of the Board of Councilors. However, members emeritus shall be carried by their respective county medical societies exactly as are the other classifications of membership, and they shall be reported annually to the Executive Director of the Association as are other members.

Sec. 10. (d) *Honorary.*—The House of Delegates, upon nomination of component county societies, may elect to honorary membership those physician members of honorable standing who, because of age or other laudable reasons, have reached a point of comparative inactivity in the practice of medicine and who have been members of organized medicine for a period of at least forty years or who have contributed notably to the advance of ethical medicine. When so nominated and elected, said honorary members shall be entitled to all of the privileges of membership as set out in this Constitution and Bylaws; provided that county society secretaries shall include all such honorary members in their respective annual reports with such notation thereon as will at once declare their status.

An honorary member shall not be required to pay dues after the year of his election to that status. In unusual circumstances, refund of dues or half-year dues for the year of the physician's election to such membership may be obtained by request of the member, the county medical society, or the Councilor to the Board of Trustees.

Sec. 10. (e) *Inactive.*—County societies may nominate for inactive membership those physician members who have retired from the active practice of medicine. The House of Delegates, upon nomination of component county societies, may elect those physician members to inactive membership; when so nominated and elected, said inactive members shall be entitled to all of the privileges of membership as set out in this Constitution and Bylaws, except the right to vote, hold office, endorse applications for membership, or serve as a delegate or alternate delegate to the Association, provided that county society secretaries shall include all such inactive members in their respective annual reports with such notation thereon as will at once declare their status.

An inactive member shall not be required to pay dues after the year of his election to that status. In unusual circumstances, refund of dues or half-year dues for the year of the physician's election to such membership may be obtained by request of the member, the county medical society, or the Councilor to the Board of Trustees.

Sec. 10. (f) *Military.*—Physicians who are serving in the armed forces of the United States of America within the geographical jurisdiction of the component county medical society concerned, except as provided in Chapter X, Section 11, shall be eligible for election to military membership. Military members shall not be required to attend orientation programs, shall not vote or hold elective office, shall not endorse applications for membership, nor shall serve as delegate or alternate delegate to the Association. They shall not be included in the number of members of the county medical society when calculating the number of delegates to the Association as provided in Chapter VI, Section 2. Such membership shall terminate when the military member is transferred from the jurisdiction of the county medical society concerned or when his tour of duty terminates.

Sec. 10. (g) *Intern and Resident.*—Physicians who are serving internships and residencies in hospitals as a part of their educational qualifications and who are not in private practice may be elected by county societies when the hospital is located within the geographical boundaries of said county society or societies as "intern members" or "resident members," such membership to terminate with the completion of the internship or residency. When so elected, intern or resident members shall be entitled to all of the privileges of membership in the Association, except the right to vote, hold office, endorse applications for membership, or serve as a delegate or alternate delegate to the Association, provided that they pay the annual dues as required in the Bylaws and that their names are duly reported in the annual reports of the county societies.

Sec. 10. (h) *Student.*—Full-time students who are pursuing a course of study in a medical school in Texas approved by the Texas State Board of Medical Examiners leading to the degree of Doctor of Medicine (and/or Doctor of Osteopathy) may be elected by county societies when the medical school is located within the geographical boundaries of said county society or societies as "student members," such membership to cease upon termination of student status. When so elected, student members shall be entitled to all of the privileges of membership in the Association except the right to vote, hold office, endorse applications for membership or serve as a delegate or alternate delegate to the Association, provided that they pay the annual dues as required in the Bylaws and that their names are duly recorded in the annual reports of the county society.

Sec. 11. *Leave of Absence.*

County medical societies may grant a leave of absence to those physician members who leave the

active practice of medicine for a proposed period of one year or more to engage in one or more of the following:

(1) Further training in an approved internship or an approved residency;

(2) Service as a missionary outside the geographical limits of the United States of America;

(3) Temporary service in the armed forces of the United States of America;

(4) Temporary civilian service outside the geographical limits of the United States of America;

(5) Sick leave.

Sec. 12. *Transfer of Members.*

A member of a component county society moving to a county over which another component county society holds jurisdiction shall forfeit his membership after a period of six months from the date of his location in his new place of residence, unless he has in the meantime transferred his membership to the said component county society holding jurisdiction, as provided in these Bylaws, unless and except he has secured the permission of said component county society holding jurisdiction to remain a member of his previous society or to join another and more conveniently located society, as provided for in Chapter X, Section 9.

Any honorary or inactive member of a component county society who has moved from the jurisdiction of his county society shall, upon his written request, be granted the right to transfer to another component county medical society within this state. When such transfer is presented to a component county society, it will be honored, and the physician will at once become an honorary or inactive member thereof without serving a period of provisional membership and without attending the orientation program, his status being the same as in his original county society. Thereafter, the secretary of his new county society will report the physician on the annual reports as an inactive or honorary member. Such a member may return to the status of regular membership only by returning to the jurisdiction of the county society by whom he was nominated for honorary or inactive membership or by applying for provisional membership in the new society and complying with all requirements for membership in the new society.

Any member of a component county medical society whose dues are paid and against whom no charges of unethical or immoral conduct are pending and who has moved from the jurisdiction of his county society shall, upon his written request, be granted the right to transfer to another component county society within this state or to a county society in another state. When such a transfer is presented to a component county society within this state, it may be honored, and the applicant may at once become a provisional member thereof, without additional expense to him, provided that in the meantime charges of unethical or immoral conduct have not been presented to either the old or the new county society, which may be dealt with better in the old county society than in the new, under which circumstances the transfer papers shall be returned to the society granting them with full information as to the charges and accusations made; and it shall be the duty of the county society in which the membership thus remains to deal with the accused in accordance with these Bylaws. In the instance a transfer from one component society to another is completed, the secretary of the society receiving the transferred member shall immediately notify the secretary of the society extending the permit to transfer of all the facts in the case, and each secretary shall make due record thereof and shall promptly notify the Executive Director of the Association of the transaction. Any member received by a county society on transfer from a component county society of another state shall pay the amount of the per capita dues to the Association for the current year. In such instances, county and district society dues shall be waived.

Sec. 13. *Committees.*

Sec. 13. (a) *Public Grievance.*—Each component county society shall set up a standing committee to be known as the county Public Grievance Committee. This committee shall have the duty of investigating and supervising the ethical deportment of the membership of the component county society for which it serves and shall receive complaints from the general public against members of the society as provided in Chapter XI, Section 2.

This committee shall consist of three or more members appointed by the president of the county society, each with a term of office of three years, with their appointments so arranged that one-third, as nearly as possible, shall be named each year. The committee shall elect a chairman and a secretary.

Sec. 13. (b) *Medical Legislation and Public Relations.*—There shall be a Committee on Medical Legislation and Public Relations in each component county society, the duties of which committee shall be to cooperate with the Executive Board of the Association, with the Council on Medical Legislation, and with the Council on Community Health Affairs and with the Council on Communication in public health, legal, and legislative matters. It shall perform such other duties as may be required of it by its county society. It shall be permissable for county medical societies to divide these duties between a Committee on Medical Legislation and a Committee on Public Relations.

Sec. 13. (c) *Adjudication and Medical Testimony.*—A component county medical society may establish a standing committee to be known as the Adjudication and Medical Testimony Committee. This committee shall review the evidence in any case in which a member of the component county medical society has offered medical testimony in court or in which a written medical report was submitted preparatory to a hearing or trial where it may appear to the presiding judge, to any attorney, to either party in the litigation, to another member of the component county medical society, or to the Adjudication and Medical Testimony Committee itself that such member's statements were so contradictory to established facts as to suggest conscious distortion of the truth or otherwise so plainly wrong as to suggest incompetence.

The Adjudication and Medical Testimony Committee shall consist of not less than three nor more than twelve members appointed by the president of the component county medical society, each with a term of office of three years, with their appointments so arranged that one-third, as nearly as possible, shall be named each year. The committee shall elect a chairman and a secretary.

Sec. 14. *Fees for Professional Services.*

No official action shall be taken by the component county societies establishing a fixed schedule of fees for the medical, surgical, and special services of its members, provided that this Bylaw shall not be so construed as to prevent the discussion of such matters as service and charges therefor or unofficial agreement between physicians as such, rather than as members of component county societies, as to what charges would be proper for such services.

Chapter XI. Disciplinary Procedure.

Sec. 1. *Applicable Documents.*

The Principles of Medical Ethics of the American Medical Association shall govern the members of component county societies in their relationship to each other, to their societies, and to the public. Component county medical societies shall have the authority to exact compliance with all laws, rules, and regulations covered by this Constitution and Bylaws or all laws, rules, and regulations covered by the approved constitution and bylaws and publicity code of the component county medical society through such disciplinary action as censure, suspension, or expulsion; provided, however, that the laws, rules, and regulations covered by the constitution and bylaws of the component county medical society shall not be in conflict with the Constitution and Bylaws of the Association.

Sec. 2. *Public Grievance Committee.*

Sec. 2. (a) When charges or complaints, other than those designated in Chapter XI, Section 2A to be presented before the Adjudication and Medical Testimony Committee, are made against a member of a component county medical society from any person other than another member of a component county medical society or the Texas Medical Association, the said charges or complaints shall be reduced to writing and referred, without reading or debate, together with all papers and exhibits to the Public Grievance Committee of the component county medical society.

Sec. 2. (b) The secretary of the Public Grievance Committee shall acknowledge receipt of every complaint, shall notify the physician involved, and shall make available to him a copy of the complaint.

Sec. 2. (c) The chairman of the Public Grievance Committee shall process each complaint and, depending on the seriousness of the complaint, may assign first investigation either to one member of the committee or the entire committee. In the less serious cases or complaints, one member of the committee may be assigned to make the first investigation and report to the committee in a confidential manner.

Sec. 2. (d) In cases or complaints involving disagreement where the differences may be resolved to the satisfaction of both parties concerned, such solution may be made. However, in all cases where this is not possible, the function of the Public Grievance Committee shall be solely to receive and investigate charges or complaints and, after investigating and summing up the facts, to present the matter to the Board of Censors of the component county medical society with the recommendation that it be, or not be, prosecuted.

Sec. 2. (e) All charges or complaints, be they resolved to the satisfaction of both parties or capable of being resolved, or not, shall be turned over to the Board of Censors with accompanying written recommendations either for or against further action. When the recommendation of the Public Grievance Committee is not the unanimous opinion of its members, a minority report in writing may go with the report of the entire committee.

Sec. 2. (f) The Public Grievance Committee, after recommending action to the Board of Censors and turning over to the Board of Censors its investigative file, shall furnish a written statement, in brief, of the findings of the committee to both the original complainant and the accused physician. The secretary of the committee shall keep appropriate and sufficient records of all its final reports.

Sec. 2. (g) In cases in which charges are ultimately prosecuted before the Board of Censors, the Public Grievance Committee, after having once received such charges, accusations, and complaints and having thoroughly investigated them, shall represent the complaining party in the hearing before the Board of Censors and shall prosecute the charges just as would a prosecuting attorney's office.

Sec. 2. (h) The Public Grievance Committee may also investigate, prefer, and prosecute charges or complaints on its own initiative before the Board of Censors where circumstances warrant such action.

Sec. 2. (i) The Public Grievance Committee shall have no final jurisdiction in a judicial way and shall not assume the authority to either discipline or release members of the component county medical society from charges or complaints. The committee may, however, at any time express its advice to a member of the component county medical society on a matter of professional conduct. The committee shall be guided in all matters by the Principles of Medical Ethics of the American Medical Association.

Sec. 2. (j) The Public Grievance Committee shall have authority, at its discretion, to take verbatim testimony at any hearing or proceeding held before the committee. A qualified reporter of the committee's selection may be employed to take transcript of the proceedings or hearings held before the committee or, in the alternative at the committee's discretion, recording equipment may be employed.

Transcripts and/or recordings taken in the course of proceedings or hearings before the Public Grievance Committee are for the exclusive use of the Public Grievance Committee and shall not be available for use or study by the accused member or the complainant.

Sec. 2. (k) The Public Grievance Committee will respect the completely confidential nature of any complaint or charge, provided that any complainant unwilling to appear personally before the committee will be given to understand that such unwillingness prejudices against the possibility of the committee being able to make a complete investigation. Complainants shall be assured that appearance before the committee, both as to the appearance itself and the information divulged, will be kept confidential; except that if any form of prosecution results, the committee will, of necessity, reveal the names of prospective witnesses including the complainant.

Sec. 2. (l) No person other than committee members, a reporter if one has been employed by the committee, and the particular witness being heard at the time shall be present at any hearing or proceeding held before the Public Grievance Committee.

Sec. 2. (m) The Public Grievance Committee or the component county medical society, through its constitution and bylaws, may adopt or promulgate such additional rules or forms of procedure as is deemed necessary or expedient to govern the conduct of the hearings or proceedings before the Public Grievance Committee; provided, however, that any such rules or forms of procedure so adopted or promulgated shall not be in conflict with the provisions set forth in Chapter XI, Section 2. In the absence of rules to the contrary, *Sturgis Standard Code of Parliamentary Procedure* shall govern proceedings before the Public Grievance Committee.

Sec. 2. (n) The Public Grievance Committee shall have the authority to summon witnesses and interrogate them on their honor, insofar as the

Texas Medical Association may grant such prerogatives. The Public Grievance Committee shall also summon such witnesses as are requested by the parties to the hearing or proceeding. Written notice to the prospective witness specifying the date, time, and place of the hearing or proceeding and that he or she has been requested to appear as a witness will be deemed sufficient notification or summons.

Sec. 2. (o) The Public Grievance Committee shall report to the Board of Councilors of the Texas Medical Association, an annual statistical information report on all complaints, which shall include only the number and type of complaints, and their disposition.

Sec. 2A. *Adjudication and Medical Testimony Committee.*

Sec. 2A. (a) When charges or complaints are made against a member of a component county medical society by any person, including another member of the component county medical society or the Texas Medical Association, and such charges or complaints arise from a case in which a member of the society has offered medical testimony in court or in which a written medical report was submitted preparatory to a hearing or trial and where it may appear to the presiding judge, to any attorney, to either party in the litigation, to another member of the society, or to the committee itself that a member's statements are so contradictory to established facts as to suggest conscious distortion of the truth or otherwise so plainly wrong as to suggest incompetence, said charges or complaints shall be reduced to writing and referred, without reading or debate, together with all papers and exhibits to the Adjudication and Medical Testimony Committee of the component county medical society.

Sec. 2A. (b) The secretary of the Adjudication and Medical Testimony Committee shall acknowledge receipt of every complaint, shall notify the physician involved, and shall make available to him a copy of the complaint.

Sec. 2A. (c) The chairman of the Adjudication and Medical Testimony Committee shall process each complaint and, depending upon the seriousness of the complaint, may assign the first investigation either to one member of the committee or the entire committee. In the less serious cases or complaints, one member of the committee may be assigned to make the first investigation and report to the committee in a confidential manner.

Sec. 2A. (d) In cases or complaints involving disagreement where the differences may be resolved to the satisfaction of both parties concerned, such solution may be made. However, in all cases where this is not possible, the function of the Adjudication and Medical Testimony Committee shall be solely to receive and investigate charges or complaints and, after investigating and summing up the facts, to present the matter to the Board of Censors of the component county medical society with the recommendation that it be, or not be, prosecuted.

Sec. 2A. (e) All charges or complaints, be they resolved to the satisfaction of both parties or capable of being resolved, or not, shall be turned over to the Board of Censors with accompanying written recommendation of the Adjudication and Medical Testimony Committee either for or against further action. When the recommendation of the Adjudication and Medical Testimony Committee is not the unanimous opinion of its members, a minority report in writing may go with the report of the entire committee.

Sec. 2A. (f) The Adjudication and Medical Testimony Committee, after recommending action to the Board of Censors and turning over to the Board of Censors its investigative file, shall furnish a written statement, in brief, of the findings of the committee to both the original complainant and the accused physician. The secretary of the committee shall keep appropriate and sufficient records of all its final reports.

Sec. 2A. (g) In cases in which charges are ultimately prosecuted before the Board of Censors, the Adjudication and Medical Testimony Committee, after having once received such charges, accusations, and complaints and having thoroughly investigated them, shall represent the complaining party in the hearing before the Board of Censors and shall prosecute the charges just as would a prosecuting attorney's office.

Sec. 2A. (h) The Adjudication and Medical Testimony Committee may also investigate, prefer, and prosecute charges or complaints on its own initiative before the Board of Censors where circumstances warrant such action.

Sec. 2A. (i) Medical testimony or medical reports which may come under the scrutiny of the Adjudication and Medical Testimony Committee include but are not limited to civil, criminal, and lunacy actions, as well as actions brought under the provisions of the Employer's Liability and Workmen's Compensation Insurance Laws, provided the Adjudication and Medical Testimony Committee shall not acquire jurisdiction of any charge or complaint until such time as the case from which such charge or complaint arose has been finally disposed of in a court of law, whether it be the trial court or the appellate court.

Sec. 2A. (j) The Adjudication and Medical Testimony Committee shall have no final jurisdiction in a judicial way and shall not assume the authority either to discipline or release members of the component county medical society from charges or complaints. The committee may, however, at any time express its advice to a member of a component county medical society on a matter of professional conduct. The committee shall be guided in all matters by the Principles of Medical Ethics of the American Medical Association.

Sec. 2A. (k) The Adjudication and Medical Testimony Committee shall have authority, at its discretion, to take verbatim testimony at any hearing or proceeding held before the committee. A qualified reporter of the committee's selection may be employed to take a transcript of the proceeding or hearing held before the committee or, in the alternative at the committee's discretion, recording equipment may be employed.

Transcripts and/or recordings taken in the course of proceedings or hearings before the Adjudication and Medical Testimony Committee are for the exclusive use of the Adjudication and Medical Testimony Committee and shall not be available for use or study by the accused member or the complainant.

Sec. 2A. (l) The Adjudication and Medical Testimony Committee will respect the completely confidential nature of any complaint or charge, provided that any complainant unwilling to appear personally before the committee will be given to understand that such unwillingness prejudices against the

possibility of the committee being able to make a complete investigation. Complainants shall be assured that appearance before the committee, both as to the appearance itself and the information divulged, will be kept confidential; except that if any form of prosecution results, the committee will, of necessity, reveal the names of prospective witnesses including the complainant.

Sec. 2A. (m) No person other than committee members, a reporter if one has been employed by the committee, and the particular witness being heard at the time shall be present at any hearing or proceeding held before the Adjudication and Medical Testimony Committee.

Sec. 2A. (n) Any member of the component county medical society requested by the committee to express his opinion regarding disputed testimony or reports must appear before the committee for such purpose. It is always to be recognized that, within reasonable limits, physicians may differ in examination procedures, opinion on diagnosis, methods of treatment, and estimates of disability; such differences, when considered by the committee to arise honestly and sincerely, shall not support any inference of erroneous information.

Sec. 2A. (o) The Adjudication and Medical Testimony Committee shall have the authority to summon witnesses and interrogate them on their honor insofar as the Texas Medical Association may grant such prerogatives. The Adjudication and Medical Testimony Committee shall also summon such witnesses as are requested by the parties to the hearing or proceeding. Written notice to the prospective witness specifying the date, time, and place of the hearing or proceeding and that he or she has been requested to appear as a witness will be deemed sufficient notification or summons. Such notice to a witness must be given two weeks prior to the committee hearing.

Sec. 2A. (p) A member of the component county medical society whose medical testimony or report is to be investigated must be informed at least two weeks in advance of a committee hearing, and he must then appear in person to offer evidence in his own behalf.

Sec. 2A. (q) The Adjudication and Medical Testimony Committee may, in its discretion, go into executive session while discussing the case and rendering its decision.

Sec. 2A. (r) The Adjudication and Medical Testimony Committee or the component county medical society, through its constitution and bylaws, may adopt or promulgate such additional rules or forms of procedure as deemed necessary or expedient to govern the conduct of the hearings or proceedings before the committee; provided, however, that any such rules or forms of procedure so adopted or promulgated shall not be in conflict with the provisions set forth in Chapter XI, Section 2A. In absence of rules to the contrary, *Sturgis Standard Code of Parliamentary Procedure* shall govern proceedings before the Adjudication and Medical Testimony Committee.

Sec. 2A. (s) The Adjudication and Medical Testimony Committee or the Public Grievance Committee of a component county medical society shall be authorized to receive complaints relative to medical fees and the reasonableness thereof. The component county medical society shall designate which of these two committees is to assume the responsibility, and in no event will both committees handle complaints relative to medical fees. When the Adjudication and Medical Testimony Committee is so designated, complaints will be processed in the same manner as other complaints before said committee.

Sec. 3. *Board of Censors.*

Sec. 3. (a) When charges of unethical, criminal, or gross unprofessional conduct, lunacy charges, or violation of the Principles of Medical Ethics or of the laws of the Association or the component county medical society are made against a member of the component county medical society by another member of a component county medical society of the Association, the said charges shall be reduced to writing and referred, without reading or debate, together with all papers and exhibits to the Board of Censors of the accused member's component county medical society.

Sec. 3. (b) The Board of Censors shall also receive, review, and act upon, if necessary, all complaints or charges originally instigated before the Public Grievance Committee and which have been referred to the Board of Censors pursuant to Chapter XI, Section 2.

Sec. 3. (b)(1) The Board of Censors, upon review of the charge or complaint and the accompanying recommendation referred to it by the Public Grievance Committee, may, in its discretion, abide by the recommendation of the Public Grievance Committee that no further action is necessary or may, in the alternative, hold further proceedings or hearings upon the charge or complaint pursuant to formal charges being filed and reduced to writing.

Sec. 3. (b)(2) The Board of Censors in all cases in which the Public Grievance Committee has recommended that further action be taken shall require that the Public Grievance Committee reduce the charge or complaint to writing.

Sec. 3. (bb) The Board of Censors shall likewise receive, review, and act upon, if necessary, all complaints or charges originally presented to the Adjudication and Medical Testimony Committee and which have been referred to the Board of Censors pursuant to Chapter XI, Section 2A.

Sec. 3. (bb)(1) The Board of Censors, upon review of the charge or complaint and the accompanying recommendation referred to it by the Adjudication and Medical Testimony Committee, may, in its discretion, abide by the recommendation of the Adjudication and Medical Testimony Committee that no further action is necessary or may, in the alternative, hold further proceedings or hearings upon the charge or complaint pursuant to formal charges being filed and reduced to writing.

Sec. 3. (bb)(2) The Board of Censors in all cases in which the Adjudication and Medical Testimony Committee has recommended that further action be taken shall require that the Adjudication and Medical Testimony Committee reduce the charge or complaint to writing.

Sec. 3. (c) The Board of Censors shall have the authority, upon its own initiative, to file charges against a member of the component county medical society, if, in its opinion, such charges are warranted. Any such charges so filed must be reduced to writing.

Sec. 3. (d) Upon the filing of written charges with the Board of Censors against a member of the component county medical society, the Board of Censors shall immediately notify the accused member in

writing that such action has been taken and, in addition, forward to the accused member a copy of the charges so filed.

Sec. 3. (e) The Board of Censors shall give ample notice to the member against whom charges have been filed as to the date, time, and place of the hearings or proceedings to be held before the Board of Censors upon the charges so filed, but in no instance shall such notice be less than two weeks prior to the date so designated by the Board of Censors for such hearing or proceeding.

Sec. 3. (f) The accused member in any formal hearing or proceeding after charges have been filed in writing before the Board of Censors shall be entitled to counsel of his own selection from among the members of the Texas Medical Association, so long as said counsel shall respect and obey the rules of procedure established by the Board of Censors. The Board of Censors may, in its discretion, limit the number of counsels actively participating in a hearing or proceeding held before it when, in its opinion, such is necessary or warranted in the furtherance of the orderly conduct of the hearing or proceedings.

Sec. 3. (g) The Board of Censors shall have authority to take verbatim testimony at any hearing or proceeding held before it and must so do if requested by the accused member. A qualified reporter of the board's selection may be employed to take a transcript of the proceedings or hearings held before the Board of Censors or, in the alternative at the board's discretion, recording equipment may be employed. A copy of the transcript shall be made available to the accused member upon his written request.

Sec. 3. (h) The Board of Censors shall, in its sole discretion, determine whether or not open or closed hearings or proceedings will be conducted and may at any time limit or bar admittance to its hearings or proceedings with the exception of the accused member, the counsel of his selection, and a representative and/or prosecutor from the Public Grievance Committee or the Adjudication and Medical Testimony Committee.

Sec. 3. (i) The Board of Censors may, in its discretion, grant recesses upon its own motion or upon the motion of either party to the hearing or proceeding for such periods of time as the Board of Censors deems warranted.

Sec. 3. (j) The Board of Censors shall, when discussing and/or voting upon any issues heard or raised before it, do so in executive session.

Sec. 3. (k) The accused member or his counsel shall have the right to examine or cross-examine any witness testifying at any formal hearing or proceeding after charges have been filed before the Board of Censors. The individual members of the Board of Censors and the Public Grievance Committee or Adjudication and Medical Testimony Committee shall have the right to examine or cross-examine any witness testifying at any hearing or proceeding before the Board of Censors; provided, however, that the Board of Censors may require that the Public Grievance Committee or the Adjudication and Medical Testimony Committee designate a member or members to do all examination or cross-examination of witnesses.

Sec. 3. (l) The Board of Censors of the component county medical society, through its constitution and bylaws, may adopt or promulgate such additional rules or forms of procedure as is deemed necessary or expedient to govern the conduct of the hearings or proceedings before the Board of Censors; provided, however, that any such rules or forms of procedure so adopted or promulgated shall not be in conflict with the provisions set forth in Chapter XI, Section 3. In the absence of rules to the contrary, *Sturgis Standard Code of Parliamentary Procedure* shall govern proceedings before the Board of Censors.

Sec. 3. (m) The Board of Censors shall have the authority to summon witnesses and interrogate them on their honor, insofar as the Texas Medical Association may grant such prerogatives. The Board of Censors shall also summon such witnesses as are requested by the parties to the hearing or proceeding. Written notice to the prospective witness specifying the date, time, and place of the hearing or proceeding and that he or she has been requested to appear as a witness will be deemed sufficient notification or summons.

Sec. 3. (n) Failure of the accused member to appear or be represented by counsel at any hearing or proceeding ordered or set by the Board of Censors will not preclude the Board of Censors from conducting such hearing or proceeding and reaching a decision or verdict.

Sec. 3. (o) The Board of Censors shall have the authority upon its own motion or upon the motion of any party to a hearing or proceeding held before it to object to the introduction of evidence or testimony upon the grounds that it is immaterial, irrelevant, or has no direct bearing upon the charges or issues before the Board of Censors. Any motion or objection as to evidence or testimony sustained by the Board of Censors shall result in the evidence or testimony so objected to being struck from any agreed summary or testimony which may be ultimately presented to the society, provided, however, that the accused member shall have the right to make exception to such ruling of the Board of Censors and either by stipulation, direct testimony, or introduction of evidence to preserve such testimony or evidence for consideration by the Board of Councilors upon the perfection of an appeal by the accused member to the Board of Councilors.

Sec. 3. (p) Upon the conclusion of hearings or proceedings held before the Board of Censors upon charges filed against the accused member, the Board of Censors shall present to the component county medical society all testimony adduced at the hearings or proceedings held before the Board of Censors or a comprehensive summary of the same which has been agreed to by both the accused and the Board of Censors, save and except any such testimony or evidence excluded by virtue of the provisions contained in Chapter XI, Section 3 (o).

Sec. 3. (q) In the event that the Constitution and Bylaws of the Texas Medical Association allow and the constitution and bylaws of the component county medical society provide for the trial of an accused member before an Executive Board* of the component county medical society, the provision contained in Chapter XI, Section 3 (p) shall not be applicable, except as provided for in Chapter XI, Section 4 hereafter set forth, and the Board of Censors upon the conclusion of the hearings or proceedings held before it upon charges filed against an accused member shall notify the Executive Board and shall thereafter represent the complaining

*Hereinafter, all references to "Executive Board" in this chapter refers to the executive board of a component county medical society.

party in the hearings or proceedings before the Executive Board and shall prosecute the charges just as would a prosecuting attorney's office.

Sec. 4. *Executive Board.*

Sec. 4. (a) Should the constitution and bylaws of the component county medical society provide for the membership of the Executive Board to include the members of the Board of Censors, such individual members of the Board of Censors will be restricted to prosecuting an accused member before the Executive Board upon the charges alleged and shall not have a vote upon the guilt or innocence of the accused member or any subsequent vote assessing a penalty.

Sec. 4. (b) Upon receipt of notification from the Board of Censors that hearings or proceedings held before it have been concluded, the Executive Board shall give ample notice to the accused member as to the date, time, and place of the hearings or proceedings to be held before the Executive Board upon the charges so filed, but in no instance shall such notice be less than two weeks prior to the date so designated by the Executive Board for such hearing or proceeding.

Sec. 4. (c) It shall not be necessary to furnish the accused member with a copy of the charges so filed with the Executive Board by the Board of Censors, unless the Board of Censors has filed amendments to the original charge with the Executive Board. In the event that the Board of Censors should file an amended charge against the accused member, the Executive Board shall forward a copy thereof by mail to the accused member.

Sec. 4. (d) The accused member in any hearing or proceeding before the Executive Board shall be entitled to counsel of his own selection from among the members of the Texas Medical Association, so long as said counsel shall respect and obey the rules of procedure established by the Executive Board. The Executive Board may, in its discretion, limit the number of counsels actively participating in a hearing or proceeding held before it when, in its opinion, such is necessary or warranted in the furtherance of the orderly conduct of the hearing or proceeding.

Sec. 4. (e) The Executive Board shall have authority to take verbatim testimony at any hearing or proceeding held before it and must so do if requested by the accused member. A qualified reporter of the board's selection may be employed to take a transcript of the proceedings or hearings held before the Executive Board or, in the alternative at the board's discretion, recording equipment may be employed. A copy of the transcript shall be made available to the accused member upon his written request.

Sec. 4. (f) The Executive Board shall, in its sole discretion, determine whether or not open or closed hearings or proceedings will be conducted and may at any time limit or bar admittance to its hearings or proceedings with the exception of the accused member, the counsel of his selection, and a representative and/or prosecutor from the Board of Censors.

Sec. 4. (g) The Executive Board may, in its discretion, grant recesses upon its own motion or upon the motion of either party to the hearing or proceeding for such periods of time as the Executive Board deems warranted.

Sec. 4. (h) The Executive Board shall, when discussing and/or voting upon any issues heard or raised before it, do so in executive session.

Sec. 4. (i) The accused member or his counsel shall have the right to examine or cross-examine any witness testifying at any hearing or proceeding before the Executive Board. The individual members of the Executive Board and the Board of Censors shall have the right to examine or cross-examine any witness testifying at any hearing or proceeding before the Executive Board; provided, however, the Executive Board may require that the Board of Censors designate a member or members to do all examination or cross-examination of witnesses.

Sec. 4. (j) The Executive Board or the component county medical society, through its constitution and bylaws, may adopt or promulgate such additional rules or forms of procedure as is deemed necessary or expedient to govern the conduct of the hearings or proceedings before the Executive Board; provided, however, that any such rules or forms of procedure so adopted or promulgated shall not be in conflict with the provisions set forth in Chapter XI, Section 4. In the absence of rules to the contrary, *Sturgis Standard Code of Parliamentary Procedure* shall govern proceedings before the Executive Board.

Sec. 4. (k) The Executive Board shall have the authority to summon witnesses and interrogate them on their honor, insofar as the Texas Medical Association may grant such prerogatives. The Executive Board shall also summon such witnesses as are requested by the parties to the hearing or proceeding. Written notice to the prospective witness specifying the date, time, and place of the hearing or proceeding and that he or she has been requested to appear as a witness will be deemed sufficient notification or summons.

Sec. 4. (l) Failure of the accused member to appear or be represented by counsel at any hearing or proceeding ordered or set by the Executive Board will not preclude the Executive Board from conducting such hearing or proceeding and reaching a decision or verdict.

Sec. 4. (m) The Executive Board shall have the authority upon its own motion or upon the motion of any party to a hearing or proceeding held before it to object to the introduction of evidence or testimony upon the grounds that it is immaterial, irrelevant, or has no direct bearing upon the charges or issues before the Executive Board. Any motion or objection as to evidence or testimony sustained by the Executive Board shall result in the evidence or testimony so objected to being struck from any agreed summary or testimony which may be ultimately presented to the society, if the constitution and bylaws of the component county medical society provide for an appeal to the society. Provided, however, the accused member shall have the right to make exception to such ruling of the Executive Board and either by stipulation, direct testimony, or introduction of evidence preserve such testimony or evidence for consideration by the Board of Councilors upon the perfection of an appeal by the accused member to the Board of Councilors.

Sec. 4. (n) The voting of the Executive Board upon the guilt or innocence of the accused, and any penalty assessed shall be in conformity with the provisions contained in Chapter XI, Section 5.

Sec. 4. (o) Should the constitution and bylaws of the component county medical society provide for or allow an appeal from the decision of the Executive Board to the society, then the Executive Board shall follow the same procedure in presenting the case to the society as applies to the Board of Censors in Chapter X, Section 3 (p), and the action of the society shall then follow the procedure set forth in Chapter XI, Section 5.

Sec. 5. *Component County Medical Society.*

Sec. 5. (a) In the event that the Constitution and Bylaws of the Texas Medical Association does not allow and/or the constitution and bylaws of the component county medical society do not provide for the trial of an accused member before an Executive Board of the component county medical society, the provisions contained in Chapter XI, Section 4 shall be inapplicable, and the Board of Censors upon the conclusion of the hearings or proceedings held before it upon the charges filed against an accused member shall present to the component county medical society all testimony adduced at the hearings or proceedings held before the Board of Censors or a comprehensive summary of the same which has been agreed to by both the accused and the Board of Censors, save and except any such testimony or evidence excluded by virtue of the provisions contained in Chapter XI, Section 3 (e).

Sec. 5. (b) The said testimony or summary shall be read to the society, which shall then proceed to vote upon the guilt or innocence of the accused. All voting shall be by written ballot, and no motion shall be necessary to initiate voting. There shall be no discussion or debate of the issues by either the accused or any member of the component county medical society.

Sec. 5. (c) If the majority vote guilty, the vote shall then be as to whether the accused shall be censured, suspended, or expelled. If the first ballot is not conclusive, the penalty receiving the smallest number of votes shall be dropped, and the balloting continued until the punishment shall have been fixed by the necessary majority as hereafter provided.

Sec. 5. (d) Censure and suspension shall each require a majority of, and expulsion two-thirds of, the members present and voting. If on any ballot a majority vote for suspension, the vote shall then be taken to fix the term of such suspension, dropping after each ballot the penalty receiving the smallest number of votes. If the penalty fixed be suspension for a specified term, this suspension shall date from the date of this action, unless an appeal be taken in which event it shall date from the decision of the tribunal to which the appeal was taken. If suspension be for an indefinite term, the member so suspended shall be privileged to maintain his right to membership by the payment of dues after the expiration of the membership year on December 31. Failure to pay dues as provided in this Constitution and Bylaws shall terminate suspension and membership coincidentally, the suspension operating at any time upon renewal of membership, through whatever procedure. Indefinite suspension shall be terminated only upon majority vote of the component county medical society in regular session after announcement at a preceding regular session that such action is contemplated.

Sec. 5. (e) If in any case the balloting be between expulsion and any other penalty and if expulsion receives a majority composed of less than two-thirds of the members present and voting, this penalty shall be declared lost, and the next succeeding ballot shall be cast to determine whether the other penalty under consideration shall be assessed.

Sec. 5. (f) Members suspended or expelled under the provisions of Chapter XI, Sections 4 and 5 shall be allowed all of the privileges of membership, including subscription to *Texas Medicine*, pending final decision on appeal.

Sec. 6. *General.*

Sec. 6. (a) No action shall be taken by the component county medical society pursuant to the provisions of Chapter XI, Section 5 or the Executive Board of a component county medical society pursuant to the provisions of Chapter XI, Section 4 until at least six weeks have elapsed since the filing of written charges with either the Public Grievance Committee, the Adjudication and Medical Testimony Committee, or the Board of Censors.

Sec. 6. (b) Upon the rendering of a decision or verdict pursuant to the provisions of Chapter XI, Sections 4 or 5, the accused member shall be given written notification by mail of the decision or verdict so reached, and the time for such accused member to perfect his appeal from such verdict or decision shall commence as of the date such notification is received at the accused member's last known office or residence address.

Sec. 6. (c) It shall be the duty of the secretary of the component county society to report promptly to the Board of Councilors any disciplinary action taken against a member resulting in censure, suspension or expulsion of the member.

Sec. 6. (d) Members under charges of unethical conduct or violation of the Constitution and Bylaws of the Association and/or the constitution and bylaws of the component county medical society may not resign except upon three-fourths vote of the members present and voting at a regular meeting of the component county medical society. The vote shall be by secret ballot and shall proceed without motion upon the first opportunity following receipt of written resignation. Oral resignations shall not be considered in this connection.

Sec. 6. (e) If at any time the Texas State Board of Medical Examiners places a physician licensed by the said board on probation, the physician so placed on probation shall automatically lose the status of "Regular Member" and revert to the status of "Provisional Member" of the local county medical society with which that physician is affiliated unless the local county medical society takes other action. The duration of such provisional membership will run concurrently with the probationary period of the Texas State Board of Medical Examiners.

Sec. 7. *Board of Councilors.*

Sec. 7. (a) The Board of Councilors of the Association shall be the final judge of whether or not a given law, rule, or regulation covered by the constitution and bylaws of a component county medical society is in conflict with the Constitution and Bylaws of the Association, and the decision of the Board of Councilors shall be final.

Sec. 7. (b) The Board of Councilors of the Association shall be the final judge of the construction or interpretation of any particular law, rule, regulation, or provision of the Constitution and Bylaws of the Association, and any particular law, rule, regulation, or provision of the constitution and bylaws of a component county medical society.

Sec. 7. (c) The Board of Councilors shall constitute the Board of Censors of the Association.

Sec. 7. (d) The Board of Councilors shall receive and hear appeals of individual members from disciplinary action taken or decisions made by a component county medical society.

Sec. 7. (e) The Board of Councilors shall require compliance with the following procedure in the perfecting of appeals from disciplinary action taken by a component county medical society against a member thereof.

Sec. 7. (e)(1) The appealing member must within twenty days of the receipt of notification of the verdict or decision of the Executive Board or of the component county medical society as provided for in Chapter XI, Section 6 (b) file his or her written brief, reciting definitely, in detail, and in chronological order the circumstances existing between the time of beginning of proceedings to the time of appeal and setting out the reasons why the decision or decisions complained of should be set aside.

Sec. 7. (e)(2) If the appealing member desires a review of the testimony and evidence by the Board of Councilors, it shall be such member's responsibility to file a copy of the transcript with the Board of Councilors at the time of the filing of the written brief. Late filing of the transcript will be allowed by the Board of Councilors if such transcript was not yet available to the appealing member at the time of the filing of his written brief with the Board of Councilors. In no event, however, will the late filing of a transcript by the appealing member be accepted by the Board of Councilors if not filed within three weeks prior to the date designated by the Board of Councilors for a hearing upon the appeal, unless the transcript is still unavailable to the appealing member, in which case the Board of Councilors will postpone the hearing upon the appeal.

Sec. 7. (e)(3) Both parties to any appeal before the Board of Councilors must provide copies of all briefs or other instruments filed with the Board of Councilors to the other party.

Sec. 7. (e)(4) Failure of the appealing member to comply with the provisions of Chapter XI, Section 7 (e) (1) in the time so specified precludes the Board of Councilors from considering an appeal of the decision or verdict of the component county medical society, and such decision or verdict becomes final.

Sec. 7. (e)(5) The Board of Councilors shall have the authority to promulgate such additional rules and regulations governing the perfecting of appeals as in its opinion are necessary or expedient; provided, however, that any such additional rules and regulations promulgated by the Board of Councilors shall not be in conflict with Chapter XI, Section 7 (e) nor with any other part of the Constitution and Bylaws of the Association. Failure to comply with a rule or regulation so promulgated by the Board of Councilors shall not defeat the perfecting of an appeal, unless the appealing party refuses to comply with such rule and regulation, in which event, the appeal will be dismissed by the Board of Councilors, and the verdict or decision of the component county medical society shall become final.

Sec. 7. (f) The component county medical society which rendered the decision or verdict against the appealing member may, in its discretion, file a brief in answer to the issues raised in the appealing member's brief.

Sec. 7. (g) Both sides to any hearing on an appeal before the Board of Councilors shall be entitled to counsel of their choice, respectively, from among the members of the Texas Medical Association, so long as said counsel shall respect and obey the rules of procedure established by the Board of Councilors.

Sec. 7. (h) The Board of Councilors may, in its discretion, limit the number of counsels actively participating in a hearing held before it when, in its opinion, such is necessary or warranted in the furtherance of the orderly conduct of the hearing.

Sec. 7. (i) The Board of Councilors shall, in its sole discretion, determine whether or not open or closed hearings will be conducted and may at any time limit or bar admittance to its hearings with the exception of the appealing member, the counsel of his selection, and a representative and/or counsel of the component county medical society.

Sec. 7. (j) The Board of Councilors shall, when discussing and/or voting upon an appeal heard before it, do so in executive session.

Sec. 7. (k) The Board of Councilors shall have the authority to designate the time available to the parties for argument and the order in which the argument of the parties will be heard.

Sec. 7. (l) Arguments conducted before the Board of Councilors shall be limited to points or issues raised in the briefs filed with the Board of Councilors or rebuttal of allegations in the opposing party's brief. New points or issues not included in the party's brief shall not first be raised during argument before the Board of Councilors.

Sec. 7. (m) Reference shall not be made to alleged facts or evidence in either a party's brief or argument which are not found in the transcript filed with the Board of Councilors. New facts or evidence cannot be considered by the Board of Councilors at the time of hearing before the Board on appeal. Any review of the facts or the evidence by the Board of Councilors must be restricted to those facts and that evidence found in the transcript filed with the Board of Councilors.

Sec. 7. (n) The appealing party may raise the issue of whether or not the ruling below was correct in excluding certain evidence or testimony pursuant to the provisions in Chapter XI, Sections 3 (o) and 4 (m), and the Board of Councilors may review such excluded testimony or evidence found in the transcript for the purpose of determining whether such exclusion was justified and, if not, whether it materially jeopardized the defense of the accused member.

Sec. 7. (o) The Board of Councilors in its review of any evidence or testimony in the transcript shall not attempt to resolve any conflict in such evidence or testimony or substitute its judgment for that of the Executive Board or the component county medical society in evaluating the credibility of such evidence or testimony. The Board of Councilors' sole responsibility in a review of the testimony or evidence shall be to determine whether or not sufficient evidence exists to support the verdict or decision of the component county medical society. The Board of Councilors may only reverse the decision of the component county medical society upon the grounds that there was not sufficient evidence to support the verdict when the transcript reveals that the verdict was clearly against the great weight of the evidence.

Sec. 7. (p) The Board of Councilors shall have authority to decide all questions raised before it upon appeal in which there have been points or issues raised in the brief of the appealing member that the rights afforded him, as an accused member, by virtue of the Constitution and Bylaws of the Association and/or the constitution and bylaws of the component county medical society have been infringed upon or denied; provided, however, that such infringement or denial of the rights afforded an accused member shall not constitute grounds for reversal of the decision or verdict rendered by the component county medical society unless the record, transcript, or instruments filed with the Board of

Councilors for the purpose of the appeal show that at the time of such alleged infringements or denial of the accused member's rights that the accused member objected to such infringement or denial of his rights as afforded by either the Constitution and Bylaws of the Association and/or the constitution and bylaws of the component county medical society and that such objection by the accused member was incorrectly or improperly overruled.

Sec. 7. (q) All decisions rendered by the Board of Councilors shall be in writing and shall set forth the reasons for arriving at such decision. A copy of such decision shall be made of permanent record in the office of the Association, and a copy of such decision shall be forwarded by mail to the appealing member.

Sec. 7. (r) The Board of Councilors shall have authority to take verbatim any argument before the board at any hearing or proceeding held before it. A qualified reporter of the board's selection may be employed to make a transcript of the proceedings or hearings held before the board or, in the alternative at the board's discretion, recording equipment may be employed. Such transcript shall be for the sole use of the Board of Councilors and will not be available for the use of either party to the appeal unless essential to perfect an appeal from the decision of the Board of Councilors to the Judicial Council of the American Medical Association.

Sec. 7. (s) The Board of Councilors shall have the authority to adopt or promulgate such additional rules or forms of procedure as are deemed necessary or expedient to govern the conduct of hearings or proceedings held before it; provided, however, that any such rules or forms of procedure so adopted or promulgated shall not be in conflict with the provisions set forth in Chapter XI, Section 7; and provided further, that any rules or forms of procedure so adopted or promulgated should be patterned as nearly as possible after the procedures of courts of appeal under the civil and criminal laws of the State of Texas.

Sec. 7. (t) The decisions of the Board of Councilors in all cases shall be final, except that a member, a component county medical society, or a district society may appeal to the Judicial Council of the American Medical Association in accordance with the Bylaws of that organization.

CHAPTER XII. DISTRICT SOCIETIES.

Sec. 1. The Board of Councilors shall organize the profession of each councilor district into a district society when practicable and shall cause charters to be issued to said district societies in the manner and after the form prescribed for county societies in Chapter IV, Section 5 and in Chapter X, Sections 1 and 2. It shall be lawful to combine two or more districts into one society but not to divide districts for this purpose.

Sec. 2. District societies, so organized and chartered, should have as their purpose the improvement of the scientific knowledge and education of the members of their respective societies, and they shall under no circumstances assume the prerogatives or functions of component county societies. Officers of district societies shall be as desired by the said societies, and their duties shall be as they may define, provided they do not in any manner contravene the provisions of this Constitution and Bylaws.

CHAPTER XIII. COUNCILOR DISTRICTS.

Sec. 1. The House of Delegates, acting upon the advice of the Board of Councilors, shall divide the state into appropriate councilor districts, as provided for in Article IX.

Sec. 2. There shall be fifteen councilor districts in Texas, the counties being thus grouped:

District 1: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Loving, Pecos, Presidio, Reeves, Terrell, Ward, and Winkler.

District 2: Andrews, Borden, Dawson, Ector, Fisher, Gaines, Glasscock, Howard, Kent, Lynn, Martin, Midland, Mitchell, Nolan, Scurry, Stonewall, Terry, and Yoakum.

District 3: Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Cottle, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Foard, Garza, Gray, Hale, Hall, Hansford, Hardeman, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler.

District 4: Brown, Coke, Coleman, Concho, Crane, Crockett, Irion, Kimble, McCulloch, Mason, Menard, Mills, Reagan, Runnels, San Saba, Schleicher, Sterling, Sutton, Tom Green, and Upton.

District 5: Atascosa, Bandera, Bexar, Comal, Dimmit, Edwards, Frio, Guadalupe, Gillespie, Gonzales, Karnes, Kendall, Kerr, Kinney, LaSalle, Maverick, Medina, Real, Uvalde, Val Verde, Wilson, and Zavala.

District 6: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata.

District 7: Bastrop, Blanco, Burnet, Caldwell, Hays, Lampasas, Lee, Llano, Travis, and Williamson.

District 8: Brazoria, Calhoun, Colorado, DeWitt, Fayette, Fort Bend, Galveston, Goliad, Jackson, Lavaca, Matagorda, Victoria, and Wharton.

District 9: Austin, Burleson, Grimes, Harris, Madison, Montgomery, Polk, San Jacinto, Trinity, Walker, Waller, and Washington.

District 10: Angelina, Chambers, Hardin, Jasper, Jefferson, Liberty, Nacogdoches, Newton, Orange, Sabine, San Augustine, Shelby, and Tyler.

District 11: Anderson, Cherokee, Freestone, Henderson, Houston, Leon, Panola, Rusk, Smith, and Wood.

District 12: Bell, Bosque, Brazos, Comanche, Coryell, Erath, Falls, Hamilton, Hill, Hood, Johnson, Limestone, McLennan, Milam, Navarro, Robertson, and Somervell.

District 13: Archer, Baylor, Callahan, Clay, Eastland, Haskell, Jack, Jones, Knox, Montague, Palo Pinto, Parker, Shackelford, Stephens, Tarrant, Taylor, Throckmorton, Wichita, Wilbarger, Wise, and Young.

District 14: Collin, Cooke, Dallas, Delta, Denton, Ellis, Fannin, Franklin, Grayson, Hopkins, Hunt, Kaufman, Lamar, Rains, Rockwall, and Van Zandt.

District 15: Bowie, Camp, Cass, Gregg, Harrison, Marion, Morris, Red River, Titus, and Upshur.

Chapter XIV. Membership Dues and Special Assessments.

Sec. 1. Dues of not more than $180 per capita on the membership of component county societies shall be levied each year and shall constitute the Association dues. These dues shall be collected by the component county society secretaries or treasurers and forwarded without delay to the Association office, and the Executive Director shall duly receipt therefor.

Sec. 2. Members joining component county societies after July 1 shall pay one-half of the Association dues for that year.

Sec. 3. The House of Delegates may levy such per capita special assessments as the House deems necessary to defray specific Texas Medical Association expenses. Such special assessments shall be collected and paid by component county medical societies in the same manner as dues and shall carry the same penalty for nonpayment.

Sec. 4. Intern and resident members, when elected as provided in these Bylaws, shall pay dues to the Association of $10 per year collected by their county societies. Such paid membership will entitle each to receive *Texas Medicine* and other Association publications.

Sec. 5. Student members shall pay no dues. Such members will receive *Texas Medicine* and other Association publications.

Sec. 6. Military members as defined in Chapter X, Section 10 (f) shall pay dues of $10 per annum which amount shall include subscription to *Texas Medicine*.

Sec. 7. Honorary members, as provided for in these Bylaws, shall pay no dues but may subscribe to *Texas Medicine*.

Sec. 8. Inactive members, as provided for in these Bylaws, shall pay no dues but may subscribe to *Texas Medicine*.

Sec. 9. Members granted leave of absence shall pay dues of $10 per annum which amount shall include subscription to *Texas Medicine;* however, members granted a leave of absence for temporary service in the armed forces of the United States shall not be required to pay dues but may subscribe to *Texas Medicine*.

Sec. 10. The Trustees may divide the General Fund, herein provided for, into such funds as may be for the best interests of the Association and may make appropriations therefrom to meet the requirements of the Association. The Trustees shall maintain a Contingency Fund to be used to meet such emergencies as might develop in an amount of not less than $100,000.

Chapter XV. Rules of Conduct.

Sec. 1. The Principles of Medical Ethics of the American Medical Association, as at present published or as hereafter amended, shall govern the conduct of the members of the Association in their relationship to each other and the public.

Sec. 2. In consultation, the dictates of humanity shall be the governing principle, but it shall be considered unprofessional and unethical for a physician to enter into any business relations with a practitioner of sectarian medicine or a cultist, which would tend to commend such limited practices, establish them in the confidence of the public, or bring reproach upon the good name of the medical profession.

Sec. 3. It shall be considered unprofessional and unethical to engage in the practice commonly known as fee splitting in any of its forms as defined by the Board of Councilors.

Sec. 4. County medical societies shall have the authority, when acting only to protect their organizations, to regulate fair dealings among their members, to maintain and advance the standards of medical practice, and to adopt reasonable bylaws and measures to that end.

Chapter XVI. Rules of Order.

The deliberations of the Association shall be governed by parliamentary usages as contained in *Sturgis Standard Code of Parliamentary Procedure* unless otherwise provided by this Constitution and Bylaws.

Chapter XVII. Amendments.

Sec. 1. These Bylaws may be amended at any regular session by a majority vote of the House of Delegates after the amendment has lain on the table at least one day.

Sec. 2. At the time of first consideration proposed amendments to the Constitution shall be referred to a reference committee for appropriate in-depth examination. The reference committee will place the matter on its agenda, hold hearings, develop such amendments as it deems advisable and report to the House. Changes as to wording recommended by the reference committee or by others may be approved by a majority vote of the House. The proposed amendment with any approved changes will then lie over until the next regular session of the House at which time it will again be considered by a reference committee on the merits of adoption or rejection only. The House may then adopt the amendment by a two-thirds (2/3) majority vote, as stipulated in the Constitution, Article XIII.

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ADDENDUM TO THE
TEXAS MEDICAL ASSOCIATION
CONSTITUTION AND BYLAWS

The November 7, 1976 edition of the Texas Medical Association Constitution and Bylaws is the latest published edition. Attached are amendments approved by the TMA House of Delegates at the May 1977, November 1977, or May 1978 sessions.

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Organizational Chart - inside cover

Committees under Board of Councilors: change Workmen's Compensation & Industrial Health to Worker's Compensation & Occupational Medicine

Committees under Council on Medical Service & Insurance: change Professional Insurance to Professional Liability

Committees under Council on Scientific Advancement: change Maternal Health to Maternal and Child Health; delete Special Committee on Perinatal Health (1973)

ARTICLE VII. HOUSE OF DELEGATES. - page 6

Sec. 1.: change the final period to a semicolon and add (10) the Delegate from the Resident Physician's Section; and (11) the Delegate from the Medical Student Section.

CHAPTER VI. HOUSE OF DELEGATES. - page 11

Sec. 2.: add as the final sentence Medical student members do not count in determining the number of delegates of a county society to the House of Delegates.

CHAPTER VI. HOUSE OF DELEGATES. - pages 12 and 13

Sec. 12.: delete present language and substitute There shall be a business section of the House of Delegates which is called the Medical Student Section of the Texas Medical Association and whose voting membership are members of component county societies and the Texas Medical Association. The business section shall have the authority to elect one voting delegate to serve in the House of Delegates. The business section shall have the authority to meet in conjunction with the regular and special sessions of the House of Delegates. The business section shall operate under rules and procedures approved by the House of Delegates.

Add a new Sec. 13.: There shall be a business section of the House of Delegates which is called the Resident Physician's Section of the Texas Medical Association and whose voting membership are intern and resident members of component county societies and the Texas Medical Association. The section shall have the authority to elect one voting delegate to serve in the House of Delegates. The business section shall have the authority to meet in conjunction with the regular and special sessions of the House of Delegates. The business section shall operate under rules and procedures approved by the House of Delegates.

Renumber present Sec. 13, Sec. 14 and Sec. 15 to Sec. 14, Sec. 15 and Sec. 16.

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CHAPTER VII. ELECTIONS. - page 13

Sec. 3.: add following the first sentence In the event that the number of seats for AMA delegates which are alloted to the Texas Medical Association is decreased, then an appropriate number of delegates with the shortest tenure will become alternate delegates.

In the event that after such reapportionment, there are more alternate delegates than seats for delegates, then the appropriate number of alternate delegates with the shortest tenure on the Texas Delegation to AMA will be dropped.

CHAPTER VIII. COMMITTEES. - page 13

Sec. 1. (b): change the first sentence to read Standing committees shall consist of three, five, seven, or nine members, with the exception of the Committee on Maternal and Child Health and the Committee on Health Planning.

CHAPTER VIII. COMMITTEES. - page 15

Sec. 7. (d): delete present language and substitute Committee on Maternal and Child Health shall be a standing committee. The duties of this committee shall be to collect, review and draw appropriate conclusions from data on maternal and perinatal morbidity and mortality within the state and to review and comment on governmental laws, regulations and activities which impact on maternal and child health in the state. It shall serve as the TMA source of recommendations and advice concerning maternal and child health problems, and serve in a liaison capacity with other professional and lay groups working in this field. It will define problems and make recommendations concerning the quantity, quality and utilization of health care services for women and children in Texas.

Composition of the whole committee and subcommittee structure of this committee shall be as approved by the House of Delegates.

CHAPTER VIII. COMMITTEES. - page 16

Sec. 8. (c): change Committee on Professional Insurance to Committee on Professional Liability

CHAPTER VIII. COMMITTEES. - page 17

Add a new Sec. 12. (a): Committee on the Impaired Physician shall be a standing committee. It shall be the duty of this committee to identify, strongly urge treatment and review rehabilitation provided to the impaired physicians within the State of Texas. The committee, in its activities shall be required to consult

with the District Councilor and Vice-Councilor and advise them concerning identification, information, and progress toward rehabilitation. The committee shall maintain liaison with the Texas State Board of Medical Examiners. The committee shall be responsible also for making recommendations to the Council on Medical Legislation in instances where there are needed changes in the laws relative to identification, treatment, rehabilitation, or other action regarding impaired physicians.

CHAPTER VIII. COMMITTEES. - page 17

Sec. 12. (b): delete present language and substitute Committee on Orientation shall be a standing committee of five, appointed by the President. An effort will be made to name members to this committee who are familiar with the work of the Board of Trustees, the Board of Councilors, the Council on Medical Service and Insurance, the Council on Medical Legislation and the Council on Communication. It shall be the duty of this committee to provide an orientation program for new and transfer members.

Sec. 12. (c): change Committee on Workmen's Compensation and Industrial Health to Committee on Worker's Compensation and Occupational Medicine, and change reference to the Workmen's Compensation Law to the Texas Worker's Compensation Law

CHAPTER X. COUNTY SOCIETIES. - page 19

Sec. 6. (c) Delegates.: add as the second sentence Medical student members do not count in determining the number of delegates of a county society to the House of Delegates.

CHAPTER X. COUNTY SOCIETIES. - page 20

Sec. 7. Finance.: substitute June 1 for July 1 in the two places it appears in the fourth paragraph

Sec. 8. Application for Membership.: add as the final sentence No physician or medical student may become a member of the county medical society without also maintaining membership in the district medical society, if organized, and the Texas Medical Association, since the county medical society is a component organization chartered by the Association.

Sec. 10. (a) Provisional. : delete second paragraph and substitute A provisional member shall not endorse applications for membership, serve as a delegate or alternate delegate to the Association, nor vote on his or another provisional member's elevation to regular membership, nor hold elective office except that those accepted on transfer from another component county medical society who are currently serving in elected or appointed office in the TMA and/or AMA may complete their terms and be eligible to stand for reelection and/or reappointment to the positions they occupy.

CHAPTER X. COUNTY SOCIETIES. - page 21

Sec. 10 (g) Intern and Resident.: add as the final sentence Intern and resident members may, however, serve as officers of the Resident Physician's Section and as a delegate or alternate delegate to the House of Delegates from the Resident Physician's Section.

Sec. 10. (h) Student.: add as the final sentence Student members may, however, serve as officers of the Medical Student Section and as a delegate or alternate delegate to the House of Delegates from the Medical Student Section.

CHAPTER XVII. AMENDMENTS. - page 31

Sec. 2.: delete present language and substitute At the time of first consideration, proposed amendments to the Constitution shall be referred to a reference committee for appropriate indepth examination. The reference committee will place the matter on its agenda, hold hearings, develop such amendments as it deems advisable and report to the House. Changes as to wording recommended by the reference committee or by others may be approved by a majority vote of the House. The proposed amendment with any approved changes must then be considered by the House at "first reading." A simple majority of affirmative votes will render the amendment viable, to be considered at the next regular meeting. Lacking a majority affirmative vote at first reading, the proposed amendment dies. The approved amendment with any approved changes will then lie over until the next regular session of the House of Delegates at which time it will again be considered by a reference committee. Minor changes in wording or phraseology not affecting the sense or values of the laid over amendment may be recommended by a two-thirds (2/3) majority vote of the reference committee, and the House of Delegates may adopt the original or the amended version by a two-thirds (2/3) vote as provided in the Constitution, Article XIII.

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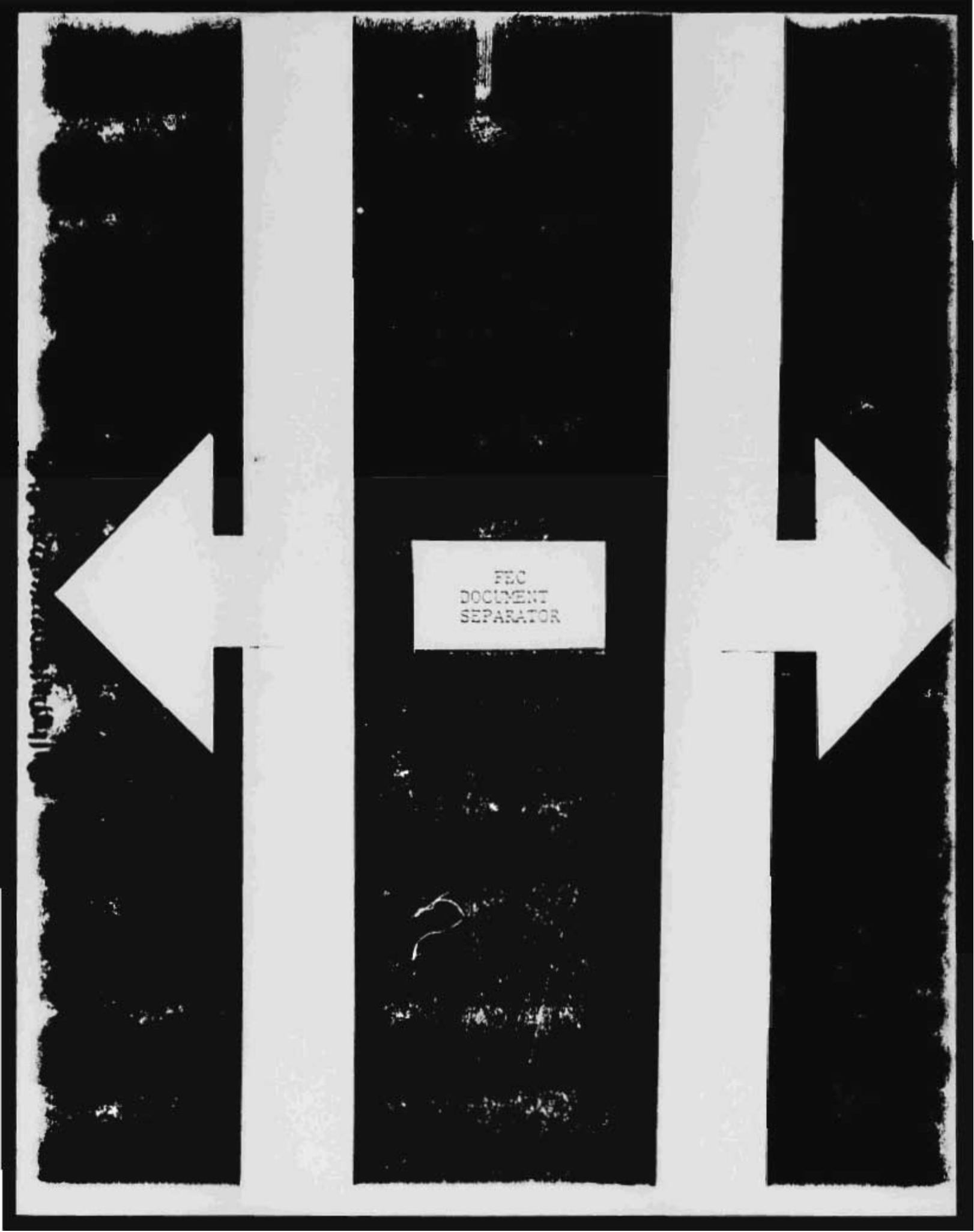
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Ex #5 RR

Exhibit #1

CONSTITUTION

and

BY-LAWS

UTAH STATE

MEDICAL ASSOCIATION

AS AMENDED TO

1971

AMENDED
CONSTITUTION AND BY-LAWS
UTAH STATE MEDICAL ASSOCIATION

CONSTITUTION

ARTICLE I

Name of the Organization

The name of this organization is the Utah State Medical Association.

ARTICLE II

Purposes

Section 1. The purposes of this Association are to advance the science and art of medicine, to promote the health of all the people of Utah, to foster the betterment of the medical profession, to unite all county and regional medical societies in the State of Utah and to join with similar organizations in other states and territories of the United States to form the American Medical Association.

Section 2. To accomplish the above purposes, the Board of Trustees of the Association shall have power to purchase, take, receive, lease, or otherwise acquire, own, hold, improve and deal in and with real or personal property or any interest therein, wherever situated, and to sell, convey, mortgage, pledge, lease, exchange, transfer and otherwise dispose of all or any part of said property; upon the condition that all property or proceeds thereof are used solely in furtherance of the stated purposes of the Association.

Section 3. In the event of liquidation, all property shall be disposed of in the furtherance of the purposes of the Association.

ARTICLE III

Component Societies

Component societies shall consist of the county and regional medical societies which hold charters from this Association.

ARTICLE IV

Composition of the Association

This Association shall consist of members of the component medical societies who have been certified to the Association and whose dues and assessments for the current year have been received by the office of the Association.

ARTICLE V

House of Delegates

Section 1. The House of Delegates shall be the policy-making body of the Association, and shall consist of delegates elected by component societies, representatives of designated specialty societies, the President, the President-Elect, the Past President, all prior Past Presidents,

(10/13/73)

a physician-member of the Board of Trustees of Blue Shield, Delegates to the A.M.A., Alternate Delegates to the A.M.A., the Secretary, the Treasurer, the Honorary President, the Speaker of the House, the Vice President and all Trustees. Each of the above-designated persons shall have one vote in decision-making, except as otherwise provid-

The Dean of the College of Medicine of the University of Utah and the Chairman, Utah State Physicians and Surgeons Examining Committee shall be ex officio members of the House of Delegates. They shall not have a vote. (Sept. 19, 1974)

delegate or representative shall be two years. The number of delegates from each component society shall be specified in the By-Laws. Each Chairman of an Administrative Council shall be a voting member of the House of Delegates. When a member holds more than one office entitling him to be a member of the House of Delegates, he shall have only one vote in decision making, except as otherwise provided in the By-Laws.

Section 2. The Board of Trustees shall designate which specialty societies are to elect representatives to the House of Delegates. Each specialty society so designated shall elect one representative and one alternate representative to the House of Delegates. No person shall be at the same time an elected delegate from a component society and a representative from a specialty society.

Section 3. Each specialty society designated by the Board of Trustees for representation in the House of Delegates shall have a charter from this Association and, as a condition to representation in the House of Delegates, shall agree to abide by the Constitution and By-Laws of the Association and by the decisions of the House of Delegates and of the Board of Trustees.

ARTICLE VI

Board of Trustees

Subject to policy direction by the House of Delegates, the Board of Trustees shall have charge of and manage the property and financial affairs of the Association and shall perform such duties as are prescribed by law governing directors of corporations and as may be prescribed in the By-Laws. The Board shall consist of one Trustee elected by each component society, the President, the President-elect, the Past President, the Honorary President, the Secretary, the Treasurer, Delegates to the AMA, Alternate Delegates to the AMA, a physician-member of the Board of Directors of Blue Shield, the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, and the Chairman of each Administrative

and the Chairman of the Utah State Physicians and Surgeons Examining Committee shall serve as an ex officio member. (Sept. 19, 1974)

may, in its discretion, delegate some or all of its duties to an Executive Committee, the members of which shall be appointed by the Board.

ARTICLE VII

Sections

The House of Delegates may provide for division of the scientific work of the Association into appropriate Sections.

ARTICLE VIII

Meetings

Section 1. The Association shall hold an annual meeting, at a time and place set by the Board of Trustees, which shall be open to all registered members and guests.

Section 2. The House of Delegates shall hold an annual meeting at the time and place of the Association's annual meeting. An interim meeting of the House of Delegates shall be held at the ~~call~~ discretion of the Board of Trustees at a time and place set by the Board of Trustees. 9/17/75

Section 3. Special meetings of either the Association or the House of Delegates may be called by a two-thirds' vote of the Board of Trustees or upon petition by thirty delegates. The time and place of such meetings shall be set by the Board of Trustees. Special meetings called by petition of thirty delegates shall be held within thirty days following submission of the signed petition to the Board of Trustees.

ARTICLE IX

Officers and Councils

Section 1. The officers of this Association shall be the President, the President-Elect, the Past President, the Secretary, the Treasurer, Delegates and Alternate Delegates to the A.M.A., the Speaker and the Vice-Speaker of the House of Delegates, and the Trustees. They shall be elected in accordance with the procedure outlined in the By-Laws.

Section 2. Terms of office shall be as follows:

a. Trustee — three years.

b. Secretary and Treasurer — three years.

c. Delegates and Alternate Delegates to A.M.A. — two years.

d. Speaker and Vice-Speaker of the House of Delegates — two years.

e. A President-Elect shall be elected annually to serve one year each as President-Elect, President and Past President of the Association.

f. Honorary President — one year.

Election of the above officers shall take place at annual meetings of the House of Delegates corresponding to the expiration of the respective terms of office; except that Trustees shall be elected at annual meetings of their respective societies. All officers shall serve until their successors are elected. If the Annual Meeting of the House of Delegates is held during a time when the President's term of office is about to expire and there is a vacancy in the office of President-Elect, a President and a President-Elect shall be elected during the same Annual Meeting.

Section 3. Administrative Councils. The Board of Trustees shall direct the executive functions of the Association through the President and a group of Administrative Councils.

ARTICLE X

Funds and Expenses

Funds shall be raised by an equal, per capita assessment of the members of the component societies, except that certain classes of members may be allowed to pay reduced dues and/or assessments as provided in the By-Laws. The amounts of all dues or assessments shall be fixed by the House of Delegates. Funds may also be raised by voluntary contributions, from the Association's publications and in any other manner approved by the House of Delegates.

An annual budget of proposed expenditures shall be approved by the Board of Trustees and by the House of Delegates.

Each expenditure of Association funds not included in the Budget must have prior approval from the Board of Trustees.

ARTICLE XI

Referendum

During any meeting of the Association, a referendum may be ordered by a two-thirds' vote of all members present and voting upon any question pending before the House of Delegates.

The House of Delegates may, by a majority vote of its members, submit any question pending before the House to the membership of the Association for its vote.

Any question called by referendum or submitted by the House of Delegates shall be considered by the membership during the same meeting in which it is called or submitted or during the next following annual or special meeting. A majority vote of all members of the Association present and voting shall determine the question and that determination shall be binding upon the House of Delegates.

ARTICLE XII

Seal

The Association shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

ARTICLE XIII

Amendments

The House of Delegates may amend any Article of this Constitution by the affirmative vote of two-thirds of the Delegates present at either the annual or interim meeting of the House of Delegates, provided that such amendments shall have been presented to the House of Delegates at a previous annual or interim meeting and that such amendments shall have been published twice during the year in the bulletin or journal of the Association, or copies thereof shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS

CHAPTER I

Membership

Section 1. No person who is under sentence of suspension or expulsion from the Association or from any component society of this Association, or whose name has been dropped from the Association's roll of members, shall be entitled to any of the rights or benefits of membership in this Association.

Section 2. Each person in attendance at an annual or special meeting of the Association shall have the right to register when his membership in the Association has been verified by reference to the records of the Association. No member shall take part in any of the proceedings of said meetings until he has been so registered.

Section 3. Types of membership; qualifications.

a. Regular Member. To be eligible for regular membership, an applicant shall:

(1) Be a legal resident of the State of Utah and hold an unrestricted license to practice medicine and surgery in the State of Utah; and (April 23, 1975)

(2) Have successfully completed an internship or its equivalent in a hospital approved by the Council on Medical Education of the American Medical Association; and

(3) Agree to abide by the principles of medical ethics of the American Medical Association; and

(4) Present proof satisfactory to the Board of Trustees that he has not engaged in conduct which would constitute grounds for suspension of membership in the Association or expulsion from the Association.

b. Active Associate Member. To be eligible for active associate membership an applicant shall comply with all requirements for regular membership except requirement (1) and shall be:

(1) A full-time physician-employee of the State or Federal Government, including the Armed Forces of the United States; or

(2) A physician on the faculty of a college of medicine in the State of Utah who holds a full-time academic appointment and who is not licensed to practice medicine in the State of Utah.

c. House Staff Members or Member in Training. To qualify for membership as a house staff member or member in training, an applicant shall be a medical student in the State of Utah or a physician not licensed to practice in the State of Utah who holds an appointment as an intern, resident or fellow in a hospital located in the State of Utah, which hospital is approved for such training by the Council of Medical Education of the American Medical Association. (Sept. 13, 1974)

d. Associate Member. To qualify for Associate membership, an applicant shall be a person who is not a physician but who is a research worker or teacher in any field allied to and complimentary to the active practice of medicine or in medical education and who holds a doctoral degree or its equivalent in his field of endeavor.

e. Honorary Members. The Board of Trustees may confer honorary membership upon any physician, whether or not residing within the State of Utah, who has made an outstanding contribution to the science and art of medicine.

f. Senior Members. Regular members of the Association who have reached the age of 70 or who have retired from practice and have reached the age of 65 or who have permanently retired from practice because of disability or illness shall be senior members. Senior members shall have all rights of regular members but shall not be required to pay dues. (March 27, 1974)

g. Emeritus Members. The Board of Trustees may confer emeritus membership upon a retired physician who has been a member of this Association prior to retirement from practice and who has made an outstanding contribution or rendered outstanding service to this Association.

Section 4. The Board of Trustees shall have final authority to determine whether an applicant is granted membership in the Association. The Board may require an applicant to submit evidence of his qualifications or, in its discretion, it may use the recommendations of a component society as a basis for granting or refusing membership.

Section 5. When the Board determines that an applicant for membership has engaged in conduct which would constitute grounds for suspension of membership or expulsion from the Association or when a person who has been expelled from the Association applies for new membership, the Board may, in its discretion by two-thirds' vote of the Board, grant membership to the applicant if there is evidence from which the Board may reasonably infer that the applicant has repented of his offensive conduct.

CHAPTER II

Right to Vote and Hold Office

Only Regular, Active Associate, Senior, and Emeritus Members of the Association may vote and hold office in the Association. Any member who is under sentence of suspension shall not be permitted to vote or in any manner take part in any of the meetings or activities of the Association or be eligible to hold any office until relieved of such sentence.

CHAPTER III

Meetings of the Association

Section 1. Meetings of the Association shall be open to all registered members and guests.

Section 2. Quorum. Such members of the Association who are present and voting at any duly called

Annual or Special Meeting shall constitute a quorum for the transaction of business.

Section 3. Voting shall be in person and not by proxy.

Section 4. No address or paper except those of the President and the annual orators shall occupy more than 20 minutes in its delivery. No member, except by unanimous consent of all members present, shall speak more than once in the discussion of any paper and shall not discuss any paper for more than five minutes at any one time.

Section 5. All papers read before this Association shall be deposited with the Secretary. Authors of papers read before this Association shall be afforded the opportunity of having the paper published in the Association's official journal. In the event the author has already committed himself to publication in another journal, acknowledgment of the paper's having been read before this Association shall be made in that journal.

CHAPTER IV

House of Delegates

Section 1. Each component society shall be entitled to send each year one delegate or one alternate delegate to the House of Delegates for each ten fully-paid regular, active associate, senior and emeritus members. A component society is entitled to an additional delegate when its membership has a remainder of five or more above a multiple of ten. Each component society shall be entitled to send at least one delegate or one alternate delegate. Members of component societies who are members of the House of Delegates of the Association by virtue of offices which they hold in the Association shall not be counted as part of the allotted delegates from their respective component societies, except the Trustee shall be one of the allotted delegates.

Section 2. A majority of the total number of allotted delegates shall constitute a quorum of the House of Delegates.

Section 3. All meetings of the House of Delegates shall be open to members of the Association.

Section 4. From among members of the House of Delegates, the Speaker of the House of Delegates shall appoint Reference Committees to which reports and resolutions shall be referred for the purpose of expediting proceedings. The Speaker shall also appoint a Committee on Credentials and such other committees as may be considered by him to be necessary.

Section 5. The House of Delegates shall elect delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of the American Medical Association.

Section 6. Except as otherwise provided in these By-Laws, officers of the Association shall be elected at annual meetings of the House of Delegates.

Section 7. The House of Delegates shall have

the authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates and may be present and participate in debate regarding their reports.

Section 8. The House of Delegates shall approve all memorials and resolutions issued in the name of the Association before they shall become effective.

Section 9. Legal Counsel shall be in attendance at all annual and interim meetings of the House of Delegates.

CHAPTER V

Election of Officers

Section 1. Nomination. At least one month prior to each Annual Meeting of the House of Delegates, the Board of Trustees of the Association shall meet as a nominating committee to nominate two or more members of the Association for the office of President-Elect, and one or more members of the Association for the office of Honorary President.

The Board shall nominate, at least one month prior to the expiration of each respective term of office, two or more members of the Association for each of the following offices: Secretary, Treasurer, Delegate to the A.M.A., Alternate Delegate to the A.M.A., Speaker of the House of Delegates and Vice-Speaker of the House of Delegates. The Board shall also nominate two or more members for the office of President when elections are held at a time when the President's term is due to expire and there is a vacancy in the office of President-Elect. It is not necessary that a member of the Association be a member of the House of Delegates as a condition to being elected to any of the offices enumerated in this section.

Prior to voting, additional nominations for the above offices may be made from the floor of the meeting of the House of Delegates during which the above-specified officers are elected.

Section 2. Voting. Election of officers shall be by ballot. A majority of the votes cast is necessary to elect. In case no nominee for a particular office receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure will be repeated until one of the nominees receives a majority of all the votes cast.

Section 3. A member may be nominated for only one office of the Association during any one year.

Section 4. Members of the component societies shall be given notice of nominees named by the nominating committee at least two weeks prior to voting. This may be accomplished by publication in the Bulletin or by other means.

CHAPTER VI

Duties of Officers

Section 1. President. The President shall preside at all meetings of the Association. He shall be

the official spokesman for the Association. He shall appoint all committees for which a method of appointment has not been prescribed in the Constitution or By-Laws. He shall perform such other duties as may be provided for elsewhere in the By-Laws or as custom may require. He shall make an annual report to the House of Delegates.

Section 2. The President-Elect shall act for the President in his absence or disability. In case of death, removal from office or resignation of the President, the President-Elect shall succeed to the presidency for the unexpired term. After he has served for the unexpired term, he shall then serve as President for the term during which he would ordinarily have served had a vacancy not occurred.

Section 3. Past President. The Past President shall have such duties as the Board of Trustees or the President may from time to time designate.

Section 4. The Treasurer shall receive all funds paid or donated to the Association. He shall pay money out of the Treasury only on claims approved by the Board of Trustees and signed by the President and the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an accounting to the Board of Trustees. He shall prepare an annual budget of proposed expenditures for approval of the Board and the House of Delegates.

Section 5. The Secretary shall attend all meetings of the Association and all meetings of the House of Delegates and shall keep minutes of their respective proceedings in separate record books. He shall be secretary to the Board of Trustees. He shall be custodian of all records, books and papers belonging to the Association, except those which belong to the Treasurer. He shall, with the cooperation of the secretaries of the component societies, keep a register of all the duly-licensed physicians of the State. The register shall contain current information regarding each physician's status in relation to his component society.

The Secretary shall conduct the Association's official correspondence. He shall make an annual report to the Board of Trustees. The Secretary may, in his discretion, delegate any of his duties outlined in this Section to the Executive Director.

Section 6. The Delegates to the American Medical Association shall represent the Utah State Medical Association in all deliberations of the House of Delegates of the American Medical Association.

Section 7. Alternate Delegates to the A.M.A. shall, in case of death, removal from office or resignation of their respective Delegates to the A.M.A., succeed to the office of said Delegates for the unexpired terms.

Section 8. The Speaker of the House of Delegates shall preside at the meetings of the House of Delegates and shall have the power to appoint committee members in accordance with these By-Laws. He shall have the right to vote in the House of Delegates only in case of a tie. If the President dies, resigns or is removed from office during a time when the office of President-Elect is vacant, the Speaker

shall succeed to the office of President for the unexpired term.

Section 9. The Vice-Speaker shall act in place of the Speaker in the Speaker's absence or at the Speaker's request. In case of death, resignation or removal of the Speaker from office, the Vice-Speaker shall succeed to the office of Speaker during the unexpired term.

Section 10. The Honorary President shall serve as a member of the House of Delegates and of the Board of Trustees and shall have such other duties as the President shall from time to time designate.

CHAPTER VII

Board of Trustees

Section 1. The Board of Trustees shall meet during the annual session of the House of Delegates and on other occasions at the call of the President or on petition of two Trustees.

Section 2. Each Trustee shall be elected at an annual meeting of his respective component society. His term of office shall be three years. Said Trustee shall act as one of his component society's allotted delegates to the House of Delegates. In the event of death, resignation or removal from office of a Trustee, a new Trustee shall be appointed or elected in accordance with the Constitution and By-Laws of the affected component society.

Section 3. The Board of Trustees shall have exclusive jurisdiction to discipline officers and trustees of the Association and members of the House of Delegates when the ground for discipline is either misfeasance or malfeasance in office. A majority vote of the members of the Board shall decide each case. The Board's decision may be based upon recommendations of the Grievance Committee or, in the Board's discretion, it may decide the case after a full hearing before the Board. In either event, the accused officer shall be given reasonable notice of the charge and an opportunity to be heard. There shall be no appeal from the decision of the Board.

A decision of the Board of Trustees regarding discipline of an officer of the Association who has been accused of misfeasance or malfeasance in office shall be one or more of the following:

(1) Dismissal of charges;

(2) Censure;

(3) Removal from office;

(4) Suspension of membership in the Association for a definite period of time not to exceed three years;

(5) Expulsion from the Association.

Section 4. The Board of Trustees shall be the final appellate body for disciplinary action taken at the component society level. A member desiring to appeal his case to the Board of Trustees shall do so not more than thirty days following a decision made by the component society. When such appeal is made, the member shall be granted a hearing *de novo*. The Board may base its decision upon its own hearing of the appeal or upon the recommendation of a committee which it may appoint to hear the appeal. Members of the Grievance Committee shall not sit as members of a committee which the Board appoints to hear an appeal. When a member fails to appeal to the Board within the thirty (30) days following a decision of his component society, the decision of the component society becomes final and the member shall have no further right to appeal. Nothing in this section shall be construed to limit the discretionary power of the Board to assume original jurisdiction of a disciplinary matter within one year following a decision of a component society.

Section 5. The Board of Trustees may, by affirmative vote of a majority of the members of the Board, assume original jurisdiction for disciplinary proceedings against any member of the Utah State Medical Association. The Board may elect to hear the matter itself or to delegate responsibility to the Grievance Committee for investigation and recommendations. There shall be no appeal from the decision of the Board. When the Board assumes original jurisdiction pursuant to this section, the Board's jurisdiction shall be exclusive and no component society shall have jurisdiction to further hear the matter. No decision of a component society regarding discipline of a member shall be binding upon the Board of Trustees unless the Board fails to assume original jurisdiction within one year following a decision made in accordance with the Constitution and By-Laws of a component society. When the Board fails to assume original jurisdiction within one year following such decision, the decision of the component society is final and is binding upon the Association.

Section 6. Grounds for disciplinary action of any member of the Association shall be one or more of the following:

(1) Conviction in a court of competent jurisdiction of a crime which involves moral turpitude or conviction in such a court of violation of a state or federal narcotics law or of violation of the state Medical Practice Act;

(2) Immoral or dishonest conduct or conduct which is unbecoming to a member of the medical profession;

(3) Adherence to principles and methods not in accordance with the principles and methods of the science of medicine;

(4) The use by a member of untruthful or improbable statements or flamboyant or extravagant claims concerning his professional excellence or abilities;

(5) Incompetence or repeated malpractice;

(6) Conduct amounting to a breach of professional ethics;

(7) Misfeasance or malfeasance in office of an officer of a component society;

(8) Inexcusable failure to appear and/or to furnish information to investigative or dis-

ciplinary bodies of the Association operating in accordance with the Constitution and By-Laws of the Association.

Section 7. A decision of the Board regarding discipline of an Association member shall be one or more of the following:

(1) Dismissal of charges;

(2) Censure;

(3) Removal from office in the Association or in a component society;

(4) Suspension of membership in the Association for a definite period of time not to exceed three years;

(5) Expulsion from the Association.

Section 8. The Board shall maintain a Committee on Arrangements consisting of three members of the Board. When a time and place have been set for a meeting of the Association or of the House of Delegates, the Board shall appoint a Local Committee on Arrangements consisting of members of the component society within whose territorial jurisdiction the meeting is to be held. The Local Committee on Arrangements shall be in charge of all local arrangements for the meeting, subject to the approval of the Board's Committee on Arrangements. Expenditures shall be authorized in advance by the Board. Within thirty days following any meeting of the Association or the House of Delegates, the Committee on Arrangements and the Local Committee on Arrangements shall render an accounting to the Board of Trustees.

Section 9. The Board of Trustees shall, by appointment, fill any vacancy in an office of the Association not otherwise provided for which occurs during the interval between annual sessions of the Association, except the Board shall not fill vacancies in the offices of President, President-Elect and Speaker of the House of Delegates. The appointee shall serve until his successor has been elected and has qualified.

Section 10. The Board of Trustees may employ an Executive Director and such other employees as the Board shall deem necessary to conduct properly the business of the Association. The salaries of all employees of the Association shall be fixed by the Board.

Section 11. The Board of Trustees may secure legal counsel on matters affecting the interests of the Association. Any component society may secure legal counsel on its own initiative or by directing a request for assistance to the Board of Trustees through the Executive Director.

CHAPTER VIII

Grievance Committee

Section 1. There shall be a Grievance Committee which shall be appointed, as required, by the President with approval of the Board of Trustees. Committee members shall serve at the pleasure of the President.

Section 2. All Committee members may participate in the investigation of any and all charges to come before the Committee, but in the formulation of recommendations for disciplinary action, Committee members shall have no vote in cases which involve members of their respective component societies.

Section 3. The President shall designate a Chairman of the Committee who shall serve at the pleasure of the President.

Section 4. It shall be the duty of the Grievance Committee, upon request of the President or the Board of Trustees, to investigate accusations of misfeasance or malfeasance in office or of misconduct against any officer or member of the Utah State Medical Association or of a component society thereof.

Section 5. The Committee is empowered to summon before it any officer or member of the Utah State Medical Association or of a component society who shall be accused upon any of the grounds for discipline set forth in these By-Laws.

The Committee is empowered to summon before it any member of the Association when the Committee is informed and believes that the member has information relating to allegations of misconduct of another member or of misfeasance or malfeasance in office of any officer of the Association or of a component society. Any member so summoned, who fails to appear after due notice in writing and without excuse acceptable to a majority of the Committee, shall be cited to the Board of Trustees of the Association for appropriate disciplinary action.

The Committee may invite non-members of the Association to appear voluntarily when the Committee is informed and believes that such persons have information relevant to pending or potential disciplinary proceedings.

Section 6. After all parties have had an opportunity to be heard, the Committee shall forward a confidential written report of its investigation to the Board of Trustees along with any recommendations for discipline agreed upon by a majority of Committee members.

Section 7. The Executive Director of the Utah State Medical Association shall, ex-officio, act as secretary to the Grievance Committee and shall be responsible for keeping minutes, conducting the Committee's correspondence and preserving the Committee's records.

Section 8. The records of the Grievance Committee shall be stored in the office of the Utah State Medical Association and shall not be accessible to anyone except the Committee itself and to the Board of Trustees.

Section 9. No disclosure of the nature or content of any discussions, actions or records of the Grievance Committee shall be made by anyone except by action of the Board of Trustees. Violation of this rule shall be deemed a major breach of medical ethics.

Section 10. The Treasurer of the Utah State Medical Association is empowered to reimburse each member of the Committee for necessary travel and reasonable maintenance expense incurred in connection with official meetings or official business of the Committee.

Section 11. The Committee shall assist the Board of Censors of any component society whenever assistance is requested by the component society.

CHAPTER IX

Administrative Councils and Committees

Section 1. The President, with the approval of the Board of Trustees, shall designate names and duties of Administrative Councils. Councils may be dissolved at the pleasure of the President.

The President, with the approval of the Board of Trustees, shall appoint members of the Association to serve on Administrative Councils and shall designate a presiding officer for each Council. Members of the Councils shall serve at the pleasure of the President.

Section 2. The presiding officers of each Council may, subject to the approval of the President and the Board of Trustees, create and appoint from the membership of the Council, from the general membership of the Association or from the public at large, committees to carry out specific functions or assignments within the scope of the Council's assigned duties. Committee members shall serve at the pleasure of the presiding officer of the Council.

Section 3. Each Administrative Council, not later than thirty (30) days before each Annual and Interim Meeting of the House of Delegates or within fifteen (15) days after dissolution of the Council, whichever occurs earlier, shall file a written report, in duplicate, with the Executive Director of the Association, addressed to the House of Delegates. Each Council shall in such a report summarize its own activities and the activities of its various committees during the time since its last report and shall set forth its recommendations for future action. Each Administrative Council shall submit such additional reports as the House of Delegates or the Board of Trustees may require. All non-confidential parts of such reports shall be compiled by the Executive Director into a handbook for use by the House of Delegates at the next meeting of the House.

CHAPTER X

Dues and Assessments

Section 1. The annual dues and assessments shall be determined by the ~~Board of Trustees~~ HOUSE OF DELEGATES 9/24/78 and shall be levied per capita on the members of the Association except as otherwise provided in these By-Laws. The Board of Trustees may, in its discretion, make special provision for reduced dues and assessments for physicians holding full-time academic appointments or for others whose situations justify reduced dues and assessments. Honorary, Emeritus and Senior members shall not be required to pay dues to the Association.

Section 2. Dues shall be payable on or before February 1 of the year for which they are levied. The Treasurer of each component society shall cause to be collected and shall forward to the officers of the Association the dues and assessments paid by the component society's members, together with a current list of the component society's members. Any member whose name has not been reported for enrollment or whose dues for the current year have not been remitted to the Association by his component society on or before March 1 shall be automatically suspended until his name has been properly reported and his dues for the current year have been remitted.

Section 3. Any member who fails to pay his dues to his component society on or before February 1 of the current year shall be automatically suspended from the Association. Any member thus under suspension may be restored to full membership in the Association by the payment, prior to December 31 of the current year, all of his indebtedness to the component society plus any reasonable penalty fee which the component society may require.

If any member is delinquent in the payment of his dues or special assessments for more than one year, a reasonable, additional penalty fee may be required by the component society. The secretary of the Association shall mail notice to such member directed to the address shown on the rolls of the Association, which notice shall state the fact of the member's delinquency and the amount due and shall inform the member that his name will be dropped from the rolls if full payment is not made. If the delinquent member fails to pay or make arrangements satisfactory to the Board of Trustees within thirty (30) days after the notice is mailed, his name shall be stricken from the membership rolls of the Association. If such member desires to reinstate his membership, he must apply in accordance with the Constitution and By-Laws of the Association and of his component society governing applications for new membership, except that in addition to admittance fees he shall pay all dues, assessments and penalties which were due and owing at the date his name was stricken from the membership rolls of the Association.

Section 4. Any component society which fails to forward all dues or a complete, current list of its members at least thirty (30) days prior to the Annual Meeting of the Association shall be held suspended and none of its members or delegates shall be permitted to participate in any of the proceedings of the Association or of the House of Delegates.

CHAPTER XI

Ethics

The Principles of Medical Ethics of the American Medical Association shall govern all members of this Association.

CHAPTER XII

Parliamentary Procedure

The deliberations of this Association shall be conducted in accordance with parliamentary procedure as defined in the current edition of Sturgis Standard Code of Parliamentary Procedure, revised.

CHAPTER XIII

Component Societies

Section 1. Charters shall be issued to county or regional societies upon approval of the Board of Trustees, and shall be signed by the President and Secretary of the Association.

Section 2. Only one component medical society shall be chartered in each county.

Section 3. In sparsely-settled areas, the Board of Trustees shall have authority to organize the physicians of two or more counties into regional societies. These regional societies, when organized and chartered, shall be entitled to all rights and privileges of component societies.

Section 4. Changes in the Constitution and By-Laws of component societies shall be subject to the approval of the Board of Trustees of the Association.

Section 5. Upon the recommendation of the Board of Trustees, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Section 6. Members residing in a county in which there is no component society shall belong to the component society of the nearest county, geographically situated, in which there is a component society, except as otherwise provided in these By-Laws.

Section 7. A member living near a county line may hold his membership in the component society where it is most convenient for him to attend meetings.

Section 8. When an applicant is refused membership in a component society, he shall have the right to appeal to the Board of Trustees, whose decision shall be final.

A component society may refer questions involving membership to the Board of Trustees for final determination.

Section 9. When a member in good standing in a component society moves to another county in the State of Utah or out of the State of Utah, he shall be given, without cost to him, a written certificate of good standing by the secretary of the component society in the county or state from which he moves. Pending acceptance or rejection by the component society in the county or state to which he moves, such member shall be considered to be in good standing in the component society which certified him and in the State Association for a period not to exceed six months. (April 1975)

months.

Section 10. At least sixty days before the Annual Meeting of the House of Delegates the Secretary of each component society shall send a list of delegates and alternates to the Secretary of the Association. Alternates are to be certified in the order in which they are to be seated. A component society's representation in the House of Delegates shall be contingent upon compliance with this section.

Section 11. The Secretary of each component

society shall keep a roster of its members and of non-affiliated physicians in which shall be shown the full name, address, medical school and date of graduation, date of license to practice in this State, year of birth, and such other information as may be deemed necessary by the Board of Trustees.

He shall send a copy of the agenda of each component society meeting to his Trustee and to the Secretary of the Association.

CHAPTER XIV

Publications

The Board of Trustees shall superintend the issuance of all publications of the Association and shall have authority to appoint editors and such assistants as the Board deems necessary.

The House of Delegates shall specify the nature of all Association publications and the amount of money to be spent in connection therewith.

CHAPTER XV

Bonding

All employees and officers of the Association shall be bonded in such amounts as the Board of Trustees shall specify from time to time.

CHAPTER XVI

Amendments of By-Laws

Section 1. These By-Laws may be amended at any Annual or Interim Meeting of the House of Delegates by a majority vote of the Delegates present at that meeting, provided there is a quorum. The House of Delegates shall not vote on a proposed amendment until four hours after it has been brought before the House.

As Amended March 24, 1971:

FEC
DOCUMENT
SEPARATOR

Ev. # 5 SS

VERMONT STATE MEDICAL SOCIETY

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CONSTITUTION AND BY-LAWS

AUGUST, 1976

VERMONT STATE MEDICAL SOCIETY

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* *See Appendix, pages 23 & 24.*

VERMONT STATE MEDICAL SOCIETY

CONSTITUTION AND BYLAWS

CONSTITUTION

Article I - Title

The name of this Corporation is the Vermont State Medical Society, Inc.

Article II - Purposes

The purposes and powers of the corporation shall be:

"To adopt Bylaws and regulations for the organization and government of the corporation, and the administration of its affairs;

To adopt Bylaws for the uniform regulation of the county societies in all matters and concerns which are strictly connected with the Vermont State Medical Society;

To provide for the succession of membership by election or otherwise;

To provide for discipline and expulsion of members;

To provide for such officers, delegates, and assistants as these purposes may require, and for compensation for services rendered,

To fix dates and places of meetings;

To elect honorary members;

To acquire, hold, manage, or deal in property both real and personal for the common welfare of this society and its members;

To facilitate intercourse and encourage cooperation among physicians and surgeons, to the end that the standard of professional skill, care, and judgment may be elevated generally;

To advance the general moral, social, and intellectual welfare of its membership;

To protect its members from unjust professional liability suits, and otherwise aid its members as may be voted by the society,

To encourage and aid the progress and development of the sciences of medicine and surgery;

To promote disease prevention and health maintenance;

To represent the members in negotiations in third party arrangements;

To provide a means for physicians' leadership and cooperation with other agencies providing or interested in health care;

To affiliate with and become an integral part of the American Medical Association;

To levy and collect dues and assessments for any of its purposes;

To do any act not contrary to law to carry out the objects of incorporation.

Article III - Component Societies

Component societies are those county societies which are, or which may hereafter be, organized in accordance with the provisions of No. 360 of the Acts of the General Assembly of the State of Vermont of 1912.

Article IV - House of Delegates

Section 1. - The legislative powers of the Society shall reside in the House of Delegates. The House of Delegates shall transact all business of the Society not otherwise specifically provided for in this Constitution and these Bylaws, and shall regularly elect the general officers.

Section 2. - Composition - The House of Delegates is composed of delegates elected by the component societies, each component society being entitled to one delegate for every ten members or fraction thereof of five or more. The following will be ex-officio members of the House of Delegates with voice but without vote: the general officers, the Councilors, the AMA Delegate and the AMA Alternate Delegate, all past-presidents, the chairmen of the Boards and Sections and the Commissioner of Health for the State of Vermont and the Dean of the College of Medicine of the University of Vermont, if members, delegates from the various Specialty Groups in the State and two delegates from the Vermont Chapter of SAMA (Student American Medical Association) selected by the members of that organization, with voice and vote.

Section 3. - If any ex-officio member is also an elected delegate by his/her county society, he/she may exercise all the rights of an elected delegate.

Article V - General Officers

Section 1. - The general officers of the Society shall be a President, a President-elect, a Vice-President, a Secretary, a Treasurer, a Speaker, and a Vice-Speaker of the House of Delegates.

Section 2. - The President-elect shall be elected annually. He/she shall serve as President-elect until the annual session of the Society next ensuing his/her election and shall become President upon

his/her installation in the course of that session, serving thereafter as President until the next following annual session and the installation of his/her successor. If the President-elect dies, resigns, or, in the judgment of the Council, confirmed by the House of Delegates, is disqualified for the performance of the duties of his/her office by any just cause, a new President and a new President-elect shall be elected at the next regular meeting of the House of Delegates.

A Vice-President, a Secretary, a Treasurer, a Speaker and a Vice-speaker of the House of Delegates shall be elected, each to serve for one year or until his/her successor is elected and installed. The Secretary and Treasurer may be re-elected annually, but should not serve longer than four consecutive years.

The Delegate and the Alternate to the House of Delegates of the American Medical Association shall be elected for a two-year term.

Section 3. - Councilors shall be elected biennially each to serve for two years, or until his/her successor is elected and installed. A Councilor and his/her alternate shall be elected by each component society, who shall be members of such society. No Councilor shall serve for more than two consecutive terms. Following their election, Councilors shall take office at the last meeting of the Council during the Annual Meeting of the Society.

Article VI - Council

Section 1. - The Council shall consist of the President, President-elect, Vice-president, Secretary, Treasurer, the three immediate Past-presidents, Speaker of the House of Delegates, AMA Delegate, Alternate AMA Delegate, and the Councilors.

Section 2. - The Council shall have charge of the affairs of the Society and shall perform such duties as in general devolve upon directors of corporations.

Article VII - Members

Section 1. - Members in good standing of the component societies holding the title of Doctor of Medicine, Bachelor of Medicine, or Doctor of Osteopathy are the members of the Vermont State Medical Society, subject, however, to the provisions of the Bylaws regarding members. A member of the State Society must be a member of a County Society and a member of a County Society must be a member of the State Society.

Article VIII - Affiliation with the AMA

This Society shall be an integral part of the American Medical Association, and shall elect delegates and shall transact other necessary business in accordance with the Constitution and

Bylaws of the American Medical Association. The Principles of Medical Ethics of the American Medical Association shall govern or guide the members of the Society.

Article IX - Annual Sessions

There shall be an annual meeting of this Society, and of the House of Delegates, at times and places to be fixed by the Council unless otherwise directed by the House of Delegates.

Article X - Funds

Funds may be raised by annual membership dues fixed by the House of Delegates; by an equal special assessment on each of the members when so voted by the House of Delegates; from the publications of the Society; and in any other manner approved by the Council. Funds may be appropriated by the House of Delegates for any purpose of the Society, and by the Council to defray expenses of the Society, to carry on its publications, to encourage scientific investigations and for any other purpose approved by the Council.

Article XI - Amendments

The House of Delegates may amend this Constitution at any annual session:

(1) Provided the proposed amendment shall have been introduced at the preceeding annual session and provided two-thirds of the House of Delegates registered at the session at which action is taken vote in favor of such change or amendment, or provided

(2) The proposed amendment has been submitted in writing to all the members not less than 30 days prior to any session of the House of Delegates and provided two-thirds of the voting members of the House of Delegates registered at the session at which action is taken vote in favor of such change or amendment.

BYLAWS

Chapter I

Qualifications, Terms, and Registration of Delegates

Sec. 1. - Delegates must have been members of the Vermont State Medical Society for one year. A member of the House of Delegates must have been a member of the Vermont State Medical Society for at least one year next preceeding the session of the House of Delegates at which he/she is to serve.

Sec. 2. - Term. Delegates and alternates from component societies shall be elected for two years. Component societies entitled to more than one representative shall elect them so that one-half, as near as may be, shall be elected each year.

Sec. 3. - Registration of Delegates. Each delegate representing a component society, before being seated, shall identify himself/herself before a member of the credentials committee who will certify his/her eligibility and attendance against the official roster of the House.

Sec. 4. - A Delegate, once seated, to retain his/her seat for the entire session. A Delegate, whose credentials have been accepted by the committee on credentials and whose name has been placed on the roll of the House, shall remain a delegate of the body which he/she represents until final adjournment of the session, and his/her place shall not be taken by any other delegate or alternate.

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Chapter II

Procedure of the House of Delegates

Sec. 1. - Order of Business. The following shall be the order of business, unless otherwise ordered:

1. Call to order by the Speaker.
2. Roll Call.
3. Reading and adopting of minutes.
4. Reports of Officers.
5. Reports of the proceedings of the Council.
6. Reports of Boards and Committees.
7. Unfinished Business.
8. New Business.

Sec. 2. - Floor Privileges of Committee Chairmen. During the annual presentation of the report of each committee, the privilege of the floor of the House of Delegates, for a period to be determined by the Speaker, shall be extended to each Committee Chairman.

Sec. 3. - Limit of Time for Introduction of New Business. Two-thirds majority consent shall be required for the introduction of new business including resolutions at the last meeting of the annual session of the House of Delegates, except when presented by the Council. All new business so presented shall require three-fourths affirmative vote for adoption.

Sec. 4. - "Rules of Order". The House of Delegates shall be governed by the "Sturgis Standard Code of Parliamentary Procedure" when not in conflict with these Bylaws or with the rules of the House.

Sec. 5. - Quorum. One third of the voting members of the House of Delegates shall constitute a quorum.

Chapter III

Meetings of the House of Delegates

Sec. 1. - Special Sessions. Special sessions of the House of Delegates shall be called by the Speaker on written request of ten or more delegates representing three or more of the component societies, or on request of a majority of the Council. When a special session is thus called, the Secretary shall mail a notice to the last known address of each member of the House of Delegates at least ten days before such special session is to be held, in which notice shall be specified the time and place of meeting and the items of business to be considered. A special session may act only upon the items for which it was called.

Chapter IV

Nominations and Election of Officers and Honorary Members and Installation of Officers

Sec. 1. - Nominating Committee. A nominating committee of not more than five members shall be appointed by the President within three months after his/her installation. One such member shall be the President-elect who may not be the chairman. Voting members of the House of Delegates must be represented by two or more members. The President shall designate the Chairman. The nominating Committee will present a slate to the House for all officers, delegates and alternates, and representatives of the Society except the Treasurer who will be nominated by the Council.

Sec. 2. - Other Nominations. Other nominations for office may be made orally from the floor, but a nominating speech must not exceed two minutes.

Sec. 3. - Qualifications of General Officers. The General Officers must have been members of the Society for at least two years immediately preceeding their election. The Speaker and Vice Speaker of the House may, but need not be, elected from among the members of the House.

Sec. 4. - Method of Holding Elections. All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all votes cast, when he/she shall be declared elected. However, when there is only one nominee for an office, a majority vote without ballot shall elect.

Sec. 5. - Time of Election. The election of officers shall be the order of business of the House of Delegates immediately following any final report of the Council, or Boards or Committees

on the last day of the annual session of the House of Delegates; provided, however, that the House of Delegates may change the time of election by motion which shall be supported by two-thirds of the delegates registered.

The election of Life, Honorary, and 50-Year Club Members shall immediately follow the election of officers.

Sec. 6. - Life Members. Nominations for Life Membership shall be made by the component society of which the nominee is a member, and must be submitted to the Secretary at least thirty days before the first day of the annual session. The nominations for Life Membership shall be referred to the Judicial Board, which shall consider the same and report to the House of Delegates.

Sec. 7. - Installation. The general officers of the Society, except the President, shall assume their duties at the close of the last meeting of the annual session at which they are elected.

Sec. 8. - Installation of the President. The President-elect shall be installed as and assume the duties of President at the final general meeting of the annual session following that at which he/she was elected.

Chapter V

Duties of Officers

Sec. 1. - President. The President shall preside at the general meetings of the Society. At the opening general meeting of the Society next following his/her installation, he/she shall present an address on such matters as he/she may deem of importance to the public and to the medical profession. He/she may attend the meetings of and make suggestions to the House of Delegates. He/she shall preside at the meetings of the Council. With the approval of the Council, he/she is authorized to appoint committees (a) requested by the Council, and (b) for emergencies and purposes not otherwise provided for. He/she shall approve the payment of all bills of the Society over fifty dollars ($50.).

Sec. 2. - President-Elect. The President-Elect shall officiate for the President during the latter's absence or at his/her request. In case of death, resignation, or removal of the President, the President-Elect shall officiate during the unexpired term.

Sec. 3. - Vice-President. The Vice-President shall officiate in the absence of both the President and the President-Elect.

Sec. 4. - Speaker. The Speaker shall preside at the meeting of the House of Delegates, and shall perform such duties as custom and parliamentray usage require. He/she shall have the right to vote only when his/her vote shall be the deciding vote.

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Sec. 5. - Vice-Speaker. The Vice-Speaker shall officiate for the Speaker in the latter's removal or at his/her request. In case of death, resignation, or removal of the Speaker, the Vice-Speaker shall officiate during the unexpired term. He/she shall have no vote in the House unless he/she is duly elected Delegate by his/her County Society or unless he/she is presiding and then only to break a tie vote.

Sec. 6. - Secretary. The Secretary, in addition to the duties ordinarily devolving on the Secretary of a corporation, and those delegated in other sections of these Bylaws, shall give due notice of the time and place of annual and special meetings of the House of Delegates and of the Society. He/she shall keep the minutes of the House of Delegates and the Council. He/she shall notify members of committees of their appointments and of the duties assigned them. He/she shall prepare the annual roster of the House of Delegates and shall provide a registration book in which shall be recorded the names of each delegate in attendace at each session, together with that of his/her component society. He/she shall prepare for publication the official program for the general meetings of the Society, and shall perform such other duties as may be directed by the House of Delegates or the Council. Any or all of these duties may be delegated to appropriate staff with final responsibility with the Secretary.

Sec. 7. - Treasurer. The Treasurer shall be the custodian of all monies, securities, and deeds belonging to the Society which may come into his/her possession, and shall hold the same subject to the direction and disposition of the Council, the House of Delegates, the Committee on Medical Benevolence, and the Judicial Board, and shall make an annual report to the House of Delegates. The account of the Treasurer will be audited annually by a professional auditor and a report made to the House of Delegates which shall appear in the Annual Report of the Society. Any or all of these duties may be delegated to appropriate staff with final responsibility with the Treasurer.

Sec. 8. - Officers to Complete Business of Session. All business of each annual session shall be completed by the officers who have served during the session.

Chapter VI

Council

Sec. 1. - Council. The Council, at its first meeting after the annual session of the House of Delegates, shall organize by electing the Executive Committee, a Budget Committee, and whatever special committees the exigencies of the times dictate. It shall be the duty of the Council to superintend all publications of the

Society. It shall appoint an Executive Secretary or Executive Director for the Society and shall engage such other employees as it shall deem necessary, and shall determine their salaries and the terms and conditions of their employment. During the annual session of the Society, the Council shall hold meetings as often as may be deemed necessary by the President, and all matters referred to it by the House of Delegates shall be reported on the following day, if so requested by the House. Should a vacancy occur, on account of death, or otherwise, among the general officers of the Society, the Council may fill such vacancy until the next annual session of the House, unless otherwise provided for in this Constitution and these Bylaws. Regular meetings of the Council shall be held immediately prior to and after the annual session of the House of Delegates, and bi-monthly throughout the year except during the months of July and August. Special meetings of the Council may be called at any time by the President, or by six members of the Council, by mailing a written notice to the last known addresses of each member of the Council, at least five days before such meeting is to be held, in which notice shall be specified in general terms, the object of the special meeting, and no other business shall be transacted thereat; provided, that the proceedings of any meeting of the Council at which all the members are present or which are approved in writing by every member of the Council shall be valid without previous notice having been given. A majority of the Council shall constitute a quorum. During the intervals between the sessions of the House of Delegates, the Council shall conduct the business of the Society except that especially reserved to the House of Delegates. The Council may establish the co-efficients when using the Vermont Relative Value Schedules in fee schedules.

Sec. 2. - Council to Control Session. The Council shall have full control of all arrangments for the annual session and shall provide meeting places for the House of Delegates, the general meetings and the specialty meetings. It shall also have the control of all exhibits. It may appoint a local committee on arrangements, which shall be at all times responsible to the Council.

Sec. 3. - To Establish a Distinguished Service Award of the Vermont State Medical Society. The Council shall create and establish an award to be known as the Distinguished Service Award of the Vermont State Medical Society, which shall consist of a certificate and a citation.

One member of the Society may receive the award each year and he/she shall be selected in a manner prescribed in these Bylaws.

The Council shall consider the merits of nominees for the award recommended by the Committee on Awards and shall select from the list not more than three members to be balloted on by the House of Delegates. The Council shall submit the list of nominees so selected to the House of Delegates for consideration, together with a brief statement of the findings of the Committee on Awards with respect to each nominee.

The House of Delegates shall select the recipient of the award from the list of nominees submitted by the Council. The selection shall be by ballot, in the same manner as officers are elected. The vote shall be taken immediately after the nominees are placed before the House by the Council.

The Council is charged with the duty of having a suitable certificate and citation prepared each year and is further charged with the duty of fixing the time and method of presentation.

Sec. 4. - Duties of Councilors. The Councilors of the Vermont State Medical Society shall attend and faithfully represent the members of their county societies in the Council and shall make a report of the proceedings of that body to their County Society at the earliest opportunity.

Chapter VII

Boards, Committees, and Liaison Physicians

Sec. 1. - Boards and Standing Committees. Boards and standing committees shall be nominated by the Council and elected by the House of Delegates, unless otherwise provided for. Special committees may be created by the Council to perform the special functions for which they are created; they shall be appointed by the President unless otherwise ordered by the House. Committee actions during the interval between the sessions of the House of Delegates shall be subject to review by the Council. In case of vacancies in Boards and Committees occurring during the interval between annual sessions, the President shall have the power to appoint members to fill the vacancies until the next annual meeting.

The Speaker of the House of Delegates may appoint from the members of the House such additional committees as he may deem expedient in advance of the annual meeting to expedite the business of the House of Delegates. All such committees shall be subject to the approval of the House of Delegates.

Sec. 2. - Membership of Committees. Any member shall be eligible to serve on a board or committee except that the members of the Credentials Committee shall be members of the House of Delegates and these shall be appointed by the Speaker. Chairmen of boards and committees not members of the House of Delegates shall have the right to present their reports in person to the House and to participate in the debate on their respective reports, but shall not have the right to vote.

Sec. 3. - Boards. There shall be the following boards:

(a) Judicial Board
(b) Board on Ethics

Sec. 4. - Standing Committees. Standing Committees shall be as follows:

(a) Committee on Medical Education
(b) Committee on Nursing & Hospitals
(c) Committee on Scientific Works
(d) Committee on Legislation
(e) Committee on Maternal & Child Welfare
(f) Committee on Medical Benevolence
(g) Committee on Awards
(h) Committee on Credentials
(i) Committee on Investment of Society Funds
(j) Advisory Committee to the Woman's Auxiliary of the VSMS
(k) Committee on Emergency Medical Services
(l) Fee Review Committee
(m) Committee on Medical Economics and Insurance
(n) Committee on Financial Aid to Medical Education (AMA-ERF)
(o) Committee on Governmental Medical Programs
(p) Committee on Aging & Extended Medical Care
(q) Committee on Nominations
(r) Committee on Medicine & Religion
(s) Committee on Rural Health
(t) Committee on Medical-Legal Relations
(u) Committee on Medical Aspects of Sports
(v) Advisory Committee to the Vermont Association of Medical Assistants
(w) Professional Performance Review Committee
(x) Committee on Jurisprudence
(y) Committee on Continuing Medical Education & Certification
(z) Committee on School Health
(aa) Committee on Long-Range Planning
(bb) Committee on Joint Practice
(cc) Liaison Committee with the Vermont Assembly of Home Health Agencies
(dd) Committee on Environmental Health

Sec. 5. - Committee of Liaison Physicians

Chapter VIII

Organizations of Boards and Committees

Sec. 1. - Membership. Boards shall consist of five members each elected for five years with staggered terms, and Standing Committees shall consist of at least three members each elected for a term of one year and eligible for re-election. The Secretary and the Treasurer shall be ex-officio members of the Committee on Medical Benevolence. The Secretary shall be an ex-officio member of the Committee on Scientific Works. The President shall be an ex-officio member of all Boards and Committees except the Nominating Committee.

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Sec. 2. - Organization. The President of the Society shall, with the approval of the Council, appoint the chairmen of the various boards and committees as soon as possible after the annual meeting unless otherwise provided in these Bylaws.

Sec. 3. - Expenditures. Each Board and Standing Committee shall submit to the Council a budget of its expenses for the ensuing fiscal year, and the Council shall make such appropriations to each Board and Standing Committee as it may see fit. Each Board and Standing Committee shall be limited in its expenditures to the appropriation made for it by the Council and no Board or Standing Committee shall expend or contract to expend any money in excess of its appropriation without the consent and approval in writing of the Council; providing, however, that this section shall not apply to the Judicial Board or the Committee on Medical Benevolences.

Sec. 4. Committees of Boards. Each Board shall have the authority to appoint committees for any purpose within the jurisdiction of the Board.

Sec. 5. - Headquarters. The headquarters of each Board and Committee shall be at the executive offices of the Society where its transactions shall be recorded.

Sec. 6. Reports. Each Board and Standing Committee shall submit annually a report of its work to the House of Delegates. All such reports, so far as possible, shall be transmitted thirty days before the annual session to the Secretary of the Society, who shall have them printed for distribution to the members of the Society.

Chapter IX

Duties of Boards and Standing Committees

Sec. 1. - The Judicial Board. The Judicial Board shall possess the Judicial power of the Society, and its decisian shall be final, unless overruled by the House of Delegates. The power shall extend to and include: (1) all questions involving professional claims against any member of the Society; (2) all questions involving membership or the obligations, rights, and privileges of membership, (3) all controversies arising under this Constitution and these Bylaws and under the Principles of Medical Ethics.

The Judicial Board shall act upon the recommendations of the Board on Ethics and may, at its discretion, investigate general professional conditions and all matters pertaining to the relations of physicians to one another and to the public, may employ legal counsel when deemed necessary, and may make such disbursements from the Judicial Fund as it deems necessary but in no event shall it pay damages or be responsible for the settlement of any claim.

The Judicial Board shall have the authority in its discretion from time to time to request the Board on Ethics or the Committee on Professional Performance Review to investigate in confidence complaints or evidence of unethical conduct. This Board and this Committee shall report with formal charges to the Judicial Board. The Judicial Board shall hold a hearing at which the accused shall be entitled to be heard and shall have the power to acquit, admonish, or suspend, or recommend expulsion to the House of Delegates.

Sec. 2. - Board on Ethics. The Board on Ethics will be composed of the last five State Society presidents with the Senior serving as Chairman. It will have referred to it all matters pertaining to the ethics of the members of the Society and will attempt to adjudicate these matters; however, where their efforts are not successful, they will refer the case to the Judicial Board.

This Board will determine "what is ethical" concerning announcements of the opening of a practice, phone book listings, etc.

This Board will be guided by the Principles of Medical Ethics of the AMA (which the Vermont State Medical Society also adopted) and their own learned judgment.

All communications must be submitted in writing.

Discipline is not a function of the Board under any circumstance, nor is the Board a trial body.

The Board shall organize and prepare procedures as to meetings, records and reports.

Sec. 3. - Standing Committees. The duties of standing committees shall be as follows:

(1) COMMITTEE ON MEDICAL EDUCATION. The Committee on Medical Education shall concern itself with the proper preparation for medical practice and maintain liaison with the University of Vermont College of Medicine and other training institutions.

(2) COMMITTEE ON NURSING & HOSPITALS. The Committee on Nursing and Hospitals shall concern itself with hospital services and nursing education and services in their relation to patient care.

(3) COMMITTEE ON SCIENTIFIC WORKS. The functions of the Committee on Scientific Works shall be: (a) to deal in general with questions relating to scientific work, (b) to assist the component societies in connection with scientific programs for their meetings; (c) to arrange the programs for general meetings of the Society and to coordinate the general program with the specialty groups.

(4) COMMITTEE ON LEGISLATION. The Committee on Legislation shall have charge of all matters relating to state and national legislation.

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(5) COMMITTEE ON MATERNAL & CHILD WELFARE. The Committee on Maternal and Child Welfare shall have charge of all matters relating to maternal and child welfare.

(6) COMMITTEE ON MEDICAL BENEVOLENCE. This committee shall be charged with the supervision of (a) the relief of pecuniary distress of sick or aged members or the parents, widows, widowers, or children of deceased members, and (b) the relief of pecuniary distress of members resulting from catastrophic natural causes. It shall have the absolute and confidential jurisdiction of the Medical Benevolence Fund. It may solicit subscriptions, donations, and legacies to be added to the Medical Benevolence Fund. It may also receive subscriptions and donations to be used for the relief of particular members or their dependents as specified above. It shall give consideration to equitable recommendations from the President and the Secretary of the distressed member's component society and from the Councilor for that component society. It shall also select recipients of assistance from the Faulkner Fund and determine the grants to be made.

(7) COMMITTEE ON AWARDS. This Committee shall receive nominations for the award from any member of the Society provided it is made in a manner prescribed by the Committee; shall consider the eligibility of nominees for the award on the basis of meritorious services in the science and art of medicine and service to the medical profession and the public, and shall submit its findings and recommendations to the Council annually within a time limit fixed by the Council. In the event that more than five nominations are received, the committee shall elect three from a list of not more than five to be submitted to the Council together with a brief statement of its findings with reference to each. The Awards Committee will present nominations to the Council for the A.H. Robins Community Service Award and the Employ the Physically Handicapped Award. The Council shall select the recipient at a meeting prior to the Annual Meeting.

(8) COMMITTEE ON CREDENTIALS. The Committee on Credentials shall have referred to it all questions regarding the registration and the credentials of delegates.

(9) COMMITTEE ON INVESTMENT OF SOCIETY FUNDS. The Committee on Investment of Society Funds shall have charge of all investments made by the Society when authorized by the Council, the Committee on Medical Benevolence, and the Judicial Board.

(10) ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY TO THE VERMONT STATE MEDICAL SOCIETY. The Advisory Committee to the Woman's Auxiliary to the Vermont State Medical Society shall advise the Auxiliary when called upon or invited to do so; and shall serve as liaison between the Auxiliary and the Medical Society.

(11) COMMITTEE ON EMERGENCY MEDICAL SERVICES. The Committee on Emergency Medical Services shall plan and coordinate the Society's activities in time of disaster - either from natural causes or enemy aggression.

(12) FEE REVIEW COMMITTEE. The Fee Review Committee shall adjudicate matters concerning financial disputes among physicians, patients, and third party organizations and determine what are reasonable fees when requested by any one of the above parties.

(13) COMMITTEE ON MEDICAL ECONOMICS & INSURANCE. The Committee on Medical Economics & Insurance shall develop, conclude, promote and supervise all group insurance, retirement and investment plans for the members of the Society.

(14) COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION (The Vermont Branch of the American Medical Association Education and Research Foundation). The Committee on Financial Aid to Medical Education shall raise money for medical education and transfer it to the AMA Education and Research Foundation in Chicago or directly to Canadian Medical Schools when so specified.

(15) COMMITTEE ON GOVERNMENTAL MEDICAL PROGRAMS. The Committee on Governmental Medical Programs will have referred to it, and concern itself with, all matters pertaining to the implementation of Governmental Medical Programs. It will be the committee of Society to advise the State Health Department, the State Department of Social Welfare, the State Department of Education, and other governmental agencies involved with medical programs on their programs, when such advice is sought.

(16) COMMITTEE ON AGING & EXTENDED MEDICAL CARE. The Committee on Aging & Extended Medical Care shall handle all matters of the Society's interests in the medical care of the aging and extended medical care in Vermont, to conduct such surveys as are needed to gather pertinent information, to serve in a liaison capacity, representing the Society, with other organizations, public or private, with similar interests.

(17) COMMITTEE ON MEDICINE AND RELIGION. The Committee on Medicine and Religion shall concern itself with the interplay of religion in medicine and medicine in religion, especially as it applies to the seriously ill and injured, and in death.

(18) COMMITTEE ON RURAL HEALTH. The Committee on Rural Health shall consist of from three to five members and it shall concern itself with rural health matters.

(19) COMMITTEE ON MEDICO-LEGAL RELATIONS. The Committee on Medico-Legal Relations shall meet with and shall conduct its activities jointly with a counterpart committee of the Vermont Bar Association. The joint committee shall foster and promote close working relations between the medical and legal professions, serving as a forum for the expression of interprofessional grievances, organizing and sponsoring educational programs and seminars on subjects of mutual interest, and coordinating efforts of the two professions in areas where both associations are in agreement. The Committee shall consist of the President, the Chairman of the Legislative Committee and three other members.

(20) COMMITTEE ON MEDICAL ASPECTS OF SPORTS. The Committee on the Medical Aspects of Sports shall concern itself with matters of prevention and treatment of athletic injuries, examinations, conditioning, etc. and work with school and college coaches to attain the utmost in protection for athletes in Vermont.

(21) ADVISORY COMMITTEE TO THE VERMONT ASSOCIATION OF MEDICAL ASSISTANTS. The Advisory Committee to the Vermont Association of Medical Assistants shall advise the Board of Directors of the Vermont Association of Medical Assistants on philosophy, education, program and activities.

(22) COMMITTEE ON PROFESSIONAL PERFORMANCE REVIEW. "Professional Performance Review is the evaluation by practicing physicians of the quality and efficiency of services ordered or performed by other practicing physicians. It is the all-inclusive term for medical review efforts." (AMA, June, 1971) This Committee, consisting of member and alternate selected by the specialty groups, will review the quality of care being given and take steps to maintain a high standard of medical care in Vermont and to immediately take steps to correct medical care which is not of high quality. This may be accomplished by the following means:

(a) Personal Communications,
(b) Through local, county, or state activity,
(c) Or referral to Judicial Board or Board of Medical Practice.

(23) JURISPRUDENCE COMMITTEE. This Committee is concerned solely with professional liability. It will be composed of one member and his/her alternate from each of the county societies, selected by these societies, and will have at least two regular meetings a year. There may be special meetings.

Members of the State Society will report all cases of malpractice and threatened malpractice to this committee through the State Society office.

The Jurisprudence Committee will thoroughly investigate all cases referred to it and make its recommendations to the physician involved or his/her representative. Needed funds will be made available from the Society's Judicial Fund.

No member should settle any malpractice case, or permit his/her insurance company to settle any case in his/her behalf, without the consultation and approval of the majority of this committee.

Interested insurance companies, involved member and/or his/her representative, the Society's legal counsel, and the Executive Director will be the only ones to meet with this committee. The President of the Society and the Chairman of the Judicial Board will be ex-officio members of this committee with the right to vote.

(24) CONTINUING MEDICAL EDUCATION & CERTIFICATION. This Committee will concern itself with Continuing Medical Education largely for presently practicing physicians in Vermont. It shall apply to the AMA to be the certifying organization in Vermont for Continuing Medical Education institutions. It shall also be the Committee of the Society to evaluate the member's credentials for continuing membership in the Society as far as Continuing Medical Education is concerned.

(25) SCHOOL HEALTH COMMITTEE. The School Health Committee of the Vermont State Medical Society will concern itself with all matters of School Health, both public and private, K-12. It will also work closely with the Committee on the Medical Aspects of Sports of the Vermont State Medical Society. The School Health Committee will represent the Vermont State Medical Society in its dealings with the Vermont Department of Education and its various branches involved in school health.

(26) LONG-RANGE PLANNING COMMITTEE. Members of this Committee will be nominated by the Council and elected by the House. The Vice-president shall be an ex-officio member and serve as chairman. The Long-Range Planning Committee shall consider the long-range purposes and objectives of the Society and evaluate current and proposed programs of the Society as to their relationship to the purposes and objectives. This committee will also review the currently stated purposes and objectives to evaluate their present day meaningfulness and to make recommendations for change if deemed applicable.

(27) JOINT PRACTICE COMMITTEE. The Joint Practice Committee will be composed of representatives from the Vermont State Medical Society and the Vermont State Nurses Association. The purpose of this committee is to consider the opportunities and stumbling blocks in their respective practices of medicine and nursing, especially in the emerging field of the Professional Nurse Practitioner, and to strive for good understanding and professional respect of each practitioner for the other, albeit of a different profession.

(28) LIAISON WITH THE VERMONT ASSOCIATION OF HOME HEALTH AGENCIES. This Committee will serve as a physician advisory committee to the Vermont Assembly of Home Health Agencies and serve as a liaison between the two, interpreting to the Vermont physicians the aims and objectives of the Home Health Agencies and transmitting to the Home Health Agencies the feelings, beliefs and desires of the physicians as far as the Home Health Agency programs are concerned.

(29) COMMITTEE ON ENVIRONMENTAL HEALTH. The Committee on Environmental Health will concern itself with problems of the environment in Vermont which have an effect on the health of the people of Vermont. It shall be a study committee and shall report its findings annually to the House of Delegates. It should enlist the services of other scientists when they have more expertise than members of the Committee in appropriate areas.

Sec. 4. - Committee of Liaison Physicians. Liaison physicians shall be nominated by the Council and elected by the House of Delegates. Each physician shall serve as the liaison physician between the State Society and some other health agency, public or private, or field of interest, in the state. The one-man liaison physician role may be expanded to an ad-hoc committee of more than one, at the liaison physician's request, with the approval of the Council. The liaison physician will serve as Chairman.

Chapter X

Membership

Sec. 1. - Active Membership. Active membership in this Society shall continue so long as the individual holds the title of Doctor of Medicine, Bachelor of Medicine, or Doctor of Osteopathy, is a member of the component society, is licensed to practice medicine in the state of Vermont, and has paid the annual membership dues, subject to the provisions of Sec. 8. of this Chapter.

Sec. 2. - Member in Arrears. An active member who has not paid his/her dues for one year after the 90-day grace period, is known as a member in arrears. All rights, privileges and obligations of any member in arrears shall cease and he/she shall not be eligible for any of the benefits of the Society nor shall he/she hold office in the Vermont State Medical Society.

The Secretary shall notify the member, after he/she has been in arrears for one year, that he/she will be dropped from the rolls of the Society within 30 days of the date of notice unless the indebtedness is paid. Such notice will be sent by registered or certified mail to his/her last known address and shall also be sent to the component County Society.

Sec. 3. - Life Members. A member who has become incapacitated or compulsorily retired from the practice of medicine, and/or who has been a member of the Society for a continuous term of ten (10) years and who is not less than seventy (70) years of age, and who is connected with his/her component society in a manner whereby he/she is relieved from payment of dues or fees, on request of the component society may be made a Life Member by a majority vote of the House of Delegates of this Society. Life Members shall be regular members of this Society but they shall not be required to pay membership dues.

Sec. 4. - Honorary Members. The House of Delegates of the Vermont State Medical Society may elect to Honorary Membership anyone it so desires to honor in this fashion. Such member should be of the medical or allied scientific professions. Nominations for Honorary Membership shall be presented to the House of Delegates by the Council which shall thoroughly investigate all nominees presented to it.

Honorary Members shall be welcome at the meetings of the Society, receive its publications but shall not receive other benefits of the Society.

Sec. 5. - Associate Members. Associate Membership shall be available to the following physicians:

a. Former active members of the Vermont State Medical Society who have left the State, but who wish to continue their membership.

b. Interns, residents, and all others engaged in full-time post-graduate study.

c. Physicians residing in Vermont who, because of retirement, research or teaching, do not have a license to practice.

d. Physicians who meet all the requirements for Life Membership except that of having been an active member of the Society for ten (10) consecutive years.

Associate members shall be entitled to all the benefits of active members, except that they cannot vote or hold office or receive benefits from the Judicial Fund, the Medical Benevolence Fund, or the Faulkner Fund. They will receive publications of the Society; they will be welcome at all Society meetings; and they may join in all Society group insurance plans.

Years credits as Associate Member will not count toward Life Membership.

Dues. The State Society annual dues for Associate Members shall be $10.00.

County Societies. All applications for Associate Membership shall be handled as for Active Membership, namely, through component County Societies. County Societies are encouraged to amend their Bylaws accordingly. Dues in County Societies for Associate Membership are to be determined by the County Societies.

A.M.A. Associate Members will be permitted to associate themselves with the AMA provided they meet the AMA's regulations for the type of membership sought.

Sec. 6. - Student Members. A medical student, duly enrolled in an accredited school or college of medicine, upon application on a prescribed form and submitted to a County Society Secretary and accepted by a County Society, and with the payment of dues, of $1. per year, will be duly made a Student Member of the Vermont State Medical Society.

Student members will be welcome at all general meetings of the Society and of the Sections; they may engage, and are encouraged to participate, in discussion. Student members will not be counted for County Society House of Delegates; will not be eligible for assistance from either of the Society's Benevolence Funds; and will not be eligible to participate in any of the Society's Insurance programs.

County Societies are encouraged to revise their Bylaws accordingly.

Sec. 7. - Annual Membership Dues. The annual active membership dues shall be fixed by the House of Delegates and the same shall be payable on the first of January of each year.

Sec. 8. - Delinquency. Any member, who for three months, has failed to pay his/her annual membership dues, shall forfeit his/her active membership thirty days after notice of his/her delinquency has been mailed to his/her last known address by the Secretary and shall be known as a "Member in Arrears" without the right to vote or hold office.

Sec. 9. - Active Membership Restored. Any Member in Arrears may be reinstated to active membership upon the payment of his/her indebtedness.

Sec. 10. - Infraction of Constitution, Bylaws, or Principles of Medical Ethics. The House of Delegates shall have the power to discipline or expel a member of the Vermont State Medical Society on recommendations of the Judicial Board.

Sec. 11. - Transfer of Membership in Component Society. When a member of a County Medical Society desires to join the Society of another County, he/she may be allowed to do so upon a favorable vote of both the County Society to which he/she geographically belongs, and of the County Society he/she wishes to join.

Sec. 12. - Half-year dues for New Members. Any physician joining a component County Medical Society after the 1st of July in any year shall be entitled to all the privileges of the Vermont State Medical Society for the remainder of the year upon payment of such sums to the county society as they shall vote and 50 percent of the annual dues of the Vermont State Medical Society.

Sec. 13. - Resignations. In the event that any member of the Vermont State Medical Society submits his/her resignation, this letter of resignation shall be forwarded to the component County Society for their acceptance prior to acceptance by the Vermont State Medical Society.

Chapter XI

Nominations to Governor

Sec. 1. - Nominations for Appointment to State Board of Medical Practice. In accordance with the provisions of VSA Ch. 21 T. 26 § 1352, the Society biennially, at its annual meeting, shall make nominations for appointment to the State Board of Medical Practice. Such nominations shall be of at least twice the number

to be appointed, and shall be duly certified by the President and the Secretary of the Society and transmitted to the Governor, on or before January 15 in the year of the regular session of the General Assembly.

Chapter XII

Special Funds

Sec. 1. - Judicial Fund. The Judicial Fund shall be used to implement the functions of the Judicial Board as defined in Chapter IX, Sec. 1, of these Bylaws.

Sec. 2. - Medical Benevolence Fund. The Medical Benevolence Fund shall be kept separate and apart from other funds of the Society. No money shall be paid from the Medical Benevolence Fund except on the written authorization of at least three members of the Committee on Medical Benevolences. All beneficiaries shall be designated in the Annual Report of the Treasurer by number and after each annual audit all communications tending to show the personality of any beneficiary shall be destroyed. No individual may receive more than One thousand dollars ($1,000) from the Medical Benevolence Fund in any one calendar year.

Sec. 3. - Faulkner Fund. The Faulkner Fund is to be used in compliance with the will of Marianne Gaillard Faulkner, which states:

> *"To the VERMONT STATE MEDICAL SOCIETY, a corporation of the State of Vermont, the sum of One Hundred Thousand dollars ($100,000.), to be kept as a permanent fund to be known as the Edward Daniels Faulkner and Marianne Gaillard Faulkner Fund, and the income only to be used (a) for the relief of pecuniary distress of sick or aged members or the parents, the widows, widowers, or children of deceased members, and (b) for the relief of pecuniary distress of members resulting from catastrophic natural causes."*

The Committee on Medical Benevolences shall select the recipients of this fund.

Chapter XIII

Sections

Sec. 1. - Title of Sections. There may be the following sections:

1. Anesthesiology
2. Dermatology
3. E.N.T.
4. General Practice
5. Internal Medicine
6. Neurology
7. Neurosurgery
8. Obstetrics & Gynecology
9. Ophthalmology
10. Orthopedics
11. Pathology
12. Pediatrics
13. Psychiatry
14. Radiology
15. Surgery
16. Thoracic Surgery
17. Urology

and others as may be required.

Sec. 2. - Membership. The members and officers of the sections shall be those physicians who are members and officers of each Vermont Chapter of the National specialty organization except that officers shall be members of the State Medical Society.

Sec. 3. - Annual Report. The annual report of the sections shall be incorporated in the annual report of the Vermont State Medical Society.

Sec. 4. - Role of Medical Society. The Vermont State Medical Society shall assist the sections in their organization and operation.

Chapter XIV

Amendments to these Bylaws

The House of Delegates may amend these Bylaws at any annual session:

(1) Provided the proposed amendment shall have been introduced at the preceding annual session and provided two-thirds of the voting members of the House of Delegates registered at the session at which action is taken, vote in favor of such change or amendment, or provided

(2) The proposed amendment has been submitted in writing to all the members not less than 30 days prior to any session of the House of Delegates and provided two-thirds of the voting members of the House of Delegates registered at the session at which action is taken vote in favor of such change or amendment.

Adopted: 6/76
Typed: 8/76

PRINCIPLES OF MEDICAL ETHICS*

of the

AMERICAN MEDICAL ASSOCIATION

1957

Published by
American Medical Association
535 N. Dearborn Street
Chicago, Illinois

Preamble: These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his/her conduct in his/her relationship with patients, with colleagues, with members of allied professions, and with the public.

Section 1. - The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section 2. - Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section 3. - A physician should practice a method of healing founded on a scientific basis; and he/she should not voluntarily associate professionally with anyone who violates this principle.

Section 4. - The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5. - A physician may choose whom he/she will serve. In an emergency, however, he/she should render service to the best of his/her ability. Having undertaken care of a patient, he/she may not neglect him/her; and unless he/she has been discharged he/she may discontinue his/her services only after giving adequate notice. He/she should not solicit patients.

Section 6. - A physician should not dispose of his/her services under terms or conditions which tend to interfere with or impair the free and complete exercise of his/her medical judgment and skill or tend to cause a deterioration of the quality of medical care.

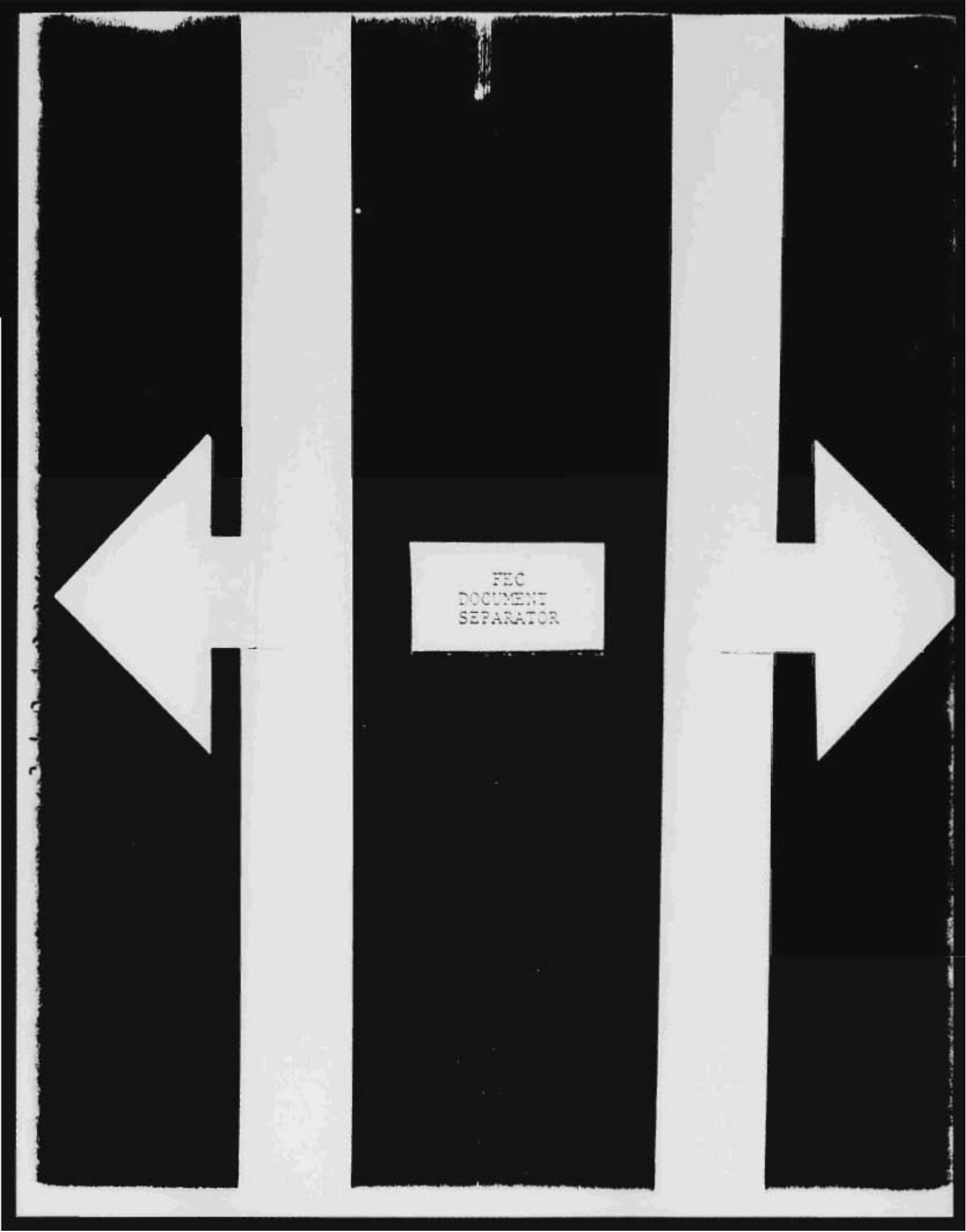
Section 7. - In the practice of medicine a physician should limit the source of his/her professional income to medical services actually rendered by him, or under his/her supervision, to his/her patients. His/her fee should be commensurate with the services rendered and the patient's ability to pay. He/she should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

Section 8. - A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical services may be enhanced thereby.

Section 9. - A physician may not reveal the confidence entrusted to him/her in the course of medical attendance, or the deficiencies he/she may observe in the character of patients, unless he/she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

Section 10. - The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his/her interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

* *No revisions to date (August 1976)*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HANDBOOK FOR MEMBERS

NOVEMBER, 1975

THE MEDICAL SOCIETY OF VIRGINIA

4205 DOVER ROAD

RICHMOND, VIRGINIA 23221

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PAST PRESIDENTS OF THE MEDICAL SOCIETY OF VIRGINIA

*Dr. James McClung, Richmond	1821
*Dr. William Foushee, Richmond	1822
*Dr. William Foushee, Richmond	1823
*Dr. James Henderson, Richmond	1824
Meetings Discontinued	
*Dr. Robert William Haxall, Richmond	1841
*Dr. Robert William Haxall, Richmond	1842
*Dr. Frederick Marx, Richmond	1843
*Dr. Thomas Nelson, Richmond	1844
*Dr. William A. Patteson, Richmond	1845
*Dr. William A. Patteson, Richmond	1846
*Dr. John A. Cunningham, Richmond	1847
*Dr. William A. Patteson, Richmond	1848
	1849
*Dr. Robert William Haxall, Richmond	1850
*Dr. Beverley R. Wellford, Fredericksburg	1851
*Dr. James Beale, Richmond	1852
*Dr. Thomas P. Atkinson, Danville	1853
*Dr. Carter P. Johnson, Richmond	1854
*Dr. H. C. Worsham, Dinwiddie	1855
*Dr. H. C. Worsham, Dinwiddie	1856
*Dr. James Bolton, Richmond	1857
*Dr. Levin S. Joynes, Richmond	1858
Meetings Discontinued	
*Dr. R. S. Payne, Lynchburg	1870
*Dr. R. S. Payne, Lynchburg	1871
*Dr. A. M. Fauntleroy, Staunton	1872
*Dr. Harvey Black, Blacksburg	1873
*Dr. A. G. Tebault, London Bridge	1874
*Dr. S. C. Gleaves, Wytheville	1875
*Dr. F. D. Cunningham, Richmond	1876
*Dr. J. L. Cabell, University	1877
*Dr. J. H. Claiborne, Petersburg	1878
*Dr. L. S. Joynes, Richmond	1879
*Dr. Henry Latham, Lynchburg	1880
*Dr. Hunter McGuire, Richmond	1881
*Dr. G. W. Semple, Hampton	1882
*Dr. W. D. Cooper, Morrisville	1883
*Dr. J. E. Chancellor, Charlottesville	1884
*Dr. S. K. Jackson, Norfolk	1885
*Dr. Rawley W. Martin, Chatham	1886

*Dr. Bedford Brown, Alexandria	1887
*Dr. Benjamin Blackford, Lynchburg	1888
*Dr. E. W. Row, Orange C. H.	1889
*Dr. Oscar Wiley, Salem	1890
*Dr. W. W. Parker, Richmond	1891
*Dr. H. Grey Latham, Lynchburg	1892
*Dr. Herbert M. Nash, Norfolk	1893
*Dr. Wm. P. McGuire, Winchester	1894
*Dr. Robt. J. Preston, Abingdon	1895
*Dr. Wm. L. Robinson, Danville	1896
*Dr. Geo. Ben. Johnston, Richmond	1897
*Dr. Lewis E. Harvie, Danville	1898
*Dr. Jacob Michaux, Richmond	1899
*Dr. Hugh T. Nelson, Charlottesville	1900
*Dr. J. R. Gildersleeve, Tazewell	1901
*Dr. R. S. Martin, Stuart	1902
*Dr. J. N. Upshur, Richmond	1903
*Dr. Joseph A. Gale, Roanoke	1904
*Dr. Wm. S. Christian, Urbanna	1905
*Dr. Lomax Gwathmey, Norfolk	1906
*Dr. Paul B. Barringer, Charlottesville	1907
*Dr. Wm. F. Drewry, Petersburg	1908
*Dr. Stuart McGuire, Richmond	1909
*Dr. E. T. Brady, Abingdon	1910
*Dr. O. C. Wright, Jarratt	1911
*Dr. Hugh M. Taylor, Richmond	1912
*Dr. Southgate Leigh, Norfolk	1913
*Dr. Stephen Harnsberger, Catlett	1914
*Dr. Samuel Lile, Lynchburg	1915
*Dr. Joseph A. White, Richmond	1916
*Dr. Geo. A. Stover, South Boston	1917
*Dr. Ennion G. Williams, Richmond	*1918
*Dr. Ennion G. Williams, Richmond	1919
*Dr. Paulus A. Irving, Farmville	1920
*Dr. Alfred L. Gray, Richmond	1921
*Dr. E. C. S. Taliaferro, Norfolk	1922
*Dr. John Staige Davis, University	1923
*Dr. W. W. Chaffin, Pulaski	1924
*Dr. Hunter H. McGuire, Winchester	1925
*Dr. W. L. Harris, Norfolk	1926
*Dr. J. Shelton Horsley, Richmond	1927
*Dr. J. W. Preston, Roanoke	1928
*Dr. J. Bolling Jones, Petersburg	1929
*Dr. Charles R. Grandy, Norfolk	1930
*Dr. J. Allison Hodges, Richmond	1931
*Dr. I. C. Harrison, Danville	1932
*Dr. J. C. Flippin, University	1933

*Dr. R. D. Bates, Newton	1934
*Dr. F. H. Smith, Abingdon	1935
*Dr. P. St. L. Moncure, Norfolk	1936
*Dr. J. M. Hutcheson, Richmond	1937
*Dr. G. F. Simpson, Purcellville	1938
Dr. A. F. Robertson, Jr., Staunton	1939
*Dr. H. H. Trout, Roanoke	1940
*Dr. W. B. Martin, Norfolk	1941
*Dr. Roshier W. Miller, Richmond	1942
*Dr. J. M. Emmett, Clifton Forge	1943
*Dr. C. B. Bowyer, Scottsburg	1944
*Dr. H. B. Mulholland, Charlottesville	1945
*Dr. Julian L. Rawls, Norfolk	1946
*Dr. W. L. Powell, Roanoke	1947
*Dr. Guy R. Fisher, Staunton	1948
*Dr. M. Pierce Rucker, Richmond	1949
*Dr. W. C. Caudill, Pearisburg	1950
*Dr. C. Lydon Harrell, Norfolk	1951
Dr. John T. T. Hundley, Lynchburg	1952
Dr. James L. Hamner, Mannboro	1953
*Dr. V. W. Archer, Charlottesville	1954
Dr. Carrington Williams, Richmond	1955
Dr. James P. King, Radford	1956
*Dr. James D. Hagood, Clover	1957
Dr. H. C. Bates, Arlington	1958
Dr. W. P. Adams, Norfolk	1959
*Dr. Allen Barker, Roanoke	1960
*Dr. Guy W. Horsley, Richmond	1961
Dr. Russell Buxton, Newport News	1962
Dr. Fletcher J. Wright, Jr., Petersburg	1963
Dr. Richard E. Palmer, Alexandria	1964
Dr. McLemore Birdsong, Charlottesville	1965
Dr. Alexander McCausland, Roanoke	1966
Dr. K. K. Wallace, Norfolk	1967
Dr. Thomas W. Murrell, Jr., Richmond	1968
Dr. F. Ashton Carmines, Newport News	1969
Dr. William Grossmann, Franklin	1970
Dr. James M. Moss, Alexandria	1971
Dr. William S. Hotchkiss, Norfolk	1972
Dr. Carl E. Stark, Wytheville	1973
Dr. John A. Martin, Roanoke	1974
Dr. William R. Hill, Richmond	1975

*Deceased.
†Owing to influenza epidemic during World War I, the council met in 1918, and Dr. Williams was continued as President.

CHARTER

BY-LAWS

NOVEMBER, 1975

CHARTER
of
THE MEDICAL SOCIETY OF VIRGINIA

Acts of Assembly of Virginia, 1870-1871.

Chapter 37.

An Act Incorporating the Medical Society of Virginia.

Approved January 4, 1871.

Whereas, it has been represented to the General Assembly, that sundry citizens, hereinafter named, have associated themselves as a society, with a view to the advancement of medical knowledge throughout the state of Virginia, and that the accomplishment thereof would be greatly facilitated, and their labors rendered more extensively useful, if they were vested with some of the attributes of a corporate body:

1. Be it, therefore, enacted by the General Assembly, That R. S. Payne, John S. Wellford, John S. Davis, William Selden, T. C. Brown, V. T. Churchman, Hugh McGuire, as well as all others who may be hereafter admitted to membership with them, be a body corporate and politic by the name of The Medical Society of Virginia; that they shall be capable of suing and being sued in any of the courts of law or equity of this Commonwealth; that they shall have perpetual succession, and be authorized to use a common seal.

2. Be it further enacted, That it shall be lawful for the medical society thus constituted, to enact all such by-laws as they may deem necessary and proper, for attaining the objects of their institution, and not contrary to the constitution or laws of the United States or of the Commonwealth of Virginia.

3. Be it further enacted, That it shall be lawful for the said society to require of persons admitted to membership therein, such admission fees and annual contributions, as a legal quorum thereof may from time to time enact; and if any member shall refuse or fail to pay such admission fee or annual contribution, that the same shall be recoverable by the society, on motion with ten days notice, before either of the superior or inferior courts of law held in the city of Richmond, or in any county,

city, or corporation whereof the member so failing or refusing to pay, shall be an inhabitant.

4. Be it further enacted, That it shall be lawful for the said society to hold, under any title recognized by the laws of Virginia, such buildings as may be required for their immediate personal accommodation as a society; for lecturing rooms, for a dissecting room, and such other apartments as may be manifestly necessary or convenient, for the promotion of medical knowledge.

5. Be it further enacted, That it shall be lawful for the said society to hold, under any title recognized by the laws of Virginia, whether coming to them by purchase, donation, or otherwise, so much real property, exclusive of that mentioned in the fourth section of this act, whereof the clear income on an average of ten years, shall not exceed two thousand dollars per annum.

6. Be it further enacted, That this act shall be at all times subject to be altered, amended, or repealed, as the legislature of Virginia shall deem necessary and proper.

7. This act shall be in force from the passing thereof.

BY-LAWS

Article I—Title

The name of this organization shall be The Medical Society of Virginia. The words "the Society" or "this Society" in the By-Laws shall be construed to mean "The Medical Society of Virginia".

Article II—Purposes

The purposes of this Society are to promote the science and art of medicine, the protection of public health, and the betterment of the medical profession.

Article III—Membership in the Society

Section 1—Physicians and medical students in Virginia, members of a component society, shall be eligible for active membership. Provision may be made for associate membership and for active membership by medical students. As used herein, the word physician means doctor of medicine or doctor of osteopathy.

Section 2—Members of the Society are classified as active, associate, courtesy, student active, honorary active, and honorary associate. Active and honorary active membership is based upon membership in a component society. Student active membership is based upon membership in a component student society.

Members in good standing in component societies are eligible for active membership in the Society. Physicians in good standing in any county or city in which there is no component society, provided they meet all the requirements of the State Society from such county or city, are also eligible for such membership. As it applies to the By-Laws, the word physician means doctor of medicine or doctor of osteopathy.

Members in good standing in component student societies are eligible for student active membership in the Society. Student active membership terminates when the member graduates or his enrollment in the medical school terminates.

Active members who move out of the State may become associate members of the Society. Teachers of sciences allied to medicine and medical officers of the

Armed Forces and Public Health Service, temporarily stationed in Virginia, and physicians attached to Veterans Hospitals, may be elected to associate membership through component societies, or by the Membership Committee. Members may resign membership by giving notice to the Executive Vice-President, or, on recommendation of the Ethics Committee, be suspended or expelled by the House of Delegates for sufficient cause. Any associate member, eligible to membership in a component society, may be required by the Council to make application for membership in such component society.

Physicians serving internships, residencies and fellowships in approved hospitals may be elected to courtesy membership.

Section 3—No one shall be enrolled as an active or associate member of this Society until the Executive Vice-President has received his or her prorated annual dues.

Section 4—The privilege of holding office, and serving on standing committees, is limited to active and honorary active membership, who, together with student active members, and no others, shall have the right to vote. In all other respects the status of the active, associate, courtesy, student active, honorary active and honorary associate members is the same.

Section 5—For long, faithful or distinguished service, the House of Delegates, upon recommendation of the Membership Committee, may elect annually two resident members and one non-resident physician to honorary active or honorary associate membership.

Section 6—Every member, after verification of good standing from the rolls, shall register and be given a membership badge before taking part in any of the proceedings of the annual session. All badges shall be furnished by the Society.

Article IV—Funds

(A)

Funds for the Society may be raised by a per capita assessment, voluntary contributions and other business activities. The funds shall be expended to carry out the general purposes of the Society.

(B)

Section 1—Membership dues, by amount and by category of membership to which such amounts are applicable shall be determined by the House of Delegates for the next fiscal year. A recommendation regarding such dues shall be presented by the Council to the House of Delegates at each annual meeting and may be adopted, or amended, by the House of Delegates by a majority vote. If no recommendation is made by Council or no action taken by the House of Delegates, the dues applicable during the preceding fiscal year shall remain in effect.

Section 2—The fiscal year of the Society for membership shall correspond with the calendar year.

Section 3—Student active, honorary active, and honorary associate members shall be exempted from the payment of annual dues, and the President, in his discretion, may extend this exemption to other deserving members. Any member over seventy (70) years of age shall be exempted by the Executive Vice-President provided he has been a member in good standing for the previous ten years.

Section 4—The Executive Vice-President is charged with the duty of collecting or adjusting past due per capita assessments, after conference with the President, and, if necessary, the Councilor of the District in which the member in arrears resides. A member, whose dues are six months in arrears, shall be dropped automatically from the rolls of the Society. Should such member later apply for membership, his application shall be accompanied by twenty dollars in addition to the dues of the current year.

Article V—Component Societies

A component society shall be made up of physicians from one or more political subdivisions of the State of Virginia. As used in the By-Laws the term "political subdivision" means a county or city of the State.

Component student societies shall be made up of students in medical schools approved by the American Medical Association.

The by-laws of these societies shall be in conformity with these by-laws and the Principles of Medical Ethics

of the American Medical Association shall govern the members of component societies, and, to the extent applicable, shall govern members of component student societies.

Section 1—The component societies and component student societies shall be those holding charters from the Society.

Section 2—There shall be only one component society in a county or city, and no component society may be established in a territorial area included in the jurisdiction of another component society; provided, however, that if two or more political subdivisions shall, by merger, annexation, or otherwise, become a single political subdivision, any component societies in the said political subdivisions may continue as separate component societies, or any number of them may unite to form a single component society.

Section 3—When a component society qualifies, it may obtain a charter upon application to the Executive Vice-President, which charter shall be signed by the President and the Executive Vice-President upon approval by Council.

Section 4—Should it seem desirable that a component society in one or more political subdivisions in a Congressional District unite with a component society in one or more political subdivisions in an adjoining Congressional District as a single component society, or should it seem desirable that physicians having the major portion of their practice in one or more political subdivisions in a Congressional District, in which political subdivision there is no component society, and physicians having the major portion of their practice in one or more political subdivisions in an adjoining Congressional District, in which political subdivision there is no component society, unite to form a single component society, such action may be taken, provided it is sanctioned by the Councilor from each of such Districts. Such component society shall be deemed to be in the jurisdiction of the Councilor of the Congressional District in which the majority of its membership have the major portion of their practice.

Section 5—The members of any component society composed of physicians from adjoining Congressional

Districts shall vote for the Councilor and Vice-Councilor from the Congressional District in which the majority of its members have the major portion of their practice.

Section 6—There may be not more than one component student society at each medical school approved by the American Medical Association, such component student society to be composed of first, second, third and fourth year students in good standing. When a component student society, consisting of at least 15% of the eligible students qualifies, it may obtain a charter upon application to the Executive Vice-President, which charter shall be signed by the President and the Executive Vice-President.

Section 7—A component society consisting of more than one political subdivision may, upon petition to the Council, be divided and given separate charters if the Council is of the opinion that such division is in the interest of medical organization.

Section 8—A physician shall not be eligible to join a component society other than a component society which is in the political subdivision in which he carries on the major portion of his practice, except that if a physician practices both in Virginia and in an adjoining state or the District of Columbia, and the major portion of his practice is not in Virginia, he may join a component society in the political subdivision in which he resides. In all other respects each component society shall judge the qualifications of its members. This section is subject to the provisions of Section 11 of this article.

Section 9—A component society shall drop from its roll a member whose license to practice medicine in the State has been revoked or whose membership in the state society has been lost on account of misconduct.

A component student society shall drop from its roll a member whose membership in the state society has been lost on account of misconduct.

Section 10—A member expelled by a component society or by a component student society can appeal to the state society through the Ethics Committee.

Section 11—A member may join a more convenient component society in the same or an adjoining political subdivision if the component society, or societies, having

jurisdiction in the county or city in which he carries on the major portion of his practice gives consent, or may join a component society in an adjoining political subdivision if there be no component society in the political subdivision in which he carries on the major portion of his practice.

Section 12—Each component society and each component student society shall send to each annual meeting of the Society its number of delegates and alternates fixed by Article VII, Section 3, of the By-Laws.

Section 13—The secretary of each component society and of each component student society shall keep a roster of its members. Such roster shall include, for the component society name, address, year of graduation, college, and date of State license, and, for the component student society, name, address, class or expected year of graduation, and college, and all such rosters shall include such other information as may be desired by the Society. Once a year, not later than July 1st, the secretary of each component society and of each component student society shall send a list of its members to the Executive Vice-President of the state society.

Section 14—The component societies and the component student societies shall cooperate with the officers of the state society to carry out the plans, laws and purposes of this organization, and to this end shall meet at least twice each year and shall send minutes of meetings and such reports as may be required by Society policy.

Section 15—If a component society fails to comply with the provisions of these by-laws then Council shall request a report of the Membership Committee regarding the status of the component society in question. Council, after receiving such report, may then recommend revocation of the Charter of that component society.

Article VI—General Meeting

Section 1—There shall be an annual session of the Society and the date and place of the meeting shall be determined by Council.

Section 2—The general meetings of the Society are open to all registered members and guests.

Section 3—At each annual meeting the President may at his discretion make a presidential address.

Section 4—The Committee on Program and Exhibits shall establish the rules and regulations under which contributions shall be made to the programs of the Society, including the time limitations upon papers and discussions.

Section 5—Except as otherwise specifically provided by the Committee on Program and Exhibits, papers and contributions are the property of the Society and no publication or other use shall be made of them without the consent of the Editorial Board.

Section 6—A rule governing the program or conduct of a general meeting may be changed only by a two-thirds vote of the members present.

Article VII—House of Delegates

Section 1—The House of Delegates shall be the business and legislative body of the Society, and its membership shall consist of the delegates elected by the component societies and any component student societies chartered by the Society, the President, President-Elect, First Vice-President, members of the Council, Past-Presidents of the Society, officers of the American Medical Association who are members of the Society, and delegates of the Society to the American Medical Association. The Speaker of the House of Delegates shall be an ex-officio member and the presiding officer of the House of Delegates, but shall vote only in the case of a tie. He shall appoint all special committees whose duties are concerned primarily with the operation and function of the House of Delegates.

Section 2—The first assembly of the House of Delegates shall be held on the first day named for the annual session. Subsequent meetings shall be held at hours which will not conflict with the scientific program. If possible, reports of committees and of the Executive Vice-President shall be published in the official publication of the Society prior to the annual session. These reports may be discussed and amended by the House of Delegates. As the first order of business at each annual session, the House of Delegates shall adopt Rules

of Procedure to govern the conduct of business during the session.

Section 3—At the first meeting of the House of Delegates, each district shall submit to the Speaker the name of the chairman of the delegation, whose duty it shall be (1) to secure a list of qualified delegates from his district, (2) to designate a time and place for their meeting, and (3) to report their nomination for Councilor to the succeeding meeting of the House of Delegates.

Section 4—Each component society may elect annually to membership in the House of Delegates, one delegate and one alternate for each thirty-five (35) or major fraction thereof of its members who are members of The Medical Society of Virginia; or, in its discretion, a component society may elect one delegate and one alternate from each county and each city in its territorial area. In any event, each component society is entitled to at least one delegate and one alternate in the House of Delegates. If the full number of delegates accredited to a component society are not present at the meeting of the state society, those members present from such component society shall, from members of that Society present, elect or appoint a sufficient number of delegates to complete its quota. Delegates and alternates shall be active members or student active members of The Medical Society of Virginia.

In the event a member of a component society, authorized to vote therein, is also a member of another component society in which he is authorized to vote, he may vote for members of the House of Delegates and be a candidate for election to the House of Delegates only in the Society established in the territorial area in which he carries on the major portion of his practice, and in the numerical apportionment of membership in the House of Delegates, he shall not be counted as a member of any component society except the one established in the territorial area in which he carries on the major portion of his practice, except that, if he practices both in Virginia and in an adjoining state or the District of Columbia, he may vote for members of the House of Delegates and be a candidate for election to the House of Delegates in, and be counted as a member of, the society established in the territorial area in which he resides.

Each component student society may elect annually to the membership in the House of Delegates two delegates and two alternates. If both of the two delegates accredited to a component student society are not present at the meeting of the state society, those members from such component society shall, from members of that society present, elect or appoint one or two delegates as may be necessary to complete its quota. Student active members, their component student society, and the delegates from the component student society shall be considered members, societies, and delegates of the territorial area in which is located the medical school with which they are affiliated.

Section 5—Thirty (30) delegates representing at least ten (10) component societies shall constitute a quorum of the House of Delegates.

Section 6—The Speaker of the House of Delegates shall preside over the meetings of the House of Delegates. The Executive Vice-President shall be the Secretary.

Section 7—The House of Delegates shall elect officers of this Society as provided for in Article VIII of the By-Laws.

Section 8—The House of Delegates shall elect delegates and alternates to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that organization. Except where the number of nominees does not exceed the number of delegates to be elected, such delegates shall be elected by ballot, and each member shall be allowed to vote for as many of the nominees as there are delegates to be elected. Those receiving the highest number of votes will be declared elected as delegates. Following the election of delegates, alternates shall be elected, and except where the number of nominees does not exceed the number of alternates to be elected, such alternates shall be elected by ballot, and each member shall be allowed to vote for as many of the nominees as there are alternates to be elected. Those receiving the highest number of votes will be declared elected as alternates.

Section 9—The House of Delegates shall nominate to the Governor of Virginia at the proper time in accordance with the laws of Virginia, members of The Virginia State Board of Medicine.

Section 10—The House of Delegates, at each annual session, shall have authority to approve, modify or reject the budget recommendations presented by the Council for the ensuing fiscal year. In case a budget is not presented by the Council, the House of Delegates shall have authority to prepare the budget.

Section 11—The House of Delegates may revoke the charter of a component society or component student society for violation of the laws of the Society, for lack of membership, or for failure to send a delegate to the Annual Meeting for three (3) consecutive years.

Section 12—The Executive Vice-President shall make a complete yearly report to the House of Delegates at each annual session.

Section 13—The Council may call a special meeting of the House of Delegates when in its opinion such a meeting is necessary or desirable and shall call such a meeting upon petition of elected Delegates to the number of at least one-third the elected Delegate membership. Written notice stating the place, day and hour of the meeting and the purpose or purposes for which the meeting is called shall be given not less than ten (10) or more than fifty (50) days before the date of the meeting, either personally or by mail, by or at the direction of the President or Executive Vice-President, to each member of the House of Delegates serving or who was authorized to serve at the last regular meeting of the House of Delegates. In the event any such member has died or otherwise become ineligible to serve, then another member may be elected or appointed to serve in his stead. At any such special meeting the House of Delegates so constituted shall have the same power and authority as to the matters for which the meeting was called as if meeting in annual session.

Article VIII—Election of Officers

Section 1—The House of Delegates, at its first meeting, shall elect from its membership a Committee on Nominations, consisting of one member from each Congressional District who shall be nominated by the Delegates present from that District and, in event a district

is not represented in the meeting, such nomination shall be made by the Speaker. This committee shall report to the House of Delegates the result of its deliberations in the form of a ticket containing the names of one or more members for each of the offices to be filled at the annual session. Nothing in this section shall be construed to prevent additional nominations being made from the floor by members of the House of Delegates. Except where there is only one nominee for an office, the election of officers shall be by ballot, and a majority vote shall be necessary for election. The lowest nominee will be dropped on each ballot until one receives a majority vote. In case of a tie, the Speaker shall cast the deciding vote.

Section 2—Only active members and honorary active members, in good standing, are eligible to office.

Section 3—The House of Delegates shall at each annual session elect a President-Elect for a term of one year. At the end of this term, the President-Elect shall automatically become President for a term of one year.

Section 4—The House of Delegates shall at each annual session elect a First Vice-President, a Second Vice-President, and a Third Vice-President, to rank accordingly, these as far as possible to represent the various sections of the State. The House of Delegates shall also elect a Speaker and Vice-Speaker. In the event of a vacancy occurring in the office of Speaker or Vice-Speaker the President shall appoint a successor to serve through the next annual meeting. The Vice-Speaker shall preside over the House of Delegates in the absence of the Speaker, or at the Speaker's request, and in either instance the Vice-Speaker shall have all the rights and privileges of the Speaker. The term of office for each of the foregoing officers shall be one year.

Section 5—The House of Delegates shall at each annual session elect an Executive Vice-President for a term of one year. The Executive Vice-President may be a non-member.

Section 6—Councilors shall be elected at the annual meeting for a term of two (2) years, those from odd numbered Congressional Districts on odd years, and those from even numbered Congressional Districts on even years. No Councilor who is eligible for re-elec-

tion shall attend the meeting of his District. Should there be a vacancy in the membership of the Council and the District was not represented in the meeting, the House of Delegates, on nomination by the Speaker, shall elect a Councilor for that district.

A Councilor who has served three (3) consecutive terms shall not be eligible to succeed himself. He may be re-elected, however, after being out of office for at least one year.

A Vice-Councilor shall be elected annually at the Annual Meeting from each Congressional District and in the same manner of selection as the Councilor. He may serve no more than two (2) consecutive terms. His duty is to assist his Councilor in any way requested and to substitute for him when the Councilor is unable to perform his official Society duties.

Section 7—The officers shall begin service at the adjournment of the annual session and continue until the end of that term, or until a successor qualifies.

Section 8—In case there is a vacancy in the office of President-Elect, or in case the President-Elect was appointed pro tempore by the Council, the House of Delegates at the annual session shall also elect a President for the following term.

Article IX—Officers

A. *President*

Section 1—The President shall be the executive head of the Society.

Section 2—The President shall be the presiding officer at the general meetings of the Society, a member of the House of Delegates, chairman of the Council, and ex-officio member of all committees. The President shall vote in meetings of the House of Delegates, but shall vote in the general meetings and in the Council only in the case of a tie. If the President or the President-Elect cannot be present, a Vice-President shall preside over the general meetings, the Council or special scientific sessions.

Section 3—After conference with the chairman of the Committee on Program and Exhibits, the President may invite guest speakers for the annual session.

Section 4—The President shall fill any vacancy occurring between annual sessions in the Council and standing committees, and such appointment shall be valid until the end of the next annual session, except that when the apportionment of delegates to the American Medical Association is increased the delegates and alternates selected to fill the new vacancies shall assume office immediately after their selection and serve during that calendar year. He shall appoint any necessary special committees at the time he takes office, or during the year.

Section 5—The President shall visit as many of the component societies of the State Society as possible during the year, in the interest of the Society, actual expenses incurred being paid in accordance with budget determined upon by the House of Delegates.

B. *President-Elect*

Section 6—The President-Elect shall be a member of the House of Delegates, Council and the Finance and Budget Committee. The President-Elect shall act for the President in his absence or temporary disability, and shall automatically succeed to the presidency at the end of the term.

Section 7—The President-Elect, at the annual session when he assumes the office of President, shall appoint one member in place of the retiring member on each standing committee and shall name the chairmen of the standing committees for the ensuing year. The President-Elect shall make every effort to name all committees and appoint all committee members by September 1, but special committees may be named and members appointed at any time. Announcement of these names shall be made at the general meeting when he assumes office.

C. *Vice-Presidents*

Section 8—The Vice-President shall assist the President in the discharge of his duties and the Councilors in their districts in the organization of component societies. In event of the permanent disability, death or resignation of the President, a Vice-President, according to rank, shall succeed him for the remainder of his term of office.

D. *Executive Vice-President*

Section 9—The Executive Vice-President of the Society shall be the executive agent of the Society, the secretary of the general meetings, secretary of the House of Delegates, secretary of the Council, and general manager of the official publication of the Society, and shall serve as Secretary and as Treasurer of this Society.

Section 10—The Executive Vice-President shall be the custodian of all property of the Society, provide for registration of members at general meetings, conduct the general correspondence of the Society, and, with the consent of the President, employ necessary assistance.

Section 11—The Executive Vice-President shall collect all money due the Society and pay out these funds upon written order of the President, or upon his designated authority. The Executive Vice-President shall be bonded as approved by the Council.

Section 12—At a time designated by the Committee on Program and Exhibits the Executive Vice-President shall mail notices to members, asking for papers and shall, under the direction of the Committee on Program and Exhibits, prepare and send to each member a program of the annual session.

Section 13—The Executive Vice President shall keep minutes of all meetings of the Council and House of Delegates. He shall make a general report to the House of Delegates at each annual session.

Article X—Council

Section 1—The Council shall serve as the Board of Directors of the Corporation and shall have charge of the affairs of the Society when the House of Delegates is not in session.

The Council shall consist of one member from each Congressional District of the State, together with the President, President-Elect, First Vice-President, the Immediate Past-President, the Speaker, or in his absence, the Vice-Speaker of the House of Delegates. The Editor and the State Health Commissioner shall be ex-officio members without vote.

Each Councilor and Vice-Councilor who represent a Congressional District must reside in and/or conduct the major part of their practice in the Congressional District they represent. The President shall be the chairman of the Council and the Executive Vice-President shall be its secretary.

Section 2—An executive committee of the Council composed of three members shall be appointed annually by the President. This committee shall act in an advisory capacity to the President in those matters in which the advice of the Council is desired, but which are of sufficient importance to warrant calling a meeting of the full Council.

Section 3—Each Councilor shall be the organizer and advisor for his District. Each Councilor may visit each component society in his District once a year either on invitation or as may be necessary.

Section 4—Meetings of Council shall be held upon call of the Executive Vice-President at the request of the President of the Society or any five (5) members of Council, upon reasonable notice. Four members of the Council together with the President or First Vice-President shall make a quorum. Actual expenses may be paid members attending meetings of the Council in the interim between the annual sessions.

Section 5—At each annual session, the Council shall present a budget for the next fiscal year, based on the expected income and expenditures during this period, which budget shall be presented to the House of Delegates for its action.

Section 6—The Council shall be charged with the duty of organizing the whole State into component societies, and, at each annual session, shall report on this work to the House of Delegates, with recommendations. The Council shall also be charged with the duty of organizing component student societies. The Council shall recommend to the House of Delegates the revocation of a charter of a component society or component student society when such component society or component student society flagrantly violates the rules of the Society.

Section 7—The Council shall provide offices for the Society headquarters.

Section 8—Each Congressional District may have a District Council composed of members from each county and city in the District, the Councilor of that District to act as chairman. The purpose of these District Councils is to bring the individual physicians of the counties and cities of the District into closer contact with the Society and its needs. Members of the District Council representing local medical societies, shall be elected by the membership of the respective societies prior to September 30, and members for counties and cities in which there is no society shall be appointed by the Councilor for their Congressional District, prior to that date. The term of office for members of the District Council shall be one (1) year, ending September 30. They shall be eligible to succeed themselves and their duties shall be to work with and under the direction of the Councilor for the District.

Article XI—Committees

A. Standing Committees

The Standing Committees of the Society shall consist of an Editorial Board for the official publication of the Society, and additional committees as hereinafter set forth.

Except as otherwise provided, each of the Standing Committees shall consist of three (3) members, whose term of office shall be three (3) years. Successors to the members who have first been appointed for one, two or three years shall be appointed for three (3) years by the incoming President who shall also name the chairman of each committee, and shall appoint persons to fill vacancies on committees for the unexpired terms.

All committees shall make reports annually to the House of Delegates. The chairmen of all standing or special committees shall have the privilege of the floor when reporting to the House or in any incidental discussions.

Actual expenses of members of such committees required to do official work in the interim between annual sessions may be paid upon the recommendation of the chairmen of such committees and the endorsement of the President, if presented within thirty (30) days after the meeting, provided budget allowance be made for such purpose in accordance with Article X, Section 4.

All unexpended balances of any fund authorized in the budget shall on or before September 30th of each year revert to the general treasury.

Editorial Board

Section 1—The Editorial Board shall consist of nine (9) members, appointed by the President at the annual session at which he assumes the office of President. The members of the Board shall be appointed as follows: three (3) for one year, three (3) for two years, and three (3) for three years, and their successors shall be appointed for terms of three (3) years each. Any vacancy on the Board shall be filled by the President for the unexpired term. The Board shall conduct the affairs of the official publication of the Society in accordance with the expressed policy of the Society and its budget for the current year.

The President shall appoint an Editor for the official publication of the Society for the ensuing year, such appointment to be made upon recommendation of the Editorial Board, but the President shall not be required to appoint the person so recommended. The Editor may attend the meetings of the Council and the House of Delegates, and shall have the privilege of the floor in these bodies.

Program and Exhibits

Section 2—The Committee on Program and Exhibits shall have charge of the scientific program and scientific exhibits for the annual sessions, in cooperation with the President. The Committee shall endeavor to stimulate interest in scientific and research work among the members of the Society, and may institute appropriate methods to this end.

Legislative

Section 3(a)—The Legislative Committee shall be appointed annually to serve at the pleasure of the President and shall consist of not more than fifteen (15) members, with at least one (1) member from each Congressional District.

(b)—The Legislative Committee shall endeavor to secure and enforce legislation in the interest of public health, scientific medicine, and the moral, social, fraternal, and ethical betterment of the medical profession in the State.

Membership

Section 4—The Committee on Membership shall pass upon the application for membership of those not members of a component society and make recommendations for honorary membership. The Committee shall also, through cooperation with component societies and the Executive Vice-President, prepare proper obituaries for deceased members. The Committee shall have the responsibility for recruiting members into the Society and into the American Medical Association.

Ethics

Section 5—The Committee on Ethics shall consider all matters involving ethics and conduct of members on appeal from the component or component student societies and may act independently in cases not under the jurisdiction of a component or component student society.

All charges against any member shall be in writing specifically stated, and signed by the accuser. The individual accused and under investigation shall be entitled to a personal hearing or representation. No charge against a member shall be heard by the House of Delegates, unless it has first been referred to the Committee on Ethics.

No motion or discussion of expulsion, suspension or other censure of any member shall be allowed unless such member shall have been given two months' notice through the Committee on Ethics. The Committee shall make its report to the House of Delegates at the first meeting during the annual session.

No member shall be expelled from the state society except by a vote of three-fourths of the members of the House of Delegates present. Should the member come forward within twelve (12) months succeeding his or her expulsion and offer satisfactory explanation, he or she may be reinstated, provided three-fourths of those present in the House of Delegates concur.

By-Laws

Section 6—The Committee shall have the responsibility to consider all proposed by-laws changes, to review the by-laws annually, and to make a comprehensive review of the by-laws every five (5) years. The Committee shall suggest necessary revisions and interpret its provisions in case of conflict or doubt as to specific meaning.

Public Relations

Section 7(a)–The Committee shall consist of six (6) members whose term of office shall be for three (3) years, two (2) to be appointed annually by the President.

(b)–The Committee on Public Relations shall supervise all the Society's undertakings in the field of Public Relations.

Grievance

Section 8(a)–The Committee on Grievance shall be composed of the latest five (5) active Past-Presidents of the Society, the chairman to be appointed from among this number by the President of the Society.

(b)–The Committee shall review problems or misunderstandings arising between doctors and patients. Any three (3) members of the Committee may be designated by the chairman to act as the reviewing panel to hear a particular case.

Charges shall be submitted to the chairman of the Grievance Committee in writing. The Committee shall have jurisdiction of all cases which are appealed from decisions of grievance committees of component or component student societies. It shall also have jurisdiction of all cases of alleged grievances originating in areas in which there is no functioning component or component student society, and in instances where no grievance committee of a component or student component society has been appointed, or if appointed fails to function.

The chairman shall call a meeting of the Grievance Committee at his discretion or upon written request of any three (3) members of the Committee. Three (3) members shall constitute a quorum for the transaction of business or the hearing of cases. The time and place of the meeting shall be designated by the chairman. Hearings shall be conducted in private with both the complainant and the defendant present, and both shall have the privilege of counsel if either or both so elect. Previous written notice, mailed by registered, return receipt letter, shall be sent both parties at least fifteen (15) days in advance of the meeting date, designating the time and place of the meeting. A panel committee of at least three (3) members of the Grievance Committee shall be required for hearings. The complainant, the defendant, and the chairman of the Grievance Committee shall have the right to summon witnesses. If both

the complainant and the defendant so elect in writing, the hearing may be based entirely on the written allegation of fault, and the written defense.

Decisions of the Grievance Committee shall be by two-thirds vote. The decision shall determine the guilt or innocence of the accused and, if guilty, shall reprimand the offender. If indicated by the seriousness of the situation or practices involved, the case shall be referred to the Ethics Committee for appropriate action.

The Grievance Committee shall have authority to evolve its own rules of procedure. Expenses of the Grievance Committee incurred in the performance of the duties herein outlined shall be paid out of the general funds of The Medical Society of Virginia. Expense accounts shall be submitted by the chairman of the Committee to the Treasurer of The Medical Society of Virginia.

Finance

Section 9(a)–The Committee on Finance shall consist of three (3) members whose term of office shall be three (3) years, one (1) member being appointed annually by the President. The President shall also appoint the chairman. The President-Elect shall be an ex-officio member.

(b)–The Committee shall have charge of the finances of the Society and shall prepare and present a budget for the ensuing year to the Council at the annual meeting.

Health Insurance

Section 10–The Health Insurance Committee shall consist of six (6) members, whose terms shall be staggered, and who shall serve as liaison to all third party carriers including the Blue Shield Plans, commercial insurance carriers and the State Department of Health (as Medicaid Intermediary).

Pharmacy

Section 11–The Committee on Pharmacy will have supervision over all matters pertaining to drugs and their relationship to the practice of medicine, pharmaceutic affairs and the drug industry.

B. Other Committees

(1) Appointments of committees other than standing committees shall lie within the discretion of the Presi-

dent. When he appoints such committees, he shall also name their chairmen.

(2) The President shall be the coordinator of all committees and as such may require reports from committee chairmen.

(3) Component societies may suggest the names of members for appointment to committees, but no such suggestions shall be binding upon the President.

(4) The President shall describe in writing the duties and responsibilities of each special committee appointed by him and this description shall be filed for record with the Executive Vice-President. For this purpose, the President may adopt any committee description already on file.

Article XII—Official Publication

The official publication of the Society shall be known as the VIRGINIA MEDICAL MONTHLY. Publication of the journal shall be under the control of the Editorial Board which shall cooperate in every way with the various committees of the Society for the good of the organization.

Article XIII—Ethics

The ethical principles governing the members of the American Medical Association shall govern the Society.

Article XIV—Rules of Order

The deliberations of the Society shall be conducted in accordance with parliamentary usage as defined in *Sturgis' Standard Code of Parliamentary Procedure* (current) *Edition.*

Article XV—Seal

The Society shall have a seal bearing date of organization of the Society. The power to change or renew the seal shall rest with the House of Delegates.

Article XVI—Amendments

These By-Laws may be amended at an Annual session by two-thirds vote of the House of Delegates, and ratified by a general meeting of the Society. By-Laws

amendment may be proposed by any member. Such Proposal shall be submitted in writing through the Executive Vice President. The By-Laws Committee shall consider and make a recommendation for disposition of all properly proposed amendments in its report to the House of Delegates. Amendments made at the time of the Annual Meeting shall lay on the table at least twenty-four hours before they may be considered for adoption and shall be handled in accordance with rules established by the House of Delegates in accordance with Article VII, Section 2. All Previous Constitutions and By-Laws of the Society are repealed when these By-Laws are adopted and put into effect.

Article XVII—When in Force

These By-Laws shall be in force upon adoption by the House of Delegates and ratification by a general meeting of the Society, all in accordance with the provisions of the Constitution and By-Laws heretofore in effect.

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PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his

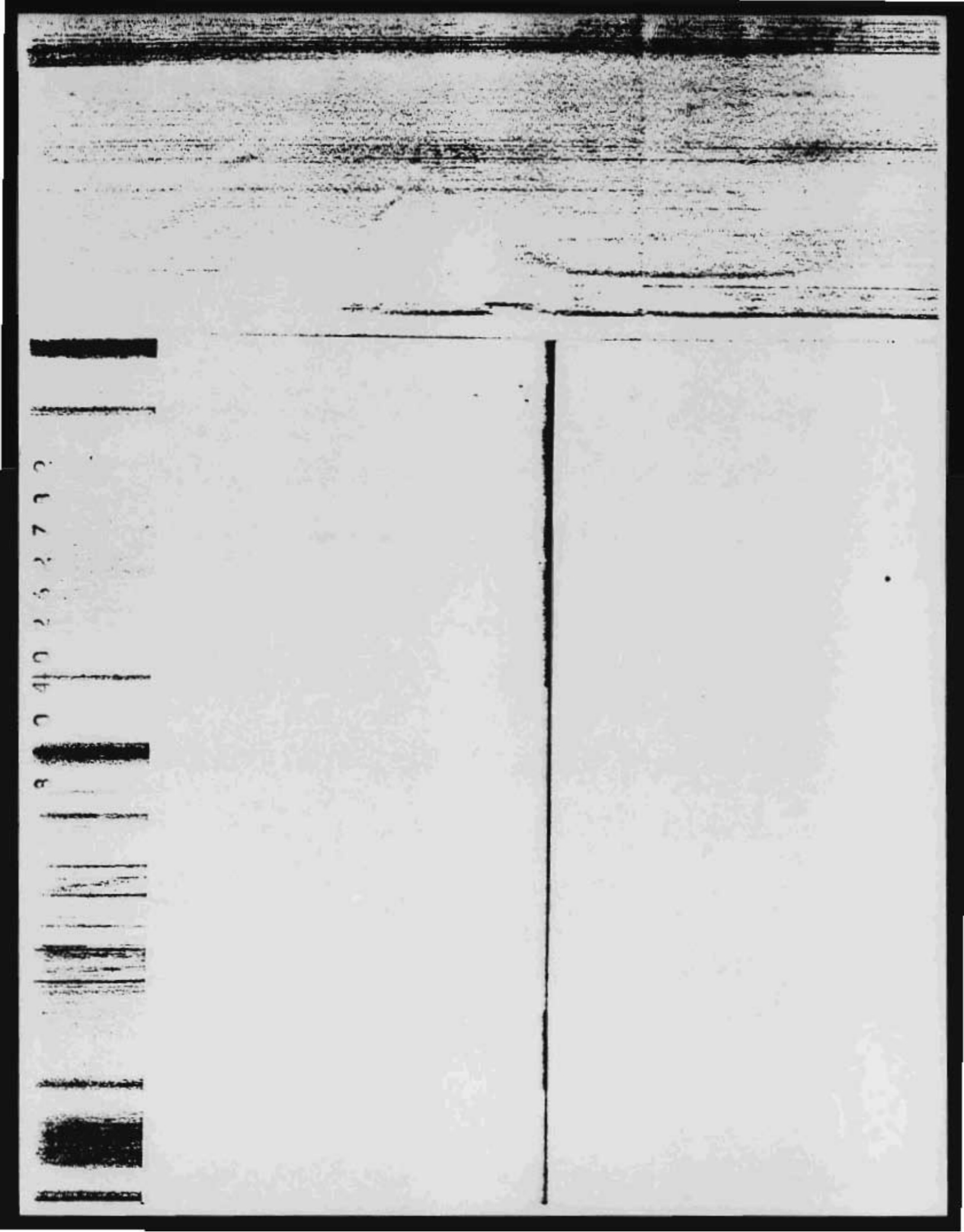
medical judgment and skill or tend to cause a deterioration of the quality of medical care.

Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical services may be enhanced thereby.

Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.



ANNUAL MEETINGS

1976

CONFERENCE CENTER

Williamsburg, Va.

November 4-7

1977

HOTEL JOHN MARSHALL

Richmond, Va.

October 13-16

1978

CONFERENCE CENTER

Williamsburg, Va.

November 2-5

FEC
DOCUMENT
SEPARATOR

Ex #5 HH

Constitution and By-Laws

of the

West Virginia State Medical Association

1975

Revised Edition

This revised edition of the Constitution and By-Laws of the West Virginia State Medical Association includes all of the amendments adopted by the House of Delegates at the Annual Meeting in 1975.

The Committee on Constitution and By-Laws, which prepared and offered the amendments in the House of Delegates, was composed of Harry S. Weeks, Jr., M. D., Wheeling, Chairman; George R. Callender, Jr., M. D., Charleston; Richard E. Flood, M. D., Weirton; S. William Goff, M. D., Parkersburg; Carl B. Hall, M. D., Charleston; J. C. Huffman, M. D., Buckhannon; James S. Klumpp, M. D., Huntington; Athey R. Lutz, M. D., Parkersburg; Richard V. Lynch, Jr., M. D., Morgantown, and L. J. Pace, M. D., Princeton.

A copy of this edition is available to each member of the Association.

CHARLES R. LEWIS,
Executive Secretary.

Charleston, W. Va.
August 25, 1975

Constitution and By-Laws

of the

West Virginia State Medical Association

Revised Edition – 1975

Constitution and By-Laws of the West Virginia State Medical Association

CONSTITUTION

Article I. – Name

Sec. 1. The name and title of this organization shall be the West Virginia State Medical Association.

Article II. – Purposes

Sec. 1. The purposes of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of West Virginia and to unite with similar associations or societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to promote the public health; to elevate the standards of medical education; to secure the enactment and enforcement of just medical laws; to promote the general welfare of physicians; and to enlighten and direct public opinion in regard to the great problems of state medicine so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease and in prolonging life and adding comfort thereto.

Article III. – Component Societies

Sec. 1. Component societies shall consist of those medical societies which hold charters from this Association.

Article IV. – Composition

Sec. 1. This Association shall consist of active and honorary members.

Sec. 2. Members. Membership in this Association shall be limited to doctors of medicine licensed to practice in West Virginia who are members of a component medical society of the West Virginia State Medical Association.

Sec. 3. Active members shall be those physicians who are engaged in the practice of medicine in the State of West Virginia, including those who are temporarily absent by reason of serving a residency or absent for a tour of duty with our Armed Forces.

Sec. 4. Honorary members shall be those physicians qualified for such membership under the By-Laws of this Association.

Article V. — House of Delegates

Sec. 1. The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) delegates elected by the component societies; and (2) the President, President Elect, Vice President and the Treasurer.

Article VI. — Council

Sec. 1. The Council shall consist of the elected Councilors from each district, the immediate Past President who shall serve as Chairman, and his immediate predecessor who shall be the Councilor-at-Large for one year; and the President, the President Elect, the Vice President and the Treasurer. A majority of the membership of the Council shall constitute a quorum. Their duties and responsibilities shall be as defined in the By-Laws.

Article VII. — Sections and Societies

Sec. 1. The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections, and for the organization of such societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component societies.

Article VIII. — Meetings and Sessions

Sec. 1. The Association shall hold an annual meeting, during which there shall be held daily sessions which shall be open only to registered members and guests.

Sec. 2. The place and dates for each annual meeting of the Association shall be selected by the Council.

Article IX. — Officers

Sec. 1. The officers of this Association shall be a President, a President Elect, a Vice President, an Executive Secretary, a Treasurer, fifteen Councilors to be elected as provided in Section 2 of this Article, and two Councilors-at-Large, who shall be the retiring president and his immediate predecessor.

Sec. 2. The officers, except the Councilors and the President, shall be elected annually. The terms of the Councilors shall be for two years, one from each Councilor District being elected by the House of Delegates every second year as shall be provided for in the By-Laws for reapportionment of Council Districts. No Councilor shall be eligible to succeed himself after four years as Councilor, but he may be elected after two years' absence from the Council. All these officers shall serve until their successors are elected and installed.

The term of the President, President Elect, Vice President, and Treasurer elected at the annual meeting in 1956 shall begin on January 1, 1957, and end on the last day of the annual meeting in that year. Thereafter, the term of the elective officers, except members of the Council, shall be for the period of one year beginning with the installation of the President at the final session of the House of Delegates at each annual meeting.

The term of office of Councilors shall be for a period of two years beginning with the installation of the incoming President and ending on the last day of the second succeeding annual meeting, except as provided in the By-Laws pertinent to reapportionment of Councilor Districts.

Sec. 3. The President Elect, Vice President and Treasurer shall be elected by the House of Delegates at each annual meeting.

Sec. 4. The retiring President shall be Chairman of the Council for the year following his term of office, and shall then serve for another year as Councilor-at-Large. Thereafter he shall be eligible for election to any office of the Association except President Elect or Vice President.

Article X. — Reciprocity

Sec. 1. In order to broaden professional fellowship, this Association is ready to arrange with other state medical associations for an interchange of certificates of

membership so that members moving from one state to another may avoid the formality of reelection.

Article XI. – Funds and Expenses

Sec. 1. Funds shall be raised by an annual per capita assessment of dues against members of the Association. The annual dues and other assessments shall be in an amount provided for in the By-Laws.

Funds may also be raised by voluntary contributions, from the Association's publications, and in any other manner approved by the House of Delegates.

Article XII. – Referendum

Sec. 1. A general meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association who may vote by mail or in person. If those voting shall comprise a majority of the members of the Association, then the action of the majority of those so voting shall determine the question and be binding upon the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its members, submit any question before it to a general referendum as provided in the preceding section, and the result shall be binding on the House of Delegates. It may also, by a like vote, refer any question, including the election of officers or any number of them, to the general meeting of the Association, a majority vote here determining the result.

Article XIII. – The Seal

Sec. 1. The Association shall have a common seal, with power to break, change or renew the same at pleasure.

Article XIV. – Amendments

Sec. 1. The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been published twice during the year in The West Virginia Medical Journal, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS

Chapter I. – Membership

Sec. 1. The name of a physician on the properly certified roster of members of a component society shall be *prima facie* evidence of membership in this Association, provided he has paid local and state dues and any current assessment, and provided further that he is licensed to practice medicine in West Virginia.

Sec. 2 (a) Disciplinary action may be taken by a component society against a member thereof only upon written charges signed by one or more members of such society and filed with the society's secretary. Within ten days after charges have been filed the secretary shall serve upon the accused member a true copy of such charges, and shall also furnish a Councilor of that District a copy thereof. Thereafter, and at least ten days before any action is taken on such charges by the component society, or by any committee thereof, the secretary shall serve upon the accused a written notice specifying the time and place of the hearing, and shall also furnish a Councilor of that District a copy of said notice. Service upon the accused may be made by personal delivery to the accused or by registered mail to his usual place of residence, with a request for return receipt signed by the addressee.

At the hearing upon such charges the accused shall be afforded full opportunity to be heard in his own defense, or by counsel, who may or may not be a member of this Association, to cross-examine witnesses, and to examine witnesses and offer evidence in his own behalf.

A record shall be made of such hearing by a competent reporter, and at the request of either the accused or the component society, the society's secretary shall cause a transcript to be made of the proceedings, evidence and findings. Suspension or expulsion from the component society shall require a two-thirds majority of the votes cast.

(b) Any member who has been censured or who has been suspended or expelled from his component society shall have the right of appeal to the Council of the West Virginia State Medical Association from the order of censure, suspension or expulsion, and the Council shall have jurisdiction to hear and determine such appeal, and to affirm, modify or reverse the order of the component society. Any such appeal shall be on ques-

tions of law and procedure only, and not on questions of fact. The appeal must be filed with the Executive Secretary of the Association within sixty days after the date of the component society's order from which the appeal is taken; and with such appeal, the appellant shall file proof that a copy of such appeal has been mailed to or served upon the president or the secretary of the component society from whose order the appeal is taken.

Within sixty days after the filing of such appeal, the component society shall file with the Council a record of the society's disciplinary proceedings against the appellant, including the original papers, documents, resolutions and minutes, or certified copies thereof, and including a transcript of the proceedings, evidence and findings in connection with the hearing on the charges against the appellant. With such record there shall be filed by the president or secretary of such component society a certificate signed by said president or secretary, certifying that such record constitutes a complete, true and correct record of all the disciplinary proceedings before such component society, and further certifying that written notice of the filing of such record has been mailed to or otherwise served upon the appellant. If the component society fails to file such record within the time allowed, the Council shall restore the appellant to membership in good standing in his component society.

Following the filing of the record by the society, the Council shall set a date for hearing of the appeal before the Council, and the Executive Secretary shall give prompt notice thereof to each party. The appeal shall be heard, considered and determined by the Council solely upon the record filed by the society with the Council, and the oral statements of the parties concerned or their counsel. Affirmation, modification or reversal by Council of the orders issued by the component society shall require a two-thirds majority of the votes cast.

In any case where a component society fails to conduct hearings upon charges made against any of its members, the Council may proceed with disciplinary measures in the same manner provided above for component societies; and in any case in which a component society fails to take prompt disciplinary action against one of its members after being requested in writing by the Council of the West Virginia State Medical Association to do so, the Council shall proceed to institute and prosecute such disciplinary action and to enter such order of dismissal or censure, or of suspension or expulsion from the component society, as the evidence adduced at the hearing may warrant.

Sec. 3. No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of the proceedings until he has been relieved of such disability, nor shall such member under sentence of suspension or expulsion from one component society be eligible for election to membership in any other component society in this Association until sixty days have elapsed after the component society from which he was expelled or suspended has been notified in writing by the secretary of the component society before which application for such election is pending, and then only after approval of such election by the Council of this Association.

Sec. 4. Each member in attendance at an annual session shall register and indicate the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all privileges of membership at that session. No member shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section.

Sec. 5. Non-members of this Association, resident in West Virginia, shall have no voice at any time in the deliberations of this Association, and shall not be permitted to take any part whatsoever in the program or discussion, except when invited so to do by a majority vote of the members present.

Sec. 6. The active membership of this Association shall consist of those physicians or doctors of medicine who are actively engaged in the practice of medicine, who hold a degree of Doctor of Medicine, or Bachelor of Medicine, who are licensed to practice medicine in the State of West Virginia, and who are members of one of the component societies in this Association.

The grant of a temporary permit to practice medicine by the Medical Licensing Board of West Virginia shall entitle the holder of such temporary permit to full privileges of active membership in the State Medical Association during the period covering such temporary permit, provided such permit holder has satisfied the requirements for membership in his component society. There shall be no remission of dues or assessments for any portion of any fiscal year not covered by the terms of a temporary permit to practice medicine in this State, or when said temporary permit has been revoked by

competent authority during said fiscal year. The fiscal year shall begin on January 1 and end on December 31 each year.

Any active member of this Association who has become physically or mentally incapacitated for any type or degree of medical practice or for medical administrative duties, may, upon nomination by his component society and election by the Council, become an honorary member of this Association. Any member of this Association who, without regard to his physical or mental condition, finds he is financially unable to pay the required dues, may be relieved of all or partial payment upon request to the Council and approval by that body.

Honorary members shall be exempt from the payment of dues or assessments. They shall have the privilege of the floor in any open session of the Association, but shall not have the right to make or second motions, to vote, or to hold any elective office in this Association, except that they may hold elective or appointive committee membership.

Sec. 7. Dues in the amount of $150.00 shall be payable annually on January first, of which amount $6.00 shall be earmarked for the Charles Lively Memorial Scholarship Fund of the West Virginia State Medical Association. Any member whose dues have not been paid by April first shall be held to be delinquent and shall be automatically dropped from membership. Such member cannot be reinstated except by a majority vote of the component society of which he was a member taken prior to the end of the calendar year.

If dues are paid after June thirtieth by new members, only one-half the amount of the fixed annual dues shall be collected from such members. All members who are dropped from the rolls on April first but who are reinstated during the current year shall pay the full amount of the fixed annual dues.

Chapter II. – Annual Meeting

Sec. 1. The Association shall hold a meeting each year at such place as may be selected by the Council at the preceding annual session. If it develops that the place selected for the meeting should refuse the honor, or should for any other reason prove to be inadequate, power to change the place of meeting shall rest with the Council.

Sec. 2. Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty (20) delegates or fifty (50) members.

Chapter III. – Members May Attend

Sec. 1. All registered members may attend and participate in the proceedings and discussions of the general scientific meetings and of the several sections. The general meetings shall be presided over by the President or the President Elect or by the Vice President, and the annual address of the President shall be presented before one of the sessions of the House of Delegates at each annual meeting.

Chapter IV. – House of Delegates

Sec. 1. The House of Delegates shall meet annually at such time and place as may be fixed for the purpose by the Program Committee of the Association. It may adjourn from time to time as may be necessary to complete its business; provided, that its hours shall conflict as little as possible with the general sessions. The order of business shall be arranged as a separate section of the program.

Sec. 2. Each component society shall be entitled to elect and send to the House of Delegates each year one delegate who shall be the society's secretary, and one additional delegate for every twenty (20) members or fraction thereof. A corresponding number of alternates shall be elected each year by each component society. An alternate who is called upon to serve in place of a delegate who is not present shall be entitled to all the rights and privileges of such delegate to the House of Delegates. In case any of the regularly elected delegates or alternates be not present at an annual meeting, the members of the component societies to which they belong who may be present shall elect a delegate or delegates *pro tem.*

All county society delegates, except the secretary, shall be elected for two-year terms and when more than one delegate is to be elected, such delegates shall serve staggered terms so that the terms of only one-half the delegates, or major fraction thereof, of each society, shall expire in any one year.

Sec. 3. The delegates present shall constitute a quorum.

Sec. 4. The House of Delegates shall, through its officers, the Council, and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each annual session a stepping-stone to future ones of higher interest.

Sec. 5. It shall consider and advise as to the material interests of the profession, and of the public in those matters wherein the public is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 6. It shall make careful inquiry into the condition of the profession of each county in the state, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality and shall continue these efforts until every ethical physician in every county of the state has been brought under medical society influence.

Sec. 7. It shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Sec. 9. It shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

Sec. 10. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by appropriate names so as to distinguish them from district and other classes of societies, and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies until such counties may be organized separately.

Sec. 11. It shall divide the state into Councilor Districts specifying what counties each district shall include, and, when the best interests of the Association and profession will be promoted thereby, organize in each a district medical society, and all members of component societies, and no others, shall be members of such district societies.

Sec. 12. It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates, who may be present and participate in the debate on their reports.

Sec. 13. The House of Delegates may review and act upon all memorials and resolutions issued in the name of the Association except those matters the determination of which lies solely within the jurisdiction and province of the Council as set forth in these By-Laws.

Sec. 14. The House of Delegates shall meet in open session, to which any person may be admitted, except as it may move into closed session, attendance to which shall be restricted to members of the Association, its legal counsel and members of the Association's office staff, and, except that it may move into executive session, restricted to members of the House of Delegates, legal counsel of the Association, and such members of the Association's staff as are necessary for proper functioning of the House. In any session only delegates and authorized official personnel shall have the privilege of the floor, except by unanimous consent.

Sec. 15. The proceedings of any open session of the House of Delegates shall be published in The Journal in the first possible issue following each session.

Chapter V. — Election of Officers

Sec. 1. All elections shall be by written ballot, and a majority of the votes cast shall be necessary to elect; provided, however, that when there are more than two nominees for any office, the nominee receiving the least number of votes on the first ballot shall be dropped and the balloting shall continue until but two candidates remain, and an election occurs; provided, further, if there is but one candidate for the office under consideration the presiding officer may direct a viva voce ballot.

The officers of this Association and delegates and alternate delegates to the American Medical Association shall be nominated in the method prescribed in that section of the By-Laws relative to the duties of the Committee on Nominations, and they shall be elected during the final session of the House of Delegates at each annual meeting.

Chapter VI. — Duties of Officers

Sec. 1. The President shall preside at all meetings of the Association and of the House of Delegates, unless both bodies are in session at the same time, when he shall delegate the President Elect or Vice President to preside over the general meeting; he shall appoint the members of all standing committees listed in Chapter VIII, Section 2, of the By-Laws; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require; he shall be the real head of the profession of the state during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the state and assist the Councilors in building up the component societies and in making their work more practical and useful.

The President shall appoint a Parliamentarian to serve during his term of office.

Sec. 2. The President Elect and Vice President shall assist the President in the discharge of his duties. In the event of the death, resignation, incapacitation or removal from office of the President, the President Elect shall succeed him in office and shall serve for the remainder of the term of his immediate predecessor. If the time so served is less than six months he shall also serve as President until the second annual meeting following his election as President Elect. If he succeeds to the presidency six months or more before the first day of the following annual meeting, the House of Delegates, at that meeting shall elect another qualified and eligible person to serve as President until the next annual meeting.

The President Elect shall be installed as President as the final order of business at the final session of the House of Delegates at each annual meeting, and he, with the other elected officers and the Councilors elected at that meeting, shall immediately thereafter assume the duties of their respective offices.

Sec. 3. The Treasurer shall be financial overseer of this Association, serving without pay and shall have access to the books and records of the Executive Secretary at all times, and shall countersign all checks and vouchers issued by this Association. He shall investigate any rumors or suspicious circumstances that come to his attention in regard to the Association's financial status and, if he feels justified in doing so, shall report his findings to the President and the Chairman of the Council. As soon as possible after January first of each year, he shall employ a certified public accountant to audit the books and records of the Executive Secretary, and the audit shall be published in The West Virginia Medical Journal.

Sec. 4. The Executive Secretary shall be the custodian of the funds and securities of the Association. He shall receive and deposit funds realized from all sources, including The West Virginia Medical Journal, and shall pay from such funds the current or running expenses of the Association. He shall subject his accounts to such examination as the Council may order. He shall arrange the order of business for each session of the House of Delegates.

He shall execute a bond in an amount fixed by the Council to provide for the faithful performance of his duties. In case of the absence of the Executive Secretary or his inability to act, or in case his office becomes vacant, the financial records of his office shall be kept by the Treasurer until a new Executive Secretary is named by the Council.

Chapter VII. — The Council

Sec. 1. The Council shall meet on the day preceding each annual meeting, and at least three other times during each year, to transact the general business and other affairs of the Association. The Council may meet at other times as necessity might require, subject to the call of the Chairman, or on petition of five members of that body.

The Council shall be the executive body of the House of Delegates, and between meetings shall exercise all the powers conferred on the House of Delegates by this Constitution and By-Laws. The Chairman of the Council shall submit an annual report of its activities to the House of Delegates.

In the event of the absence of the Chairman of the Council at any meeting, the Councilor-at-Large shall serve as acting chairman. Should the Councilor-at-Large also be absent, then an acting chairman shall be elected by the members of the Council present.

Sec. 2. Each Councilor shall serve as organizer, advisor and censor in his district.

Sec. 3. The Council shall be the Board of Censors of this Association, considering all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this

Association. The Council shall have appellate jurisdiction and the power of final decision in all questions of discipline affecting the conduct of members or of a component society. The procedures to be followed shall be as stated in that Chapter of this Constitution and By-Laws referable to membership. All decisions of the Council in such matters shall be binding, except that decisions in procedural processes may be appealed to the Judicial Council of the American Medical Association.

Sec. 4. The Council shall have sole supervision over and control the preparation, publication, and distribution of THE WEST VIRGINIA MEDICAL JOURNAL, and other publications, proceedings, transactions or memoirs of the Association. It shall appoint or elect an editorial board or publication committee under the provisions of Chapter VIII of these By-Laws.

All monies and revenue received by THE WEST VIRGINIA MEDICAL JOURNAL shall be expended, invested, or otherwise disposed of under the sole jurisdiction of the Council.

Sec. 5. All monies, revenue, gifts or other fiscal income, including JOURNAL revenue, received by the Association, shall be deposited by the Executive Secretary in the funds of this Association, and shall be expended, invested, or transferred by the Executive Secretary as the Council may direct through its duly authorized officers.

The Council shall have the right to levy special assessments against all active members when such a need has been determined.

Sec. 6. All scientific and other papers, reports, and discussions presented at an annual meeting shall be referred for publication to THE WEST VIRGINIA MEDICAL JOURNAL. Necessary minor curtailments or abstracts may be made by the editorial board, but major changes in text shall be submitted to the author.

Sec. 7. The Council shall appoint an Executive Secretary who shall also be managing editor and business manager of THE JOURNAL. The Council may also appoint such administrative assistants required for the transaction of the business of THE JOURNAL or the Association, and fix their salaries and emoluments.

The Executive Secretary shall carry out all duties assigned to him by these By-Laws or by competent authority. He should have marked administrative ability and have full knowledge of pertinent matters in the state.

His office shall be located in the city of Charleston, West Virginia, and the Council is authorized to provide adequate office space as may be required.

The Executive Secretary shall act as agent of the Association in the transaction of insurance matters between members of the Association and underwriting agencies, except as may be otherwise provided in these By-Laws.

Sec. 8. In the event of a vacancy in the office of Treasurer or in the Council, the President shall be empowered to fill the vacancy by appointment until the next annual meeting.

Sec. 9. The Council shall be empowered to employ a competent attorney for the Association.

Sec. 10. The State of West Virginia shall be divided into fourteen Councilor Districts with the following geographical limits: District I—Hancock, Brooke, Ohio and Marshall Counties; District II—Marion and Wetzel Counties; District III—Monongalia and Preston Counties; District IV—Morgan, Berkeley and Jefferson Counties; District V—Grant, Mineral, Hardy, Hampshire and Pendleton Counties; District VI—Barbour, Randolph, Taylor, Tucker and Pocahontas Counties; District VII—Harrison, Tyler and Doddridge Counties; District VIII—Wood, Jackson, Pleasants, Ritchie, Wirt and Roane Counties; District IX—Lewis, Upshur, Gilmer, Calhoun, Braxton, Webster and Nicholas Counties; District X—Cabell, Mason, Wayne and Lincoln Counties; District XI—Kanawha, Putnam, Boone and Clay Counties; District XII—Raleigh, Fayette and Greenbrier Counties; District XIII—Mercer, Summers and Monroe Counties; and District XIV—McDowell, Wyoming, Mingo and Logan Counties.

Sec. 11. The tenure in office of all incumbent Councilors shall end with the adoption of this amendment and its conformity with the provisions in the Constitution. Thereafter, during the annual meeting at which such enabling amendments are adopted, there shall be elected one Councilor from each even-numbered Councilor District to serve for one year, and one Councilor from each odd-numbered District to serve a term of two years except that District XI shall be entitled to two Councilors, to be elected in 1967, one for a one-year term and the second Councilor elected for a term of two years, and thereafter one shall be elected for a two-year term in each succeeding year.

Sec. 12. The Council shall have the authority to suggest possible nominees for appointment to any state regulatory, administrative or consultative board, commission or committee, when such nominations are requested by competent authority or are required by statute.

Chapter VIII. – Committees

Sec. 1. There shall be an Executive Committee of this Association, composed of the three immediate Past Presidents, the President, President Elect, Vice President, Treasurer and the Executive Secretary ex officio, with the President serving as Chairman, whose duties shall be as follows:

(a) The Committee shall exercise general supervisory control over the activities of the Association's executive offices. It shall make suggestions to the Council in regard to salary schedules of all employees, and shall consider and recommend to Council any present or future proposed fringe or retirement benefits, and shall further supervise the operation of all such benefits.

(b) Prior to January one of each year, the Executive Committee shall set up an annual budget for consideration and approval by the Council.

(c) The Executive Committee shall prepare the agenda for the Council meetings, and shall make recommendations to the Council in regard to any pertinent matters contained therein, but shall not in any way infringe upon the responsibilities or privileges of the President of this Association.

(d) This Committee shall act as a Grievance Committee of the Association, with the responsibility of hearing complaints made by laymen against any member of this Association. Such complaints may be referred by component societies, or may be made directly when they cannot be adjudicated at the local level. The Committee shall report to Council its findings and recommendations, and decisions made by the Council shall be final. A report of such findings and recommendations or decisions shall be forwarded to the proper component society and to the District Councilors.

(e) Nothing contained herein shall in any way curb the powers of Council, acting as a Board of Censors, in matters involving the rights and standing of members as authorized in Chapter VII, Section 3, of these By-Laws.

Sec. 2. Members of the following standing committees, with the exception of the Publication Committee, shall be appointed by the President from the membership of the Association. Except as may be otherwise provided in these By-Laws, the terms of members of standing committees shall begin with the installation of the incoming president and end at the close of the next annual meeting:

Committee on Aging.
Committee on Cancer.
Committee on Constitution and By-Laws.
Committee on Insurance.
Committee on Legislation.
Committee on Maternal and Perinatal Fetal Welfare.
Committee on Medical Aspects of Sports.
Committee on Medical Economics.
Committee on Medical Education and Hospitals.
Committee on Medical Emergencies and Civil Defense.
Committee on Medical Scholarships.
Committee on Inter-Professional Relations
- (A) Medico-Legal
- (B) Medicine-Religion
- (C) Medicine-Pharmacy
- (D) Medical-Dental
- (E) Nurses Liaison

Committee on Mental Health.
Committee on Military Medical Affairs.
Committee on Nominations.
Committee on Presidential Address.
Committee on Program for Annual Meeting.
Committee on Public Service.
Publication Committee.
Committee on Rehabilitation.
Committee on Resolutions.
Committee on Rural Health.
Committee on Venereal Disease.
Committee on Tuberculosis.

Sec. 3. The chairman of each standing committee shall render a report in writing for publication in The West Virginia Medical Journal prior to each annual meeting.

Sec. 4. The Publication Committee shall have charge and direct the publishing of The West Virginia Medical Journal and such other publications as may from time to time be deemed necessary in the interest of the Association. The Committee shall be composed of seven members who shall be selected by the Council and the Council shall have the power to fill any vacancy that may occur.

The Committee is to name its own chairman, who shall be the editor of THE JOURNAL. The other six members shall serve as associate editors. The Executive Secretary shall be *ex officio* secretary, managing editor and business manager in charge of advertising.

At the fall meeting of the Council in 1955 three members shall be selected, one for a five-year term, one for a six-year term and one for a seven-year term, and thereafter one member shall be selected annually for a seven-year term.

This Committee shall have the power to carry on the business of publishing THE JOURNAL during each calendar year. Any funds accruing from the publication of THE JOURNAL for the calendar year shall be apportioned according to the direction of the Council.

This Committee shall have sole jurisdiction over the scientific material and other matter submitted for publication, and a majority decision shall be binding. The Committee shall empower the Secretary-Business Manager to incur such expenses as are deemed necessary. The Secretary-Business Manager shall have the power to sign advertising contracts and to collect all monies due.

Sec. 5. Duties of standing committees appointed by the President:

(a) Aging. This Committee shall study the various aspects of the problems of aging, particularly as they relate to medical care, and shall initiate activities or cooperate with other groups in activities designed to meet these problems. It shall from time to time inform the profession and the public generally of these problems and activities and their responsibilities in this particular field.

(b) Cancer. This Committee shall advise and consult with all private, national and governmental agencies concerned with the study, diagnosis and treatment of cancer. It shall cooperate with the Council, House of Delegates, and component societies in arranging suitable programs, and in the dissemination of pertinent information to the public and the medical profession.

(c) Constitution and By-Laws. The Committee on Constitution and By-Laws shall make a continuing study of the rules governing the actions of this Association. It shall consider all amendments proposed by members of the Association and report its recommendations to the Council and House of Delegates.

(d) Insurance. This Committee shall keep itself informed concerning matters of interest and importance in the broad field of insurance, particularly the various types of insurance carried by the members of the State Medical Association. It shall serve as liaison between such carriers and the Association, and when directed by competent authority, shall negotiate new or improved contracts between such carriers and the Association.

The President shall appoint a sub-committee of four members, which, together with the Chairman of the Insurance Committee, serving as Chairman of said sub-committee, shall have the following prescribed qualifications and duties:

(1) The appointees shall be men of sufficient knowledge and experience in investment, trust and insurance matters to insure the capable and proper supervision over a program intended solely for the purpose of providing a retirement investment fund, a retirement insurance program, or other methods of opportunity to provide financial return upon retirement from medical practice, whether due to age or disability.

(2) The first members appointed after adoption of this amendment shall serve terms of one, two, three and four years, respectively, and thereafter one member shall be appointed annually for a term of four years.

(3) This sub-committee shall be responsible for developing and placing into operation such retirement plan or plans, participation in which shall be limited to active members of this Association, and shall operate only on a voluntary basis. The Council shall approve the original plans, and any future change therein, upon the recommendation of the sub-committee, or by separate Council action.

(4) An annual report of the sub-committee's activities, together with pertinent fiscal statistics, shall be made to the House of Delegates, and to each member participating in any such retirement program.

(5) The sub-committee shall have the authority to enter into contracts or agreements, to supervise investments and insurance trust, or other matters pertinent to the proper conduct of this program, upon advice and consent by the Council.

(e) Legislative. This Committee shall concern itself with all legislative matters which might directly or indirectly affect the members of this Association. It shall receive suggestions from individuals, component

societies, or the governing bodies of the Association, and shall have the cooperation of such individuals and groups. It shall study all pertinent legislative matters and make recommendations to the Council or the House of Delegates. It shall sponsor legislation which is considered beneficial to the citizens of this State and oppose legislation which tends to lower the standards of medical care or which would be inimical to the public welfare.

(f) Committee on Maternal and Perinatal Fetal Welfare. This Committee shall endeavor to improve the conditions of maternal welfare by means of (1) lay education through appearances before women's clubs, PTAs, mothers' clubs and allied organizations and by dissemination of published materials; (2) the stimulation of greater professional interest in improved obstetrical practice through discussions by competent authority before medical, nursing and hospital groups; (3) active cooperation with the Maternal and Child Health Division of the State Department of Health and with national and local health groups; and (4) assistance in the establishment and conduct of maternal care clinics. At least five members of this Committee, who have particular interest and training therein, shall be responsible as a sub-committee, for studies and actions relative to perinatal fetal mortality and morbidity directed toward an improvement in the reproduction of normal human beings. This Committee shall be authorized to accept aid from and to cooperate with competent governmental authority in the attainment of these objectives. The Committee shall report annually to the Council and to the House of Delegates.

(g) Medical Aspects of Sports. The Committee on Medical Aspects of Sports shall (1) conduct a review of the insurance programs covering high school and college athletes in this State, (2) make a continuing study of the number and type of athletic injuries in the State, (3) study the type of equipment used in the different schools, and (4) confer with officers of the West Virginia Secondary School Activities Commission and the coaches and athletic directors of high schools and colleges in the state for the purpose of presenting professional advice and recommendations which may lead to the reduction or prevention of injury or disability among high school and college athletes.

(h) Medical Economics. The specific duties of members of the Committee on Medical Economics shall be assigned by the Chairman. The Committee shall correlate and consider information and data relating to medical, social and economic problems and shall have the power

to originate and conduct the study of any social or economic matter affecting the medical profession. It may be empowered to conduct negotiations with other organizations or groups. The Committee shall have membership representing each Councilor District.

The Committee shall maintain close liaison with the Department of Welfare in matters relating to eligibility for medical indigency and provision of medical and hospital care for such indigents under equitable social and economic conditions of responsibility for all parties concerned. It shall receive and study suggestions and complaints with reference to proposed changes in the Workmen's Compensation Law and rules and regulations promulgated thereunder, and shall confer and negotiate with State Compensation officials concerning fee schedules.

The Committee shall serve as liaison between the Association and any branch of the Federal Government which provides or in the future may provide medical or hospital services to government employees or civilians, or the costs thereof, including members of the armed services and their dependents, and any person covered by security or old age programs. It shall conduct investigations and negotiations regarding fees and fee schedules within the provisions of these By-Laws.

The Committee shall be concerned with the problems associated with Blue Cross or Blue Shield activities in the State and with the problems of any similar plan sponsored by the West Virginia State Medical Association.

The Committee shall be concerned with the social, professional and economic relations between the Association and any fund, trust or other program organized to provide medical or hospital care for business or industrial workers or their dependents, or for any other groups of the civilian population. It shall consider and attempt to adjudicate problems of such medical or hospital care arising upon the State level or those which may be referred by similar committees of component societies or by individuals upon appeal from local rulings.

The Committee shall have recourse to the prestige and moral suasion of the State Medical Association in its efforts to correct any alleged unethical practices by a member of this Association or by any organization which offers prepaid medical services, or the costs thereof, to the public.

(i) Medical Education and Hospitals. This Committee shall make a continuing study of all problems associated with pre-medical, medical and postgraduate medical education, and shall keep the Council and House of Delegates informed of pertinent developments and its recommendations and actions in the improvement of curricula for medical education and the provision of adequate and timely postgraduate courses, symposia and seminars for practicing physicians within the State. The Committee shall act in liaison with hospitals and hospital associations within the State to the end that adequate and improved hospital care shall be available and provided to the citizens of this State.

(j) Medical Emergencies and Civil Defense. This Committee shall study the problems of and recommend a plan of action for the Association in matters relating to (1) medical emergencies associated with peace-time disaster, and (2) medical, health and "special weapons defense" aspects of Civil Defense.

The Committee shall serve in an advisory capacity to representatives of state and local governments in matters falling within the scope of the Committee's responsibilities.

It shall also be the duty of the Committee to maintain close working relationships in Civil Defense matters with the Council on National Defense and the American Medical Association.

(k) Medical Scholarships. This Committee shall be responsible for the activation, management and control of all medical scholarship programs authorized by resolution of the House of Delegates adopted on August 24, 1957, or by any future resolution or action unless specifically directed otherwise. It shall have sole authority in the placement of recipients of this program and shall be empowered to accept scholarship funds from any legitimate source. All such income shall be deposited in a medical scholarship account and shall be disbursed by the Executive Secretary upon order of the Committee. The Committee shall render an annual report of its management and fiscal activities to the Council and to the House of Delegates.

(l) Inter-Professional Relations. The general Committee on Inter-Professional Relations shall be composed of the several sub-committees, each with a sub-chairman, who shall serve under the Chairman of the general Committee.

Each sub-committee shall be responsible for maintenance of cordial relations between this Association and the various professions named in these By-Laws; they shall exercise such authority as may be assigned to them by Council or by the House of Delegates in the study of mutual problems, negotiations in matters which may involve the different professions, and shall report to competent authority their findings, recommendations and resumé of their activities whenever such report may be indicated.

(m) Mental Health. The Mental Health Committee shall be composed of members having a special interest in mental health. It shall keep itself informed on all matters pertaining to mental health, particularly as they concern the public and the mental institutions of this State. It shall serve as liaison between local, state and federal mental health authorities and organizations and the State Medical Association.

(n) Military Medical Affairs. This Committee's duties and responsibilities shall, at the State level, correspond to those of the same Committee which is a part of the Council on National Security of the American Medical Association. The Committee shall maintain liaison with all branches of the Armed Services through the Department of Defense, and with the Selective Service System, in all matters pertaining to medico-military activities concerned with, and affecting the members of this Association. The Committee shall at proper intervals report its actions and recommendations to the President and to the Council.

(o) Nominations. The Committee on Nominations shall consist of seven district Councilors, and the Junior Councilor-at-Large, who shall serve as Chairman. The Councilors from the odd-numbered districts shall serve as the nominating committee in odd-numbered years, and the Councilors from even-numbered districts shall serve in even-numbered years. The Kanawha Medical Society shall select one of its two Councilors to serve on the Committee. This Committee shall consider and recommend to the House of Delegates, prior to the election of officers, in its final session, its nominee for the office of President Elect, Vice President, Treasurer and the AMA Delegate and Alternate. Nothing in this Section shall serve to prevent any nominations from the floor for these respective offices.

(p) Presidential Address. It shall be the duty of this Committee to review the annual address of the President, with especial attention as to the content and the suggestions and recommendations contained therein, and to report its findings and recommendations to the House of Delegates.

(q) Program. It shall be the duty of the Program Committee to determine the character and scope of the program for annual meetings. Working with the President and Executive Secretary, it shall arrange the program for general and sectional meetings, and provide space for business and scientific sessions and exhibits.

(r) Public Service. This Committee shall handle all public relations activities of the Association, and shall be empowered to communicate to the public, in ethical manner, matters pertaining to scientific advances, medical problems affecting the public, and any other information which will tend to provide better understanding between patient and physician.

(s) Rehabilitation. This Committee shall be concerned with rehabilitation in all of its phases and shall supervise the activation of all matters relating to the rehabilitation of disabled citizens of this State. It shall maintain close liaison with state, federal and voluntary agencies concerned with rehabilitation.

(t) Resolutions. This Committee shall receive and consider all resolutions prepared for presentation in the House of Delegates at an annual or special meeting. Such resolutions must be in the hands of the Executive Secretary at least two weeks before the meeting at which they are to be presented; otherwise, unanimous consent of the House of Delegates shall be required for presentation. The Committee shall, in open session, afford any member the opportunity of testifying for or against any resolution duly presented, and, in closed session, may recommend adoption, alteration, amendment or disapproval, or may report a substitute resolution to the House of Delegates.

(u) Rural Health. The Rural Health Committee shall consider and act upon all matters concerned with the extension of medical care in rural communities, the relocation of doctors to provide such care, the extension of hospital and medical service plans to embrace rural areas and the construction and maintenance of clinics where needed. The Committee shall cooperate in every way possible with farm groups and organizations, the Cooperative Extension Service of West Virginia University, the State Department of Health, and the State Department of Agriculture by sponsoring such statewide, regional or local meetings as may be advisable for the purpose of endeavoring to provide complete medical care for those who live in rural areas.

(v) Venereal Disease. The Venereal Disease Committee shall act in an advisory capacity to the Council and shall cooperate to the fullest extent with the Bureau of Venereal Disease Control of the State Department of Health, to the end that the treatment and control of venereal disease may be rendered as effective as possible. The Committee shall also foster research work and initiate surveys particularly with reference to industry, and shall report the results of such surveys to the medical profession in this State.

(w) Tuberculosis. It shall be the duty of the Tuberculosis Committee to encourage and aid recognized physicians and all tuberculosis organizations in establishing a systematic, correlated and harmonious procedure in the fundamentals of early diagnosis, intensive treatment, and control of tuberculosis, with a close relationship with the Division of Vocational Rehabilitation of the Department of Education with reference to the recovered tuberculous; to study and report on the medical problems in tuberculosis and render advisory service to the medical directors of state sanitoriums.

Sec. 6. Reports of Committees. All standing committees shall report to the Council at timely intervals.

Sec. 7. Special committees may be created by the Council or by the House of Delegates in accordance with the terms of the motions authorizing their appointment. All such special committees shall be dissolved upon the termination of their assigned duties.

Sec. 8. The Chairman of a standing or special committee may call a meeting at any time the Chairman desires; or a meeting can be called upon the request of a majority of a committee's members, or upon the recommendation of the President of the Association.

Chapter IX. – County Societies

Sec. 1. All county societies now affiliated with this Association or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, may, on application, receive a charter from and become component parts of this Association.

Sec. 2. Charters shall be issued only on the approval of the House of Delegates and shall be signed by the President and Executive Secretary of this Association. The House of Delegates shall have authority, after a hearing, to revoke the charter of any component society the actions of which are in conflict with the letter or spirit of this Constitution and By-Laws.

Two or more component societies shall have the right to merge into one society provided such action is agreed to by a vote of the majority of the members of the societies affected. In the event of a merger under this section, the charter or charters of the societies losing identity as such shall be surrendered to the House of Delegates.

Sec. 3. Only one component medical society shall be chartered in any one county.

Sec. 4. Each county society shall be the judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every ethical and legally registered physician shall be eligible to apply for membership.

Sec. 5. When a member in good standing in a component society moves to another county in this State, his membership may be transferred to the component society in the area to which he has moved, provided the transfer is approved by such society.

Sec. 6. A physician living on or near a county line may hold his membership in the county society whose meetings are most convenient for him to attend. Any physician who resides in a county having no county medical organization may apply for membership in the society in a neighboring county, and upon election, continue such membership until his own county is organized.

Sec. 7. Each component society shall have general direction of the affairs of the profession in its area, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in such area, and systematic efforts should be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the area.

Sec. 8. The secretary or treasurer of each component society shall remit promptly to the Executive Secretary of the Association dues of members as collected. The secretary shall notify the Executive Secretary of any change in the officers of the society, and shall also notify him promptly concerning the death or removal from the county of any member of his society.

Chapter X. — Miscellaneous

Sec. 1. Resolutions offered at the first session of any annual meeting of the House of Delegates shall lie on the table for one day.

Sec. 2. No address or paper before the Association, except those of the President and invited guests, shall occupy more than twenty minutes in its delivery, and no member shall speak longer than five minutes, nor more than once, on any subject, except by unanimous consent.

Sec. 3. All papers presented before an annual meeting of the Association shall become the property of the Association and should be left with the Executive Secretary when read.

Sec. 4. The deliberations of this Association shall be governed by parliamentary procedure as contained in Sturgis Standard Code of Parliamentary Procedure, when not in conflict with the Constitution and By-Laws.

Sec. 5. The principles of medical ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

Sec. 6. During the first session of the House of Delegates at each annual meeting, the Executive Secretary shall read the names of all members deceased since the last annual meeting, with the date of demise, after which the presiding officer shall request a moment of silent prayer in their memory.

Sec. 7. The following order of business shall be used for meetings of the House of Delegates:

Call to Order.
Reading or Disposition of Minutes of Previous Meeting.
Roll Call of Delegates.
Reports from Council.
Reports from Standing Committees.
Reports from Special Committees.
Unfinished Business.
New Business.

The Presidential Address and introduction of honor guests, when so ordered by the Program Committee, shall be delivered after roll call at one session during each annual meeting.

The President Elect shall be installed as President as the last item of new business at the final session of the House of Delegates at each annual meeting.

Chapter XI. — Amendments

Sec. 1. These By-Laws may be amended at any annual session by a majority vote of the House of Delegates present at that session, after the amendment has lain on the table for one day; however, if any amendments conflict with any of the provisions of the Constitution, they shall not be effective until such time as the Constitution has been amended to conform therewith.

Sec. 2. Whenever an amendment to the By-Laws has been made, it shall be the duty of the Executive Secretary to notify the secretary of each component society within sixty days after it has become effective. It shall be incumbent upon each component society to make such changes in its constitution and by-laws, or if the society be a corporation, in its code of regulations or other fundamental body of rules for the government of the corporation, as will bring about conformity to the change in the By-Laws of the West Virginia State Medical Association. Written notice of this compliance shall be sent to the Executive Secretary within six months of such notice.

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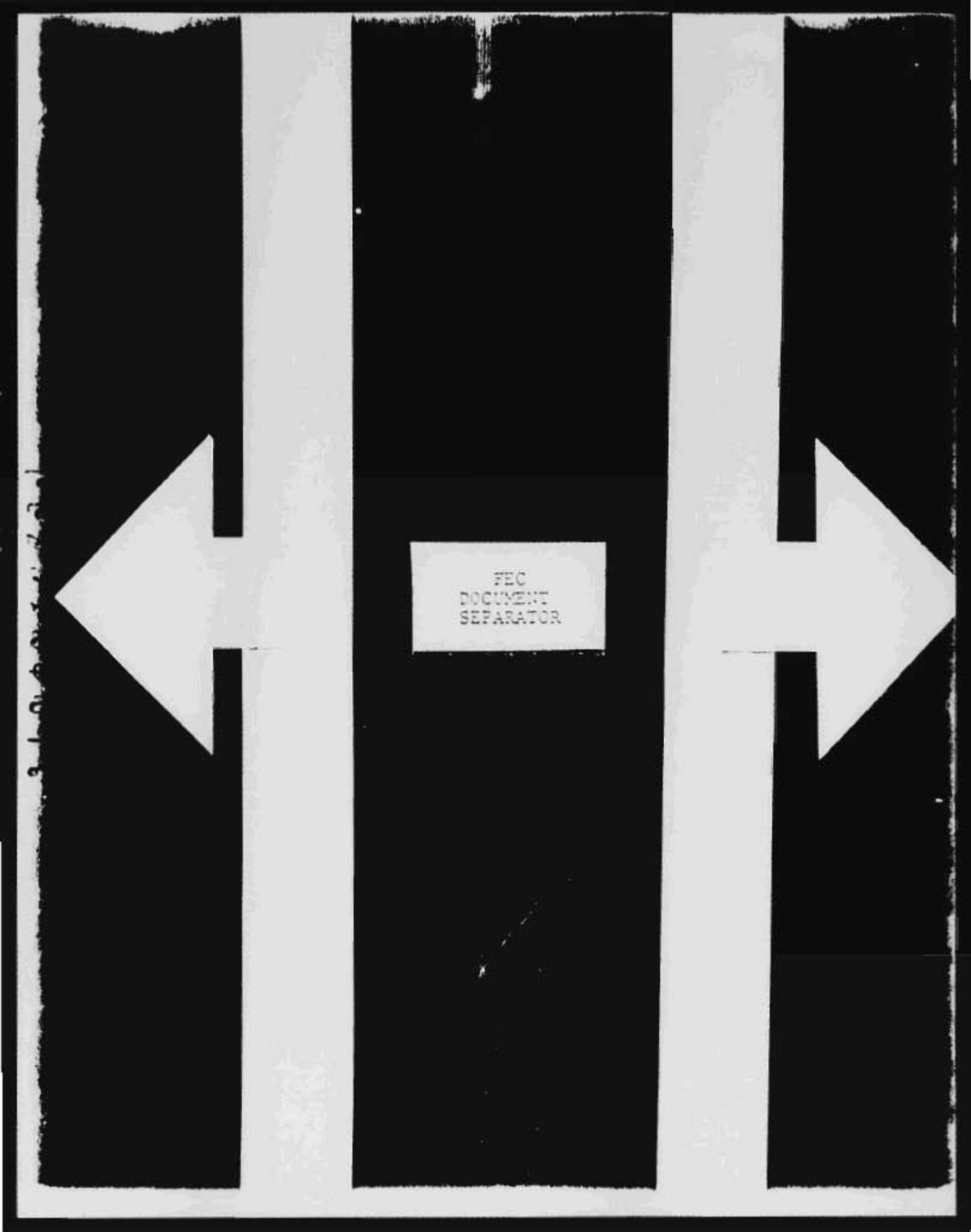
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Ex #5 VV

Constitution and Bylaws of the State Medical Society of Wisconsin*

CONSTITUTION

ARTICLE I

NAME OF THE ASSOCIATION

The name and title of this organization shall be the State Medical Society of Wisconsin.

ARTICLE II

PURPOSE

The purposes of this Society shall be to bring into one compact organization the entire medical profession of the state of Wisconsin, and to unite with similar societies of other states and territories of the United States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote open communication and understanding among physicians; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III

COMPONENT SOCIETIES

SECTION 1. Component societies shall consist of those county medical societies which hold charters from this Society.

SEC. 2. The terms, county medical society and component county medical society, shall be deemed to include all county medical societies and academies of medicine now in affiliation with this Society, or which may hereafter be organized and chartered by the House of Delegates of this Society.

ARTICLE IV

COMPOSITION OF THE ASSOCIATION

This Society shall consist of members who shall be the members of the component county medical societies, and, who shall also be members in good standing of the American Medical Association, and who have been certified to the headquarters of this Society, and all of whose dues and assessments for the current year have been received by the secretary.

ARTICLE V

HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of the Society, and shall consist (1) of delegates elected by the component county medical societies, and one delegate representing each Section of the Society organized under the Bylaws and (2) the officers of the Society enumerated in Section 1 of Article IX of this Constitution, and past presidents of the Society shall be ex officio members, but without the right to vote.

*COMMENT: In October 1964, the House of Delegates directed that action interpretive of the Constitution and Bylaws be indicated by annotation to the appropriate provision. This has been done beginning with 1964. This printing shows amendments through March 1976.

ARTICLE VI

COUNCIL

The Council shall be the Board of Trustees of this Society. The Council shall have full authority and power of the House of Delegates, between annual sessions, unless the House of Delegates shall be called into session as provided in the Constitution and Bylaws. It shall consist of the councilors, immediate past president, president, president-elect, speaker and vice-speaker of the House of Delegates. The secretary and the treasurer shall be ex officio members of the Council, but without the right to vote. A majority of its voting members shall constitute a quorum.

COMMENT: The above paragraph was amended in May 1963 to add the president and speaker of the House as voting members, and in March 1976 to add the president-elect and vice-speaker. In October 1964, the House approved a report to the effect that the Council has the authority to enforce the Constitution and Bylaws but not to change them. The action included an interpretation that the Council has the authority to determine its own committee structure and management policies. In the same year, the House recommended that the Council annually review services of Society consultants with consideration of such matters as utilization, efficiency and costs, with councilors reporting to the membership.

ARTICLE VII

SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such councilor district societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VIII

SESSIONS AND MEETINGS

SECTION 1. The Society shall hold an annual session during which there shall be at least two general meetings, open to all registered members, delegates and guests.

SEC. 2. The place for holding each annual session shall be fixed by the House of Delegates, or, by failure to act, such authority is delegated to the Council. The time for holding each annual session shall be approved by the Council.

SEC. 3. Special sessions of the House of Delegates shall be called by the Speaker on written request of twenty delegates representing 10% or more of the component county medical societies, or on request of a majority of the Council. When a special session is thus called, the Speaker shall set time and place. The Secretary shall mail a notice to the last known address of each member of the House of Delegates at least twenty days before the special session is to be held. The notice shall specify the time and place of the meeting and the purpose for which the session is called, and the session shall consider no business except that for which it is called.

COMMENT: Section 3 was amended in May, 1965.

ARTICLE IX

OFFICERS

SECTION 1. The officers of this Society shall be a president, a president-elect, a secretary, a treasurer, councilors from eight districts, and a speaker and vice-speaker of the House of Delegates.

Each councilor shall be nominated and elected only by the elected delegates of the county medical society or societies for the councilor district in which he has his principal place of practice. Such election shall be subject to the approval and confirmation of the House of Delegates.

No person shall hold more than one of such offices concurrently.

COMMENT: Section 1, above, was amended in May 1963 by adding the last paragraph; second paragraph amended in March 1973. Number of districts reduced from thirteen to eight in April 1975.

SEC. 2. The officers, except the councilors and the speaker of the House of Delegates, shall be elected annually. The term of the speaker shall be for two years. The terms of the councilors shall be for three years. No individual shall be permitted to serve more than three successive three-year terms as councilor wherever possible, and no more than a total of six terms of service as councilor shall be permitted. There shall be elected one councilor for each of the eight districts, except that in any councilor district embracing a membership of 200 or more, there shall be elected one additional councilor for each additional 200 members or major fraction thereof.

COMMENT: Section 2, above, was amended in May 1963 to make the speaker's term of office two years. The fourth sentence on number of councilor terms was added in May 1965. Number of members used as basis for councilor representation changed from 250 to 200 in April 1975.

As nearly as possible, one-third of the members of the Council shall be elected each year. The secretary and the treasurer shall be elected by the Council. All these officers shall serve until their successors are elected and installed.

The president-elect shall automatically succeed the office of president at the conclusion of his one-year term of president-elect.

ARTICLE X

FUNDS AND EXPENSES

SECTION 1. Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. The treasurer and secretary shall submit an annual budget to the Council. All resolutions providing for appropriations shall be referred to the Council and all appropriations approved by the Council shall be included in the annual budget.

SEC. 2. The House of Delegates, by adoption of a bylaw, may provide for a special classification of members at per capita reduced dues where such classification may be applied generally throughout the state, and has no special application to individual members or to individual societies.

ARTICLE XI

REFERENDUM

At any general meeting of the Society it may, by a two-thirds vote, order a general referendum upon any question pending before the House of Delegates. The House of Delegates may, by a vote of its members, submit any question to the membership of the Society for its vote. A majority vote of all the members of the Society shall determine the question.

ARTICLE XII

SEAL

The Society shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

ARTICLE XIII

AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the members of the House present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been published twice during the year in the bulletin or Journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BYLAWS

CHAPTER I

MEMBERSHIP

SECTION 1. The name of a physician on the official roster of this Society, after it has been properly reported by the secretary of his county society shall be *prima facie* evidence of membership and of his right to register at the annual session.

SEC. 2. No person who is under sentence of suspension or expulsion from any component society of this Society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Society.

SEC. 3. Each member in attendance at the annual session shall register, when his right to membership has been verified by reference to the records of this Society. No member shall take part in any of the proceedings of the annual session until he has complied with the provisions of this section of the Bylaws.

SEC. 4. Each county society shall judge of the qualifications of its members, subject to review and final decision by the Council of the State Society. Every reputable and legally qualified physician, who holds an unlimited license to practice medicine and surgery, and whose principal practice is within the same county shall be eligible to apply for membership so long as he does not practice nor profess to practice sectarian medicine, or engage in practice in a manner in conflict with the Principles of Ethics of the American Medical Association, or so conduct himself as to defeat the purposes for which the Society is organized and is operating. By proper provision of Constitution and Bylaws, either or both as may be necessary, the county society may require of an applicant for membership that he shall have practiced within the jurisdiction of the society to which he is applying, for a period of one year as a condition precedent to election to membership; or the county society may provide that an applicant for membership first may be elected to membership for a term of only one year, with the provision that such membership shall then terminate, and the member resubmit to election, without limitation as to term, by vote of the Society.

A member of a component society whose license has been revoked, suspended, or voluntarily surrendered, shall be dropped from membership automatically as of the date of revocation, suspension, or voluntary surrender. The Council of the State Society shall have final authority to expel a member should a component county society fail to do so after being so requested by the Council.

A physician's county society membership must be held in that county in which his principal practice is located. However, a physician living near a county line may hold his membership in that county most convenient for him to attend meetings, on permission of the component society in which county he maintains his principal place of practice.

A member who removes his principal practice from within the territorial limits of a component medical society in which he holds membership, to the territory of another component of the State Society, shall not be eligible to continue his membership in the first such society after the expiration of the calendar year in which such removal shall have occurred. Such member shall, however, be eligible to apply for membership anew, or by transfer to the society in whose jurisdiction his principal practice shall have been removed.

By proper provision of Constitution and Bylaws, either or both as may be necessary, a county society may admit to membership those in training as hospital residents or as research fellows who are licensed to practice medicine and surgery in the state of Wisconsin, provided that any applicant so elected shall not be permitted such membership beyond a period of five years from the date of such election. Such resident members shall have the right to vote and hold office.

SEC. 5. When a member in good standing in a component county society moves to another county in this state, he shall be given a written certificate of these facts by the secretary of his society, without cost, for transmission to the secretary of the society in the county to which he moves. Pending his acceptance or rejection by the society in the county to which he removes, such member shall be considered to be in good standing in the county society from which he was certified and in the State Society to the end of the period (respectively) for which his dues have been paid.

When a member in good standing in a component society removes his principal practice outside the borders of this State, he may continue his active membership in such component society and in the State Society by fulfilling all requirements of membership except residence pending his acceptance as a new or transfer member by the society of the area to which he has transferred his practice; provided, the period of such continuing memberships in this State shall cease upon his acceptance by a society in the new area of practice, and shall in no event continue beyond two full calendar years after that in which he transferred the location of his practice.

SEC. 6. This Society shall recognize as a special service member any physician who is in the armed forces of the United States, who has been licensed to practice medicine and surgery in Wisconsin, and who has not previously been a member of any county medical society. Such physician shall first have been accepted as a special service member by a component county society in accordance with the provisions of its constitution and bylaws, and the fact of such membership certified to this Society. Application for such special service membership shall not be dependent upon the place of previous residence or the place or period of previous practice, and such membership shall include all the rights and privileges of active membership excepting those of voting and holding office.

No dues shall be assessed against such member during term of service or for the balance of the year following separation from active duty. Special service membership shall lapse at the close of the calendar year of the separation of each such member from active duty.

SEC. 7. *Life Membership.* An active member who shall have been a member of his county and state medical societies in Wisconsin continuously for fifty consecutive years shall be offered the status of a life member, and if he accepts shall enjoy full membership privileges, but shall be exempt from the payment of dues or assessments. He shall receive a certificate of life membership.

SEC. 8. *Honorary Membership.* Those members who have been elected to honorary membership by the various component county societies may be enrolled as honorary members of this Society upon approval of the Council. These honorary members shall enjoy all the rights of membership, and their dues to the State Society shall be remitted.

SEC. 9. *Affiliate Membership.* An active member in good standing in his county society may, upon the recommendation of the secretary and president of the county medical society and with approval of the State Medical Society, be granted affiliate membership with full voting and other privileges. Such membership shall be on an annual basis only, and shall be granted where such member suffers a physical or other disability preventing the practice of medicine with resulting serious financial reverses that would make payment of dues a matter of personal hardship.

SEC. 10. *Associate Membership.* A member in good standing in his county society, who has retired completely from the practice of medicine, or who practices less than six (6) weeks per year, is eligible for associate membership. With approval of his county society and of the Council, such membership shall be granted without payment of annual dues.

SEC. 11. *Educational Memberships.* Physicians engaged solely in educational and research activities, and no part of whose income is derived from the private practice of medicine, shall be eligible to full membership in this Society, with all the privileges and responsibilities of membership, upon the payment of annual dues equal to approximately 75 per cent of that annually determined for full dues-paying members. Such members shall be issued a certificate denoting such special membership, and the content shall be approved by the Council. Application for such membership shall be endorsed by the chief of service or other physician in supervision.

SEC. 12. *Military Service Membership.* Members who are inducted into active United States military service shall be granted military service membership. Dues for such member are waived during term of service and for the balance of the year following separation from active duty.

SEC. 13. *Scientific Fellows.* The Council may confer upon any person engaged in teaching one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine, the status of Scientific Fellow. Scientific Fellows shall pay no dues or assessments, shall receive the *Wisconsin Medical Journal*, and shall be eligible to attend scientific sessions of the Society.

By proper provision of Constitution and Bylaws, either or both as may be necessary, a county society may create a similar classification.

COMMENT: Section 13, above, was created by the Council as Resolution No. 27 and adopted by the House of Delegates in May 1964.

CHAPTER II

GENERAL MEETINGS

SECTION 1. The general meetings shall be open to all registered members and guests. At such time as may have been arranged, shall be delivered the annual addresses of the president and of the president-elect.

COMMENT: Section 2 on publication of scientific papers rescinded in May 1972.

CHAPTER III

HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall meet annually at the time and place of the annual session.

COMMENT: In May 1964 this section was amended to call for an interim session, but in May 1966 this provision was repealed effective January 1, 1967.

SEC. 2. Each component county society shall be entitled to send each year one delegate or one corresponding alternate to the House of Delegates for each forty full-paid members or major fraction thereof in this Society provided, however, that each county society shall be entitled to at least one delegate or one corresponding alternate.

COMMENT: Number used as basis for determining representation changed from fifty to forty in May 1966; second paragraph of Section 2, below, amended in March 1973.

The term "full-paid members" as used in this section includes regular members of the Society, life members, affiliate members, associate members, educational members, resident members, honorary members, special service members, and members whose dues are waived or remitted by official action of the Society. Members who are delinquent in dues payments shall not be included in the term "full-paid members."

For purposes of this section, the number of fully paid members as of the close of the calendar year preceding the first session of the House of Delegates at the annual meeting shall determine the number of delegates to which a county medical society may be entitled.

The secretary of each county society shall send a list of such delegates and alternates to the secretary of this Society by the end of each calendar year preceding the year in which such delegates are elected to serve. Representation in the House of Delegates shall be contingent on compliance with the foregoing provision.

SEC. 3. One-fourth of the members of the House of Delegates registered, representing one-fourth of the county medical societies in the state, shall constitute a quorum of the House of Delegates. All meetings of the House of Delegates shall be open to members of the Society.

SEC. 4. From among members of the House of Delegates, the speaker of the House of Delegates, for the purpose of expediting proceedings, shall appoint Reference Committees to which reports and resolutions shall be referred as follows:

a. On Credentials.
b. On Resolutions.
c. On Reports of Officers.
d. On Reports of Standing Committees.
e. On Finances.

He shall also appoint such other committees as may be considered by him to be necessary.

SEC. 5. The House of Delegates shall elect delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

SEC. 6. The House of Delegates shall divide the state into councilor districts, specifying what counties each district shall include, and, when the best interest of the Society and the profession will be promoted thereby, organize in each a district medical society, of which all members of the component county societies shall be members.

SEC. 7. The House of Delegates shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 8. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

SEC. 9. Unanimous consent of the House of Delegates shall be required for the introduction of any new resolution or business not filed in proper form with the secretary's office of the Society two months before the first session of the House of Delegates. This section shall not apply to new business or resolutions presented by the Council, the constitutional officers, committees of the Society or of the House of Delegates, or officers of the House of Delegates.

CHAPTER IV

ELECTION OF OFFICERS

SECTION 1. The House of Delegates at its first meeting at the annual session shall elect a Committee on Nominations consisting of one delegate for each district, except that in any councilor district embracing a membership of 500 or more, there shall be elected one additional delegate for each additional 500 members or major fraction thereof, and one delegate representing all of the specialty sections. This newly elected committee shall become operative at the close of the final meeting of that annual session, and shall function until the close of the final meeting of the following year's annual session. The incoming committee shall meet with the existing committee, but without vote, during the overlapping days of the annual session. The Committee on Nominations shall report the result of its deliberations to the House of Delegates in the form of a ticket containing the names of one or more members for each of the offices to be filled at the next annual session. No two candidates for president-elect shall be from the same district.

The Committee on Nominations shall convene at least two months prior to the annual session of the House of Delegates to prepare a slate of candidates. This meeting, to be held at the Society headquarters, shall include an open session of not less than one hour to allow individual nomination of candidates. Any vacancy occurring in the Committee on Nominations between the date of its election and the time of its reporting shall be filled by appointment by the councilor or councilors of the councilor district in which the vacancy occurs; provided that if the vacancy occurs in the representation from the specialty sections, such vacancy shall be filled by ballot of the several section chairmen.

COMMENT: Section 1 amended in March 1973; first sentence of paragraph one further amended in April 1975; section further amended in March 1976.

SEC. 2. The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates at the third meeting of the House.

SEC. 3. All elections of officers, where more than one nomination is received, shall be by ballot and a majority of the votes cast shall be necessary to elect except for delegates and alternates to the American Medical Association. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected. In case no delegates or alternates for the American Medical Association receive on the first ballot a majority of the vote, the nominees shall be declared elected in the order of the highest number of votes received, until the allotted number shall have been chosen. In case of a tie vote for delegate or alternate, the tie shall be determined by lot.

SEC. 4. Nothing in this chapter shall be construed to prevent additional nominations being made from the floor by members of the House of Delegates.

CHAPTER V

DUTIES OF OFFICERS

SECTION 1. The president shall preside at all meetings of the Society; he shall appoint a Committee on Arrangements for the annual session and all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the state and assist the councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The president-elect shall act for the president in his absence or disability. If the office of president should become vacant the president-elect shall succeed to the presidency. In case of vacancy in the office of both president and president-elect the Council shall appoint one of its members as acting president until the next meeting of the House of Delegates.

SEC. 3. The treasurer shall give bond in such amount as the Council may provide. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the treasury only on a written order of the secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4. The secretary shall attend the general meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings. He shall be secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the treasurer, and shall keep account of and promptly turn over to the treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the annual session. He shall, with the cooperation of the secretaries of the component societies, keep a card index register of all the legal practitioners of the state by counties, noting on each his status in relation to his county society, and shall transmit a copy of this list to the American Medical Association, transmitting to its secretary each month a report containing the names of new members and the names of those dropped from the membership roster during the preceding month. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports, and shall collect from them the regular per capita assessments and turn the same over to the treasurer. The amount of his salary shall be fixed by the Council.

The secretary shall maintain certified copies of each component county society's constitution and bylaws, together with any amendments to the same.

COMMENT: In October 1964, the House of Delegates affirmed the secretary as the chief executive officer charged with the execution of policy without assuming policy-making powers. He shall assist the officers in making decisions and taking actions, and share his convictions and argue their merits as requested. See October 1964 transactions of the House, Report of Reference Committee on Resolutions and Amendments to the Constitution and Bylaws (December 1964 issue of *Wisconsin Medical Journal*).

In March 1973 the House reaffirmed the above and stated that as general manager, the secretary is in charge of all Society divisions, activities, and personnel.

SEC. 5. The speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require.

SEC. 6. The vice-speaker shall officiate for the speaker in the latter's absence or at his request. In case of death, resignation, or removal of the speaker, the vice-speaker shall officiate during the unexpired term.

SEC. 7. The Council, as the executive body of the House, may devise an oath of office and have it administered through its Chairman to each constitutional officer and to each Councilor at an appropriate time and with an appropriate ceremony, upon their assuming office, such oath to state that each such officer and Councilor shall abide by and conduct his office in all respects in conformity with the Constitution and Bylaws of the Society and the decisions of its House and Council.

CHAPTER VI

COUNCIL

SECTION 1. The Council shall meet during the annual session, and at such other times as necessity *may* require, subject to the call of the chairman or on petition of three councilors. It shall hold an annual meeting, for purposes of organization and other business. Its chairman shall make an annual report to the House of Delegates.

COMMENT: Section 1, above, was amended in May 1964 to permit the Council to determine time of its meeting during the Annual Meeting. In October 1964, the House affirmed that the annual report of the chairman "shall include all major actions and policy decisions" with the report to be approved by the House. It authorized also that resolutions explanatory or interpretive of the Constitution and Bylaws be incorporated by way of annotation to them.

SEC. 2. Each councilor shall be organizer, peacemaker and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of

the profession, and to keep in touch with the activities of and to aid in the betterment of the component societies of his district. Each councilor shall arrange for an annual conference with the societies within his councilor district, either through individual meetings or district meetings, at which time information shall be brought concerning activities of the State Medical Society and component societies within the district. He shall make an annual report of his work, and of the condition of the profession of each county in his district at the annual session of the Council. The necessary traveling expenses incurred by each councilor in the line of duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Society.

SEC. 3. The Council shall be the executive body of the House of Delegates and between sessions shall exercise the power conferred on the House of Delegates by the Constitution and Bylaws.

The Council shall be the Board of Censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken. Its decision in all cases, including questions regarding membership in this Society, shall be final.

SEC. 4. Charters shall be issued to county societies only on approval of the Council, and shall be signed by the president and secretary of this Society. Upon the recommendation of the Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and Bylaws.

SEC. 5. In sparsely settled sections the Council shall have authority to organize the physicians of two or more counties into societies, to be suitably designed so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 6. The Council shall provide for and superintend the issuance of all publications of the Society including proceedings, transactions and memoirs, and shall have authority to appoint an editor of the *Journal* and such assistants as it deems necessary. It shall prescribe the methods of accounting and through a committee shall audit all accounts of this Society, and with the treasurer, supervise the investment of funds. The Council shall adopt an annual budget providing for the necessary expenses of the Society, which shall be prepared and presented for its consideration by the treasurer and secretary at the first meeting of the Council each year. Its chairman shall submit an annual report to the House of Delegates, which shall specify the character and cost of the publications of the Society, the amount and character of all of its property, and shall provide full information concerning the management of all affairs of the Society which the Council is charged to administer. The Council may elect a vice-chairman and create such further offices or combine or abolish them as it sees fit in the management of its affairs and in the discharge of its responsibilities.

SEC. 7. The Council may, by appointment, fill any vacancy in office not otherwise provided for which may occur during the interval between annual meetings of the House of Delegates; the appointee shall serve until his successor has been elected and has qualified.

When a councilor district initially qualifies for an additional councilor, such position shall be considered new and not a vacancy to which the Council is authorized to make an interim appointment. Such new position shall be filled by election at the next meeting of the House of Delegates in the manner provided by Article IX of the Constitution, and the initial term shall be so established as to maintain the election of substantially one-third of the councilors each year, as provided in Section 2 of said Article IX.

SEC. 8. The Council may elect as secretary one who need not be a physician nor a member of the Society.

SEC. 9. The salaries of all employees of the Society shall be fixed by the Council.

SEC. 10. The Council shall provide such headquarters for the Society as may be required to conduct its business properly.

CHAPTER VII

COMMISSIONS AND COMMITTEES

SECTION 1. The Council shall appoint such commissions and committees, either permanent or ad hoc, as it deems necessary properly to conduct the affairs of the Society. Each commission and committee shall have the duty of keeping currently informed on matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities for improvement; of determining the best solutions it can to the specific matters referred to it; of contributing in its area to the achievements of the Society and its members in the protection and improvement of the quality of life for the whole human family; and finally, of making all its efforts useful by passing on to the Society's Council or House of Delegates in the most effective manner possible the results of its studies and activities with appropriate recommendations for action. In addition, each commission or committee shall represent the Society's interests by continuing contacts with voluntary and governmental agencies having related concerns with a view to coordinated efforts serving the best health interests of the people of Wisconsin.

SEC. 2. Specialty sections. The specialty sections shall be regarded as special committees of the Society to which the Council or any commission or committee may turn for advice and assistance on matters of special or general concern to the profession and the health of the people of Wisconsin. The specialty sections will be expected to give special requests prompt consideration and response so as to enable the Society to make maximum use of the talents available through these sections and their related specialty societies.

COMMENT: This Chapter repealed and re-created in April 1975.

CHAPTER VIII

DUES AND ASSESSMENTS

SECTION 1. The annual dues and assessments shall be determined by the House of Delegates, and shall be levied per capita on the members of the Society. They shall be payable on or before January 1 of the year for which they are levied. The secretary of each component society shall cause to be collected and shall forward to the offices of the Society the dues and assessments for its members, together with such data as shall be required for a record of its officers and membership.

Any member whose name has not been reported for enrollment and whose dues for the current year have not been remitted to the secretary of this Society on or before March 31 shall be deemed delinquent until his name is properly reported and his dues for the current year are properly remitted. The name of any member who has not been reported for enrollment and whose dues for the current year have not been remitted to the secretary of this Society on or before October 15 shall be removed from the active membership rolls of his county society and this Society until his name is properly reported and all his dues for the year of enrollment are properly paid.

An active member in good standing in his county society who has for thirty-five continuous years been a member of this State Society shall receive a special certificate and plaque indicating the completion of such period of membership.

SEC. 2. The record of payment of dues and assessments on file in the offices of the Society shall be final as to the fact of payment by a member and as to his right to participate in the business at d proceedings of the Society and of the House of Delegates.

SEC. 3. Any county society which fails to make the reports required, at least thirty days before the annual session of the State Society, shall be held suspended, and none of its members or delegates shall be permitted to participate in any of the proceedings of the Society or of the House of Delegates.

CHAPTER IX

The ethical principles governing the members of the American Medical Association shall govern members of this Society. No member shall profess adherence or give support to any exclusive dogma, sect or school.

CHAPTER X

The deliberations of this Society, except as may be provided otherwise in the Constitution and Bylaws, shall be conducted in accordance with parliamentary usage as defined in Sturgis Standard Code of Parliamentary Procedure.

CHAPTER XI

COUNTY SOCIETIES

SECTION 1. All county societies now in affiliation with the State Society or those that may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws shall, upon application to the Council, receive charters from this Society, provided that their constitutions and bylaws shall have been submitted to the Council and received its approval. Where a county medical society has lost or misplaced its constitution and bylaws, the model constitution and bylaws for county medical societies, as last approved by the Council, shall be deemed to apply.

COMMENT: Section 1, above, was amended in May 1964 by Resolution No. 28, by adding the last sentence.

SEC. 2. Only one component medical society shall be chartered in each county.

COMMENT: The House of Delegates in October 1964 recommended that county medical societies in their constitutions and bylaws limit successive terms of officers, increase size of boards of directors, and have wide representation on nominating committees.

SEC. 3. Any physician who may feel aggrieved by the action of the society of his county in suspending or expelling him shall have the right to appeal to the Council, whose decision shall be final. A county society shall at all times be permitted to appeal or refer questions involving membership to the Council of the State Society for final determination. The period of time within which appeal to the Council may be taken shall be limited to six months following the date of decision by the constituted authority of a component county medical society.

SEC. 4. In hearing appeals the Council may admit oral or written evidence as in its judgment will most fairly present the facts, but in the case of every appeal both as a board and as individuals, the councilors shall, preceding all such hearings, make efforts at conciliation and compromise.

SEC. 5. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county. Systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician in the county.

SEC. 6. Each component county society shall elect one or more delegates, for a minimum term of two calendar years, and an equal number of individual alternates therefor to represent it in the House of Delegates of this Society, in accordance with Chapter III, Section 2, of these Bylaws. The term of office shall be pursuant to the constitution and bylaws of the county medical society but shall begin on January 1 of the year succeeding the election of such delegate. The secretary of each county society shall send a list of such delegates and alternates to the secretary of this Society by the end of each calendar year preceding the year in which such delegates are elected to serve. Representation in the House of Delegates shall be contingent on compliance with the foregoing provisions.

COMMENT: In Section 6, above, the two-year term was enacted by the House of Delegates in May 1964.

SEC. 7. The secretary of each county society shall keep a roster of its members, and, if practicable, a list of nonaffiliated physicians, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary by Council. He shall send a copy of the program of each county meeting to his district councilor and to the secretary.

SEC. 8. Each county society shall appoint or elect one or more of its members as a member of an auxiliary Committee on Public Policy, and the county society secretary shall send his name and address at once to the secretary of this Society. The Committee on Public Policy of this Society shall formulate the duties of this auxiliary committee and supply each member with a copy. The auxiliary committeemen shall be accountable to their county societies and to the Council for prompt response to and continued cooperation with the Committee on Public Policy of this Society.

CHAPTER XII

SPECIALTY SECTIONS

SECTION 1. The House of Delegates shall, if so recommended by the Council from time to time, establish such specialty sections within the Society as it may determine and

shall have the power to combine, enlarge, or discontinue any or all of such sections so established.

SEC. 2. Such sections so established shall be based upon those divisions of medicine in which the various members possess a special interest, but qualifications for membership in any section may be prescribed by the members of such section, subject only to approval of the Council, except that scientific meetings of the section shall be open to all members in good standing of the State Medical Society.

SEC. 3. The officers of any such section shall be those prescribed by the members thereof. The terms of such officers shall be for the term of one year, but any officer may be reelected.

SEC. 4. The officers of any such section shall constitute the executive committee thereof, and a majority of the executive committee must vote with the majority of the members in order for any action of the section to be effective. The executive committee shall have the power to appoint such committees within a section as it deems necessary from time to time.

SEC. 5. No section shall have the power to bind the Society by any resolution or other action, or to publicize the same, unless the same shall first be approved by the House of Delegates, or by a majority of the members of the Council when the House of Delegates is not in session. No resolution adopted by any section shall be effective until likewise so approved.

SEC. 6. Each section so established shall have the privilege of electing a delegate and alternate to the House of Delegates.

SEC. 7. The specialty sections of the Society shall be considered an integral part of the working committee structure of the Society as outlined in Chapter VII of these Bylaws.

COMMENT: Section 7 added in April 1975.

CHAPTER XIII

SECTION 1. These Bylaws may be amended at any annual session by a majority vote of the delegates present at that session, if the proposed amendment has been properly submitted to the House of Delegates and has laid over for one day.

SEC. 2. Upon the adoption of this Constitution and these Bylaws, all previous Constitutions and Bylaws are thereby repealed.

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CONSTITUTION

Wyoming State Medical Society

Adopted June, 1957
Revised August, 1962; August, 1972

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Article I -- Name of the Association

The name and title of this organization shall be the Wyoming State Medical Society.

Article II -- Purposes and Powers of the Society

Sec. 1. This Society is organized and shall be conducted for charitable and educational purposes, and shall be operated strictly as a nonprofit organization so that no part of the net earnings of said Society, if any, shall inure to the benefit of any private individual or member.

Sec. 2. The general purposes of this Society are hereby declared to be: to promote the science and art of medicine; the betterment of public health and the welfare of the medical profession; to promote the similar interests of its component county and district medical societies; to unite with similar organizations in other states and territories of the United States to form the American Medical Association.

Sec. 3. In order to carry out the foregoing general objects and purposes of this Society, it shall have the power to give financial aid to any cause or institution, the primary objects of which are to improve the health of the citizens of the state of Wyoming and the United States; to aid in problems of research which directly or indirectly concern the health of the people of the state of Wyoming or the United States; to aid by loan, gift or grant any charitable or general social purpose or program of activity which is directly or indirectly concerned with the improvement of the health of the people of this State or Nation or the welfare of the Doctors of Medicine; to conduct annual meetings or conventions of this Society or other educational postgraduate or clinical meetings for the benefit of the Society and to pay the cost thereof; to acquire, establish, support and maintain meeting halls, offices, club rooms, library, research laboratories and other facilities consistent with the general purposes of this Society, and to acquire by purchase, lease or otherwise property for said purposes; to create a trust fund or funds for a foundation for the people of

the state of Wyoming and the United States and the welfare of the medical profession of this State; to form or recognize component societies in such manner as may be provided by the Constitution or Bylaws of the Society; and generally this Society shall have the power to do any and all things consistent with the general purposes and objects for which this Society is formed and not now or hereafter prohibited by law.

The foregoing recital of powers is by way of enumeration and shall not be construed to be a limitation, but merely indicative of the types of activity contemplated by this Society.

Article III -- Component Societies

Component societies shall consist of those county and district medical societies which now or may hereafter from time to time hold charters from this Society. Only one component society shall be chartered in any one county; provided, however, that a charter may be granted to a component society having territorial jurisdiction consisting of one entire county and any other contiguous county or counties, or portions thereof, if in the judgment of the House of Delegates the interests of this Society will be best served thereby and such territory constitutes a suitable unit, taking into consideration geographical conditions, political subdivision and population distribution. Charters shall be granted by the House of Delegates of the Wyoming State Medical Society in accordance with rules and regulations to be set forth by that body.

Article IV -- Membership

Sec. 1. Requirements: The membership of this Society shall consist of all members of component societies who have complied with the requirements in Section 2 of this Article.

Sec. 2. Qualifications and Obligations: All active members of this Society shall meet the following qualifications and obligations:

(a) Shall be licensed to practice in Wyoming and be a member in good standing of a component medical society of this Society or be a member-at-large.

(b) Shall agree to abide by the Constitution and Bylaws of this Society and any amendments to the Constitution and Bylaws that may hereafter be approved by the House of Delegates and particularly agree to abide by those sections regarding admission and explusion.

(c) Shall be a citizen of the United States or have applied for citizenship.

(d) Shall agree to abide by the "Principles of Medical Ethics of the American Medical Association" as it now exists or may hereafter be amended.

(e) Shall have paid current dues and assessments of this Society.

(f) Shall have a degree of Doctor of Medicine from a medical school accredited by the American Medical Association at the time of conferring of the degree or have passed the Examination for Certification of the degree of Foreign Medical Graduates or have passed the FLEX test.

(g) Reciprocity may be granted to physicians licensed to practice in Wyoming who were in good standing in their state or territorial society at the time of licensure in Wyoming, provided that they shall pay their pro-rata share of expenses incurred by the component society and the Wyoming State Medical Society for the remaining months of the year and providing further that they have complied with the requirements of this Section.

(h) All new members of the Wyoming State Medical Society joining the Society will be required to attend the Orientation Program within two years of the time they joined the Society. Until they fulfill the requirement of attending the Orientation Program, they will be provisional members of the Society, paying dues but unable to vote or hold office.

Provisional members who are unable to attend the Orientation Program may be excused by the Council of the Wyoming State Medical Society on sufficient reason but will be required to attend the Orientation Program the next time it is given before they may secure active membership in the Wyoming State Medical Society.

Article V -- House of Delegates

Sec. 1. The House of Delegates shall be the legislative body of the Society and shall consist of: (1) Delegates elected for two-year terms by the component societies in staggered terms in the same manner that the Councilors are elected; (2) the Councilors; (3) the President, the President-elect, the Vice-President, the Secretary, the Treasurer, the Immediate Past President, the Delegate and Alternate Delegate to the American Medical Association and all Past Presidents, Secretaries and Treasurers; and (4) the Speaker and Vice Speaker of of House of Delegates.

The House of Delegates shall meet at least once each year during the Annual Session and may meet in special session as provided by the Bylaws. The members of the House of Delegates shall be certified by the Credentials Committee as duly elected delegates or delegates holding office by virtue of their former office in this Society. In the absence of an elected delegate, his alternate will be certified by the Credentials Committee. Alternates will be elected for two-year terms in the same manner as the Delegates.

Sec. 2. Each component county or district society shall be entitled to send to the House of Delegates each year one delegate for every ten members, and one for each fraction thereof, but each component society which has made its annual report and paid its assessment as provided for in the Constitution and Bylaws, shall be entitled to at least one delegate.

Sec 3. Only delegates certified by the Credentials Committee after presenting themselves in person at any annual or special meeting will be eligible to vote. Fifty percent of the Delegates certified by the Credentials Committee at any annual or special meeting of the House of Delegates will constitute a quorum.

Sec. 4. A roll call of the Delegates shall be made at the start of each session of the House of Delegates by the Chairman of the Credentials Committee or a member of that Committee.

Sec. 5. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

Sec. 6. Order of Business: Except as otherwise provided for in these Bylaws or as otherwise ordered by a two-thirds vote of the House of Delegates, the following shall be its order of business.

1. Call to Order by the President or the Speaker of the House of Delegates
2. Report of the Credentials Committee
3. Calling the Roll
4. Reading of the Minutes
5. Report of the Council
6. Reports of Officers
7. Reports of Reference Committees
8. Reports of Special Committees
9. Unfinished Business
10. New Business
11. Nomination and Election of Officers
12. Installation of New Officers
13. Adjournment

Sec. 7. Minutes: The House of Delegates shall keep detailed minutes of all its proceedings and shall order published to the whole membership an abstract of its minutes.

Sec. 8. Impeachment: Impeachment proceedings of any officer for any act or actions considered detrimental to the Society shall be considered by the House of Delegates when same has been voted by two-thirds of the members of the Council. All charges must be in writing and the House of Delegates shall determine its own procedure for hearing impeachment proceedings. The Council shall initiate all impeachment proceedings, provided that upon receipt of the signatures of 20 active members requesting impeachment of any officer, a full hearing of such charges shall be held by the Council. The Council shall determine its own procedures for hearing impeachment proceedings, provided that such procedures shall allow the accuser and accused to be present to present evidence and witnesses in all hearings before the Council or before the House of Delegates.

Article VI -- Council

Sec. 1. Composition of the Council shall be the Councilors elected by the component societies, the President, President-elect, Vice-President, Secretary, Treasurer, the Immediate Past President and

the Delegate and the Alternate Delegate to the American Medical Association. The President of the Society shall be the President of the Council. The Speaker and Vice Speaker of the House of Delegates will be ex-officio members.

Sec. 2. Powers and Duties: It shall run the business of the Society in the interim between Annual Meetings and refer all matters to the House of Delegates for final decision where the Council is not empowered to take final action by the Constitution or Bylaws.

Sec. 3. It shall constitute the Finance Committee of the House of Delegates and will make recommendations to the House of Delegates on expenditures of the Society.

Sec. 4. A quorum shall consist of 11 members of the Council.

Sec. 5. Councilors shall be elected in accordance with Article VIII, Section 3.

Sec. 6. The Council shall meet at least twice yearly or more frequently if deemed necessary.

Sec. 7. The Council shall be the Board of Censors of the Society and shall have charge of all questions of ethics and discipline of members. A decision of the Council shall be subject to appeal to the Judicial Council of the American Medical Association and the decision of the Judicial Council of the American Medical Association shall be final.

Article VII -- Sessions and Meetings

Sec. 1. The Society shall hold an annual meeting at such time and place as is fixed by the House of Delegates or on authority of the Council delegated by the House of Delegates. The meeting will be open to registered members and guests.

Sec. 2. Special meetings of the Society may be called by the President. Special meetings of the House of Delegates may be called by the President or by the Speaker of the House of Delegates at his discretion or may be called by the Council or upon petition of ten percent of the active members providing they are from three or more component societies. The petition for the meeting when requested by the members is to be presented to the Secretary. Only business listed in the call of the meeting may be considered at the special meetings.

Sec. 3. At any general session of the meeting, the Society may, by a two-thirds vote, order a general referendum upon any question pending or passed by the House of Delegates.

Sec. 4. Notice of Annual Meetings shall be given to all members in writing at least two weeks prior to the date of the Annual Meeting, which notice may be given in the Official Publication of the Society.

Sec. 5. Notice of special meetings shall be given to the members at least one week prior to the special meeting, all to be done by regular mail addressed to each member's last known address as shown by the records of the Society.

Article VIII -- Officers

Sec. 1. The officers of this Society shall be a President, a President-elect, a Vice-President, a Secretary, a Treasurer, Councilors, an Executive Secretary as provided in the Bylaws, with his duties as set forth in the Bylaws, and a Delegate and an Alternate Delegate to the American Medical Association.

Sec. 2. The officers, except the Councilors and the Delegate and the Alternate Delegate to the American Medical Association, shall be elected annually and the term of office shall be from the first day of the calendar year to the last day of the calendar year following election to office.

The Delegate and the Alternate Delegate to the American Medical Association will serve for two years. The Delegate and the Alternate Delegate to the American Medical Association shall be limited to two terms of two years each, except by vote of three-fourths of the House of Delegates, whereby the Delegate and/or Alternate Delegate may be elected for another term or terms past four years. This is not to be interpreted that the Alternate Delegate having served four years may not be elected as a Delegate. The Delegate's expenses to the American Medical Association meetings shall be paid by the Society and the Alternate Delegate's expenses if possible.

Sec. 3. Definition of Councilor: The Councilor is a representative of the component medical society elected by said component society to represent the interests of that society in the affairs of the Wyoming State Medical Society and to help govern the affairs of the Wyoming State Medical Society in the interim between the House of Delegates' meetings. Each component society shall elect one Councilor.

Councilors shall be elected by each of the component societies with the first four societies in alphabetical order electing Councilors for three years, the next four societies electing Councilors for two years and the last four societies electing Councilors for one year. Thereafter, the societies whose Councilors' terms expire shall elect Councilors for a term of three years. In the case of new societies being formed, they shall be placed in the first, second or third group regardless of their alphabetical order to keep the size of the groups equal or as near as possibly equal so that approximately an equal number of Councilors shall be elected each year. This is to be determined by the Council.

Sec. 4. No officer may hold two offices at the same time, and to be eligible for election he must have been an active member of the Society for at least two years before his election to office.

Sec. 5. In the event of a vacancy in any office during the term thereof for any reason, the Council shall appoint a successor except as otherwise provided by the Constitution and Bylaws.

Sec. 6. Time of Election: Except as otherwise provided in this Article, each officer shall be elected on the last day of the Annual Session, assume office on the first day of the next calendar year and serve to the first of the next year, unless earlier formally installed under procedures prescribed by the Bylaws. This does not include the Delegate and the Alternate Delegate to the American Medical Association.

Sec. 7. For purposes of terms of office, a year shall be held to mean the period of time between the first day of the calendar year and the last day of the calendar year.

Sec. 8. All elections shall be by secret ballot and majority of the votes cast shall be necessary to elect.

Article IX -- Funds, Dues and Expenses

Funds for the expenses of the Society will be raised by equal per capita dues, and may be supplemented by special assessments upon each component society on per capita basis, which dues shall be fixed by the House of Delegates.

No assesment shall be imposed upon the members until such assessment is approved by a majority of members voting within one month of the issue in a registered mail ballot.

Sec. 1. Dues and assessments of this Society and dues and assessments of the American Medical Association shall be due and payable on January 1st of each year. Members who have not paid dues and assessments by March 31st shall be considered delinquent. Such delinquent members shall not be eligible to hold office in this Society until such dues have been paid in full nor may they receive any of the rights and privileges of accredited members of this Society while delinquent. All dues and assessments shall have been paid also to the component medical society of which he is a member.

Sec. 2. Dues shall be set by the House of Delegates but shall not be less than $25.00 (twenty-five dollars) per capita per annum except on a four-fifths vote of the Delegates present, and may be supplemented by special assessments upon each component society on a per capita basis, which shall be set by the House of Delegates on a four-fifths vote of the Delegates present.

Sec. 3. Funds may also be raised by voluntary contributions, publications of the Society or in any other manner approved by the Finance Committee, which is the Council.

Sec. 4. All resolutions appropriating funds must be referred to the Finance Committee before action is taken, and the Finance Committee must refer the matter to the House of Delegates for final action on its recommendations. Funds are to be expended only under

the direct supervision of the Finance Committee, according to directions of the House of Delegates.

Article X -- Referendum

Either the general meeting of the Society or the House of Delegates by a two-thirds vote, respectively, may order a general referendum upon any question then pending before the House of Delegates, and submit the question to the whole active membership of the Society for a vote. Such referendum shall be conducted by mail ballot in such manner as the House of Delegates may prescribe. If the persons voting shall comprise a majority of all active members of the Society, a majority of such vote shall determine the question.

Article XI -- The Seal

The Association shall have a common seal, with power to break, change or renew the same as provided by law.

Article XII -- Incorporation

Sec. 1. The House of Delegates has the power to incorporate the Society if this is deemed in the best interests of the Society and may dissolve the Corporation on a two-thirds vote of its members.

Sec. 2. The Corporation shall not invest its funds in shares of stock of corporations unless and until this section shall be amended.

Sec. 3. The Corporation shall indemnify every officer or director or Delegate or Councilor, his heirs, executors and administrators, against expenses reasonably incurred or liability incurred by him in connection with any action, suit or proceeding to which he may be made a party by reason of his being or having been a director or officer or Delegate or Councilor of the Corporation, except in relation to matters as to which he shall be finally adjudged in such action, suit or proceeding to be liable for fraud or misconduct; in the event of a settlement before or after action or suit, indemnification shall be provided only in connection with such matters covered by the settlement as to which the Corporation is advised by counsel that the person to be indemnified was not guilty of such fraud or misconduct. The foregoing right of indemnification shall not exclude other rights to which he may be entitled.

Sec. 4. Wherever used in this Constitution or in the Bylaws of the Wyoming State Medical Society, the word "physician" means a doctor having a degree of Doctor of Medicine or the equivalent granted by a medical school accredited by the American Medical Association at the time of conferring the degree.

Article XIII -- Amendments

The House of Delegates may amend any article of this Constitution at any annual meeting by a two-thirds vote of the Delegates present at any annual session, provided that such amendment shall have been presented in writing at an open meeting at the previous Annual Session, and that it shall have been published twice during the year in the Bulletin or Journal of this Association or sent officially to each component society at least two months before the meeting at which final action is to be taken.

Article XIV

At the close of business of the Annual Session at which this Constitution and Bylaws are adopted, all previous Constitutions and Bylaws are repealed.

Reply to Number 2.

BYLAWS

Wyoming State Medical Society

Adopted June, 1957
Revised August, 1962; August, 1972

Chapter I - Membership

Sec. 1. Evidence of Membership: The name of any person certified on the roster of members of a component society, which has paid its annual assessment shall be prima facie evidence of membership in this Society. Any reputable Doctor of Medicine who is duly licensed under the laws of the state of Wyoming not residing within the convenient jurisdiction of a county or district society may present his application for membership to the State Society to be acted upon by the Council, and its decision in this matter shall be final. For membership, he must have complied with Section 15, Chapter 1 of the Bylaws.

Sec. 2. Meaning of Term "Members": Except as modified by specific provisions of the Constitution and these Bylaws, members of all membership classifications shall be equally privileged. Wherever in the following Chapters and Sections the unqualified term "members" shall be used, the same shall refer equally to all classes of members of this Society.

Sec. 3. No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 4. It shall be a privilege for a Doctor of Medicine to belong to the Wyoming State Medical Society and not a right.

Sec. 5. Felony: Conviction of a felony shall automatically and immediately terminate the membership of a physician in this Society.

Sec. 6. Classification: Membership in this Society shall be classified as active, associate, service, honorary, emeritus, inactive, members-at-large and provisional members.

Sec. 7. Active members of this Society shall be those physicians who are in good standing as active members of their respective component societies, and who have been so certified to the headquarters of this Society and have complied with Section 15 of this Chapter. They shall have all the rights and privileges of this Society not reserved to the House of Delegates by the Constitution and Bylaws.

Sec. 8. Associate members of this Society shall be those persons who have been elected by component societies to any form of component society membership other than active membership, who are in good standing in such membership and who have been so certified to the headquarters of this Society. They shall have such rights and privileges as may be determined by the Bylaws, but shall not pay dues, or be eligible to hold office or receive the Journal of the Society except by paid subscription.

Sec. 9. Service members shall be those physicians who are members of the Armed Forces, the Veterans Administration or the U.S. Public Health Service, and shall not pay dues or be eligible to hold office in the Society or to receive the Journal of the Society except on paid subscription.

Sec. 10. Honorary membership in this Society may be conferred by vote of the House of Delegates at any annual or special meeting upon distinguished persons who have made outstanding contributions to medicine and whose nominations therefore shall have first been approved by the Council. Nominations for such membership may be made by any member of the Society and shall be in writing. Honorary members have no vote, shall be ineligible to hold any office, shall be exempt from all dues and special assessments and shall not receive the Journal except on paid subscription, but shall have all other rights and privileges of the Society.

Sec. 11. The emeritus members shall be members who have retired from the practice of medicine and were active members of the Society at the time of their retirement. They shall have all rights and privileges of active members except that they shall not be eligible to vote or hold office, except in the case of a Past President, Secretary or Treasurer who shall retain his vote in the House of Delegates. They may serve on committees when appointed by the President but shall not be the Chairman of the committee. They will receive the official publication without charge, and shall not pay dues.

Sec. 12. Members-at-large are active members of the State Society who live in areas where there are no county or district component societies. They shall pay dues and have all the rights and privileges of other active members of the Society. Their qualifications for membership are passed on by the Council and are accepted for membership by the Council.

Sec. 13. Guests: Any physician not a member of the Wyoming State Medical Society who is a member of a recognized medical society may become a guest of the Society by registering and paying the registration fee and shall be accorded the privilege of participating in the scientific work of the session.

Sec. 14. Inactive members are those who have been members of the Society in good standing and for good reason, such as illness or military duty, it would work a hardship on them to remain as an active member. They may, on application to the Secretary, ask to be placed on inactive status not requiring the payment of dues. They shall not receive the Journal except on paid subscription.

Sec. 15. Provisional members are those who have applied for membership in the Wyoming State Medical Society, and are members of their component society or are eligible to be members-at-large, but have not yet taken the Orientation Course.

Sec. 16. It is not compulsory or a condition of membership in the Wyoming State Medical Society that a member also belong to the American Medical Association.

Chapter II - Component Societies

Sec. 1. Plan of Organization: The Society shall favor the organization of a medical society in each county of this State, or district medical societies combining the profession of two or more adjoining counties or that of one entire county and any portion of another contiguous county or counties as provided by the Constitution, providing the physicians of such counties are not sufficiently numerous to form successful separate medical societies.

Sec. 2. Eligibility for Charter: Such county and district medical societies as shall adopt the principles of organization and the Constitution and Bylaws in conformity with those of this Society and the American Medical Association may present the same to the Secretary and apply for a charter. Upon approval of the application by the House of Delegates, a charter shall be signed by the President and the Secretary and such society shall become a component society, or by the Council during any recess of the House of Delegates. To be eligible for charter, the society must have a minimum of three members.

Sec. 3. Constitution, Bylaws and Amendments: Each component society shall keep on file in the Executive Office of this Society a copy of its current constitution and bylaws. No component society may so amend or revise its constitution and bylaws that any provision thereof shall be in conflict with the Constitution and Bylaws of this Society, and any such amendment or revision found to be in such conflict shall be null and void.

Sec. 4. Jurisdiction over Physicians in the District: Each component society shall have jurisdiction and general direction of the affairs of the profession in the territory of the Society. A physician living in a county or district having no component society may hold membership in a conveniently-situated component society. A physician residing in a state adjoining the state of Wyoming, on or near the state boundary or residing in a place where no constituent society of the American Medical Association has jurisdiction, may hold membership in a conveniently-situated component society in this State in accordance with the bylaws and regulations of the American Medical Association. A physician residing in this State shall hold membership in the component society which has jurisdiction over the territory in which his major professional office is located.

Sec. 5. Waiver of Jurisdiction: A physician desiring to hold membership in a component society other than the one in which his major professional office is located may apply to this latter society for a waiver of jurisdiction and, if good cause is shown, the waiver shall be granted and the Executive Office of the Society notified in writing. Any physician refused such waiver by the society of jurisdiction may appeal to the Council.

Sec. 6. Transfers of Membership: An active or associate member who changes his major professional office from the jurisdiction of his component society in this or any other state shall, upon request, be accorded a Certificate of Transfer stating the pertinent facts of his membership signed by the Executive Secretary, upon certification of such facts by the Secretary of his component society.

Pending his election or rejection by the component society having jurisdiction over his new major professional office, he shall be continued as a member of this Society through the component society from which he was certified; provided that he must, within six months from the date of establishing his new major professional office, (a) become a member of the component society having jurisdiction over his new major professional office, (b) obtain from that society a waiver of jurisdiction over his membership under the provision of Section 5 of this Chapter, or (c) forfeit automatically at the end of six months his active or associate membership. If a component society in this State having jurisdiction over his new major professional office elects him to active or associate membership within the said six-month period, such component society shall not charge dues against him for the period for which his dues were paid to his original component society for the same or corresponding membership classification. This same courtesy shall be extended by component societies and this Society to a member in good standing of any other state medical society or association federated in the American Medical Association, and the rules of the American Medical Association shall be observed in all matters relating to the transfer of members between states. In the event of a change of residence by an honorary member of the Society, the Secretary of the medical society into whose jurisdiction the member moves shall be notified by the Executive Secretary.

Sec. 7 (a) Eligibility to Active Membership: Each component society shall be the judge of the qualifications of its own members, subject to provision of these Bylaws concerning the powers and duties of the Council; but as the component society is the only Wyoming portal to this Society and to the American Medical Association, every reputable and legally qualified physician whose major professional office is within its jurisdiction and whose practice is not in conflict with the "Principles of Medical Ethics of the American Medical Association" is eligible for election to active membership.

(b) Application by Expelled Members: In the event that the information returned from the Society's Executive Office discloses, or in the event it is otherwise known, that the applicant

at any time shall have been expelled from membership in this Society or any other constituent Society of the American Medical Association, the component society shall defer action on the application and shall submit the application to the Council, with such recommendations if any as the component society deems warranted, for review by the Council. The Council may approve, disapprove or postpone consideration of the application. Unless and until the Council shall have approved the applicant's eligibility for membership and shall have notified the Secretary of the component society, no further action may be taken by the component society on the application.

Sec. 8. Appeals from Component Society Decisions: Any physician who may be refused membership, or may feel aggrieved by any action of his comporent society or the members thereof, may appeal his grievance to the Council whose decision thereon shall be final; provided, however, that such appeal may be heard only after final action has been taken by the component society. Kindly efforts in the interest of peace, conciliation or reformation, led by the Councilor of the component society, shall precede all hearings on this appeal. Decisions of component societies under this section shall be in writing and copies thereof shall be furnished to accuser and accused within 10 days after decision. Such decisions shall become final unless apealed from in writing within 90 days from the date of said decision.

Chapter III -- Annual Meetings

Sec. 1. The Annual Meeting will be composed of the scientific sessions, section meetings, exhibits and banquet.

Sec. 2. All registered members and registered guests may attend and participate in the proceedings and discussions of the Annual Meeting and of the Sections. The meetings shall be presided over by the President or by one of the other officers of the Society, and before them may be heard the address of the President and the orations and such scientific papers and discussions as may be arranged for in the program.

Sec. 3. The Annual Meeting may recommend to the House of Delegates the appointment of committees for scientific investigation of special interest and importance to the profession and public.

Sec. 4. No address or paper before the Society, except those of the President and scientific papers on the program, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

Sec. 5. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

Sec. 6 The deliberations of this Society shall be governed by parliamentary usage as contained in "Sturgis Standard Code of Parlimentary Procedure," when not in conflict with this Constitution and Bylaws.

Chapter IV -- House of Delegates

Sec. 1. The House of Delegates shall meet annually on the day fixed as the first day of the Annual Session. It may convene from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the Annual Meeting. The order of business shall be arranged by the President or by the Speaker of the House of Delegates except as otherwise provided in the Constitution and Bylaws.

Sec. 2. Eligibility to Serve: To be eligible for service as a Delegate or Alternate Delegate from a component society, a physician shall have resided and practiced in the state of Wyoming for at least two years and shall have been an active member of this Society in continuous good standing for at least two years immediately preceding both his election and his seating in any meeting of the House of Delegates, except as otherwise ruled by the Credentials Committee.

Sec. 3. Alternate Delegates shall be elected by the component societies for each Delegate, who shall be eligible to represent his component society as Delegate in the event of his principal failing to attend or qualify for service. Should both an elected Delegate and his Alternate be unable to serve, the Credentials Committee may accredit a substitute alternate appointed by the Chairman of the delegation of the component society or otherwise selected as the bylaws of that society may provide.

Once a Delegate or Alternate is seated at a meeting, he shall remain seated until that day's meeting is adjourned, unless he be unseated by a vote of the House of Delegates.

One a Delegate or Alternate is seated, he will remain seated for the duration of the session of the House of Delegates, unless a substitute is seated on approval of the House.

Sec. 4. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse proper information in relation thereof.

Sec. 5. It shall make careful inquiry into the condition of the profession of each county in the state, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist.

Sec. 6. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Sec. 7. It shall approve all memorials and resolutions issued in the name of the Society before the same shall become effective.

Sec. 8. Limitations on New Business: No new business shall be introduced on the last day of the Annual Session except by consent of a two-thirds vote of all accredited members of the House of Delegates registered at the Annual Session, and final action on any such new business shall require a two-thirds vote of those present.

Sec. 9. The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections.

Sec. 10. The House of Delegates may be called for a special session by the President or the Speaker of the House of Delegates or the Council or on written petition of ten percent of the active members providing they are from three or more component societies. The petition is to be presented to the Secretary of the State Society.

Sec. 11. Reference Committees: Each Reference Committee is to be composed of five members appointed by the President or by the Speaker of the House of Delegates with the approval of the Council. More than five members may be appointed if deemed advisable by the President or the Speaker of the House of Delegates.

It is the prerogative of the President or the Speaker of the House of Delegates to appoint from the Delegates present a replacement for an absent reference committee member.

The President will be allowed his discretion in changing and combining committees as is consistent with the Constitution and Bylaws.

Reference Committees are to be appointed from the membership of the Society at large. They are to be appointed for two-year terms with the membership being staggered. The first year, three men are to be appointed for two-year terms and two men to be appointed for one-year terms. After the first year, all members are to be appointed for two-year terms.

Men appointed to the Reference Committees should be contacted before their appointments to be sure they will serve on the Committees. In the event of a vacancy, a new member is to be appointed by the President to fill out the remainder of the unexpired term of the original appointee.

The Reference Committees may conduct hearings at which any Society member may appear and be heard. The hearings may be conducted at the Annual Meeting or at any time that best serves the purpose in the opinion of the Committee. The general membership of the Society is to be notified of the time, place and agenda for the meeting. Rules for the conduct of the hearing are left to the discretion of the Committee.

The Reference Committee is to report to the Council and the House of Delegates with recommendations for specific action to be taken on the subject or subjects discussed in the hearings. Minority reports may be submitted in cases of disagreement.

The appropriate Reference Committee shall consider all business referred to it by the President or by the Council or by the House of Delegates, and, may consider in its discretion such other matters within its jurisdiction as it may consider to be for the best interests of the Wyoming State Medical Society.

Chapter V -- Election of Officers

Sec. 1. All elections shall be by secret ballot, and a majority of the votes cast shall be necessary to elect.

Sec. 2. The election of officers shall be the duty of the House of Delegates at the last session.

Sec. 3. Any person known to have solicited votes for or sought an office within the Society shall be ineligible for any office for two years.

Sec. 4. The Nominating Committee will make its nominations for the offices, but this will not prevent the making of nominations from the floor by the Delegates.

Chapter VI

Resolutions will be presented to the House of Delegates and be referred by the Speaker to the appropriate Reference Committee which will report back its recommendations to the House of Delegates for action.

Chapter VII

Amendments to the Constitution or Bylaws will be presented to the House of Delegates and be referred to the appropriate Reference Committee and will be acted upon as provided in the Constitution and Bylaws.

Chapter VIII

Amendments to the Bylaws will lay over at least one day after being presented to the House of Delegates and then may be voted on by the House of Delegates, after being presented to the House of Delegates by the Reference Committee.

Chapter IX -- Duties of Officers

Sec. 1. The President: The President shall preside over the Annual Meeting of the Society or may appoint one of the other

officers to serve in his place. He shall preside over the House of Delegates unless the House elects a Speaker and Vice Speaker to preside. The President shall appoint all Reference Committees with the approval of the Council. This should be done ahead of time so they may be confirmed by the Council when the President assumes office. The President shall deliver an address before the Annual Meeting at a time he selects. He shall be, ex-officio, a member of all committees and he shall perform such other duties as custom and parliamentary usage may require. He or the Speaker shall appoint the subcommittees of the Reference Committees or refer the appointment to the appropriate Reference Committee. The President shall serve as a member on the Council for one year following his term of office.

The President may create and appoint Special or Ad Hoc Committees for any purpose and assign to them any powers and duties not in conflict with the Constitution and Bylaws; provided, that the terms of such committees may not extend beyond the President's term in office unless continued by the order of the House of Delegates.

The President may take suggestions at any time to the Annual Meeting, to the House of Delegates, to the Council or any committee. The President will not vote except to determine a tie vote.

The President shall be the chief executive officer of the State Medical Society and in the recess of the Council and the House of Delegates shall have the general control and management of its business and affairs subject, however, to the regulations of the Council and the House of Delegates.

Sec. 2. The President-elect: He shall, during his term of such, familiarize himself with the duties which will devolve upon him as President, and shall perform such other duties as are provided for in the Constitution and Bylaws or as may be ordered by the House of Delegates.

Sec. 3. The Vice-President shall officiate for the President during the latter's absence or at his request. In case of death, resignation or removal of the President, the Vice-President shall succeed to the presidency for the remainder of the unexpired term.

Sec. 4. The Secretary, acting with the Program Committee, shall prepare and issue the program for, and attend all meetings of the Society and of the House of Delegates; he shall keep minutes of their respective proceedings in separate record books; he shall keep in safekeeping all papers belonging to the Society except such as properly belong to the Treasurer. He shall collect all dues from each component society and shall keep account of, and promptly turn over to the Treasurer, all funds of the Society which come into his hands. He shall provide for the registration of members and Delegates at all annual and special meetings. He shall keep a register of all the legal practitioners of the state by societies, noting each practitioner's status in relation to his component society, and upon request shall transmit a copy of the list to the American Medical Association for publication. Insofar as it is in his power he shall use the printed matter, correspondence and influence of his office to aid the Councilors in the organization and improvement

of the component societies, and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall annually make a report of his doings to the House of Delegates.

In order that the Secretary may be enabled to give that amount of time to his duties which will permit of his becoming proficient, it is desirable that he should receive some compensation. The amount of his salary shall be fixed by the Council. He shall give bond in such amount as shall be determined by the Council; the expense of such bond shall be paid by the Society.

The Secretary may, at his discretion, delegate any or all of the above listed duties to the Executive Secretary. He shall, however, advise the Executive Secretary on scientific and professional questions and shall assist him in all matters outside the jurisdiction of one not holding the degree of Doctor of Medicine. The Secretary, in case of a vacancy in the office of the Executive Secretary, shall assume the duties of that office pending the employment of an individual to fill the vacancy. He will be provided funds to hire necessary secretarial help if it is necessary to assume the duties of Executive Secretary.

Sec. 5. The Treasurer shall give bond in such sum as shall be determined by the Council. The expense of procuring such bond shall be paid by the Society. The Treasurer shall demand and shall receive all funds due the Society from the Secretary, together with any bequests and donations. He shall subject his accounts to such examinations as the Council may order, and he shall annually render an account of his doings and of the funds in his hands.

Sec. 6. The Executive Secretary shall be the executive assistant to the officers, the House of Delegates, the Council and all committees. He shall perform such other duties as the House of Delegates, the Council or the Secretary may direct. He shall furnish bond in such amount and in such surety company as shall be determined by the Council, the expense of which shall be paid by the Society. He shall refer to the Secretary such administrative questions as are outside the field of one not holding the degree of Doctor of Medicine.

Chapter X -- Council

Sec. 1. Responsibilities: The Council is responsible to the House of Delegates for its actions and for approval of all actions, except as otherwise specified in the Constitution and Bylaws. The Council is the governing body of the Society when the House of Delegates is not in session and its actions are subject to approval by the House of Delegates.

Sec. 2. Time of Meeting: The Council shall meet on the first day of the Annual Session, and at such other times as necessity may require, subject to the call of the Chairman or on petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline work for the ensuing year. The President shall be Chairman of the Council and he will make an annual report to the House of Delegates.

Sec. 3. For the purpose of carrying out its functions, the Council may summon any member of the Society to meet with it upon adequate written notice; and if the member does not respond, he will be liable to explusion by two-thirds vote of the House of Delegates.

Sec. 4. All questions of an ethical nature brought before the House of Delegates shall be referred to the Council without debate.

Sec. 5. The Council may employ an Executive Secretary of the Society on authorization of the House of Delegates and shall make recommendation to the House of Delgates as to the amount of his salary, but the House of Delegates shall make the final decision as to the amount of the salary. His duties shall be outlined in the Bylaws.

Chapter XI -- Journal

The Rocky Mountain Medical Journal shall be the Official Publication of the Society.

Chapter XII -- Reference Committees

Sec. 1. The Reference Committees are standing committees of the Society at large and are appointed from the membership of the State Society by the President of the Society with the approval of the Council, or this function may be delegated to the Speaker of the House of Delegates.

Sec. 2. Each Reference Committee will consist of five or more members who will conduct hearings on the business that comes before each committee or subcommittee and make specific recommendations to the Council or House of Delegates for action to be taken on the matters that come before it. In case of disagreement, a majority and minority report may be given.

Sec. 3. The Reference Committees shall be three in number and will be: (1) Reference Committee on Medical Services, (2) Reference Committee on Executive, Governmental Affairs and Economics, (3) Reference Committee on Research, Organization and Scientific Program.

The Reference Committee on Medical Services will have the following subcommittees:

1. Subcommittee on Public Health
   - Arthritis and Rheumatism
   - Blood Banks
   - Cancer
   - Child Health
   - Geriatrics
   - Maternal Health
   - Mental Health
   - Rural Health
   - Wyoming Society for Crippled Children and Adults
   - Crippled Chidren's Section, Wyoming Division of Health & Medical Services
   - Tuberculosis
   - Unification of Volunteer Health Groups
2. Subcommittee on Medicine and Religion
3. Subcommittee on Public Safety
   - Athletic and School Safety
   - Civil Defense and National Emergency
   - Health Education
   - Home, Highway and Water Safety
   - Medical Advisory, Wyoming Motor Vehicle Department
4. Subcommittee on Medical Assistants

The Reference Committee on Executive, Governmental Affairs and Economics will have the following subcommittees:

1. Advisory to Woman's Auxiliary
2. Advisory on Workmen's Compensation
3. Subcommittee on Military and Veterans' Affairs
   - A. Advisory to Selective Service
   - B. Veterans' Care
4. Public Relations Subcommittee
5. Subcommittee on State Institutions
6. Subcommittee on the Student Loan Fund
7. Subcommittee on Nominations
8. Subcommittee on Insurance and Retirement Insurance
   - A. Blue Cross Trustees
   - B. Blue Shield Trustees
   - C. Retirement Plans
9. Subcommittee on Legislation

The Reference Committee on Research, Organization and Scientific Program will have the following subcommittees:

1. Subcommittee on the American Medical Association Education and Research Foundation (AMAERF)
2. Subcommittee on Credentials
3. Historical Subcommittee
4. Memorial Subcommittee
5. Subcommittee on Orientation Progam
6. Subcommittee on Program and Entertainment
7. Subcommittee on Time and Place
8. Subcommittee on Constitution and Bylaws
9. Subcommittee on Resolutions

Sec. 4. The following are subcommittees that are elected:

ADVISORY TO SELECTIVE SERVICE

Three members elected by the House of Delegates for three-year terms; the member with the most seniority on the Committee to be the Chairman.

BLUE CROSS AND BLUE SHIELD TRUSTEES

The following sequence of actions shall be taken in the election of physician-members to the Blue Shield and Blue Cross Board of Trustees:

1. The Presidents of Wyoming Blue Shield and Blue Cross shall notify the President of the State Medical Society of any existing doctor vacancies on the Boards of Trustees.

2. The President of the State Medical Society shall request each county society to submit one nominee to fill the existing vacancies.

3. The Presidents of the component county medical societies shall hold such elections and forward the names of the nominees to the President of the Wyoming State Medical Society.

4. The President of the State Medical Society shall then in turn present the list of nominees to the House of Delegates of the State Medical Society and from this list, the Delegates shall name two members for each existing vacancy.

5. The President of the State Medical Society shall then forward the list of nominees thus selected to the Presidents of Blue Shield and Blue Cross.

6. The Boards of Trustees of Blue Shield and Blue Cross shall select one nominee from each of two nominees presented for their consideration.

A Trustee having served one term shall be eligible for renomination and re-election by the Boards of Trustees of Blue Shield and Blue Cross without repeat approval by the State Medical Society.

Sec. 5. The following are subcommittees appointed by the President:

GRIEVANCE COMMITTEE

Appointed by the President with the member with the most seniority being the Chairman.

Sec. 6. The following are subcommittees with special composition:

1. ADVISORY ON WORKMEN'S COMPENSATION

Appointment by the President with one member from each judicial district.

2. AMERICAN MEDICAL ASSOCIATION EDUCATION AND RESEARCH FOUNDATION (AMA-ERF)

One member from each component society appointed by the President.

3. NOMINATING

President-elect is the Chairman.

Present officers, all Past Presidents, Secretaries and Treasurers.

Chairmen of four county delegations appointed by the President by yearly rotation.

If a quorum is not present, nominations are to be made from the floor of the House of Delegates.

Shall meet before the last meeting of the House of Delegates at the Annual Session.

4. ORIENTATION PROGRAM

Vice-President is the Chairman; other members to be appointed by the President.

5. PROGRAM & ENTERTAINMENT

Membership shall include:

The five members of the Reference Committee on Research, Organization and Scientific Program.

The President is to be the Chairman and he may appoint additional members if needed.

6. TIME AND PLACE

President-elect is the Chairman.

Present officers.

Chairman of three county delegations appointed by the President yearly in rotation.

Chapter XIII -- Grievance Committee

It shall be the duty of this Committee to adjudicate complaints received in writing from any lay person or from any physician concerning professional conduct or professional services of any member of this Association. This committee shall consist of three members who shall be appointed by the President with the approval of the Council.

During the first year of operation of this Committee, one-third of the Committee shall be appointed for a one-year term, one-third for a two-year term and one-third for a three-year term. Thereafter, all appointments of this Committee shall be for three-year terms.

The member with the longest tenure of office on the Committee shall automatically be the Chairman of the Committee. Present officers of the Society or members of the Council shall not be eligible for appointment.

Rules and regulations for conduct of the Committee shall be prepared and be approved by the House of Delegates. Any revisions of the rules and regulations of this Committee shall be submitted to the Council for approval before their adoption by the Committee. Any verdict or decision rendered by this Committee after completion of this investigation may be appealed to the Council by either of the interested parties.

PURPOSES AND SCOPE OF ACTIVITIES OF THF COMMITTEE:

Sec. 1. To act as the Society's agency for investigating and adjudicating complaints concerning professional conduct and services.

Sec. 2. To adjudicate all complaints, if possible; in cases where the interested physician refuses to accept the recommendations of the Grievance Committee, it is to refer charges to the Board of Censors of the component society or to the Council of the Wyoming State Medical Society.

Sec. 3. By way of further definition, it shall be understood that the Grievance Committee has no final jurisdiction in a judicial way. It shall receive and pass its own judgment on evidence, excluding hearsay, but it shall not assume authority to discipline any physician. It may, at any time, express its advice upon request, to a member of the Association on any matter pertaining to professional conduct or professional services.

Sec. 4. In performance of its function in the structure of the Society, the Committee shall have the power and authority to summon members of the Society to appear before it, or to enter into correspondence with such members, either in connection with complaints involving the member summoned or as witness in the cases involving other members. In case any member shall fail to respond to such summons or to such correspondence, the Grievance Committee shall cite the member before the Council for contempt procedures.

Sec. 5. For the purposes of the investigation, it shall be considered ethical for the Committee or a member of the Committee to inspect hospital records pertinent to a complaint.

Sec. 6. The Grievance Committee shall not accept for consideration those complaints involving fees until a direct discussion and negotiation between the complainant and the physician has failed to result in a mutual agreement.

STANDARDS OF CONDUCT:

The current edition of "Principles of Medical Ethics of the American Medical Association" shall be the final standard by which all professional conduct and ethical deportment are determined.

RULES OF CONDUCT AND ACTION OF THE GRIEVANCE COMMITTEE OF THE WYOMING STATE MEDICAL SOCIETY:

Sec. 1. The Committee will receive complaints in writing from any lay person or from any physician-member of the Society regarding professional conduct or services of any member of this Society.

Sec. 2. The complaints shall be confidential. Every complainant shall be invited to present fully his complaint by letter or by appearance before the Committee, with the assurance that his identity and the nature of his complaint will be kept confidential to the fullest degree consistent with adequate investigation of the complaint. However, should any formal prosecution result, the Committee will of necessity reveal the names of the witnesses, even though these names may include that of the complainant.

Sec. 3. The Chairman of the Committee, may, at his discretion, acknowledge receipt of all complaints in writing as circumstances of each case may suggest. He shall arrange for meetings of the Committee with such frequency as may be necessary so investigation of each complaint is carried out with reasonable dispatch, and will notify complainants and other persons concerned with whom the Committee may wish to interview, of times of meetings, the dates and places.

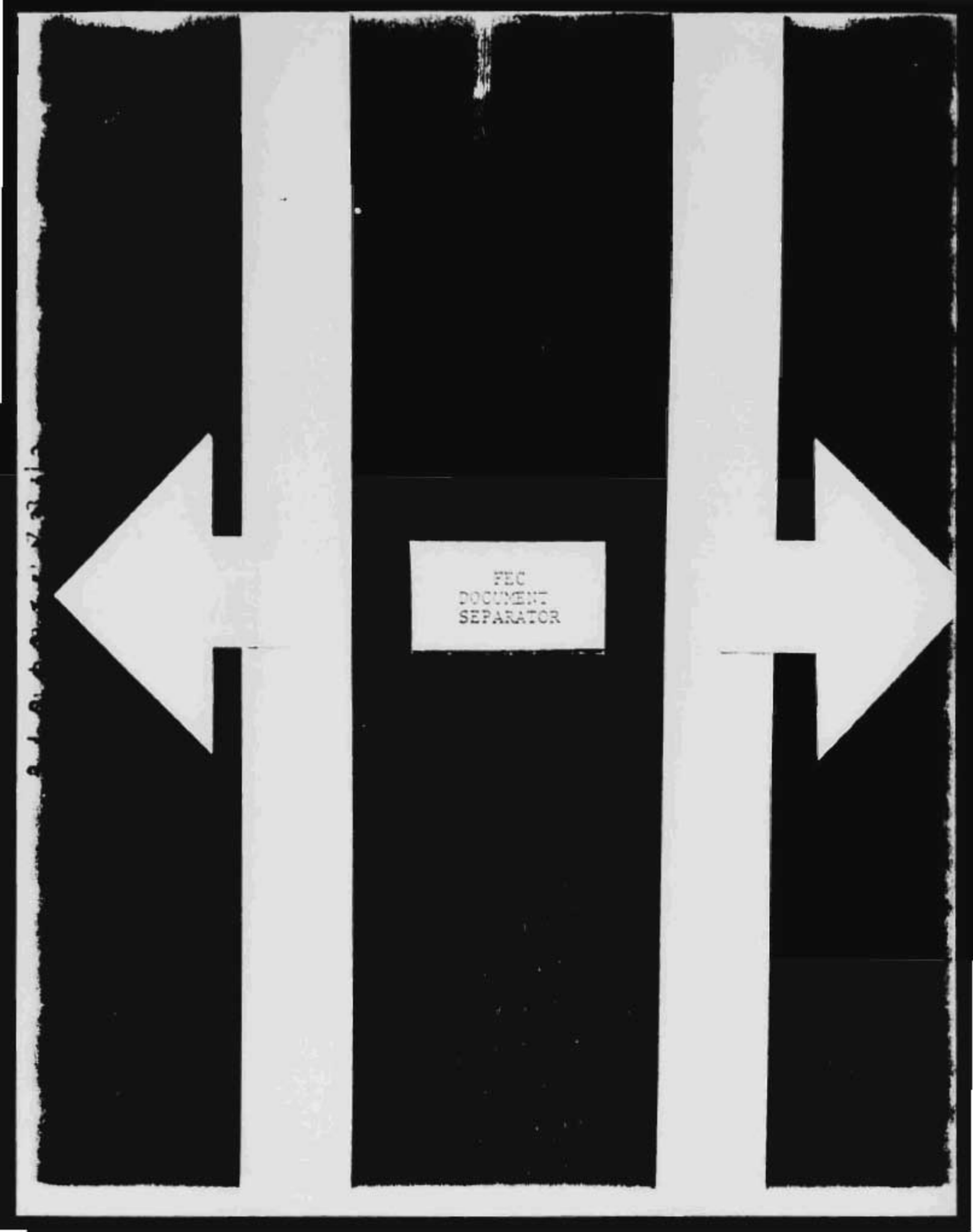
Sec. 4. At the discretion of the Chairman, a prelimianry investigation may be made by a member of the Committee from the district other than that from which the complaint originated.

Sec. 5. When investigation has convinced the member of the Committee or the Committee as a whole that no disciplinary action is indicated and both the complainant and the physician involved signify in writing that they are willing to accept a conciliatory agreement, the advice and suggestions of the said Committee or committee members shall be reduced in writing and supplied to both complainant and physician concerned, over the signature of the Chairman of the Committee. Any disciplinary action that may be indicated must be considered by the entire Committee and then be referred to the Council of the Society for final action.

Sec. 6. Both the original complainant and physician against whom the complaint has been made shall be furnished with a written statement and explanation of the final decision of the Committee as soon as possible after the Committee has completed its investigation of the case, indicating whether the Committee considers the case closed or decides to file charges with the Council for final action.

Sec. 7. Meetings of the Grievance Committee shall be called by the Chairman at such times as appear necessary for the entire Committee to consider any complaint referred to that Committee for jurisdiction and at such times as may be necessary to consider other business within the scope of the activities of the Committee.

Members appointed to the Grievance Committee should be men who have been in practice in the state of Wyoming for a period of several years, preferably men who have been active in the affairs of the State Society or component societies.


FEC
DOCUMENT
SEPARATOR

EXHIBITS #6-#13B

8 1 0 4 0 2 2 5 2 9 1 0

March 28, 1978

Mr. Jon Won
Executive Director
Hawaii Medical Association
320 Ward Avenue
Honolulu, Hawaii 96814

Dear Jon:

Please accept my apology for not responding sooner to a request you gave me in San Francisco.

There are currently five states which are unified. In addition to Hawaii the states are Arizona, Illinois, Oklahoma and Wisconsin.

Listed below are states that are currently unified and those states that were unified at one time but have dropped the unified provision.

State	Unified	Dropped
Arizona	1952	
California	1952	1977
Colorado	1951	1972
Hawaii	1961	
Illinois	1951	
Kansas	1961	1972
Mississippi	1951	1972
Montana	1961	1971
Nebraska	1951	1972
New York	1962	1971
Nevada	1953	1971
Oklahoma	1950	
Wisconsin	1951	

I checked with members of the staff regarding your third question on whether the AMA ever provided in its bylaws for unified membership. As far as we know, the AMA has never provided for unified membership in its bylaws.

Again, I am sorry for the long delay in getting this information to you. If I can be of any further help, please do not hesitate to contact this office.

Best personal regards.

Sincerely,

Kenneth G. Bugan

KGB:dd

9102250312

To: Ken Bingham

I would like to get some information, if possible:

① What states, besides Hawaii, are unified?,

② What states, not now unified, have been unified in the past? What year did each of these states drop unified membership?

③ Has the AMA itself ever provided, in its bylaws, for unified membership?

Jon Wood
Hawaii Medical Ass'n.

31040225213

Portions Deleted Per FEC

1977 - 78
Federation Advertising Campaign

AMA Communications To Physicians Through State and County Medical Society Publications

Department of Membership Development
Public Affairs Division

1977 - 78
Federation Advertising Campaign

AMA Communications To Physicians Through State and County Medical Society Publications

Department of Membership Development
Public Affairs Division

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EXECUTIVE SUMMARY

The AMA Council on Long Range Planning and Development recently recommended that the AMA membership effort should be viewed as a "business" effort and should utilize modern and sophisticated business and marketing techniques in selling AMA to the physicians of America. This opinion was reached following a study by the Council of AMA's membership situation.

Advertising is an integral part of the marketing mix that is necessary to carry out a successful and effective membership program. Most advertising professionals feel that advertising does play an important role in creating demand for products.

The purpose of the membership advertising campaign is to communicate to the physicians of the nation, through state and local society publications, the benefits, services and activities of the American Medical Association.

There is a great benefit to AMA in this avenue of communication since state and county society journals enjoy a high readership among physicians.

The Spencer-Roberts study has pointed out that AMA does not have high visibility among the grass roots physician. For the most part AMA is doing the right things, but the message is not getting through. Thus, the importance of the federation advertising program.

Given the proper support and priority, this program can have a formidable effect on membership recruitment and retention through education. Education is a slow process and basically this is an education program; it is educating the physician about services, benefits and activities of AMA...telling AMA's story to the profession. Ultimately, the program will build a solid foundation for membership through a better informed profession.

The program has been developed in three stages:

1. Development of full page membership ads with coupons to clip out to seek membership information.

2. Development of AMA Membership Ad/Clip Art Fillers. This includes a series of cartoons, short filler items and small promotion ads.

3. Development of the Feature Story for publication in state and county medical journals and bulletins.

Through the state and county publications presently using our ad material, we have the potential of reaching a physician population of nearly 290,000. Thirty-six state journals and sixty-three county bulletins have published material from our Ad Program in 1977.

This report provides an analysis of the Federation Advertising Program, developed by the Department of Membership Development, Public Affairs Division.

INTRODUCTION

INTRODUCTION

It seems almost too obvious to mention, but an association depends upon dues to stay in business. From time to time, therefore, the association must let those who pay dues know exactly what they are getting for their money.

An association which serves its members fully and well, but which fails to communicate the value of its services to them is no more secure in the long run than the association which fails to serve its members altogether.

A membership advertising program using state and county bulletins, journals and newsletters provides a mechanism for direct contact (communication) with physicians at the grass roots level. By using the state and county publications for our advertising program, our message is reaching both the physician who is a member of AMA and the physician who is a member of the state and county medical society but not a member of the AMA. Also, by communicating with the physician through the state and county publications we are adding authenticity, credence or an implied endorsement to our message since it is published in their own publication. This is important since, at the present time, 90% of the AMA membership solicitation is dependent upon the federation.

According to Market Opinion Research (MOR) findings of factors which influence the decision to join the AMA, it would appear that a number of physicians have a negative image of AMA; this is due to a number of factors both internal and external. For example, increases in dues at all levels of the federation (too expensive), the NHI issue (disagreement with policies), lack of interest to join, etc. The primary reason for this is a lack of understanding by the profession as to what AMA policy is or in essence what the AMA is doing.

A recent report on AMA Membership Development notes that among the marketing problems AMA faces is that AMA has generally poor communication with the physicians, both member and nonmember, leading to specific problems.

1. A high proportion of both members and nonmembers are unfamiliar with the AMA's mission and its services.
2. A high proportion of physicians are misinformed regarding AMA policy.
3. Direct contact between the physician and the AMA is limited, leading to large numbers of members who feel that the AMA is unresponsive to their needs.

No matter how good our past messages to physicians about AMA services, benefits, and programs have been.the message is not always getting through--we are not penetrating.

The Spencer-Roberts study pointed out that only a handful of AMA programs have substantial visibility among physicians. The other AMA programs just do not impact the physician's consciousness.

Physicians recognize the need for an organization like the AMA to provide a variety of functions, i.e. represent doctors, educate the public, provide medical-technical services, and in some cases, fight for physicians. The fact that these functions are being performed is not enough. The physician must be sold on the fact. Better mechanisms for direct communication between the physician and AMA must be developed.

The Spencer-Roberts study says that the present communications linkage between the AMA and physicians, member or nonmember, is not adequate. Both the method of communication and the communicated message must be reevaluated. They are generally of the opinion that, though the message can be fine-tuned, the programs and policies of the AMA are in step with the physician's desires. We are doing the right things, but the message is not getting through.

Improved communications through our direct membership advertisement program will not only aid our efforts to increase membership by informing the physician of what the AMA is doing but will also provide the opportunity to develop support and neutralize opposition to future and present AMA programs.

Marketing enters into many facets of the membership equation. A good advertising program is an intricate part of the marketing approach. The advertising technique of the repeated message has been used effectively by major corporations to soften the client in their approach to sell their product. This is the same approach that is being taken in the Membership Ad Campaign undertaken by the Department of Membership Development.

The overall objective of the program is to improve and enhance the climate for AMA membership and to strengthen the membership through a better informed profession.

A secondary objective of the program is to gain the cooperation of state and county medical societies in this coordinated effort.

BACKGROUND

BACKGROUND

In 1974, the Department of Membership Development created the first series of Membership Ads. (Exhibit 1.) These ads were sent to state and county medical journal editors for publication in their bulletins or journals. The messages dealt primarily with AMA services to the public.

At that time no attempt was made to monitor the program as to the utilization of the ads. Neither was an attempt made to evaluate the program.

In program planning for 1977, the Department of Membership Development was concerned with the potential loss in membership due to the defeat of unified membership in California. Also, in reviewing correspondence received from physicians, it became apparent that the profession, as a whole, is not aware of the tangible benefits of dues-paying membership in the AMA and do not recognize the intangible benefits. Many physicians know little about the AMA and its activities and effectiveness on behalf of the profession and the public and, as a result, feel that the AMA does not represent them and their general philosophy. These facts have since been verified by the Spencer-Roberts study.

In view of this, the Department of Membership Development resolved to develop a new Membership Ad Program and to expand its scope.

Because of the new marketing concepts being implemented by the department it was felt that the program should be monitored and evaluated.

In a report on Membership Development prepared by William T. Eggbeer it was noted that, within the federation framework, the state and county societies constitute both intermediaries and secondary markets. The societies are intermediaries in the exchange process between the physician and the AMA. They are a secondary market in that the AMA must service the needs of the societies in order to secure their cooperation in the development process.

Very little is known about the actual exchange process that occurs between organized medicine, specifically, the AMA and the physician. For conceptual purposes the process may be broken into the following components:

1. Awareness
2. Information gathering
3. Evaluation
4. Joining
5. Membership feedback
6. Evaluation of feedback
7. Renewal of membership

While problems exist with regard to all stages of the membership process, it appears that the principle obstacles are in the information gathering, evaluation, and feedback

stages. This concept is the basis on which the present Membership Ad Program is structured.

One major roadblock to increased membership, according to MOR data, lies in the federation structure of medicine.

The Membership Ad Program is designed to foster cooperation of the federation in the successful implementation of the program.

Of specific interest to the Department of Membership Development in planning the present AMA Membership Ad Program was how the physician becomes aware of the organization and on how he gathers information, i.e., what media he comes in contact with, how he utilizes the media, what are the best ways of communicating with the physician, and how best to ensure that the communication is correctly and favorably interpreted. Although we do not know the answers to all of these questions, we are aware that the state and county society journals enjoy a high readership among physicians. This would indicate that a Membership Ad Program directed at state and county medical journals would reach a large number of physicians, both members and nonmembers of AMA.

The organization gains members as a result of heightened awareness of the organization, its benefits, services and activities in behalf of the profession; thus it was felt this could be accomplished through a Membership Ad Program.

The Membership Ad Program has been developed in three stages:

Stage 1. The development of a series of eight membership ads with clip-out coupons to seek membership information. (Exhibit 2.) The department researched correspondence received over the past year (1976) from physicians in the development of the messages carried in the membership ads. The messages carried in the ad program, for the most part, conform to the major issues that arose in the MOR studies.

In March of 1977, executive secretaries, state and county societies and state and county journal editors were mailed illustrations of the ad series, a suitable folder to house the ads, a covering memo (Exhibit 3.) and the first ad repro proof.

The ads were mailed out each month alternating the ads between the state and county societies so that each month the state would receive a different ad than the county. The timing was planned so that the journals would receive an ad each month through October, 1977 prior to the 1978 dues billing cycle which begins in November, 1977.

Managing editors from a number of state and county medical journals and bulletins were asked what other programs we might develop which would provide a service to them and at the same time augment our Membership Ad Program in order to help us tell AMA's story to the physician.

We were told that when they were in the process of doing the layouts of their bulletins, they often need good filler material. Also, many of them expressed a desire to receive good "canned" feature stories for reproduction in their journals. As a result of this information, the second and third stages of the program were developed.

OBSERVATIONS AND EVALUATIONS

OBSERVATIONS AND EVALUATIONS

It is difficult at this point in time to evaluate the success of the program as it relates to an increase in membership. Education is a slow process and basically this is an education program; we are educating the physician about services, benefits and activities of AMA. Through our AMA Membership Advertising Program we are telling AMA's story to the profession. As a result, the program will ultimately strengthen organized medicine at all levels of the federation through a better informed profession.

The purpose of advertising is to enhance potential buyers' responses to the organization and its offerings.

According to Kotler, Market Management (1976, p. 348) it is difficult to know how effective advertising is except in the more obvious cases. Direct-action advertising, such as mail-order and want ad advertising, purports to stimulate immediate sales. Its effectiveness is therefore directly measurable. Delayed-action advertising purports to build up favorable attitudes.

Various lists have been drawn up of the conditions under which advertisng is likely to be a significant factor in the marketing process. For example, the contribution of advertising is likely to be greater:

- When buyer awareness is minimal...In the Spencer-Roberts study it was revealed that AMA is suffering from a lack of visibility among physicians. In their survey they found that doctors can identify only a handful of the AMA's on-going programs.

- When sales are rising rather than remaining stable or declining...It may be inferred that membership promotion would also be achieved more successfully during periods when membership is increasing.

- When the product has features normally not observed to the buyer...In AMA membership many of the intangible benefits are not observed by the buyer--thus advertising could play an important role in informing the physician of the intangible benefits of membership and how they affect him in his/her practice.

It is difficult to accurately measure the effectiveness of advertising under even the most ideal circumstances because of the lack of hard data.

In the AMA Membership Ad Campaign other external forces can have a very definite effect on the program. For example, if an executive secretary of a state or county medical society does not wish to support the program it will create a negative effect.

In measuring the effectiveness of the Membership Ad Program to date, a number of factors can be considered. For example, through the state and county publications who are presently utilizing the ad program we have the potential of reaching a physician population of nearly

290,000*. Of that total 153,000 are AMA dues-paying members and approximately 60,000 physicians are members of the state and county medical societies but not members of AMA. The remainder are not members of their state association, county society, or the AMA.

Thirty-six state journals have published material from our Ad Program and sixty-three county bulletins have cooperated in the program. Only six states have not cooperated in the program to date. One of the six states not participating in the program is a unified state. (Exhibit 7.)

The most popular ad used by states and counties was ad #964-M "Where do you stand on these issues?" The message was in the form of a survey. Ohio State Medical Association used this ad as a part of their "OSMAgram" which is sent out to all of their members. The reference in their newsletter read as follows: "Enclosed is a quiz to test yourself on how you stand with the American Medical Association on major medical issues. If you are not a member of AMA, fill out and mail the information request form included on the quiz sheet. If you are a member, that's great!

*Physician Distribution and Medical Licensure in the U.S., 1976- AMA Center for Health Services Research and Development. Also AMA Membership Report-year end December 31, 1976.

Pass the quiz along to a nonmember and suggest he follow through. As AMA members say to nonmembers, 'join us. We can do much more together'." (Exhibit 8.)

We received over 1,000 responses from this mailing alone. We have also received over 2,000 return coupons requesting more information on the AMA and AMA membership. All of these requests have received responses. Until recently we have not attempted to correlate requests for membership information with those physicians who actually join the organization. We are now monitoring the requests for information to determine how many physicians join the AMA after receiving requested membership information.

Expansion of Program

In August of 1977 we began to include specialty society publications in all of our mailings related to the ad program. We also took steps to extend our advertising program to reach medical students and housestaff.

Since there are indications that many medical students and housestaff are in an environment that appears to breed negative reaction to AMA, we felt that it was vitally important that special efforts be made to communicate to this group.

Arrnagements have been made through William Ebbert Enterprises, Jonesboro, Arkansas, to publish special ads in a select group of medical school directories. We are

planning to expand this advertising format to include additional medical school directories as well as medical school yearbooks and medical school newspapers.

The AMA Membership Advertising Program is in addition to our regular direct mail programs which together will help us to tell AMA's story to the physician and the medical student.

Total cost of the AMA Membership Advertising Program from January through December, 1977 was $8,083.35. This cost includes: internal production costs, paper, reimbursement to the federation for typesetting and plates, addressing envelopes, external production costs, and postage. (Exhibit 9.)

As illustrated by the letter from the Editor of Portland Physician (Exhibit 10.) such an ad campaign without the support of the federation would be prohibitively expensive. In Multnomah County Medical Society alone, the free publication space given to the AMA promotion during January through October, 1977 would ordinarily have cost AMA $2,792.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

Advertising is one of the four major tools by which industry directs persuasive communications to target buyers and the public. Some of the functions that can be performed by advertising as it relates to industry can also be applied to AMA membership. For example:

1. Awareness building. If the prospect is not aware of the company or product.

2. Efficient reminding. If the prospect knows about the product but is not ready to buy, an advertisment is an affective way of reminding him of the product.

3. Lead generation. Advertisements carrying return coupons are an effective way to generate leads to new members.

Modern marketing calls for more than developing a good product, pricing it correctly, and making it easily available to the customer. The company that wants more than "walk-in" sales must develop an effective program of communication and promotion. Every company is cast, by the very nature of customers and competition, into the role of a communicator.

AMA must recognize this and respond appropriately in order to create the proper climate to reach the desired membership level in the association. We must develop appropriate sales messages, develop attention-getting ads, develop sales campaigns and, most importantly through all of these programs, enhance our image to the profession and the public.

We must develop the proper marketing mix in order to carry out a successful and effective membership program. Marketing mix refers to all of those activities used to sell our product (membership). Direct mail, direct selling, advertising - the more facets you have in your marketing mix, the more effective each facet is.

As was noted previously in this report, the development of the appropriate message to be carried in the membership ads, feature stories, filler material and cartoons is most important. It is essential to choose a message that has ideal stimulus value - the message must have maximal impact.

In the future we plan to develop copy for our messages in accordance with the Market Opinion Research findings. We will direct our program to special groups such as academia, hospital-based physicians, etc. This is in accordance with recommendations made by Spencer-Roberts, 1977.

The practice of medicine today is, to a large extent, centered around the hospital environment. Almost every hospital in this country (7,000) publishes a weekly, monthly, or quarterly medical staff newsletter, hospital bulletin or both. The medical staff newsletter is directed to the medical staff of the hospital. In a teaching hospital it would also be directed to the medical student and resident. The hospital bulletin or journal is a similar

publication, however, it is sent to the lay public as well as physicians.

The medical staff newsletter is an excellent communications vehicle which AMA has never utilized. We will develop a rapport with the appropriate departments of the hospitals who edit the hospital publications and provide them with a series of articles, feature stories and background material for inclusion in their publications.

What can a single message possibly do to a buyer? According to John C. Maloney in the Journal of Marketing, not very much. "No single advertisement is likely to produce absolute 'belief' in a product. Rather, each advertisement is likely to make its most significant contribution by 'nudging' the consumer onto and along the path of the adoption process."

Most communicators expect to achieve extended effects as a result of a series of messages reaching the buyer at discreetly separated intervals. This is the basic premise of the AMA Membership Ad Program.

It is an enormous undertaking, however the program, if it can be carried out to its fullest and provided it is properly supported and established as a priority, can have a significant affect on membership. A full program would encompass extensive research and dedication of the development of appropriate messages and feature stories based on MOR findings.

The Council on Long Range Planning and Development has recommended that the Board and staff should continue to examine new ways to increase AMA's competitive edge in "selling AMA" to the physicians of America. It is the Council's belief that the membership effort should be viewed as a "business" effort and should utilize modern and sophisticated business and marketing techniques in selling AMA to the physician.

The program is essential for effective membership recruitment and retention. This is emphasized in all of our marketing studies by Spencer-Roberts, in the report developed by William T. Eggbeer and finally by the Council on Long Range Planning and Development.

EXHIBITS

EXHIBIT 1

Copies of the First Series of
Membership Ads--Developed in 1974.

This year, the AMA will help John Vivian and 15 million other Americans take a little better care of their health.

Better than anyone, you know that good health depends, to a great extent, on good health practices. So you provide your patients with the kind of sound information they need to take better care of themselves.

The AMA does the same thing for millions of other Americans. Every year, it distributes 15 to 20 million pieces of health literature to schools, colleges, health agencies and the public. Some 1,500 different publications are currently in circulation, with the topics ranging from arthritis to drug abuse to sex education and hypertension.

These educational materials provide the public with sound, authoritative information about illness, personal health problems and ways to take better care of their health.

Physicians often ask what the AMA really does. This is just one of its many activities — all made possible by the physicians who support the AMA through their membership. Find out more about the AMA, how it serves the public, how it serves the profession. Just send us the completed coupon.

Join us.
We can do much more together.

AMA

Name _____

Address _____

City State Zip _____

Ad #804-J 7 x 10

The habit called heroin.

In East Harlem, the AMA helped a lot of addicts kick it.

"Where can I get help? What will happen to me? Will I be arrested? Who can I trust?" For an addict, the answers are often critical to the decision to seek help.

In East Harlem, he knows where he can get the right answer and help: the Drug Referral Agency right in his community. It's staffed by former addicts who are intimately familiar with an addict's needs. Since opening its doors, the agency has helped hundreds of addicts kick the habit.

This referral service is a part of a pilot demonstration project initiated by the East Harlem Community with the help of the Mt. Sinai School of Medicine and the AMA.

Why did the AMA get involved? To help develop a model other communities could use as a guide in developing their own drug abuse programs.

Physicians often wonder what the AMA really does. This is one of many things — all made possible by the physicians who support the AMA through their membership. Find out more about the AMA. Just send in the completed coupon.

Join us.
We can do much more together.

Dept. JW
American Medical Association
535 N. Dearborn St.
Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City State Zip _____

Ad #808-J 7 X 10

The AMA sent Louise Dillon into a Chicago poverty area to teach nutrition.

What we learn could help the poor eat a lot better.

Malnutrition is one of the major causes of stillbirths, growth failures, accidents of pregnancy and other health problems among the poor. Proper nutrition could eliminate or alleviate many of them.

But how do you put together a good, nutritious meal on a welfare budget? That's exactly what AMA nutritionist Dillon teaches to the Family Health Workers of the Daniel Hale Williams Health Center on Chicago's south side. She teaches them basic nutrition so that they can educate and motivate the people in their community to select foods that better meet their needs for nutrients and energy.

The AMA funded this program and helped integrate it into the Center's existing services for the purpose of developing a nutritional education program that will serve as a working model for other organizations involved in health care of the poor.

Physicians often ask what the AMA does. This is just one of many things. It's made possible by the physicians who support the AMA through their membership. Find out more about the AMA, how it serves the public and you. Just send us the completed coupon.

Join us.
We can do much more together.

[illegible]
[illegible] AMA and AMA membership.

Name _____

Address _____

City State Zip _____

Blowing the whistle on the $2 billion health boondoggle.

Fad diets, fountains of youth, sex rejuvenators, worthless cancer and arthritis "cures," unscientific cults—every year Americans waste at least $2 billion on such fraudulent and often dangerous health products and practices.

Who blows the whistle on them? Who helps expose them to the public? Often, it's the AMA. The AMA is the largest collector and disseminator of information on health frauds in the country. We serve as the clearinghouse of such information for federal, state and municipal agencies and the public. It also provides regulatory and law enforcement agencies with documentation of such frauds for use in prosecution.

Physicians often ask what the AMA does. Protecting Americans from health frauds is just one of its many activities — all made possible by the physicians who support the AMA through their membership. Find out more about the AMA and how it serves the public and the profession. Just send in the completed coupon.

Join us.
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American Medical Association
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Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City, State, Zip _____

The AMA made an investment in 1,850 kids in East Harlem.

We're betting it pays off in better health for thousands of other children.

Hundreds of thousands of needy children never even get near an examining room. Cases of nutritional deficiencies, correctable defects, anemia and other health problems go undetected. Problems that could be corrected—if identified early.

That's why the AMA made the investment in those 1,850 kids. It worked with the Mt. Sinai School of Medicine and the East Harlem community in the planning, funding, and implementation of a demonstration school health screening program for the early identification and correction of physical, emotional and psychological defects.

We're betting this program will pay off in better health for these children—and thousands to follow. Because it will serve as a model that other state authorities and communities can use in developing their own school health screening programs.

Physicians often ask what the AMA really does. This program is just one of many AMA activities that are made possible by the physicians who support the AMA through their membership. Find out more about the AMA, how it serves the public, how it serves you. Just send us the completed coupon.

Join us.
We can do much more together.

[illegible]
American Medical Association
[illegible]
[illegible]

Please send me more information on the AMA and AMA membership.

Name _____

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City State Zip _____

To teach the fundamentals of athletic health and training, thousands of coaches turn to the AMA for coaching.

Of the 14,000-plus high schools in this country, few can afford the luxury of a professional athletic trainer. So a coach or student tries to fill the gap. Problem is, few of them have any training in the field.

Where do they turn to get it? They turn to *The Fundamentals of Athletic Training*, a book published by the AMA. A joint project of the AMA, the National Athletic Trainers Association and the Athletic Institute, it's the only book especially prepared to train coaches and student trainers in the basic principles of physical fitness, nutrition, first aid, physical therapy and the other vital aspects of a sound athletic training program.

Some 10,000 coaches and students in high schools across the country depend on this book to help them take better care of their athletes.

Physicians often ask what the AMA does. This is just one of many things--and made possible by the physicians who support the AMA through their membership. Find out more about the AMA, how it serves the public, how it serves the profession. Just send in the completed coupon.

Join us.
We can do much more together.

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American Medical Association
535 N. Dearborn St.
Chicago, Ill. 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City, State, Zip _____

Ad #807-J 7 X 10"

Even Chicago Stadium couldn't hold all the physicians the AMA helped put through school.

Every year, thousands of young men and women struggle to scrape up the funds to pay for their medical education and training. Many who are highly qualified, simply can't swing it alone.

Where can they turn for financial assistance? One important source is the American Medical Association Education and Research Foundation (AMA-ERF). It was set up in 1962 to help [illegible] complete their training.

Through its loan assistance program, the AMA-ERF has arranged for [illegible] to more than 20,000 medical students, interns and residents in the last 11 years.

Physicians often ask us what the AMA really does. Helping to increase the number of doctors is just one of many things. Find out more about the AMA, how it serves the profession, how it serves the public. Just send us the completed coupon.

Join us.
We can do much more together.

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American Medical Association
535 N. Dearborn St.
Chicago, Ill. 60610

Please send me more information on the AMA and AMA membership

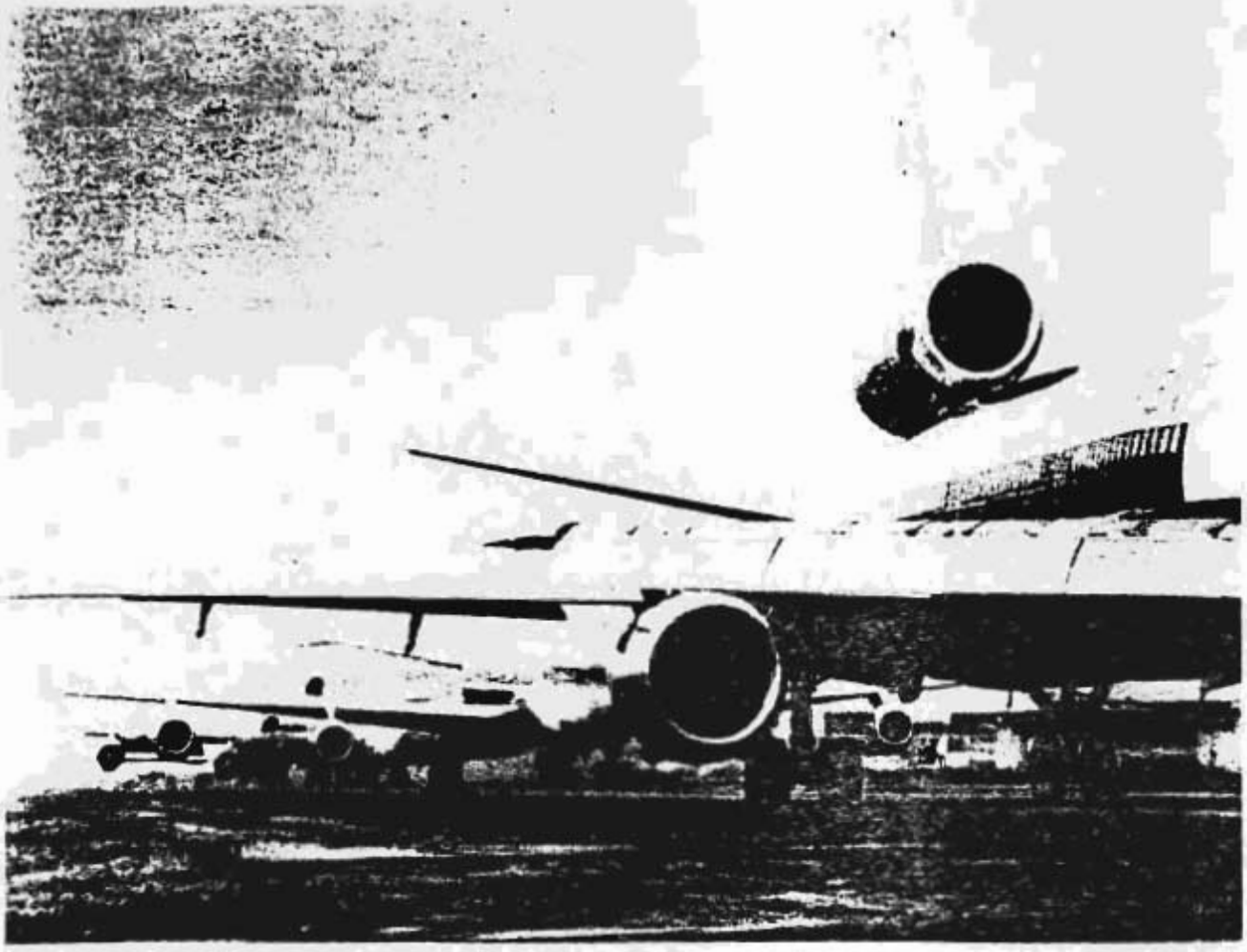
Name _____

Address _____

City/State/Zip _____

Ad #803-J 7 X 10"

A model emergency medical services program for the world's busiest airport:



The AMA helped launch it.

Most of this nation's major airports are in critical need of a well-organized system of emergency medical services. And that used to include the world's busiest airport—Chicago's O'Hare Field.

Today, O'Hare has one of the finest. It's a comprehensive program developed by the AMA, in cooperation with city agencies and airport administration.

The heart of the program is a three-echelon system of care: immediate care of casualties at the scene of the accident, lifesaving and stabilization procedures at the triage centers, and transport of casualties to the hospitals incorporated in the system.

Why did the AMA get involved? To develop a model program which can serve as a guide for other airports in establishing their own emergency medical services.

Physicians often wonder what the AMA really does. This is just one of many things. It's made possible by the physicians who support the AMA through their membership. Find out more about the AMA, how it serves the public, how it serves the profession. Just send in the completed coupon.

Join us.
We can do much more together.

Dept. D W
American Medical Association
535 N. Dearborn St.
Chicago, Ill. 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City/State/Zip _____

Ad #809-J 7 X 10"

EXHIBIT 2

Copies of the Series of
Membership Ads--Developed in 1977.

Now ... the AMA brings CME to you!

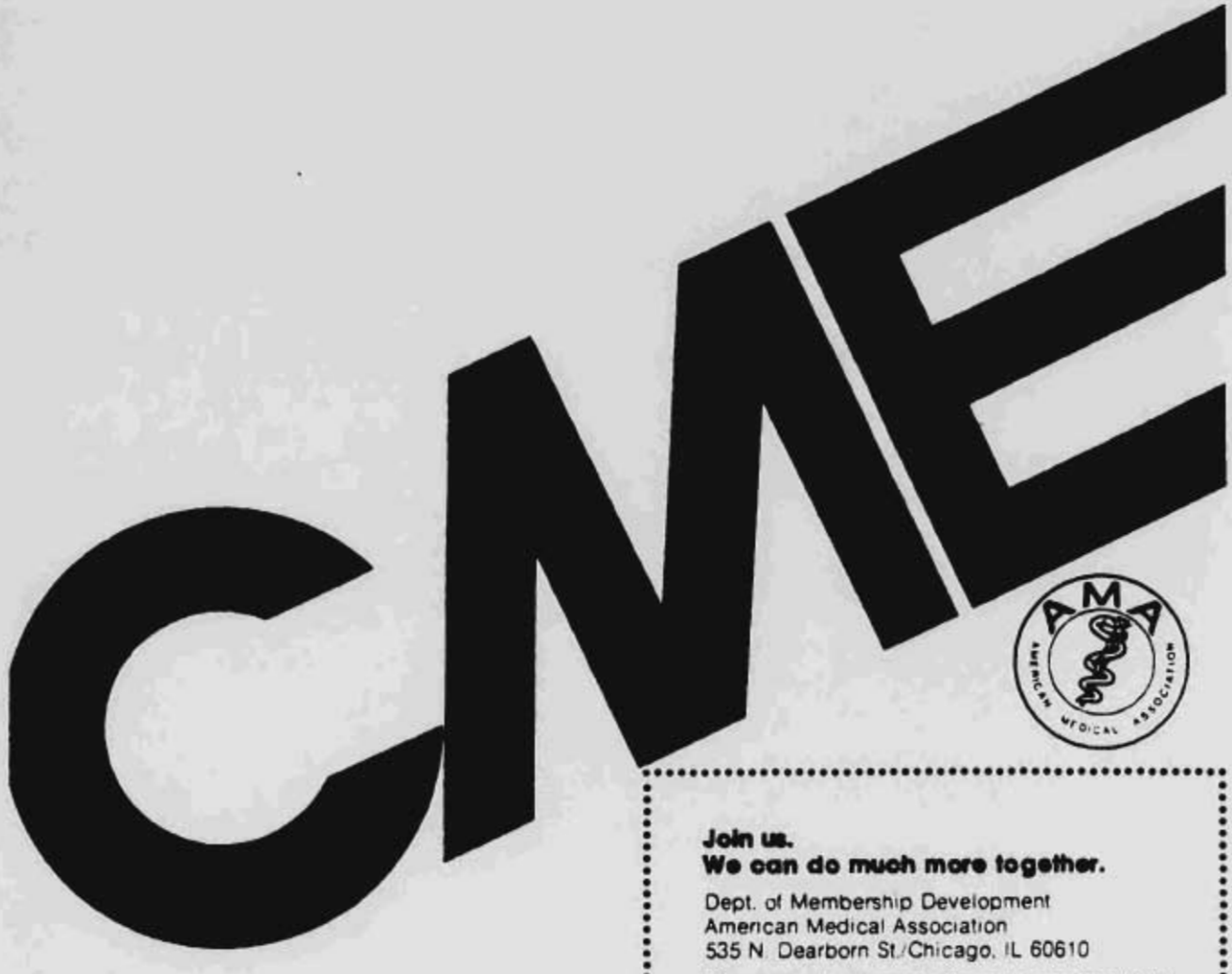
As you're aware, state medical societies, specialty societies, and other medical groups in increasing numbers are making continuing medical education (CME) a requirement for membership. Already some state licensure boards are requiring CME for relicensure.

Recognizing its importance to members, the AMA has greatly expanded its CME programming. In 1977, your AMA will offer 15 regional meetings, as well as scientific programs at the Annual convention and Winter Meeting.

These new regional meetings make it easier, more convenient for you to fulfill your CME needs by bringing the programs closer to your hometown and scheduling them on weekends to avoid interference with your practice.

All courses are approved by the AMA Council on Continuing Medical Education as meeting the criteria for Category 1 toward the AMA Physician's Recognition Award, which certifies completion of 150 hours of CME over three years. Since the initiation of the PRA program in 1969, more than 58,000 physicians have qualified and/or requalified for the award.

CME is just one of the many vital services the AMA provides for its members. With your support, it can do even more.



Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City/State/Zip _____

American Medical Association Ad # 971-M

AMA Challenges in the Courts

One of the professions's major concerns today is government's mounting pressure for increasing regulation of medicine. In response to these challenges, the AMA has taken a new position of advocacy for physicians and the public which has resulted in the AMA's very first lawsuits against the government.

In March 1975, the AMA took HEW to court over its Utilization Review Regulations which required review of all Medicare and Medicaid hospitalizations within 24 hours. The AMA contended the regulations constituted unlawful interference with the rights of physicians and patients. The AMA won its case and HEW withdrew the regulations.

The AMA also initiated legal action against HEW's Maximum Allowable Cost Rule, charging that the rule, which would govern the prescription of drugs for Medicare and Medicaid patients, intrudes on clinical decisions made by physicians. The case is now pending.

The AMA has also joined with co-plaintiffs, the state of North Carolina, the state of Nebraska and the North Carolina Medical Society, in a suit against the Health Planning Act of 1974 which gives the Secretary of HEW sweeping powers over nearly every aspect of health care.

These are just some of the many actions the AMA has taken to protect your rights and interests and the rights and interests of your patients. With your support, it can be even more effective.

Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St. Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

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City/State/Zip _____

American Medical Association Ad # 970.M

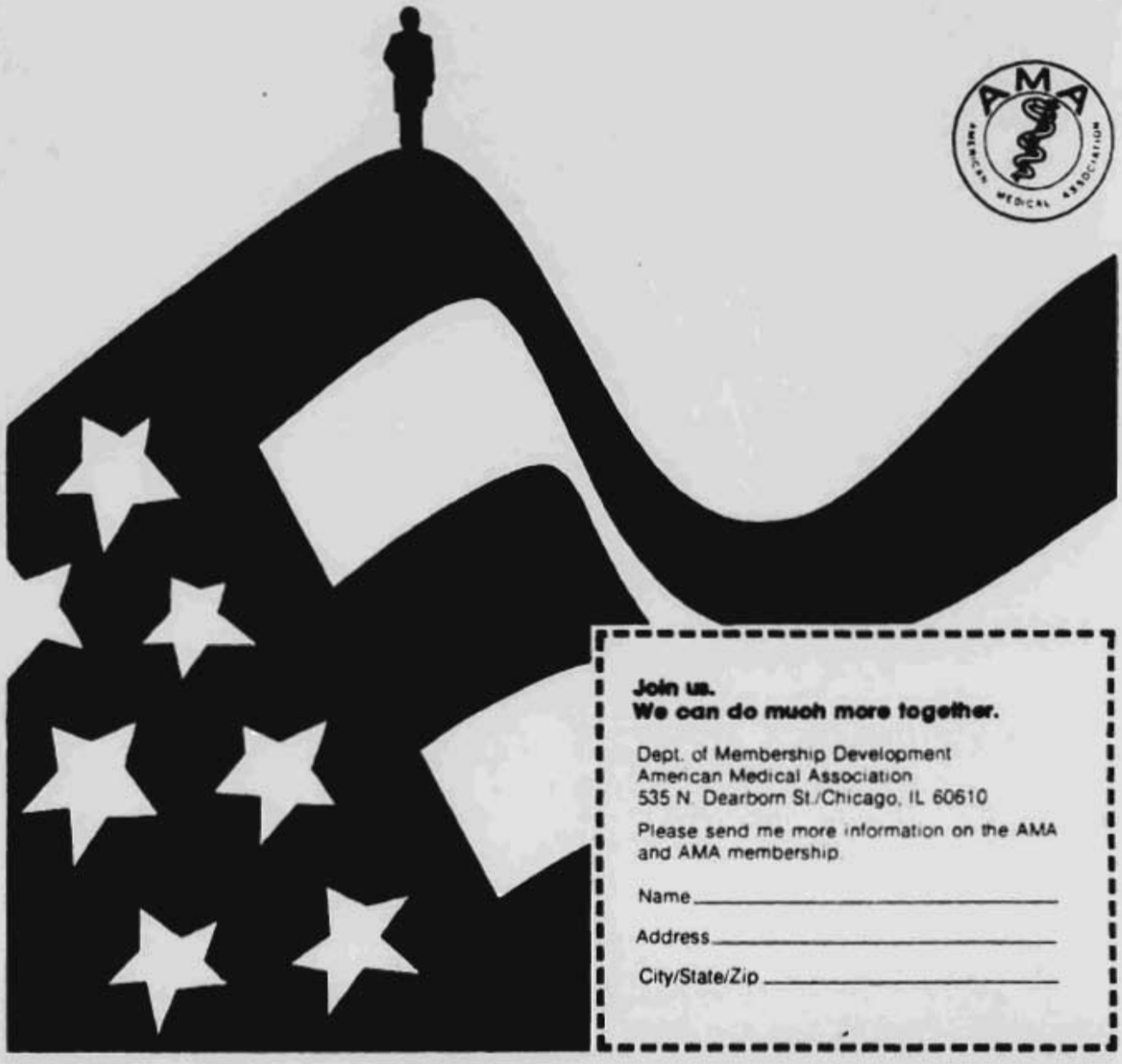
Medicine's men on the Hill

Just who are they? They're the AMA's permanent representatives to the Congress of the United States from the AMA's Washington office.

In every Congress about 10% of all legislation introduced is health related — some 2,500 bills and the number is increasing every year. The AMA lobyists serve as the profession's eyes, ears, and voice on the Hill. Keeping in day-to-day contact with the members of Congress and their staffs. Explaining and promoting the profession's views. Reporting on legislation. And providing legislators with resource material and information on medical and health subjects.

They're on the Hill to protect your interests, lobbying to retain the basic freedoms of medical practice in any government health program that might be enacted. Equally important, they lobby to insure the passage of constructive and workable health legislation for the public.

Sure, the AMA lobbies. It lobbies for the rights and interests of our profession and for quality medical care for every American. With your support, the AMA can be even more effective.



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American Medical Association Ad # 969-M

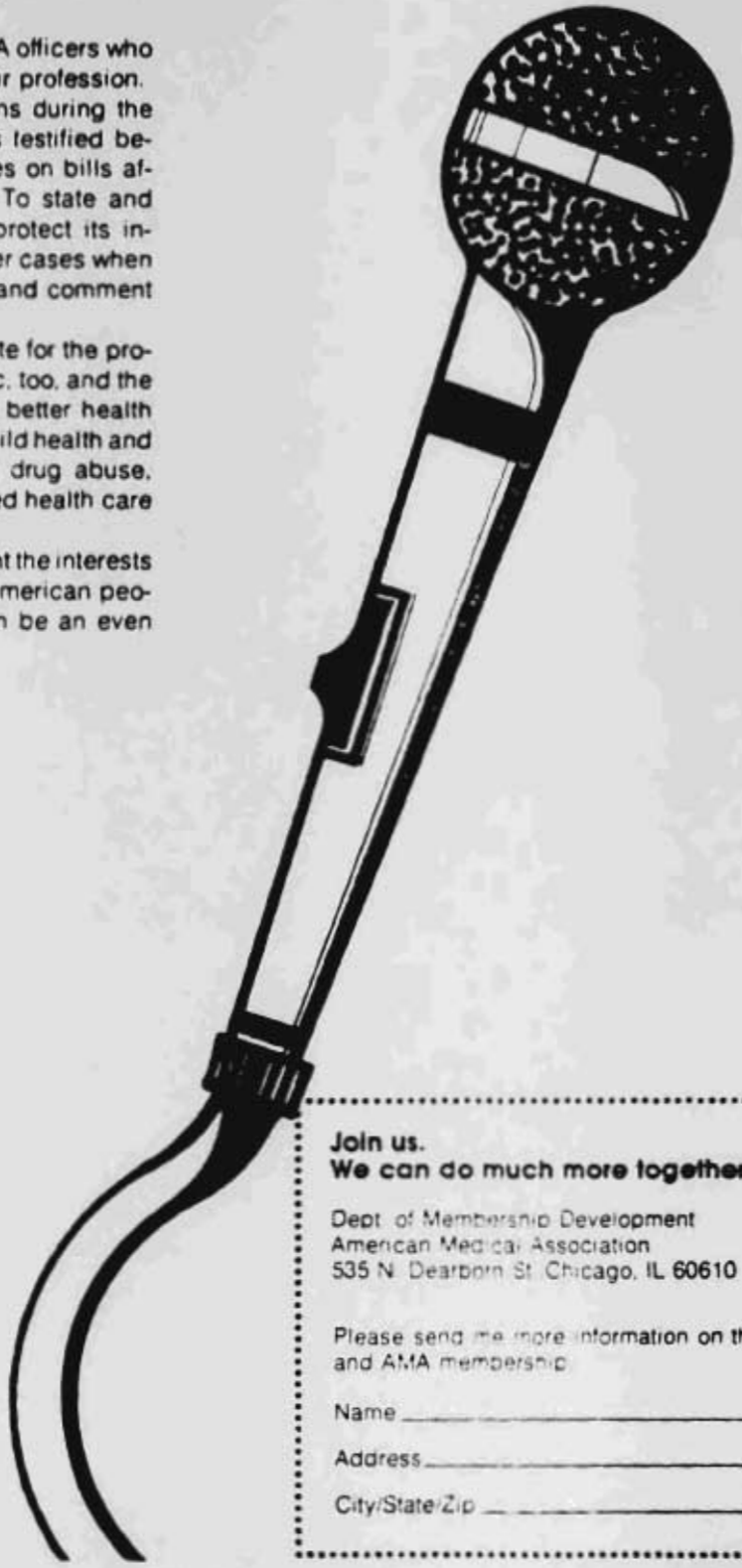
"Mr. Chairman, Members of the Committee, I am Dr. Holden ... Dr. Palmer ... Dr. Beddingfield ... Dr...."

These were but a few of the many AMA officers who have gone to the Hill to represent our profession.

On more than two dozen occasions during the 94th Congress, AMA representatives testified before Congressional health committees on bills affecting the delivery of health care. To state and explain our profession's views. To protect its interests. In addition, there were 72 other cases when the AMA submitted written analysis and comment on legislation.

But the AMA isn't solely an advocate for the profession. It's an advocate for the public, too, and the passage of legislation for more and better health care. Legislation such as maternal, child health and crippled children services. Alcohol, drug abuse, and mental health programs. Improved health care for American Indians.

The AMA goes to the Hill to represent the interests of the American physician and the American people. With your support, the AMA can be an even more effective spokesman.



Join us.
We can do much more together.

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American Medical Association
535 N. Dearborn St. Chicago, IL 60610

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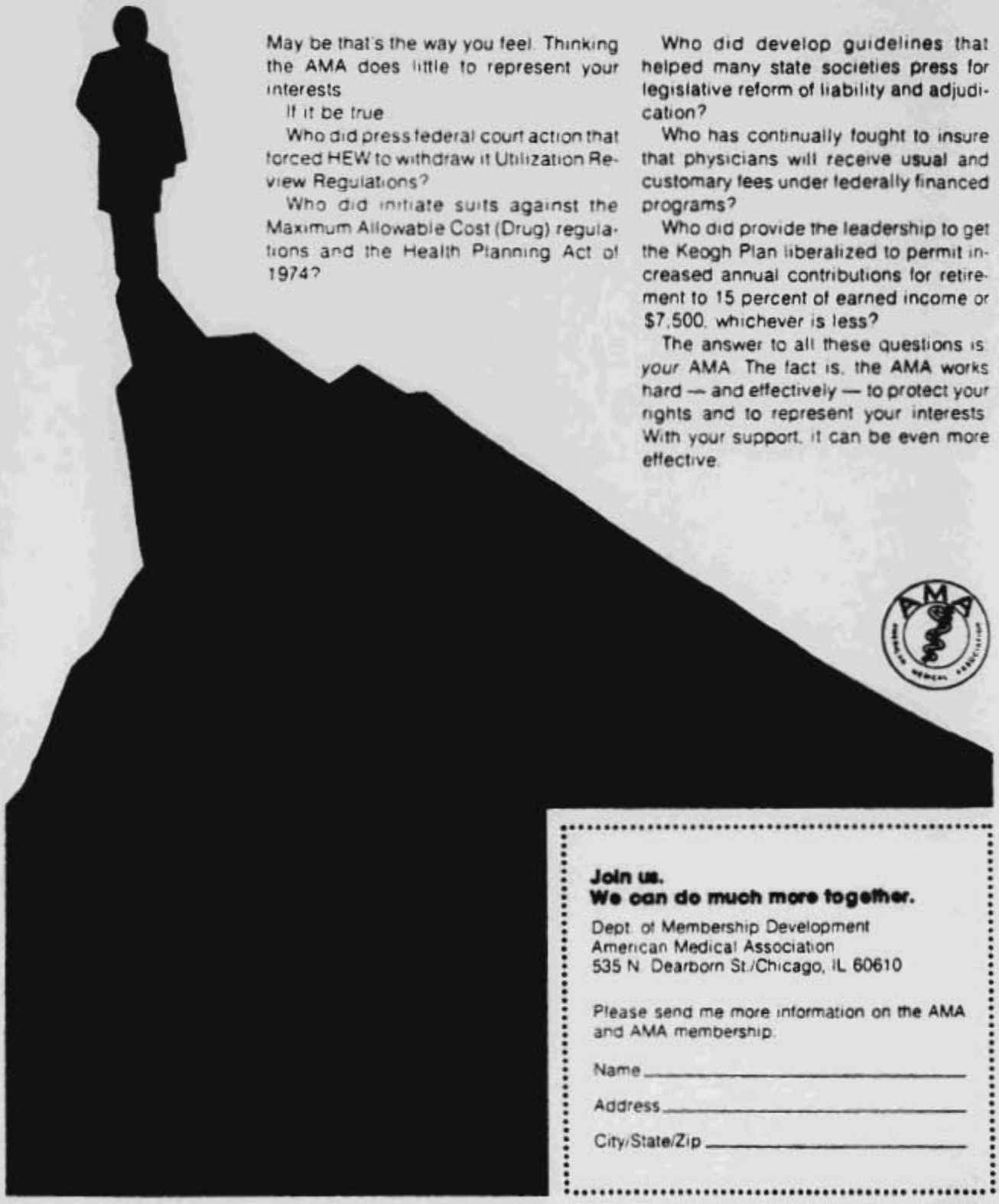
American Medical Association Ad # 968-M

'Quote:
The AMA doesn't represent me.
Unquote.



May be that's the way you feel. Thinking the AMA does little to represent your interests.

If it be true.

Who did press federal court action that forced HEW to withdraw it Utilization Review Regulations?

Who did initiate suits against the Maximum Allowable Cost (Drug) regulations and the Health Planning Act of 1974?

Who did develop guidelines that helped many state societies press for legislative reform of liability and adjudication?

Who has continually fought to insure that physicians will receive usual and customary fees under federally financed programs?

Who did provide the leadership to get the Keogh Plan liberalized to permit increased annual contributions for retirement to 15 percent of earned income or $7,500, whichever is less?

The answer to all these questions is *your* AMA. The fact is, the AMA works hard — and effectively — to protect your rights and to represent your interests. With your support, it can be even more effective.

Join us.
We can do much more together.

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American Medical Association
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Please send me more information on the AMA and AMA membership.

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Address _____

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American Medical Association Ad # 967-M

If the AMA didn't speak for the profession, who would?

Who would speak for the profession on the 2,500 health bills introduced in every Congress? Or the regulations issued by federal agencies?

Who would state the profession's views on national health insurance? Utilization Review Regulations? The Health Planning Act of 1974? Maximum Allowable Cost Regulations? Health Manpower?

Who would provide the scientific input and the practitioner's experience and knowledge so essential to legislation on drugs, cancer, heart disease, communicable diseases? Can you think of anyone?

The fact is, there is only one organization that can — and does — speak for the profession as a whole. The AMA.

It does so to protect the basic freedoms of medical practice in any federal health program that might be enacted; and even more important, to promote legislation for better health care for the entire public.

The AMA's voice can only be as strong as the members of the profession choose to make it. With your support, the AMA can be even more effective spokesman.

Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name _____

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City/State/Zip _____

American Medical Association Ad # 966-M

Quote:
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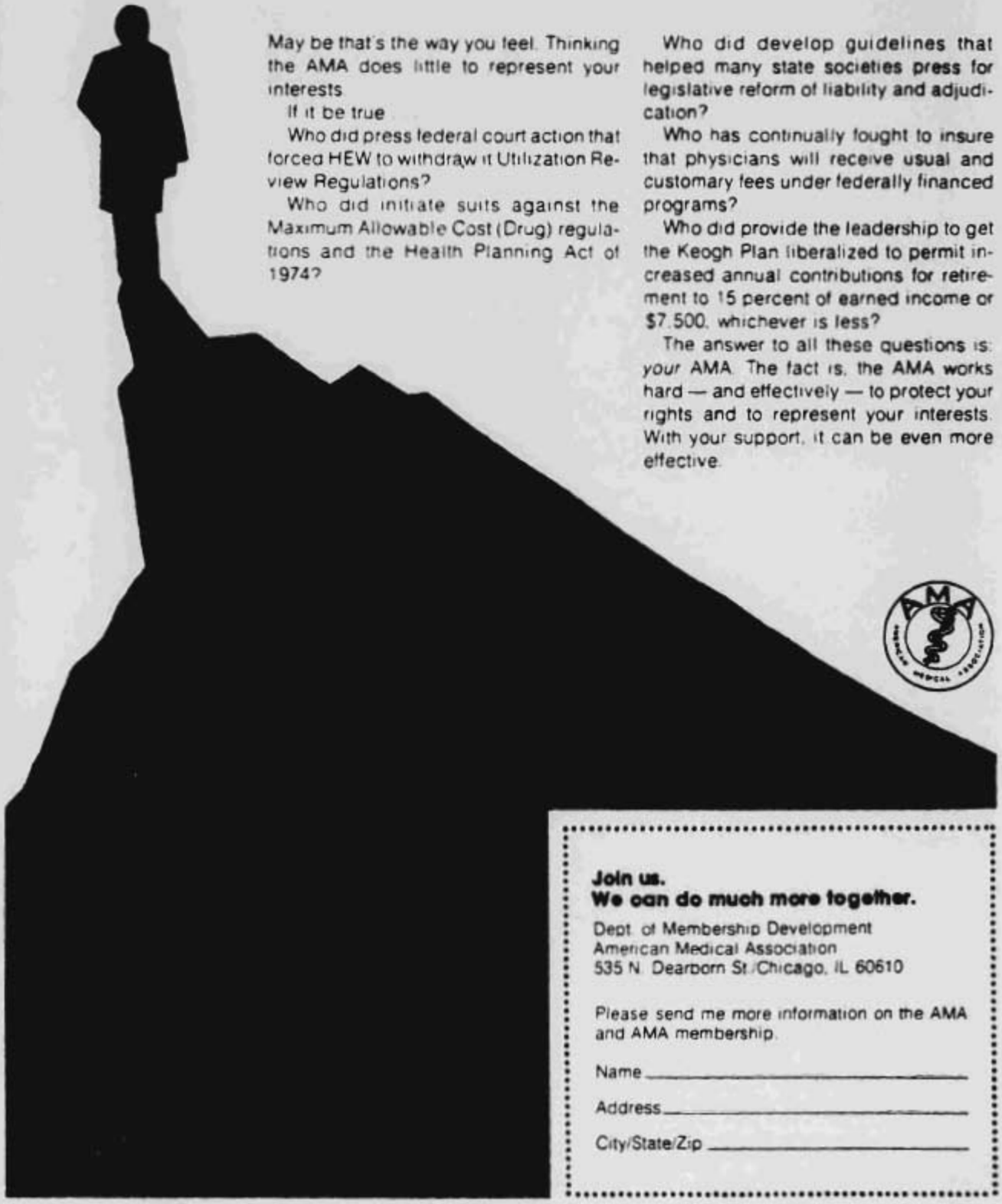
Unquote.



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If it be true.

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The answer to all these questions is: *your* AMA. The fact is, the AMA works hard — and effectively — to protect your rights and to represent your interests. With your support, it can be even more effective.

Join us.
We can do much more together.

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American Medical Association Ad # 967-M

Just what do you get for your AMA dues?

You get a package of personal and professional benefits and services that are the most extensive of any professional organization.

You get group insurance programs that provide coverage at far lower costs than individual coverage. They include: Group Life Insurance, Excess Major Medical, Disability Income Insurance, Supplemental "In Hospital" Insurance, Accidental Death and Dismemberment Plan, and Office Overhead Insurance.

You get publications to keep you abreast of medical and health developments: *JAMA*, *American Medical News*, and one of nine specialty journals.

There's the AMA Members Retirement Plan. Professional practice management information and guides. Authoritative legal information. Continuing medical education. The nation's largest physician placement service. The research resources of one of the nation's greatest medical libraries.

These are just a few of the broad range of benefits you get for your dues. Even more important, you get a strong and effective spokesman to represent you, your interests, and your views.

Join us.
We can do much more together.

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American Medical Association
535 N. Dearborn St./Chicago, IL 60610

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Name _____

Address _____

City/State/Zip _____

American Medical Association Ad # 965-M

Where do you stand on these issues?

Pro	Con	
☐	☐	Maternal and child care programs
☐	☐	Federal aid to medical students
☐	☐	Extending private health insurance to everyone
☐	☐	Nationwide program of community emergency medical services
☐	☐	Reform of the tort system of malpractice adjudication
☐	☐	Maximum Allowable Cost (Drug) Regulations
☐	☐	Health Planning Act of 1974
☐	☐	Federal control of the number and location of residences
☐	☐	Federal standards for licensure and relicensure
☐	☐	Federal national health service

If you're for the first five but against the second five, you stand where the AMA stands.

The AMA has vigorously supported virtually all recent legislation to provide more and better health care for the public. The AMA has just as staunchly opposed any plan that would infringe on your right to practice the way you choose.

On such vital issues, the AMA is the most effective and influential spokesman the profession has. With your support, it can be even more effective.

Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

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City/State/Zip _____

American Medical Association Ad # 964-M

EXHIBIT 3

Illustrations of the Ad Series, Copy of Folder Cover to House the Ads, Covering Memo.

The AMA film library provides a service to you...

The AMA Film Library contains over 200 titles on such subjects as anatomy, embryology, obstetrics, gynecology, pediatrics, radiology, orthopedic surgery, and dermatology. The films are all 16 mm and are available on loan for a small service charge to physicians, medical societies, medical schools, hospitals, and other professional medical groups. A limited number of films on general health education topics are also available to physicians who wish to supplement their programs for lay groups. Free film library catalogs are available from the:

Audio-Visual Self-Learning Department
535 N. Dearborn St.
Chicago, Illinois 60610

For additional information write to James L. Breeling, Director, at the above address or telephone: (312) 751-6566.

AMA Challenges Health Planning Law

In a 76-page brief given to a federal court in January, the AMA declared that the 1974 health planning law is a "radical departure from the American system of government" that "demonstrates contempt" for state and individual rights. Coplaintiffs with the AMA in the suit against HEW are the state of North Carolina (which initiated the suit), the North Carolina Medical Society, and the state of Nebraska.

The AMA is asking the court to permanently enjoin implementation of the 1974 Health Planning Act.

AMA Acts to Strengthen Medical Discipline

A report by the AMA Ad Hoc Committee of Medical Discipline, summarizing the current status of medical discipline in the United States and containing six recommendations for improvements, was adopted at the AMA Clinical Convention in December. Among the recommendations were: increased education in ethics at all levels in medical schools; state medical association participation in reviewing and improving licensure and disciplinary mechanisms; participation by medical leaders in developing effective programs to review the quality of physician-provided care.

AMA's Reinsurance Company Now in Operation

The AMA-owned American Medical Assurance Company (AMACO) officially went into business in late 1976. AMACO will provide reinsurance for qualifying physician-owned, medical-society-sponsored liability companies. At least 14 of these companies are in operation and are writing insurance with total premiums of about $350 million; several others are being developed.

AMACO
535 North Dearborn Street
Chicago, Illinois 60610

For additional information, write to Richard G. Layton, Vice President and General Manager, at the above address or telephone: (312) 751-6767.

AMA-ERF Student Loan Guarantee Program Continues Valuable Service

The American Medical Association Education and Research Foundation (AMA-ERF) Student Loan Guarantee Program helped over 5,500 medical students and house staff meet education expenses in 1976. During the year, $7.8 million was loaned to 5,055 medical students, 164 interns, and 328 residents. The average loan was $1,408. Both the number of loan recipients and the total amount loaned were substantially higher than in 1975. Since the program's inception in 1962, more than $77 million in loans have been arranged and guaranteed by the AMA-ERF. Physicians and their families (particularly their spouses in the AMA Auxiliary) are the major supporters of the program.

Student Loan Guarantee
Department
535 North Dearborn Street
Chicago, Illinois 60610

For additional information, write to Vincent Strazzabosco, Manager, at the above address or telephone: (312) 751-6250.

The Physicians Advocate in Government — The AMA Washington Office

There are approximately 3,000 measures introduced into each Congress that bear directly or indirectly on health. It is vital that medicine monitor all of these and speak out on those for which hearings are held, providing both the expertise of the medical profession and the know-how of the practicing physician, who sees firsthand the effect of legislation on medical practice and health care.

The AMA Washington Office, a modestly staffed, highly specialized group of experts who serve as the extended arm of the AMA in Chicago, is an important component of a complex mechanism designed to convey the individual American physician's viewpoint to the federal government.

A director and four assistant directors of the Department of Congressional Relations cover all 535 members of Congress and their staffs, and work particularly close with the staffs and members of those key committees through which the bulk of important health legislation must pass.

Three important functions of the Washington Offices are to maintain liaison with Congress and with the executive agencies and also to maintain liaison with state medical associations in relationship to activities in Washington.

A subscription to JAMA, the leading scientific journal, is a benefit of AMA membership

Each AMA member receives the Journal of the American Medical Association (JAMA) and one of nine specialty journals. These two journals provide information that will assist most physicians to keep current in their practice of medicine. They are an important source of continuing medical education.

JAMA is a source of scientific information, news of the profession, reviews on books published, dates and places of meetings and other items of interest to the profession. The Question and Answer section of The Journal provides to members the opinion of experts on difficult or unusual problems confronted in practice. The Letters to the Editor section provides a forum through which a member may express his opinion to the profession at large.

Journal of the American Medical
Association
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to William R. Barclay, M. D., Editor, at the above address or telephone: (312) 751-6333.

The Department of Undergraduate Evaluation Provides the Following Services for AMA Members, and the Public Generally:

1. The Accreditation Status of Medical Schools in the U.S. and Canada.
2. Counseling and information concerning admission to the above medical schools.
3. Limited information regarding Foreign Medical Schools.
4. Information concerning the Rock Sleyster Memorial Scholarship for Senior Medical Students interested in Psychiatry.

AMA Department of
Undergraduate Evaluation
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to Edward S. Petersen, M. D., Director, at the above address or telephone: (312) 751-6305.

The AMA Public Relations Department works for you

The AMA Public Relations Department works on a daily basis with print and broadcast media to develop articles and programs dealing with the scientific, socio-economic and political aspects of the practice of medicine. In addition to generating such news and feature coverage, the PR Department provides knowledgeable spokesmen from the medical profession to present the physician viewpoint when editors or program directors are arranging studies of or presentations concerning health care and other topics affecting medicine. Condensed articles from AMA scientific journals, health tips, and special features are forwarded regularly by PR Department staff members to newspapers and magazine editors, science reporters, and broadcast media program directors across the country.

AMA Office of Public Relations
535 North Dearborn
Chicago, Illinois 60610

For additional information write to Frank D. Campion, Director, at the above address or telephone: (312) 751-6600.

AMA-ERF Gave Medical Schools Almost $1.2 Million in 1977

Approximately $1,180,000 in unrestricted grants were distributed through state medical associations to medical schools in 1977 by the American Medical Association Education and Research Foundation. For the past 28 years, unrestricted gifts to medical schools have averaged more than $1 million per year. All this money has been donated to AMA-ERF by physicians, their families, and medical society auxiliaries, which have many varied fund-raising activities at the county, state, and national levels.

AMA Establishes a Section on Medical Schools

A Section on Medical Schools was added to the AMA structure by the House of Delegates at the Clinical Convention in December 1976. This new section gives AMA members who are medical school administrators or faculty a direct means of participation in AMA activities. The section will have a delegate in the House at the 1977 Annual Convention. Membership in the new section will include the dean of each approved medical school and three members appointed by the dean from the administration and faculty. All must be active members of the AMA. An alternative membership selection method is provided in case a school's dean is not an active member of the AMA.

AMA Has New Committee on Services to Young Physicians

The AMA now has an Ad Hoc Committee on Services to Young Physicians. Objectives of the 11-member group are to determine the needs of young practicing physicians in order to recommend the modification of existing AMA activities and creation of new services.

Now...the AMA brings CME to you!

A growing number of state medical societies, specialty societies, other medical groups and state licensure boards are requiring continuing medical education (CME) for membership or licensure.

Recognizing the importance of CME, the AMA has greatly expanded its CME programming in 1977 and will offer 15 regional meetings, plus scientific programs at the Annual Convention and Winter Meeting.

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CME is just one of the many vital services the AMA provides for its members. With your support, we can do even more.

Write: Dept. of Membership Development, AMA, 535 N. Dearborn, Chicago, IL 60610.

Join us. We can do much more together.

Just what do you get for your AMA dues?

You get a package of personal and professional benefits and services that are the most extensive of any professional organization.

You get group insurance programs that provide coverage at far lower costs than individual coverage.

You get publications to keep you abreast of medical developments: JAMA, American Medical News, and one of nine specialty journals.

There is the AMA Members Retirement Plan. Professional practice management information. Authoritative legal information. Continuing medical education. Physician placement service. The research resources of AMA medical libraries.

These are just a few of the broad range of benefits you get for your dues.

Write: Dept. of Membership Development, AMA, 535 N. Dearborn, Chicago, IL 60610 or telephone David B. Weihaupt, Director (312) 751-6444

Join us. We can do much more together.

If the AMA didn't speak for the profession, who would?

Who would speak for the profession on the 2,500 health bills introduced in every Congress? Or the regulations issued by federal agencies?

Who would state the profession's views on national health insurance? Utilization review regulations? The Health Planning Act of 1974? Health Manpower?

There is only one organization that can—and does—speak for the profession as a whole. The AMA.

The AMA's voice can be only as strong as the members of the profession choose to make it. With your support, the AMA can be an even more effective spokesman.

Write: Dept. of Membership Development, AMA, 535 N. Dearborn, Chicago, IL 60610.

Join us. We can do much more together.

Medicine's men on the hill.

Just who are they? They're the AMA's permanent representatives to the U.S. Congress from the AMA's Washington office.

In every Congress, about 10% of all proposed legislation is health related—some 2,500 bills. AMA lobbyists are the profession's eyes, ears, and voice on the Hill. Keeping in day-to-day contact with members of Congress and their staffs. Presenting and explaining the medical profession's views.

They're on the Hill to protect your interests, lobbying to retain the basic freedoms of medical practice in any government health program that might be enacted. Equally important, they lobby to insure constructive, workable health legislation for the public.

Sure, the AMA lobbies. It lobbies for the interests of our profession and for quality medical care for every American. With your support, the AMA can be even more effective.

Write: Dept. of Membership Development, AMA, 535 N. Dearborn, Chicago, IL 60610.

Join us. We can do much more together.

548 N

Toward better practice management

American physicians generally feel that their education was short on the business and financial aspects of running a medical practice. As a partial solution to this problem, the AMA will conduct some 75 practice management programs this year around the country for established physicians, young doctors entering practice, and medical office assistants.

Many of the AMA programs are cosponsored by state or county medical societies. Any medical society interested in presenting a practice management program should write to AMA's Department of Practice Management for further information. This department also offers a number of publications to help physicians fill the economic information void that may now be a serious problem in their practices.

For additional information write to Maynard L. Heacox, Director, 535 North Dearborn Street or telephone: (312) 751-6380.

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Join us.
We can do much more together.

A subscription to JAMA, the leading scientific journal, is a benefit of AMA membership

Each AMA member receives the Journal of the American Medical Association (JAMA) and one of nine specialty journals. These two journals provide information that will assist most physicians to keep current in their practice of medicine. They are an important source of continuing medical education.

JAMA is a source of scientific information, news of the profession, reviews on books published, dates and places of meetings and other items of interest to the profession. The Question and Answer section of The Journal provides to members the opinion of experts on difficult or unusual problems confronted in practice. The Letters to the Editor section provides a forum through which a member may express his opinion to the profession at large.

Journal of the American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to William R. Barclay, M. D., Editor, at the above address or telephone (312) 751-6333.

AM News a benefit of membership

Every AMA member gets a copy of American Medical News, the Physician's newspaper, every week.

American Medical News
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to Larry Boston, Editor, at the above address or telephone: (312) 751-6633.

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AMA members stay on top of events by reading American Medical News. Each member gets a copy every week.

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AMA members stay on top of what's happening in medicine by reading American Medical News. The nation's most comprehensive medical newspaper wraps up the week's events in an interesting, easy-to-read package. Every AMA member gets a copy every week. An added bonus: the Impact section, an in-depth examination of socioeconomic issues facing medicine—once each month in American Medical News.

American Medical News
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to Larry Boston, Editor, at the above address or telephone; (312) 751-6633.

New AMA Publications

Hospital Medical Staff Advocate—Newsletter mailed to hospitals and medical society executive secretaries five times a year. (Free)

Physicians' Guide to Negotiations: An Introduction—Presents bargaining skills. (AMA Order Dept. 535 North Dearborn, Chicago, Illinois 60610, $5.00)

AMA Drug Evaluations, Third Edition—Evaluations of over 50 new drugs. ($29.50 + .65 postage. Medical students and AMA or ASCPT members pay $20 plus postage if payment accompanies order. Include medical education number. Order from Publishing Sciences Group, Inc., 545 Great Rd., Littleton, Mass. 01460)

Current Procedural Terminology, Fourth Edition—over 2,000 new and revised listings. (AMA Order Dept., 535 North Dearborn Street, Chicago, Illinois 60610, $12.00)

AMA Schedules Workshops for Hospital Medical Staff

The AMA will conduct a series of six regional workshops for hospital medical staff leaders in 1977.

The two-day meetings are designed to help medical staff leaders learn the managerial skills needed to carry out their increasing responsibilities. Programs will consist of both general sessions and workshops, and will cover problem-solving skills, medical staff self-management, accreditation standards, legal aspects of medical staff rights and responsibilities, risk management, and medical liability problems.

AMA Department of Hospital & Health Facilities
535 North Dearborn Street
Chicago, Illinois 60610

For additional information, write to J. W. Krautkramer at the above address or telephone: (312) 751-6657.

AMA Rates High in New Gallup Poll

The American Medical Association—as an organization—has received high marks in two public opinion polls on the credibility of major social institutions. The AMA ranked higher than all other groups in two surveys of public confidence conducted by the Gallup Organization.

AMA Schedules New Series of Negotiations Training Programs

This year the AMA Department of Negotiations is offering several types of training programs, some cosponsored by state or county medical societies. The success of the department's programs in 1976 created a demand for their continuation. Cosponsored programs have started in Ohio and Pennsylvania; others are planned in California, Illinois, Iowa, and Wyoming. In addition to these cosponsored sessions, the department has scheduled two-day institutes; three-day seminars, which have a more comprehensive approach; and three-day advanced seminars, for graduates of earlier two-, three-, and five-day sessions.

AMA Department of Negotiations
535 North Dearborn Street
Chicago, Illinois 60610

For additional information, write to J. Paige Clousson, Director, at the above address or telephone: (312) 751-6652.

A subscription to JAMA, the leading scientific journal, is a benefit of AMA membership

Each AMA member receives The Journal of the American Medical Association (JAMA) and one of nine specialty journals. These two journals provide information that will assist most physicians to keep current in their practice of medicine. They are an important source of continuing medical education.

JAMA is a source of scientific information, news of the profession, reviews on books published, dates and places of meetings and other items of interest to the profession. The Question and Answer section of The Journal provides to members the opinion of experts on difficult or unusual problems confronted in practice. The Letters to the Editor section provides a forum through which a member may express his opinion to the profession at large.

Journal of the American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to William R. Barclay, M. D., Editor, at the above address or telephone: (312) 751-6333.

The Department of Undergraduate Evaluation Provides the Following Services for AMA Members, and the Public Generally:

1. The Accreditation Status of Medical Schools in the U.S. and Canada.
2. Counseling and information concerning admission to the above medical schools.
3. Limited information regarding Foreign Medical Schools.
4. Information concerning the Rock Sleyster Memorial Scholarship for Senior Medical Students interested in Psychiatry.

AMA Department of Undergraduate Evaluation
535 North Dearborn Street
Chicago, Illinois 60610

For additional information write to Edward S. Petersen, M. D., Director, at the above address or telephone: (312) 751-6305.

A subscription to JAMA, the leading scientific journal, is a benefit of AMA membership

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AMA Department of Undergraduate Evaluation
535 North Dearborn Street
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For additional information write to Edward S. Petersen, M. D., Director, at the above address or telephone: (312) 751-6305.

JOIN US.

We can do much more together.

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EXHIBIT 5

Copy of Folder Cover to House
Ad/Clip Art Fillers and Covering Memo.

AMA Membership Ad/Clip Art Fillers

join us

we can do more together

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

PUBLIC AFFAIRS DIVISION

WAYNE W BRADLEY
Director
(751-6460)

DEPARTMENT OF
MEMBERSHIP DEVELOPMENT

DAVID B. WEIHAUPT
Director
(751-6444)

MEMORANDUM

TO: Executive Secretaries
State and County Societies
State and County Journal Editors

FROM: David B. Weihaupt, Director
Department of Membership Development

SUBJECT: AMA Membership Ad/Clip Art Fillers

I would like to thank all of you who have supported us so far in our 1977 membership ad campaign. As you know there are eight membership ads in this series and we will continue to send you one ad repro proof each month through October of this year. This will take us into the 1978 dues billing cycle.

As was mentioned in our earlier mailings on the membership ad campaign, please find enclosed a folder containing filler material suitable for reproduction purposes. The material, all of which relates to AMA services and benefits includes; short filler items, small promotion ads and cartoons. We know that when you are in the process of doing the layouts of your bulletins you need filler material to fill out space. We hope this will provide you with appropriate material that can be utilized frequently in your publications. Again, this gives us an opportunity to communicate with physicians thus helping us to strengthen organized medicine through a better informed and united profession.

The enclosed folder will provide you with a convenient file for your filler material. We will be sending you additional cartoons, ads and updated copy periodically throughout the year to add to the enclosed material.

When the material appears in your journals we would like to receive copies of your publications or tear sheets.

Mr. Gary L. Schnedler, Assistant Director of the Department of Membership Development, will be coordinating this program which includes the ad campaign, feature stories and filler material for state and county medical journals. Please direct all correspondence concerning this program to his attention.

EXHIBIT 6

Feature Story and Covering Memo.

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

DIVISION OF
PROFESSIONAL RELATIONS

HARRY R HINTON
Director
(312) 751-6455)

DEPARTMENT OF
MEMBERSHIP DEVELOPMENT

DAVID B WEIHAUPT
Director
(312) 751-6444)

MEMORANDUM

TO: Executive Secretaries
State and County Societies
State and County Journal Editors

FROM: David B. Weihaupt, Director
Department of Membership Development

SUBJECT: Feature Story for Publication in County and State Medical Journals and Bulletins

---

We have received numerous requests from county and state journal editors for feature stories suitable for publication in county and state medical journals.

In response to these requests, please find enclosed a manuscript copy ready for typesetting and publishing.

The enclosed feature story concerns the HEW listing of physicians who received Medicare funds in excess of $100,000 in 1975. The story relates the background of how organized medicine took appropriate action in behalf of the profession to uncover the numerous errors in the list. It is a positive story and gives proper credit to organized medicine.

Realizing that your local and state journals are the most effective means we have of communicating to the profession, we would again like to ask for your help by utilizing this feature story in your association's publication.

We hope, through our membership ad campaign, the filler material you will soon be receiving and feature stories such as this, we will be able to strengthen organized medicine through a more informed profession.

We hope, in the near future, to provide manuscript material to you on a regular basis.

Please send us a copy of your publication in which the story appears.

Thank you for your invaluable assistance in this important communication program.

EXHIBIT 7

.Tables and Charts Illustrating the Status
of the AMA Membership Ad Program.

USE OF AMA ADS IN STATE & COUNTY JOURNALS
1977

6 +	3 - 5	1 - 2	0
13-New York	5-Georgia	2-Alabama	Delaware
12-California	5-Kentucky	2-Illinois	Iowa
12-Pennsylvania	5-New Jersey	2-Indiana	Louisiana
11-Maryland	4-Massachusetts	2-Minnesota	Maine
9-Florida	4-Oregon	2-Nebraska	North Dakota
9-Ohio	3-Arizona	2-North Carolina	Wisconsin
8-Missouri	3-Hawaii	2-Oklahoma	
8-Texas	3-Michigan	2-South Carolina	
	3-Puerto Rico	2-Virginia	
	3-Rhode Island	1-Alaska	
	3-West Virginia	1-Arkansas	
		1-Colorado	
		1-Connecticut	
		1-District of Columbia	
		1-Idaho	
		1-Kansas	
		1-Mississippi	
		1-Nevada	
		1-New Hampshire	
		1-South Dakota	
		1-Tennessee	
		1-Utah	
		1-Vermont	
		1-Washington	
		1-Wyoming	

State and County Inclusive

STATE & COUNTY JOURNALS UTILIZING AMA MEMBERSHIP AD PROGRAM 1977
WASHINGTON
MONTANA
NORTH DAKOTA
MINNESOTA
OREGON
IDAHO
WYOMING
SOUTH DAKOTA
WISCONSIN
MICHIGAN
NEVADA
UTAH
NEBRASKA
IOWA
COLORADO
ILLINOIS
OHIO
PENNSYLVANIA
NEW YORK
MAINE
VERMONT
NEW JERSEY
D.C.
DELAWARE
RHODE ISLAND
CONNECTICUT
NEW HAMPSHIRE
MASSACHUSETTS
MARYLAND
CALIFORNIA
KANSAS
MISSOURI
INDIANA
WEST VIRGINIA
ARIZONA
NEW MEXICO
OKLAHOMA
ARKANSAS
KENTUCKY
VIRGINIA
NORTH CAROLINA
TEXAS
TENNESSEE
SOUTH CAROLINA
ALABAMA
GEORGIA
MISSISSIPPI
FLORIDA
LOUISIANA
ALASKA
HAWAII
PUERTO RICO
* = STATE
● = COUNTY

Membership Ad Program-1977

Number of physicians residing in states and counties utilizing the Ad Program

	STATE	COUNTY
Alabama	3,951	
Mobile		464
Alaska	366	
Arizona	4,221	
Arkansas	2,253	
California	47,172	
Alameda-Contra Costra		3,495
Butte-Glenn		211
Fresno		723
San Diego		3,629
Santa Barbara		686
Sonoma		485
Colorado	4,871	
Connecticut		
Fairfield		1,742
District of Columbia	3,383	
Florida		
Broward		1,801
Dade		4,532
Duval		897
Orange		694
Volusia		313
Georgia	6,383	
Atlanta		-
Hawaii	1,567	
Idaho	874	
Ada		224
Illinois	18,995	
Indiana		
Marion		2,063
Kansas		
Sedgwick		654
Kentucky	4,320	
Fayette		859
Jefferson		1,585
Maryland	9,351	
Massachusetts	14,185	
Berkshire		279
Hampden		752
Middlesex		3,211
Worcester		1,115
Michigan	13,519	
Oakland		2,523
Saginaw		262
Wayne		4,092

	STATE	COUNTY
Minnesota		
Hennepin		2,745
Mississippi	2,248	
Missouri	7,379	
Greene		27?
Jackson		1,262
St. Louis		739
Montana	915	
Nebraska	2,135	
Nevada	778	
New Hampshire	1,374	
New Jersey		
Burlington		373
Mercer		774
Monmouth		876
Morris		687
New Mexico	1,586	
New York	46,614	
Broome		481
Erie		2,502
Kings		5,313
Monroe		2,091
Onondaga		1,207
Tompkins		135
Westchester		3,154
North Carolina	7,403	
Ohio	16,201	
Cleveland		-
Columbus/Franklin		1,851
Montgomery		933
Toledo/Lucas		1,015
Oklahoma	3,223	
Oregon		
Lane		344
Multnomah		2,023
Pennsylvania		
Allegheny		3,566
Berks		436
Delaware		1,033
Lancaster		380
Lehigh		432
Luzerne		379
Westmoreland		358
Puerto Rico	3,109	
Rhode Island	1,822	
South Carolina	3,304	
Greenville		408
Columbia		-

	STATE	COUNTY
South Dakota	631	
Tennessee	6,108	
Texas	17,309	
Dallas		2,914
Panhandle		-
Tarrant		900
Utah	1,971	
Vermont	1,031	
Virginia		
Arlington		357
Norfolk		728
Washington		
King		3,216
Pierce		521
West Virginia	2,389	
Wyoming	423	

Total Physicians - 295,288

EXHIBIT 8

OSMAgram and AMA Membership Ad #964-M.

OSMA gram

OFFICIAL NEWSLETTER OF THE OHIO STATE MEDICAL ASSOCIATION
600 SOUTH HIGH STREET COLUMBUS, OHIO 43215

May 26, 1977

Dear Doctor:

John J. Gaughan, M.D., Cleveland, Fifth District Councilor, was elected President-elect of the Ohio State Medical Association May 18 as OSMA concluded its 1977 Annual Convention in Columbus.

William M. Wells, M.D., Newark, was installed as President, succeeding George N. Bates, M.D., of Toledo. A complete report of the Annual Meeting activities, House of Delegates elections and deliberations will appear in the July issue of the Ohio State Medical Journal.

Enclosed is a quiz to test yourself on how you stand with the American Medical Association on major medical issues. If you are not a member of AMA, fill out and mail the information request form included on the quiz sheet. If you are a member, that's great! Pass the quiz along to a non-member and suggest he follow through. As AMA members say to non-members, "Join us. We can do much more together."

OSMA Task Force on Professional Liability published a special report to OSMA members in the May issue of the OSMA Journal. Don't miss it. And don't miss the special sports medicine round table in the same issue.

Doctor, how does your work week compare with Texas physicians? Texas Medical Association survey in 1976 showed "average" Lone Star State physicians works 58 hours a week, 48 weeks a year. Expenses for all Texas physicians

increased 16 percent between 1974 and 1975, and Texas family physicians in 1976, just to keep their offices operating, paid expenses averaging $1,093 a week.

Medical College of Ohio President Marion C. Anderson, M.D., Toledo, has announced he will resign October 1 to become chief of surgical services, Charleston, S. C. Veterans Hospital, and professor and vice chairman, department of surgery, Medical University of South Carolina.

Case Western Reserve University School of Medicine has been named one of 25 centers to investigate a new prostate cancer test developed at Roswell Park Memorial Institute, Buffalo, N.Y. The test consists of an analysis of a single drop of blood. It is reported to show promise in early detection of prostate cancer, in monitoring effectiveness of treatment, and in predicting patient progress.

"1977-78 Ohio Directory of Drug Programs," compiled by Ohio Bureau of Drug Abuse, is available free for OSMA members by writing OSMA Committee on Mental Health, 600 South High Street, Columbus, Ohio 43215. Directory lists 246 registered programs on a count-by-county basis, their medical services (including licensed methadone dispensing facilities) rehabilitation, counseling, education and crisis intervention.

Medicare regulations prohibiting rollback of prevailing fees below fiscal 1975 levels have been adopted by the Social Security Administration. A copy of the regulation, or assistance with problems in Medicare, Medicaid, Champus or other government medical payment programs, may be obtained by writing Department of Government Medical Care, OSMA.

Letter of regret for large number of inaccuracies in listing of physicians receiving $100,000 or more in Medicare funds in 1975 has been sent to the AMA

by HEW Secretary Joseph Califano, Jr., but Califano said the Department will continue to publish such lists, and expand it to other providers.

"The medical profession must be concerned about the impact" * * * of hospital cost controls on the quality and availability of hospital care - - - for the American people, AMA Executive Vice President James H. Sammons, M.D., has stated in regard to the Carter administration plan to limit such increases.

"Uniform Hospital Discharge Data Set" abstract proposed by HEW in 1976 and strongly opposed by medicine has been withdrawn. HEW says it intends to explore alternative options, and that any proposed actions resulting therefrom will be published in the Federal Register with the public invited to comment.

Clarence L. Huggins, M.D., of Cleveland, Chairman of the OSMA Committee on Government Medical Care Programs, has accepted an invitation to serve with a group of health care advisory consultants to advise the Congressional Black Caucus on health issues impacting minority and needy citizens, including consultation on proposed Federal legislation and regulations. The CBC's Health Subcommittee is co-chaired by Cong. Louis Stokes (21st Ohio Dist.) and Cong. Ralph Metcalfe of Illinois.

Enrollment is open for OSMA-sponsored Group Term Life Insurance Plan according to OSMA President William M. Wells, M.D. The plan, administered by Turner and Shepard, Inc., 17 South High Street, Columbus 43215, offers a maximum of $100,000 of life insurance for members under 60. Policy includes accidental death and dismemberment benefits, waiver of premium during a disability, share of earned dividends, and conversion. Each application is subject to underwriting approval by the insurance company. For policy year ended August 31, 1976, participating members received a 43 percent dividend, which was used to reduce their March 31, 1977, semi-annual premium. OSMA members wishing to apply may phone Turner and Shepard, Inc. at (614) 228-6115.

AMA Judicial Council has issued significantly modified "Opinions and Reports of the Judicial Council," a comprehensive guide on questions of medical ethics and professional conduct. Copies are available ($2) from the Order Department, American Medical Association, 535 North Dearborn.

Hospital Medical Staff Leadership Workshop will be conducted in Columbus September 30-October 1 by AMA Department of Hospitals and Health Facilities (15-16 hours Category 1 CME credit), emphasizing new techniques of medical staff problem solving, medical risk management, JCAH standards, and legal perspectives. ($150 registration fee) for member or medical society executive, $200 for non-member. Limit is 100 registrants. For information, write AMA Department of Hospitals and Health Facilities, 535 North Dearborn Street, Chicago, Ill. 60610.

John D. Porterfield, III., M.D., Director of the Joint Commission on Accreditation of Hospitals and former Ohio Public Health Director, will retire in August. He will be succeeded as JCAH director by John E. Affeldt, M.D., medical director of the Los Angeles County Department of Health Services. He is a native of Michigan and a graduate of Loma Linda University College of Medicine.

General Motors Corporation has denied widely published stories that GM pays more for health care insurance than for steel. GM says the health care benefits for employees represent about $150 of the cost of a 1977 GM auto.

C.W.E.

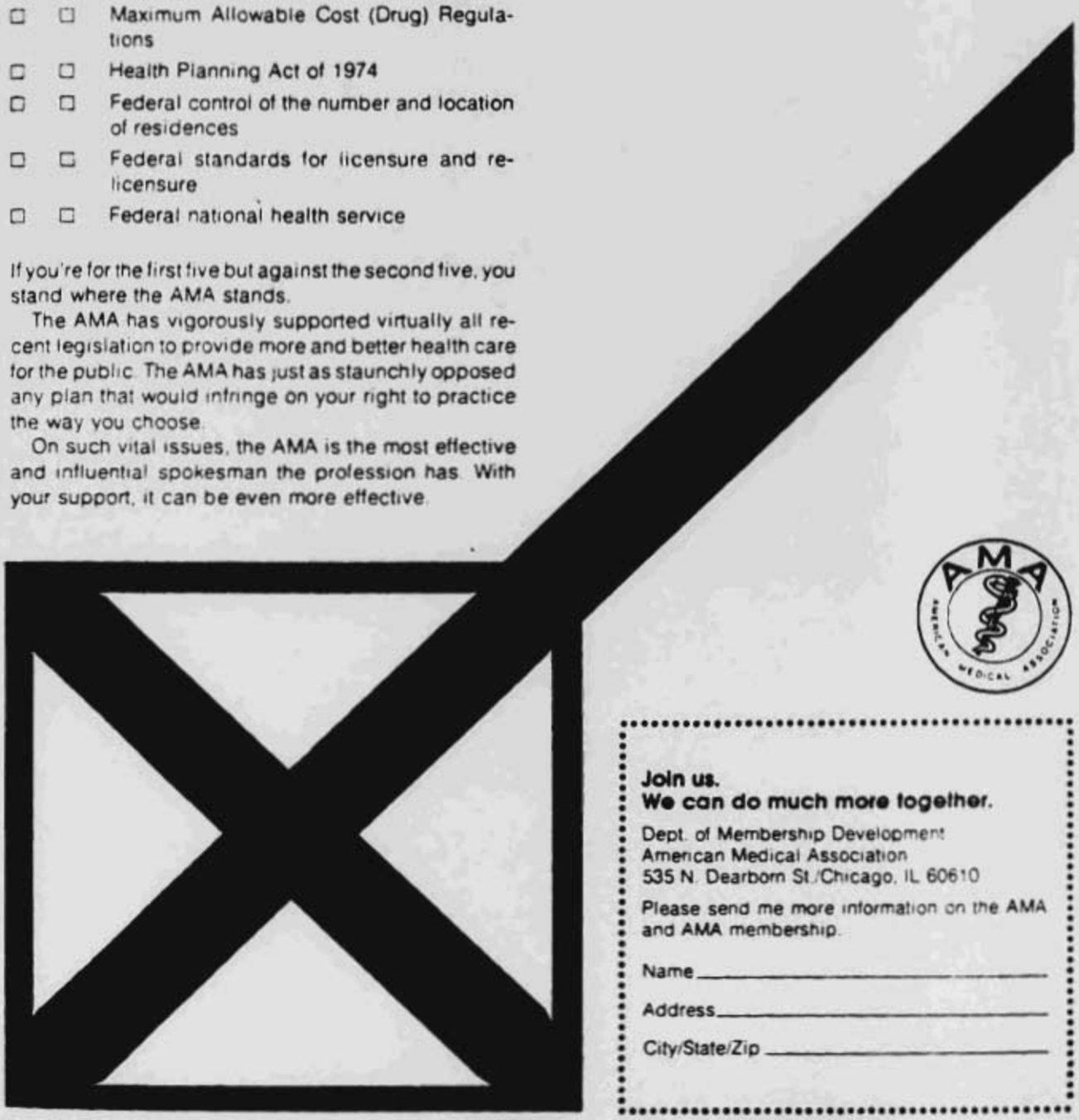
Where do you stand on these issues?

Pro	Con	
☐	☐	Maternal and child care programs
☐	☐	Federal aid to medical students
☐	☐	Extending private health insurance to everyone
☐	☐	Nationwide program of community emergency medical services
☐	☐	Reform of the tort system of malpractice adjudication
☐	☐	Maximum Allowable Cost (Drug) Regulations
☐	☐	Health Planning Act of 1974
☐	☐	Federal control of the number and location of residences
☐	☐	Federal standards for licensure and relicensure
☐	☐	Federal national health service

If you're for the first five but against the second five, you stand where the AMA stands.

The AMA has vigorously supported virtually all recent legislation to provide more and better health care for the public. The AMA has just as staunchly opposed any plan that would infringe on your right to practice the way you choose.

On such vital issues, the AMA is the most effective and influential spokesman the profession has. With your support, it can be even more effective.



Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City/State/Zip _____

American Medical Association Ad # 964-M

EXHIBIT 9

Table Showing Cost of Program
from January Through December, 1977.

COST OF AMA MEMBERSHIP ADVERTISING PROGRAM - JANUARY-DECEMBER, 1977

	INTERNAL PRODUCTION COSTS	PAPER	REIMBURSEMENT TO FEDERATION FOR TYPESETTING & PLATES	ADDRESSING ENVELOPES	EXTERNAL PRODUCTION COSTS	POSTAGE	TOTAL
ADS							
Cover Memos	$150.00	$20.00		$68.08	$ 5.20		$ 243.28
Ads	26.00	7.20	$1,315.16		591.50		1,939.86
Mini Ads	7.50	5.82			9.00		22.32
Blue Folder					60.00		60.00
State/County						$1,915.00	1,915.00
Specialty Soc.						12.25	12.25
FEATURE STORY							
Cover Memo	17.00	7.08			7.00		31.08
Feature Story	46.00	14.56		8.51	5.00		74.07
State/County						200.39	200.39
Specialty Soc.						12.25	12.25
CLIP ART/FILLER	117.00			8.51	1,741.50	600.84	2,467.85
Ads					523.00		523.00
Cartoons					222.00		222.00
Red Folder					360.00		360.00
TOTAL	$363.50	$54.66	$1,315.16	$85.10	$3,524.20	$2,740.73	$8,083.35

EXHIBIT 10

Letter from Susan J. Hicks, Editor
Portland Physician, Official Publication of
The Multnomah County Medical Society.

PORTLAND PHYSICIAN

OFFICIAL PUBLICATION OF THE MULTNOMAH COUNTY MEDICAL SOCIETY

2188 S.W. PARK PLACE • PORTLAND, OREGON 97205 • PHONE: (503)222-3326

Susan J. Hicks, Editor

28 October 1977

David B. Weihaupt, Director
Department of Membership Development
American Medical Association
535 North Dearborn
Chicago, IL 60610

Dear Dave:

Enclosed are copies of the January through October, 1977, issues of Portland Physician, all of which include space given to AMA promotions, articles or personnel, as follows:

January	1½ pp article	pp 16-17
February	1½ pp article	pp 14-15
March	1/3pp promo	pp 3
	1 pp article	pp 15
April	1 pp promo	pp 32
May	4 pp cover/article	pp 18-20, cover
June	1/3pp promo	pp 13
July	1 pp promo	pp 21
August	1 pp promo	pp 22
September	1 pp promo	pp 9
	1/6pp promo	pp 29
	1/6pp promo	pp 87
October	1/3pp promo	pp 31

This space would normally be billed for:

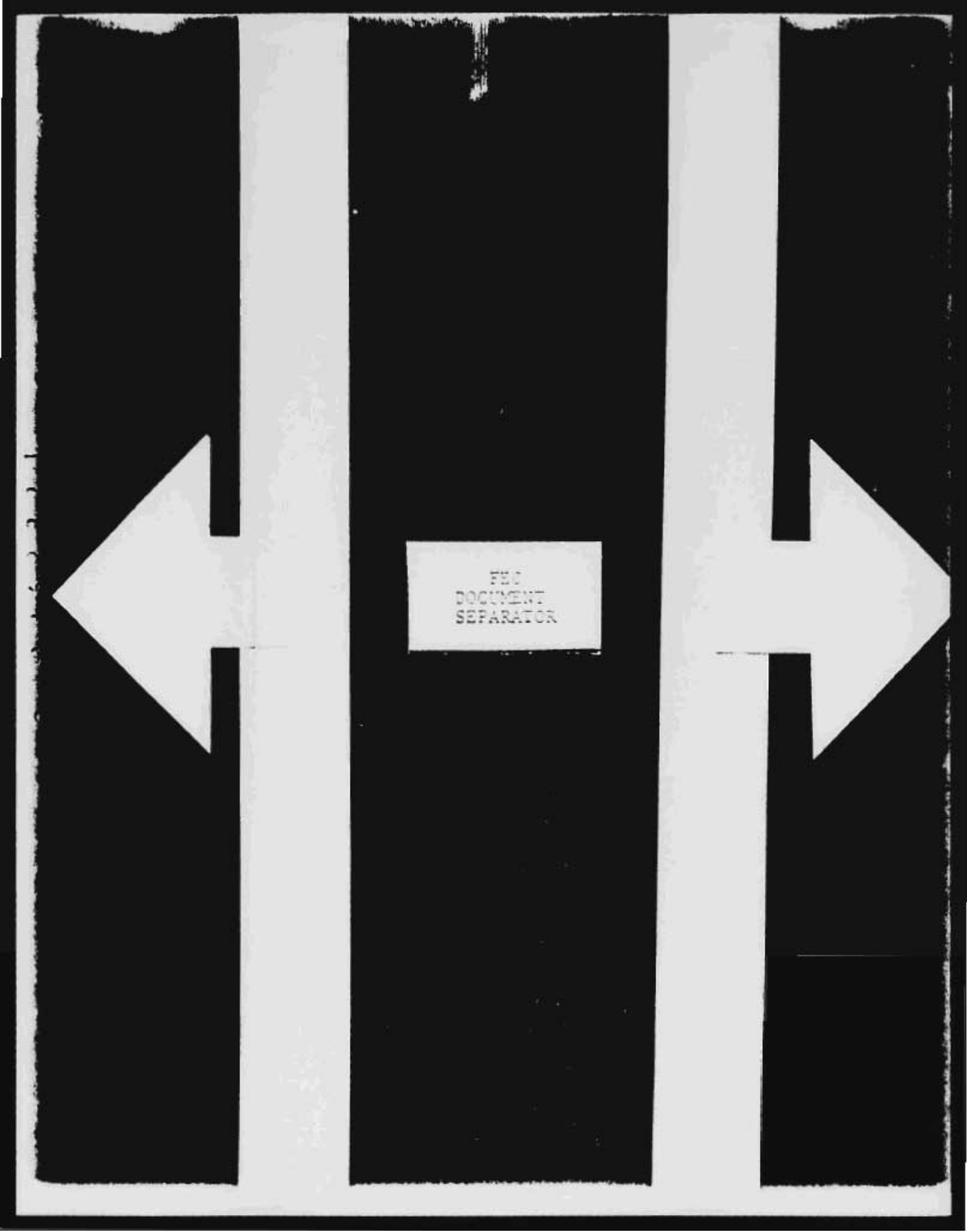
1 each	cover at $250.00/pg	$ 250.00
7 pages	copy at $150.00/pg	1050.00
5-1/3 pp	promos	1037.00
	2 ea. 1/6p - Roster ($71.00 ea)	$142.00
	1 ea. 1 pp - Roster (241.00 ea)	241.00
	3 ea. 1/3p - Monthly (74.00 ea)	222.00
	3 ea. 1 pp - Montlly(144.00 ea)	432.00
TOTAL VALUE		$2792.00

We appreciate the updated material, and thought you'd like to know we're using it!

Cordially,

Susan J. Hicks,
Editor

Encl.


FBI
DOCUMENT
SEPARATOR

September 1, 1978
Pages 1 to 88

Ex. # 8

GCC # 10185

RECEIVED
FEDERAL ELECTION
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'79 MAY 22 PM 12:21

ORIGINAL

BEFORE THE
FEDERAL ELECTION COMMISSION

IN RE:)
)
AMERICAN MEDICAL ASSOCIATION) MUR 618 (78) et al.
and AMERICAN MEDICAL POLITICAL)
ACTION COMMITTEE)

902455

DEPOSITION

of

BETTY JANE ANDERSON

RECEIVED
OFFICE OF THE
GENERAL COUNSEL
'79 MAY 22 P2:13

CLAUDE W. YOUKER, JR.
OFFICIAL COURT REPORTER
U. S. DISTRICT COURT
UNITED STATES COURT HOUSE
ROOM 1918
CHICAGO, ILLINOIS 60604
312-427-4393

BEFORE THE
FEDERAL ELECTION COMMISSION

IN RE:	)	
	)	
AMERICAN MEDICAL ASSOCIATION	)	MUR 618 (78) et al.
and AMERICAN MEDICAL POLITICAL	)	
ACTION COMMITTEE	)	

DEPOSITION of BETTY JANE ANDERSON, called by the Commission pursuant to subpoena, before Edward Gans (being a disinterested person, not of counsel for, or employed by any or either of the parties hereto, or interested in the outcome of said cause), a duly Certified Shorthand Reporter and Notary Public of the State of Illinois, at 535 North Dearborn Street, 6th floor, Chicago, Illinois, on Friday, September 1, 1978 commencing at 2:15 p.m.

PRESENT:

MR. SCOTT E. THOMAS and
MR. GARY JOHANSEN
(Federal Election Commission
1325 K Street N.W.
Washington, D.C.)

on behalf of the Commission;

SIDLEY & AUSTIN
(One First National Plaza
Chicago, Illinois 60670) by
MR. JACK BIERIG

on behalf of the deponent and the
American Medical Association;

ALSO PRESENT:

MS. ELENA KING

- - - --

BETTY JANE ANDERSON,

called as a witness by the Commission herein, having been by me, the said Edward Gans as Notary Public aforesaid first duly sworn, was examined upon oral interrogatories and she did thereupon depose and testify as follows:

DIRECT EXAMINATION

BY MR. THOMAS:

Q Would you state your name, please?

A Betty Jane Anderson.

Q Your present business or occupation, please?

A Assistant general counsel of the American Medical Association.

Q Your business address, please?

A 535 North Dearborn, Chicago 60610.

MR. THOMAS: My name is Scott Thomas. I am appearing as counsel for the Federal Election Commission. I would like to allow counsel for Ms. Anderson to enter an appearance at this time.

MR. BIERIG: I am Jack Bierig, representing Ms. Anderson and the American Medical Association.

BY MR. THOMAS:

Q Ms. Anderson, did you receive or did the American Medical Association receive a subpoena from the Federal Election Commission under cover letter dated August 4, 1978?

A We did.

Q And have you as custodian of the documents of the American Medical Association produced the documents requested pursuant to that subpoena?

MR. BIERIG: I would like to object to that. There is a little ambiguity there, Scott. That is whether Ms. Anderson is custodian of the documents of the AMA generally or whether she is custodian of the documents that she has produced for you.

I think I would like to clarify that.

MR. THOMAS: Let's clarify that.

BY MR. THOMAS:

Q Are you generally the custodian of the documents of the American Medical Association?

A No, I am not.

Q Is there any one individual who is custodian of the documents?

A No, there is not.

Q Are you, then, appearing as custodian of the particular documents which are being produced pursuant to the subpoena I just mentioned?

A Yes.

Q Preliminarily, would you explain the actions you took to comply with the document production pursuant to this subpoena?

A I made copies of the subpoena and delivered indi-

vidual copies to the Finance Department, the Membership Development Department, the Public Affairs Division office, and then made personal contacts with the Archives Library and the Department of Legislation, which has custody of the agendas and minutes of the Council on Legislative Activities.

Q And then did those divisions or departments provide the documents to you, and did you, in turn, provide those to the Commission?

A With a few exceptions. Some I produced myself from the proceedings of the House of Delegates.

Q I would like to ask you questions now regarding certain of the documents you have produced. First of all, you produced a binder which was entitled, "A Reference Guide on Membership Procedures for State and County Medical Membership Staffs."

Could you first explain to me when the Reference Guide on Membership Procedures was prepared and used?

MR. BIERIG: Could I just see what documents we are referring to? Have you marked any of these documents as exhibits for the deposition?

MR.THOMAS: No, I have not marked them and I would hope that we could avoid having to mark each and every one of them because of the quantity involved.

I would hope that I could give a general description and that the witness would understand and that we could proceed in that manner.

MR. BIERIG: Fine. But I would like for you to identify and to show the witness each document so that we know exactly what we are talking about.

BY MR. THOMAS:

Q What I am showing you are copies we received, which were from the contents of that binder to which I was referring.

My question was can you explain when that binder was prepared and for what it was used?

A It was prepared within the last two months, and it was prepared for use in having regional meetings with various groups of state and medical associations to explain some of the billing procedures and the criteria for recognition of a state for carrying on the primary function of mailing and collecting both their own dues and dues for the American Medical Association.

Q And has that document been used?

A It has been used for one such conference that involved representatives from eight state medical associations.

Q When was that conference held?

A I would not know the exact dates. I would say

approximately three weeks to four weeks ago.

Q Do you recall which eight states were involved in that conference?

A They were middle western states, so it would be the tier of states that has Texas, Oklahoma and Kansas.

Q Now, included in the documents which were copied and provided to the Commission was a statement of revenue, expenses and Association equity of the American Medical Association for the years ended November 30, 1977 and 1976.

MR. BIERIG: What page does that appear on?

THE WITNESS: The manual is not numbered sequentially.

MR. THOMAS: There is no specific page number. It was within the binder.

BY MR. THOMAS:

Q I would call your attention to the item under "Operating Expenses," which is entitled, "Grants, primarily to related organizations."

A Yes.

Q Could you explain what is meant by that term and what grants might be involved?

A There would be grants to associations such as the American Association of Medical Assistants, to help them with some of their problems. They have a relatively small

membership and an ambitious educational program for their members, and they have in the past, and as recently as the calendar year, our fiscal year 1977, been the recipient of such grants.

Part of those grants would have been to the American Association of Medical Society Executives for the establishment of a continuing education program for medical society executives.

There would also be grants probably to the Women's Auxiliary of the American Medical Association, which is a separate organization.

There might be grants, as there have been in many years, to the Boy Scouts of America and such associations who come to the American Medical Association when they have a special project and want a broader base of support than they have been able to acquire otherwise.

Q Within this category are there any monetary amounts which were disbursed to any state medical society?

A No. There would not be any grants to state medical societies.

Q Also within that binder was a report, apparently, or outline, entitled, "Standard Operating Procedures for Submission of AMA Dues," and on the third page of that outline, under the category, "Benefits Obtained from Standard Operating Procedures," under the sub-category of "State

"Societies," is the notation, "Correct statistical counts by county and state code on all reports requested."

I would ask you to examine that.

MR. BIERIG: Perhaps you could give the entire portion of the document that appears there.

MR. THOMAS: That is page 3. This is the remainder.

THE WITNESS: What was it you specifically wanted to know?

BY MR. THOMAS:

Q Mr. question was can you explain, first of all, what the reports requested might refer to. What kind of reports might be requested by state societies?

A By state societies? It would be any of the information that would be in our computerized data base, which has the professional and biographical characteristics of physicians, and these, of course, would be statistical reports for either non-members or members so that they might, for example, request a printout of all the family practitioners who were board certified between the ages of 35 and 40, and you can establish the computer program and give them that kind of accurate statistical count, or they could ask for other types of characteristics, and you have the capability, once you have computerized this data, of giving it to them in the format they want, by the characteristics in which they are interested.

You know, you can, for example, if you wanted to have a reception for all of the alumni of Podunk Medical School, you can computerize, you know, set the computer so that it will spill out every physician in the state who graduated from that particular medical school.

Q Does the AMA maintain a record system which computes regularly those members of state societies who are members of the AMA on a state by state basis?

A No, we do not. Well, perhaps you should read the question back to me. Perhaps I answered it incorrectly. You are saying the number of members of a state medical society who are also members of the AMA?

Q Yes.

A Yes. The information that would be in our computers would give you the AMA membership and whether or not that membership came in through a state medical society.

Q And what form would that information take?

A I would have to have a computer printout so that you could see it.

Q Are you speaking, then, of a computer printout itself, as opposed to a regular report which is prepared?

A That is correct.

Q No such regular report is prepared, to your knowledge?

A Just the bare numbers.

Q Just the bare numbers?

A On December 31st of each year we would have a tally of the total number of AMA members from individual states for the purposes of determining the number of delegates to which they were entitled for the following year. That would be totals. That would not be a printout by member name or any other characteristic, just numbers.

Q Does the AMA maintain those yearly totals in record form?

A They for several years now have been published automatically in the Directory of AMA Staff and Officials, which includes the number of delegates for each of the state medical societies, and at the heading of that state delegation that number is in parentheses.

That, however, is not broken down by various categories of dues-paying members.

Q Is there any such compilation or report made on a regular basis with a breakdown of AMA members according to types of membership?

A No.

Q I will now show you page 5 of that outline which you just looked at, and at the top of that page under the category, "Dues Posted," and under the more general category of "Reports from AMA," is the phrase, "a listing of all dues posted for members received from the state society.

"This list will consist of all members dues paid and exempt."

I will ask you to examine that.

A Now, you have to remember that what you really are reading a description of is the AMCAP system, and this is the system where a state medical society either gives you a magnetic tape, a punchcard system, or something, so that as they acquire the information on the dues that they receive, they submit it so that it can be automatically fed into the computers without clerical assistance. So this then would be a computer printout of what they have added to the computer system.

Q So that what this refers to is only reports which would come from AMA dealing with those states which are on the AMCAP system?

A Correct.

Q Does the AMA send out any reports to any of the other states containing similar information?

A No.

Q Are these reports which are sent out under the AMCAP system done on a regular basis?

A To the best of my knowledge.

Q Do those reports have a breakdown according to members who have paid dues as opposed to members who have not paid dues, and when I say "members", I mean members of the AMA?

A They would have a breakdown on members reported who are exempt from dues and dues paying members.

Q Ms. Anderson, I am now going to show you a series of documents which you provided to the Commission, the first of which, the top page, is on American Medical Association stationery. It is a memorandum, "To: Executive secretaries, state medical associations," regarding continuation of program for 1 per cent payments to state medical societies for collection and remittance of AMA dues. It is dated April of 1976.

Also attached to that page are several expurgated versions of the AMA Newsletter and what appears, the last two pages, to be a teletype or wiregram message.

I would ask you to examine those and, if you can, first of all, explain what is meant by the 1 per cent payment to state medical societies for the remittance of AMA dues. What is that program?

MR. BIERIG: You might want to clarify something. It is a letter dated April 1976 from James H. Sammons, M.D.

MR. THOMAS: Correct. The letter is from James H. Sammons.

BY THE WITNESS:

A This was a duos remittance incentive program that was initiated in 1975 and followed again in 1976. The purpose of the program is to try to get the state medical societies

who do in fact collect AMA membership dues to remit them to the American Medical Association as early as possible following their first billing, and prior to 1974 the states tended to collect the dues, invest them, and use the income rather than to transmit them at the time of collection to the American Medical Association.

So the Board of Trustees determined to try this incentive payment method in order to get the states to let go of the dues as rapidly as possible after they were collected.

The delinquency date is April 30th, which is why the incentive payment drops off after that date.

Were you interested in the two TWXes?

Q No. I was more specifically interested in just when the program was in existence and its general nature.

I will, however, call your attention to this page and what appears to be the second page attached to the AMA Newsletter, dealing with the penalty program, the last sentence of which refers to the unified dues statement.

Can you explain what that exemption is or if there is an exemption for unified dues states, or was, with respect to this program, and can you explain what that reference is to?

A The states who had unified membership felt that they were not being given credit for maintaining their unified

membership program and therefore should have some additional reward, I suppose you would say, for maintaining those kinds of programs. Therefore, they felt they should have a little plum available to them that was not given to other state medical societies, so that the percentage would not drop to one-half per cent after April 1st for unified membership states, but would drop to one-half per cent after April 1st for those states who did not have unified membership.

Q I am not sure that you correctly state the dates. You may have. Could you clarify, though?

Presently, for those states with unified membership --

A In 1976.

Q In 1976? After April 1st, the percentage would drop?

A It would drop for states that did not have unified membership and would stay the same for those that did have the unified membership.

Q Can you explain for the record what the unified membership is?

A Unified membership is a requirement imposed by a state medical association that a physician must be a member of the county medical society, the state medical society and the American Medical Association in order to retain his state medical society membership.

Q Presently how many states are practicing the unified dues structure?

A You have the list, and I don't have it in front of me.

Illinois, Wisconsin, Hawaii, Arizona, Oklahoma, and New Jersey at their spring 1978 annual meeting voted to endorse the concept of unified membership and referred to their board of trustees for further implementation.

So whether or not it will necessitate a by-laws amendment in order to effect it or not, I do not know, but at the moment, at least, New Jersey is not one of those states that has unified membership in effect.

Q You have clarified what the incentive program was. Is that distinguishable from the ordinary 1 per cent reimbursement program which AMPAC has used in the past?

A Which AMA has used in the past, you mean?

Q I am sorry. Which AMA has used in the past.

A The 1 per cent program is used to help defray the costs of billing and postage, and it has been paid for at least 18 years and perhaps longer. Whether it was always the same percentage I don't know, but the states who do in fact do the billing themselves, do the collecting, and then remit the collections to the American Medical Association, have always received reimbursement for part of the costs in

that billing and collection process.

Q And that would include both unified dues states and states which do not have unified dues structures?

A It would include any state which did the actual billing and collecting.

MR. BIERIG: I would like the record to reflect that this term "unified dues structure" is a term you are using, Scott, and is one that does not appear anywhere else that I know of.

I think it generally has appeared as unified membership.

THE WITNESS: Yes.

MR. THOMAS: You are correct. That is a term that I was using. "Unified membership" is what I meant, if that is the term of art.

BY MR. THOMAS:

Q To clarify with respect to the incentive program, is that program still in effect?

A Not to my knowledge.

Q And to clarify also, do you know how long the 1 per cent reimbursement program has been in effect?

A I do not know how long it has been 1 per cent. I know that the reimbursement program has been in effect for more than 18 years.

Q The reimbursement program apparently requires that

the AMA reimburse states for 1 per cent of the AMA dues collected from members from a particular state, is that correct?

A That is --

MR. BIERIG: I am going to object to the form of that question. I think you can ask that in a slightly different way, because when you say "reimburse for", again there is an ambiguity as to whether you mean reimburse a certain amount or reimburse as a direct reason for.

I don't know if you catch the distinction, but I think there is an ambiguity.

MR. THOMAS: I think the way you have restated the problem is what I am trying to get at.

BY MR. THOMAS:

Q Is the reimbursement program intended to reimburse the states for the expenses they incur in billing, or is it intended as an incentive to get them to send in their monies promptly?

A The incentive program which we discussed earlier was designed to get them to send their collections in earlier. The reimbursement program, as you have characterized it, has been a long-standing program, which is to help states defray the costs of billing and collecting for AMA dues when they bill and collect for their own dues.

Q Does the reimbursement program not have a declining

percentage reimbursement based upon the amount of time which a society takes to send AMA dues money to AMA?

A That was the incentive program in 1975 and 1976 to which those articles referred.

Q That was my misunderstanding, then. I assumed that the reimbursement program had a declining percentage reimbursement.

A The cost figures for billing and collecting would remain the same. Therefore, the basis for helping you to defray those costs would remain the same.

Q So it does not change?

A No, it does not.

Q Over time?

A No.

Q Does the reimbursement program only allow the AMA to reimburse state associations, as opposed to local associations?

A Until 1977 the reimbursement went only to state and medical societies. In 1977, when there were ongoing studies of the problems relating to billing and collecting, when the necessity to try to have as much input as possible in the actual membership development programs on the part of the American Medical Association, I think you will find in some of your documents figures to the effect that there are 650 county and state medical societies that do in fact directly

do the billing and collecting of dues -- part of those, you see, would be county medical societies doing it for state medical associations and the American Medical Association.

They had an experimental program to try to give direct reimbursement to some of those county societies that were in fact exercising the primary obligation for the billing and collection, and I think that that was discontinued because it was found to be impractical.

Q To your knowledge do the state societies all reimburse the various county societies which do the dues collection and billing?

A I have no knowledge of the practice.

Q With respect to the reimbursement program, are state associations required to enter into a written agreement with the AMA establishing the requirements and obligations of that program?

A If you review the manual and the procedures that are going to be implemented as of January 1, 1979 -- it has not gone into effect as yet -- a state would have to execute a simple declaration of intent.

Q In the past that has not been the practice?

A That is correct.

Q Perhaps we can clarify my slight confusion a little bit earlier about the reimbursement program.

Effective in 1979 will there be a declining

percentage reimbursement with respect to the various states which has not been in effect in the past?

A I would have no personal knowledge.

Q With respect to the incentive program which you referred to, does the AMA presently maintain any of the records of payments to the various state or county societies which participated in that program?

A The actual vouchers would be on file in the Department of Finance for the payments that were actually made to the states.

Q Would there be any other records that you know of?

A What kind of records?

Q Records which would indicate what new members of various states had sent in pursuant to this program, perhaps a listing of those members' names and perhaps return correspondence from the AMA to the various state associations or county societies, enclosing payment, and copies of the checks making payment.

A It's my recollection that when you were furnished records from the Finance Department, that for some of the years in question, but not the incentive years, there were in fact lists of names of new physicians and copies of their checks for 1975 and 1976, and you have the documents which,

of course, are the best evidence. I do not believe that there were names of individual physicians listed in the financial records that were maintained.

Q With respect to the other kinds of documents, the actual check which was sent and any cover letters which might have been sent, do you know if those documents do exist or have existed?

A The general retention policy on membership information on individual physicians is maintained no place in the building for more than three years, and the only documentation that would be in existence would be correspondence with individual physicians questioning their membership. There would not be correspondence from state medical societies giving the names of those physicians who had paid dues and the date upon which it was paid.

Q And similarly, I presume, no correspondence from the AMA to the state associations?

A The correspondence from the American Medical Association to the state associations would not give the names of individual physicians from the state whose dues had been received.

Q What would such correspondence be?

A The correspondence between the American Medical Association and state medical associations.

Q From the American Medical Association to the state?

A To the state?

Q Yes.

A Correspondence in that regard is usually, as a general matter, an explanation of whatever billing procedures are in effect the date of the first dues mailing. Other than that, AMA correspondence to a state would be in response to a direct question from a state, a specific question concerning membership.

Q So, then, with respect to the incentive program, records, such as cancelled checks or cover letters, to your knowledge, do not exist?

A That is correct.

Q I apologize for having to backtrack a little bit, but with respect to the reimbursement program, you indicated that you have no knowledge as to whether the AMA has authorized the initiation of a reimbursement program whereby the percentage reimbursement declines over time.

I would like to show you a copy of a document entitled, "Criteria for AMA Dues Billing and REmittance," which was provided in the "Reference Guide

"on Membership Procedures," which was the first set of documents I showed you, and in Criteria No. 8 it is stated that there is a formula basis, and I would ask you to examine that document, and, if you can, to explain what that refers to.

A This, the criteria for AMA dues billing and remittance, was approved by the AMA house of delegates at the 1977 Interim Meeting.

The criteria and the procedures included in this entire document become effective January 1, 1979, and the percentages that have been worked up combines basically the former incentive program to get earlier remittance of dues collected, plus part of the reimbursement system.

I might add that the criteria are based upon recommendations made by a special committee of state medical society executive directors, who made recommendations as to what they considered to be equitable to the state medical associations.

Q The group you just referred to, can you explain when that group was created and of whom it is comprised and what its purposes are?

A The American Association of Medical Society Executives?

Q Yes.

A I have no personal knowledge of the date of its formation. It is comprised of staff, full-time salaried staff people, of both county, state and national medical specialty societies, who are involved in the administration of parts of what is called basically "organized medicine."

Q. How are the members of that group selected?

A Well, AAMSE, as with most voluntary membership associations, have bylaws which establish the criteria for membership, and they are an independent, separate organization, of which I am not a member, so I do not believe I would be qualified to give you information as to their criteria for membership.

Q Do you know if AMA pays for any of their costs?

A Their direct costs? We have given them grants, as I said earlier, to establish a continuing medical education program.

Also, at the request of AAMSE we established -- we provided funds to help establish the first graduate educational program in medical society administration, which is in the graduate school at Northwestern University.

Q Do you know if any state medical societies pay for any of the costs of AAMSE?

A Its costs are borne by the dues of its members.

It is a voluntary membership association.

Q And its members are comprised only of executives or officials of the various state medical societies, is that correct?

A State medical societies, county medical societies, national medical specialty societies, and organizations related to medicine.

Q Ms. Anderson, you provided the Commission a large body of ledger sheets which cover the time period from 1972 through 1978.

As I understand it, they represent the various reimbursements made to state medical societies pursuant to the reimbursement program which we were discussing earlier.

I would like to show you the copy which you have provided to us, which represents the first quarter of 1978, which is entitled, "Dues Commission" and I would ask you to examine that.

(There was a brief interruption, after which the taking of the deposition was resumed as follows:)

BY MR. THOMAS:

Q First of all, can you tell me who prepares these documents?

A One of the accountants in the Finance Department. In this particular case I could not identify the accountant, because it is identified only with the letter "J".

Q If I could, I direct your attention to the first page and to the left, where there is listed the state of California. To the right, under a category entitled, "Don't pay", is a figure, $27,161.95.

Can you explain what that notation represents?

A No, I cannot.

Q Is California reimbursed for its billing of members to the AMA?

A I cannot answer that.

Q Do you know if it has ever been reimbursed by the AMA for having billed members?

A I am quite certain that before the institution of the computerized billing system, California would have in fact done its own billing and collection and been reimbursed.

Q You said before the computer system. Can you explain what you mean, why there might have been a difference before as opposed to after that system?

A Once the billing and collection system became

computerized, it was many times less costly and more convenient for a state medical association to purchase the computerized system rather than to carry out the billing and collecting itself.

Q By the computerized billing system, are you referring to AMCAP?

A Well, AMCAP has a history. The first computerized and billing and collection system was established by Fisher, Stevens, which is one of the franchised list houses, and was then modified and further developed and expanded by the American Medical Association and became AMCAP.

Q To your knowledge, does California presently employ AMCAP?

A I have no knowledge of that.

Q I direct your attention to the second page of that document, after the states South Carolina and Vermont, and also under the category, "Don't pay." There are listed there numbers. Do you know what those notations represent?

A South Carolina asked that the AMA do all of the direct billing and collection for membership dues in the State of South Carolina. Therefore, South Carolina does not have any costs involved in the collection of the dues figures listed and would not be entitled to the reimbursement.

I do not have personal knowledge of Vermont.

The other category is direct, and those are AMA direct members, so that no state medical associations are involved.

Q Do you know who in the Finance Department, which individual would have knowledge of what the specific notations mean?

A Bob Herbst.

Q What is his official position? If you know.

A I would have to look up his title.

Q With respect to the documents to which I referred earlier and which apparently represent the dues reimbursement during the period 1972 through 1978, we have examined the documents you have provided for us, and it appears that those documents which would represent the fourth quarter of 1974 and the third quarter of 1976 -- I am sorry. The third and fourth quarters of 1977. Those documents were not produced.

A They were not produced because they do not exist.

Q Do you know why they do not exist?

A Because no payment is made to the states after the second quarter, after the delinquincy date on dues.

Q What is that date?

A The delinquency date on dues is April 30th.

Our first quarter, you see, is December, January, February. Our second quarter is March, April and May.

Q So that after a certain cut-off date no reimbursement is allowed even if a state does send in membership quantities, is that correct?

A That is correct.

Q So it goes from a 1 per cent rate to 0 after that date, is that correct?

A Correct. In those years it is the American Medical Association that has done the direct solicitation for members who were reported as dues-paying members in the previous year and have not been reported as dues-paying members at the time of the delinquency date. So we have done the actual solicitation, collection and billing.

Q In those particular years to which I have referred?

A That's correct.

Q And for which we did not receive documents?

A That is correct.

Q In other years, I take it --

A No solicitation was done on the delinquent ones.

Q In the documents you produced here we did receive quarterly reports for some of the years which represented the third and fourth quarters.

A That is correct.

Q Can you explain why those years --

A I thought I just had. Because in those years any additional dues collection following the delinquency date would have come in through the state society. As of 1976 we started the direct solicitation and billing and collection.

Q You have provided to us documents which generally represent actions taken by either the AMA Board of Trustees or the AMA House of Delegates. These are in the form of memoranda on American Medical Association stationery.

For example, the first such memorandum is dated July 19, 1978. It is to the Delegates and Alternate Delegates, among others, and the subject is "Action taken by the AMA House of Delegates."

There also are other documents which are, for example, reports of the Board of Trustees, or proceedings of the House of Delegates. Expurgated versions dealing with particular action taken, that is.

First of all, can you explain to me when a guideline is adopted by the House of Delegates, and I am referring to a guideline such as the guidelines which establish criteria regarding dues billing, which will apply in 1979 to various state associations -- can you tell me what

is the effect of those guidelines which the House of Delegates adopted?

A Adoption of a report submitted to the House of Delegates by the House of Delegates means that whatever is in that report calling for action backs official policy of the American Medical Association, and the action that is recommended then becomes the obligation of our Board of Trustees to implement.

Q Let me direct your attention to what is entitled "Proceedings of the House of Delegates, 30th Clinical Convention, December 5-8, 1976."

Under category Y, "AMA direct billing for membership in 1978," there is a sub-category, Section 1, "Billing, Collecting and Reporting."

I would ask you to examine that.

Is there any background, research material, in the AMA files which sets forth the information which is contained in that category, "Billing, Collection and Reporting"?

A You would have to be more specific for me to be able to answer the question.

Q Do you know if there was a research project conducted to obtain that particular information which is set forth in that section?

A What do you mean by research?

Q Any type of staff input, labor, and final written work product which would have been produced --

A Ordinarily, when a report of this nature is produced for the Board of Trustees to submit to the House of Delegates, the staff members in the various responsible areas of the American Medical ASsociation rely upon whatever information they have maintained in their files or are maintained in their computerized systems of the American Medical Association.

In addition, when you see a report that includes information on how many medical societies at the county and state level have staff, how many of them do billing, et cetera, it means that a questionnaire has been sent out to the county and state medical societies to elicit this information.

I would point out to you that in this particular report, "Board of Trustees report Y" the House action was filed, and when a report is filed it means that the information is available to anyone who wants to look at it, but no action is required, and the contents does not become policy of the American Medical Association.

Q You mentioned that questionnaires would be issued --

A Sent out.

Q -- would be sent out to come up with the information that is in that particular report I referred to.

A The parts of the information that relate to state and county medical societies.

Q Correct. Do you know if that material involved in that particular survey exists in the AMA records?

A No, I do not.

Q Can you mention any other examples of surveys which are sent out to state or county societies by the AMA?

A Recently, for example, a request went out to state medical associations, county medical societies and national medical specialty societies, asking if they would provide information as to the total dollar amount of the dues they were charging.

The reason this kind of information was collected was because of the number of requests from other societies for information about the actual dues value of other associations.

Q To your knowledge, do those records presently exist at the AMA?

A On the county and state and national medical society dues for the year 1977?

Q Yes.

A Yes.

Q To your knowledge has any other survey or questionnaire, other than that referring to the information in this report to the House of Delegates, which involves dues collection and membership solicitation been sent to the various state and county societies?

A No.

Q I will direct your attention to what is page 68 in the collection of documents I have just referred to, and particularly to paragraph 2, which states that:

> "Since 1972, the AMA has identified its potential members by groups. For example, those physicians who are state society members but not AMA members, and those physicians who are not members of any organized medicine but are eligible."

A And your question is?

Q The question is does the AMA presently have any of those records to which that is referring?

A This is a very simple record. You start out with a computerized base of every physician in the United States, and on an annual basis you are able to report whether or not he pays membership dues to the American Medical Association, and you can collect the information

as to whether or not he pays state medical society dues, and you also have the information as to whether or not he was ever a member of the AMA, so you program the computer to give you a printout of the list of physicians' names who were not members.

The computer does not store membership data for more than three years, so any of the records of 1972 would not be retrievable because the memory of the computer has been erased.

Q But for the last three years, I take it, that information is in the computer?

A That information would be in the computer.

Q Are there present written computer sheets which have contained that information and which do contain that information in the AMA files?

A In the AMA files?

Q Yes.

A Not to my knowledge. Someone would have to request the work to be done, and if they were to request it to be done, the last few printouts, the last mailing, was on those physicians who paid dues last year who have not paid this year.

This is a delinquent mailing list, and that would have been the last one requested by the Membership

Services Department. But they don't actually request the computer printout on that, you see, because one of the advantages of this kind of computerized data base is that they can request the mailing labels so that what they would receive from the computer systems area in the building would be a stack of pre-addressed envelopes that would have the name and address of those physicians addressed through the computer resources as being delinquent in their dues payment.

Q So, to your knowledge, then, no actual computer printout hard copy exists which contains the information which you referred to.

A That is correct.

(There was a brief interruption after which the taking of the deposition was resumed as follows:)

BY MR. THOMAS:

Q Pursuant to the subpoena, did you at any time request the computer division to provide a hard copy of the current AMA members on a state by state breakdown?

A No, I did not.

Q In the response to the Commission's interrogatory for which the AMA provided a written response as well as document production, there was provided a list of AMA members

on a state by state breakdown.

Do you recall how that document was compiled?

A You are not discussing the interrogatories or the subpoena for August of 1978?

Q That's right.

A You are now discussing an earlier one. Mr. Bierig furnished the documents in response to that. I did not.

Q You have no knowledge of how that document was prepared?

A I think you have mischaracterized it. I think what you were given was a breakdown of total number of members by state medical societies, and those were total AMA members. Were you given additional figures?

Q It is my understanding they were AMA members.

A That is correct. Those are automatically -- the year-end computer run gives you those totals.

Q What is the year-end computer run? Is that a regularly printed document which presently exists?

A It is not a regularly printed document. The last magnetic tape run on December 31st is the one that is considered to have the most accurate total statistics on the number of physicians in the state and the number of AMA members in a state. So when any individual within the

building needs to have a certain number of totals available to him for purposes of giving figures to the press or to other people, that is the figure that is utilized for that purpose.

It usually is in the form of handwritten figures. Sometimes they are typed, but ordinarily it is handwritten figures. They have a very limited circulation within the building.

Q Do those year-end reports, either in the form of handwritten notations or otherwise, but in written form, presently exist in the AMA files for the year 1972 through 1978, do you know?

A They would not exist in any official AMA files. There would be some individuals in the building who might have retained them for their personal use.

Q Do you know any individual who might have such a record?

A No. I personally do not.

Q What individual at the AMA would have authority to produce from the computer system such a record, written record?

A Jean Roback.

Q And his or her title is --

A Her title. I would have to get a Directory to

give you the precise title. She is in the Survey Data Center.

Q In the course of document production you provided a November 1, 1976 AMA News article entitled "Oklahoma MDs Back Unified Dues Policy."

I would direct your attention to the copy which the Commission has. In the lower right-hand corner it refers to Kentucky. I would like you to examine that, and, if you could, explain whether Kentucky has or has ever had the unified dues structure, the unified membership structure?

A I have no personal knowledge.

Q Again, in the course of document production you have provided the Commission membership mailings for the various years 1975 through 1978.

I would like to show you the membership mailing binder for 1978, and the first letter which is there is on American Medical Association stationery. It is dated December of 1977, addressed to "Dear Colleague," and it is signed by John Budd.

Can you identify what that particular mailing was now or what that letter represents?

A The mailing is labeled as a special mailing to Missouri from the president, an elected officer, of the American Medical Association.

I would have to speculate as to why a

special mailing went to Missouri.

Q To your knowledge did this mailing go to physicians in Missouri?

A I am not responsible for membership solicitation mailings.

Q So, to your knowledge, you don't know whether it went out --

o That is correct.

Q Do you know if the AMA has ever sent what would be termed "special mailings" to any other physicians in any other states?

A I cannot answer questions of that nature from my personal knowledge. I could tell you what that notebook is and why it is put together in that form.

Q That would be helpful. Can you explain that?

A The notebook is put together with representative copies of all the mass mailings, and it then is used not only as a source of information to the individuals who worked on the staff of the Membership Development Services department, but it is also provided as a documentation of their efforts to a committee of the AMA Board of Trustees that is responsible for approving various kinds of mailings and promotional materials for the purpose of attempting to increase the number of members of the American Medical

Association.

Q What individual is in charge of, I believe you call it, the Membership Services Division?

A It is a department.

The acting Director of the Department is Ken Brugan. His supervisor is Wayne Bradley, who is director of the Public Affairs Division. I think, but I am not certain, that they have recently employed a new director of the department, whose name I do not know.

Q You indicated previously that the AMA does direct billing in South Carolina, is that correct?

A At the request of the state medical association.

Q When the AMA does do direct billing, who, if anyone, bills for the AMPAC contributions from South Carolina physicians?

A I do not know, because the AMA does not bill for AMPAC contributions.

Q In no instance, then, not only with respect to South Carolina, but in any instance in which AMA does direct billing for membership, are you saying that in no instance does AMA bill for AMPAC contributions?

A If the AMA is billing directly for membership dues, it would not have any occasion or would not be involved in any way in attempting to solicit a voluntary contribution to AMPAC.

If the AMA were, at the request of the state medical society, to be doing the billing for AMA membership, state medical society membership, on that billing form would be included any other billing that the state medical society has requested.

For example, in the State of Pennsylvania, they have a billing each year on their regular billing form that asks physicians to voluntarily contribute $5.00 for a Committee on Quackery. If they were to ask us to include that when we were doing the billing forms for them, that would be included. But in terms of AMA billing.

Q Are you aware of any instances in which the AMA does do the billing, not only for AMA, but the state society and local society and AMPAC?

A I have never seen any of the billing forms that are used for the AMPAC program.

Q But to your knowledge, does the AMA do any such billing?

A Not to my knowledge.

Q In the course of document production you also have produced a letter sheet entitled "AMPAC, Breakdown of Charges by Quarters."

For various years, 1978 back to 1972, are listed several categories, such as employee benefits, job

charges, and so on.

I would like you to examine that document, please, and first of all, if you can, identify and explain the second and third categories at the top.

A Job charges and EDP charge?

Q That's right.

A Job charges are charges made by the American Medical Association when AMPAC uses our reproduction facilities. We have multilithing equipment and various kinds of reproducing equipment --

MR. BIERIG: You mean photocopying?

THE WITNESS: It is not photocopying. I cannot remember the name of the machine. But you take a piece of typewritten copy and you make a metal plate, and it will reproduce up to only 20,000 sheets, that are as per whatever your original typewritten copy was.

One of them is a Dick machine, I think. They all have various names.

Anyway, these are the charges involved for those kinds of work.

The EDP charges are the data processing charges for the computer services provided to AMPAC.

BY MR. THOMAS:

Q What computer services would those be?

A One of the computer services that the American Medical Association sells to AMPAC is that they have attempted to computerize the solicitations that they receive by name or by contributor so that they can acknowledge each of those contributions.

Q Now, the last category on the right at the top is entitled, "Miscellaneous." In some cases there are notations. In those categories, or in the category of "Miscellaneous" is each instance of a miscellaneous charge listed there to the right with the notation? In other words, do those notations to the right of those miscellaneous charges represent the full amount of miscellaneous charges involved for those various years, or are those only representative examples?

A Since I did not compile the accounting sheet, I cannot answer that.

Q Who did compile the accounting sheet?

A Someone in Accounting.

Q You don't know the individual's name?

A No, I do not.

Q Do you know when this was prepared?

A It was prepared August 29, 1978.

Q Did you request that it be prepared?

A I requested the information. This was the form

in which they chose to furnish it.

Q From whom did you request the information?

A Bob Herbst.

Q To your knowledge, are there any backup records which would verify those figures which appear on this accounting sheet?

A In what categories? All categories?

Q In any of these categories.

A There would be whatever documentation would be on the billing statement to AMPAC.

Q What is the billing statement to AMPAC?

A Well, a billing statement is a piece of paper. It is ordinarily less than 8 1/2 by 11 inches long, and it has a place to itemize the services for which you are requesting payment, and it suggests to you that you remit your payment to the American Medical Association.

Q And, to your knowledge, those billing statements presently exist in the AMA files?

A In the ordinary course of our business they would exist.

Q Did you request Mr. Herbst to provide to you, to provide to the Commission, the back-up records which would relate to these particular amounts set forth on this accounting sheet?

A I provided Mr. Herbst with a copy of your subpoena, which requested all documents and materials which relate and refer or pertain to payment for the operating costs of AMPAC, including but not limited to payment for salaries, office space, supplies and fund raising costs.

The first item on this accounting sheet is entitled, "Employee Benefits Insurance". There will be neither billing statements nor back-up materials, because they will be the employer contributions, which are based upon a percentage of their salary for the employees' pension plan. They will be set premiums and the percentage that the employer bears on those premiums for the insurance programs.

On the job charges I would anticipate are informal type records which come up, you know, in the form of small statements from the reproductive area on the first floor.

On the EDP charges, these will be based upon time, and Accounting will have some sort of indication.

On the rents, you were given a copy of the lease, which establishes the amount of the rent, and that would be the only document involved.

On the postage, this is a reading from the postage meter in the mail room on the first floor.

On the telephone, this would be an unusual charge which would come from another billing and be identified by virtue of the number. In other words, the AMA would ordinarily not be paying a telephone charge for AMPAC, since it has its own separate telephone lines. So this would have been some -- well, for example, this could include collect charges from someone at AMPAC to an AMA number, for example.

As to this (indicating), in the cafeteria these come down in the form of little green sheets from the cafeteria, with the AMA budget number. In this case it would be AMPAC's budget number.

Extra help, these are reports from the agencies which the extra help is obtained. They are a relatively small form, which are submitted to personnel and then go into Accounting.

On the "Miscellaneous", I do not know what kind of documentation they would have.

Q To your knowledge, does this accounting sheet represent all of the expenses of AMPAC which the AMA has paid for since 1972?

A These are all of the expenses of AMPAC which the AMA has billed AMPAC for. These are all of the AMA charges that are billed to AMPAC for those years.

Q To your knowledge, are there other expenses which AMPAC has incurred which the AMA might reimburse AMPAC for, or has reimbursed AMPAC for, not represented on this accounting sheet?

A This accounting sheet does not represent expenses to AMPAC reimbursed by AMA. This accounting sheet represents expenses incurred by the AMA which are reimbursable by AMPAC to the American Medical Association.

Q Then I am asking what expenses AMPAC might have incurred which AMA then reimbursed AMPAC for, which apparently would not be represented on this accounting sheet.

Are you aware of any such kinds of expenses?

MR. BIERIG: I think we have a confusion here. You keep referring to other kinds of expenses, implying that there would be expenses of the nature of those that appear on this sheet. But then, when you refer to those kinds of expenses, you are referring to expenses where AMA is paying for AMPAC, when in fact all the sheet purports to show is what has been billed by AMA to AMPAC.

That is what AMPAC is paying to the AMA.

You see the problem? You are confusing apples and oranges.

MR. THOMAS: This represents AMPAC billing --

MR. BIERIG: No.

THE WITNESS: No.

MR. THOMAS: The other way around?

THE WITNESS: This represents what AMPAC owes the American Medical Association.

MR. BIERIG: Right. And then you referred to other expenses that you think AMA owes AMPAC, but it doesn't make any sense in connection with this sheet.

MR. THOMAS: Okay. I would be asking you about any other expenses which AMA does owe AMPAC during this time period.

THE WITNESS: The AMA never owes AMPAC any expenses.

BY MR. THOMAS:

Q Are there any instances -- strike that. That covers my question.

You have also provided in the course of document production several vouchers for the years 1972 through 1978.

I would direct your attention to the copies relating to the period 1972, which you have provided us, and accompanying them is a letter from William Watson to Mr. Robert Herbst, dated October 23, 1972. In the second paragraph there is the statement:

"You will not be billed for $765.39 in

"salaries and $1,062.03 in expenses, at which time some of the field men were involved in political work."

I would ask that you examine that and, if you can, explain what that reference is to.

A In the years 1972, 1973 and 1974, when the American Medical Association had field staff, these field staff used to go off of the AMA payroll in the three months prior to the national elections in November and go on to the AMPAC payroll. This was so they could be used in the areas where hard dollar expenditures are involved, which would be impermissible for American Medical Association employees.

Their expense vouchers were also paid during that period of time by AMPAC, not the American Medical Association.

Q Then AMPAC would pay for their full salary, and then on some occasions bill the AMA For the portion of the salaries paid by AMPAC which represented non-political work?

A Political educational activity.

Q Do you know how that apportionment was made by AMPAC?

A It was made on the basis of the actual records that the individual employees maintained.

MR. BIERIG: I think it is important to clarify that the field men who are referred to there no longer exist,

Scott. It was kind of phased out about 1975, as you know.

BY MR. THOMAS:

Q You indicated that the employees themselves would retain records. Do you know if the AMA retains those records presently?

A No, we do not.

Q Who did, if anyone?

A I assume that if anybody had them, it might be AMPAC.

Q Can you generally describe what political education activity is?

A Political education activity is -- well, it is activity which is designed to educate people to their political responsibilities, get out the vote campaigns, to interest people in having a more active role in the political activities in their community.

It did not include actual solicitation of contributions for individual candidates; nor does it entail expenditures on behalf of the campaigns of individual candidates.

MR. BIERIG: I also am going to belatedly object to that question, as I think having no relevance to the scope of this subpoena. I think it calls for a definition of a term of art that is defined in the Federal Election Campaign Act. I think the Act speaks for itself.

The question has been answered now. I would have allowed Ms. Anderson's answer had I objected beforehand, but I am going to object for the record.

BY MR. THOMAS:

Q With respect to the payment of billing of AMPAC for expenses, operating expenses, incurred by AMPAC, to which we referred earlier, to your knowledge does AMA ever bill any other medical political action committee for any expenses incurred on behalf of such PAC?

A No, we do not.

Q Has that ever happened, to your knowledge?

A No,it has not.

Q Also in the various vouchers provided are those for the years 1974, and included is an item under the description category of "Reimbursement for AMPAC expenditures at 1974 AMA/AMPAC Workshop."

The amount if $11,625.31. The date of the voucher is May 31, 1974.

I ask that you examine that, and, if you can, explain the circumstances underlying that particular voucher.

A Well, the reimbursement for the AMPAC expenditures for the AMA/AMPAC Workshop -- this was a joint workshop that was held in Washington, D.C., and a voucher such as this

would indicate that AMPAC had paid out money, either for honoraria, travel or other types of expenditures which were related to the AMA's portion of the program. In other words, the non-political education, political action type part of the program.

Q And AMA then paid for those expenses which were billed by AMPAC?

A That is correct.

Q With respect to this particular seminar, do you know if AMPAC paid for any of the portion, any of the costs of that seminar?

A That would be within the knowledge of AMPAC.

Q You yourself do not know?

A That is correct.

Q Does the AMA regularly conduct or in any way sponsor AMA/AMPAC workshops?

MR. BIERIG: I am going to object to that question, again as to the form, Scott. When you say does the AMA regularly sponsor AMA/AMPAC workshops, to ask the question is almost to answer it, since AMA and AMPAC are organizations that --

MR. THOMAS: As a general question, it is a leading question. Perhaps it can be stated a better way. But I am trying, first of all, to find out Ms. Anderson's

knowledge of any other AMA/AMPAC workshops which have taken place.

BY MR. THOMAS:

Q Are you aware of any other such AMA/AMPAC workshop that has taken place?

A Other than the one in1974?

Q That's correct.

A There was one in 1972. The last one was in 1976. There was none in 1975. In 1977 there was none.

The actions taken by the Board of Trustees was to discontinue them, and in 1976 the resolution was submitted to the House of Delegates demanding that they be reinstituted, which is why we had one in 1976. There have been no AMA/AMPAC workshops since.

Q With respect to those other AMA/AMPAC workshops, did AMPAC bill AMA for any portion of the costs of those workshops, to your knowledge?

A I would have no knowledge.

Q Do you know if documents exist which would indicate whether AMPAC billed AMA for any portion of those expenses?

A You were furnished all of the documents pertaining to AMA contributions to AMPAC for the years 1972 through 1978.

If there had been similar instances, I am sure the vouchers would have been in the same format as

the ones you just showed me.

Q With respect to the AMA/AMPAC workshops of which you are aware, do you know if any documents exist which would be communications between AMA or any of its officials and AMPAC or any of its officials setting up the programs for the workshops involved?

A I gave you all of the documents I could find within the custody of employees of the American Medical Association related to that question.

Q Which employees did you inquire of to obtain the documents you did provide?

A I inquired of a former member of the Federation Affairs Department, who had been part ot the AMA side of a planning for that program.

The other employees who are involved in the planning are no longer in our employ.

Q Who was that one individual you did contact?

A Carla Neuschel.

Q What was her title when she was an employee, do you know?

A Staff member of the Department of Federation Affairs.

Q With respect to those workshops, the AMA/AMPAC political workshops -- I'm not sure if I asked this exact

question, but I want to make it clear on the record.

Do you know if AMPAC paid for any of the expenses of any of those workshops or seminars?

A I have no personal knowledge.

Q Did you know if the AMA paid for all of the expenses of those workshops?

A I have no personal knowledge. Those workshops did have a registration fee, which would mean that part of the costs would have been borne by the receipts from the registration fee, which is a partial answer to your question as to whether or not the AMA bore the entire cost.

Q And the registration fee would be paid, to your knowledge, by the individual attending?

A That is correct.

Q Are you familiar with an event called an AMA National Leadership Conference?

A Yes, I am.

Q What are those conferences, if you know?

A They are conferences sponsored by the American Medical Association to attract what are known as the leaders in medicine. The leaders in medicine are elected officials of state and county medical societies, national medical specialty societies, similar organizations, who will be the spokesman to the public on issues of interest to medicine.

The first National Leadership Conference must have been held in 1975 -- was that it? Maybe 1976. I don't know. But it has been held annually since that time. The last one got snowed out.

Q Does the AMA pay for the costs of those conferences?

A The AMA would pay for the costs of the meeting room, certain of the functions. There is a registration fee for the National Leadership Conferences, and the individuals who attend, with the exception of those who are participants on the program, bear their own travel and other expenditures.

Meeting room costs, if you have a large enough meeting, are a rather minimal expense, because if you can guarantee filling so many hotel rooms, then the meeting room expense is a relatively small item of cost.

Q To your knowledge did AMPAC ever pay for any of the portion of any of these leadership conferences?

A To the best of my knowledge, AMPAC would bear the expense of those individuals to whom they provided an honoraria or reimbursed for traveling in conjunction with their expense on a portion of the AMPAC side of the program.

Q What would the AMPAC side of the program encompass?

A You were furnished with copies of the program, and I believe there is usually one seminar during the course

of the two and a half day National Leadership Conference that pertains to political educational activities in political action.

Q Did the AMA Ever pay for any portion of the cost of any individuals attending from various state medical associations?

A At the first of the National Leadership Conferences we paid for the travel expenses and the total expenses for two individuals designated by a state medical association to attend.

Q To your knowledge, is that the only instance in which the AMA paid for any of the costs of the individuals attending from the state associations?

A Other than participants on the program. For example, we had three physicians from England on one year before last -- wasn't it? And the American Medical Association paid their expenses.

With our zero-based budgeting system, the staff people who attend the National Leadership Conference have to send down a voucher so that the cost of their registration fee and any of their hotel expenses will be taken out of their budget rather than the budget for the Leadership Conference.

Q Going back a little bit to a discussion of the

AMA/AMPAC workshop, you have produced in the course of document production a document on American Medical Association stationery, dated January 18, 1973, a memorandum to state medical association presidents. In the second paragraph it states:

> "Again this year the AMA will pay one half of the expenses of the five official representatives who are selected from your state to attend the workshop."

I ask you to examine that and, if you can, explain whether in fact that practice was incorporated and how the remaining portion would be paid for?

A The remaining portion of what?

Q Of those expenses.

A They would be borne by the state medical association.

Q To your knowledge, though, was that procedure adopted? Did the AMA pay for --

A In 1972.

Q In 1972? I think you mean 1973.

A 1973? Well, apparently inearlier years also. That was before the financial crunch, you see.

Q This indicates the AMA will pay one half of the expenses of the five official representatives who are selected

from your state. Would those representatives include both state association representatives and state PAC representatives?

A I have no idea.

Q Also in the documents you provided us was a memorandum which is dated January 18, 1973. It is to "State PAC chairmen." It is from Hoyt Gardner, M.D, chairman, AMPAC Board of Directors.

A No, I cannot identify this document, because it doesn't indicate whether or not it had a letterhead, whether or not it was an initial draft which subsequently would have been put on a letterhead and, if so, if it would have been put on the AMPAC letterhead.

Q You don't know if this type of memorandum was sent?

A No, I do not. That document was sent from a staff member's working documents in preparation for that conference and was maintained after that staff member was no longer here so that they would not have to reinvent the type of invitational letter that had been sent to earlier conferences.

Q With respect to either the AMA/AMPAC workshops or the National Leadership Conferences, does the AMA presently maintain records of persons who attended?

A No.

Q ARe those records destroyed, to your knowledge?

A I don't know that those records ever existed. In all probability there would have been the registration cards for those who registered or those guests who were given badges. But registration cards are not maintained for any period of time following completion of a meeting.

Q How long have you been an employee of the American Medical Association?

A 14 years and one month.

Q Were you present or did you participate in any of the meetings involving the formation or organization of AMPAC?

A No. I began employment at the American Medical Association August 1, 1964, and AMPAC's organization meeting was held in August of 1961.

Q In the documents you have provided to us there is a document which is the minutes of the October 22, 1960 Board of Trustees meeting, and in the text of those minutes it is stated that there was a poll prepared which was sent to the various state medical associations.

To your knowledge do the AMA Files contain a copy of that poll or any of the responses received to that poll?

A No, they do not.

Is that an accurate reference to the minutes, because you stated your question as if the poll had been?

Q I think I may have misstated which dates the minutes referred to. The minutes of the Council on Legislative Activities, dated January 14, 1961, contain references to a poll and responses from various state associations. That is what I was referring to.

A I know that the records do not exist.

Q The documents you have provided us include vouchers which indicate that the AMA regularly pays AMPAC an amount either entitled "Contribution" or "Grant".

Can you explain what that refers to?

A Those are contributions from the American Medical ASsociation to support the political education activities of AMPAC.

Q Do you know how long AMA has provided such contributions to AMPAC?

A The AMA has made contributions to AMPAC since 1961.

Q Has the AMA, to your knowledge, ever made any contributions to AMPAC other than for political education purposes?

A No, it has not.

Q Has the AMA ever provided funds to any state

medical political action committee for political education purposes?

A No, it has not.

Q To your knowledge, has any AMA officer or employee ever participated in a state-sponsored political education workshop?

A I have no knowledge.

Q Has the AMA ever paid any state medical association or state medical PAC for any of the costs involved in any state political action seminar, state-sponsored?

A I have no knowledge.

Q Who would have knowledge of that?

A I would have no idea.

Q Is there an individual in the AMA structure who is responsible for political education activity?

A No, there is not. That is not an AMA function.

Q In the past were the field service men responsible for political education functions?

A Only when they were on the AMPAC payroll.

Q With respect to the grant or contributions that the AMA pays to AMPAC, how are the amounts paid determined?

A There are several ways in which they may be determined. Number 1,AMPAC does prepare annual budgets. They prepare basically two budgets. One is a soft dollar

budget and one is a hard dollar budget. The soft dollar budget is then submitted to the Finance Committee of the AMA and Board of Trustees for approval, and, depending upon what kind of projects in the political educational area AMPAC has in mind, it may or may not be approved.

They have in the past conducted research which has at times been costly and at times the Board has approved it and at times the Board of Trustees has not approved contributions to cover the entire cost of that kind of research activity in the political educational area.

But their basic soft dollar budgets are salaries and other expenses that are related purely to the political educational activities.

Q Forgive me for the delay.

(There was a brief interruption, after which the taking of the deposition was resumed as follows:)

BY MR. THOMAS:

Q Do you know how many state societies presently require that a physician join the state and county societies in order to qualify for membership in either?

A In either what?

Q In either the state or county society.

A How many state medical societies require physicians in order to be members of the state medical society to belong to the county medical society?

Q Yes.

A I would assume all of them, simply because the state medical societies charter the county medical societies, so that the relationship between the county and the state association is different than the relationship between the state association and the American Medical Association.

Q Does the American Medical Association charter any state associations?

A No.

Q Does it charter any type of medical specialty organization?

A No, we do not.

Q Do you know if the Montana Medical Society has ever had a unified membership system?

A No, I do not.

Q In the course of document production, in a binder entitled "1976-1977 State File Membership Development," you provided a letter dated November 10, 1976, from David Weihaupt to Hamilton S. Putnam, executive director of the New Hampshire Medical Society.

I would ask that you examine that letter

and the accompanying -- well, the letter immediately behind it.

A Yes.

Q Do you know if New Hampshire presently has or has ever had the AMA reimbursed for any expenses in a manner other than through the ordinary reimbursement formula?

A We have not reimbursed any states other than through their ordinary reimbursement formula.

Q Do you know of any states that have requested such reimbursement, other than through the formula?

A For dues billing and collection, or for other reasons?

Q For dues billing and collection.

A No, I do not.

Q For any other reason, are you familiar?

A Yes. In Pennsylvania, when we had a flood not so long ago, the Pennsylvania State Medical Society asked the AMA to provide so many funds to be equally matched by the Pennsylvania Medical Society in order to provide interest-free loans to those physicians whose offices had been inundated and their equipment wiped out.

We have had similar requests from the Maine Medical Association, to set up a short-term contingency fund

in order to enable physicians to be able to procure malpractice insurance, with the understanding that it would again be repaid back eventually. It is really a guarantee fund.

There have been similar instances in the past, where special needs have created special requests.

Q And has the AMA on those two occasions that you mentioned provided funds to the state societies?

A Twice we did to Pennsylvania, yes. They had severe floods in Pennsylvania.

Q Also in the documents you have provided us in that same binder I just referred to there is a letter dated August 17, 1976 to Mr. Don Blair, from David Weihaupt. That is the executive director, apparently, of the Oklahoma State Medical Association.

A Former executive director.

Q He is the former director? Is that correct? In the second paragraph -- I am sorry.

In the third paragraph he states:

"Although we have in the statistical breakdown several states who have achieved over 90 per cent dues paying AMA membership in that state society, the majority of the medical societies in the nation have a poor AMA membership figure."

I ask you to examine that. It refers to

a statistical breakdown.

Are you aware of any such written statistical breakdown which presently exists in the AMA files?

A No, I am not.

Q Again, in the documents you have provided there is a letter to Mr. Dave Weihaupt from James R. Hickock, executive director of the Harris County Medical Society. The letter is dated April 27, 1976.

I would ask that you examine that document and explain, if you can, what were the circumstances underlying that matter.

A I have no knowledge.

Q Do you know if the Harris County Medical Society was ever reimbursed for postage, envelopes, addressing and printing forms?

A No, I do not.

Q In the group of documents entitled "1978 State File Membership Development," you produced a memorandum consisting of four pages to Wayne Bradley from Lynn E. Jensen. It is dated January 17, 1978. The subject is "Membership Data."

Can you identify that document, please?

A Would you like me to identify the individuals whose names are on the document?

Q No. Identify the document by what type it is,

and, if you recall, what the circumstances were which generated that document.

A I neither prepared the memorandum nor received it, and I would not, from my personal knowledge, answer your questions.

Q Does the AMA regularly request membership data on state societies which would provide a county by county breakdown of the AMA regular voting members from a particular state society?

A The computer would compile that, because the information as to whether or not an individual physician is a dues paying member of the AMA is in the computer. So the computer can match up by your address the county of which you are a resident and whether you are a member, and print it out.

Q So the AMA does not regularly request such information from state societies?

A No, we do not.

Q Going back to the 1976 and 1977 state files membership development, a group of documents, I will show you now a letter dated January 24, 1977 from David B. Weihaupt to Mr. Hamilton F. Putnam, executive director, New Hampshire Medical Society.

I would ask that you examine that document,

and, if you know, explain the circumstances surrounding it.

A What would you like to know?

Q Do you know if the AMA did in fact reimburse the New Hampshire Medical Society for postage costs involved in their billing?

A No, I do not.

Q Do you recall any of the circumstances surrounding this letter?

A I recall the circumstances surrounding the report of the Board of Trustees to the House of Delegates on the direct billing issue, the fact that the House of Delegates did not adopt the report, but instead made recommendations that basically referred the issue as to whether or not the American Medical Association should in fact do direct billing, advise the Advisory Committee, and then ask for input from the various state medical societies to find out whether or not they would have objections to the AMA doing the billing, or whether they would prefer to continue to control that themselves.

Q Have you produced for the commission in the course of this discovery all documents which would constitute responses of any state association to that --

A The responses of the state associations are no longer in the files. I produced the documents that were available, which was the action taken by the House of Delegates

and the subsequent report to the House, and the operational manual that has since been developed as a way of implementing the action taken at the 1977 Interim Meeting.

Q Those responses which are no longer in the file, do you know why those are no longer in the file?

A No, I do not, except I would say to you that ordinarily when you go out to the states and ask for a response and then a report is prepared and the action of the House becomes final so that the response is immaterial, that would not be retained as a part of the permanent records. You know, it is material that you acquire for a specific purpose, and once the purpose has been accomplished, then there is no necessity for the underlying documents.

Q Who on the AMA staff would know if the AMA ever reimbursed the New Hampshire Medical Society for any postage for billing costs?

A Probably Mr. David Weihaupt. It would probably come from his budget.

Q What is his present position?

A I do not know, because he is no longer in the Membership Development Department. But he is still an employee of the American Medical Association.

Q I have referred to two batches of documents, one being 1976 and 1977 state files membership development,

the other being 1978 state files membership development.

Those were the only documents produced under those categories in those types of groups of documents.

Do you know whether documents pre-dating 1976 exist which would be analogous to those produced for 1976 to 1978?

A They do not exist. State membership development file, correspondence files, are maintained for three years only. The computer also stores membership information for three years only.

Q Does the American Medical Association regularly request that various state medical associations or local or county societies submit proposed dues billing forms to the AMA for review?

A No.

Q Has that ever been done, to your knowledge?

A Not to my knowledge.

Q Can you generally describe all the various types of correspondence which are produced for this membership development material? In other words, give the general description of the type of documents which you have produced, and, if others were not produced, any kinds of documents which would have been involved in this function which were not produced

MR. BIERIG: Do you understand that question?

BY THE WITNESS:

A Are you asking me for the content, the general content, of the files of the Department of Membership Development?

BY MR. THOMAS:

Q Yes.

A In the Membership Development Department they have basically two organized files. One is correspondence from individual physician members relating to either their membership or their benefits of membership, and one is a correspondence file with state and medical associations on dues collection and billing procedures or anything relating to dues collection and billing.

Those are the only correspondence files they have.

The other printed materials they maintain are the membership solicitation materials that have been prepared for and that you have been furnished with copies of. They also have a computer terminal.

Q Other than on occasions when a state society conducts an annual billing on behalf of AMA, other than those occasions, does the AMA ever pay for the costs of any AMA solicitations through -- strike that. That is not the question I wanted to ask.

To your knowledge, do any of the state

societies ever conduct billing on behalf of the AMA when the AMA does not pay for any of the costs involved in the billing?

A On the billings, to the best of my knowledge, we would always defray part of the cost.

Q Does any state society or has any state society, to your knowledge, ever sent out a billing, a solicitation letter, to join the AMA, which would not include necessarily a billing statement, and for which the AMA would not pay that society any portion of the cost?

A The AMA would ordinarily not pay for solicitation materials, because the state medical society, when it sends out solicitations, is soliciting not only AMA members, but it is first soliciting its own members.

Q Can you give us an example of an occasion where that has happened?

MR. BIERIG: Where what has happened?

MR. THOMAS: Where a state society has sent a billing for which the AMA has not reimbursed -- I am sorry. A solicitation letter.

BY THE WITNESS:

A I do not have personal knowledge. The only examples I have seen are examples of solicitations or promotional advertisements in state or county medical society bulletins and

journals.

Q In those instances you are referring to, AMA on some occasions that you are aware of has not paid for any of the costs of those advertisements?

A To the best of my knowledge, the AMA has never paid for the cost of them.

Q Since you have been an employee of the AMA, to your knowledge has the AMA ever had any communications with state society officials or any other individuals interested in forming a state society, wherein the AMA participated in the formation of that society?

A No.

Q There has been no communication between the AMA --

A You say within the period of my employment. That is 14 years.

Q Yes.

A Do you know of any state joining the union? When I came to work at the American Medical Association, as there were 50 state medical societies, four territorial associations, and a medical society in the District of Columbia.

Today there are 50 state medical societies, one society in the District of Columbia, and four territorial associations.

Q Do you know from your experience as an employee

of the AMA whether prior to your employment the AMA ever communicated with or participated in the formation or establishment of any state medical association?

A Probably in 1847.

Q But you are aware of no specific instance?

A No. As a matter of fact, if you review the history, you will find that at the time of the formation of the American Medical Association in 1946 there were something like 17 state medical societies that had been in existence for from 50 to 60 years, that there was no initially, and until sometime into the 20th century, no state medical associations as members, as the constitution spells out, in the American Medical Association. Your members were individual physicians and institutions, hospitals, and medical schools.

So the federated structure of the American Medical Association as you see it today is of relatively recent origin in terms of the overall history.

Q Does the AMA maintain anywhere any documents which would pertain to the AMA's role, if any, in the foundation or formation of any state medical association?

A Not to my knowledge. Nor have I seen such information in any of the histories of the American Medical Association.

MR. BIERIG: That last question should be clarified to indicate assuming there has been any role. There hasn't been any evidence that I know of --

MR.T HOMAS: I think I stated, "role, if any."

MR. BIERIG: I didn't hear it.

MR. THOMAS: That would include in the archives or otherwise.

BY MR. THOMAS:

Q You are not aware of any such records?

A The archives are official documents of the AMA. That is things, you know, like proceedings of the House of Delegates, the JAMA, and that sort of thing.

Q Does the AMA communicate with AMPAC regarding the setting of AMPAC dues?

A No, sir.

Q To your knowledge are AMPAC's dues established internally without contact with the AMA?

A I have no knowledge as to whether there are AMPAC dues.

Q I would like to just ask you some questions regarding specific individuals to identify them for the record.

Who is Gary L. Schnedler?

A He is an employee of the American Medical Association who works in the Membership Development Department.

Q He does not have an official title?

A If you will let me get a Directory, I can tell you that.

Q But it is in the Directory?

A Yes.

Q We have the Directory.

A Which directory?

Q The AMA Staff Directory, the green one.

A Gary Schnedler would not be in that one, because he is not a department director.

Q Do you know who is Mr. Wayland Strobhar?

A Wayland Strobhar is assistant executive vice president of the American Medical Association.

Q Finally, I would just like to go over the language of the subpoena and ask you some questions, some general questions, with regard to your types of documents or sub-areas of documents.

First of all, with respect to each of the requests in the subpoena, no memoranda or telephone conversations were produced. Are you aware of whether such documents exist?

A I know of no area in the American Medical Association that makes or files memoranda of telephone conversations.

Q In the course of document production, the Commission subpoena requested any documents or materials related to or pertaining to communications between your association -- for example, the Division of Public Affairs, the Council on Legislation -- and AMPAC or any state medical association. To your knowledge, do any such documents exist?

A Are you going to read the qualifying thing, which is and which relate, refer or pertain to candidates for federal office, contributions to candidates?

Q Yes. That was meant to be included. I was stating the subpoena request.

MR. BIERIG: Is the question here are there any documents called for by Specification 9 which have not been submitted? Is that the question?

MR. THOMAS: No. I am sorry. The question was do such documents exist.

BY THE WINTESS:

A They do not.

MR. BIERIG: Again I assume you mean do they exist in the possession of the American Medical Association.

MR. THOMAS: Yes.

BY MR. THOMAS:

Q Did you contact any individual at the Division of Public Affairs or the Council on Legislation to ask them

to search for documents within the scope of request 9 of the subpoena?

A I questioned the director of the Division of Public Affairs and the secretary of the Council on Legislation.

Q Can you state for the record whether they said that no such documents existed?

A I can't state for the record that they stated that no such documents existed.

Q Does the Division of Public Affairs maintain any records which relate to candidates for federal office?

A No, they do not.

Q Did they maintain any directories which relate to federal office holders?

A No, they do not.

Q What is the Division of Public Affairs?

A The Division of Public Affairs is precisely what it says it is. It is the division under which lobbying activities are conducted, under which the liaison and communication network which state and county and national medical specialty and other types of medical organizations is carried out. It is the division which is responsible for preparation and submission of testimony for briefing witnesses who appear before congressional and senate committees. It is the division which is responsible for review of proposed federal legislation,

proposed federal regulations, and is responsible for the liaison activities in terms of maintaining communications with federal administrative agencies in the regulatory area.

It staffs the Council on Legislation. It also includes now the Membership Development Department.

That is about it.

Q Do the lobbyists working for the AMA ever communicate to AMPAC which federal office holders who might coincidentally be candidates should be supported or recommended to be supported by the AMA?

A As that communication goes forward, it goes forward without the knowledge of the staff members of the Office of the General Counsel, and it is not submitted in the form of written memoranda.

Q Are you aware of whether such communication does take place?

A No, I am not.

Q We have discussed the AMA's role, if any, in the establishment of any state medical association. To your knowledge, has the AMA ever communicated with or participated in the foundation of any state medical political action committee?

A There is no documentation within the building that would give you any information on such an area. To the best of my knowledge, there has never been anyone, either in

the employment of the American Medical Association or any officer, who has participated in the formation of a state medical political action committee.

Q The field service men who were employed with the AMA did not, to your knowledge, ever participate in the formation of any state medical PAC?

A. The primary role of the field service men of the American Medical Association was to provide information to the states on what kinds of bills of interest to the medical profession were being introduced at the federal level and to bring back to the AMA information about what kinds of bills of interest to the medical profession were being introduced at the state level and to try to have the kind of communication that would help the state medical society with its legislative battles at the state level and give them input into federal legislative issues that were of interest to their constituency.

It is as simple as that.

Q So then no contact, as far as you know, regarding the establishment of a state PAC?

A That is right.

Q One thing we touched on, but I don't think we answered this specific question.

You were talking about the reimbursement program, whereby the AMA reimburses state societies for costs

of dues billing.

In 1978, to your knowledge, did the percentage reimbursement decrease, other than at the time of the delinquency, the expiration of the delinquency period?

A I don't honestly know.

Q Just to clarify, let me show you a copy of the accounting sheet you provided, referring to the periods of April, May and June of 1978, and which indicate different categories at 3/4 per cent, 1/2 per cent and 1/4 per cent.

Does that refresh your recollection -- do you know if in fact there was a percentage change, according to those percentages, and according to those time periods in 1978?

A I would have no reason to question the accuracy of the headings.

MR. THOMAS: I have no further questions.

MR. BIERIG: Before we adjourn, we did receive a few minor documents this afternoon that were not furnished to you previously. You might want to take a look at it in case you have any questions.

(There was a brief recess, after which the taking of the deposition was resumed as follows:)

MR. BIERIG: I would like to make a statement before we leave.

I take it, then, that we now are finished with this subpoena, is that correct, the subpoena that was the subject of this response?

MR. THOMAS: Well, it is my own understanding that you are, yes, completed with this particular subpoena.

MR. BIERIG: And when you say "you", you mean the AMA?

MR. THOMAS: Yes.

AND FURTHER DEPONENT SAYETH NOT.

- - - - -

I have read the foregoing transcript of my deposition consisting of pages 1 to 84, inclusive, and the same with the attached errata sheet is a true, correct and complete transcript of my said deposition as it now appears, so given at the time and place aforesaid.

Betty Jane Anderson

Signed and sworn to
before me this 10 day of
October, A.D. 1978

Katherine E. Cize
Notary Public

My commission expires
10-30-79

BEFORE THE
FEDERAL ELECTION COMMISSION

IN RE:	)	
	)	
AMERICAN MEDICAL ASSOCIATION	)	MUR 618 (78) et al.
and AMERICAN MEDICAL POLITICAL	)	
ACTION COMMITTEE	)	

CERTIFICATE OF NOTARY PUBLIC
AND SHORTHAND REPORTER

I, Edward Gans, a duly commissioned, qualified and acting Notary Public within and for the County of Cook and State of Illinois, do hereby certify that prior to the commencement of her deposition the witness BETTY JANE ANDERSON was by me first duly cautioned and sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid;

That the deposition of the said BETTY JANE ANDERSON was taken before me at 535 North Michigan AVenue, 6th floor, Chicago, Illinois on Friday, September 1, 1978 commencing at 2:15 p.m. and was concluded on the same day at 4:55 p.m.; and

That the testimony contained in the said deposition then and there given by the said witness was taken down by me in shorthand in the presence of the said witness and thereafter by me and under my direct

personal supervision transcribed into typewriting.

I FURTHER CERTIFY that I am a Certified Shorthand Reporter of the State of Illinois, and that the foregoing transcript of the said deposition is a true, correct and complete transcript of the said shorthand notes so made as aforesaid, and is a true, correct and complete report of the whole of the testimony so given by said witness as aforesaid, together with such other matters and things as counsel for the parties present at the taking of the said deposition desired to have appear of record.

I FURTHER CERTIFY that the commission was represented at the taking of the deposition by Messrs. Scott E. Thomas and Gary Johansen; that Mr. Jack Bierig appeared on behalf of deponent; and also present was Ms. Elena King.

I FURTHER CERTIFY that after the said deposition was transcribed into typewriting, it was submitted to the said witness, who did thereupon read, sign and again subscribe and make oath to the same, as more fully hereinbefore set forth.

I FURTHER CERTIFY that I am not of counsel for, or attorney, or solicitor for any or either of the said parties, nor am I interested in any manner

in the said cause or in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Chicago, Cook County, Illinois this 17th day of May, A.D. 1979.

Notary Public
State of Illinois

My commission expires
September 20, 1979.

ERRATA SHEET

DEPOSITION OF BETTY JANE ANDERSON

RE: American Medical Association and American Medical Political Action Committee MUR 618(78) et al.

Page 5	Line 14	-	"state and county" rather than "state and"
Page 13	Line 3	-	period after "billing." Delete "and"
Page 18	Line 18	-	delete "and"
Page 27	Line 8	-	delete the first "and"
Page 31	Line 5	-	change "backs" to "becomes"
Page 41	Line 6	-	change "Brugan" to "Bugan"
Page 47	Line 14	-	add "from" before "which"
Page 53	Line 4	-	delete "non-" before "political education" and add before "political action"
Page 58	Line 8	-	change "total" to "hotel"
Page 58	Lines 2 and 3	-	delete "in political action."
Page 64	Line 3	-	delete the first "and"
Page 66	Line 17	-	change "we" to "they"
Page 73	Line 9	-	delete "and"
Page 75	Line 18	-	delete "as"
Page 76	Line 8	-	change "1946" to "1846"
Page 78	Lines 11 and 12	-	change "Wayland" to "Whalen"
Page 80	Line 20	-	change "which" to "with"
Page 80	Line 23	-	change "for" to "and"
Page 81	Line 11	-	change "As" to "If"

All of the above corrections are considered typographical.

Sworn to and subscribed before me
this 12 day of October, 1978.

Patricia E. Lee
Notary Public

Betty Jane Anderson

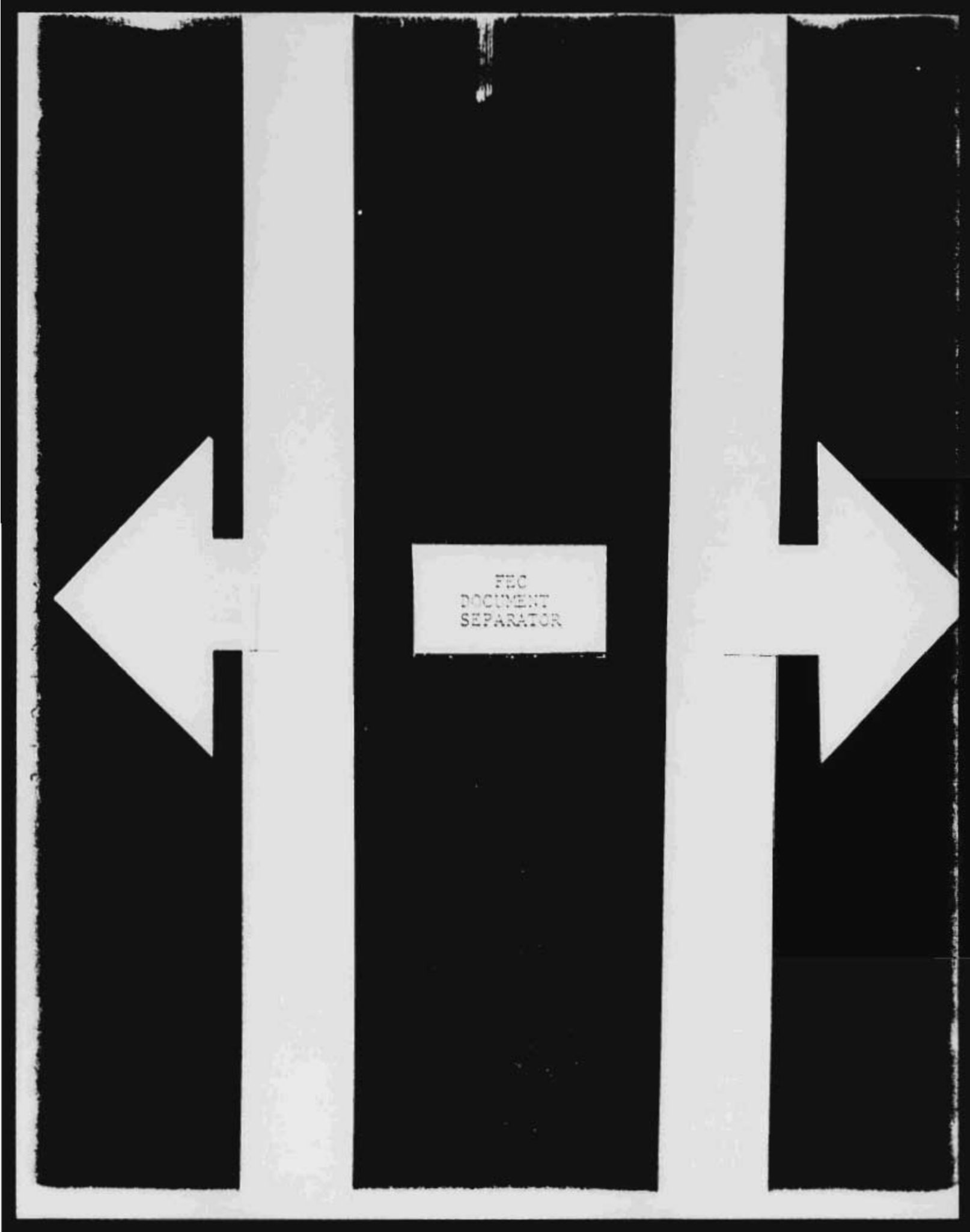
I have read the foregoing transcript of my deposition consisting of pages 1 to 84, inclusive, and the same, with the appended Errata Sheet, is a true, correct and complete transcript of my said deposition as it now appears, so given at the time and place aforesaid.

Betty Jane Anderson

Signed and sworn to
before me this 10 day of
October, A.D. 1978

Notary Public

My commission expires
10-30-79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AMA Newsletter

A Weekly Report from the Executive Vice President's Office

American Medical Association / 535 North Dearborn St. / Chicago, Illinois 60610 Phone (312) 751-6000 / TWX 910-221-0300

ERNEST B. HOWARD, M.D.
Executive Vice President

RICHARD E. PALMER, M.D.
Chairman of the Board

ROBERT W. RILEY, Editor
LYNN M. THOMAS, Associate Editor

RUSSELL B. ROTH, M.D.
President

Volume 6, Number 15

April 15, 1974

91210253117

STATE MEDICAL SOCIETIES ARE REMINDED that beginning May 1 the AMA will withhold one-quarter of one-percent per month of the one-percent remittance given to states for the collection of AMA dues. This penalty will not apply to dues collected and submitted to AMA within 20 days after receipt by the state society. Validation of late dues receipts should accompany payment to AMA.

Ex #92 p.1

AMA Newsletter

A Weekly Report from the Executive Vice President's Office

American Medical Association / 535 North Dearborn St. / Chicago, Illinois 60610 Phone (312) 751-6000 / TWX 910-221-0300

JAMES H. SAMMONS, M.D.
Executive Vice President

ERNEST B. HOWARD, M.D.
Executive Vice President — On Leave

ROBERT W. RILEY, Editor
LYNN M. THOMAS, Associate Editor

RICHARD E. PALMER, M.D.
Chairman of the Board

MALCOLM C. TODD, M.D.
President

Volume 7, Number 5

February 10, 1975

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COUNTY MEDICAL SOCIETIES PARTICIPATING in the AMA Membership Incentives Program have until Feb. 28 to return their signed agreements to the Dept. of Federation Affairs, AMA Headquarters. The agreement contains basic criteria for implementing a membership campaign within the county. To qualify for the program, a county must send the agreement to AMA postmarked no later than Feb. 28; maintain a structured membership campaign consisting of at least one initial invitation to join the AMA and one reminder to all non-AMA members who do not respond to the initial invitation; submit sample copies of correspondence and final results of all mail efforts to Dept. of Federation Affairs; report all new AMA member names, membership classifications, addresses and dates of last membership; and receive final approval and certification by the Dept. of Federation Affairs.

THE PROGRAM PAYS COUNTY SOCIETIES half the year's dues for new house-staff and medical student members, new regular members, and former members whose membership had been terminated for 24 or more consecutive months. One-half of the half year's dues will be paid for members enrolled after Aug. 15. Reimbursement will be made Jan. 1, 1976.

40 STATE MEDICAL ASSOCIATIONS already have signed agreements to participate in the State Incentives Program, in which the AMA pays constituent societies a 1% refund plus ½% above the current 180-day U.S. Treasury Bill rate for all AMA dues received in the Chicago Headquarters by March 31. Interest on the receipt of dues accrues through April 30. Payment will be made June 1, 1975.

IN 1974 THE AMA PAID the 350 counties participating in the county incentives program a total of $330,000. State societies received almost $200,000.

Ex. #96 p.1

AMA Newsletter

A Weekly Report from the Executive Vice President's Office

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LYNN M. THOMAS, Associate Editor

RAYMOND T. HOLDEN, M.D.
Chairman of the Board

MAX H. PARROTT, M.D.
President

Volume 8, Number 10

March 15, 1976

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CONTINUATION OF THE PENALTY PROGRAM in paying commissions to state medical associations for AMA dues collected was approved by the Board of Trustees. The AMA pays a 1% commission on all dues collected and transmitted to the AMA prior to April 1. Beginning April 1, the AMA will reduce the 1% commission by ¼% per month. After July 1, no commission will be paid. The Board authorized the executive vice president to waive the penalty in such situations as late billings by states and late unified membership votings. Requests for waivers must be made in writing.

Ev. # 9 D

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751 6000 • TWX 910-221-0300

JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6200)

April, 1976

TO: Executive Secretaries
State Medical Associations

RE: Continuation of Program for 1% Payment to State Medical Societies for Collection and Remittance of AMA Dues

At the March 11-13, 1976, meeting of the AMA Board of Trustees, the Board voted to continue the 1% payment to state medical societies for their assistance in the collection of AMA dues. As announced in the AM News and the "Green Sheet," with timely reporting and remittance, this payment will be $2.50 for full active AMA dues paying members reported prior to April 1 of each current year.

The AMA will pay 3/4 of 1% for all AMA full dues remitted in April, 1/2 of 1% for all dues remitted in May, and 1/4 of 1% for all dues remitted in June. No payment will be made for dues remitted after July 1.

In keeping with AMA Bylaws, the annual delinquency notice (informing a physician that he is delinquent in payment of AMA dues) will be mailed on June 7, 1976. In the past, these notices have occasionally caused embarrassment when physicians informed us that the AMA dues had been paid to their local or state medical society. I am sure that you would like to avoid these situations, as would we.

Sincerely,

James H. Sammons, M.D.

Ex. #9E p1

FOUR CHANGES IN BYLAWS REGARDING MEMBERSHIP will be recommended to the House of Delegates by the Board of Trustees. The revisions would make membership effective upon certification by the state society prior to AMA's receipt of dues from the state; permit the AMA under certain circumstances to transmit dues bills directly to eligible members; provide that dues exemption in the AMA be only for members exempted from payment of state association dues; establish May 1 as the membership delinquency date and eliminate the requirement that the previous year's dues must be paid by physicians who rejoin the AMA.

THE BOARD APPROVED A PROPOSAL to provide incentives for early transmittal of dues to the AMA by state societies. In addition to the present 1% commission on dues, the AMA will pay interest ½% above the prime rate on dues received on or before March 31. The interest will be paid from the date received until April 30. A penalty of ¼% per month (3% per year) will be deducted from the 1% commission on dues received after March 31.

W. M. Weals November 5, 1973
p 22

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Marion n, presi- Thomas, y board.

State, county societies get AMA membership incentives

Membership incentive programs for state and county medical societies were announced last month by the AMA Dept. of Membership Development. The programs, which will go into effect Jan. 1, are designed to provide additional revenue to local societies and to give the AMA an opportunity to respond promptly to its members.

The state society incentive program will pay the standard 1% refund to state medical societies for AMA dues collected, plus 0.5% above the prime bank interest rate for all AMA dues collected and received at AMA from Jan. 1 through March 31 of the year. Interest will be paid through April 30.

After April 1, the penalty provision of the program becomes effective, and states that do not transmit dues by April 1 will fail to qualify for the incentive plan and the 1% payment will be reduced by one-fourth in April, by one-half in May, and by three-fourths in June.

The county medical society incentive program provides that societies that enroll new AMA members will receive half of the dues dollars for that year. The same applies for former AMA members whose membership has been terminated for 24 months or more, and for AMA dues paid by intern, resident, and medical student members.

The AMA also urged the county medical societies to establish a government committee on membership and to solicit memberships via personally signed letters or telephone calls.

1975 AMA-STATE SOCIETY MEMBERSHIP INCENTIVE PROGRAM

INTENT FORM

This is to inform you that the _____
(STATE MEDICAL ASSOCIATION)

will be participating in the 1975 AMA-State Society Membership Incentive Program. We realize that early reporting and collection of AMA dues will contribute significantly to the future activities and strength of the entire Federation. We want to help.

_____
PRESIDENT

_____
DATE

31022533

1975 AMA-STATE SOCIETY MEMBERSHIP INCENTIVE PROGRAM

FACT SHEET

In addition to the standard 1% refund to state associations for AMA dues collected, the AMA will pay one-half of one percent above the current 180-day U.S. Treasury Bill rate for all AMA dues received in Chicago headquarters from January 1, 1975 through March 31, 1975. The "current rate" is defined as the rate on the day which the money is received at AMA headquarters. Interest will accrue through April 30, 1975, and payments will be made to state societies June 1, 1975. The interest applies only to AMA dues and does not include the 1975 Assesment. All dues received in headquarters before January 1, 1975 will begin earning interest immediately at the rate on the day which they are received at headquarters.

Listed below is a capsule of the dates to remember:

January 1, 1975: The date on which the incentives program becomes effective.

March 31, 1975: This is the last day that AMA dues money may be submitted to qualify for the incentives program.

April 30, 1975: This is the date that accumulation of interest on dues money will cease.

June 1, 1975: This is the date on which the incentive payments will be made by the AMA to the state societies.

AMA CEO

TO: REGIONAL DIRECTORS

FROM: NEIL SUTHERLAND

DATE: DECEMBER 12, 1974

THE FINANCIAL SITUATION IS SO SERIOUS THAT WE URGENTLY NEED EVERY DUES DOLLAR IN AT AMA HEADQUARTERS AS QUICKLY AS POSSIBLE. CALL YOUR STATES AND STRONGLY URGE THEM TO SEND US OUR MONEY RIGHT AWAY. MAJOR COUNTIES SHOULD ALSO BE CONTACTED AND ENCOURAGED TO SEND IN OUR DUES TO THE STATE SOCIETY FOR PROCESSING.

THE STATE INCENTIVE PROGRAM WILL BE OFFICIALLY ANNOUNCED IN THE NEXT COUPLE OF DAYS. FOR YOUR INFORMATION AND SO YOU CAN BEGIN EXPLAINING THE PROGRAM TO YOUR STATE EXECS, I HAVE INCLUDED A BRIEF EXPLANATION: THE AMA WILL PAY 1/2 OF ONE PERCENT ABOVE THE CURRENT RATE ON A 180-DAY TREASURY NOTE. "CURRENT" IS DEFINED AS THE RATE ON THE DAY THAT THE DUES MONEY IS RECEIVED AT THE AMA HEADQUARTERS. THE INCENTIVE PROGRAM WILL APPLY TO ALL MONEY RECEIVED FROM JANUARY 1, 1975 TO MARCH 31, 1975. INTEREST RATE WILL ACCRUE THROUGH APRIL 30, 1975. IN ADDITION WE WILL CONTINUE TO PAY THE ONE PERCENT FOR THE COLLECTION OF THE DUES.

WE ARE WORKING TO GET THE SPECIAL ASSESSMENT STATEMENT MAILED AS QUICKLY AS POSSIBLE, BUT IN THE MEANTIME, WE NEED WHATEVER CASH THAT'S OUT THERE. REPORT BY TWX HOW MUCH MONEY WE CAN EXPECT AND WHEN WE CAN EXPECT TO RECEIVE IT. END

Ex. # 10 A, p 1

A REFERENCE GUIDE
ON MEMBERSHIP PROCEDURES
FOR STATE AND COUNTY MEDICAL SOCIETY
MEMBERSHIP STAFF

INTRODUCTION

THIS MANUAL HAS BEEN PREPARED BY THE DEPARTMENT OF MEMBERSHIP DEVELOPMENT OF THE AMERICAN MEDICAL ASSOCIATION AS A REFERENCE PIECE FOR THOSE RESPONSIBLE FOR MEMBERSHIP.

THE MANUAL INCLUDES INFORMATION TO ASSIST THOSE STAFF PEOPLE AT THE STATE AND COUNTY BILLING UNITS IN DUES REPORTING PROCEDURES, IMPLEMENTATION OF THE AMA BILLING CRITERIA, AND MEMBERSHIP PROMOTION AND SERVICING.

IT PRESENTS COPIES OF THE FORMS NEEDED FOR THE MOST EFFICIENT REPORTING PROCEDURES (INCLUDING AN EXPLANATION OF THE FORMS), A CLARIFICATION OF AMA DUES EXEMPT STATUS, THE AMA TRANSFER CLAUSE, PHYSICIANS ELIGIBLE FOR DIRECT AMA MEMBERSHIP, MEMBERSHIP STATUS FOR MILITARY AND FEDERAL PHYSICIANS, ETC.

WE HOPE YOU WILL USE AND BENEFIT FROM THIS MEMBERSHIP MANUAL. IF THERE IS ANY MATERIAL OR EXPLANATIONS WHICH YOU FEEL MIGHT ADD TO THE VALUE OF THE MANUAL FOR OTHERS, PLEASE CONTACT THE AMA MEMBERSHIP DEVELOPMENT DEPARTMENT.

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CRITERIA FOR AMA DUES BILLING & REMITTANCE

1. Each society electing to bill for AMA dues should give written notice to the AMA of its intention to bill according to these established criteria. It is understood that in those societies which do not elect to accept the criteria, then AMA will bill its members directly and so advise these societies in advance.

2. Annually, each participating society should render the first billing for AMA dues by December 1.

3. The societies should include AMA dues on every regular billing of their society members and should solicit at least one more time those who have paid county and state dues but not AMA dues.

4. Billing societies should place the AMA dues figure in the same column on the billing form as county and state dues and the AMA dues figure should be included in any dues total on the bill.

5. Billing societies should include a message promoting federation membership in each billing and each delinquency notice. The AMA will prepare and make available such promotional messages unless the billing society chooses to prepare its own.

6. Each society receiving AMA dues should forward AMA dues and a list of the payers of the dues within 30 days of receipt of the dues. All dues collected within the last 30 days prior to the AMA delinquency date should be forwarded in time to reach the AMA prior to that delinquency date.

7. Each society billing for AMA dues should send the AMA a report of billing schedules, a sample of each billing form and a promotional message, and the number of physicians billed for AMA membership at each billing.

8. Where these criteria are met, there should be reimbursement by the AMA to state associations, for equitable, shared distribution to any component societies involved in the billing process, on the following formula basis:

   2% of dues received by the AMA no later than January 15th;
   1.5% of dues received by the AMA no later than February 15th;
   1% of dues received by the AMA no later than March 15th; and
   .5% of dues received by the AMA after March 15th.

9. Reimbursement by the AMA on the basis on Criterion #8 should be made to state associations within 30 days after receipt by the AMA of AMA dues.

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AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751 6000 • TWX 910 221 0300

JAMES H. SAMMONS, M.D.
Executive Vice President
(312) 751 6200

April 26, 1978

SAMPLE
to all state medical society
executives

Dear :

The criteria for societies billing for AMA dues will go into effect with the 1979 dues billing. Those states and counties who meet the criteria in 1979 will be eligible for the higher reimbursement rate which begins at two percent.

The criteria (see enclosed copy) resulted from recommendations made by the American Association of Medical Society Executives (AAMSE) and adopted by the AMA Board of Trustees. They were approved by the AMA House of Delegates at its 1977 Interim Meeting. We believe that this new billing program will benefit the entire federation of medicine.

The following requests and suggestions are made in the belief that they may be helpful for smooth implementation of the program in 1979, since implementation of several of the criteria will require your early planning.

Criteria #1 requires written notice to the AMA of your intent to bill for AMA dues. A notice for your signature and return is enclosed. Additional copies of the notice of intent to bill are also enclosed and we would appreciate it if you would forward these along with your own covering memo to those component societies in your state who serve as AMA billing units. (For purpose of clarification, a billing unit can be defined as any state or county society which collects AMA dues money.)

In accord with Criteria #2, 3, & 7 please provide us with your schedule of billing for AMA dues as soon as the information is available.

Criteria #4 is self-explanatory. We would appreciate receiving a copy of your billing for our records.

Criteria #5 concerns the inclusion of a message promoting federation membership in each billing and each delinquency notice. The AMA Department of Membership Development is developing a federation promotion insert which will be made available to any billing unit on request.

Criteria #6 is self-explanatory; it concerns the transmitting of AMA dues. This schedule will help insure a quicker response by AMA to the membership with regard to services and benefits.

Criteria #8 & 9 concern the higher reimbursement rate under the new criteria by the AMA to state associations for equitable, shared distribution to any component societies involved in the billing process. These criteria will be handled by the AMA Office of Finance beginning with the 1979 dues payments.

Once again, we hope, with your assistance, to establish an orderly billing process for the Association.

Any questions or correspondence relative to the billing criteria should be directed to Mr. Ken Bugan, Acting Director of the Department of Membership Development.

Sincerely,

James H. Sammons, M. D.

Enc.

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Criteria for AMA Dues Billing and Remittance

TO: Department of Membership Development
American Medical Association
535 North Dearborn
Chicago, IL 60610

1. Criteria #1: Intent to bill for AMA dues.

_____ Medical Society intends to bill for AMA dues for calendar year 1979 in accord with the criteria adopted by the AMA House of Delegates. (Criteria for AMA dues billing and remittance appear on the reverse side of this form.)

2. Criteria #7: Schedule for billing for 1979 AMA dues:

First mailing scheduled _____

Second mailing scheduled _____

Additional mailing scheduled _____

Additional mailing scheduled _____

_____ _____
Signature Date

President, _____ State/County Medical Society

and/or

_____ _____
Signature Date

Executive Director, _____ State/County Medical Society

GUIDELINES AND PROCEDURES FOR DIRECT BILLING

THE FOLLOWING GUIDELINES FOR DIRECT BILLING OF AMA DUES ARE RECOMMENDED TO THE BOARD AS A RESULT OF DISCUSSION WITH THE AAMSE COMMITTEE ON FEDERATION MEMBERSHIP:

1. All state societies should be advised annually of the AMA's general policies regarding direct billing for AMA dues by the AMA. In those areas in which AMA is direct billing, elected officers, executive directors and AMA delegates should be advised of the technical and mechanical aspects of direct billing. The AMA should also use AM News or other means to keep the general membership advised of the billing program.

2. The AMA should provide those societies whose members they will be billing direct with a letter of AMA's intention to do so.

3. The AMA should provide those local societies with samples of the AMA billing forms, federation membership promotion inserts, a list of the physicians within the society's territory who will be billed directly by the AMA and the AMA billing schedule.

4. The AMA should seek and receive from the local societies support to help publicize the fact that AMA dues are being billed directly by the AMA.

FINANCIAL IMPLICATIONS

MEMBERSHIP DUES AT PRESENT MAKE UP 60% OF THE AMA INCOME BUDGET. (A COPY OF THE MOST RECENT BUDGET AND AMA FINANCIAL STATEMENTS ARE APPENDED TO THIS CHAPTER AS APPENDIX I AND II RESPECTIVELY.) THEREFORE, IT BECOMES VERY IMPORTANT FOR MANAGEMENT TO KNOW AS EARLY AS POSSIBLE WHAT THE MEMBERSHIP DOLLARS WILL BE FOR THE YEAR. THE LEVEL OF EXPENDITURES CAN'T BE DEFINITELY SET UNTIL THIS FIGURE IS KNOWN.

AS AN INCENTIVE FOR THE STATES TO REMIT DUES EARLY, A NEW SCHEDULE OF REIMBURSEMENT BY THE AMA HAS BEEN INSTITUTED. DETAILS ARE SET FORTH IN ITEM 8 OF THE "CRITERIA FOR AMA DUES BILLING & REMITTANCE".

THESE NEWER AND HIGHER RATES OF REIMBURSEMENT MAKE IT VERY IMPORTANT FOR STATES TO PLAN THEIR INVESTMENT MATURITY DATES CAREFULLY SO AS NOT TO MISS THE DEADLINES THAT HAVE BEEN ESTABLISHED. THE FOLLOWING EXAMPLE SHOWS HOW IMPORTANT A MISSED DEADLINE CAN BE.

LET'S ASSUME ONE MEMBER'S DUES INVESTED AT 8% - THIS WOULD EARN INTEREST AS FOLLOWS:

1 Year	$20.00
1 Month	$ 1.66
1 Day	$ .055

IF THIS INVESTMENT MATURED EARLY ENOUGH IN JANUARY TO GET THE MONEY TO THE AMA IN TIME TO QUALIFY FOR THE 2% REIMBURSEMENT, THE STATE WOULD RECEIVE INTEREST UP TO THE MATURITY DATE OF THE INVESTMENT PLUS $5.00 FROM THE AMA.

NOW LET'S ASSUME THE MATURITY DATE RESULTED IN THE AMA RECEIVING THE MONEY A DAY LATE TO QUALIFY FOR THE 2%. NOW THE STATE WOULD RECEIVE ANOTHER FIVE OR TEN CENTS IN INTEREST BUT WOULD RECEIVE ONLY $3.75 FROM THE AMA FOR A NET LOSS OF ABOUT $1.20. THIS COULD BE QUITE COSTLY.

VARIOUS INVESTMENT SOURCES ARE AVAILABLE THAT WILL GIVE YOU FLEXIBILITY IN MATURITY DATES. U.S. TREASURY BILLS CURRENTLY YIELD 6-6½% AND OFFER A WIDE RANGE OF MATURITY DATES. COMMERICAL PAPER ALSO OFFERS VARIOUS MATURITY DATES AND YIELD CLOSE TO 7%.

CERTIFICATES OF DEPOSIT USUALLY OFFER HIGHER INTEREST RATES BUT TO GET THE MORE DESIRABLE RATES YOU GIVE UP SOMETHING IN FLEXIBILITY.

A VISIT TO YOUR LOCAL BANK FOR INFORMATION ON THE TYPE OF INVESTMENTS AVAILABLE IN YOUR LOCALITY WOULD BE ADVISED.

IF A DEADLINE CRISIS DOES ARISE FUNDS COULD BE WIRE TRANSFERRED TO THE ACCOUNT OF THE AMA AT THE CONTINENTAL ILLINOIS NATIONAL BANK IN CHICAGO (ACCOUNT NUMBER 71-10138).

AMA Finances

1977: A Stronger American Medical Association

A Letter From the Executive Vice-President

Dr Sammons

For the past two years, I've used this opportunity to report to you on our fiscal experience and measures that have been taken to reestablish a sound financial and organizational base for the American Medical Association. As we entered 1978, these basic commitments were met. Our priority now is to give more attention to the Association's goals over the next decade.

Operating Results in 1977

During the 1977 fiscal year, operating revenues and other income were $60,924,652 and operating expenses were $46,095,034. Expenditures met the target anticipated at the beginning of the year. Income was slightly above projections because of greater than anticipated income from membership dues and advertising sales. Both income and expenditures were generally consistent with the long-term projections provided to the House of Delegates in 1975 and 1976.

The operating gain of $14,829,618 in 1977 enabled us to continue to replenish our reserves as directed by the House of Delegates during our 1975 Annual Meeting. At the end of last year, Association equity was $55,626,637. Assets were valued at $64,480,944.

We are now looking ahead from both a financial and program standpoint. The projections originally made in 1975 carried through 1982, and we are now anticipating those requirements beyond 1982. Our current liquid reserves are equal to 77% of a single year's operating requirement, but annual allocations to our reserve fund will decrease as inflation and other factors increase operating costs, and the development of new programs takes a proportionate share of income. Our fiscal planning is geared to maintaining reserves at a level appropriate to our annual operating costs. Prudent management also requires that we maintain adequate reserves pending the resolution of our unrelated business income tax matter.

Looking Ahead

Membership dues continue to be our primary source of income, and membership retention and recruitment continues to be a priority. The Association now has nearly 28,000 medical students and resident members, which is an encouraging sign for the future. While 28 state medical associations established membership records in 1977, our overall membership totals did not keep pace with the growth of the physician population, and we are giving special attention to measuring membership needs and expectations during 1978.

Membership dues accounted for 60% of the AMA's income in 1977. Ongoing planning provides for an assessment of other potential sources of revenue.

Over the past three years, we strengthened our administrative, program, and financial planning structures and examined activities that consume major amounts of resources, both in terms of funding and personnel. Our planning system gives us a sharper focus on organizational priorities, and each AMA program is monitored through the year to assure that established goals are met. The planning system also provides the setting for reduction or discontinuation of some programs when other programs gain a greater priority.

Improved budgeting methods and timely financial reporting gives the Board of Trustees and our senior staff a better understanding of financial trends and experience through the year. Major studies of our publishing commitment, our council and committee structure, and our convention scientific programs sharpen the focus of these activities.

With a stable financial base and management approach, we can look ahead with confidence. We want to be responsive to both public and professional needs in the years ahead. Our research studies show that our physician members will support a national association that maintains a leadership role in the health area, and it is our intention to provide this leadership.

James H. Sammons, M.D.

American Medical Association
Balance Sheet
November 30, 1977 and 1976

Assets	1977		1976	
Cash		$ 696,584		$ 1,185,621
Temporary investments		9,645,000		5,679,000
Receivables, less allowance of $90,000 ($100,000 in 1976)		2,913,802		2,258,294
Inventories:				
Books and pamphlets	$ 237,095		$ 124,706	
Paper, supplies and editorial material	967,048	1,204,143	859,125	983,831
Investments:				
Securities (Note 3)	29,680,288		19,183,411	
Real estate, primarily land	3,993,039		4,000,216	
Interest in real estate partnership (Note 4)	2,200,000	35,873,327	2,200,000	25,383,627
Investment in wholly-owned reinsurance company (Note 5)		5,100,398		5,020,620
Property and equipment—net (Note 6)		8,588,457		8,351,335
Prepaid expenses and deposits		459,233		380,679
		$64,480,944		$49,243,007
Liabilities, Deferred Revenue and Association Equity				
Liabilities:				
Accounts payable		$ 1,968,686		$ 2,134,831
Accrued liabilities—				
Payroll, pensions and other employee benefits (Note 7)	$ 584,085		$ 520,818	
Property taxes	647,504		564,914	
Other	663,611	1,895,200	215,414	1,301,146
Total liabilities		3,863,886		3,435,977
Contingent liability and commitment (Notes 8 and 11)				
Deferred revenue:				
Unearned membership dues	3,219,171		3,181,159	
Unearned subscription receipts	1,771,250	4,990,421	1,827,852	5,009,011
Association equity		55,626,637		40,798,019
		$64,480,944		$49,243,007

See accompanying notes

American Medical Association
Statement of Revenue, Expenses, and Association Equity
Years Ended November 30, 1977 and 1976

	1977	1975
Operating revenues		
[illegible]	$37,370,591	36,574,152
[illegible]	10,777,655	9,232,212
[illegible]	2,205,345	2,582,799
Royalties	2,813,833	2,245,165
Grants and contracts (primarily governmental)	1,232,510	1,089,385
Book and pamphlet sales	830,090	603,791
Interest and investment income, including net gains of $311,395 ($86,525 in 1976)	2,657,927	1,509,845
Services to Members Retirement Plan, state societies and related organizations	877,235	882,435
Educational programs and association meetings	1,233,943	862,278
Accreditation Program	368,120	403,034
Other	376,270	541,777
Total operating revenues	60,746,119	56,333,444
Operating expenses		
Salaries and wages	15,596,108	13,346,221
Employee benefits	3,338,1[illegible]	2,492,511
Direct publication costs, except salaries and wages	10,372,774	9,870,058
Meetings and travel	4,866,235	3,946,841
Facility costs, including utilities and depreciation	3,622,535	3,168,798
Professional services	2,808,391	2,077,883
Postage and supplies, except publication related	1,780,358	1,342,492
Complimentary films and literature	785,486	553,760
Grants, primarily to related organizations	1,044,743	799,446
Other operating expenses	1,860,959	1,400,979
Total operating expenses	46,096,034	38,903,309
Operating revenues in excess of operating expenses before other income	14,650,085	17,430,135
Other income		
Special membership assessment	98,755	491,115
Gain on sale of real estate (Note 9)		1,410,030
Gain on sale of publications (Note 10)		1,419,938
Equity in earnings of reinsurance subsidiary (Note 5)	79,778	20,620
Total other income	178,533	3,341,693
Revenues in excess of expenses	14,828,618	20,772,028
Association equity at beginning of year	40,798,019	20,025,991
Association equity at end of year	$55,626,637	40,798,019

See accompanying notes.

American Medical Association
Statement of Changes in Financial Position
Years Ended November 30, 1977 and 1976

	1977	1976
Funds provided by operations:		
Revenues in excess of expenses	$14,826,618	20,772,029
Add (deduct) items not involving use of funds—		
Depreciation	837,872	763,535
Gain on sale of real estate		(1,410,030)
Gain on sale of publication		(1,419,938)
Net gain on sale of investments	(311,395)	(86,525)
Equity in earnings of reinsurance subsidiary	(79,778)	(20,620)
	15,275,317	18,598,450
Other funds provided by (used for)—		
Receivables	(655,508)	(1,932)
Inventories	(220,312)	(73,867)
Prepaid expenses and deposits	(78,554)	341,837
Accounts payable and accrued liabilities	427,909	(686,126)
Deferred revenue	(18,590)	1,729,332
Net funds provided by operations	14,730,262	19,907,694
Uses (other sources) of funds:		
Net proceeds from real estate sale		(2,919,201)
Proceeds from security sales	(17,667,728)	(2,106,514)
Securities purchased	27,553,210	17,318,991
Investments in real estate partnership and reinsurance company		7,200,000
Furniture and equipment additions—net	1,067,817	669,381
Net uses of funds	11,253,299	20,162,657
Increase (decrease) in cash and cash equivalents	3,476,963	(254,963)
Cash and temporary investments at beginning of year	6,864,621	7,119,584
Cash and temporary investments at end of year	$10,341,584	6,864,621

See accompanying notes

American Medical Association Notes to Financial Statements November 30, 1977 and 1976

1. Summary of significant accounting policies

Temporary investments consisting of certificates of deposit and commercial paper are carried at cost which approximates market value.

Inventories are valued at the lower of first-in, first-out cost or market except for purchased editorial materials (articles and artwork) expected to be utilized in future publications, which are valued at cost.

Investments in securities are carried at average cost and investments in real estate are carried at the lower of cost or net realizable value.

The Association's investment in its real estate partnership is carried at equity. The investment in its wholly-owned reinsurance subsidiary is carried at equity as of September 30.

Property and equipment are carried at cost. Depreciation is computed on the straight-line method over the estimated useful lives of the assets (five to fifteen years for equipment and thirty years for the building).

Membership dues are recognized as revenue in equal monthly amounts over the membership year which ends on December 31. The special membership assessment has been recorded as received because estimating the actual membership response to the assessment was not possible at the time of the assessment.

Subscriptions to periodicals are recognized in income

over the terms of the subscriptions. Advertising revenue and direct publication costs are recognized in the period the related periodical is issued. Other publication costs are included in expense as incurred.

Grants to other organizations are recorded when paid.

Pension expense is computed using the aggregate level cost method with supplemental liability and is accrued annually in amounts equal to the actuarially determined current service costs of the plan plus an amount necessary to accrue past service costs over a forty-year period. Accrued pension costs are funded currently.

2. Related entities

The Association and the American Medical Association-Education and Research Foundation (ERF) are affiliated organizations through common members of their respective Boards of Trustees, who determine the source of funds for program activities common to both organizations. The Association also provides administrative services and operating support to ERF, which makes reimbursement for direct expenses incurred.

The Association provides administrative services to the American Medical Association-Members Retirement Plan under a contractual arrangement in which the Association receives reimbursement for direct and minor indirect expenses not to exceed certain amounts. The Association provides administrative services to the AMACO, for which the Association is reimbursed. It also provides administrative services and financial support for several other organizations.

3. Investments in securities

The cost and approximate market value of security investments as of November 30, 1977 and 1976 are summarized below:

	1977		1976	
	Cost	Market	Cost	Market
Corporate stocks	$ 3,224,526	3,163,235	$ 2,676,596	3,133,067
Corporate bonds	1,986,930	1,863,791	11,341,485	11,277,253
Time deposits and demand notes	21,568,532	21,568,532	5,165,330	5,165,330
	$26,780,288	26,615,558	19,183,411	19,575,640

4. Real estate partnership

During 1976, the Association invested $2,200,000 and became a 10% limited partner in a new partnership organized to construct and lease a major Chicago hotel. The total cost of the hotel is expected to be approximately $70,000,000. Construction is in progress and is scheduled for completion in 1978. The terms of the partnership agreement provide for all profit or loss during construction to be borne by one of the general partners.

5. American Medical Assurance Company

In 1976, the Association capitalized AMACO by investing $2,000,000 to purchase 2,000 shares of capital stock. In October 1976, the Association invested $3,000,000 to purchase AMACO's 7% subordinated debentures which mature in 1996. Under Illinois Insurance Code, payments of principal and interest on this debenture must be approved by the Director of Insurance before they can be made.

In October 1976, AMACO began its insurance operations by signing a management contract with a large insurance company. Under the agreement, AMACO has acquired through retrocession medical malpractice insurance from medical-society sponsored/physician-owned companies.

Summarized financial information for AMACO at September 30, 1977 and 1976, on a statutory basis, is as follows:

Statement of Assets and Liabilities

	September 30,	
ASSETS	**1977**	**1976**
Bonds and commercial paper	$5,729,196	1,718,320
Certificate of deposit	300,000	300,000
Cash	172,314	833
Accounts receivable	72,500	
Accrued interest and dividends	98,929	14,937
	$6,372,939	2,034,090
Liabilities and Surplus as Regards Policyholders		
Liabilities:		
Loss and loss expense reserve	$ 754,506	
Unearned premiums	155,995	
Accounts payable and accrued expenses	340,994	7,470
Income taxes	21,046	6,000
	1,272,541	13,470
Surplus as regards policyholders:		
Subordinated surplus debenture	3,000,000	
Reserve for accrued debenture interest	175,000	
Capital stock	1,000,000	1,000,000
Paid-in capital	1,000,000	1,000,000
Earned surplus (deficit)	(71,602)	20,620
	5,100,398	2,020,620
	$6,372,939	2,034,090

6. Property and equipment

Association property and equipment used for operations at November 30, 1977 and 1976 consisted of:

	1977	1976
Building	$10,446,212	10,142,407
Furniture and office equipment	3,699,802	3,101,292
Data processing equipment	2,220,846	2,163,786
	16,366,860	15,407,485
Less accumulated depreciation	8,903,300	8,181,047
	7,463,560	7,226,438
Land	1,124,897	1,124,897
	$ 8,588,457	8,351,335

7. Pension and other deferred compensation plans

The Association has a qualified pension plan providing benefits for most employees, a deferred compensation plan for certain employees not qualified by age to join the pension plan, and a supplemental, discretionary retirement plan for key executives. Expenses include $1,315,000 in 1977 and $1,333,000 in 1976 for these plans. Accrued liabilities at November 30, 1977 include $381,000 ($342,000 in 1976) under the deferred compensation and supplemental retirement plans to be held by the Association until employees' retirement or other termination of employment.

8. Unrelated business income

As an exempt organization, the Association is subject to income taxes only on income determined to be unrelated

business taxable income. Advertising income from periodicals (advertising revenue less allowable publication expenses) was defined by federal income tax regulations as unrelated business taxable income effective for the Association's 1968 fiscal year. The concepts of these regulations were substantially incorporated into the Internal Revenue Code by the Tax Reform Act of 1969 and are reflected in the State of Illinois income tax statutes enacted in 1969. The methods of determining advertising income were retroactively amended by federal regulation in December 1975 to require that, in certain circumstances, a portion of membership receipts reduce publication expenses which might otherwise offset advertising revenue.

Prior to 1968, the Association had filed only information returns with the Internal Revenue Service. As a consequence of the regulations the Association began filing unrelated business income tax returns effective for the Association's 1968 fiscal year. Based on the Association's interpretations of the statutes and regulations applicable to its revenue, the returns filed for all years through 1976 reflect no unrelated business taxable income and, therefore, no tax liability. The Association intends to file its returns for 1977 on a similar basis.

The Internal Revenue Service has been examining the Association's federal income tax returns for the years 1968 through 1974 and on April 1, 1977 issued a notice of proposed adjustments for the years 1971 through 1974 totaling $7,135,000, exclusive of any interest on such proposed adjustments. Although no reports on the examination for the years 1968 through 1970 have been issued, the examining agent has indicated an intention to propose tax adjustments for those years upon the contention that income of the Association from certain sources is subject to tax. Depending upon the outcome of these matters for the years 1968 through 1974, it is possible that the Internal Revenue Service may propose similar additional adjustments for years subsequent to 1974. The Association is contesting the notice of proposed adjustments for the years 1971 through 1974 and significant differences in interpretation exist between itself and the Internal Revenue Service.

The outcome of the uncertainty described in the preceding paragraph cannot presently be determined, and accordingly the accompanying financial statements do not reflect any provision for income taxes.

9. Sale of real estate

In 1976 the Association sold for $3,000,000 a parcel of land it held for investment. A provision in the contract gives the Association the right of first refusal on repurchase of the property at the then appraised fair market value should the purchaser offer the property for sale or discontinue the use of any building constructed on the property. This right expires after 50 years.

10. Gain on sale of publications

The Association during 1976 sold two publications, *Today's Health* and *Environmental Health* and discontinued publication of a third, *Prism*, resulting in a net gain of approximately $1,420,000. The proceeds from the two sales consisted of the assumption of the subscription and other liabilities of the publications and, in the *Today's Health* sale, receipt of a ten year, 8% note for $131,000.

11. Commitment

During 1976, the Board of Trustees offered to purchase from the American Medical Association-Members Retirement Plan (MRP) any one or more or all parcels of real estate presently owned by MRP in the general area of the Association's present real estate holdings. The terms of the offer established the purchase price for each parcel at the greater of either the fair market value of such parcel, as determined by an independent appraisal firm, or the cost of acquisition of such parcel by MRP, plus interest at a compound rate of 8% per annum from the date of acquisition. The purchase of such real estate is contingent upon MRP receiving an exemption from the provisions of the Employee Retirement Income Security Act of 1974.

On September 9, 1977, the Board of Trustees offered to extend this offer from September 30, 1977 to January 31, 1978 without interest during the extension period. MRP agreed to these revised terms.

A recent appraisal of the individual parcels of real estate has been completed. If the Association should purchase all parcels of real estate, it would have to pay MRP approximately $6,000,000, which exceeds the previously mentioned appraisal. Notwithstanding the extent of the excess, Association management believes that the purchase would be advisable and appropriate.

Report of Certified Public Accountants

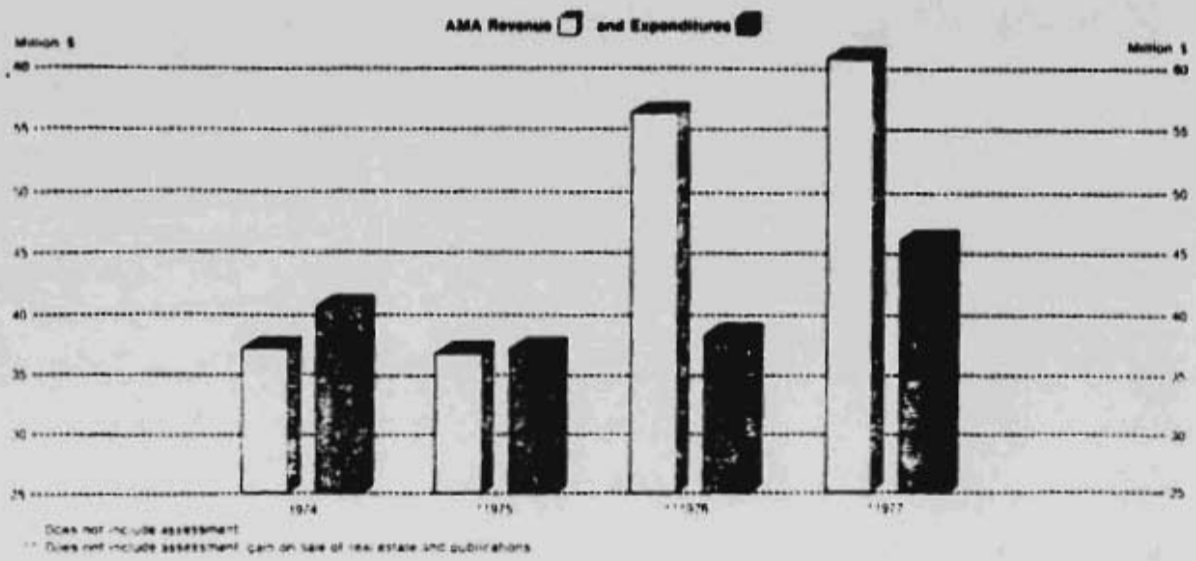
American Medical Association, The Board of Trustees — Chicago, Illinois

We have examined the accompanying balance sheets of the American Medical Association (Association) at November 30, 1977 and 1976, and the related statements of revenue, expenses and Association equity and changes in financial position for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. With respect to the Association's investment in American Medical Assurance Company (AMACO) of $5,100,398 at November 30, 1977 and equity of $79,778 in net income for the year then ended, we have received the report of other independent auditors on their examination of the financial statements of such Company. Our opinion expressed herein, insofar as it relates to the amounts included for AMACO, is based solely upon the report of other independent auditors.

As more fully described in Note 8, the Association's federal income tax returns for the years 1968 through 1974 are in various stages of examination by the Internal Revenue Service. No report on the examination for the years 1968 through 1970 has been issued; however the Association has received notice of proposed adjustments for the years 1971 through 1974 which is being contested. If federal income tax adjustments are eventually sustained, material income tax liabilities and related interest charges could result for the years 1968 through 1977. The probable outcome of this matter cannot presently be determined, and accordingly no provision for income taxes has been made in the accompanying financial statements.

In our opinion, based upon our examinations and the report of other independent auditors in 1977 referred to above, subject to the effects, if any, on the financial statements of the ultimate resolution of the uncertainty discussed in the preceding paragraph, the statements mentioned above present fairly the financial position of the American Medical Association at November 30, 1977 and 1976, and the results of operations and changes in financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis during the period.

January 17, 1978 — Arthur Young & Company

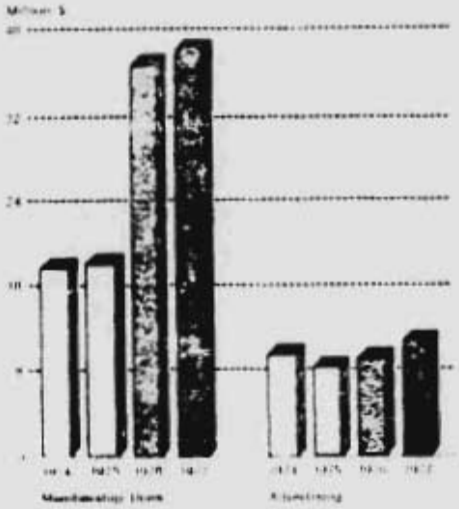


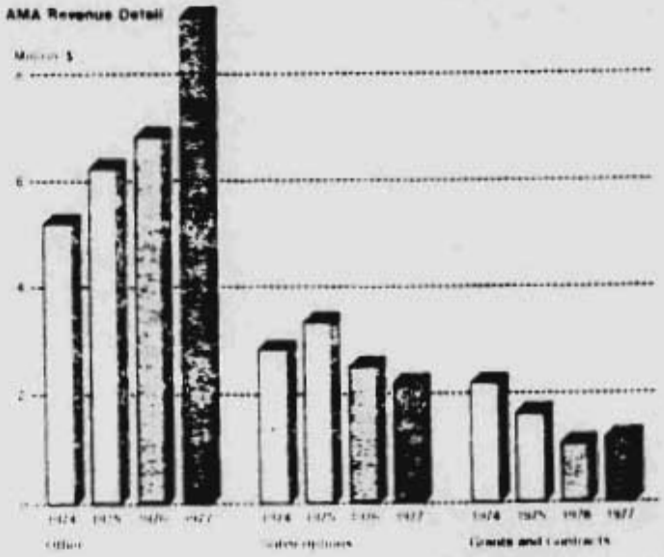
Does not include assessment

Does not include assessment gain on sale of real estate and publications

AMA Revenue – 1977

Grants and Contracts	$1,232,000	(2.0%)
Subscriptions	2,208,000	(3.6%)
Other	9,159,000	(15.1%)
Advertising	10,778,000	(17.8%)
Membership Dues	37,371,000	(61.5%)
Total Revenue	$60,748,000	(100.0%)

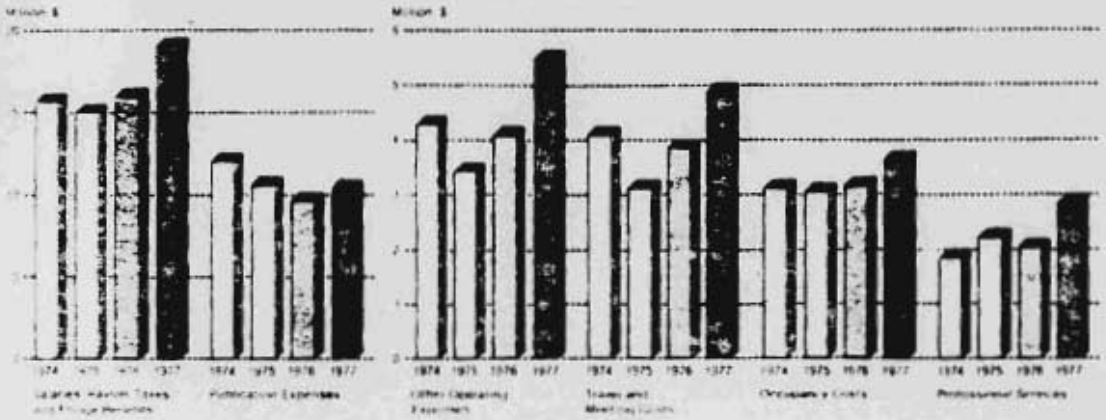




AMA Expenditures - 1977

Professional Services	$2,808,000	(6.1%)
Occupancy Costs	3,623,000	(7.8%)
Travel and Meeting Costs	4,886,000	(10.6%)
Other Operating Expenses	5,471,000	(11.9%)
Publication Expenses	10,373,000	(22.5%)
Salaries, Payroll Taxes and Fringe Benefits	18,935,000	(41.1%)
Total Expenditures	$46,096,000	(100.0%)

AMA Expenditure Detail



AMA 1977 Expenditures By Mission

Promote the Effective Delivery of Care	$3,104,000	(7.6%)
Strengthen Organized Medicine	5,338,000	(11.6%)
Internal Support Programs	6,613,000	(14.4%)
Represent the Medical Profession	6,662,000	(14.5%)
Assure and Continue to Improve the Quality of Medical Care	7,966,000	(17.4%)
Scientific, Policy and Information	16,672,500	(36.1%)
Association Total	$46,096,000	(100.0%)

REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS

Report: G
(A-75)

Subject: Model Membership Bylaws for State Medical Societies

Presented by: Carroll L. Witten, M.D., Chairman

Referred to: Reference Committee on Amendments to Constitution and Bylaws (Ralph M. Milliken, M.D., Chairman)

In 1973 the Council was asked to prepare "model" membership provisions which could be recommended to the State Associations for their consideration. Since the AMA is, in a very real sense, dependent on its constituent and component societies for its membership, the cooperation and assistance of the State Medical Associations is imperative. The Council was informed by those who are handling membership programs for the AMA, that frequently membership restrictions at the state or local level prevented physicians from coming into the federation and becoming members of AMA.

It is essential for the strength and effectiveness of AMA that all physicians have the opportunity to join and participate in the activities of their medical societies at all levels. The Council urges all constituent and component societies to increase their efforts in the field of membership growth and retention. The Council hopes that the "model" membership bylaws which are provided herein may make those efforts a little easier and more productive.

The Council obtained and reviewed the bylaws of all State Medical Associations. It found that many societies had a large number of membership categories, and it was not always easy to determine which categories had the right to vote and hold office (criterion which is essential for AMA membership). Some membership categories were identified in relationship to their dues status. The Council would

encourage the separation of membership qualifications and dues obligations and exemptions into different sections of the bylaws. The "model" provisions which follow are intentionally simple and rather general in their terms. If necessary, additional provisions can be added as local circumstances require. However, the Council would urge all to remember that additional qualifications may serve to prevent some physicians from obtaining membership, and the objective here is to make membership available to all physicians.

ACTIVE MEMBERS

I: Members of component societies who hold the degree of Doctor of Medicine, Bachelor of Medicine or the equivalent; and who hold an unrestricted license to practice medicine and surgery in any state of the United States of America, or who are eligible for licensure in the State of _____ upon endorsement or examination; are eligible for active membership in this society. Upon admission to membership, such members shall have the right to vote and hold office in this society.

II: Interns and Residents serving in training programs approved by the American Medical Association are eligible for active membership in this society. Upon admission to membership, such members shall have the right to vote and hold office in this society.

III: Medical Students enrolled in a medical school approved by the American Medical Association are eligible for active membership in this society. Upon admission to membership, such members shall have the right to vote and hold office in this society.

If the Bylaws of the component societies contain active membership provisions which effectively offer membership to all physicians within the society's jurisdiction, the following provisions for Direct Membership and Associate Membership will be unnecessary.

DIRECT MEMBERS

Any person within the State of _____ who meets the qualifications for active membership in this society,

except that such person cannot qualify for membership in a component society, shall be eligible for Direct Membership in this society. Upon admission to membership, such members shall have the right to vote and hold office in this society.

ASSOCIATE MEMBERS

Physicians, Interns and Residents serving in training programs approved by the American Medical Association, and Medical Students enrolled in medical schools approved by the American Medical Association may apply for Associate Membership in this society. Associate members shall not have the right to vote or hold office in this society.

The Direct Membership provision is intended to provide a membership opportunity for those physicians who for some reason of local concern cannot qualify for membership in their component society. It is not intended to avoid the moral and ethical screening of the applicant, which can be done effectively only at the local level. However, the Council is aware of the fact that in some communities there are requirements for membership which make it difficult or impossible for physicians who are engaged in teaching, research or administration, or are employed in industry, to become members of the local medical society. Without attempting to consider the reasons for such restrictions, the Council points out that those restrictions also prevent those physicians from obtaining membership and participating in the State Association and the AMA. For this reason, the Council has provided a Direct Membership category, making available to those physicians the opportunity to participate at the State and National level. In doing so, the Council would also point out that in order to make the Direct Membership meaningful, it is necessary to provide an appropriate mechanism for representation for the Direct Members.

The Council hopes that one day there will be only one class of membership for all physicians, and the Direct Membership category can be dispensed with. Until that time, it is the Council's wish to make membership in the Federation available as broadly as possible, and to that end to encourage all state and local societies to reconsider their membership bylaws.

The Council recommends that the House adopt this report as a guideline for membership bylaws for State Medical Societies.

STANDARD OPERATING PROCEDURES

FOR SUBMISSION OF AMA DUES

CONTENTS

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	Automated States	7
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EXHIBITS

A. Listing of States by method of reporting dues.

B. General overview of Membership Processing (flowchart).

C. Membership dues transmittal sheet.

D. Membership reporting kit instruction sheet.

E. Samples of completed scanner cards (computer generated).

F. Samples of completed scanner cards (manually generated).

G. Letter of agreement -- membership data exchange.

H. Membership Record layout -- magnetic tape.

I. Membership Record format -- detail.

J. Membership Record layout -- Diskette.

K. Membership Record layout -- Cards.

L. Membership Report for XYZ society.

STANDARD OPERATING PROCEDURES

FOR SUBMISSION OF AMA DUES

I Background

A. Concept.

In 1975, the demand for timely and accurate membership information and the streamlining of clerical support functions led to the conceptualization of a system referred to as PMC (Physician Membership Collection). The purpose of this system was to:

- Improve the efficiency of processing and entry of AMA membership from 55 medical societies.
- Assure uninterrupted benefits to sustaining members.
- Facilitate the entry of new members.

B. Implementation

In 1976, the PMC system was implemented. Automated entry procedures established the capacity to accept membership reporting through machine readable media, thereby reducing clerical efforts. The AMA automated system could accept magnetic tape, punched cards and scanner documents without clerical intervention. The AMA could now comply with the ever increasing usage of computers and service bureaus.

Prepared by Department of Billing Services, Survey Data Center, June, 1978.

C. Method used for Dues Transfer.

Currently, the PMC System provides State Societies* with three methods for transmitting membership data:

1. Automated----------Twenty State Societies incorporate some means of automation for the transfer of membership information via:
   A. Magnetic Tape
   B. Machine punched cards
   C. Computer printed lists
   D. Diskettes

2. Scanner Cards---------- Twenty-one State Societies utilize the scanner kit provided by the AMA for the transfer of membership information. Annually the AMA mails a Scanner Kit which includes an instruction booklet with all material necessary for using the scanner cards.

3. Manual Reports---------- Fourteen State Societies report membership information via some means of manual reports. These reports consist of type-written listings, invoice tickets and in some cases letters of request for membership.

* See Exhibit "A" for a listing of each State Society and its method for transmitting dues to the AMA.

II Benefits obtained from Standard Operating Procedures

All participants benefit in following the Standard Operating Procedures outlined:

A. Physicians

1. Receipt of Identification Cards on a timely basis.
2. Selection and receipt of journal publications.
3. Earlier application of dues payment information.
4. Insurance benefits on timely basis.

B. State Societies

1. Less mail concerning receipt of AMA membership benefits.
2. Fewer duplicate payments.
3. Correct addresses on label requests.
4. Correct statistical counts by county and state code on all reports requested.
5. Faster receipt of benefits of membership publication due to correct addresses.
6. Less clerical work required for AMA exception reports.

C. AMA

1. Less mail concerning receipt of AMA membership benefits.
2. Fewer duplicate payments, less refund processing.
3. Member benefits processed on a timely basis.
4. Accurate physician membership data.
5. Less return mail due to incorrect address.
6. Less clerical intervention to process dues.

III. Standard Operating Procedures

A. General

Regardless of the method of input, all State Societies should follow the procedures outlined below:

1. Reports to AMA

a. "Report of AMA members" -- A SEPARATE FORM MUST BE COMPLETED FOR EACH YEAR BEING REPORTED. Do not report half-year dues prior to May 15th. Balance total dues paying members being reported to the total amount of check being mailed. (See Exhibit "C" for this report form)

b. New AMA members -- On a weekly basis, report all AMA dues received from physicians who did not join AMA the previous year. Prompt mailing of new members, along with their dues, will facilitate earlier receipt of benefits of membership.

c. Pending, Exempt, Supplemental and Delinquency Members Listings -- These reports should be reviewed, approved or disapproved as soon as possible after date of receipt. If the State Societies notice any inaccuracy it should be corrected before returning the list to AMA.

2. Reports from AMA

After processing the State Society dues data, AMA will send the State Society:

a. Dues Posted -- A listing of all dues posted for members received from the State Society. This list will consist of all members' dues paid and exempt. (weekly)

b. Pending members -- The listing indicates physicians who paid AMA dues directly instead of through State Societies. States are provided the opportunity to verify AMA membership. (weekly).

In accord with the established schedule developed by AMA, the following reports will be mailed annually:

a. Year End Dues Paid and Dues Exempt Listing -- This listing will consist of all members processed by the State Society the prior year. (January).

b. Exempt Members -- This listing indicates physicians who received an exempt AMA dues status during the previous year. States are provided the opportunity to verify and credit those members identified for the current year exempt status. (February).

c. Supplemental Listing -- The supplemental listing identifies physicians who were members of the State Societies in the prior year and did not join the AMA. Upon State approval, AMA will bill these physicians for membership. (May).

d. Delinquency Listing -- This listing identifies all physicians who were members of the AMA in the prior year and have not

joined the current year. Upon State Society approval, AMA will mail these physicians reminder notices. (June)

(See Exhibit "B" for overview of processing functions and the departments responsible once information is received by AMA.)

B. Scanner States

1. Scanner Kits -- State Societies receiving the scanner kits are detailed in Exhibit "A".

2. Schedule -- The AMA will provide the State Societies using this method for reporting all material in accord with the established schedule.

3. Material -- All material to be received with the scanner reporting kit is detailed in the instruction booklet under Exhibit "D". Upon request the State Societies can receive the scanner cards in sequence by:

   a. Category

   b. Alpha within county

   AMA will also provide a listing in alphabetic order by category of membership.

4. Processing

   a. Include all address and county changes in the spaces provided on the scanner cards.

   b. Report all members who join the state society and do not join AMA.

c. Maintain separate batches of dues paying and dues exempt members.

d. Retain your office copies in the order in which they were submitted.

e. Use Form AMA 2-75 (Exhibit "E") for reporting all prior year society members.

f. Use form AMA 3-75 (Exhibit "F") for reporting members who cannot be found in the listings or pre-printed cards.

g. On a weekly basis, report all new AMA members. This will provide earlier receipt of benefits of membership.

C. Automated States

1. General

a. The state societies providing automated input are identified in Exhibit "A". Those providing diskettes must be converted by AMA to magnetic tape prior to entry into the computer system and requires 3-5 working days for conversion. Listings must be converted to punched cards and could take 5-15 working days depending on their accuracy.

b. Regardless of the media used for reporting, a separate file and report form should be used when different dues years are reported.

c. Do not send members previously reported. This causes additional clerical work and necessitates refund processing.

2. Letter of Agreement

   a. For the state societies wishing to up-date their master-file or correct any incorrect medical education numbers, AMA will provide a magnetic tape containing eleven variables. A letter of agreement (Exhibit "G") must be signed and returned to AMA prior to release of the data tape.

   b. The signed agreement is required for the release of all AMA physician data to ensure confidentiality and protection of the physician's record. This purpose is in keeping with AMA DATA RELEASE POLICIES, adopted by the AMA Board of Trustees.

3. Processing

   a. All tapes requested from AMA for membership up-dates will be in the format of the record layout in Exhibit "H". The first and last record of this file will identify AMA copyright.

   b. Tapes provided to the AMA for dues reporting must be in the format shown in Exhibit "I". All magnetic tapes should be accompanied by a listing of the data contained on the tape. The listing will assist AMA staff in correction of invalid medical education numbers, incorrect addresses, birth date and balancing of dues monies reported.

   c. Diskettes must be in the format shown in Exhibit "J". All punched cards should be accompanied by a listing of the data contained in the punched cards.

e. Computer printed listings used for dues reporting must contain the information designated in Exhibit "I".

f. Balance all files prior to submitting them to the AMA.

D. Manual Reports

1. General

State Societies not automated and not using the AMA reporting kit, provide the AMA with manually prepared reports. The states using this method are identified in Exhibit "A".

2. Processing

a. State Societies sending the AMA manually prepared reports Exhibit "L", should include the following data:

1. MEDICAL EDUCATION NUMBER
2. 5-digit sequential number for each member reported
3. Full first name, middle initial, full last name
4. Address
5. County code
6. Birthdate
7. Classification code
8. Rate code
9. Dues year being paid

IV. Summary

As previously stated, the procedures outlined are consistent with today's equipment operation standards. Consistent with the constant review of new equipment techniques and computer equipment available, the AMA will continue to up-date their procedures. Due to the varying automated methods employed by the Federation, AMA will be revising the system to accomodate all automated input data, reducing the amount of clerical effort required by all Societies. The continued cooperation and support of societies is essential.

IF ANY QUESTIONS ARISE CONCERNING THE PROCEDURES OUTLINED, PLEASE CALL BILLING SERVICES AT (312) 751-6070.

EXHIBITS

EXHIBIT "A"

Manual Report	Scanner Cards	Automated States
Alaska	Alabama	California
Canal Zone	Arizona	Colorado
Guam	Arkansas	Dist. of Columbia
Kansas	Connecticut	Florida
Massachusetts	Delaware	Georgia
Minnesota	Hawaii	Illinois
Mississippi	Idaho	Indiana
Montana	Kentucky	Iowa
New Jersey	Maine	Louisiana
Oregon	Nebraska	Maryland
Tennessee	Nevada	Michigan
Puerto Rico	New Hampshire	Missouri
Virgin Islands	New Mexico	New York
Washington	North Dakota	North Carolina
	Oklahoma	Ohio
	Rhode Island	Pennsylvania
	** South Carolina	Texas
	South Dakota	Virginia
	Utah	Wisconsin
	** Vermont	Wyoming
	West Virginia	

**AMA dues are billed direct from AMA to physicians.

EXHIBIT "B"

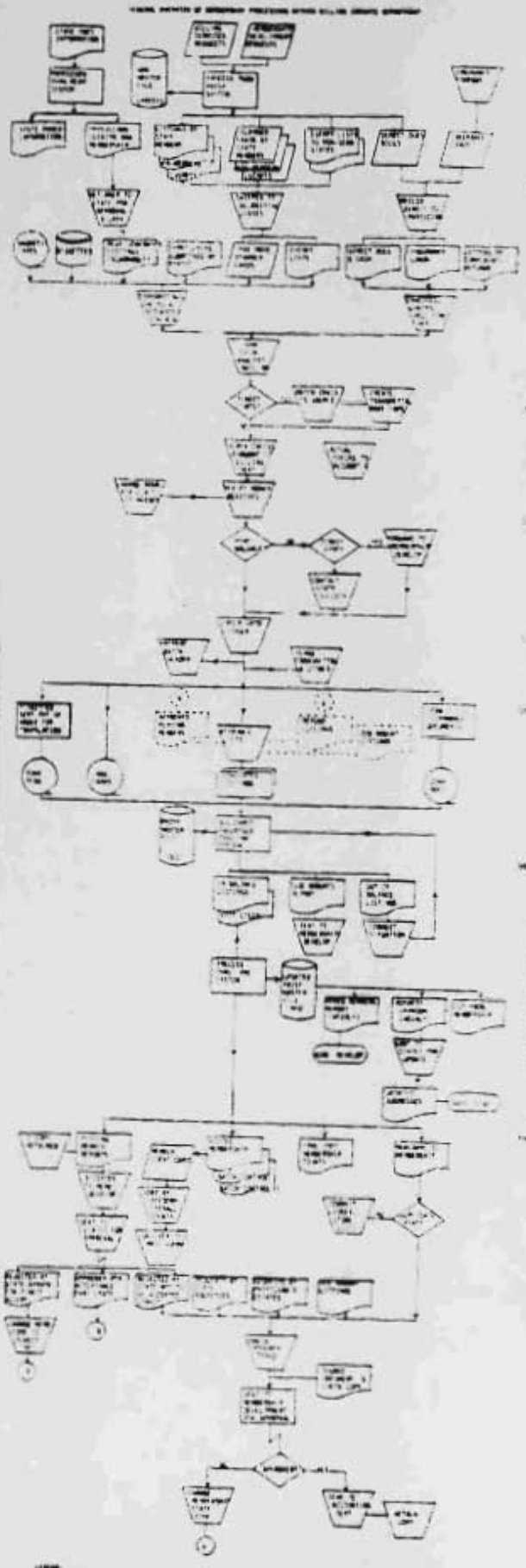

EXHIBIT "C"

To: American Medical Association

Please print or type

Two copies of report are supplied. mail white copy to AMA and retain pink copy for your files.

Report Number _____

REPORT OF AMA MEMBERS

By _____
(Name of State Association)

Collections of American Medical Association Dues
are summarized below
by Physician, Housestaff, and Student membership category.

PHYSICIANS

_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •
_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •
_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •

HOUSESTAFF

_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •
_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •

STUDENTS

_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •
_____ (year)	_____ (number)	$ _____ (rate)	$ _____ (amount) •

TOTAL AMOUNT $ _____ •

I enclose the following payments to balance:

Society Check # _____ in the amount of $ _____ •

_____ Payments from individual members _____ (checks, etc.) aggregating $ _____ •

TOTAL AMOUNT ENCLOSED... $ _____ •

SUMMARY OF NON-DUES-PAYING MEMBERS:

Exempt _____ Members

Associate _____ Members

Date _____

_____
Secretary

Send original copy of this report to:

Mr. R J. Herbst, Mgr. Acctg. Section
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

KF 773L 500 12/76

EXHIBIT "D"

TO: STATE MEDICAL SOCIETIES

FROM: AMERICAN MEDICAL ASSOCIATION

SUBJECT: MEMBERSHIP REPORTING KITS

Enclosed are report forms and related materials prepared by the AMA to facilitate membership reporting by State Medical Societies. This "Membership Reporting Kit" contains: Individual physician membership report forms in portable file containers:

1. Type 1 - Current year dues paying members from your State (Alphabetical).

2. Type 2 - Current year dues exempt members from your State (Alphabetical within Category).

3. Type 3 - Physicians who did not join the AMA but who are able to join the AMA through your State (Alphabetical)

4. Type 4 - Blank individual physician documents to report your new members of the AMA.

5. "Report of AMA Members", Physicians, Housestaff, Students, Summary of non-dues paying members.

6. County Code Listing.

7. Business Reply Envelopes, Paper Band Wrappers and No. 2 pencils.

I INDIVIDUAL MEMBERSHIP REPORT FORMS

The above documents, one each for physicians who AMA records show to be either members of your State Society or residents of your State, are pre-printed by computer with physicians name, address, medical education number, birth date, and current year AMA membership information.

The procedure for completing the pre-printed membership report forms is explained in definition A and also in the Step-by-Step procedures. Please use only a NUMBER 2 pencil in providing the required information. Detach and retain for State Society use the right-hand portion of the completed report forms.

AMA-M 178

A., AMA MEMBERSHIP RENEWALS

If the physician is renewing his membership for the reporting year:

1. Place an "x" in the boxes labeled "State", "County", and "AMA" on the membership report form.

2. From the legend provided on the report form, determine the appropriate membership class code. Enter this code in the box labeled "AMA Class Codes."

3. From the legend provided on the form, determine the appropriate rate code. Enter this code in the box labeled "AMA Rate Codes."

4. If the physician has applied for membership through a different county than that indicated on the report form, enter the new county code in the "County Change" portion of the form. (See attached county code sheet for the appropriate county code).

5. If the Address pre-printed on the document is incorrect, enter the correct address in the space provided.

B. NEW AMA MEMBERS

If the physician was a non-AMA member, but is electing AMA membership for the reporting year, complete the membership report form as in "A" above. Enter county of membership code in the "County Change" portion of the form. If physician's pre-printed form cannot be located prepare a blank.

C. NON-AMA MEMBERS

If the physician has elected not to seek AMA membership for the reporting year but has chosen to seek or retain State Society membership, place an "x" in the boxes labeled "State" and "County". If the physician has gained State Society membership through a different County than that indicated on the report form, enter the new county of membership code in the "County Change" portion of the form. If the physician is a County member only, place "x" in the box labeled "County".

NOTE: A set of blank (non pre-printed) scannable documents is provided for reporting information on those physicians for whom no pre-printed form is included. In the event the use of a non-pre-printed form is required, enter physician name, address, membership year, birth date, state and county codes, medical education number, if available, and code as explained above.

II SUMMARY TRANSMITTAL DOCUMENTS

A supply of summary transmittal documents is included for use by State Medical Societies in submitting membership information and dues payments to AMA.

A transmittal document should accompany each batch of membership reports submitted to the AMA by State Medical Societies. This transmittal document should summarize:

1. AMA dues payments by reporting year and membership category, and ...

2. Exempt and Associate non-dues paying members of AMA.

This information on the transmittal document should balance to membership reports and payments submitted.

NOTE: Where applicable, State Medical Societies are, in addition, requested to submit to AMA the names of those physicians who are members of the State Medical Society but have elected not to seek membership in AMA for the reporting year. This information will facilitate overall membership processing by AMA and should be included in membership reports submitted by State Societies.

A. Report of AMA Members

This transmittal document should accompany each batch of individual AMA membership report forms submitted to the AMA by the State Medical Society. This transmittal document should summarize:

1. AMA dues payments by reporting year and membership category, and ...

2. Exempt and Associate non-dues paying members of AMA.

The information reported on the transmittal document should balance to the AMA membership data contained in the individual membership report forms and to payments submitted. To insure correct accountability please complete a separate form for each year's membership.

B. Report of Non-AMA Members

This transmittal document should be attached to report forms representing non-AMA members (i.e., State members not seeking membership in AMA for the reporting year) and should include a count of all such report forms being submitted.

III STEP-BY-STEP PROCEDURE

1. Money is received by your State Association for a physician's AMA membership.

2. Check the three sets of individual physician documents for the matching physician.

3. If found, pull the document and follow the instruction and example for the particular type of document.

4. If match is not found fill out blank document.

5. Maintain counts by type for transmittal.

6. Retain stub portion for record.

7. Fill out transmittal.

8. Attach check.

IV MAILING INDIVIDUAL MEMBERSHIP REPORT FORMS AND TRANSMITTAL DOCUMENTS TO AMA

A supply of business reply protective mailing envelopes and wrapping bands is included in this package for use in mailing the membership report forms, payments, and summary transmittal documents to the AMA.

When submitting membership report forms, please use the wrapping bands to secure the forms for mailing. Mail all materials, including payments, in the protective return envelopes provided.

If you have any questions concerning this membership kit do not hesitate to contact: Billing and M-CAP Services.

DOE, JOHN
NAME

09/28/45
BIRTH DATE

ACTIVE DUES PAYING MEMBER
PRIOR MEMBERSHIP

STATE COUNTY COUNTY CHANGE

4/ /73
DATE PAID A.M.A.

11
REPORT NUMBER

2 STATE [X] COUNTY [X] A.M.A. [X]

A.M.A. CLASS CODES
0 ACTIVE DUES PAYING
1 HARDSHIP/DISABILITY
3 RETIRED
4 OVER 70
7 ASSOCIATE

A.M.A. CLASS [0]

A.M.A. RATE CODES
1 250.00 FULL YEAR
2 125.00 HALF LAST
3 0.00 EXEMPT
4 125.00 HALF FIRST 2ND ½ EXEMPT
5 35.00 HOUSESTAFF FULL YEAR
6 17.50 HOUSESTAFF HALF YEAR LAST
7 15.00 STUDENT FULL YEAR
8 7.50 STUDENT HALF YEAR LAST

A.M.A. RATE [1]

024017118417824

MEMBERSHIP COUNTY [050]

COUNTY CHANGE

JOHN DOE MD
535 N. DEARBORN
CHICAGO, ILLINOIS 60610

ADDRESS CORRECTION BELOW

PRINT YOUR NUMERALS LIKE THIS
0 1 2 3 4 5 6 7 8 9 X

RETAIN FOR STATE SOCIETY USE

JOHN DOE MD
535 N. DEARBORN
CHICAGO, ILLINOIS 60610

DETACH HERE

CLASS		RATE	
✓	0 ACTIVE	✓	1 250.00 FULL YEAR
	1 DISABILITY HARDSHIP		2 125.00 HALF LAST
	3 RETIRED		3 0.00 EXEMPT
	4 OVER 70		4 125.00 HALF FIRST 2ND ½ EXEMPT
	7 ASSOCIATE		5 35.00 HOUSESTAFF FULL
			6 17.50 HOUSESTAFF HALF LAST
			7 15.00 STUDENT FULL
			8 7.50 STUDENT HALF LAST

A.M.A. FORM 2-71

EXHIBIT "E"

DOE, JOHN
NAME

10/10/04
BIRTH DATE

EXEMPT MEMBER OVER 70
PRIOR MEMBERSHIP

STATE COUNTY
4/12/78
DATE PAID A.M.A.

COUNTY CHANGE
12
REPORT NUMBER

2 STATE [X] COUNTY [X] AMA [X]

A.M.A. CLASS CODES
0-ACTIVE DUES PAYING
1-HARDSHIP/DISABILITY
3-RETIRED
4-OVER 70
7-ASSOCIATE

A.M.A. CLASS [4]

A.M.A. RATE CODES
1 250.00 FULL YEAR
2 125.00 HALF LAST
3 0.00 EXEMPT
4 125.00 HALF FIRST 2ND ½ EXEMPT
5 35.00 HOUSESTAFF FULL YEAR
6 17.50 HOUSESTAFF HALF YEAR LAST
7 15.00 STUDENT FULL YEAR
8 7.50 STUDENT HALF YEAR LAST

A.M.A. RATE [0]

MEMBERSHIP COUNTY [023]

COUNTY CHANGE [042]

050022900327824

JOHN DOE, MD
535 N. DEARBORN
CHICAGO, ILLINOIS 60610
ADDRESS CORRECTION BELOW

PRINT YOUR NUMERALS LIKE THIS
0 1 2 3 4 5 6 7 8 9 X

NAME
4321 OAK DR
PARK GREEN, IL 6281

RETAIN FOR STATE SOCIETY USE

JOHN DOE, MD
535 N. DEARBORN
CHICAGO, ILLINOIS 60610

DETACH HERE

CLASS	RATE
☐ 0 ACTIVE	☐ 1 250.00 FULL YEAR
☐ 1 DISABILITY HARDSHIP	☐ 2 125.00 HALF LAST
☐ 3 RETIRED	☑ 3 0.00 EXEMPT
☑ 4 OVER 70	☐ 4 125.00 HALF FIRST 2ND ½ EXEMPT
☐ 7 ASSOCIATE	☐ 5 35.00 HOUSESTAFF FULL
	☐ 6 17.50 HOUSESTAFF HALF LAST
	☐ 7 15.00 STUDENT FULL
	☐ 8 7.50 STUDENT HALF LAST

AMA FORM 275

EXHIBIT "E"

DOE, JOHN
NAME

03/07/46
BIRTH DATE

NON-MEMBER
PRIOR MEMBERSHIP

STATE COUNTY COUNTY CHANGE

DATE PAID A.M.A. REPORT NUMBER

— 2 STATE [X] COUNTY [ ] A.M.A. [ ]

A.M.A. CLASS CODES
0 ACTIVE DUES PAYING
1 HARDSHIP/DISABILITY
3 RETIRED
4 OVER 70
7 ASSOCIATE

A.M.A. CLASS [ ]

A.M.A. RATE CODES
1 250.00 FULL YEAR
2 125.00 HALF LAST
3 0.00 EXEMPT
4 125.00 HALF FIRST 2ND ½ EXEMPT
5 35.00 HOUSESTAFF FULL YEAR
6 17.50 HOUSESTAFF HALF YEAR LAST
7 15.00 STUDENT FULL YEAR
8 7.50 STUDENT HALF YEAR LAST

A.M.A. RATE [ ]

MEMBERSHIP COUNTY [ ]

COUNTY CHANGE [ ][ ][ ]

— 116262101422800

JOHN DOE, MD
535 N. DEARBORN
CHICAGO, ILLINOIS 60610
ADDRESS CORRECTION BELOW

PRINT YOUR NUMERALS LIKE THIS
0 1 2 3 4 5 6 7 8 9 X

RETAIN FOR STATE SOCIETY USE

JOHN DOE, MD
535 N. DEARBORN
CHICAGO, ILLINOIS 60610

DETACH HERE

CLASS	RATE
[ ] 0 ACTIVE	[ ] 1 250.00 FULL YEAR
[ ] 1 DISABILITY HARDSHIP	[ ] 2 125.00 HALF LAST
[ ] 3 RETIRED	[ ] 3 0.00 EXEMPT
[ ] 4 OVER 70	[ ] 4 125.00 HALF FIRST 2ND ½ EXEMPT
[ ] 7 ASSOCIATE	[ ] 5 35.00 HOUSESTAFF FULL
	[ ] 6 17.50 HOUSESTAFF HALF LAST
	[ ] 7 15.00 STUDENT FULL
	[ ] 8 7.50 STUDENT HALF LAST

AMA FORM 2 75

EXHIBIT "E"

NAME: JOHNSON, ROBT, ALLEN

— 3 STATE [X] COUNTY [X] AMA [X]

AMA CLASS CODES
0 ACTIVE DUES PAYING
1 HARDSHIP DISABILITY
3 RETIRED
4 OVER 70
7 ASSOCIATE

AMA CLASS [0]

AMA RATE CODES
1 250.00 FULL YEAR
2 125.00 HALF LAST
3 0.00 EXEMPT
4 125.00 HALF FIRST 2ND ½ EXEMPT
5 35.00 HOUSESTAFF FULL YEAR
6 17.50 HOUSESTAFF HALF YEAR LAST
7 15.00 STUDENT FULL YEAR
8 7.50 STUDENT HALF YEAR LAST

AMA RATE [1]

PRINT YOUR NUMERALS LIKE THIS [0 1 2 3 4 5 6 7 8 9 X]

— 01610658071 9 | 78 | 16 | 042 | 05 23 37

1062 PARK DR

WILMETTE, IL 60091

AMA FORM 3-75

DETACH HERE

STATE COUNTY

4/0/72
DATE PAID A.M.A.

12
REPORT NUMBER

RETAIN FOR STATE SOCIETY USE

Robt. A. Johnson
NAME

1062 Park Dr.
ADDRESS

Wilmette Ill. 6009.
CITY, STATE, ZIP

CLASS	RATE
[X] 0 ACTIVE	[X] 1 250.00 FULL YEAR
[ ] 1 DISABILITY HARDSHIP	[ ] 2 125.00 HALF LAST
[ ] 3 RETIRED	[ ] 3 0.00 EXEMPT
[ ] 4 OVER 70	[ ] 4 125.00 HALF FIRST 2ND ½ EXEMPT
[ ] 7 ASSOCIATE	[ ] 5 35.00 HOUSESTAFF FULL
	[ ] 6 17.50 HOUSESTAFF HALF LAST
	[ ] 7 15.00 STUDENT FULL
	[ ] 8 7.50 STUDENT HALF LAST

EXHIBIT #P

NAME

PETERSEN DWAYNE C JR

— 3 STATE [X] COUNTY [X] AMA [ ]

AMA CLASS CODES
0 ACTIVE DUES PAYING
1 HARDSHIP DISABILITY
3 RETIRED
4 OVER 70
7 ASSOCIATE

AMA CLASS [ ]

AMA RATE CODES
1 250.00 FULL YEAR
2 125.00 HALF LAST
3 0.00 EXEMPT
4 125.00 HALF FIRST 2ND ½ EXEMPT
5 35.00 HOUSESTAFF FULL YEAR
6 17.50 HOUSESTAFF HALF YEAR LAST
7 15.00 STUDENT FULL YEAR
8 7.50 STUDENT HALF YEAR LAST

AMA RATE [ ]

PRINT YOUR NUMERALS LIKE THIS 0 1 2 3 4 5 6 7 8 9 X

— 0320167128 0 | MEMBER YEAR 78 | MEMBERSHIP STATE 24 COUNTY 023 | BIRTH DATE 063044

DETACH HERE

STATE COUNTY

DATE PAID A.M.A.

19
REPORT NUMBER

RETAIN FOR STATE SOCIETY USE

Petersen Dwayne Jr.
NAME

419 East 32nd St
ADDRESS

Boise ID 83704
CITY, STATE, ZIP

CLASS	RATE
☐ 0 ACTIVE	☐ 1 250.00 FULL YEAR
☐ 1 DISABILITY HARDSHIP	☐ 2 125.00 HALF LAST
☐ 3 RETIRED	☐ 3 0.00 EXEMPT
☐ 4 OVER 70	☐ 4 125.00 HALF FIRST 2ND ½ EXEMPT
☐ 7 ASSOCIATE	☐ 5 35.00 HOUSESTAFF FULL
	☐ 6 17.50 HOUSESTAFF HALF LAST
	☐ 7 15.00 STUDENT FULL
	☐ 8 7.50 STUDENT HALF LAST

EQUITABLE 8pm

GARRISON, MICHAEL, A

3 X X X

AMA CLASS CODES
0 ACTIVE DUES PAYING
1 HARDSHIP DISABILITY
3 RETIRED
4 OVER 70
7 ASSOCIATE

AMA CLASS: 1

AMA RATE CODES*
1 250.00 FULL YEAR
2 125.00 HALF LAST
3 0.00 EXEMPT
4 125.00 HALF FIRST 2ND ½ EXEMPT
5 35.00 HOUSESTAFF FULL YEAR
6 17.50 HOUSESTAFF HALF YEAR LAST
7 15.00 STUDENT FULL YEAR
8 7.50 STUDENT HALF YEAR LAST

AMA RATE: 3

PRINT YOUR NUMERALS LIKE THIS: 0 1 2 3 4 5 6 7 8 9 X

0 1 6 1 1 7 5 0 3 2 1

MEMBER YEAR: 78

STATE: 16

COUNTY: 042

BIRTH DATE: 06 12 50

3 1 0 ELM DR

GLENN BROOK CENTER

GLENVIEW, IL 60093

STATE: COUNTY:

4/10/78
DATE PAID AMA

11
REPORT NUMBER

RETAIN FOR STATE SOCIETY USE

Michael A Garrison
NAME

310 Elm Drive
ADDRESS

Glenview IL 60025
CITY, STATE, ZIP

DETACH HERE

CLASS	RATE
☐ 0 ACTIVE	☐ 1 250.00 FULL YEAR
☒ 1 DISABILITY HARDSHIP	☐ 2 125.00 HALF LAST
☐ 3 RETIRED	☒ 3 0.00 EXEMPT
☐ 4 OVER 70	☐ 4 125.00 HALF FIRST 2ND ½ EXEMPT
☐ 7 ASSOCIATE	☐ 5 35.00 HOUSESTAFF FULL
	☐ 6 17.50 HOUSESTAFF HALF LAST
	☐ 7 15.00 STUDENT FULL
	☐ 8 7.50 STUDENT HALF LAST

AMA FORM 375

EXHIBIT "P"

EXHIBIT "G"

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO ILLINOIS 60610 • PHONE (312) 751 6000 • TWX 910 221 0300

BILLING AND MEMBER SERVICE DEPARTMENT

ANTHONY A. [illegible]
Director

February 22, 1978

Mr. John Doe
535 North Dearborn Street
Chicago, Illinois 60610

Dear Mr. Doe:

As in previous years, the AMA will continue to provide selected AMA data from the AMA Physician Master File to your state society in response to our request for assistance in processing AMA membership dues. We are forwarding to you, under separate cover, the AMA data described in the sheet which is attached hereto and labeled "State Medical Society Membership and AMA Medical Education Number Sequence Tape Layout."

Because of the Copyright Revision Act of 1976 which became effective on January 1, 1978, a written agreement between us is required to insure protection of AMA data under the doctrine of limited publication. Therefore, the state society agrees that, in consideration for and as a condition precedent to, acceptance and use of AMA data being provided to state societies hereunder, said AMA data shall be used only pursuant to the following terms and conditions:

The state society agrees that the AMA data being provided hereunder shall be used only internally and solely for the specific purposes of solicitation of membership and reporting and acknowledging to the AMA the receipt of membership dues for the calendar year 1978. The AMA data furnished hereunder shall not be released, copied, assigned, transferred, sold, merged, disclosed or extracted for any use by any other party or organization, including agencies of the United States Government. The state society agrees that the AMA data being provided hereunder represents unique, confidential and unpublished data and that the AMA reserves all rights in such property, including, but not limited to, common law and statutory rights of literary property and copyright. The state society further agrees that the AMA data provided hereunder shall not be assigned or released as a result of this agreement, but is at all times reserved and retained by the AMA subject to the limited uses described in this agreement.

The AMA agrees that, if requested by medical society, it shall provide to state society an up-date of the medical education number by means of a magnetic tape. This up-date shall be provided not more frequently than once per month and said data on said up-date shall be subject to all the terms and conditions of this agreement.

The state society agrees that in the event this agreement is terminated or that a similar agreement does not continue in full force and effect, all AMA data being provided hereunder shall be returned to the AMA on or before December 31, 1978. Any AMA data not so returned shall be destroyed by state society.

Please indicate your acceptance of this arrangement by signing the enclosed copy where indicated and returning it to me for my files.

If you are utilizing a Service Bureau for the services designated herein, also have the Service Bureau sign this agreement indicating their acceptance of the restrictions on the use of the AMA data.

If you have any questions concerning this matter, please do not hesitate to contact me.

Sincerely,

Anthony A. Mutoyer

AM:ma

Accepted this _____day of _____, 1978

_____

If applicable, accepted this _____day of _____, 1978

_____

EXHIBIT "H"

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

State Medical Society Membership

In AMA Medical Education Number Sequence

Tape Layout

Field Name	Length	Positions
Medical Education Number	11	1-11
Name (last, first, middle)	25	12-36
SR/JR code 1 = SR 2 = JR 3 = II 4 = III 5 = IV blank = none of above	1	37
MD/DO/ST Indicator MD = Doctor of Medicine DO = Doctor of Osteopathy ST = Student	2	38-39
Local address	30	40-69
City, state and zip code	23	70-92
Zip code (left-justified)	6	93-98
Birthdate (MMDDYY)	6	99-104
Current AMA Membership Year	2	105-106
Current AMA Membership Class	1	107
Current AMA Membership State Code	2	108-109
Current AMA Membership County Code	3	110-112
(Reserved for future use)	3	113-115
User Identifier	7	116-122
(Reserved for future use)	28	123-150
	150 Total	

File Characteristics

Density = 1600 B.P.I., 9 track
Label = No Label
Record format = fixed block
Logical record length = 150
Blocking factor = 10

EXHIBIT "I"

American Medical Association
Membership Record Format

1.	Medical Education or Other I.D. Length 11 Position 1-11	A code which uniquely identifies the record, if other than Medical Education number. The coding structure and definition must be supplied by the society.
2.	Name Length 30 Positions 12-41	Name of individual in the format of Last - Comma - First - Blank - Middle name or initial.
3.	MD-DO-ST Length 2 Positions 42-43	Either the characters MD or DO designate the degree conferred on the individual or ST if the individual is currently a medical student.
4.	Address 1 Length 30 Positions 44-73	The first portion or line of the individuals local address. If not required do not insert City State.
5.	Address 2 Length 30 Positions 74-103	The second portion or line of the individuals local address. If not required do not insert City, State.
6.	City, State Length 25 Positions 104-128	The City and State or Foreign Country in which the individual receives his mail, in the format of City-Comma - State. Note: If society maintains multiple addresses, the professional mailing address is preferred.
7.	Zip Code Length 5 Positions 129-133	The current Zip Code which is related to the City State in field 6. If foreign, please use constant '00100'.
8.	Birthdate Length 6 Positions 134-139	The Birthdate of the individual in in the format of MMDDYY. If birthdate information is not carried by society fill with zeros. If Birthdate is carried but unknown, insert 13 in MM field, Zeros in DD field and estimated year of birth in YY field.

9. State Code

Length 2
Positions 140-141

A constant for each state society which relates to the state membership code as used by A.M.A. (See attached Table).

10. County Code

Length 3
Positions 142-144

A county membership designation as determined by the State Society. Each state should submit to the A.M.A. a table which identifies their membership county codes. Any additions, deletions, consolidations or changes, subsequently effected should also be forwarded to the A.M.A.

11. A.M.A. Class Code

Length 1
Position 145

A single numeric code which designates the A.M.A. membership class of the individual. The code explanations are as follows:

0 - Dues paying - Any amt.
1 - Hardship/Disability Exempt
3 - Retired Exempt
4 - Over 70 yrs. of Age Exempt
7 - Associate Exempt
9 - Non-A.M.A. Member Codes
2,6 and 8 are for A.M.A. internal use only.

12. Amount Paid A.M.A.

Length 5
Positions 146-150

The amount of money paid by the individual earmarked for A.M.A. dues. If Class Code (field 11) is non zero, this field should be zero filled. If Class Code is zero, this field will be edited for the following amounts 25000, 12500, 03500, 01750, 01500, 00750, as these are the only dues amounts currently valid. Partial payments are not acceptable at this time. The format of this field is DDDCC with leading zeros and no decimal point present. This field will be accumulated to balance to amount of accompanying check.

13. Date Paid A.M.A.

Length 6
Positions 151-156

Either date society received money from individual or date society disbursed to A.M.A. or processing date, in the format of MMDDYY. Society must advise A.M.A. which they intend to use and of any subsequent changes. If exempt member date effective and if non-member, field must be zero filled.

14. Year of Membership

Length 2
Positions 157-158

Year for which membership is effective in format of YY. This will contain the decade and units portion of the year. If member is remitting back dues and current dues multiple records must appear.

15. Record Number

Length 5
Positions 159-163

A sequentially assigned five digit numeric which identifies the sequence of this record in the data set. Field must be right, justified zero filled and start with 00001 for each data set.

16. Data Set Identifier

Length 7
Positions 164-170

A unique identifier perhaps check number which identifies this data set from other data sets submitted by the society for processing. The contents of this field will be identical for all records within this data set. The contents should be changed for each data set submitted and so noted on accompanying transmittal sheet.

PREFFERRED CHARACTERISTICS

Track = 9
BPL - 1600 or 800
Lables = Standard OS or No Label
Record Format = Fixed or Fixed Block
Record Length = 170
Blocksize = 1700
Blocking Factor = 10

EXHIBIT "J"

American Medical Association
Membership Record Format
Diskette

	Diskette 1	2	3
1-11 ME NUMBER	x	x	x
12-41 NAME FIELD AND 1ST LINE OF ADDRESS	x	x*	
12-18 BIRTH DATE FIELD 7 DIGITS			x
19-20 STATE CODE			x
21-23 COUNTY CODE			x
24 AMA CLASS CODE			x
25-29 AMOUNT PAID FIELD			x
30-35 DATE PAID FIELD			x
36-37 YEAR OF MEMBERSHIP			x
38-43 RECORD NUMBER 6 DIGITS			x
42-66 CITY STATE FIELD		x	
42-43 MD, DO, OR OTHER TITLE FIELD	x		
44-73 ADDRESS LINE 2 FIELD	x		
67-71 ZIP CODE			
74-79 BATCH NUMBER	x	x	x
80 CARD ID 1, 2, 3			

*In card 2, this is Addr. 2.

EXHIBIT "K"

American Medical Association
Membership Record Format
Card

	Card 1	2	3
1-11 ME NUMBER	x	x	x
12-41 NAME FIELD AND 1ST LINE OF ADDRESS	x	x*	
12-18 BIRTH DATE FIELD 7 DIGITS			x
19-20 STATE CODE			x
21-23 COUNTY CODE			x
24 AMA CLASS CODE			x
25-29 AMOUNT PAID FIELD			x
30-35 DATE PAID FIELD			x
36-37 YEAR OF MEMBERSHIP			x
38-43 RECORD NUMBER 6 DIGITS			x
42-66 CITY STATE FIELD		x	
42-43 MD. DO, OR OTHER TITLE FIELD	x		
44-73 ADDRESS LINE 2 FIELD	x		
67-71 ZIP CODE			
74-79 BATCH NUMBER	x	x	x
80 CARD ID 1, 2, 3			

*In card 2, this is Addr. 2.

Report #-1

MEMBERSHIP REPORT FOR XYZ SOCIETY

ME#	SEQ. #	NAME	ADDRESS	CTY	BIRTH DATE	CLASS	RATE	YEAR
12345678910	00001	John Doe	412 E. Street Chicago, Il. 60610	010	01/22/40	0	1	78
15346789015	00002	John R. Doe	14 E. Walnut Chicago, Il. 60611	012	05/16/39	0	5	78
16789038911	00003	Frank J. Royal	535 N. Dearborn Chicago, Il. 60609	011	01/12/45	3	3	78

EXHIBIT "L"

PUBLICATIONS

AS AN AMA DUES PAYING MEMBER A PHYSICIAN OR MEDICAL STUDENT RECEIVES THE AMERICAN MEDICAL NEWS, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND A CHOICE OF ONE OF THE FOLLOWING PUBLICATIONS:

- 23 - *AMERICAN JOURNAL OF DISEASES OF CHILDREN*
- 14 - *ARCHIVES OF DERMATOLOGY*
- 41 - *ARCHIVES OF GENERAL PSYCHIATRY*
- 50 - *ARCHIVES OF INTERNAL MEDICINE*
- 59 - *ARCHIVES OF NEUROLOGY*
- 68 - *ARCHIVES OF OPHTHALMOLOGY*
- 77 - *ARCHIVES OF OTOLARYNGOLOGY*
- 86 - *ARCHIVES OF PATHOLOGY AND LABORATORY MEDICINE*
- 95 - *ARCHIVES OF SURGERY*

A CARRY OVER MEMBER CONTINUES TO RECEIVE THE JAMA, AMERICAN MEDICAL NEWS, AND THE SPECIALTY JOURNAL HE HAS PREVIOUSLY SELECTED. IF HE WISHES TO CHANGE HIS SPECIALTY PUBLICATION HE MAY DO SO BY MAKING A NEW SELECTION ON THE JOURNAL PORTION OF THE AMA MEMBERSHIP CARD. (SAMPLE ATTACHED)

A NEW MEMBER WILL START TO RECEIVE JAMA AND AMERICAN MEDICAL NEWS APPROXIMATELY FOUR WEEKS AFTER THE MEMBERSHIP HAS BEEN POSTED. HIS SPECIALTY PUBLICATION WILL NOT BE ENTERED INTO THE RECORD UNTIL THE MEMBER RETURNS HIS JOURNAL SELECTION CARD. (SAMPLE ATTACHED)

IT CAN TAKE UP TO EIGHT WEEKS FROM TIME THE JOURNAL IS ENTERED INTO THE PHYSICIAN'S OR MEDICAL STUDENT'S MEMBERSHIP RECORD BEFORE A NEW MEMBER BEGINS TO RECEIVE HIS SPECIALTY PUBLICATION.

IT WOULD BE OF BENEFIT TO THE MEMBER IF THE STATE COULD REPORT THE JOURNAL SELECTIONS TO US AT THE TIME THE MEMBERSHIP IS REPORTED. HOWEVER, IF THE REPORTING SYSTEMS ARE EITHER TAPE TO TAPE, MACHINE PUNCHED CARDS, DISKETTS, COMPUTER PRINTED LISTS OR SCANNER CARDS, A SEPARATE LISTING WOULD HAVE TO BE USED TO REPORT JOURNAL SELECTIONS.

UNDERSTANDABLY, YOU CAN SEE THE IMPORTANCE OF REPORTING NEW MEMBERS TO US AS QUICKLY AS FEASIBLY POSSIBLE.

1975 MEMBERSHIP CARD

American Medical Association

ACTIVE

048-16-73-004-8 IM
John Doe, M. D.
43 Main St.
Chicago, IL 60691

JAMA
Archives #50

048-16-73-004-8 IM
John Doe, M. D.
43 Main St.
Chicago, IL 60691

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street Chicago Illinois 60610

PHYSICIANS ELIGIBLE FOR DIRECT MEMBERSHIP

DUE TO BYLAW RESTRICTIONS IN SOME STATES, PHYSICIANS AND MEDICAL STUDENTS ARE EXCLUDED FROM MEMBERSHIP. *EXAMPLES....* SOME STATES HAVE PROVISIONS FOR HOUSESTAFF AND MEDICAL STUDENTS, OTHER STATES DO NOT; SOME STATES ACCEPT UNLICENSED PHYSICIANS WHILE OTHERS DO NOT.

PHYSICIANS AND MEDICAL STUDENTS WHO ARE NOT ELIGIBLE FOR REGULAR ACTIVE AMA MEMBERSHIP THROUGH THEIR LOCAL MEDICAL SOCIETIES, DUE TO STATE OR COMPONENT BYLAW EXCLUSIONS, MAY JOIN THE AMA AS DIRECT DUES PAYING MEMBERS.

STATE MEDICAL SOCIETIES RECEIVE A LIST OF PHYSICIANS AND STUDENTS WHO HAVE PAID AMA DUES DIRECT AND WHOSE DUES ARE BEING HELD IN PENDING. STATES ARE ASKED TO APPROVE OR DISAPPROVE THESE PHYSICIANS AND STUDENTS FOR DIRECT MEMBERSHIP.

IF A PHYSICIAN OR STUDENT IS A MEMBER OF THE STATE MEDICAL SOCIETY, WE ACCEPT THESE DUES DIRECTLY BUT CREDIT THE MEMBERSHIP TO THE STATE SOCIETY.

IF THE PHYSICIAN OR MEDICAL STUDENT IS ELIGIBLE FOR STATE AND COUNTY MEMBERSHIP, BUT HAS NOT JOINED LOCALLY, A LETTER* IS SENT TO HIM, INFORMING HIM THAT HE MUST FIRST JOIN HIS LOCAL SOCIETIES IN ORDER TO BE A MEMBER OF THE AMA.

IT IS IMPORTANT THAT THESE PENDING REPORTS* ARE RETURNED TO US, AS RAPIDLY AS POSSIBLE, SINCE THESE PHYSICIANS ARE WAITING TO HEAR FROM US. MEMBERSHIP BENEFITS DO NOT COMMENCE UNTIL THE PENDING MEMBERSHIP IS ACCEPTED AND PROCESSED.

A COVER MEMORANDUM (SAMPLE ATTACHED) IS INCLUDED WITH EACH PENDING REPORT.

SAMPLE

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910 221 0300

PUBLIC AFFAIRS DIVISION

WAYNE W BRADLEY
Director
751-6460

DEPARTMENT OF
MEMBERSHIP DEVELOPMENT

JAMES W COURSEY
Director
751 5996

SHIRLEY A POSITANO
Administrative Assistant
751 5994

June 6, 1978

John H. Jones, M. D.
1112 S. Halsted
Chicago, IL 60616

Dear Doctor Jones:

We wish to express our sincere thanks for your recent dues payment.

However, AMA Bylaws require that physicians who are eligible for state society membership must first join their county and state medical societies. If, for some reason, you should be ineligible for regular membership through your local societies or if you are a member of your state society, please contact me as soon as possible so that we may accept and process your AMA membership. Just a note on this letter is all that is necessary.

Once again, thank you for your support through membership in the American Medical Association.

Sincerely,

Shirley A. Positano

SAMPLE

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

PUBLIC AFFAIRS DIVISION

WAYNE W. BRADLEY
Director
751-6460

DEPARTMENT OF
MEMBERSHIP DEVELOPMENT

JAMES W. COURSEY
Director
751-5996

MEMORANDUM

TO:

FROM: James W. Coursey

DATE:

Attached is a membership pending report, listing all physicians in your state who have paid AMA dues for 1978. Before we accept these direct dues payments we would like clearance from you. Please review the report and:

1. Check the "yes" if the physician is a member of your state. We will then accept the 1978 dues and credit the membership to your state.

2. If the physician is not a state member, check the "no" and, if possible, please state the reason.

3. Include the county code.

4. Sign and date the report.

Please remember, these physicians are waiting to hear from us. Therefore, we ask that you return the report within two weeks of receipt.

Thank you for your cooperation.

SAMPLE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910 221 0300

PUBLIC AFFAIRS DIVISION
WAYNE W. BRADLEY
Director
(751-6460)

DEPARTMENT OF
MEMBERSHIP DEVELOPMENT
KENNETH G. BUGAN
Assistant Director
(751-5992)

MEMORANDUM

TO: Executive Secretaries
State Medical Societies

FROM: Kenneth G. Bugan

DATE:

Once again, we are asking your help and cooperation.

Chapter 1, Section 1. B(3) of the AMA Bylaws provides that a physician is eligible for direct membership in the AMA provided there is no disapproval by the county and state society. Disapproval categories are that the doctor (1) has not joined the local society but is eligible for local membership or (2) he has been refused membership because of legal or ethical considerations.

As you may know, many societies do not provide a membership opportunity for some groups of physicians due to their area of professional employment. Some of these groups are military, government employees, academia, research physicians, unlicensed physicians, etc. However, all of these physicians are eligible for membership in the AMA via one chapter or another of the AMA Bylaws, with the above two exceptions. The vast majority of physicians are eligible only through the state and county societies and can join AMA only through that avenue.

Therefore, the only exclusions should be:

1. Those who are eligible for local membership but have not joined, or

2. legal and/or ethical difficulties

All applicants that we must reject due to either of the above reasons will be asked to join through their local medical societies.

Before we accept these direct 1978 dues payments we would like clearance from you. Please review the attached pending report and:

1. Check the "yes" if the physician is a member of your state. We will then accept the 1978 AMA dues and credit the membership to your state.

2. If the physician is not a state member, check the "no" and, if possible, please state the reason.

3. Include the county code.

4. Sign and date the report.

Please remember, these physicians are waiting to hear from us. Therefore, we ask that you return the report within <u>two weeks</u> of receipt.

Thank you for your cooperation.

DATE 05-12
STATE OH

A.M.A. PENDING ... BERS REPORT

A.M.A. DUES RECEIPTS REPORTED DIRECTLY F..M PHYSICIANS RESIDING IN YOUR STATE
05/06/78 THRU 05/12/78

M.E. #	NAME/ADDRESS	AMOUNT RECD		MEMBER OF STATE	
04706500141	BRANDES,NORMAN S 6230 BUSCH BLVD NO 310 COLUMBUS OH 43229	250.00	ACTIVE	Y E S	COUNTY CODE _ _ _
				N O	PLEASE EXPLAIN
03606750262	DAVIS,JOAN L TENZEL 2920 CORYDON RD CLEVELAND HEIGHTS OH 44118	035.00	ACTIVE	Y E S	COUNTY CODE _ _ _
				N O	PLEASE EXPLAIN
44513720024	MISHRA,UMA B ALLAVA VET ADMIN CTR DEPT MED DAYTON OH 45428	035.00	ACTIVE	Y E S	COUNTY CODE _ _ _
				N O	PLEASE EXPLAIN

TOTAL RECEIPTS REPORTED THIS PERIOD 3

SAMPLE

CLARIFICATION OF DUES PAYING MEMBERSHIP

FULL YEAR DUES AND HALF YEAR DUES

EVEN THOUGH SOME STATE SOCIETIES ACCEPT PARTIAL DUES PAYMENTS (i.e., $50 a month), AMA COMPUTER SYSTEMS AND THE AMA OFFICE OF FINANCE DO NOT HAVE THE CAPABILITIES FOR RECORDING AND PROCESSING PARTIAL PAYMENTS.

AMA DUES ARE ON A CALENDAR YEAR BASIS *(JANUARY THROUGH DECEMBER)*. WE HAVE NO PROVISIONS TO ACCEPT PAYMENTS OTHER THAN FULL OR HALF YEAR DUES.

NEW MEMBERS JOINING AFTER JULY 1 WOULD PAY HALF YEAR DUES, i.e.,

$125.00 *REGULAR MEMBERS*

$ 17.50 *HOUSESTAFF*

$ 7.50 *MEDICAL STUDENTS*

CLARIFICATION OF AMA DUES EXEMPT STATUS

AMA HAS ONLY 3 CATEGORIES OF EXEMPT MEMBERSHIP:

EXEMPT 1: FINANCIAL HARDSHIP OR DISABILITY

EXEMPT 3: RETIRED

EXEMPT 4: OVER 70

EXEMPTIONS 1 AND 3 MUST BE CONSISTENT WITH THE EXEMPTION CRITERIA IN A PHYSICIAN'S COMPONENT AND STATE ASSOCIATION.

EXEMPTION 4 - A MEMBER ON REQUEST, REGARDLESS OF LOCAL DUES EXEMPTION, ON JANUARY 1 FOLLOWING HIS 70th BIRTHDAY.

ALL REPORTING UNITS SHOULD USE AMA CODES TO EXPEDITE THE PROCESSING OF A PHYSICIAN'S EXEMPT MEMBERSHIP STATUS. THESE EXEMPT MEMBERS ARE CONSIDERED ACTIVE.

EXEMPT MEMBERS MAY RECEIVE AMA PUBLICATIONS AT HALF PRICE.

THE STATE BILLING UNITS SHOULD FORWARD DUES EXEMPT REPORTS TO THE AMA AS SOON AS THE INFORMATION IS AVAILABLE.

*DUES EXEMPT LISTS** ARE MAILED TO EACH STATE SOCIETY DURING THE MONTH OF FEBRUARY. THE LIST CONTAINS NAMES OF PHYSICIANS WHO WERE PRIOR YEAR AMA EXEMPT MEMBERS. THE STATE SOCIETIES ARE REQUESTED TO VERIFY OR UPDATE EACH PHYSICIAN'S MEMBERSHIP STATUS. A COVERING MEMORANDUM WILL ACCOMPANY EACH LIST, EXPLAINING THE PROCEDURE TO BE FOLLOWED FOR COMPLETING THE LIST.

PHYSICIANS WHO ARE AMA EXEMPT MEMBERS BECAUSE OF AGE (OVER 70, EXEMPTION CATEGORY 4) ARE AUTOMATICALLY PROCESSED EACH YEAR.

* SAMPLE ATTACHED

SAMPLE

M E M O R A N D U M

TO: Roger N. White, Executive Administrator

FROM: Department of Membership Development

DATE: May 12, 1978

Enclosed is a 1977 membership report, listing physicians who are AMA dues exempt members through your state. Please review the report and indicate the 1978 AMA membership status of each physician using one of the following:

- "No longer eligible" - delete name.
- "To be continued for 1978" - note the appropriate code number* next to the name.

*Code Numbers

#1 - Exempt because of disability or financial hardship.

#3 - Exempt because of retirement.

#4 - Exempt because physician is over 70 years of age.

Please return the completed report within three weeks of receipt.

When you report new 1978 exempt members, use your standard reporting forms, but do not forget to use the exempt code numbers.

Your continued cooperation is appreciated.

01

MEMO	NAMELBLS	MEMBCL	NAMEORIG
01110			
04706260094	WM JAMES DONALD MD	3	DONALD,WM JAMES,
MEMBSTSC COUNT	1		
01154			
04706340055	WM C BARCLIFT MD	3	BARCLIFT,WM C,
04113360068	FOLKE BECKER MD	3	BECKER,FOLKE,
01205360071	ELMER L CAVENY MD	3	CAVENY,ELMER L,
02307360135	BEACH M CHENOWETH JR MD	3	CHENOWETH,BEACH M,
03607360145	DURWARD L LOVELL MD	3	LOVELL,DURWARD L,
01205260249	JOS LAWRENCE PARSONS MD	3	PARSONS,JOS LAWRENCE,
01611441220	HARDIN M RITCHEY MD	3	RITCHEY,HARDIN M,
06102610626	WM H SPROELL MD	1	SPROELL,WM H,
00102640578	GEO T STAFFORD III MD	1	STAFFORD,GEO T,
00102490262	EVELYN LALLY STANSELL MD	3	STANSELL,EVELYN LALEY,
04101441122	ELDRED BURDEN TEAGUE MD	3	TEAGUE,ELDRED BURDEN,
02101360667	SAML RALPH TERHUNE MD	3	TERHUNE,SAML RALPH,
01205360465	JAMES W UNDERWOOD MD	3	UNDERWOOD,JAMES W,
MEMBSTSC COUNT	13		
01210			
00701360634	PHILIP SAUL BAZAR MD	1	BAZAR,PHILIP SAUL,
02101450447	PAUL SCOTT FOSTER MD	1	FOSTER,PAUL SCOTT,
02307260142	WM ADAMS GUNTER MD	3	GUNTER,WM ADAMS,
04501210035	RALPH E LAWRENCE MD	3	LAWRENCE,RALPH E,
02307440558	ROBT S B PENTON MD	1	PENTON,ROBT S B,
MEMBSTSC COUNT	5		
01214			
01701440242	ALBERT FISHER MD	1	FISHER,ALBERT,
04706450588	ROWLAND DALL HAWKINS MD	1	HAWKINS,ROWLAND DALL,
02307460346	LAURENCE STEUART JACKSON MD	3	JACKSON,LAURENCE STUART,
04706551510	WALTER FRANK SIDWELL MD	1	SIDWELL,WALTER FRANK,
04706320028	JAMES BOYCE WILLY SR MD	3	WILEY,JAMES BOYCE,
MEMBSTSC COUNT	5		
01234			
02101360171	CYRIL FRANKLIN FLOYD MD	3	FLOYD,CYRIL FRANKLIN,

SAMPLE

01

MEMO	NAMELBLS	MEMBCL	NAMEUNIG
MEMBSTSC COUNT	1		
01246			
0470533046[illegible]	SIDNEY J WILLIAMS MD	3	WILLIAMS,SIDNEY J,
MEMBSTSC COUNT	1		
01250			
0[illegible]	WM CURTIS FRIDAY MD	3	FRIDAY,WM CURTIS,
0[illegible]	JOHN DEXTER KAYFIELD MD	3	KAYFIELD,JOHN DEXTER,
MEMBSTSC COUNT	2		
01254			
0[illegible]	HAROLD ULLMAN DARR MD	3	DARR,HAROLD ULLMAN,
MEMBSTSC COUNT	1		
01255			
0[illegible]	WM H DARDEN MD	3	DARDEN,WM H,
MEMBSTSC COUNT	1		
01258			
0[illegible]	ROBT HUNT CULBRANE MD	3	CULBRANE,ROBT HUNT,
0[illegible]	SARAH ELIZABETH GLASS MD	1	GLASS,SARAH ELIZABETH,
0[illegible]	REGINAL D SHAMBLIN MD	3	SHAMBLIN,REGINAL D,
0[illegible]	EVA EUGENIA SIKAHAN MD	1	SIKAHAN,EVA EUGENIA,
MEMBSTSC COUNT	4		
MEMBST COUNT	34		

SAMPLE

MEMBERSHIP STATUS FOR MILITARY AND FEDERAL PHYSICIANS

UNTIL 1976, PHYSICIANS IN THE GOVERNMENT SERVICE (AIR FORCE, ARMY, NAVY, AND USPHS) WERE AUTOMATICALLY AMA MEMBERS AND DID NOT PAY DUES. HOWEVER, AT THE CLINICAL CONVENTION IN DECEMBER, 1975 THE HOUSE OF DELEGATES PASSED A DUES STRUCTURE FOR PHYSICIANS IN MILITARY MEDICAL SERVICE EFFECTIVE IN 1976. THE DUES STRUCTURE IS:

VOLUNTEER COMMISSIONED MEDICAL OFFICERS	$250.00
OBLIGATED COMMISSIONED MEDICAL OFFICERS	$ 35.00
COMMISSIONED RESIDENTS AND FELLOWS	$ 35.00
COMMISSIONED/CIVILIAN SCHOLARSHIP PROGRAM	$ 15.00

MILITARY PHYSICIANS RECEIVE THE SAME BENEFITS AS REGULAR MEMBERS.

EVEN THOUGH SEVERAL STATES HAVE AN EXEMPT CATEGORY OR REDUCED DUES FOR MILITARY PHYSICIANS, MILITARY PHYSICIANS ARE STILL ELIGIBLE TO PAY AMA DUES DIRECTLY.

PHYSICIANS EMPLOYED ON A FULL TIME BASIS BY FEDERAL AGENCIES, (i.e., HEALTH, EDUCATION AND WELFARE) INCLUDING THE VETERANS ADMINISTRATION WHO ARE INELIGIBLE FOR MEMBERSHIP IN A COUNTY AND STATE SOCIETY, MAY BECOME DIRECT AMA MEMBERS. SUCH MEMBERS HAVE THE SAME RIGHTS AND PRIVILEGES AS REGULAR MEMBERS.

PHYSICIANS IN THE ABOVE CATEGORIES SHALL RETAIN THIS CLASS OF MEMBERSHIP ONLY AS LONG AS THEY ARE EMPLOYED BY THE FEDERAL GOVERNMENT AND THEREAFTER

IF THEY HAVE RETIRED IN ACCORDANCE WITH FEDERAL LAW AND ARE NOT ELIGIBLE FOR MEMBERSHIP IN A COUNTY AND STATE SOCIETY.

REPORT OF THE BOARD OF TRUSTEES

Report: W
(C-75)

Subject: Dues Structure for Physicians in Military Medical Service (Board Report G, A-75)

Presented by: Raymond T. Holden, M. D., Chairman

Referred to: Reference Committee F
(Malcolm O. Scamahorn, M. D., Chairman)

At the 1975 Annual Convention the House of Delegates referred to the Board of Trustees its Report G which recommended full active dues-paying membership with access to all AMA benefits for physicians in the military medical service. The delegates from the military medical service supported Report G but requested that the House of Delegates delay action until the Clinical Convention pending recommendations from them on dues structures for different classifications of military physicians.

The proposal from the military physicians is as follows:

Category		Dues
I	Volunteer Commissioned Medical Officers	$250
II	Obligated Commissioned Medical Officers	$35.00
III	Commissioned Interns, Residents and Fellows	$35.00
IV	Commissioned/Civilian Scholarship Program	~~$35.00~~ $15.00

The Board of Trustees recommends that the proposal from the military physicians be adopted as revised and that the Constitution and By-laws be amended accordingly.

Past House Action: A-75:76-77

HOUSESTAFF AND MEDICAL STUDENT MEMBERSHIP

UNTIL 1972 INTERNS AND RESIDENTS WERE REPORTED TO THE AMA AS ACTIVE DUES EXEMPT MEMBERS BY STATE MEDICAL SOCIETIES. IN 1972 PHYSICIANS IN TRAINING WERE ALLOWED TO JOIN THE AMA AS ACTIVE DUES PAYING MEMBERS, EITHER DIRECTLY OR THROUGH A STATE MEDICAL SOCIETY, RECEIVING THE SAME BENEFITS AS REGULAR ACTIVE DUES PAYING MEMBERS. THE AMA MEMBERSHIP FEE IS $35.00 PER YEAR.

IN 1973 MEDICAL STUDENTS WERE GIVEN THE OPPORTUNITY TO JOIN THE AMA FOR THE FIRST TIME. ALSO RECEIVING THE SAME BENEFITS AS ACTIVE DUES PAYING MEMBERS. STUDENT DUES ARE $15.00 PER YEAR.

IN SOME STATES MEDICAL STUDENTS AND HOUSESTAFF MUST JOIN THEIR STATE MEDICAL SOCIETY AS A PREREQUISITE TO BECOMING A MEMBER OF THE AMA, (SEE ATTACHED LISTS). IN MANY INSTANCES A PHYSICIAN IN TRAINING OR A MEDICAL STUDENT IS EITHER VERY BUSY OR SIMPLY DOES NOT KNOW WHO TO CONTACT IN ORDER TO ESTABLISH MEMBERSHIP IN EITHER HIS COUNTY, STATE OR THE AMERICAN MEDICAL ASSOCIATION. THE AMA CONTACTS ALL MEDICAL STUDENTS AND ALL PHYSICIANS IN APPROVED TRAINING PROGRAMS WITH INFORMATION INFORMING THEM OF THEIR ELIGIBILITY FOR AMA MEMBERSHIP, THE DUES RATES, AND BENEFITS OF MEMBERSHIP. HOWEVER, IT WOULD BE HELPFUL IF THE STATES REQUIRING STATE AND COUNTY MEMBERSHIP AS A PREREQUISITE TO AMA MEMBERSHIP WOULD CONTACT MEDICAL STUDENTS AND HOUSESTAFF WITH MEMBERSHIP INFORMATION SUCH AS:

- *WHO TO CONTACT*
- *MEMBERSHIP BENEFITS*
- *MEMBERSHIP FEES*
- *ORIENTATION REQUIREMENTS*
- *LICENSURE REQUIREMENTS*

Mr. S. Lon Conner, Exec. Dir.
Medical Association of the State of Alabama
19 South Jackson Street
Montgomery, Alabama 36104
(205) 263-6441

Mr. Bruce E. Robinson, Exec. Dir.
Arizona Medical Association, Inc.
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Phoenix, Arizona 85013
(602) 246-8901

C. C. Long, M.D., Exec. Vice Pres.
Arkansas Medical Society
214 N. 12th
P.O. Box 1208
Fort Smith, Arkansas 72901
(501) 782-8218

Mr. Willis Babb, Exec. Dir.
California Medical Association
731 Market Street
San Francisco, California 94103
(415) 777-2000

Mr. Donald G. Derry, Exec. Dir.
Colorado Medical Society
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Denver, Colorado 80218
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Mr. James M. Moffett, Exec. Dir.
Medical Association of Georgia
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Atlanta, Georgia 30309
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Indianapolis, Indiana 46208
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(207) 725-6414

Mr. Harold W. Brunn, Exec. Vice Pres.
Minnesota State Medical Association
American National Bank Building
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Mississippi State Medical Association
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Jackson, Mississippi 39216
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Missouri State Medical Association
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Jefferson City, Missouri 65101
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Mr. Kenneth Neff, Exec. Secy.
Nebraska Medical Association
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Lincoln, Nebraska 68508
(402) 432-7585

Mr. William N. Hilliard, Exec. Dir.
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Raleigh, North Carolina 27611
(919) 833-3836

Mr. Vernon Wagner, Exec. Secy.
North Dakota Medical Association
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Bismarck, North Dakota 58501
(701) 436-5311

Mr. Hart F. Page, Exec. Dir.
Ohio State Medical Association
600 South High Street
Columbus, Ohio 43215
(614) 228-6971

Mr. John F. Rineman, Exec. Vice Pres.
Pennsylvania Medical Society
P.O. Box 311
20 Erford Road
Lemoyne, Pennsylvania 17043
(717) 238-1635

Mr. L. Hadley Williams, Jr., Exec. Dir.
Tennessee Medical Association
112 Louise Avenue
Nashville, Tennessee 37203
(615) 327-1451

Mr. C. Lincoln Williston, Exec. Dir.
Texas Medical Association
1801 N. Lamar Blvd.
Austin, Texas 78701
(512) 477-6704

Mr. Hoyt W. Brewster, Exec. Dir.
Utah State Medical Association
42 South 5th East Street
Salt Lake City, Utah 84102
(801) 355-7477

Mr. L. R. Thayer, Secretary
State Medical Society of Wisconsin
330 E. Lakeside
Box 1109
Madison, Wisconsin 53701
(608) 257-6781

Mr. Robert Smith, Exec. Secy.
Wyoming State Medical Society
2727 O'Neil Avenue
P.O. Drawer 4009
Cheyenne, Wyoming 82001
(307) 635-2424

LIST OF STATE MEDICAL SOCIETIES * WITH PROVISIONS FOR MEDICAL STUDENT MEMBERSHIP

California	Willis W. Babb, Exec. Dir. California Medical Association 731 Market St. San Francisco, California 94103
Colorado	Donald G. Derry, Exec. Dir. Colorado Medical Society 1601 E. 19th Ave. Denver, Colorado 80218
Illinois	Roger N. White, Exec. Admin. Illinois State Medical Society 55 E. Monroe St. - Suite 3510 Chicago, Illinois 60603
Iowa	Eldon Huston, Exec. Vice Pres. Iowa Medical Society 1001 Grand Ave. West Des Moines, Iowa 50265
Kentucky **	Robert G. Cox, Exec. Dir. Kentucky Medical Association 3532 Ephraim McDowell Drive Louisville, Kentucky 40205
North Carolina	William N. Hilliard, Exec. Dir. North Carolina Medical Society 222 N. Person St. P.O. Box 27167 Raleigh, North Carolina 27611
Texas	C. Lincoln Williston, Exec. Dir. Texas Medical Association 1801 N. Lamar Blvd. Austin, Texas 78701

* Write to the state medical society for the state wherein your school is located.

** Minnesota	Harold W. Brunn, Exec. Vice Pres. Minnesota State Medical Association American Nat'l Bank Bldg. Suite 900 101 E. 5th St. St. Paul, Minnesota 55101

AMA TRANSFER CLAUSE

SHOULD AN AMA MEMBER MOVE FROM ONE MEMBERSHIP JURISDICTION TO ANOTHER, HE MAY CONTINUE HIS MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION, WITHOUT INTERUPTION, BY APPLYING WITHIN ONE YEAR FOR MEMBERSHIP IN THE STATE ASSOCIATION IN THE JURISDICTION TO WHICH HE HAS MOVED OR IN WHICH HE HAS ESTABLISHED HIS PRACTICE. UNLESS HIS MEMBERSHIP HAS BEEN FAVORABLY ACTED UPON WITHIN TWO YEARS AFTER APPLICATION, THE EXECUTIVE VICE PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION SHALL REMOVE HIS NAME FROM THE ROSTER OF MEMBERS.

WEEKLY, WE RECEIVE A COMPUTER GENERATED *MOVED MEMBER REPORT,* (SEE ATTACHED) LISTING THE NAMES AND ADDRESSES OF MEMBER PHYSICIANS WHO HAVE MOVED DURING THE PRIOR WEEK. SINCE IT IS SOMETIMES DIFFICULT AND CONFUSING FOR A PHYSICIAN TO KNOW WHO TO CONTACT AND WHAT PROCEDURES TO FOLLOW IN ORDER TO ESTABLISH MEMBERSHIP IN HIS NEW LOCATION, EACH PHYSICIAN ON THE MOVED LIST IS CONTACTED, ADVISING HIM OF THE NAME AND ADDRESS OF HIS NEW LOCAL MEDICAL SOCIETY. (SEE LETTER ATTACHED). THE LETTER ALSO INFORMS PHYSICIANS OF THEIR ELIGIBILITY TO JOIN THE AMA DIRECTLY DURING THE TIME THEIR MEMBERSHIP APPLICATIONS ARE BEING ACTED UPON AT THE LOCAL AND STATE LEVEL.

IT WOULD BE HELPFUL IF THE COMPONENT SOCIETY EXPLAINED THE TRANSFER CLAUSE TO THE APPLICANT. THIS WOULD INSURE HIS CONTINOUS MEMBERSHIP.

SAMPLE

MOVE MEMBER LETTER (TRANFER MEMBER)

Dear Doctor :

It has recently been brought to my attention that you were a member of the American Medical Association in 1977 through a state medical society other than the state in which you currently reside. I would suggest you communicate with your county medical society in order to obtain an application and information concerning county state and AMA membership.

The name and address of your county medical society is as follows:

Name
Address
City, & State, Zip

There is the possibility of direct membership for the physician who is in the process of transferring from one jurisdiction to another. If there should be a waiting period before your membership application can be acted upon, you may retain continuity of your AMA membership simply by forwarding this letter, along with your check for AMA dues, in the enclosed envelope.

We look forward to your membership and your active participation.

Sincerely,

Shirley Positano

I wish to retain continuity of my AMA membership via the AMA transfer clause.

My application is pending in the

_____

Signature _____

Regular Members $250.00 Housestaff $35.00

PMC170 [illegible]-77 MOVED MEMBER REPORT PAGE 001

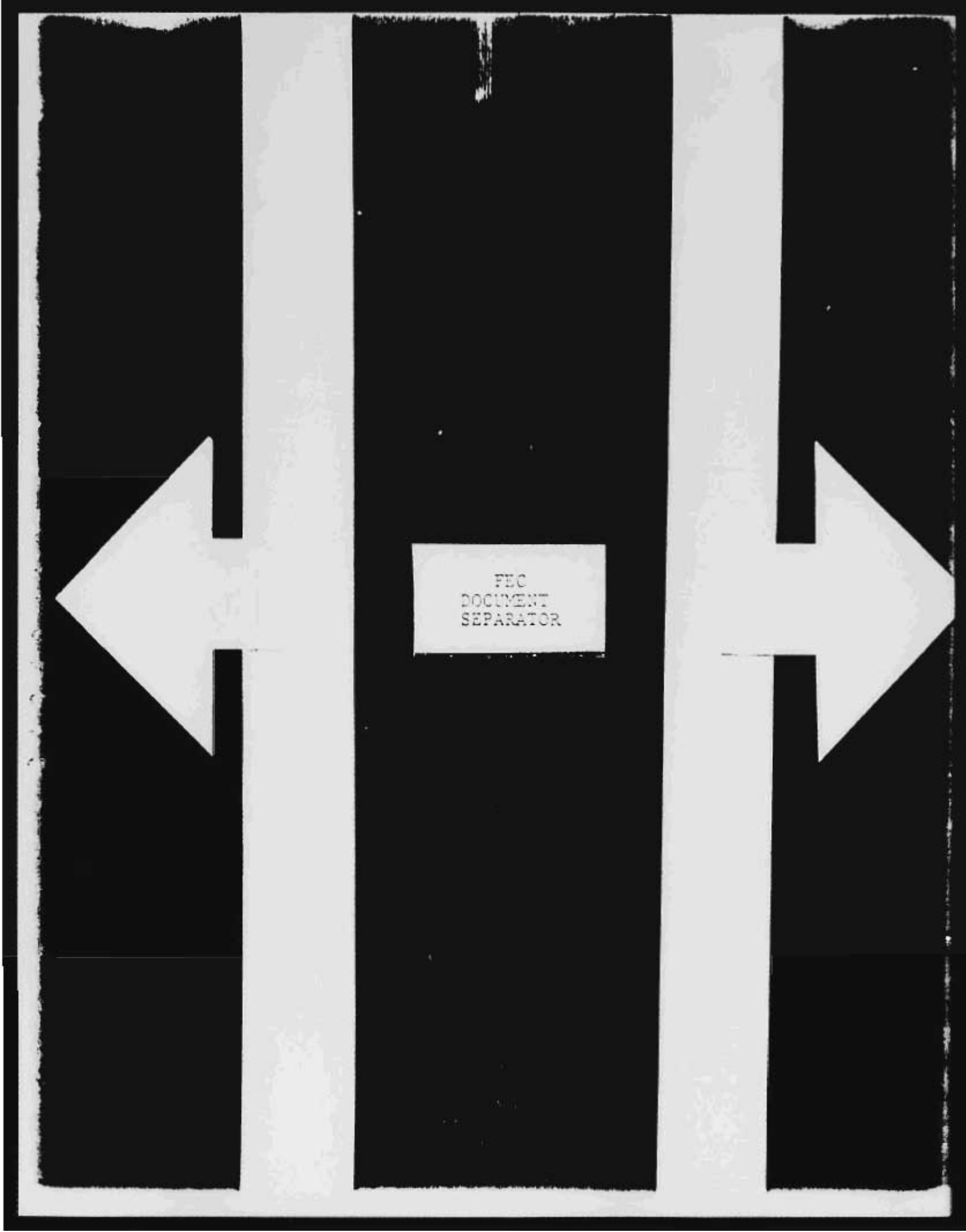
M.D. #	PHYSICIAN NAME	CURRENT ADDRESS PRIOR ADDRESS	CITY STATE ZIP CODE	TOP PE	MEMBERSHIP RATE	CLASS	ST	YR
001-02-54-[illegible]	HOLLIS,ALLEN UPRIGHT,	CROSSGATES PLAZA STE 1 P O BOX 160	BRANDON MS 39042 ANDALUSIA AL 36420	020 011 020 011	1 1	69 0	27 01	80 77
001-02-75-[illegible]	HONVELL,SAML STRUDWICK,	NAVAL REG MED CLINIC BOX 121 NAVAL REGL MED CLINIC BOX 121	PEARL HARBOR HI 96860 FPO SAN FRANCISCO 96601	020 082 020 082	5 5	0 0	83 83	78 78
005-14-[illegible]	FRIED,MILTON, "	5675 PEACHTREE-DUNWOODY RD 10 MIRIAM LANE	ATLANTA GA 30342 MONSEY NY 10952	100 110 100 110	5 5	0 0	80 80	77 77
007-02-44-[illegible]	VAN,AN,IMELDA SALING,	P O BOX 546 942 N YORK	NEDERLAND CO 80466 MOSKOGEE OK 74401	020 011 020 011	1 1	0 0	39 39	80 80
007-02-72-[illegible]	GOREN,RICHARD GLEN,	# 316 8TH ST UNIV COLO MED CTR DEPT MED	SPOKANE WA 99204 DENVER CO 80262	050 110 050 110	1 0	0	54 00	78 00
008-01-54-[illegible]	STEIN,ROBT LOUIS,	45 DORMIDERA	PIEDMONT CA 94611 ADDRESS UNKNOWN 00000	020 020 020 020	1 1	0 0	05 05	77 77
008-01-67-[illegible]	HAP,JOHN B,	2027 N CLOUD DR 4501 JACKSON ST	EVANSVILLE IN 47711 MILLWOOD FL 33021	020 030 020 030	1 1	0 0	17 17	79 79
010-01-[illegible]	[illegible],ALEZ-REVILLA,ANTONIO,	APARTADO 1392	PANAMA 1 PANAMA C Z 00100 ADDRESS UNKNOWN 00000	020 071 020 071	1 1	0 0	11 11	78 78
010-01-62-[illegible]	MULLEN,RONALD EUGENE,	RT 1 696 E COLORADO BL APT 220	COUDERSPORT PA 16915 PASADENA CA 91101	020 011 020 011	1 1	0 0	05 05	77 77
010-02-71-[illegible]	GONZALEZ,NELIDA A,	700 NEW HAMPSHIRE AVE N-A 815 2300 STALEY RD	WASHINGTON DC 20037 RESTON VA 22070	020 030 020 030	1 1	0 0	10 10	77 77
010-02-74-[illegible]	[illegible],JAMES MORGAN,	4600 S FOUR MILE RUN APT 818 GEORGETOWN U HOSP-GRTN DOMC	ARLINGTON VA 22204 WASHINGTON DC 20007	012 040 012 040	5 0	0	00 00	78 00
011-02-[illegible]	BERGMAN,BERNARD STANLEY, "	MEDICAL CENTER STE C 500 WARSAW RD	ARTESIA NM 88210 KINGSTREE SC 29556	020 012 020 012	1 1	0 0	93 93	78 78
011-02-73-[illegible]	CAPOTO,RAYMOND VINCENT,	3425A CUMBERLAND DR 809 S MARSHFIELD AVE APT 907	DUNWOODY GA 30338 CHICAGO IL 60612	100 110 100 110	5 5	0 0	80 80	77 77
012-05-71-[illegible]	SPEER,GREGORY CLARK,	674 MENDON DR 3520 MARJEAN DR	DECATUR GA 30033 PENSACOLA FL 32503	020 012 020 012	1 1	0 0	11 11	78 78
016-02-55-[illegible]	[illegible],MYRON EDWARD,	MAINEMANN HOSP 283 LAKE AVE	WORCESTER MA 01605 [illegible]CK NJ 07666	020 050 020 050	1 1	0 0	29 33	78 77
016-06-56-[illegible]	[illegible],CHAS KEITH,	4440 BROADWAY	KANSAS CITY MO 64111 ADDRESS UNKNOWN 00000	020 012 020 012	1 1	0 0	20 20	78 78
016-06-62-[illegible]	HOLMAN,WALTER WILLIAM,	UNIV OF MICH MED CTR NAVAL REG MED CTR	ANN ARBOR MI 48105 OAKLAND CA 94627	020 012 020 012	1 5	0 0	30 83	78 77

SAMPLE

MEMBERSHIP BENEFITS AND SERVICES

AMA MEMBERSHIP PROVIDES PHYSICIANS AND STUDENTS WITH THE FOLLOWING BENEFITS AND SERVICES:

- *"STARTING YOUR PRACTICE" WORKSHOPS*
- *PHYSICIAN'S PLACEMENT SERVICE*
- *SIX GROUP INSURANCE PROGRAMS*
- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*
- *A CHOICE OF ONE OF NINE SPECIALTY SCIENTIFIC PUBLICATIONS*
- *AMERICAN MEDICAL NEWS*
- *SPEAKERS TRAINING SEMINARS*
- *MEMBERS RENTAL CAR DISCOUNT*
- *MEMBERS RETIREMENT PLAN*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SEPARATOR

Ex. P 10 E p.1

April 26, 1978

W. Harold Parham, DHA, Exec. Vice Pres.
Florida Medical Association, Inc.
P.O. Box 2411
Jacksonville, Florida 32203

Dear Mr. Parham:

The criteria for societies billing for AMA dues will go into effect with the 1979 dues billing. Those states and counties who meet the criteria in 1979 will be eligible for the higher reimbursement rate which begins at two percent.

The criteria (see enclosed copy) resulted from recommendations made by the American Association of Medical Society Executives (AAMSE) and adopted by the AMA Board of Trustees. They were approved by the AMA House of Delegates at its 1977 Interim Meeting. We believe that this new billing program will benefit the entire federation of medicine.

The following requests and suggestions are made in the belief that they may be helpful for smooth implementation of the program in 1979, since implementation of several of the criteria will require your early planning.

Criteria #1 requires written notice to the AMA of your intent to bill for AMA dues. A notice for your signature and return is enclosed. Additional copies of the notice of intent to bill are also enclosed and we would appreciate it if you would forward these along with your own covering memo to those component societies in your state who serve as AMA billing units. (For purpose of clarification, a billing unit can be defined as any state or county society which collects AMA dues money.)

In accord with Criteria #2, 3, & 7 please provide us with your schedule of billing for AMA dues as soon as the information is available.

Criteria #4 is self-explanatory. We would appreciate receiving a copy of your billing for our records.

Criteria #5 concerns the inclusion of a message promoting federation membership in each billing and each delinquency notice. The AMA Department of Membership Development is developing a federation promotion insert which will be made available to any billing unit on request.

Criteria #6 is self-explanatory: it concerns the transmitting of AMA dues. This schedule will help insure a quicker response by AMA to the membership with regard to services and benefits.

Criteria #8 & 9 concern the higher reimbursement rate under the new criteria by the AMA to state associations for equitable, shared distribution to any component societies involved in the billing process. These criteria will be handled by the AMA Office of Finance beginning with the 1979 dues payments.

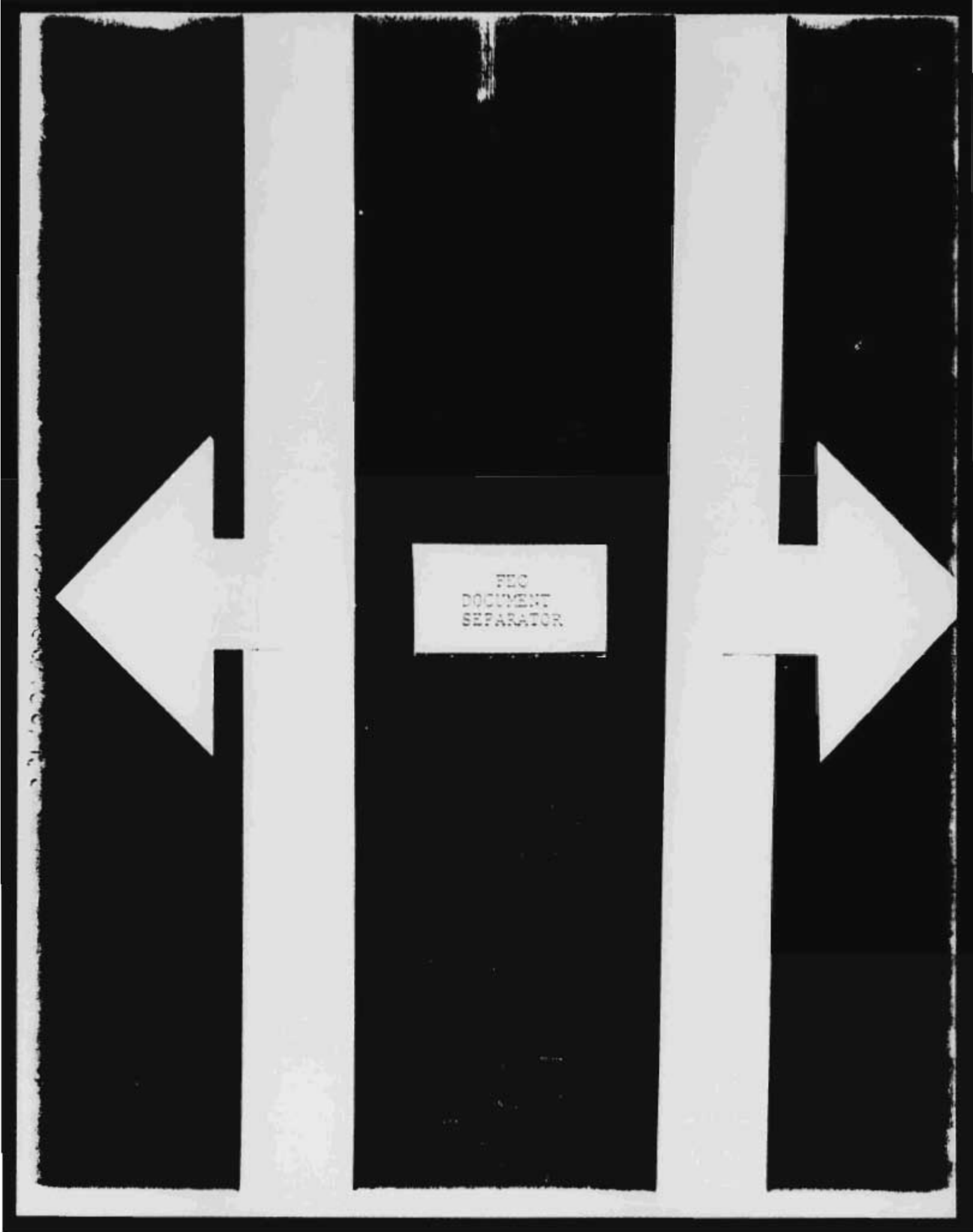
Once again, we hope, with your assistance, to establish an orderly billing process for the Association.

Any questions or correspondence relative to the billing criteria should be directed to Mr. Ken Bugan, Acting Director of the Department of Membership Development.

Sincerely,

James H. Sammons, M. D.

Enc.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Ex # 11

AMERICAN MEDICAL ASSOCIATION
PROCEEDINGS OF THE HOUSE OF DELEGATES

30th CLINICAL CONVENTION
PHILADELPHIA, PENNSYLVANIA
DECEMBER 5-8, 1976

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MEMBERS OF THE HOUSE OF DELEGATES
DECEMBER 1976

The following is a list of the Delegates and Alternate Delegates to the House of Delegates as reported to the Executive Vice President

DELEGATES		ALTERNATE DELEGATES
Paul W. Burleson, Birmingham O. Emfinger, Union Springs W. E. White, Anniston	ALABAMA	E. B. Glenn, Birmingham Alfred Habeeb, Birmingham Julius Michaelson, Foley
Joseph M. Ribar, Fairbanks	ALASKA	J. Ray Langdon, Anchorage
W. Scott Chisholm, Phoenix Richard O. Flynn, Tempe Seymour I. Shapiro, Tucson	ARIZONA	Bruce N. Curtis, Safford Arthur V. Dudley, Jr., Tucson Patrick P. Moraca, Phoenix
Albert S. Koenig, Fort Smith serving for Purcell Smith, Jr. C. C. Long, Fort Smith	ARKANSAS	T. E. Townsend, Pine Bluff
Donald A. Adams, Los Angeles serving for Jokichi Takamine Ralph W. Burnett, Bakersfield Vincent P. Carroll, Laguna Beach Bradford P. Cohn, San Francisco Jean F. Crum, Downey Thomas Elmendorf, Willows H. Russell Fisher, Glendale Leon P. Fox, San Jose Matthew C. Gleason, San Diego Charles M. Hair, Saticoy George K. Herzog, Jr., San Francisco Herbert A. Holden, San Leandro Raymond N. F. Killeen, Los Angeles R. Hewlett Lee, Palo Alto James C. MacLaggan, San Diego Richard H. Mailman, Northridge serving for Jack E. McCleary Ralph M. Milliken, Los Angeles John G. Morrison, San Leandro Laurance A. Mosier, Garden Cove David Olch, Beverly Hills Frank A. Rogers, Whittier John T. Saidy, San Mateo Robb Smith, Orange Cove Herman H. Stone, Riverside C. John Tupper, Davis A. Hainan White, Kentfield Edward J. Winter, Long Beach	CALIFORNIA	Frederick W. Ackerman, Concord S. David Ardell, Bakersfield Xavier O. Barrios, San Francisco Walter Buerger, Covina Dan W. Clark, San Jose Henry V. Eastman, Tustin Eugene E. Eldredge, Salinas George Evashwick, Long Beach Gordon Freeman, San Diego Charles S. Harrod, San Francisco Robert N. Helton, Garden Grove David B. Horner, Inglewood Samuel Horowitz, Los Angeles Arthur F. Howard, Fresno F. Harold Johnson, Roseville Nicholas P. Krikes, San Bernardino Howard W. Lindsey, San Mateo Theodore W. Loring, Eureka Wilson Mizener, Alhambra Franklin L. Murphy, Oroville Willard S. Osibin, Atascadero Richard J. Rihn, Richmond William S. Weil, Los Angeles Elmer C. Werner, El Centro Henry S. Williams, Los Angeles

DELEGATES		ALTERNATE DELEGATES
	CANAL ZONE	
Robert E. McCurdy, Denver Kenneth A. Platt, Westminister	COLORADO	Clyde E. Stanfield, Denver William Y. Takahaski, Boulder
E. Tremain Bradley, Norwalk J. Alfred Fabro, Torrington Orvan W. Hess, New Haven	CONNECTICUT	Andrew J. Canzonetti, Waterbury Sidney L. Cramer, Hartford
Rhoslyn J. Bishoff, Dover	DELAWARE	Joseph E. Belgrade, Wilmington
C. Willard Camalier, Jr., Washington John J. Hughes, Washington	DISTRICT OF COLUMBIA	Lewis H. Biben, Washington James E. Boland, Washington
Rufus K. Broadaway, Miami James T. Cook, Marianna Samuel M. Day, Jr., Jacksonville Burns A. Dobbins, Jr., Fort Lauderdale Charles K. Donegan, St. Petersburg Thomas B. Thames, Orlando serving for Richard G. Connar Joseph C. Von Thron, Cocoa Beach	FLORIDA	Vernon B. Astler, Boynton Beach Jack Q. Cleveland, Coral Gables Francis C. Coleman, Tampa Vincent P. Corso, Miami William Jesse Dean, St. Petersburg Eugene G. Peek, Jr., Ocala
J. D. Bateman, Albany C. Emory Bohler, Brooklet F. W. Dowda, Atlanta Harrison L. Rogers, Atlanta	GEORGIA	F. G. Eldridge, Valdosta H. Hilt Hammett, La Grange Charles D. Hollis, Jr., Albany W. W. Moore, Atlanta
Ernesto Espaldon, Agana	GUAM	Eduardo Ortiz, Agana
Herbert Y. H. Chinn, Honolulu George H. Mills, Honolulu	HAWAII	William W. L. Dang, Honolulu Ralph V. Sloan, Honolulu
James R. Kircher, Burley	IDAHO	Erhard R. W. Fox, Coeur D'Alene
Herschel L. Browns, Chicago Howard C. Burkhead, Evanston Carl E. Clark, Sycamore Alfred J. Faber, Des Plaines Jack L. Gibbs, Canton Theodore Grevas, Rock Island H. Close Hesseltine, Chicago Maurice M. Hoeltgen, Oak Lawn Williams M. Lees, Lincolnwood Morgan M. Meyer, Lombard Edward A. Piszczek, Chicago John J. Ring, Mundelein Fred A. Tworoger, Chicago Charles K. Wells, Mt. Vernon	ILLINOIS	Allison Burdick, Jr., Oak Park Davis S. Fox, Chicago Lawrence L. Hirsch, Downey J. M. Ingalls, Paris Eugene P. Johnson, Casey Robert P. Johnson, Springfield Frederic D. Lake, Chicago Eugene T. Leonard, Rockford Joseph B. Moles, Oak Park Joseph R. O'Donnell, Glen Ellyn Glen E. Tomlinson, Lincoln Theodore Van Dellen, Chicago George T. Wilkins, Granite City

DELEGATES		ALTERNATE DELEGATES
John O. Butler, Indianapolis Patrick J. V. Corcoran, Evansville James A. Harshman, Kokomo Peter R. Petrich, Attica Malcolm O. Scamahorn, Pittsboro	INDIANA	Everett E. Bickers, Jr., Floyd Knobs Ross L. Egger, Daleville George T. Lukemeyer, Indianapolis Marvin E. Priddy, Fort Wayne Thomas C. Tyrell, Hammond
John R. Anderson, Boone Erling Larson, Jr., Davenport John M. Rhodes, Sr., Pocahontas	IOWA	C. H. Denser, Des Moines J. R. Scheibe, Bloomfield Robert D. Whinery, Iowa City
Clair C. Conard, Dodge City Alex Scott, Junction City serving for George E. Burket, Jr.	KANSAS	Lew W. Purinton, Wichita
J. Thomas Giannini, Louisville Fred C. Rainey, Elizabethtown David B. Stevens, Lexington	KENTUCKY	Charles G. Bryant, Louisville Bennett L. Crowder, Hopkinsville Thomas L. Heavern, Highland Heights
W. Charles Miller, New Orleans Ralph H. Riggs, Shreveport Eugene C. St. Martin, Shreveport serving for Gordon W. Peek	LOUISIANA	Frank J. Jones, Baton Rouge F. Michael Smith, Thibodaux
Robert E. McAfee, Portland	MAINE	Brinton T. Darlington, Augusta
William Carl Ebeling, Towson Russell S. Fisher, Baltimore Charles F. O'Donnell, Towson	MARYLAND	Manning W. Alden, Annapolis M. McKendree Boyer, Damacus John M. Dennis, Baltimore
H. Thomas Ballantine, Jr., Boston Lester M. Felton, Worcester James F. McDonough, Wincester serving for Claude E. Welch Stanley M. Wyman, Cambridge	MASSACHUSETTS	Mary M. Donald, Acton Kenneth E. Monroe, Amherts Grant V. Rodkey, Boston Russell J. Rowell, Beverly
Vernon V. Bass, Saginaw James C. Danforth, Jr.,Grosse Pte Woods Brooker L. Masters, Fremont Richard J. McMurray, Flint Kenneth J. Ray, Trenton serving for John J. Moses Robert E. Rice, Greenville George W. Slagle, Battle Creek. Donald N. Sweeny, Jr., Detroit	MICHIGAN	Thomas R. Berglund, Portage Donald K. Crandall, Norton Shores Lee B. Stevenson, Detroit Frank Walker, II, Grosse Point Park George M. Wilson, Jr., Marquette
Haddon M. Carryer, Rochester Robert S. Flom, St. Paul Robert T. Kelly, Grand Rapids George B. Martin, Thief River Falls John J. Regan, Minneapolis	MINNESOTA	Richard Anonsen, Minneapolis Lloyd G. Bartholomew, Rochester Henry M. Broker, St. Cloud William Jacott, Duluth Vernon Sommerdorf, St. Paul

DELEGATES		ALTERNATE DELEGATES
G. Swink Hicks, Natchez Joseph B. Rogers, Biloxi	MISSISSIPPI	Paul S. Brumby, Lexington Stanley A. Hill, Corinth
Rae W. Froelich, Lebanon Lawrence W. O'Neal, Clayton Stanley S. Peterson, Springfield Robert A. Slickman, Kansas City	MISSOURI	Donald R. Judd, St. Louis Melvin C. Kasten, Cape Girardeau James C. Sisk, Clayton Hugh E. Stephenson, Jr., Columbia
Mark B. Listerud, Wolf Point	MONTANA	John R. Halseth, Great Falls
Carl J. Cornelius, Jr., Sidney John R. Schenken, Omaha	NEBRASKA	John D. Coe, Omaha Louis J. Gogela, Lincoln
G. Norman Christensen, East Ely	NEVADA	Leonard H. Raizin, Las Vegas
William H. Gifford, Colebrook	NEW HAMPSHIRE	Charles E. Schofield, Keene
Louis F. Albright, Spring Lake George L. Benz, Newark Joseph P. Donnelly, Newark Frank J. Hughes, Gloucester John F. Kustrup, Trenton Emanuel M. Satulsky, Elizabeth James S. Todd, Ridgewood Robert E. Verdon, Cliffside Park	NEW JERSEY	Alfred A. Alessi, Oradell John J. Bedrick, Bayonne William J. D'Elia, Spring Lake Frederick W. Durham, Haddonfield Karl T. Franzoni, Trenton Henry J. Mineur, Cranford Myles Morrison, Jr., Morristown Howard D. Slobodien, Perth Amboy
Emmit M. Jennings, Roswell	NEW MEXICO	Armin T. Keil, Raton
John H. Carter, Albany John Lee Clowe, Schenectady George L. Collins, Jr., Buffalo Paul M. DeLuca, Endicott Arthur H. Diedrick, Port Chester Richard D. Eberle, Syracuse Ralph S. Emerson, Roslyn Heights Henry I. Fineberg, Lake Success Carl Goldmark, Jr., New York Milton Gordon, Huntington Milton Helpern, New York Joseph L. Kaufman, Newark Francis L. Loperfido, Bronx serving for George Himler Bernard J. Pisani, New York Ralph M. Schwartz, Brooklyn Charles D. Sherman, Jr., Rochester Walter Scott Walls, Buffalo Wayne C. Templer, Corning serving for John A. Finkbeiner George T. C. Way, Poughkeepsie	NEW YORK	Edgar P. Berry, New York Thomas Bumbalo, Buffalo Clarke T. Case, Utica G. Rehmi Denton, Albany Joseph R. Fontanetta, Brooklyn Abraham W. Freireich, Malverne Daniel Friedman, Bay Shore Keith O. Guthrie, Jr., New York Walter F. Harrison, Glen Falls Morton Kurtz, Flushing Allison B. Landolt, Bronxville Warren A. Lapp, Brooklyn John Lowry, Flushing Jay S. Reibel, New York Joseph F. Shanaphy Samuel Wagreich, Bronx

DELEGATES		ALTERNATE DELEGATES
Edgar T. Beddingfield, Wilson James E. Davis, Durham John Glasson, Durham Frank R. Reynolds, Wilmington David G. Welton, Charlotte	NORTH CAROLINA	Jesse Caldwell, Jr., Gastonia George G. Gilbert, Asheville Louis Shaffner, Winston-Salem Charles W. Styron, Raleigh D. E. Ward, Jr., Lumberton
Paul J. Beithon, Wahpeton	NORTH DAKOTA	A. F. Samuelson, Bismarck
Oscar W. Clarke, Gallipolis Henry A. Crawford, Cleveland Harry K. Hines, Cincinnati W. J. Lewis, Dayton Richard L. Meiling, Columbus H. William Portfield, Columbus P. John Robechek, Cleveland Robert N. Smith, Toledo Robert E. Tschantz, Canton	OHIO	John E. Albers, Cincinnati George N. Bates, Toledo Dwight L. Becker, Lima Richard L. Fulton, Columbus John J. Gaughan, Cleveland Jerry L. Hammon, West Milton Bernard L. Huffman, Maumee Jack Schreiber, Canfield Robert G. Thomas, Elyria
Ed L. Calhoon, Beaver Walter Scott Hendren, Oklahoma City Harlan Thomas, Tulsa	OKLAHOMA	M. Joe Crosthwait, Midwest City Rex E. Kenyon, Oklahoma City Orange M. Welborn, Ada
Daniel K. Billmeyer, Oregon City Ernest T. Livingstone, Portland Clinton S. McGill, Portland	OREGON	C. H. Hagmeier, Portland Dale C. Reynolds, Portland Augustus M. Tanaka, Ontario
R. William Alexander, Reading James B. Donaldson, Philadelphia serving for Paul S. Friedman Raymond C. Grandon, Harrisburg Edmund L. Housel, Philadelphia William J. Kelly, Pittsburgh John B. Lovette, Johnstown Matthew Marshall, Jr., Pittsburgh Malcolm W. Miller, Philadelphia Robert N. Moyers, Meadville William Y. Rial, Swarthmore George A. Rowland, Millville	PENNSYLVANIA	Harry V. Armitage, Chester Robert J. Carroll, Pittsburgh Lawrence D. Ellis, Pittsburgh Loraine H. Erhard, Clearfield Henry H. Fetterman, Allentown Wayne W. Helmich, Rochester John Helwig, Jr., Philadelphia Richard L. Huber, Scranton David J. Keck, Fairview R. Robert Tyson, Philadelphia
Jose M. Rigau Margues, Santurce serving for Martin A. Iguina Mora	PUERTO RICO	
William J. MacDonald, Providence	RHODE ISLAND	John J. Cunningham, Pawtucket
John C. Hawk, Jr., Charleston Harrison L. Peeples, Estill	SOUTH CAROLINA	William L. Perry, Chesterfield C. Tucker Weston, Columbia
John T. Elston, Rapid City	SOUTH DAKOTA	

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DELEGATES		ALTERNATE DELEGATES
John H. Burkhart, Knoxville Robert H. Haralson, Maryville Tom E. Nesbitt, Nashville A. Roy Tyrer, Jr., Memphis	TENNESSEE	Thomas K. Ballard, Jackson Hamel B. Eason, Memphis Morse Kochtitzky, Nashville David H. Turner, Chattanooga
Charles Max Cole, Dallas Merle W. Delmer, San Antonio Mylie E. Durham, Houston S. Braswell Locker, Brownwood Haden E. McKay, Humble J. E. Miller, Dallas Sam A. Nixon, Floresville serving for G. V. Brindley, Jr. Joseph T. Painter, Houston James K. Peden, Dallas serving for N. L. Barker Harvey Renger, Hallettsville	TEXAS	Val F. Borum, Fort Worth Charles W. Castle, Liberty Milton Davis, Dallas C. B. Jackson, Jr., San Antonio John R. Rainey, Jr., Austin L. Rodney Rodgers, Houston Ed W. Schmidt, Pecos Stanley E. Thompson
Howard G. McQuarrie, Salt Lake City Alan R. Nelson, Salt Lake City	UTAH	W. Knox Fitzpatrick, Salt Lake City James L. Schricker, Salt Lake City
Roger W. Mann, Jeffersonville	VERMONT	John Lantman, Williston
F. Ashton Carmines, Newport News William S. Hotchkiss, Norfolk Michael A. Puzak, Arlington	VIRGINIA	John A. Martin, Roanoke Carl E. Stark, Wytheville Percy Wootten, Richmond
Howard E. Hill, St. Thomas	VIRGIN ISLANDS	
Samuel T. Beall, Vancouver Peter T. Brooks, Walla Walla John H. Dawson, Seattle J. Thomas Rulon, Spokane	WASHINGTON	Arthur S. Biddle, Seattle Amos P. Bratrude Alvin J. Thompson
Richard E. Flood, Weirton Frank J. Holroyd, Princeton	WEST VIRGINIA	George R. Callender, Jr., Charleston Harry S. Weeks, Jr., Wheeling
John M. Bell, Marinette George E. Collentine, Jr., Milwaukee Gerald J. Derus, Madison H. J. Kief, Fond du Lac Henry F. Twelmeyer, Wauwatosa	WISCONSIN	George A. Behnke, Kaukauna D. J. Carlson, Milwaukee Jules D. Levin, Milwaukee John K. Scott, Madison Patricia J. Stuff, Bonduel
John J. Corbett, Casper serving for Fenworth M. Downing	WYOMING	

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DELEGATES		ALTERNATE DELEGATES
Benjamin R. Baker serving for George E. Schafer	AIR FORCE	
Robert W. Green serving for Richard R. Taylor	ARMY	
Robert L. Baker serving for Willard P. Arentzen	NAVY	
S. Paul Ehrlich serving for Roger O. Egeberg	PUBLIC HEALTH	
Thomas J. Radley	VETERANS ADINISTRATION	

Robert J. Brennan, Ft Lauderdale	ALLERGY	Paul P. Van Arsdel, Seattle
M. T. Jenkins, Dallas	ANESTHESIOLOGY	David M. Little, Jr, Hartford
William A. Sodeman, Toledo	CARDIOVASCULAR DISEASES	David B. Carmichael, Jr, La Jolla
W. J. R. Taylor, Philadelphia	CLINICAL PHARMACOLOGY AND THERAPEUTICS	Alan B. Varley, Kalamazoo
Merrill O. Hines, New Orleans	COLON AND RECTAL SURGERY	John E. Ray, New Orleans
Clarence S. Livingood, Detroit serving for Harry L. Arnold	DERMATOLOGY	
Oliver K. Niess, Colorado Springs	DISEASES OF THE CHEST	James F. Hammarsten, Oklahoma City
John G. Wiegenstein, East Lansing	EMERGENCY MEDICINE	R. R. Hannas, Jr, Austin
Edward Kowalewski, Arnold, Md	FAMILY AND GENERAL PRACTICE	Frederic Schoen, Ft Wayne, Ind
Charles L. Leedham, Harrisburg	FEDERAL AND MILITARY MEDICINE	Mims C. Aultman, Washington, DC
Clarence Pearson, Seattle	GASTROENTEROLOGY	Joseph E.Walther, Indianapolis
Victor Richards, San Francisco	GENERAL SURGERY	Clarence E. Boyd, Shreveport

DELEGATES		ALTERNATE DELEGATES
Julius E. Stolfi, Brooklyn	INTERNAL MEDICINE	Frank A. Riddick, New Orleans
Russell H. Patterson, Jr, New York serving for Frank H. Mayfield	NEUROLOGICAL SURGERY	
Maurice Van Allen, Iowa City	NEUROLOGY	Patrick Bray, Salt Lake City
E. James Potchen, East Lansing	NUCLEAR MEDICINE	Henry R. Wagner, Baltimore
Sprague H. Gardiner, Indianapolis	OBSTETRICS AND GYNECOLOGY	Richard T. F. Schmidt, Cincinnati
Charles E. Jaeckle, Defiance	OPHTHALMOLOGY	Burton M. Krimmer, Chicago
Thomas B. Dameron, Jr, Raleigh	ORTHOPEDIC SURGERY	C. McCollister Evarts, Rochester
M. Stuart Strong, Boston	OTORHINOLARYNGOLOGY	Roger Boles, San Francisco
Oscar B. Hunter, Jr, Washington, DC	PATHOLOGY	C. A. McWhorter, Omaha
Merritt B. Low, Greenfield, Mass	PEDIATRICS	James E. Strain, Denver
George H. Koepke, Ann Arbor serving for Joseph L. Koczur	PHYSICAL MEDICINE AND REHABILITATION	
George F. Crikelair, New York	PLASTIC, RECONSTRUCTIVE AND MAXILLOFACIAL SURGERY	Ray A. Elliott, Jr, Albany
Henry A. Holle, Houston	PREVENTIVE MEDICINE	Herschel E. Griffin, Pittsburgh
Rogers J. Smith, Portland	PSYCHIATRY	James N. Sussex, Miami
Seymour F. Ochsner, New Orleans	RADIOLOGY	Kenneth L. Krabbenhoft, Detroit
Myron H. Nourse, Indianapolis	UROLOGY	David W. Goddard, Daytona Beach

Ian V. Jones, Rochester, Minn	RESIDENT PHYSICIANS	Melinda S. Hirsch, Seattle
John Barrasso, Washington, DC	MEDICAL STUDENTS	Douglas Outcalt, Tucson

EX OFFICIO MEMBERS OF THE HOUSE OF DELEGATES

PAST PRESIDENTS

Edward R. Annis	1963-64
James Z. Appel	1965-66
Walter C. Bornemeier	1970-71
Gerald D. Dorman	1969-70
Gunnar Gundersen	1958-59
Wesley W. Hall	1971-72
C. A. Hoffman	1972-73
Charles L. Hudson	1966-67
Max H. Parrott	1975-76
Russell B. Roth	1973-74
Milford O. Rouse	1967-68
Malcolm C. Todd	1974-75
Donovan F. Ward	1964-65
Dwight L. Wilbur	1968-69

PAST VICE PRESIDENTS

W. Linwood Ball	1958-59
W. Andrew Bunten	1965-66
Carl H. Gellenthien	1953-54
M. Louise C. Gloeckner	1969-70
Carl A. Lincke	1968-69
H. Thomas McGuire	1970-71
Malcom E. Phelps	1967-68
Joseph M. Ribar	1974-75
E. Bryce Robinson	1973-74
George W. Slagle	1976-76
Ralph C. Teall	1971-72
Donovan F. Ward	1963-64

PAST TRUSTEES

Edward R. Annis	1967-69
James Z. Appel	1957-65
W. Linwood Ball	1958-59
Lester D. Bibler	1963-68
F. J. L. Blasingame	1949-57
John H. Budd	1970-76
John M. Chenault	1968-74
Burt L. Davis	1967-75
Gerald D. Dorman	1960-68
Gunnar Gundersen	1948-57
Wesley W. Hall	1961-70
Edwin S. Hamilton	1948-58
Irvin E. Hendryson	1965-70
C. A. Hoffman	1969-71
Charles L. Hudson	1961-65
Hugh H. Hussey	1956-62
Alvin J. Ingram	1968-70
John R. Kernodle	1968-74
Robert C. Long	1963-70
Raymond M. McKeown	1957-66
James R. McVay	1952-57
Burtis E. Montgomery	1966-70
Richard E. Palmer	1970-75
Max H. Parrott	1966-74
Julian P. Price	1953-61
James H. Sammons	1970-74
Kenneth C. Sawyer	1970-76
Dwight L. Wilbur	1963-67
Donald F. Wood	1971-74

The past presidents, past trustees and past vice presidents of the Association, chairmen of the Councils of the AMA, and current general officers, with the exception of the Speaker and Vice Speaker of the House of Delegates, are ex officio nonvoting members of the House of Delegates.

FILE
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SEPARATOR

Ex. #10
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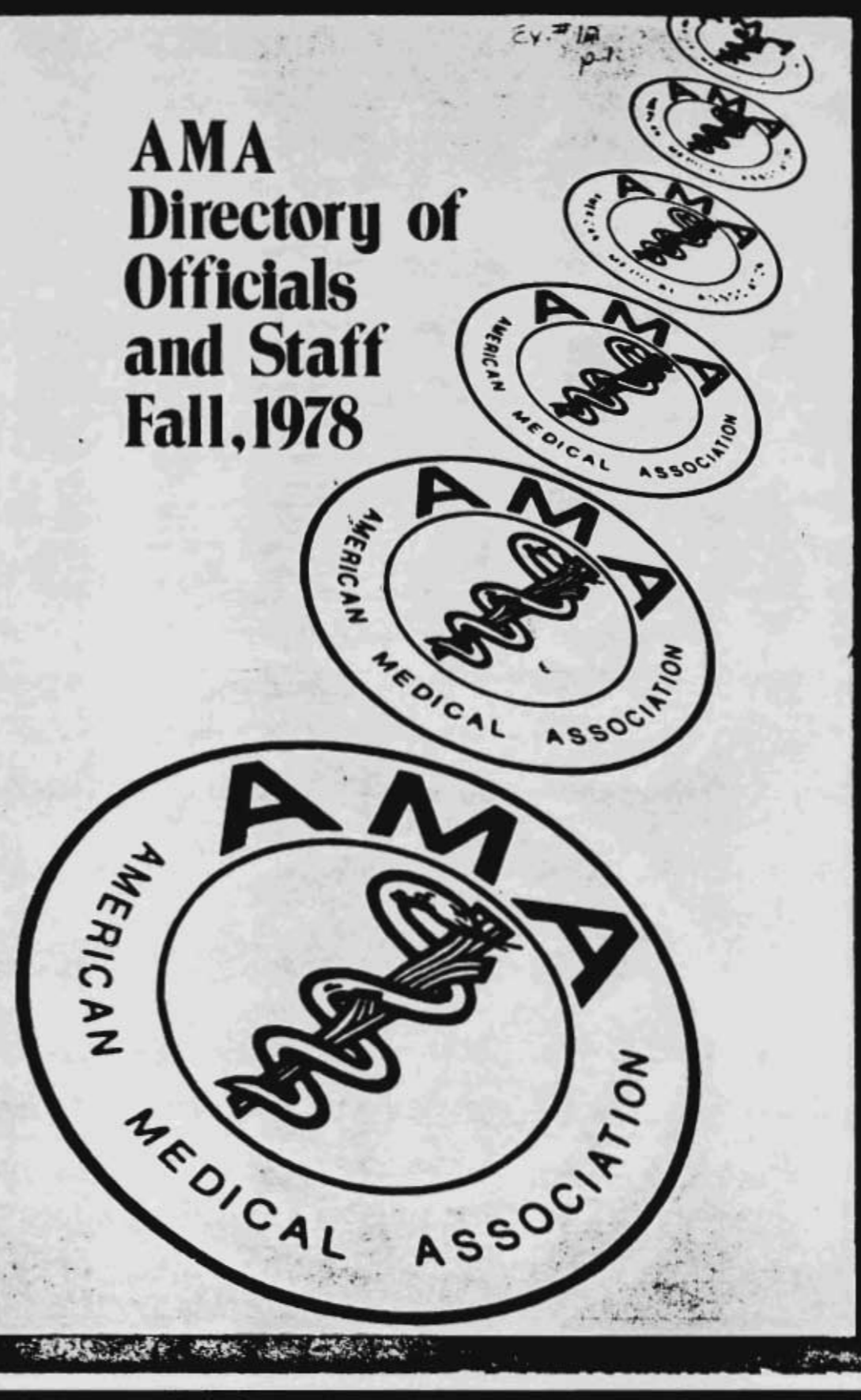
AMA Directory of Officials and Staff Fall, 1978



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AMA Directory FALL 1978

This self-explanatory Directory has been compiled for your convenience. In order to assist us in keeping the Directory up to date, we would appreciate notification of changes in listings as they occur.

Official communications to the American Medical Association should be addressed to the Executive Vice President.

Official communications to a State Association should be addressed to the Executive Officer.

James H. Sammons, MD
Executive Vice President

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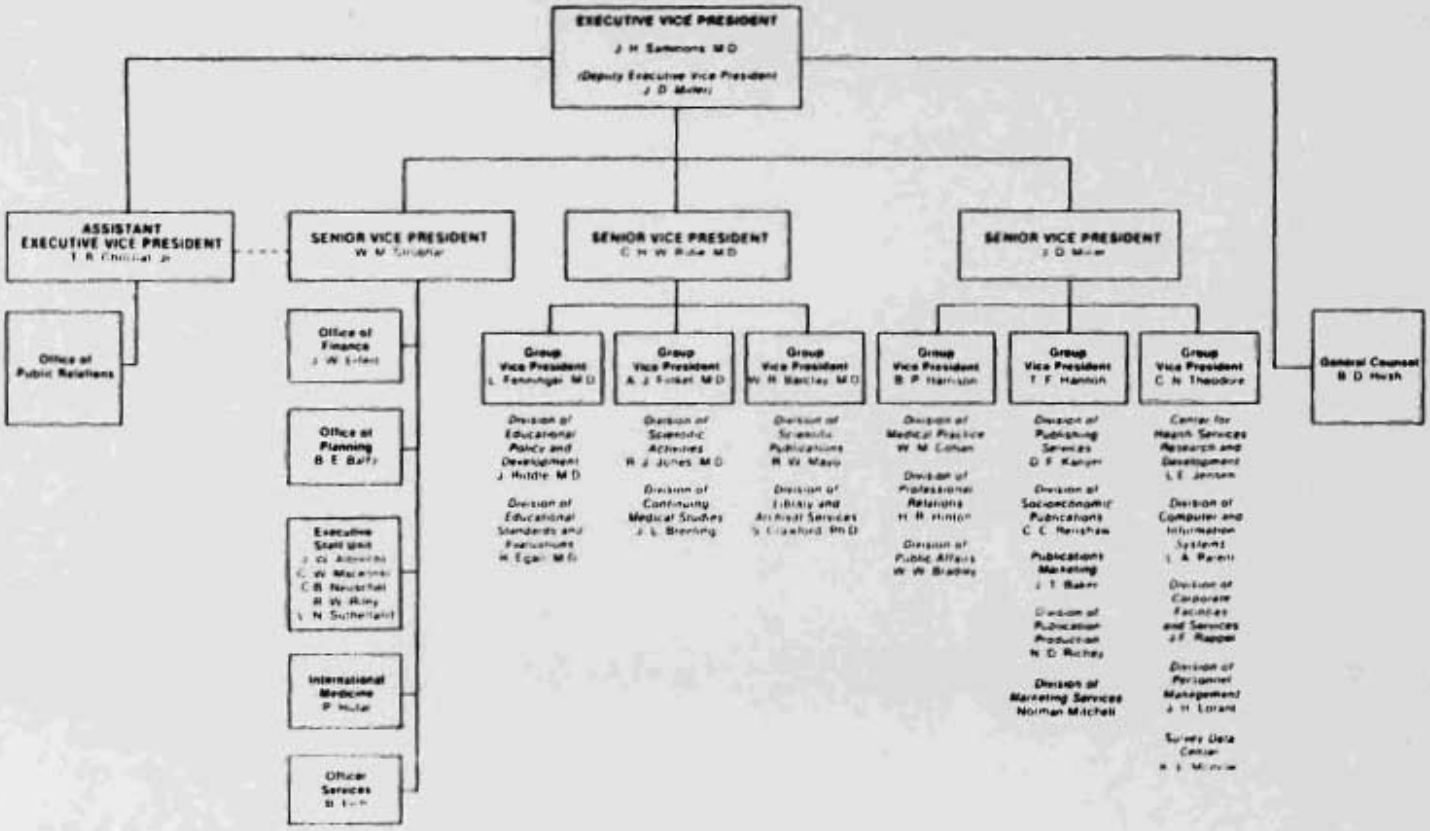
American Medical Association
MANAGEMENT STRUCTURE



SECTION 1

AMA Staff

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Special Assistant to the EVP
for the Board of Trustees Activities ..... Eleanor I. Barry

**Deputy Executive Vice President and
Senior Vice President** ..... Joe D. Miller

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Senior Vice President ..... Whalen M. Strobhar

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Medical Legal Research Dept. ..... Richard P. Bergen, JD, Dir.

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Office of Planning ..... Bruce E. Balfe, Dir.

Program Planning ..... Richard V. Lerner, Man.

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General Press Relations ..... Toba J. Cohen, Acting Dir.
Hollywood Office ..... Bete Gillespie, Dir.
Magazine Relations ..... Gilbert F. Martin, Dir.
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and Allied Health Professions .....John J. Fauser, PhD, Dir.
Dept. of Educational Directories .....Anne E. Crowley, PhD, Dir.

SECTION 4

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The number of authorized delegates is indicated in parenthesis after each state. With this edition of the DIRECTORY, the designated specialty has been added below the name of each delegate and alternate delegate. (A key to the specialty society code appears at the end of this section.) A delegate's term expires in December of the year shown in parenthesis.

ALABAMA (3)

Delegates

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	(205) 738-2130	(205) 738-2069
White, William E., MD R (1978)	529 Hillyer High Rd. Anniston, AL 36201	529 Hillyer High Rd.
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Alternate Delegates

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ALASKA (1)

Delegate

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Alternate Delegate

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ARIZONA (3)

Delegates

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Sattenspiel, Edward, MD OBG (1979)	333 W. Thomas Rd. Phoenix, AZ 85013 (602) 264-3267	530 E. Glenn Dr. (602) 997-6563

Alternate Delegates

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Name	Office	Home
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ARKANSAS (2)

Delegates

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Alternate Delegates

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CALIFORNIA (21)

Delegates

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Name	Office	Home
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Stone, Herman H., MD IM (1978)	3660 Arlington Ave. Riverside, CA 92506	2122 Archdale St.
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Alternate Delegates

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Name	Office	Home
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Johnson, F. Harold, MD GP (1978)	305 Oakridge Dr. Roseville, CA 95678 (916) 782-1221	1040 Magnolia Way (916) 783-8822
Krikes, Nicholas P., MD FP (1979)	399 E. Highland Ave. Ste. 216 San Bernardino, CA 92404 (714) 886-8618	238 E. 39th St.
McCort, James J., MD R (1978)	P.O. Box 2F San Jose, CA 95109 (408) 374-1053	145 El Porton Los Gatos, CA 95030 (408) 374-1053
Mizener, Wilson, MD ORS (1978)	911 S. Garfield Ave. Alhambra, CA 91801 (213) 282-8411	1530 Kensington Rd San Marino, CA 91108

Name	Office	Home
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Werner, Elmer C., MD OBG (1978)	1745 N. Imperial Ave. El Centro, CA 92243 (714) 352-4103	1445 Pepper Dr. (714) 352-9429
Williams, Henry S., MD R (1979)	3756 Santa Rosalia, #203 Los Angeles, CA 90008 (213) 295-7778	
(Vacancy)		

CANAL ZONE (1)

Delegate

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Alternate Delegate

(Vacancy)

COLORADO (2)

Delegates

Name	Office	Home
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Platt, Kenneth A., MD GP (1978)	7401 N. Lowell Blvd. Westminster, CO 80030 (303) 428-7449	8016 Raleigh St. (303) 429-1626

Alternate Delegates

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CONNECTICUT (3)

Delegates

Bradley, E. Tremain, MD ND (1978)	31 Stevens St. Norwalk, CT 06850 (203) 838-5101	78 Talmadge Hill Rd. New Canaan, CT 06840 (203) 966-0428
Fabro, J. Alfred, MD GS (1978)	94 Church St. Torrington, CT 06708 (203) 482-5541	P.O. Box 887 Litchfield, CT 06759 (203) 567-8391 Mailing Address
Hess, Orvan W., MD OBG (1979)	Doctors Bldg. 2 Church St., S. New Haven, CT 06519 (203) 624-9016 (203) 436-3147	29 Old Orchard Rd. North Haven, CT 06473 06473 (203) 388-3319

Alternate Delegates

Name	Office	Home
Canzonetti, Andrew J., MD GS (1979)	Scovill Mfg. Co. Waterbury, CT 06706	111 Virginia Ave. New Britain, CT 06052
	(203) 757-6061	(203) 225-3259
Cramer, Sidney L., MD R (1978)	21 Woodland St. Hartford, CT 06105	74 Westerly Terr. 06103
	(203) 246-7203	(203) 233-6539
Van Syckle, Guy W., MD DR (1978)	30 Hospital Ave. Danbury, CT 06810	Sawmill Ridge Rd. Newton, CT 06470
	(203) 744-1620	(203) 426-9668

DELAWARE (1)

Delegate

Bishoff, Rhoslyn J., MD GP (1978)	15 Park Dr. Dover, DE 19901	1925 Lovering Ave. Wilmington, DE 19806
	(302) 734-4328	(302) 658-7596

Alternate Delegate

Thomas, Roger B., Jr., MD IM (1978)	Suite 100 Lombardy Med. Ctr. 410 Foulk Rd. Wilmington, DE 19803 (302) 762-2820	204 Chandler Ave. (302) 658-4890

DISTRICT OF COLUMBIA (2)

Delegates

Camalier, C. W., Jr., MD GS (1978)	4900 Massachusetts Ave., N.W. Washington, DC 20016	7511 Glenbrook Rd. Bethesda, MD 20014
	(202) 686-1500	(301) 654-8270
Boland, James E., MD GS (1979)	4530 Connecticut Ave., N.W. Washington, DC 20008	5201 Woodlawn Ave. Chevy Chase, MD 20015
	(202) 966-2975	(301) 652-7355

Alternate Delegates

Name	Office	Home
Biben, Lewis H., MD IM (1978)	1145 19th St., N.W. Suite 700 Washington, DC 20006 (202) 223-5333	7009 Heather Hill Rd. Bethesda, MD 20034 (301) 229-6445
Canter, Jerome W. GS (1979)	2141 K St., N.W. Washington, D.C. 20037 (202) 223-1186	6009 Shady Oak Lane Bethesda, MD 20034 (301) 229-4277

FLORIDA (7)

Delegates

Broadaway, Rufus K., MD GS (1979)	1500 N.W. 12th Ave. Miami, FL 33136 (305) 324-4840	8041 S.W. 54th Ct. 33143 (305) 661-0226
Connar, Richard G., MD TS (1978)	1 Davis Blvd., Suite 703 Tampa, FL 33606 (813) 253-6001	3305 Jean Circle 33609 (813) 251-4482
Cook, James T., Jr., MD GP (1979)	P.O. Box 860 Marianna, FL 32446 (904) 482-3691	6th St. (904) 482-2451
Day, Samuel M., MD GS (1978)	1503 Oak St. Jacksonville, FL 32204 (904) 355-7416	4444 McGirts Blvd. 32210 (904) 389-5473
Dobbins, Burns A., Jr., MD PD (1979)	500 S.E. 17th St. Fort Lauderdale, FL 33316 (305) 524-3447	1600 S. Ocean Dr. (305) 522-6432
Donegan, Charles K., MD CD (1978)	501 11th St., N. St. Petersburg, FL 33705 (813) 821-1221	5401 Leilani Dr. 33706 (813) 360-1419
Von Thron, Joseph C., MD FP (1979)	25 N. Orlando Cocoa Beach, FL 32931 (305) 784-0222	529 S. Atlantic Ave. (305) 783-3229

Alternate Delegates

Name	Office	Home
Astler, Vernon B., MD GS (1978)	2800 S. Seacrest Blvd. Boynton Beach, FL 33435 (305) 278-1063	
Cleveland, Jack Q., MD IM (1978)	1220 Ponce DeLeon Blvd. Coral Gables, FL 33134 (305) 448-1737	1109 Palermo Ave. (305) 443-8196
Coleman, Francis C., MD PTH (1978)	P.O. Box 22707 Tampa, FL 33622 (813) 872-5686	4111 Carrollwood Vlge. Dr. 33603 (813)961-2231
Corso, Vincent P., MD GP (1979)	2295 Coral Way Miami, FL 33145 (305) 856-6121	
Dean, William Jesse, MD CD (1979)	1515 4th Street N. St. Petersburg, FL 33704 (813) 894-0657	
Peek, Eugene G., Jr., MD GP (1979)	P.O. Box 969 53 S. Magnolia Ave. Ocala, FL 32670 (904) 622-6468	303 S.E. 15th Ave. (904) 622-6301
Thames, Thomas B., MD GP (1979)	P.O. Box 8746 1723 Lucerne Orlando, FL 32806 (305) 843-1180	1704 Pepperidge Dr. (305) 898-9540

GEORGIA (4)

Delegates

Bateman, J.D., MD GS (1978)	410-12 4th Ave. Albany, GA 31705 (912) 436-4604	2105 Beattie Rd. 31707 (912) 436-4604
Bohler, C.E., MD FP (1979)	Box 8 Brooklet, GA 30415 (912) 842-2102	 (912) 842-2355

Name	Office	Home
Dowda, F.W., MD CD (1979)	490 Peachtree St., N.E. Atlanta, GA 30308 (404) 523-1864	4824 Northside Dr.,N.W. 30327 (404) 355-8491
Rogers, Harrison L.,Jr., MD GS (1978)	1938 Peachtree Rd., N.W. #601 Atlanta, GA 30309 (404) 352-3752	(404) 352-3752

Alternate Delegates

Eldridge, Franklin G., MD R (1979)	2307 Riverhill Dr. Valdosta, GA 31603 (912) 242-7045	2307 Riverhill Dr. (912) 242-2203
Hammett, H. Hilt, MD OPH (1978)	Hammett Building La Grange, GA 30240 (404) 884-7761	104 Ridgecrest Rd. (404) 884-8608
Hollis, Charles D., Jr.,MD IM (1979)	1610 N. Valencia Dr. Albany, GA 31707 (912) 432-7449	1610 N. Valencia Dr. 31707 (912) 435-3668
Moore, W.W., MD NS (1978)	1175 Peachtree St. N.E. Atlanta, GA 30361 (404) 892-8505	951 Crane Rd. Atlanta, GA 30324 (404) 233-1287

GUAM (1)

Delegate

(Vacancy)

Alternate Delegate

(Vacancy)

HAWAII (1)

Delegate

Chinn, Herbert Y.H., MD U (1980)	Alex Young Bldg., Ste. 250 Honolulu, HI 96813 (808) 536-0139	3116 Alika Ave. 96817 (808) 595-3019

Alternate Delegate

Name	Office	Home
Iaconetti, William, MD GS	130 Prison St. Lahaina, HI 96761 (808) 661-0051	RR1-Box 3 (808) 669-6166

IDAHO (1)

Delegate

Kircher, James R., MD GP (1978)	Snow Bldg., Suite 6 Burley, ID 83318 (208) 678-2283	280 E. Hwy. 30 S. 83318 (208) 678-7219

Alternate Delegate

Fox, E.R.W., MD OBG (1978)	Med. Dental Ctr. Coeur d'Alene, ID 83814 (208) 664-9234	 (208) 664-3933

ILLINOIS (14)

Delegates

Browns, Herschel L., MD IM (1979)	4600 N. Ravenswood Ave. Chicago, IL 60640 (312) 275-7700	2145 Bennett Ave. Evanston, IL 60201 (312) 328-1147
Burdick, Allison, Jr., MD FP (1978)	10 W. Ontario Oak Park, IL 60302 (312) 383-8045	1637 W. Mobile Ave. Chicago, IL 60639 (312) 637-6679
Burkhead, Howard C., MD DR (1979)	636 Church St. Suite 728 Evanston, IL 60201 (312) 328-6070	Mailing Address: 130 Dempster St. Evanston, IL 60202 (312) 475-1861
Fox, David S., MD GS (1978)	826 E. 61st St. Chicago, IL 60637 (312) 363-5411	5830 S. Stony Island Apt. 10A (312) 363-1939
Gibbs, Jack L., MD GS (1979)	175 S. Main St. Canton, IL 61520 (309) 647-0201	125 Hemlock Terr. (309) 647-1477

Name	Office	Home
Grevas, Theodore, MD GS (1979)	2701 17th St. Rock Island, IL 61201 (309) 788-0647	2711 36th St. (309) 786-2507
Hirsch, Lawrence L., MD FP (1978)	Chicago Med. School North Chicago, IL 60064 (312) 473-9200	2434 Grace Chicago, IL 60618 (312) 478-2046
Meyer, Morgan M., MD IM (1979)	815 S. Main St. Lombard, IL 60148 (312) 627-4722	573 S. Lombard (312) 627-2735
O'Donnell, Joseph R., MD FP (1978)	444 Park Blvd. Glen Ellyn, IL 60137 (312) 469-0045	1109 E. Willow Ave. Wheaton, IL 61087 (312) 668-3340
Ring, John J., MD GP (1978)	511 E. Hawley St. Mundelein, IL 60060 (312) 566-0300	401 N. Hillside Dr. (312) 566-0898
Skom, Joseph H., Md IM (1979)	707 N. Fairbanks Ct. Chicago, IL 60611 (312) 944-6677	1525 Scott St. Winnetka, IL 60093 (312) 446-7121
Tworoger, Fred A., MD OBG (1979)	4753 N. Broadway Chicago, IL 60640 (312) 561-6863	9130 Kedvale Ave. Skokie, IL 60076
Wells, Charles K., MD FP (1978)	117 N. 10th St. Mt. Vernon, IL 62864 (618) 244-3140	701 Pavey (618) 242-0339
(Vacancy)		

Alternate Delegates

Brislen, Andrew J. MD CD (1978)	Chicago Found. for Med. Care 10 S. Riverside Plaza Room 1558 Chicago, IL 60606 (312) 454-0965	11247 S. St. Lawrence Ave. Chicago, IL 60628 (312) 264-2952
Connor, Audley F., Jr., MD IM (1978)	7531 Stony Island Ave. Chicago, IL 60649 (312) 947-7732	4800 Chicago Beach Dr. 60615 (312) 268-8674

Name	Office	Home
Friedell, Morris T., MD GS (1978)	7531 Stony Island Ave. Chicago, IL 60649 (312) 947-7767	180 E. Pearson St. 60611 (312) 664-5368 Mailing Address
Hartman, Robert R., MD OBG (1979)	1515A W. Walnut Jacksonville, IL 62650 (217) 245-6196	1040 W. College Ave. (217) 245-6228
Herbolsheimer, Henrietta,MD IM (1978)	950 E. 59th St. Chicago, IL 60637 (312) 947-5529	Mailing Address: 1700 E. 56th St. (312) 643-5974
Johnson, Eugene P., MD FP (1979)	P. O. Box 68 Casey, IL 62420 (217) 932-4061	521 E. Main (217) 932-2173
Johnson, Lee, MD GP (1979)	P.O. Box 465 Litchfield, IL 62056 (312) 324-2758	917 E. Union (312) 324-3336 Mailing Address:
Johnson, Robert P., MD OBG (1978)	SIU School of Med. P.O. Box 3926 Springfield, IL 62704 (217) 782-5880	108 Maple Grove (217) 529-4906 Mailing Address:
Leonard, Eugene T., MD ORS (1978)	5670 E. State St. Doctors Park Rockford, IL 61108 (815) 397-6700	3 Crestwood Lane Rockford, IL 61107 (815) 877-8007
Shapiro, Maynard I., MD FP (1979)	7531 S. Stony Island Ave. Chicago, IL 60649 (312) 643-4433	505 N. Lake Shore Dr. 60611 (312) 222-0070
Thomson, Andrew, Jr., MD IM (1979)	1725 W. Harrison, Rm 400 Chicago, IL 60612 (312) 738-2966	3040 Grant Evanston, IL 60201 (312) 328-2617
Tomlinson, Glen E., MD FP (1979)	4 Prof. Pk. Lincoln, IL 62656 (217) 732-2149	430 Mayfair (217) 732-8270

Name	Office	Home
Wiggishoff, Cyril C., MD U (1979)	25 E. Washington St. #1805 Chicago, IL 60602 (312) 263-4671	611 Briar Ln. Northfield, IL 60093 (312) 446-7873
Wilkins, George T., MD PD (1979)	3165 Myrtle Ave. Granite City, IL 62040 (618) 452-1128	1204-27th St. (618) 451-7402

INDIANA (5)

Delegates

Corcoran, Patrick J.V., MD IM (1979)	P.O. Box 3287 Evansville, IN 47732 (812) 479-2061	2412 E. Chandler 47714 (812) 476-3368
Egger, Ross L., MD FP (1978)	R. #1, Box 75 Daleville, IN 47334 (317) 378-3386	R. #1 Middletown, IN 47356 (317) 354-2365
Harshman, James A., MD PTH (1978)	1907 W. Sycamore Kokomo, IN 46901 (317) 452-8221	4100 Millerwood Ln. (317) 457-7364
Petrich, Peter R., MD GP (1979)	401 South Perry St. Attica, IN 47918 (317) 762-2421	409 East Washington 47918 (317) 762-3273
Scamahorn, Malcolm O., MD FP (1978)	34 W. Main at Meridian Pittsboro, IN 46167 (317) 852-4771	130 E. Main St. (317) 892-3365

Alternate Delegates

Bickers, Everett E., MD GP (1978)	P.O. Box 5 Floyd Knobs, IN 47119 (812) 944-6497	Route 3, Box 572 47119 (812) 945-0316
Lukemeyer, George T., MD IM (1978)	I.U. Med Ctr. Indianapolis, IN 46202 (317) 264-7108	8395 N. Illinois St. 46260 (317) 251-4323

Name	Office	Home
Priddy, Marvin E., MD GP (1979)	5110 N. Clinton Fort Wayne, IN 46825	3902 Bonita Place 46805
	(219) 748-1111	(219) 485-1172
Tyrrell, Thomas C., MD GS (1979)	25 Douglas St. Hammond, IN 46320	1066 Forest Hills Calumet City, IL 60409
	(312) 862-4070 (219) 932-1951	(312) 862-5700
Wilhelmus, Gilbert M., MD GP (1978)	1028 Washington St. Evansville, IN 47714	5901 Newburgh Rd. 47715
	(812) 424-5361	(812) 476-9849

IOWA (3)

Delegates

Anderson, John R., MD FP (1979)	527 Marshall St. Boone, IA 50036	833 S. Story
	(515) 432-2335	(515) 432-1398
Larson, Erling, Jr., MD IM (1978)	121 W. Locust St. Davenport, IA 52803	117 Ridgewood Ave.
	(319) 326-6373	
Rhodes, John M., Sr., MD GP (1978)	608 N.W. 7th St. Pocahontas, IA 50574	310 2nd Ave., S.W.
	(712) 335-3534	(712) 335-4262

Alternate Delegates

Denser, C. H., Jr., MD PTH (1979)	1073 5th St. Des Moines, IA 50314	4140 Grand Ave.
	(515) 283-1578	(515) 279-2882
Mathiasen, E.B., MD GS (1979)	108 Benton St. Council Bluffs, IA 51501	157 Corrine
	(712) 328-2656	
Whinery, R. D., MD OPH (1978)	2409 Towncrest Dr. Iowa City, IA 52240	2 Glendale Circle
	(319) 338-3623	

KANSAS (2)

Delegates

Name	Office	Home
Conard, Clair C., MD IM (1979)	P.O. Box 1000 Dodge City, KS 67801	2200 5th Ave.
	(316) 225-1371	(316) 227-6944
Scott, Alex, MD GP (1978)	507 W. 6th Junction City, KS 66441	525 S. Garfield
	(913) 238-2518	(913) 238-3760

Alternate Delegates

Purinton, Lew W., MD IM (1979)	345 N. Hillside Wichita, KS 67218	665 N. Broadmoor 67206
	(913) 685-1301	(913) 682-6209
Wedel, Kermit G., MD GP (1978)	311 N. Mill Minneapolis, KS 67467	414 W. 5th St.
	(913) 392-2144	(913) 392-2215

KENTUCKY (3)

Delegates

Haller, Harold D., MD FP (1978)	3828 Bardstown Rd. Louisville, KY 40218	4503 Starlite Lane
	(502) 459-4900	(502) 491-8287
Rainey, Fred C., MD GP (1979)	912 Woodland Dr. Elizabethtown, KY 42701	807 Sunrise Lane
	(502) 765-4147	(502) 765-6523
Stevens, David B., MD ORS (1979)	2101 Nicholasville Rd. Suite 304 Lexington, KY 40503 (606) 278-3481	346 Jesselin Dr. (606) 277-3690

Alternate Delegates

Name	Office	Home
Crawford, Kenneth P., MD PD (1978)	1000 Medical Arts Bldg. Louisville, KY 40217	35 Hill Rd.
	(502) 456-2180	(502) 451-0090
Hess, Lee C., MD FP (1979)	7211 U.S. 42 Florence, KY 41042	7555 Dogwood Ln.
	(606) 371-1153	(606) 371-4828
Montgomery, Wally O. MD GS (1979)	2005 Broadway Paducah, KY 42001	3690 Marlborough Way
	(502) 443-5371	(502) 443-4119

LOUISIANA (3)

Delegates

Miller, Wm. Charles, MD GS (1978)	3600 Prytania St. New Orleans, LA 70115	5908 Garfield
	(504) 891-1961	(504) 891-1158
Peek, Gordon W., MD GS (1978)	4550 North Blvd. Baton Rouge, LA 70806	1937 Longwood Dr.
	(504) 924-6201	(504) 924-3984
Riggs, Ralph H., MD OTO (1979)	803 Jordan St. Shreveport, LA 71101	527 Sherwood Rd. 71106
	(318) 222-5794	(318) 868-3530

Alternate Delegates

Jones, Frank J., MD IM (1979)	3888 Government St. Baton Rouge, LA 70806	4444 Claycut
	(504) 344-7183	(504) 343-7256
St. Martin, Eugene C., MD U (1978)	865 Margaret Pl. Shreveport, LA 71101	6205 E. Ridge 71106
	(318) 226-9860	(318) 868-6210
Smith, F. Michael, Jr., MD IM (1978)	P. O. Box 1037 Thibodaux, LA 70301	
	(504) 447-9045	(504) 447-4414

MAINE (1)

Delegate

Name	Office	Home
McAfee, Robert E., MD GS (1979)	7 Bramhall St. Portland, ME 04102 (207) 774-6368	158 Clinton 04103 (207) 772-4792

Alternate Delegate

Darlington, Brinton T., MD IM (1979)	32 Westwood Rd. Augusta, ME 04330 (207) 623-8434	32 Westwood Rd. (207) 623-9101

MARYLAND (3)

Delegates

Fisher, Russell S., MD FOP (1978)	111 Penn St. Baltimore, MD 21201 (301) 752-7211	R.R. 2, Box 170A Omar Rd. Crownsville, MD 21032 (301) 987-4339
O'Donnell, Charles F., MD GP (1979)	7501 York Rd. Towson, MD 21204 (301) 823-3161	7501 York Rd. (301) 825-4890
Padussis, Stephen K., MD ABS (1979)	St. Agnes Medical Ctr. Pine Heights - Wilkins Ave. Baltimore, MD 21229 (301) 646-3900	310 Chapel Wood Lane Lutherville, MD 21093 (301) 252-5660

Alternate Delegates

Alden, Manning W., MD PTH (1979)	Anne Arundel Gen. Hosp. Annapolis, MD 21401 (301) 268-4444	Luce Creek Dr. (301) 268-5569
Boyer, M. McKendree, MD IM (1978)	9701 Church St. Damascus, MD 20750 (301) 253-2222, 3333	25915 Woodfield Rd. (301) 253-2122

Name	Office	Home
Goldstein, Robert B., MD U (1979)	500 University Pkwy. Baltimore, MD 21210 (301) 235-1406	911 Ellendale Dr. 21204 (301) 321-0414

MASSACHUSETTS (5)

Delegates

Ayres, John C., MD OS (1979)	55 Bridle Path Rd. Springfield, MA 01118 (413) 783-6671	
Felton, Lester M., MD U (1979)	210 Lincoln Worcester, MA 01605 (617) 755-8663	11 Elnora Dr. 01606 (617) 853-5352
McDonough, James F., MD OBG (1978)	175 Washington St. Winchester, MA 01890 (617) 729-3680	71 Wildwood Winchester, MA 01890 (617) 729-0356
Stewart, Goodwill M., MD IM (1979)	45 Pearl St. Brockton, MA 02401 (617) 583-6141	497 Depot St. South Easton, MA 02375 (617) 238-2790
Rodkey, Grant V., MD GS (1979)	Zero Emerson Pl. Boston, MA 02114 (617) 742-4180	11 Beatrice Circle Belmont, MA 02178 (617) 484-6310

Alternate Delegates

Alfano, Louis F., MD GYN (1978)	663 Main St. Melrose, MA 02176 (617) 665-6100	
Cotter, James Holland, MD AN (1979)	20 Hope Ave. Waltham, MA 02154 (617) 893-1016	78 Webster Rd. Weston, MA 02193 (617) 899-1738
Donald, Mary M., MD GP (1979)	42 Taylor Rd. Acton, MA 01720 (617) 263-7855	

Name	Office	Home
Hough, Gary, III, MD ORS	50 Maple St., Ste. 100 Springfield, MA 01103 (413) 785-1691	
Rowell, Russell J., MD AN (1979)	Beverly Hospital Beverly, MA 01915 (617) 4726	Montserrat Rd. Beverly, MA 01915 (617) 922-4726

MICHIGAN (8)

Delegates

Berglund, Thomas R., MD FP (1978)	325 E. Centre St. Portage, MI 49081 (616) 327-7034	
Crandall, Donald K., MD GS (1978)	4155 Nob Hill Dr. Norton Shores, MI 49441 (616) 739-9461	 (616) 780-2450
Danforth, James C., Jr., MD FP (1978)	20175 Mack Ave. Grosse Pte. Woods, MI 48236 (313) 881-7400	
McMurray, Richard J., MD OBG (1979)	2675 Flushing Road Flint, MI 48504 (313) 233-8702	
Masters, Brooker L., MD GP (1979)	Rt. #1 Box 3172 Baldwin, MI 49304	
Rice, Robert E., MD FP (1979)	Memorial Clinic 420 S. Bower Greenville, MI 48838 (616) 754-5675	220 Orange St. (616) 754-5849
Sweeny, Donald N., Jr., MD GS (1978)	8445 E. Jefferson Ave. Detroit, MI 48214 (313) 821-4800	40 Lee Gate Ln. Grosse Pte. Farms, MI 48236 (313) 882-3609
Walker, Frank B., II, MD PTH (1979)	47 DePetris Way Grosse Pte. Farms, MI 48236 (313) 885-0035	

Alternate Delegates

Name	Office	Home
Allaben, Robert A., MD GS (1979)	18255 W. McNichols Rd. Detroit, MI 48219	
Burton, Robert D., MD OTO (1979)	515 Lakeside Dr., SE Grand Rapids, MI 49506	
Gascoigne, Richard H., MD GS (1979)	Mill Road Adrian, MI 49221	
Leitch, Robert M., MD GP (1978)	719 Capital Ave., SW Battle Creek, MI 49015	32 Hiawatha Ln.
	(616) 965-5186	(616) 963-0511
Ray, Kenneth J., MD GP (1978)	3700 West Road Trenton, MI 48183	
	(313) 676-1420	
Siegel, David, MD U (1978)	2909 E. Grand River Ave. Lansing, MI 48912	426 Walbridge Dr. East Lansing, MI 48823
	(517) 487-5945	(517) 332-0292
Stevenson, Lee B., MD GYN (1978)	22812 Walsingham Rd. Farmington, MI 48024	
Wilson, George M., MD IM (1979)	1414 W. Fair Ave. Marquette, MI 49855	

MINNESOTA (5)

Delegates

Carryer, Haddon M., MD IM (1978)	200 1st St., S.W. Rochester, MN 55901	25 Skyline Dr. Sunny Slopes
	(507) 284-2511	(507) 289-8523
Flom, Robert S., MD GS (1979)	1151 Lowry Medical Arts Bldg. St. Paul, MN 55102	815 Linwood Ave.
	(612) 227-6351	(612) 225-2733

Name	Office	Members of the House of Delegates Home
Kelly, Robert T., MD FP (1978)	355 River Rd. Grand Rapids, MN 55744	1020 N. Pokegama Ave.
	(218) 326-6613	(218) 326-2752
Martin, George B., MD GP (1979)	309 La Bree Ave. N. Thief River Falls, MN 56701	704 N. La Bree Ave. N.
	(218) 681-4747	(218) 681-1571
Regan, John J., MD P (1979)	1431 Med. Arts Bldg. Minneapolis, MN 55402	15805 Holdridge Rd. Wayzata, MN 55391
	(612) 336-2631	(612) 473-6165
	Alternate Delegates	
Anonsen, Richard F., MD GP (1979)	5250 Wayzata Blvd. Minneapolis, MN 55416	10339 Bluff Rd. Eden Prairie, MN 55343
	(612) 545-1661	(612) 941-3127
Bartholomew, Lloyd G., MD GE (1978)	200 1st St., S.W. Rochester, MN 55901	1201 S.W. 6th St.
	(507) 284-2511	(507) 289-6132
Broker, Henry M., MD GS (1978)	200 St. Mary's Bldg. St. Cloud, MN 56301	723 Riverside Dr.
	(612) 251-1860	(612) 251-0535
Jacott, William, MD FP (1979)	Lakeside Medical Ctr. 4621 E. Superior Duluth, MN 55804 (218) 525-1918	2011 Lakeview Dr. Duluth, MN 55803 (218) 728-5794
Sommerdorf, Vernon, MD GP (1979)	1239 Payne Ave. St. Paul, MN 55101	1 Kennard Ct. 55106
	(612) 771-5577	(612) 776-5897

MISSISSIPPI (2)

Delegates

Hicks, G. Swink, MD GS (1979)	515 High St. Natchez, MS 39120	509 Washington St.
	(601) 445-8268	(601) 445-8356

Name	Office	Home
Rogers, Joseph B., MD OPH (1978)	220 Southern Circle Gulfport, MS 39501 (601) 388-5870	

Alternate Delegates

Ferguson, James V., Jr., MD R (1978)	1605 Strong Ave. Greenwood, MS 38930 (601) 453-8462	506 E. Barton
Hill, Stanley A., MD GS (1979)	607 Filmore St. Corinth, MS 38834 (601) 286-5616	714 Filmore St. (601) 286-6381

MISSOURI (4)

Delegates

Froelich, Rae W., MD FP (1978)	Harwood Clinic, Inc. Lebanon, MO 65536 (417) 532-6151	1347 W. Madison (417) 532-5213
Kasten, Melvin C., MD GS (1979)	10 Doctors Park Cape Girardeau, MO 63701 (314) 334-3074	1209 Bailer Circle (314) 335-7864
Sisk, James C., MD D (1978)	121 N. Brentwood St. Louis, MO 63105 (314) 725-7007	146 Frontenac Forest (314) 432-4359
Slickman, Robert A., MD OBG (1979)	2929 Baltimore Kansas City, MO 64108 (816) 561-1428	4737 Wyoming St. 64112 (816) 561-9496

Alternate Delegates

Bowles, Richard P., MD FP (1978)	114 N. Water Liberty, MO 64068 (816) 781-4740	414 N. Ridge (816) 781-4743
Judd, Donald R., MD TS (1979)	950 Francis Pl. St. Louis, MO 63105 (314) 721-3919	9534 Sunny Creek Lane 63127 (314) 849-2020

Name	Office	Home
Lieb, Francis X., MD PD (1978)	621 S. New Ballas Rd. St. Louis, MO 63141 (314) 872-7991	21 Southmoor 63105 (314) 533-5858
Stephenson, Hugh E., Jr., MD TS (1979)	807 Stadium Rd. Columbia, MO 65201 (314) 882-7155	5 Danforth Circle (314) 442-3834

MONTANA (1)

Delegate

Listerud, Mark B., MD GS (1978)	P.O. Box 937 Wolf Point, MT 59201 (406) 653-2150	Rodeo Rd. (406) 653-1457

Alternate Delegate

Halseth, John R., MD PD (1978)	P.O. Box 5012 1220 Central Ave. Great Falls, MT 59401 (406) 454-2171	1905 Cherry Rd. 59401 (406) 452-6109

NEBRASKA (2)

Delegates

Cornelius, C. J., Jr., MD FP (1979)	1116 10th Ave. Sidney, NE 69162 (308) 254-5575	2434 El Rancho Rd.
Schenken, John R., MD PTH (1978)	8303 Dodge St. Methodist Hosp. Omaha, NE 68114 (402) 397-3866	443 S. 88th St. (402) 391-5455

Alternate Delegates

Coe, John D., MD GS (1978)	409 Doctor's Bldg. Omaha, NE 68131	
Gogela, Louis J., MD NS (1979)	2221 S. 17th St. Lincoln, NE 68502 (402) 432-5229	6630 Rexford Dr. 68506 (402) 488-4183

NEVADA (1)

Delegate

Name	Office	Home
Moren, Leslie A., MD GP (1978)	764 14th St. Elko, NY (702) 738-3111	

Alternate Delegate

Raizin, Leonard H., MD AN (1978)	3196 Maryland Pkwy. Las Vegas, NV 89109 (702) 735-1515	

NEW HAMPSHIRE (1)

Delegate

Gifford, William H., MD GP (1979)	P.O. Box 85 Colebrook, NH 03576 (603) 237-4321	Rocky Knoll (603) 237-4255

Alternate Delegate

Wilson, Robert F., MD PD (1979)	Doctors Park Dover, NH 03820 (603) 742-4048	Garrison Ln. Madburg, NH 03820 (603) 742-1210

NEW JERSEY (7)

Delegates

Benz, George L., MD GS (1978)	35 Abington Ave. Newark, NJ 07104 (201) 484-7444	35 Abington Ave. Newark, NJ 07104 (201) 484-7445
D'Elia, William J., MD ORS (1979)	2100 Corlies Ave. Neptune City, NJ 07762 (201) 775-5811	141 Monroe Ave. Spring Lake, NJ 07762 (201) 449-9124

Name	Office	Home
Franzoni, Karl T., MD OBG (1978)	669 Chambers St. Trenton, NJ 08611	25 Bayberry Rd. Trenton, NJ 08618
	(609) 393-2900	(609) 882-0143
Hughes, Frank J., MD OBG (1978)	123 Clement Bridge Rd. Barrington, NJ 08030	123 N. Brown St. Gloucester, NJ 08030
	(609) 964-4424	(609) 456-2531
Satulsky, Emanuel M., MD D (1978)	737 N. Broad St. Elizabeth, NJ 07208	
	(201) 352-4656	(201) 352-0166
Todd, James S., MD GS (1979)	130 Prospect St. Ridgewood, NJ 07450	388 Beechwood Rd.
	(201) 444-6640	(201) 445-0985
Verdon, Robert E., MD FP (1978)	576 Anderson Ave. Cliffside Pk., NJ 07010	31 Cortland Pl.
	(201) 945-3550	(201) 945-6334

Alternate Delegates

Alessi, Alfred A., MD CDS (1979)	284 Atlantic St. Hackensack, NJ 07601	752 East Dr. Oradell, NJ 07649
	(201) 343-4212	(201) 262-4224
Cunniff, Charles L., MD IM (1979)	58 Keystone Ave. Jersey City, NJ 07304	
	(201) 456-3150	(201) 333-7310
Durham, Frederick W., MD GP (1979)	21 E. Euclid Ave. Haddonfield NJ 08033	411 Evans Ave.
	(609) 428-1233	(609) 429-0387
Mineur, Henry J. MD CD (1978)	117 Alden St. Cranford, NJ 07016	835 Mountain Ave. Westfield, NJ 07090
	(201) 267-3242	(201) 654-3961
Morrison, Myles, Jr., MD OBG (1978)	59 Franklin St. Morristown, NJ 07960	Toad Hall - Overlook Rd.
	(201) 539-1024	(201) 538-2577

Name	Office	Home
Slobodien, Howard D., MD GS (1979)	500 Lawrie St. Perth Amboy, NJ 08861 (201) 442-7484	34 Linden Ave. Metuchen, NJ 08840 (201) 549-0717
Spillane, James H., MD OTO (1978)	190 Roseberry St. Phillipsburg, NJ 08865 (201) 859-0212	642 Hillcrest (201) 859-1560

NEW MEXICO (1)

Delegate

Jennings, Emmit M., MD GS (1978)	207 N. Union Ave. Roswell, NM 88201 (505) 622-4360	1207 Camino Real (505) 622-8542

Alternate Delegate

Floyd, Vaun T., MD GS (1978)	718 Encino Med. Plaza NE Albuquerque, NM 87102 (505) 247-3635	4408 Royene Ave. NE 87110 (505) 255-4324

NEW YORK (15)

Delegates

Berry, Edgar P., MD PS (1978)	895 Park Ave. New York, NY 10021 (212) 988-5455	135 E. 74th St. (212) 861-9150
Carter, John H., Md GS (1979)	2 Manning Blvd. Albany, NY 12203 (518) 482-6586	37 Colonial Green Londonville, NY 12211 (518) 434-6228
Collins, George L., Jr., MD CD (1979)	666 Elm St. Buffalo, NY 14203 (716) 845-5713	9511 New Oregon Rd Eden, NY 14057 (716) 992-9915
DeLuca, Paul M., MD NS (1979)	40 Arch St., Johnson City Endicott, NY 13790 (607) 773-6406	401 Stark Ave. Endwell, NY 13760 (607) 754-2710

Name	Office	Home
Eberle, Richard D., MD GS (1978)	Physicians Off. Bldg. Community Gen. Hosp. Syracuse, NY 13215 (315) 492-5775	8455 Chittenango Rd. Manlius, NY 13104 (315) 682-7719
Emerson, Ralph S., MD GS (1979)	115 Warner Ave. Roslyn Hgts., NY 11577 (516) 621-5454	115 Warner Ave. Roslyn Hgts., NY 11577 (516) 621-2844
Fineberg, Henry I., MD GPM (1978)	420 Lakeville Rd. Lake Success, NY 11040 (516) 488-6100	1 Truxton Rd. Dix Hills, NY 11746 (516) 643-5718
Finkbeiner, John A., MD ND (1979)	34 E. 67th St. New York, NY 10021 (212) 744-5719	4 E. 70th St.
Fontanetta, Joseph R., MD IM (1979)	252 St. Nicholas Ave. Brooklyn, NY 11237 (212) 497-0685	(212) 497-0666
Goldmark, Carl, Jr., MD OBG (1978)	45 East 82nd St. New York, NY 10028 (212) 879-2155	130 E. 75th St. 10021 (212) 744-4977
Kaufman, Joseph J., MD GP (1978)	1035 Driving Park Ave. Newark, NY 14513 (315) 331-2030	135 South Ave. (315) 331-0508
Pisani, Bernard J., MD OBG (1979)	153 W. 11th St. New York, NY 10011 (212) 255-6560	209 Sunset Ave. Englewood, NJ 07631 (201) 569-0949
Schwartz, Ralph M., MD OBG (1978)	10 Plaza St., No. 2A Brooklyn, NY 11238 (212) 638-0033	190 Argyle Rd. 11218 (212) 282-0263
Sherman, Charles D., Jr., MD GS (1979)	2253 S. Clinton Ave. Rochester, NY 14618 (716) 473-7172	127 Southern Pkwy. (716) 271-7510
Way, George T.C., MD OBG (1978)	34 Livingston St. Poughkeepsie, NY 12601 (914) 452-0571	384 North Rd. (914) 454-2131

Alternate Delegates

Name	Office	Home
Aswad, Charles N., MD GER (1979)		116 Riverside Dr. Binghampton, NY 13905 (607) 724-2620
Bumbalo, Thomas S., MD US (1978)	462 Grider St. Buffalo, NY 14215 (716) 894-1212 ext. 368	11901 Boncliff Dr. Alden, NY 14004 (716) 937-6597
Clowe, John L., MD GP (1978)	1575 Union St. Schenectady, NY 12309 (518) 372-5726	1317 Regent St. Schenectady, NY 12309 (518) 374-6220
Denton, G. Rehmi, MD CDS (1979)	702 Madison Ave. Albany, NY 12208 (518) 434-2187	Hartman Rd. (518) 438-0515
Friedman, Daniel, MD FP (1978)	401 W. Merrick Rd. Bay Shore, NY 11706 (516) 859-3068	48 Skyline Dr. Coram, NY 11727 (516) 698-5781
Heimoff, Leonard L., MD IM (1978)	460 Grand Concourse Bronx, NY 10451 (212) 292-2211	1530 Palisade Ave. Fort Lee, NJ 07024 (201) 461-3961
Kurtz, Morton M., MD GP (1979)	59-08 Kissena Blvd. Flushing, NY 11355 (212) 445-4555	208th St. Bayside, NY 11361 (212) 631-1048
Landolt, Allison B., MD P (1979)	44 Pondfield Road Bronxville, NY 10708 (914) 337-6622	2 Pine Island Rd. Rye, NY 10580 (914) 967-1845
Lim, George, MD ORS (1979)	1617 N. James St. Rome, NY 13440 (315) 337-2520	6484 Dillmore Dr. (315) 337-1277
Patterson, Andrew, MD ORS (1979)	343 W. 58th St. New York, NY 10019 (212) 765-2260	14 Birchbrook Rd. Bronxville, NY 10708 (914) 337-4990

Name	Office	Home
Rosenberg, Milton, MD OBG (1979)	485 New North Ocean Rd. Patchogue, NY 11772	46 Monroe Ave.
	(516) 475-5250	(516) 475-1613
Templer, Wayne C., MD IM (1979)	163 E. Second St. Corning, NY 14830	6 Briarcliff Dr. Corning, NY 14830
	(607) 962-2823	(607) 936-3043
(Three Vacancies)		

NORTH CAROLINA (5)

Delegates

Davis, James E., MD GS (1978)	1200 Broad St. Durham, NC 27705	7 Beverly Dr. 27707
	(919) 286-7743	(919) 489-9545
Glasson, John, MD ORS (1978)	306 S. Gregson St. Durham, NC 27701	615 Swift Ave.
	(919) 688-1059	(919) 489-5110
Reynolds, Frank R., MD PD (1978)	1613 Dock St. Wilmington, NC 28401	
	(919) 763-4272	
Shaffner, Louis de S., MD GS (1979)	Bowman Gray Sch. of Med. Winston Salem, NC 27103	740 N. Pine Valley
	(919) 727-4502	(919) 725-1503
Welton, David G., MD D (1979)	3535 Randolph Rd. Charlotte, NC 28211	835 Hempstead Pl. 28207
	(704) 364-6110	(704) 333-5927

Alternate Delegates

Caldwell, Jesse, Jr., MD OBS (1978)	114 W. 3rd Ave. Gastonia, NC 28052	
	(704) 867-6378	
Estes, E. Harvey, Jr., MD CD (1978)	Duke Medical Ctr. Box 2914 Durham, NC 27710	

Name	Office	Home
Gilbert, George G., MD U (1978)	1 Doctors Park Asheville, NC 28801 (704) 253-5314	
Styron, Charles W., MD IM (1979)	615 St. Mary's St. Raleigh, NC 27605 (919) 828-7773	920 Williamson Dr.
Ward, D.E., Jr., MD GS (1979)	2604 N. Elm St. Lumberton, NC 28358 (919) 738-4276	2206 Barker St. (919) 739-4715

NORTH DAKOTA (1)

Delegate

Beithon, Paul J., MD FP (1978)	Red River Valley Clinic Wahpeton, ND 58075 (701) 642-5574	849 N. 2nd St. (701) 642-3276

Alternate Delegate

Samuelson, A. F., MD P (1978)	810 E. Rosser Ave. P.O. Box 1754 Bismarck, ND 58501 (701) 223-2017	1252 North Park View Dr. 58501 (701) 223-9725

OHIO (9)

Delegates

Albers, John E., MD CDS (1979)	2350 Auburn Ave. Cincinnati, OH 45219 (513) 241-2600	10068 Leacrest Rd. 45215 (513) 771-4820
Bates, George N., MD OM (1979)	P.O. Box 1035 Toledo, OH 43601 (419) 242-6543	2102 Shenandoah Rd. 43607 (419) 536-5011
Clarke, Oscar W., MD CD (1979)	Holzer Med. Clinic Box 344 Gallipolis, OH 45631 (614) 446-5131	Garfield Ave., Spruce Knoll (616) 446-4646

Name	Office	Home
Hammon, Jerry L., MD GP (1978)	4100 W. 3d St. Dayton, OH 45428	268 Market St. West Milton, OH 45383
	(513) 268-6511 ext. 302	(513) 698-5411
Lewis, William J., MD FP (1979)	2567 Far Hills Ave. Dayton, OH 45419	516 Canterbury Dr. Kettering, OH 45429
	(513) 298-7351	(513) 299-2691
Porterfield, H. William, MD PS (1978)	1100 Morse Rd. Columbus, OH 43229	1575 Sangdringhan Dr. 43220
	(614) 888-1194	(614) 451-8322
Robechek, P. John, MD GS (1979)	3461 Warrensville Ctr. Rd. Cleveland, OH 44122	19901 Van Aken Blvd. Apt. 201
	(216) 921-0150	(216) 752-5188
Schreiber, Jack, MD GP (1978)	Doctors Park Canfield, OH 44406	7062 Youngstown-Salem Road
	(216) 533-3351	(216) 533-3778
Smith, Robert N., MD AN (1978)	3939 Monroe St. Toledo, OH 43606	3424 Gallatin Rd.
	(419) 475-1650	(419) 536-3875

Alternate Delegates

Castele, T. J., MD R (1979)	Lutheran Med. Ctr. 2609 Franklin Ave. Cleveland, OH 44113 (216) 696-4300	18869 Canyon Rd. Fairview Park, OH 44126 (216) 331-8543
Dunsker, Stewart B., MD (1978)	506 Oak St. Cincinnati, OH 45219 (513) 221-1100	
Ford, C. Douglas, MD IM (1979)	2361 W. Bancroft St. Toledo, OH 43607	1954 Glen Arbor 43614
	(419) 531-1411	(419) 381-0279
Fox, Thomas E., MD PD (1978)	309 Reading Rd. Mason, OH 45040	5451 Foster Rd.
	(513) 398-6010	(513) 398-1706

OHIO (9)

Name	Office	Home
Fulton, Richard L., MD IM (1979)	1211 Dublin Rd. Columbus, OH 43215 (614) 486-5207	2965 Pickwick Dr. 43221 (614) 488-9251
Gaughan, John J., MD TR (1979)	7911 Detroit Avenue Cleveland, OH 44102 (216) 651-7000 Ext. 236	4498 W. 214th St. 44126 (216) 331-8953
Grable, Edward E., Md OBG (1979)	2525 13th St., N.W. Canton, OH 44708	351 17th St., N.W. 44703 (218) 453-3229
Huffman, B. Leslie, Jr., MD FP (1978)	5757 Monclova Rd. Maumee, OH 43577 (419) 893-0435	Deepwater Farm Grand Rapids, OH 43522 (419) 832-5445
Thomas, Robert G., MD PTH (1978)	630 E. River St. Elyria, OH 44035 (216) 323-3221	216 Robson Rd. Grafton, OH 44044 (216) 458-4591

OKLAHOMA (3)

Delegates

Calhoon, Ed L., MD GP (1979)	Box 70 Beaver, OK 73932 (405) 625-3242	224 Ave. N (405) 625-3242
Hendren, Walter Scott, MD IM (1978)	2909 S. Harvey Oklahoma City, OK 73109 (405) 634-6345	16 S.W. Ranchwood Dr 73139 (405) 794-5841
Thomas, Harlan, MD FP (1978)	2325 South Harvard Ste. 405 Tulsa, OK 74114 (918) 584-7925	3316 E. 23rd St. 74114 (918) 939-1939

Alternate Delegates

Crosthwait, M. Joe, MD A (1979)	7221 E. Reno St. Midwest City, OK 73110 (405) 737-4405	3108 Glen Oaks Dr. (405) 737-3908

Name	Office	Home
Kenyon, Rex E., MD PTH (1978)	254 Pasteur Bldg. Oklahoma City, OK 73103	1801 Devonshire Blvd. 73116
	(405) 239-7111	(405) 848-0481
Welborn, Orange M., MD ORS (1978)	1401 Arlington Ada, OK 74820	208 East King's Rd.
	(405) 332-4441	(405) 332-1354

OREGON (3)

Delegates

Billmeyer, Daniel K., MD A (1978)	406 7th St. Oregon City, OR 97045	4712 S.E. River Rd. Milwaukie, OR 97222
	(503) 656-5273	(503) 654-4804
Loomis, Robert C., MD U (1979)	1162 Willamette Eugene, OR 97401	3540 Pearl 97405
	(503) 687-6072	(503) 343-3729
Sacco, Russell N., MD U (1979)	535 N.E. 47th Ave., #306 Portland, OR 97213	7326 S.W. Brier Pl. 97219
	(503) 233-6113	(503) 246-6563

Alternate Delegates

Ferguson, Bill B., MD GP (1979)	1340 S.E. Main Hillsboro, OR 97123	1379 S.E. 40th Ave.
	(503) 648-6626	(503) 648-2606
Fisher, William A. OS (1979)	3181 S.W. Sam Jackson Pk. Rd. Portland, OR 97201	145 N.E. Laurelhurst Pl. 97232
	(503) 225-7590	(503) 234-7732
Warrington, W. Rich, MD GS (1978)	545 N.E. 47th Ave. Portland, OR 97213	15760 N.W. Norwich Beaverton, OR 97005
	(503) 234-0233	(503) 645-2242

PENNSYLVANIA (10)

Delegates

Name	Office	Home
Alexander, R. William, MD R (1978)	544 Elm St. Reading, PA 19601 (215) 374-4951	
Fetterman, Henry H., MD OBG (1979)	501 N. 17th St. Allentown, PA 18104 (215) 435-8562	143 N. 28th St. (215) 435-1704
Grandon, Raymond C., MD IM (1978)	131 State St. Harrisburg, PA 17101 (717) 234-4187	91 Poplar Ave. Grand Acres New Cumberland, PA 17070 (717) 774-2561
Kelly, William J., MD CD (1978)	721 Jenkins Bldg. Pittsburgh, PA 15222 (412) 281-8280	1083 Shady Ave. 15232 (412) 362-1245
Lovette, John B., MD GS (1979)	353 Market St. Johnstown, PA 15901 (814) 535-3571	2114 Hayden Dr. 15905 (814) 255-2301
Marshall, Matthew, Jr., MD U (1979)	211 N. Whitfield St. Pittsburgh, PA 15206 (412) 362-3037	109 Westchester Dr. 15215 (412) 781-5127
Moyers, Robert N., MD FP (1979)	764 Kennedy St. Meadville, PA 16335 (814) 336-3155	R.D. 1 Conneaut Lake, PA 16316 (814) 382-7033
Rial, William Y., MD FP (1978)	111 Dartmouth Ave. Swarthmore, PA 19081 (215) 543-2737	215 Harvard Ave. (215) 543-8666
Tyson, R. Robert, MD GS (1979)	3401 N. Broad St. Philadelphia, PA 19140 (215) 225-2424	521 Jarden Rd. 19118 (215) 233-2906
(One Vacancy)		

Alternate Delegates

Name	Office	Home
Brown, Donald C., MD GS (1978)	Irwin Professional Ctr. 100 Pennsylvania Ave. Irwin, PA 15642 (412) 864-5759	825 N. Main St. Greensburg, PA 15601 (412) 837-8855
Carroll, Robert J., MD IM (1979)	4725 McKnight Rd. Pittsburgh, PA 15237 (412) 931-0616	145 Woodhaven Ln. (412) 486-8337
Cottle, Betty L., MD AN (1978)	25 Sylvan Dr. Hollidaysburg, PA 16648 (814) 695-0659	 (814) 695-9428
Donaldson, James B., MD IM (1978)		714 Woodcrest Rd. Radnor, PA 19087 (215) 688-2331
Ellis, Lawrence D., MD IM (1979)	Iroquois Bldg. 3600 Forbes Ave. Pittsburgh, PA 15213 (412) 687-1210	1270 Beechwood Blvd. (412) 421-3038
Fisher, George Ross, MD END (1979)	829 Spruce St. Ste. 308 Philadelphia, PA 19107 (215) 922-5252	203 Chuns Landing Rd. Haddonfield, NJ 08033 08033 (609) 429-5752
Helmick, Wayne W., MD GP (1979)	349 Rochester Ave. Rochester, PA 15074 (412) 775-0716	113 Wishart Dr. Beaver, PA 15009 (412) 775-4243
Keck, David J., MD GP (1979)	210 E. Main St. Fairview, PA 16415 (814) 474-3613	2175 W. Old Ridge Rd. Fairview, PA 16415 (814) 474-5471
Kelly, John L., MD P (1978)	502 W. Front St. Media, PA 19063 (215) 566-3200	 (212) 565-4879
Levis, Michael P., MD GS (1978)	4725 McKnight Rd. Pittsburgh, PA 15237 (412) 931-4353	1486 Montgomery Rd. Allison Park, PA 15101 (412) 364-0810

PUERTO RICO (1)

Delegate

Name	Office	Home
Iguina-Mora, Martin A., MD OPH (1979)	San Felipe 201 Box 1205 Arecibo, PR 00612 (809) 878-3420	Ocean View G7 St. #2 (809) 878-0349

Alternate Delegate

Rigau, Jose M., MD GS (1979)	Hosp. Gen. San Carlos Santurce, PR 00909 (809) 727-4030	Llorens Torres 432 Hato Rey, PR 00917 (809) 767-9945

RHODE ISLAND (1)

Delegate

Cunningham, John J., MD IM (1978)	Memorial Hospital Pawtucket, RI 02860 (401) 722-6000	18 Anawan Rd. (401) 722-6659

Alternate Delegate

Hager, Herbert F., MD CD (1978)	110 Lockwood St. Providence, RI 02903 (401) 421-0581	42 Kensington Rd. Edgewood, RI 02905 (401) 781-9192

SOUTH CAROLINA (2)

Delegates

Peeples, Harrison L., MD GP (1978)	P.O. Box 428 Estill, SC 29418 (803) 625-2096	Scotia, SC 29939 (803) 625-2765
Weston, C. Tucker, MD ORS (1979)	1410 Barnwell St. P.O. Box 706 Columbia, SC 29202 (803) 256-2376	4533 Langrove Rd. 29206 (803) 782-1440

Alternate Delegates

Name	Office	Home
Gilland, J.D., MD GS (1979)	905 Bell St. Conway, SC 29526 (803) 248-5877	1511 Elm St. (803) 248-9107
Tanner, Waitus O., MD FP (1978)	1806 Washington St. Columbia, SC 29201	

SOUTH DAKOTA (1)

Delegate

Taylor, William R., MD IM (1978)	201 S. Lloyd #190 Aberdeen, SD 57401 (605) 225-8800	422 5th, S.E. 57401 (605) 225-7991

Alternate Delegate

Tracy, Gerald E. PD (1978)	Brown Clinic Watertown, SD 57201 (605) 886-8482	1131 Skyline Dr. 57201 (605) 886-2961

TENNESSEE (4)

Delegates

Haralson, R. H., Jr., MD AN (1978)	821 Tuckaleechee Rd. Maryville, TN 37801 (615) 983-3892	2009 Ponderosa Lane. 37801 (615) 983-0993
Kochtitzky, O. Morse, MD IM (1979)	Frist-Scoville Med. Group P.O. Box 24810 Nashville, TN 37202 (615) 327-0404	31 Foxhall Close 37215 (615) 292-4889
Turner, David H., MD OPH (1978)	2300 Bailey Ave. Chattanooga, TN 37404 (615) 629-0056	7813 Stonehenge Dr. 37421 (615) 894-3658
Tyrer, A. Roy, Jr., MD NS (1979)	700 Claybrook Bldg. 220 S. Claybrook Memphis, TN 38104 (901) 726-6868	621 S. Willett (901) 274-9222

Name	Office	Home
(Vacancy)		

Alternate Delegates

Ballard, Thomas K., MD GP (1978)	418 E. Baltimore Jackson, TN 38301	46 Shadow Lawn Dr. 38301
	(901) 422-3416	(901) 422-4577
Eason, Hamel B., MD CD (1979)	176 S. Bellevue #601 Memphis, TN 38104	3430 Dell Glade Dr. 38111
	(901) 725-5861	(901) 323-1720
Thorne, Charles B., MD IM (1979)	333 Medical Arts Bldg. Nashville, TN 37212	2314 Golf Club Ln. 37215
	(615) 327-3611	(615) 297-5175
(Vacancy)		

TEXAS (10)

Delegates

Brindley, G.V., Jr., MD GS (1978)	Scott & White Clinic Temple, TX 76501	720 W. Nugent 76501
	(817) 778-4451	(817) 773-5423
Delmer, Merle W., MD PTH (1979)	730 N. Main San Antonio, TX 78205	700 E. Olmos Dr. 78212
	(512) 225-5101	(512) 826-1757
Durham, Mylie E., Jr., MD GS (1979)	427 W. 20th St. Houston, TX 77008	6035 Coral Ridge Rd. 77069
	(713) 869-3701	(713) 444-0015
Locker, S. Braswell, MD OPH (1979)	Riverbend Route 1 Brookesmith, TX 76827	Circle L. Ranch
	(915) 646-7382	(915) 646-7764
McKay, Haden E., Jr., MD GP (1979)	P.O. Drawer M Humble, TX 77338	404 Higgins
	(713) 446-2151	(713) 446-2252

Name	Office	Home
Miller, Jarrell E., MD DR (1978)	6011 Harry Hines Blvd., #900 Dallas, TX 75235 (214) 637-5380	6115 D Averill Way 75225 (214) 363-5229
Nixon, Sam, A., MD FP (1978)	P.O. Box 20367 Houston, TX 77025 (713) 792-4671	2400 N. Braeswood 77030 (713) 667-2541
Painter, Joseph T., MD CD (1979)	U. Tex. M.D. Anderson Hosp. & Tumor Clinic Texas Med. Ctr. Houston, TX 77030 (713) 792-2824	2128 Brentwood (713) 529-9909
Peden, James K., MD P (1978)	4600 Samuell Blvd. Dallas, TX 75228 (214) 381-1836	6739 Avalon 75214 (214) 822-4033
Renger, Harvey, MD GS (1978)	413 S. Main St. Hallettsville, TX 77964 (512) 798-3235	118 Kroschell St. (512) 798-2266

Alternate Delegates

Borum, Val F., MD AN (1978)	800 Fifth Ave. Fort Worth, TX 76104 (817) 332-6209	3711 Hulen Park 76109 (817) 926-3608
Castle, Charles W., MD GP (1979)	Box 309 Liberty, TX 77575 (713) 336-6780	717 San Jacinto 77575 (713) 336-6196
Davis, Milton V., MD TS (1978)	Suite 208 Northlake Doctors Bldg. 10405 E. Northwest Hwy. Dallas, TX 75238 (214) 349-6788	4 Nonesuch Rd. 75214 (214) 827-5616
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UTAH (2)

Delegates

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VERMONT (1)

Delegate

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VIRGINIA (4)

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VIRGIN ISLANDS (1)

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WASHINGTON (4)

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WEST VIRGINIA (2)

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AMERICAN ACADEMY OF ALLERGY (1)

Delegate

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AMERICAN ACADEMY OF DERMATOLOGY (1)

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AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (1)

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AMERICAN ACADEMY OF NEUROLOGY (1)

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AMERICAN ACADEMY OF OCCUPATIONAL MEDICINE (1)

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AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY (OPHTHALMOLOGY) (1)

Delegate

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AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY (OTOLARYNGOLOGY) (1)

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AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS (1)

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AMERICAN ACADEMY OF PEDIATRICS (1)

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AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION (1)

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AMERICAN ASSOCIATION FOR THORACIC SURGERY (1)

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AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS (1)

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AMERICAN ASSOCIATION OF OPHTHALMOLOGY (1)

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AMERICAN ASSOCIATION OF PATHOLOGISTS, INC. (1)

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AMERICAN ASSOCIATION OF PLASTIC SURGEONS (1)

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AMERICAN COLLEGE OF ALLERGISTS (1)

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AMERICAN COLLEGE OF PHYSICIANS (1)

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AMERICAN COLLEGE OF PREVENTIVE MEDICINE (1)

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AMERICAN COLLEGE OF SURGEONS (1)

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Delegate

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AMERICAN GASTROENTEROLOGICAL ASSOCIATION (1)

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AMERICAN GERIATRICS SOCIETY (1)

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AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY (1)

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AMERICAN OCCUPATIONAL MEDICAL ASSOCIATION (1)

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AMERICAN ROENTGEN RAY SOCIETY (1)

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Delegate

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AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS (1)

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AMERICAN SOCIETY OF INTERNAL MEDICINE (1)

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AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS (1)

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AMERICAN THORACIC SOCIETY (1)

Delegate

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ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES (1)

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COLLEGE OF AMERICAN PATHOLGISTS (1)

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CONGRESS OF NEUROLOGICAL SURGEONS (1)

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INTERNATIONAL ACADEMY OF PATHOLOGY--U.S. AND CANADIAN DIVISION (1)

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INTERNATIONAL COLLEGE OF SURGEONS (1)

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RADIOLOGICAL SOCIETY OF NORTH AMERICAN (1)

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Alternate Delegate

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SOCIETY FOR INVESTIGATIVE DERMATOLOGY, INC. (1)

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SOCIETY OF MEDICAL CONSULTANTS TO THE ARMED FORCES (1)

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SOCIETY OF NUCLEAR MEDICINE (1)

Delegate

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Alternate Delegate

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AIR FORCE (1)

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U.S. PUBLIC HEALTH SERVICE (1)

Delegate

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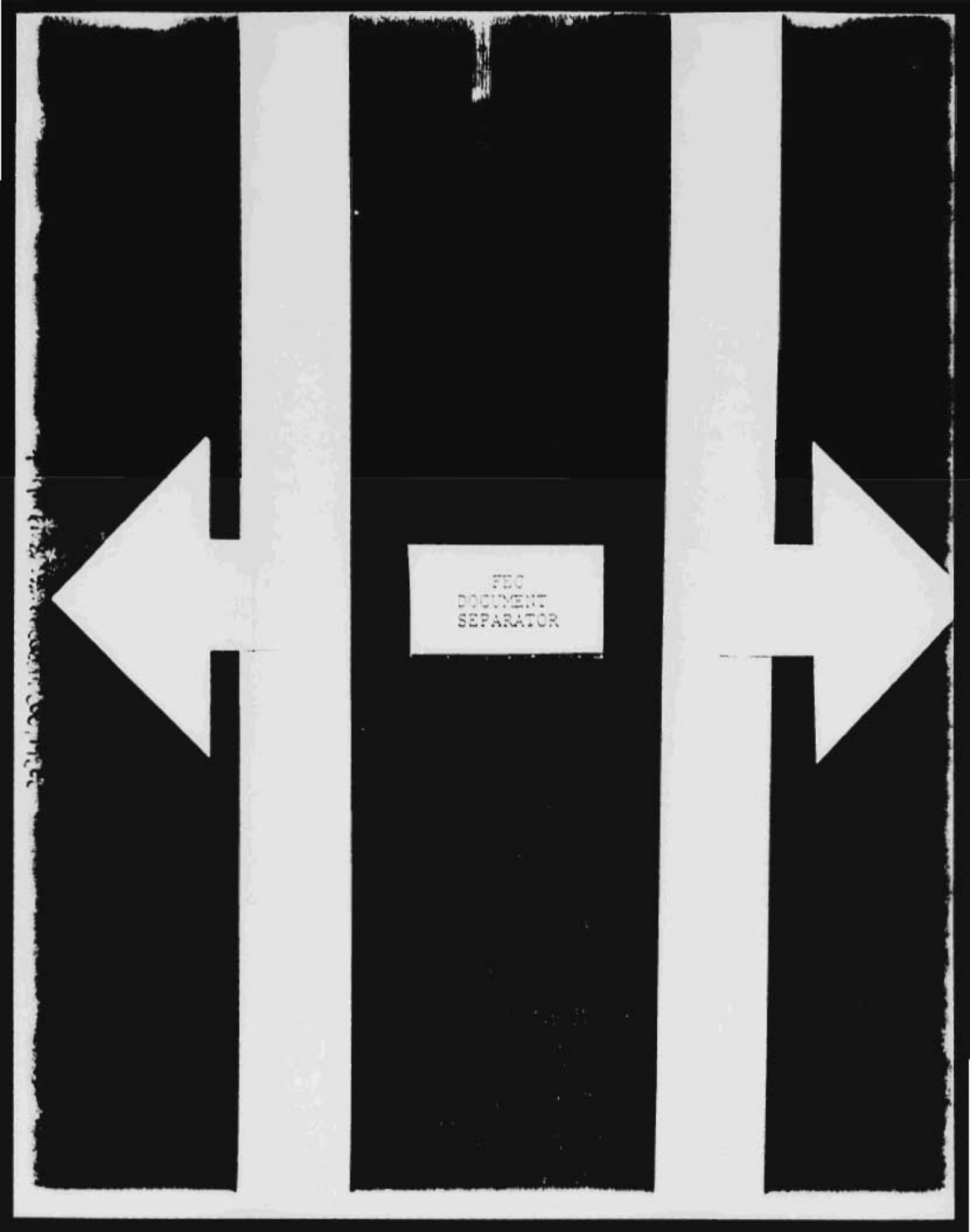
LIST OF DESIGNATED SPECIALTY CODES

Name	Office
ADL	Adolescent Medicine
AI	Allergy and Immunology
AM	Aerospace Medicine
A	Allergy
AN	Anesthesiology
BLB	Bloodbanking
BE	Broncho-Esophagology
CD	Cardiovascular Diseases
D	Dermatology
DMP	Dermatopathology
DIA	Diabetes
EM	Emergency Medicine
END	Endocrinology
FP	Family Practice
GE	Gastroenterology
GP	General Practice
GPM	General Preventive Medicine
GER	Geriatrics
GYN	Gynecology
HEM	Hematology
HYP	Hypnosis
IG	Immunology
ID	Infectious Diseases
IM	Internal Medicine
LAR	Laryngology
LM	Legal Medicine
MFS	Maxillofacial Surgery
ND	Neoplastic Diseases
NEP	Nephrology
N	Neurology
NPM	Neonatal-Perinatal Medicine
CHN	Neurology, Child
NA	Neuropathology
NM	Nuclear Medicine
NR	Nuclear Radiology
NTR	Nutrition
OBS	Obstetrics
OBG	Obstetrics and Gynecology
OM	Occupational Medicine
ON	Oncology
OPH	Ophthalmology
OT	Otology
OTO	Otorhinolaryngology
PTH	Pathology
CLP	Pathology, Clinical
FOP	Pathology, Forensic
PD	Pediatrics
PDA	Pediatric Allergy
PDC	Pediatric Cardiology
PDE	Pediatric Endocrinology
PHO	Pediatric Hemotology-Oncology
PNP	Pediatric Nephrology
PA	Pharmacology, Clinical
PM	Physical Medicine & Rehabilitation
P	Psychiatry
CHP	Psychiatry, Child
PYA	Psychoanalysis
PYM	Psychomatic Medicine
PH	Public Health
PUD	Pulmonary Diseases
R	Radiology
DE	Radiology, Diagnostic
PDR	Radiology, Pediatric
TR	Radiology, Therapeutic
RHU	Rheumatology
RHI	Rhinology
RIP	Radioisotopic Pathology
ABS	Surgery, Abdominal
CDS	Surgery, Cardiovascular
CRS	Surgery, Colon & Rectal
GS	Surgery, General
HS	Surgery, Hand
HNS	Surgery, Head & Neck
NS	Surgery, Neurological
ORS	Surgery, Orthopedic
PDS	Surgery, Pediatric
PS	Surgery, Plastic
TS	Surgery, Thoracic
TRS	Surgery, Traumatic
U	Surgery, Urological

In addition to the above specialties the following designations are also

OS	Other, i.e., physicians designated a specialty other than those appearing above.
US	Unspecified, i.e., physician did not specify a specialty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1846-1958

Digest of Official Actions

AMERICAN MEDICAL ASSOCIATION

F. J. L. BLASINGAME, M.D.

EXECUTIVE VICE PRESIDENT

Introduction . . .

A means of maintaining records of policy in usable form has long been a problem of the American Medical Association. The House of Delegates has never voted that its actions shall be periodically rescinded; consequently, "current" policies of the American Medical Association may extend back to 1847, date of organization. As early as 1881, the House of Delegates instructed the Secretary to have compiled a cumulated index to the Official Proceedings; this request was made again in 1919, in 1923, and in 1956. Indexes were published in 1883 and in 1942.

Reference should be made here to the importance of understanding the mechanics of policy-making before an attempt is made to interpret the text. No report or resolution can be considered "official" until action has been taken by the elected policy-making body, the House of Delegates.

This edition of the Digest of Official Actions, encompassing the years 1846 to December 1958, is in the form of an encyclopedia. The subject matter is divided into broad classifications to present an overview of each subject. Supplementing the body of the work is a detailed index which points to specific items or subclassifications. Thus, an historical continuity is preserved and, at the same time, quick reference to individual events is made possible.

Actions are arranged chronologically under the classifications and include the origin and the final action taken. All actions are documented and, with the exception of those taken from The Journal of the American Medical Association, date and page references are made to the Official Proceedings of the House of Delegates. The purpose of this volume is to provide a basic reference tool which will serve as a guide to both current and past policies.

The author wishes to extend appreciation to the many departments at Association headquarters which have cooperated in the historical research. Special acknowledgment is made to Drs. Ernest B. Howard, Edward Turner, and B. Dixon Holland and Messrs. George Cooley and Edwin Holman who reviewed parts of the material and to Miss Jeanette Sperka, editorial assistant.

Susan Crawford, M.A.

Resolved, That the House of Delegates goes on record as strongly recommending the continuance of this publication under its present and established policies.

AMERICAN MEDICAL ASSOCIATION — ORGANIZATION AND ADMINISTRATION

National Medical Convention: A national medical convention of representatives from medical societies and colleges was held in 1846 at the call of the New York State Medical Society. The delegates voted that, although the convention had "failed in a representation from one half of the United States and a majority of the medical colleges," the convention would not adjourn.

The following resolutions were adopted at this convention:

Resolved, That is expedient for the medical profession of the United States to institute a national medical association for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge and the extension of their usefulness.

Resolved, That a committee of seven be appointed to report a plan of organization for such an Association, at a meeting to be held in Philadelphia, on the first Wednesday in May 1847.

Resolved, That a committee of seven be appointed to prepare and issue an address to the different regularly organized medical societies, and chartered medical schools in the United States, setting forth the objects of the national medical association, and inviting them to send delegates to a convention to be held in Philadelphia, on the first Wednesday in May 1847. . . , May 1846:1–22.

American Medical Association Established: The delegates to the national medical convention approved a resolution which recommended that this convention resolve itself into the "American Medical Association" and adopted a *Plan of Organization* and a *Code of Ethics*.

A recommendation that Congress be requested to appropriate a portion of the Smithsonian funds to the American Medical Association was disapproved.

Delegates of every society or association represented in this body were requested to send to the Secretaries "the form of organization, or act of incorporation and constitutions of their society or association with a list of members." May 1847:34, 38, 41–43, 46, 47, 55–62, 83–106.

State and County Societies—Organization: The House of Delegates recommended organization of state medical societies in those states in which such societies do not exist. May 1848:39; May 1854:40.

State and County Societies—Organization: In 1853, the House of Delegates approved appointment of a Committee on Plans of Organization for State and County Medical Societies. The following recommendations of the Committee were approved by the House: (1) formation of state and county medical

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societies; (2) election of a board of censors by all county societies to examine persons applying for admission into the offices of any member of the society as a student of medicine; (3) keeping of records of diseases by members, appointment of local committees to which these reports shall be referred, and provision by this Association for reception of these reports; (4) adoption of the *Code of Ethics* by all societies auxiliary to this organization; (5) referral of papers of merit to state societies as marks of honor; (6) use of suggestions in the model constitution for state societies attached to report of the Committee, May 1853: 41; May 1856:34, 395–414; May 1857:33–38.

Name Change: The delegation from Virginia recommended that "the title *National Medical Congress* be substituted for that of *American Medical Association*" and that sessions be held "at least once in three years in Washington, D.C.," May 1855:60.

State and County Societies—Organization: The House of Delegates ordered to be printed in the *Transactions* of this Association, a circular from Indiana which recommended "interchange of the published transactions of the various local societies," May 1858:44–46.

National Academy of Medicine: The House of Delegates disapproved a resolution which recommended "that the American Medical Association take measures to establish a national academy of medicine" whose object shall be "to elevate the standard of medical attainments and moral worth of the members of the medical profession, so that a certificate of membership of the Academy shall be the highest evidence and mark of distinction of a learned and honorable physician," May 1871:28–29, May 1872:45–46.

State and County Societies—Organization: The House of Delegates accepted a report which concurred in that portion of the President's address urging "formation of a complete system of state and local medical societies," June 1874:39, 80.

State and County Societies—Organization: In 1879, the House of Delegates approved appointment of a committee to consider means of achieving "more efficient organization of this Association and its branches." The Committee submitted a report, which was accepted by the House, stating: (1) that the surest way to attain the desired ends "is to patiently await the operations of the law of growth"; (2) that encouragement of voluntary organizations would be more effective than dictatorial, punitive measures; (3) that the fundamental, essential requirement is high character and honorable conduct in our members by adherence to the *Code of Ethics*, and that for the time being this was our only practicable unity, May 1879:51–52; June 1880:47–53.

Branch Associations: The House of Delegates approved appointment of a committee to confer with state and other societies on the desirability of recognizing as branches of the American Medical Association, those state and district medical

societies having a membership of one hundred or more, May 1890: J.A.M.A. 14:836–837; May 1891: J.A.M.A. 16:714–715.

Incorporation: The House of Delegates adopted report of the Committee on Incorporation which recommended that incorporation of this Association be delayed, May 1891: J.A.M.A. 16:750; June 1892: J.A.M.A. 18:812–814, 815.

State and County Societies — Organization: The House of Delegates adopted resolutions which recommended (1) that the state medical societies "perfect their local organizations so as to include, as far as possible, in the membership of their district societies, every regular practitioner within the state"; (2) "that these local societies shall actively cooperate in urging a general attendance upon the annual meetings of the state societies"; (3) that the date of the meeting "be so fixed that it shall not interfere with the attendance of those members who are delegates and members of the American Medical Association"; (4) that state societies unite "in establishing a uniform standard of professional requirement for admission to the practice of medicine and to aid, as far as possible, in advancing the scientific status of the same by the appointment of state examining boards, independent of the teaching faculties of the medical colleges"; (5) that the Permanent Secretary "furnish annually a written report of the membership of the state societies and the working effectiveness of their organizations." June 1894: J.A.M.A. 22:945, 952, 953; June 1895: J.A.M.A. 24:758.

Incorporation: The House of Delegates approved action of the Board of Trustees in effecting, in 1897, incorporation of this Association under the laws of Illinois, June 1897: J.A.M.A. 28:1145; June 1898: J.A.M.A. 31:88; June 1901: J.A.M.A. 36:1600, 1717.

State Medical Society Meeting Dates: The House of Delegates adopted a resolution which recommended that state medical societies change the dates of their annual meetings so that they do not conflict with the date of the annual meeting of the American Medical Association, June 1898: J.A.M.A. 31:85.

Field Service: The House of Delegates disapproved suggestion of the President that "a traveling assistant secretary to visit medical societies and secure membership be appointed." June 1899: J.A.M.A. 32:1274, 1372.

State and County Societies — Organization: The House of Delegates approved, in 1901, a complete revision of the *Constitution and Bylaws* "designed to federate all state organizations into this Association, to foster scientific medicine, and to make the medical profession a power in the social and political life of the republic." June 1899: J.A.M.A. 32:1371, 1372, 1373, 1374; June 1900: J.A.M.A. 34:1558; June 1901: J.A.M.A. 36:1642, 1643–1648, 1716.

Constitution and Bylaws for State Societies: The House of Delegates approved (1) a model constitution and bylaws, prepared by the Committee on Organiza-

tion, for state associations and (2) approved appointment of a committee to draft a model constitution and bylaws for county societies. June 1902: J.A.M.A. 38:1654, 1655.

Incorporation: The House of Delegates approved amendments to the Articles of Incorporation to correct those areas which are not in accord with the laws of Illinois. June 1902: J.A.M.A. 38:1658, 1660.

Incorporation: The Board of Trustees reported (1) that efforts to obtain a national charter which would enable the Association to do business anywhere in the United States would be abandoned, as Congress could not grant such a charter; (2) that a charter secured through Congress would be limited in its powers by laws, etc., governing the District of Columbia. May 1903: J.A.M.A. 40:1371; June 1904:8, 9; July 1905: J.A.M.A. 45:258–269, 270–274, 277; June 1906:18; June 1908:34–35, 37–38.

Philippine Islands: The House of Delegates approved admission of the Manila Medical Society "on the same basis as a state or territory, providing that their organization be extended to include the Island of Luzon and such other portions of the Philippines as may organize local medical societies." May 1903: J.A.M.A. 40:1371, 1374.

Branch Associations: The House of Delegates referred to state associations for an expression of opinion, a recommendation that the Association be organized into seven branch associations. May 1903: J.A.M.A. 40:1381; June 1904:7, 15, 20; June 1907:21, 33, 35–36, 37, 38; June 1908:3.

State Medical Society Meeting Dates: The House of Delegates approved a report which recommended (1) that all state associations hold their annual meetings during the fall and winter months; (2) that the dates of the meetings be arranged in accordance with some definite system. June 1904:6–7, 14, 20.

New York State Medical Association: The delegation from New York reported amalgamation of the New York State Medical Association with the Medical Society of the State of New York to form one state medical organization. June 1904:18; June 1906:4.

Oklahoma State Medical Association: The Secretary reported uniting of the Oklahoma State Medical Association and the Indian Territory Medical Association under the name Oklahoma State Medical Association. June 1905: J.A.M.A. 45:256; June 1906:4; June 1907:2.

Councilor's Bulletin: The House of Delegates approved establishment of the *Councilor's Bulletin* "for the discussion of organization conditions, methods and results, such a bulletin to circulate among the councilors, state secretaries and county secretaries." July 1905:257, 276; June 1906:5, 25.

Puerto Rico Medical Association: The House of Delegates accepted the Medical Association of Puerto Rico as a constituent of this Association, July 1905: J.A.M.A. 45:285; June 1911:43–44; June 1913:4, 56.

Survey of Administration: The House of Delegates tabled a resolution which recommended appointment of a committee "to make an exhaustive study of the affairs of the Association." June 1906:26.

Bulletin of the American Medical Association: The Secretary announced change in name of the *Councilor's Bulletin* to *Bulletin of the American Medical Association* and expansion of the field of this publication to include "any subject connected with medical organization or the welfare of the profession." June 1908:4.

Isthmian Canal Zone: The House of Delegates approved recognition of the Isthmian Canal Zone as one of the component bodies of the American Medical Association, June 1910:1, 40, 41.

District of Columbia Medical Society: The House of Delegates approved recommendation "that the Medical Society of the District of Columbia be recognized as the legitimate successor of the Medical Association of the District of Columbia." June 1912:22; June 1913:38, 50.

Council on Health and Public Instruction: The House of Delegates approved a *Bylaws* amendment which removed the function of "organization" from the Council on Health and Public Instruction, as this duty belonged to the Secretary of the Association, June 1915:11, 60, 61.

Territorial Societies—Recognition: The House of Delegates voted, with regard to a resolution from Hawaii, "that wherever practical, when constituent societies are spoken of in correspondence or in articles, the fact that these are both state and territorial shall be recognized," June 1919:54, 57–58, 58.

Full-Time State Society Secretaries: The House of Delegates approved a recommendation from President Work that secretaries of state societies should be full-time paid men, but directed attention to the complex character of their work, and the great difficulty of securing a medical man of sufficient caliber and versatility to accomplish successfully the objectives for which he is appointed. June 1921: 4, 38.

Alaska Territorial Medical Association: The House of Delegates approved a recommendation that the Alaska Territorial Medical Association be made a constituent association of the American Medical Association, June 1921:5, 40.

Bulletin of the American Medical Association: The House of Delegates approved recommendations (1) that the *Bulletin of the American Medical Association* be

made the official journal of the House of Delegates; (2) that it be edited by the Secretary of the Association and the Field Secretary acting in conjunction with the Speaker of the House; (3) that it be an open forum for the expression of opinion. May 1922:8, 14, 39.

Field Service: The House of Delegates approved appointment of a field secretary, May 1922:14, 39.

Full-Time State Association Secretaries: The reference committee reported, and the House approved, that the training of full-time secretaries at headquarters office, as recommended in the address of the Speaker, was inexpedient at the present time. June 1923:3, 41, 42.

Relationship of A.M.A. to State Societies: On report of the Secretary, the House of Delegates adopted the following report, June 1923:10, 41, 42:

Regarding the plan of organization, your committee believes that while the state societies in most instances should assume the initiative, particularly concerning the good of the profession in their respective states, it also realizes that in matters of large moment the parent organization must map out certain programs in cooperation with the constituent societies. Specifically, it should be understood that the nucleus of legislation starting in the state organizations should be supported by the American Medical Association. Where there is disagreement between the central organization and the constituent societies, the general officers of the parent organization should confer with the authorities of the state associations.

Full-Time State Society Secretaries; District Societies: On report of the Secretary, the House of Delegates concurred in (1) suggestion regarding the value of full-time secretaries for constituent associations; (2) opinion that "the organization of councilor district societies would in many instances result in renewed activities in component societies and tend to discourage the organization of independent local societies." June 1924:7–8, 8, 44.

Model Constitution and Bylaws for State Societies: The House of Delegates recommended to constituent state associations, a revised model constitution and bylaws prepared by the Special Committee on Constitution and Bylaws, appointed in 1924. June 1924:9, 44; May 1925: 41–45, 61.

Field Service: The House of Delegates approved recommendation of the Board of Trustees that the unfilled office of field secretary be abolished, and that there be created in the Office of the Secretary of the Association, an organization designed to administer many of the functions originally approved by the House of Delegates for field work. June 1924:17, 43, 44.

Contact with State Societies: On address of President-elect Pusey, the House of Delegates adopted a resolution recommending "that the officers of this Associa-

tion should accept, as far as possible, invitations to attend meetings of the constituent associations," May 1925:3, 8, 54, 59, 60.

Contact With Local Societies: The delegation from California submitted a resolution which recommended contact between the national organization and county societies. The Board of Trustees submitted a report, adopted by the House of Delegates, which (1) recognized the soundness of the principle that each member of the House of Delegates visit each county society in his jurisdiction; (2) stated that the Board was now doing its utmost and would continue to do all it could to extend the visiting of official representatives to constituent parts of the Association and would make available to each delegate a digest of the proceedings of the annual sessions. May 1925:34, 40; May 1927:33; June 1928: 26, 49.

Strengthening County Societies: On report of the Secretary, the House of Delegates adopted the following report, April 1926:26, 44.

. . . The component county society constitutes the basis of the American Medical Association from every point of view. If the American Medical Association would succeed in the highest degree, it must develop the county societies to the highest degree, and require of them that they function, as it was originally intended that they should function. It is sometimes expedient to short-circuit the county society, but if this is done to any considerable extent, the whole organization will pay a penalty that might and should be avoided.

We feel that the annual conference of secretaries of constituent state associations is proving of great value. We trust that the Board of Trustees will continue to foster this practice. One of the most difficult tasks confronting our national organization is that of coordinating the activities of constituent state associations and bringing about the maximum uniformity of laws and regulations for their government. There can be no better agency for this purpose than the annual conference of state secretaries.

Strengthening County Societies: The House of Delegates emphasized the following remarks in the report of the Secretary, May 1927:6–7, 56:

It is desirable that the constituent associations shall be strong and progressive organizations. In developing their strength and in promoting their ends as state organizations, it must never be forgotten that the county society is the basic unit and therefore the essential factor in the present scheme of organization. As long as this scheme is adhered to it is important that the county society be made and kept as strong as possible. If all the strength is built into the superstructure, the edifice will fall . . .

Model Constitution and Bylaws for County Societies: The Board of Trustees reported (1) that only a few constituent associations had taken action with regard to the model constitution and bylaws prepared for the guidance of state associations; (2) that it would hardly be possible "to prepare a satisfactory

draft of a constitution and bylaws for general adoption by the component county medical societies until there is more uniformity in the organic laws of the several constituent state medical associations," May 1927:8; June 1928:6.

Contact With State Societies: The House of Delegates disapproved a resolution from Virginia which recommended that presidents of state associations be made ex officio members of the House of Delegates, as the recommendation is inconsistent with the *Constitution and Bylaws*. A substitute resolution was adopted, which recommended that the Board of Trustees continue its efforts to bring about a closer affiliation between the parent association and state societies, June 1928:41, 52.

Strengthening Organized Medicine: The House of Delegates endorsed sentiments expressed in report of the Secretary regarding a more aggressive program on the part of component medical societies, the necessity for unified action on the part of the medical profession, and the importance of maintaining cooperation of both state and county organizations through the agency of their respective public relations committees, June 1930: 5-6, 32, 33.

Strengthening Organized Medicine: The House of Delegates adopted a resolution from Virginia which recommended to state societies, (1) close touch with the national organization; (2) strengthening of county society units; (3) continuation with renewed energy, of the work of public relations committees in states and counties, May 1932:40, 49.

Contact with State Societies: The House of Delegates approved a suggestion "that the Board of Trustees may help to bring constituent associations into closer touch and more direct contact with the American Medical Association by sending representatives of the American Medical Association to states which have not requested the favor, as well as into states which have asked for such help," June 1933:53.

Field Service: The Secretary recommended, and the House approved, that the Board of Trustees consider the advisability of appointing a field secretary, June 1933:7, 54, 55.

On conclusion of the Board of Trustees that it was not advisable to take final action at the present time on the matter of employing a field secretary, the House of Delegates suggested "to the Board of Trustees the advisability of maintaining an informational service on social, medical, and economic subjects to be sent monthly as a bulletin to members of the House of Delegates, the committee in charge of the bulletin to include the Chairman of the Board of Trustees, the Secretary of the Association, the Editor of THE JOURNAL, the Speaker of the House of Delegates, and the directors of the Bureau of Legal Medical Legislation and the Bureau of Medical Economics, this bulletin to be sent monthly to all members of the House of Delegates and alternates regularly

certified by the state medical societies and representatives of the section." June 1934:22, 48, 49.

Strengthening County Societies: The House of Delegates adopted a report which endorsed comments of the Secretary on "the value of militant, active, county societies in our organization" and emphasized the fact "that the county society is the backbone of medical organization and medical stability," June 1934:4–5, 47, 48.

Organization Section of The Journal: The House of Delegates approved incorporation of the *Bulletin of the American Medical Association* into THE JOURNAL to comprise the Organization Section, June 1938:8, 59, 60.

Field Service: On address of President Sievster, the House of Delegates approved a "suggestion that consideration be given to employment of a man at headquarters office who could act in the capacity of field agent and aid in education not only of the medical profession but also the laity" as to the activities and accomplishments of the headquarters of the American Medical Association, June 1940:3–4, 59.

Uniformity in Basic Organizational Law: The House of Delegates approved a report of the Judicial Council recommending "careful examination of the constitutions and bylaws of component societies and constituent associations and of the *Constitution and Bylaws* of the American Medical Association with a view to the preservation of all the proved sound principles of the present plan of organization as well as to the adoption of new sound principles," June 1940: 44, 53.

Strengthening County Societies: The House of Delegates concurred in recommendation of President Kretschmer "that more physicians should actively participate in the work of county medical societies" and recommended that the suggestion be brought to the attention of county and state medical societies, Dec. 1945:4, 77.

Centennial Celebration: The Committee on Centennial Celebration reported on formulation of a program for the annual session of June 1947 to celebrate the centenary of the founding of the American Medical Association. Dec. 1945:40, 79, 80, 90; Dec. 1946:38–39, 44; June 1947:41–43.

Philippine Islands: The Reference Committee on Amendments to the Constitution and Bylaws reported, and the House approved, that the "day after tomorrow, the Philippines become an independent republic and will thereafter have no delegation in this Association," July 1946:55, 56, 57–58.

Full-Time Headquarters Office for State Societies: The House of Delegates voted, with regard to a resolution from the Wisconsin delegation, that it was "highly

...sirable for each state association to maintain a full-time headquarters office," ...but the "decision should be left to each constituent association," July 1946:54, 57.

...erto Rico Medical Activities: The Board of Trustees reported, with regard to a ...solution from Illinois, that an unintended error had been corrected, and ...ctivities of the Medical Association of Puerto Rico were now included in the ...ection on domestic information of T... JOURNAL and not in the section on news ...om foreign countries, July 1946:7... Dec. 1946:12, 49, 50.

...unty Society Conferences: On report of the Board of Trustees regarding the ...st ...national conference of county medical society officers," held pursuant to a ...solution from Indiana, the House of Delegates recommended "continuation ...the conferences," Dec. 1946:25, 42–43, 43; June 1947:34, 72.

Sovereign Status o. State Societies: The House of Delegates voted, on the following resolution, "that the Board of Trustees of the American Medical Association alone is responsible for editorial policies as expressed in the various publications of the American Medical Association," June 1948:72, 92-93.

Resolved, That the House of Delegates restate the organizational lines of the American Medical Association, with particular reference to the sovereign status of the component state and territorial associations; and be it further

Resolved, That the Editor of THE JOURNAL and the Board of Trustees be notified by this House of Delegates that the writing of editorials by the Editor and the approval of such editorials by the Board of Trustees for the purpose of questioning the sovereignty of the state and territorial medical associations cannot be condoned by this House.

Charter for State Associations: The House of Delegates disapproved a resolution from Oklahoma which recommended that this Association grant a charter to constituent associations and recommended "that the Oklahoma Council consider a more feasible means by which they may solve their problems," June 1949:42, 48, 49.

Staff Policy Committee: The Secretary reported appointment of a Staff Policy Committee to "act as a coordinating and planning committee to consider the problems, programs, and plans of . . . the Association," Nov.-Dec. 1954:9, 91, 93.

Survey of Administrative Organization: The House of Delegates approved in principle, resolution no. 23 (Nov.-Dec. 1954) from Michigan and recommended that the Speaker appoint a committee of the House "to determine if there is a need for a survey of the administrative organization of the American Medical Association."

In June 1955, the Committee appointed by the Speaker, under the chairmanship of Dr. Harlan English, submitted its report and recommendations. The House of Delegates concurred in opinion of the Committee that physician

members of the Association can do an adequate job of evaluating the Association organizational mechanism and need not hire a firm of management consultants.

Since recommendations of the Committee cover different topics, reference to these recommendations will be found under subject heading, Nov.–Dec. 1954:87, 100, 101; June 1955:23–24, 59.

Aid to Medical Society Executives: On resolution no. 81 from Nebraska, the House of Delegates approved the first and third recommendations and referred the second recommendation to Board of Trustees, June 1955:50, 59:

Resolved, By the House of Delegates of the American Medical Association that the Medical Society Executives Conference be requested to develop a planned and continuing program of indoctrination and refresher courses for the annual education and re-education of its members and for other present and prospective executive employees of medical organizations; and be it further

Resolved, That the Board of Trustees of the American Medical Association be requested to appropriate the sum of $5,000 to the Medical Society Executives Conference as a working fund to inaugurate such a program; and be it further

Resolved, That county and state medical societies and associations, and other national medical organizations which maintain or contemplate the maintenance of full-time central executive officers be urged to consider the possibility of contributing to the financial support of the Medical Society Executives Conference on an annual dues-paying basis.

Alphabetical Listing of States and Territories: On resolution no. 21 from Michigan, the House of Delegates approved a recommendation "that in all future studies or publications of the American Medical Association, all constituent societies should be listed in alphabetical order regardless of whether those societies are state or territorial," Nov.–Dec. 1955:121, 130.

Chamber of Councilors to American Medicine: The House of Delegates approved action of the Board of Trustees in disapproving resolution no. 32 from the Section on Military Medicine (Nov.–Dec. 1955). The resolution recommended establishment of a chamber of councilors to American medicine in order to (1) provide American medicine with a permanent council of advisors, composed of physicians distinguished by attainments and integrity, who shall at appropriate intervals submit a report and recommendations to the House of Delegates of the American Medical Association; (2) provide a means whereby recognition and honor may be conferred on those who have earned it; and (3) furnish a forum where those groups that have real and legitimate interests in health affairs may express themselves. Nov.–Dec. 1955:123–124, 133–134, 134; June 1956:14, 69, 70.

Field Service: The Task Force on Socioeconomic Problems reported that the Board of Trustees had authorized establishment of a field service, directed by

Mr. Thomas Hendricks, to stimulate greater interest in the American Medical Association on the part of the individual physician and to keep the latter informed as to the program and activities of the Association, June 1957:23; Dec. 1957:8.

Model Constitution and Bylaws: The Law Department reported preparation and distribution of "a draft of a model constitution and bylaws for the consideration and use of state and county medical societies and their legal counsel," Dec. 1957:16.

Survey of Organization and Activities: In January 1957, the Board of Trustees appointed Robert Heller and Associates, Cleveland, to make a study of the organization and activities of the American Medical Association. A committee under the chairmanship of Dr. William A. Hyland was appointed to consider the Heller report.

With regard to the general recommendation on redefinition of the central concept of A.M.A. objectives and basic programs, the House of Delegates approved appointment by the Speaker, of a joint and continuing committee of six, three from the Board of Trustees and three from the House of Delegates, to consider:

(a) Redefinition of the central concept of A.M.A. objectives and basic programs;

(b) Placing more emphasis on scientific activities;

(c) Taking the lead in creating more cohesion among national medical societies;

(d) Studying socioeconomic policies.

Since recommendations of the Committee cover different topics, reference to these recommendations will be found under subject heading, Dec. 1957:102–106; June 1958:37–40.

Virgin Islands: The House of Delegates approved admission of the Virgin Islands as a constituent society of the American Medical Association, June 1958:8.

Alphabetical Listing of States and Territories: The House of Delegates adopted resolution no. 62A from Alaska, Hawaii, Isthmian Canal Zone and Puerto Rico, June 1958:58:

Resolved, That the House of Delegates remind the Council on Medical Education and Hospitals and such other councils and committees as may have forgotten it, that alphabetical sequence is to be followed in such tabulations and reports in the future.

Divisions of Headquarters Staff: The House of Delegates approved action of the Board of Trustees in effecting reorganization of the headquarters and Washington office staffs into the following seven divisions: Business, Law, Communications, Field, Scientific Publications, Socioeconomic Activities and Scientific Activities, Dec. 1958:60–61.

Study of A.M.A. Objectives and Basic Programs: Pursuant to recommendations of the Hyland Committee, the Alesen Committee was appointed to study redefinition of the central concept of A.M.A. objectives and basic programs. The Committee submitted a report on its questionnaire survey and the House of Delegates approved the following recommendations with regard to this report, Dec. 1958:111–116:

1. That the following matter be referred to the Council on Constitution and Bylaws: Amendment of article II of the *Constitution* by this substitution: "The objectives of the Association are to promote the science and art of medicine and the betterment of public health and an understanding of the socioeconomic conditions which will facilitate the attainment of these objectives."

2. That the Board of Trustees establish a mechanism which will assume the responsibility for promoting active liaison with each national medical society. The intent of this liaison should be to explore all fields of inter-relationship between the A.M.A. and the national medical societies. There should be an attempt to define the area of activity of each organization. In the scientific fields the role of the A.M.A. should be primarily that of leadership, but every endeavor should be made to bring about the coordination of the special fields of scientific interest of the other national medical organizations.

3. That since the Board of Trustees has announced a very comprehensive plan to establish and develop a Division of Socioeconomic Activities, there is no necessity for the creation of a new council or committee on socioeconomics.

4. That the Board of Trustees give serious consideration to opening the publications of the Association to free and open discussion of socioeconomic problems applicable to medicine. Members and officers of the Association should be encouraged to contribute items to this section of the publication or publications.

AMERICAN PHYSICIANS ART ASSOCIATION

Expression of Appreciation: The House of Delegates adopted a resolution from Indiana which expressed appreciation to the American Physicians Art Association for its achievements. June 1948:73, 105, 106; Nov.–Dec. 1948:3.

AMERICAN YEAR BOOK

Association Representative on Board: The House of Delegates referred to the Board of Trustees, a resolution from New York which recommended appointment of a member to serve on the supervisory board of the proposed American Year Book. June 1910:47.

ANESTHETICS

Use in Medicine: The House of Delegates referred to the Committee on Surgery and the Committee on Obstetrics, a resolution which recommended that the

BOARD OF TRUSTEES

Judicial Council to Authorize Expenditure of Funds: The House of Delegates "resolved that all motions which involve the authorization of expenditure of funds of the Association, except expenses of the Publication Committee and the salary of the Secretary, shall be referred to the Judicial Council for recommendation before final action be taken on them by the Association," May 1873: 44–45.

Board of Trustees Approved: Pursuant to recommendations of a committee appointed to consider publication of a journal by the American Medical Association, the House of Delegates adopted resolutions providing for appointment of a Board of Trustees, consisting of nine members, (1) to arrange a plan for a medical journal to be called the Journal of the American Medical Association; (2) to select an editor and to report annually on the financial condition of the proposed journal. June 1882:32, 35–41.

Board of Trustees Established: The House of Delegates amended section V of the *Constitution*, substituting for the paragraph relating to the Committee on Publication, a paragraph providing for the establishment of a Board of Trustees to "consist of nine members, three of whom shall be elected annually on nomination of the standing General Committee," and whose duties shall be: (1) "to provide for and superintend the publication and distribution of all such proceedings, transactions, and memoirs of the Association as may be ordered to be published, in such a manner as the Association may direct . . . and to appoint an Editor", (2) to direct financial affairs of the Association, June 1887: J.A.M.A. 8:711–716, 717; May 1888: J.A.M.A. 10:693–694.

Standing Committee on Finance: The House of Delegates adopted a resolution which recommended that the "Board of Trustees be a standing committee on finance to which all propositions for the appropriation of money made hereafter, shall be referred and reported upon before final action on the same by the Association," June 1887: J.A.M.A. 8:722.

Interim Authority: The House of Delegates amended the *Constitution* to provide for an Executive Council to which shall be delegated all the duties of the Executive Committee between the annual sessions of the Association. May 1896: J.A.M.A. 26:988; June 1897: J.A.M.A. 28:1142.

Composition: On recommendation of President Burrell, the House of Delegates approved a suggestion "that the President and the President-elect be invited to be present at formal meetings of the Board when it meets in the interim between annual sessions." June 1909:1, 42.

Interim Authority: The House of Delegates approved the following amendments to the *Bylaws*, June 1909:46:

(1) Add to chapter IX, section 1 the following sentence:

During the intervals between the sessions of the House of Delegates, the Board of Trustees shall supervise the action of committees constituted by action of the House.

(2) Add to chapter X, section 1 the following sentence:

Any of these committees, acting during the intervals between the sessions of the House of Delegates, shall be subject to the Board of Trustees.

Composition: The House of Delegates disapproved amendments to the *Constitution and Bylaws* to provide that the President, the Secretary and the Editor of THE JOURNAL shall be members of the Board of Trustees without the right to vote, June 1912:4, 45; June 1913:1, 49; 6, 38, 50.

Interim Authority: The House of Delegates amended chapter VII, section 3 of the *Bylaws* to create an ad interim committee which, between the annual sessions of the House of Delegates, shall consider and act on emergency problems which may arise, June 1918:23, 26, 27.

Geographic Representation and Reduction in Number of Trustees: On report of the Judicial Council, the House of Delegates adopted a report of the Reference Committee on Amendments to the Constitution and Bylaws, which (1) stated that the committee was not prepared to offer any definite recommendation on that portion of the report dealing with a change in the number of Trustees from nine to seven, and that this matter should receive careful consideration at this time and at the next year's session; (2) recommended that the subject of formation of seven trustee districts be referred back to the Judicial Council for consideration, April 1920:1–2, 51; June 1921:3, 38; 33, 36–37.

Interim Authority: The House of Delegates approved a revised *Constitution and Bylaws* in which the provision for an ad interim committee was deleted, April 1920:39, 42.

Geographic Representation: The House of Delegates concurred in opinion of the Committee on District Division that the division of the United States into membership districts was neither desirable nor feasible, May 1922:4, 39, 46; June 1923:32–34, 49–50.

Executive Committee: The Board of Trustees reported creation of an executive committee for the purpose of keeping closer touch with all work at headquarters office, May 1922:12–13.

Composition: The House of Delegates amended chapter VI, section 1 of the *Bylaws*, adding the following sentence, June 1923:15, 49:

The President, the President-elect, and the Speaker of the House of Delegates shall be ex officio members of the Board of Trustees, but without the right to vote.

Executive Committee: The House of Delegates amended chapter VI, section 1 of the *Bylaws* to provide for the election of an executive committee by the Board of Trustees, rather than for the appointment of such a committee by the Chairman of the Board. The first sentence of this section, as amended, reads as follows, May 1925:17, 39:

The Trustees, at their first meeting after the annual session of the House of Delegates, shall organize by electing a chairman, a secretary, and an executive committee of three members.

Annual Board Meeting: The House of Delegates amended chapter VI, section 1 of the *Bylaws* to provide that the regular annual meeting of the Board shall be held on the third Friday of February rather than on the first Friday of each year, May 1925:17, 39.

Committee to Cooperate with Other Organizations: The Board of Trustees reported that it had a standing committee appointed (since 1925) "for the purpose of considering any and all proposals that may be submitted looking toward cooperative effort between the American Medical Association and any other reputable organization," May 1927:22.

Membership Increase: The House of Delegates disapproved a resolution from California proposing expansion of the Board of Trustees from nine to eleven members, June 1941:63, 67; June 1942:6, 59.

Geographic Representation: The House of Delegates disapproved a resolution from Oklahoma proposing addition of the following sentence to article 6, section 3 of the *Constitution*, as the Board of Trustees represents the medical profession as a whole rather than geographic areas, June 1943:82; June 1944:7, 75:

After adoption of this amendment, the House of Delegates shall elect at the earliest possible time at least three Trustees from the states west of the Mississippi River, and all appointments to fill unexpired terms of these Trustees shall be from states west of the Mississippi River and that this ratio of members shall at all times be retained.

Interim Authority: The House of Delegates disapproved a recommendation that "the chairman of the Executive Committee of the Council on Medical Service and Public Relations meet with the executive committee of the Board of Trustees or with the whole Board of Trustees to decide on approval or disapproval of pending federal legislation and immediately inform the constituent medical associations of the policy adopted," July 1946:48, 67, 70.

Geographic Representation: The House of Delegates disapproved a resolution from Colorado recommending that "each member of the Board of Trustees be selected from a different geographic area" in order to insure geographic representation, Jan. 1948:12, 17, 18.

Authority to Present Association Policy: The House of Delegates adopted the following resolution from Idaho, Dec. 1950:61, 66, 67:

Resolved, That the House of Delegates of the American Medical Association hereby specifically authorizes the Board of Trustees and the persons designated by it to appear as witnesses before committees of Congress or to appear before other groups where the policy of the American Medical Association is to be stated, and to do so with full authority to speak for and state the policy of the American Medical Association.

Composition: On resolutions from Arkansas and South Dakota, the House of Delegates amended, in 1951, chapter XIII, section 1 of the *Bylaws* to make the President and the President-elect members of the Board of Trustees. Chapter XIII, section 1, as amended, reads as follows, Dec. 1950:61, 67, 69, 73; June 1951:22, 30, 34, 35:

Section 1. Composition. The Board of Trustees shall consist of nine elected Trustees, as provided in article 7 of the *Constitution*, the President and the President-elect. The Vice President, the Secretary, the Treasurer, the Speaker, the Vice Speaker, the General Manager and the Editor of THE JOURNAL may attend meetings of the Board.

Advisory Committee of Distinguished Persons: The House of Delegates approved plan of the Board of Trustees "to appoint an advisory committee of distinguished individuals from nonmedical fields," June 1951:13; June 1952: 15, 41.

Public Relations Committee: The Board of Trustees reported that it had "constituted its executive committee as a permanent public relations committee for the Association" to clear all major departmental projects and to keep itself informed of new activities and problems in the Association's public relations. Dec. 1951:38; Dec. 1952:20.

Composition: The House of Delegates approved the following amendments to the *Bylaws*, Dec. 1951:62, 82, 83:

(1) Chapter XIII, section 1: add the words in italics so that this section reads as follows:

Section 1. Composition.—The Board of Trustees shall consist of nine elected Trustees as provided in article 7 of the Constitution, the President and the President-elect. The Vice President, the Secretary, the *Assistant Secretary*, the Treasurer, the Speaker, the Vice Speaker, the General Manager, and the Editor of The Journal *and others at the invitation of the Board* may attend the meetings of the Board.

(2) Chapter XII, sections 1(C) and 2(A): delete the words in bold face, as the matter is provided for in chapter XIII under "Composition of the Board of Trustees":

(C) Participate, ex officio and without the right to vote, in meetings of the House of Delegates **and of the Board of Trustees,**

(A) May attend the meetings and participate ex officio and without the right to vote, in the deliberations of the House of Delegates and the Board of Trustees.

Advisory Committee on Policy: The House of Delegates approved in principle recommendation of the Board of Trustees that the Committee to Study the Twelve Point Program be reconstituted as a continuing committee of five, composed of past presidents or former Board members, to advise the Association concerning appropriate changes in policy. The House recommended that two members of the committee be members of the House of Delegates, June 1952: 15, 41; Dec. 1952:47, 103, 104.

Composition: The House of Delegates amended chapter XVI, section 1 of the *Bylaws* so that this section reads as follows, since "the Board of Trustees shall have the privilege of inviting whatever officers or other persons it wishes to be present at its meetings," Dec. 1952:88, 101, 102:

Section 1. Composition—The Board of Trustees shall consist of nine elected Trustees as provided in article 7 of the *Constitution*, the President, and the President-elect.

Election of Vice-Chairman: The House of Delegates amended chapter XVI, section 2 of the *Bylaws*, adding words in italics, Dec. 1952:101, 102:

Sec. 2. Organization.—Immediately following the conclusion of the annual session, the Board shall organize by electing a chairman, *vice-chairman*, secretary, executive committee and other committees necessary to its needs.

Matters Referred by the House: The House of Delegates amended chapter XVI, section 3(B) of the *Bylaws*, deleting the words in bold face, Dec. 1952:88, 101, 102:

. . . During the meetings of the House of Delegates the Board shall meet as often as may be deemed necessary by the chairman, **and all matters referred to it by the House shall be reported on within twenty-four hours, if so requested by the House.**

Expenditure of Funds to Implement House Actions: On a resolution from Michigan which recommended clarification of the policy on expenditure of funds to implement House actions, the House of Delegates approved substitution of the following for the second sentence of chapter XVI, section 4, paragraph (A) of the *Bylaws*, Dec. 1952:96, 101, 102; June 1953:26, 52:

All resolutions and recommendations of the House of Delegates pertaining to the expenditure of funds shall be referred to the Board of Trustees which shall determine if the expenditure is advisable. If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House of Delegates the reasons for its action. This procedure conforms to the statutes of the State of Illinois under which the American Medical Association is incorporated.

Composition: The House of Delegates adopted resolution no. 10 from North Carolina which recommended that chapter XVI, section 1 of the *Bylaws* be amended by adding the following sentence, June 1956:56, 65, 65–66:

The Vice President, Treasurer, Speaker and Vice Speaker of the House of Delegates shall be ex officio members of the Board with all the rights and duties of the Board without the right to vote.

Composition: On resolution no. 2 from North Carolina and section 3 of the report of the Council on Constitution and Bylaws proposing amendments to the *Constitution and Bylaws* relating to the composition of the Board of Trustees, the House of Delegates adopted a recommendation that action "be deferred until the report of the special committee on the Heller management survey is made available," June 1957:41–42.

Composition; Geographic Representation: The House of Delegates took the following actions with regard to recommendations of the Hyland Committee, appointed to consider the Heller report, Dec. 1957:103, 106:

1. Concurred in the recommendation that the voting members of the Board of Trustees be limited to eleven, namely the nine elected Trustees, the President and the President-elect. The Vice President and the Speaker and Vice Speaker of the House of Delegates shall attend all meetings, including executive sessions, of the Board with right of discussion but without the right to vote.

2. Disapproved election of Trustees from each of the nine physician-population regions proposed in the Heller report.

The House approved the following *Bylaws* amendment in accordance with recommendations of the Hyland Committee. Delete the words in bold face and add the words in italics, June 1958:39–40:

CHAPTER XVI.—BOARD OF TRUSTEES

Section 1. Composition.—The Board of Trustees shall consist of *eleven members,* of nine elected Trustees as provided in Article VII of the Constitution, *and* the President and the President-elect. The Vice President, **and Treasurer, and the** Speaker and Vice Speaker of the House of Delegates shall *attend all meetings of the Board (including executive sessions) with right of discussion but* **be ex officio members of the Board with all the rights and duties of the Board** without the right to vote.

Section 4. Rights and Duties.—In addition to the rights and duties conferred or imposed on the Board elsewhere in the Constitution and Bylaws, the Board shall

(C) Appoint annually from one of its number a Secretary-Treasurer who shall assume his duties as a general officer as provided in Chapter XIV, Section 4, of the Bylaws.

(C) *(D)* Appoint an editor or editors for all or any of the Association's publications. The Editor of The Journal of the American Medical Association shall be

an ex officio member of all standing committees of the House of Delegates and *of* the Board of Trustees *and of the House of Delegates* without the right to vote;

(D) *(E)* Appoint an General Manager *Executive Vice President, who shall be the chief executive officer of the Association to* superintend *manage* and direct the activities of the Association. *He shall be an ex officio member of all standing committees of the Board of Trustees and of the House of Delegates without the right to vote;*

(E) *(F)* Appoint an Assistant Secretary *Executive Vice President.* He shall be an ex officio member of all standing committees of the House of Delegates and *of* the Board of Trustees *and of the House of Delegates* without the right to vote;

(F)*(G)* Have the accounts of the Association audited at least annually;

(G) *(H)* Make proper financial reports concerning Association affairs to the House at its annual session, and

(H) *(I)* In the event of a vacancy in any council or in any general office of the Association, except that of President or President-elect or Speaker or Vice Speaker, may fill the vacancy by appointment until the next annual session of the House, at which time the House shall elect for the unexpired portion of the term, unless otherwise provided for in the Constitution and these Bylaws.

Composition: The House of Delegates disapproved resolution no. 53 from Vermont which recommended that the past president shall attend all meetings of the Board, June 1958:56.

Standing Rules Revised: The House approved the following amendments to the *Bylaws* subsequent to revision of the standing rules of the Board of Trustees. *Delete the words in bold face and add the words in italics,* Dec. 1958:107, 108:

(a) Add a new chapter XVI, section 3 (C) to read:
Six Trustees shall constitute a quorum.

(b) Amend chapter XVI, section 3 (A) to read:
Regular meetings of the Board shall be held annually in September and February. The chairman or a majority of the executive committee shall specify the time and place for the meeting at least two weeks before the first of September and the first of February. *There shall be at least four regular meetings of the Board of Trustees each calendar year to be held at such time and place as the Board shall determine. Notice of each regular meeting shall be given at least ten days before each such meeting."*

(c) Amend chapter XVI, section 3 (B) to read:
Special Meetings may be called at any time by the chairman or at the request of five members of the Board. Notices shall be mailed at least five days before the proposed convening of such meetings to the last known address of each Trustee. The notice shall specify the object of the meeting, and no other business shall be transacted unless all members of the Board are present or unless any unspecified business transacted is approved in writing by all members of the Board. During the sessions of the House of Delegates, the Board shall meet as

often as may be deemed necessary by the chairman. *Notice shall be given at least ten days before each such meeting. The notice shall specify the general nature of and business to be transacted at the meeting, but other business may also be transacted.*"

(d) Add a new chapter XVI, section 5, Notice, to read as follows:

Notice is given, if delivered in person, by telephone, by mail, or telegram. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail, addressed to a Trustee (and other persons entitled to notice) at his address then appearing on the records of the Association, with postage prepaid, and if given by telegraph, shall be deemed delivered when the telegram is delivered to the telegraph company.

(e) Add a new chapter XVI, section 6, Waiver of Notice to read:

Notice of any meeting and the object or business to be transacted at a meeting of the Board need not be given if waived in writing or by telegraph, cable, or radio, whether before, during, or after such meeting. Attendance at any meeting shall constitute a waiver of notice of such meeting except where attendance is for the express purpose of objecting to the transacting of any business because the meeting is not lawfully called or convened.

(f) Amend chapter XVI, section 2 to read as follows:

A. Immediately following the conclusion of the Annual Session, the Board shall organize by electing a chairman, vice-chairman, secretary, executive committee, and the other committees necessary to its needs.

B. *The Board of Trustees, at its organization meeting by resolution adopted by a majority of the Trustees in office may designate three or more Trustees to constitute an executive committee. The members of the committee shall serve until the next organization meeting of the Board and until their successors are elected and qualified. The executive committee shall have such powers and duties as may be defined from time to time by resolution of the Board of Trustees.*

CALIFORNIA

Relief from Earthquake: The House of Delegates approved (1) appointment of a committee to help restore general private medical libraries destroyed in the California earthquake; (2) remission of dues for the ensuing year, of those members who have suffered; (3) setting up a fund to aid reputable physicians. June 1906: 26, 28, 29.

CANCER

Committee to Investigate: The House of Delegates approved appointment of a committee "for the collective and prophylactic study of cancer." June 1904: 19, 20.

Uterine Cancer: The House of Delegates approved appointment of a committee to investigate a plan proposed by the Gynecologic Section of the International

CONSTITUTION AND BYLAWS

References to amendments made to specific items in the Constitution and Bylaws will be found under subject.

Adoption: The delegates to the National Medical Convention adopted a *Plan of Organization* and *Code of Ethics* for the American Medical Association, May 1847:24, 41–43, 46, 47, 55–62.

Rules to Govern Amendments: The House of Delegates tabled the following amendment to the *Plan of Organization*, May 1849:47; May 1850:46:

No amendment or alteration shall be made in any of these articles, except at the *third* annual meeting after such amendment or alteration may have been proposed.

Revision: The House of Delegates adopted a revised *Plan of Organization*, June 1865:39–40; 747–761.

Revision: The House of Delegates approved revisions to the *Plan of Organization* to remedy existing defects and to increase the efficiency of the Association, May 1869:24–27.

Affixing Signatures: The House of Delegates amended section VII of the *Plan of Organization*, striking out the last clause which related to individually affixing names to the *Plan of Organization*, May 1888: J.A.M.A. 10:698; June 1889: J.A.M.A. 13:98.

Revision: The House of Delegates adopted a revised *Constitution and Bylaws*, June 1901: J.A.M.A. 36:1642, 1643–1648.

Rules to Govern Revision: The House of Delegates adopted a resolution from New York which recommended adoption of a standing rule to provide that no amendment or change in the *Constitution and Bylaws* shall be acted on unless it shall have been presented at a previous annual session, May 1903: J.A.M.A. 40:1377, 1378.

Rules to Govern Amendments: The House of Delegates amended book V, chapter XV of the *Bylaws*, adding the words in italics so that this chapter reads as follows, June 1906:26, 27:

These Bylaws may be amended on a three-fourths vote of the House of Delegates: provided, that no amendments shall be acted on till the day following that on which it is introduced; *except that the Board of Trustees may by unanimous vote make such changes, and such changes only, as may be required to adapt them to the rules and regulations of the United States postal authorities.*

Revision: The House of Delegates approved amendments to the *Constitution and Bylaws* submitted by the Committee on Uniform Regulation of Membership, June 1910:25–27, 47–49, 51–56, 58–59; June 1911:45.

Arrangement: The House of Delegates directed the Secretary to rearrange chapters and sections of the *Bylaws*, renumbering them whenever necessary, so that sections relating to definite subjects may be grouped, June 1913:56.

Revision of Constitution and Bylaws: The House of Delegates adopted a revised *Constitution and Bylaws*, June 1919:12–13, 53; April 1920:11–12, 39–43.

Rules to Govern Amendments: The House of Delegates amended article 12 of the *Constitution* substituting the words *two-thirds* for the words *three-quarters* so that this section reads as follows, May 1927:55; June 1928:6, 46:

The House of Delegates may amend this *Constitution* at any annual session provided the proposed amendment shall have been introduced at the preceding annual session, and provided *two-thirds* of the voting members of the House of Delegates registered at the session at which action is taken vote in favor of such change or amendment.

Rules to Govern Amendments: The House of Delegates amended chapter XIX of the *Bylaws*, substituting the words *two-thirds* for the words *three-quarters* so that the amended sentence reads as follows, July 1929:31, 35:

These *Bylaws* may be amended on a *two-thirds* vote of the House of Delegates.

Revision: The House of Delegates adopted a revised *Constitution and Bylaws*, June 1948:82–92.

Editorial Amendments: The House of Delegates approved editorial amendments to the *Constitution and Bylaws*, June 1951:29–30, 34–35, 36.

Council on Constitution and Bylaws: The House of Delegates approved establishment of a Standing Committee on Constitution and Bylaws, June 1950:2, 42, 43, 50, 51; Dec. 1950:43, 67, 68.

Council on Constitution and Bylaws: The House of Delegates approved the following amendments to the *Bylaws*, Dec. 1951:61, 82, 83:

1. Chapter X, section 4 (A), paragraph (5): substitute for the words, "Standing Committee on Constitution and Bylaws" the words "Council on Constitution and Bylaws."

2. Chapter X, section 4 (B), paragraph (5): Substitute the words in italics for the words "Standing Committee on Constitution and Bylaws" and delete the words in bold face:

The *Council on Constitution and Bylaws* shall consist of five member or Service Fellows elected by the House of Delegates on nomination of the Board of

Trustees for terms of five years, so arranged that at each annual session the term of one member expires. At the 1951 annual session one member shall be elected for a term of one year, one for two years, one for three years, one for four years and one for five years. The President, Secretary, Assistant Secretary, a member of the Board of Trustees and the Speaker and Vice-speaker of the House of Delegates shall be ex officio members of this committe without the right to vote.

Simplification: The House of Delegates approved changes in the *Constitution and Bylaws* which effected streamlining and simplification rather than change in policy. June 1952:48, 50; Dec. 1952:87–88, 101, 102.

Effect of Adoption of 1948 Revision: The House of Delegates approved deletion of the following paragraph (Chapter XXII) which was added in the general revision in 1948, Dec. 1952:88, 101, 102:

On the adoption of these *Bylaws*, all previous *Bylaws* and motions of record and rules and regulations in conflict herewith are hereby repealed, provided that all general officers, delegates and committeemen now in office shall continue their incumbency until their successors are duly elected or chosen as provided herein.

CONTRACT PRACTICE

Contract Physicians Classed as Irregular: The House of Delegates adopted a resolution which recommended "that all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners," May 1869:41.

Contract Physicians Classed as Irregular: The House of Delegates referred "to the state societies," a recommendation from the Committee on Ethics "that members of the profession hired by the month or year for definite, stipulated wages, by individuals, families, railroad or manufacturing corporation, or any other money-making institution whatever, for ordinary medical and surgical practice (always excepting benevolent and eleemosynary institutions, and medical officers of the Army and Navy), are to be classed as irregular practitioners," May 1872:55.

Contract Physicians Classed as Irregular: The House of Delegates adopted a motion to strike out from the Ordinances, the resolution adopted in 1869 relative to contract practice. June 1877:46.

Contract Practice Discouraged: The House of Delegates adopted a report of the Committee on Railroad Practice, which concluded as follows, May 1891: J.A.M.A. 16:715; June 1892: J.A.M.A. 18:814–815:

. . . a great many of us believe that contract practice has already gone too far, and that it is neither desirable nor wise to extend it to individual and family

Memorial Tablet: The House of Delegates approved plan for a memorial tablet in the Association building in Chicago in memory of Dr. N. S. Davis, May 1925:18, 49.

DAYLIGHT SAVING

Daylight Saving Act: The House of Delegates adopted a resolution protesting repeal of the Daylight Saving Act, June 1919:54, 57.

DELEGATES — APPORTIONMENT, COMPOSITION, QUALIFICATIONS

Delegates Defined: The delegates to the National Medical Convention held in 1847 adopted a *Plan of Organization* for the American Medical Association. Paragraphs 2 and 3 of the regulations relating to delegates reads as follows, May 1847:41–43, 56:

The Delegates shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association.

Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

Dentists and Pharmacists: The House of Delegates adopted a resolution which provided "that colleges exclusively of dentistry and pharmacy are not recognized by this Association as among the bodies authorized to send delegates to its meetings," May 1851:28, 29; May 1852:25, 38.

American Medical Society in Paris: The House of Delegates approved an amendment to the *Plan of Organization* which provided that "the American Medical Society in Paris be admitted to representation in this body upon the same terms as the medical bodies in this country," May 1852:19, 33; May 1854:42.

Army and Navy: The House of Delegates amended the *Plan of Organization*, adding the following section to article II, May 1852:45, 46; May 1853:31–32, 47–48:

Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of the Army and Navy medical bureaus. The number of delegates so appointed shall be four from the Army medical officers and an equal number from the Navy medical officers.

County Society Membership: The delegation from Pennsylvania submitted a resolution which opposed representation of any medical college or organization in the American Medical Association "by a professor who is not a member of a county society," as some faculty members of the University of Pennsylvania, Jefferson Medical College, and Pennsylvania Medical College do not belong to county and state medical societies.

The Committee on Medical Ethics reported, and the House approved, that "it is inexpedient for this Association to act on the subject matter of these resolutions, and that its proper reference would be to the Medical Society of the State of Pennsylvania," May 1866:33–34, 40.

Representation; Apportionment: The House of Delegates approved the following amendments to article II of the *Plan of Organization*, May 1873:44; June 1874:33–34:

1. Delete paragraph 2 and substitute the following: The delegates shall receive their appointment from permanently organized state medical societies, and such county and district medical societies as are recognized by representation in their respective state societies, and from the medical department of the Army and Navy of the United States.

2. Delete paragraph 4 and insert the following: Each state, county, and district medical society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; provided, however, that the number of delegates from any particular state, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the *Code of Ethics* of this Association. The medical staffs of the Army and Navy shall be entitled to four delegates each.

Marine-Hospital Service: The House of Delegates amended article II of the *Plan of Organization* to provide for representation from the Marine-Hospital Service. May 1879:45; June 1880:59.

Indian Service: The House of Delegates tabled an amendment to the *Plan of Organization* "to provide for admission to membership of two delegates from the medical bureau of the U.S. Indian Service," June 1883: J.A.M.A. 1:11.

Trustees to be House Members Without Right to Vote: The House of Delegates amended article 4, section 1 of the *Constitution*, adding the following sentence, June 1902: J.A.M.A. 38:1659; May 1903: J.A.M.A. 40:1375:

The Board of Trustees shall be members of the House of Delegates, but shall not vote.

Apportionment: The House of Delegates adopted the following resolution, June 1902: J.A.M.A. 38:1655:

Resolved, That state associations or societies in counting members for a basis of delegate representation in this House shall count only members in good standing, who pay regular dues to the state association, either directly or indirectly through county societies.

Scientific Sections: The House of Delegates amended chapter IX, section 3 of the *Bylaws*, deleting the sentences which provide that "each section shall elect annually two representatives to the House of Delegates" and substituting the following sentence, May 1903: J.A.M.A. 40:1375:

Each section will have the privilege of sending to the House of Delegates one delegate.

Apportionment: The House of Delegates disapproved a *Bylaws* amendment to provide for annual apportionment of delegates, July 1905: J.A.M.A. 45: 275, 279.

Apportionment: The House of Delegates approved apportionment of delegates for the next three years on the basis of one delegate for every 600 members, June 1906:32.

Trustees not Eligible as Delegates: The House of Delegates amended article 5, section 1 of the *Constitution*, adding the following words, June 1906:32; June 1907:25, 27:

Provided, however, that no constituent association, scientific section of the American Medical Association, or medical department of the Army, Navy, or the U. S. Public Health and Marine-Hospital Service may be represented in the House of Delegates by a member of the Board of Trustees of the American Medical Association.

Past Presidents: The House of Delegates disapproved a *Bylaws* amendment to make past presidents members of the House of Delegates without the right to vote, June 1907:39; June 1908:36.

Apportionment: The House of Delegates approved apportionment on the basis of one delegate for every 650 members, June 1909:47–48.

Apportionment: The House of Delegates approved apportionment for the next three years on the basis of one delegate for every 700 members, June 1912:5, 22, 57–58.

Membership in A.M.A. Two Consecutive Years Required: The House of Delegates amended chapter III, section 1 of the *Bylaws*, adding the words in italics, June 1912:27, 45:

No one shall serve as a member of the House of Delegates who has not been a member of the American Medical Association for at least two years *immediately preceding the meeting of the House of Delegates at which he is to serve.*

Apportionment: The House of Delegates approved apportionment for the next three years on the basis of one delegate for every 765 members, June 1915:3, 33, 65.

Apportionment: The House of Delegates approved apportionment on the basis of one delegate for every 800 members, June 1918:6, 22, 32–33.

Past Presidents: The House of Delegates amended the *Bylaws* to make former presidents of the Association ex officio members of the House of Delegates without the right to vote, June 1921:4, 38, 40–41; May 1922:17, 41.

Veterans' Bureau: The House of Delegates approved Board action in informing the director of the Veterans' Bureau that the *Constitution and Bylaws* would not permit delegate representation in the House of Delegates from the medical division of the Veterans' Bureau, June 1923:11, 42.

Apportionment: The House of Delegates approved an amendment to the *Constitution* to provide that the total voting membership shall not exceed 175. The House amended the *Bylaws*, substituting "1925" for "1903" so that the first sentence of section 3, chapter 1 reads as follows, June 1924:7, 9, 49–50; May 1925:8, 39, 41, 59:

At the annual session of 1925, and every third year thereafter, the House of Delegates shall appoint a committee of five on reapportionment, of which the Speaker and the Secretary shall be members.

Lay Secretaries of Constituent Associations: The House of Delegates disapproved a *Constitution* amendment to provide "that lay secretaries of constituent state associations may have recognition and standing in sessions of the American Medical Association," May 1925:59; April 1926:27, 37.

Apportionment: The House of Delegates approved apportionment for the next three years on the basis of one delegate for every 775 members, June 1928:6, 50.

Veterans' Bureau: The House of Delegates tabled a resolution from New Hampshire which recommended amendment of the *Bylaws* "to admit a representative of the medical department of the Veterans' Bureau as a member of the House of Delegates," June 1931:5, 37–38, 44.

Apportionment: The House of Delegates approved apportionment for the next three years on the basis of one delegate for every 800 members," June 1931: 6, 39–40.

Veterans Administration: The House of Delegates disapproved a resolution from New Hampshire which recommended that the *Bylaws* be amended to make the medical director of the Veterans Administration a member of the House of Delegates. May 1932:6, 34.

Presidents of Constituent Associations: The House of Delegates rejected a resolution from Virginia which recommended an amendment to the *Constitution* to provide "that presidents of constituent state medical associations shall be ex officio members of the House of Delegates," May 1932:51; June 1933:7, 31.

Apportionment: The House of Delegates approved recommendations that for the next three years, apportionment of delegates be made on the basis of one delegate for every 775 members or fraction thereof; that each state medical association, no matter how small its membership, be entitled to one delegate. June 1934:58–59.

Apportionment: The House of Delegates approved a recommendation that apportionment of delegates for the next three years be one delegate for every 930 members or fraction thereof, each constituent association being represented by at least one delegate irrespective of the number of members.

The House approved a recommendation "that the Judicial Council be instructed to study the advisability of an amendment to the *Bylaws* that will provide that no section shall be represented by a delegate after the next reapportionment which has had an average membership registration of less than 200 over the three-year period preceding reapportionment," June 1940:8, 67–68.

Young Physicians: The House of Delegates commended a suggestion of President-elect Lahey on "the advisability of keeping young men coming into the House of Delegates and their placement on important committees in order that through experience they may be prepared to fill vacancies as the older men become inactive."

The House suggested that constituent associations "in the election of alternate delegates . . . select them from younger members of their organizations and consider sending them to the annual session of the House of Delegates as observers," June 1941:5–6, 62.

Scientific Sections: On report of the Judicial Council which considered the matter of representation in the House of Delegates, in view of the gradual increase in section representation and the corresponding decrease in proportionate representation of the several states, the House of Delegates adopted recommendations (1) that the *Constitution* be amended "to make delegates elected by the sections of the Scientific Assembly ex officio members without the right to vote"; (2) that because of the number of members of the Association now in government service and therefore unlikely to wield influence on their representation in this House of Delegates, all action be postponed and reapportionment

n 1943 be made under the present constitutional provisions, June 1941:43, 62, 63; June 1942:43–44, 59, 68.

The House of Delegates adopted the following report, June 1943:8, 74–75, 75:

Your reference committee believes that the adoption of this proposed amendment [to make delegates elected by sections of the Scientific Assembly ex officio delegates without the right to vote] would be very unwise and essentially destructive, inasmuch as it would tend to change the character of the House of Delegates from a scientific body to a political and economic body. The American Medical Association is, and ought to be, a true composite of the entire medical profession of the United States. It is not only a federacy of constituent state and territorial medical associations but includes as well the national governmental medical services as units and the separate units of the Scientific Assembly; i.e., the sections. Such an amendment would tend to make the Scientific Assembly less cohesive. The very nature of the Scientific Assembly and its sections demands that the section delegates have full rights including the right to vote; otherwise the point of view of the specialties and the individual sections cannot be properly presented, and the business of the sections cannot be properly transacted. The section delegates, in the judgment of your committee, should be more than mere liaison officers; they should be actual, vibrant members of the House of Delegates invested with all the rights and privileges accorded to the delegates representing the various state and territorial associations. Your reference committee recommends, therefore, that the proposed amendment to the *Constitution* be not adopted.

Apportionment: The House of Delegates approved apportionment of delegates for the next three years on the basis of one delegate for each 965 members, June 1943:86.

Apportionment: The House of Delegates disapproved resolutions from South Carolina and Iowa, which recommended "that apportionment be made on the basis of population" and "that the minimum number of delegates to which each state is entitled shall be two instead of one," June 1944:69, 72, 75.

Apportionment: The House of Delegates adopted a report which reads in part as follows, July 1946:6, 55, 56, 57–58:

Your Reference Committee on Reapportionment recommends, after study of the matter, that the basis of the apportionment of delegates for the next three years—1947, 1948, 1949—be one delegate for each thousand members or fraction thereof, each constituent association being represented by one delegate irrespective of the number of members . . . On this basis California, the District of Columbia, North Carolina, and Oregon will each gain one delegate, and Mississippi, Ohio, and Pennsylvania will each lose one. The creation of the Section on General Practice of Medicine adds one delegate to those representing the sections of the Scientific Assembly, and the independence of the Philippines removes two delegates.

Veterans Administration: The House of Delegates approved a recommendation that the Veterans Administration be given representation in the House of Delegates and that steps be taken to accomplish this, Dec. 1946:25–26, 42, 43, 48.

Scientific Sections: The House of Delegates disapproved a recommendation "that instead of each section being represented by a delegate in the House of Delegates as is now the case there be formed a scientific representative assembly of section delegates and that this body elect a maximum of five delegates to represent the sections," June 1948:68–69, 101.

Past President; Assistant Secretary; Student American Medical Association: The House of Delegates disapproved an amendment to the *Constitution* to provide "that the five immediate past presidents of this Association shall be voting members of the House of Delegates."

The House amended article 6, section 2 of the *Constitution* to add to the membership of the House of Delegates, the Assistant Secretary of the Association and two delegates elected by the Student American Medical Association as ex officio members without the right to vote.

The House of Delegates approved addition of the words "of the American Medical Association" after the words "to the number of active members" to clarify article 6, section 3 of the *Constitution*, Dec. 1950:43, 67, 68; 60, 67–68, 69; June 1951:27, 33, 35; 29, 34, 36; Dec. 1951:60, 81, 83.

Qualifications: The House of Delegates amended chapter IX, section 1, (A) so that this paragraph reads as follows, Dec. 1950:44, 67, 68:

(A) Qualifications.—In order to be eligible for election to membership in the House of Delegates, a physician must have been a dues paying active member of the American Medical Association and a member Fellow of the Scientific Assembly for at least the two years immediately preceding the session of the House at which he is to serve. Service Fellows need not be dues paying active members.

Apportionment: The House of Delegates amended division three, chapter IX, section 1 (C) of the *Bylaws*, adding the words in italics so that the first sentence will read as follows, Dec. 1950:44, 67, 68:

The apportionment of delegates from each constituent association shall be one delegate for each thousand (1,000) or fraction thereof, *dues paying active members of the American Medical Association* as recorded in the office of the Secretary of the American Medical Association on December 1 of each year.

Apportionment: The House of Delegates approved recommendations (1) that a resolution from Rhode Island on increasing the number of delegates from constituent associations having fewer than 1,000 members be not adopted; and (2) that the problem of representation of small constituent associations be referred to the permanent Committee on Constitution and Bylaws for study, Dec. 1950:59–60, 68, 69, 73.

Qualifications: The House of Delegates amended chapter IX, section 1 (A) of the *Bylaws* so that this paragraph reads as follows, June 1951:30, 33, 36:

A. Qualifications.—In order to be eligible for election to membership in the House of Delegates a physician must have been (1) a member of the American Medical Association and a member Fellow or (2) a service Fellow of the Scientific Assembly for at least the two years immediately preceding the session of the House of Delegates in which he is to serve.

Qualifications: The House of Delegates amended chapter IX, section 1 (A) of the *Bylaws* by substituting the words in italics so that this paragraph reads as follows, Dec. 1951:61, 32, 33.

A. Qualifications.—In order to be eligible for election to membership in the House of Delegates, a physician must have been (1) a member of the A.M.A. and a member Fellow or (2) a service Fellow of the Scientific Assembly for at least the two years immediately preceding the *date on which he is to assume office.*

Past Trustees; U.S. Air Force: The House of Delegates amended article 6, section 2 of the *Constitution* to provide that past Trustees of the Association shall be ex officio members of the House of Delegates without the right to vote.

The House amended article 6, section 3 of the *Constitution* to provide that the U.S. Air Force shall be entitled to one delegate in the House of Delegates. June 1952:28, 47, 49.

Apportionment: On a resolution from Minnesota, the House of Delegates amended the *Bylaws* changing the date for deciding apportionment of delegates from Dec. 1 to Dec. 31. Chapter IX, section 1 (C) paragraph 1, as amended, reads as follows, June 1952:37, 48, 50:

C. Apportionment.—(1) The apportionment of delegates from each constituent association shall be one delegate for each thousand (1,000) or fraction thereof active members of the American Medical Association as recorded in the Office of the Secretary of the American Medical Association on December 31 of each year. Such apportionment shall take effect the ensuing January 1 and shall remain effective for one year thereafter. In January of each year the Secretary of the American Medical Association shall notify each constituent association of the number of delegates to which it is entitled during the current year.

DELEGATES — ELECTION PROCEDURES, SEATING, TERM OF OFFICE

Credentials: The House of Delegates "resolved that new medical institutions, not heretofore represented in this body, be required to transmit to the Secretary with the credentials of its delegates, evidence of its existence, capacity, and good standing," May 1856:42.

Credentials: The House of Delegates resolved, (1) that there be provided for future meetings "a system of registration, whereby delegates and members can

send in advance or hand in their credentials, certificates, fees, etc. and obtain their cards of membership at their convenience"; (2) that there be published each day the names of the members and delegates present, May 1884: J.A.M.A. 2:574.

Alternate Delegates: The House of Delegates adopted a recommendation that section 5, chapter III of the *Bylaws*, which provides for the election of alternate delegates, be repealed. May 1903: J.A.M.A. 40:1375.

Alternate Delegates: The House of Delegates amended the *Bylaws* to provide for the election of alternate delegates, June 1906:4, 23.

Term of Office: The House of Delegates amended book II, chapter IV, section 2 of the *Bylaws*, adding the sentence in italics so that this section reads in part as follows, June 1906:4–5, 23:

Members of the House of Delegates shall be elected for a term of two years . . . *except that delegates elected by the sections shall hold office for but one year, and appointments made from the United States Army, the United States Navy, and the United States Public Health and Marine-Hospital Service shall be for one year.*

Credentials: The House of Delegates adopted "standing rules for guidance of the Committee on Credentials," June 1912:55.

The House amended the rules for guidance of the Committee on Credentials, June 1913:44, 46; June 1921:35, 37; June 1931:32, 40; May 1932:7, 51.

Term of Office: The House of Delegates approved an amendment to chapter I, section 2 of the *Bylaws* so that the second sentence reads as follows:

Delegates and alternates elected by the sections, or delegates appointed by the United States Army, United States Navy, and United States Public Health Service shall hold office for *two* years.

The House amended chapter XIV, section 2 of the *Bylaws*, substituting the word *biennially* for *annually* and the word *two* for the word *one* so that this sentence reads as follows:

Each section shall also elect *biennially* one delegate and one alternate to the House of Delegates of the American Medical Association for *two* years. June 1923:43, 49.

Election: The House of Delegates approved a suggestion that state organizations follow some method of appointment which would permit a complete list of delegates at least thirty days before the meeting of the parent body in order to facilitate appointment of references committees, May 1927:1, 51, 52.

Appointment in Absence: The House of Delegates disapproved a *Bylaws* amendment to make possible "representation of any constituent association in this

House of Delegates through appointment by the president or the secretary of the constituent association of a representative to represent it in the case of the absence of delegates or alternates duly elected to represent it," July 1929:1, 36, 42.

Reimbursement: The House of Delegates disapproved a resolution from the Section on Gastroenterology and Proctology which requested reimbursement of members of the House of Delegates for attendance at House meetings, July 1929:31, 33.

Election: The House of Delegates adopted the following report with regard to a resolution from Georgia, June 1933:49, 55, 87:

The committee endorses the resolution that constituent associations elect their delegates far enough in advance so that the names of all delegates may be properly listed in the Handbook of the House of Delegates and requests that copies of this resolution be sent to the secretaries of all constituent associations.

Listing in Daily Bulletin: The House of Delegates approved a resolution from Nebraska which recommended that whenever possible, the names of registrants be listed in the *Daily Bulletin* by states rather than in alphabetical order, June 1947:96, 104.

Induction into Office: The House of Delegates disapproved a resolution from Illinois which recommended that the *Bylaws* be amended "to provide for induction into office of newly elected delegates sixty days after election," June 1950:39, 50, 51.

Credentials: The House of Delegates amended division three, chapter IX, section 1(B) second paragraph of the *Bylaws* to read as follows, Dec. 1950:44, 67, 68:

Secretaries of constituent associations, secretaries of sections of the Scientific Assembly, the surgeons general of the United States Army, the United States Navy, the United States Air Force, and the United States Public Health Service and the Chief Medical Director of the Veterans Administration shall certify delegates and alternates to the Secretary of the American Medical Association.

Status after Seating: The House of Delegates amended division three, chapter IX, section I (E) of the *Bylaws*, deleting the words *and his place shall not be taken by any other delegate or alternate* from the first sentence and adding the last sentence in italics so that this section reads as follows, June 1951:30, 35, 36:

(E) Status After Seating.—A delegate whose credentials have been accepted by the Reference Committee on Credentials and whose name has been placed on the roll of the House shall remain a delegate until final adjournment of that session. *If a delegate is unable to be present on account of sickness or any other emergency, his place may be taken by his alternate if approved by the Reference Committee on Credentials. After the alternate has been seated he cannot be replaced.*

Term of Office: The House of Delegates amended chapter IX, section 1(B) of the *Bylaws*, deleting the following obsolete phrase: *except that incumbent delegates on the date of adoption of these Bylaws shall serve until their successors are elected to assume office*. Dec. 1951:61, 82, 83.

Alternate Delegates: On a resolution from Massachusetts which recommended an amendment to the *Bylaws* whereby the delegation of a constituent association would be authorized in certain emergencies to designate the alternate to represent the absent delegates, the House of Delegates adopted the following report from the Council on Constitution and Bylaws. Dec. 1951:70, 82–83, 91; June 1952:40, 55; Dec. 1952:87, 88, 101, 102:

Delete the word *elected* in the first sentence of article 6, section 2 and substitute the word *selected*. Also add *as provided in the Bylaws* after the word *Assembly* in the third line of the same sentence.

These changes will eliminate the conflict between this section and the third paragraph of division three, chapter IX, section I(D) of the *Bylaws*. The question of whether this is a change of policy or not is not clear to the Council. It therefore refers the decision to the House of Delegates.

This section as amended reads as follows:

The House of Delegates is composed of delegates *selected* by the constituent associations and by the sections of the Scientific Assembly, *as provided in the Bylaws* and of delegates from the medical departments of the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, and the Veterans Administration, appointed by the Surgeon General or Chief Medical Director, as the case may be of the respective service.

Alternate Delegates: The House of Delegates adopted a resolution from Ohio which recommended provision of identification badges for alternate delegates. June 1952:34, 54.

Term of Office: The House of Delegates amended chapter IX, section 1(C), of the *Bylaws*, adding the following sentence. June 1952:37, 48, 50:

Any delegate or alternate who was elected or appointed in accordance with these Bylaws and who at the time of apportionment has not completed the term for which he was duly elected or appointed shall be permitted to complete such term as delegate or alternate.

Term of Office: The House of Delegates amended chapter IX, section 1(C) of the *Bylaws*, adding the words in italics, Dec. 1952:83, 101, 102:

Any delegate or alternate who was selected in accordance with these Bylaws, and who at the time of apportionment has *begun but* not completed the term for which he was duly selected shall be permitted to complete such term as delegate or alternate.

Seating of Delegates: The House of Delegates disapproved a resolution from Mississippi which recommended a *Bylaws* amendment to provide for the seating or retiring of delegates of constituent associations whose delegate representation in this Association had changed by virtue of an increase or decrease in membership, as "each constituent association should determine the method of selecting its delegates in a manner which does not conflict with provisions of the *Constitution and Bylaws* of the American Medical Association," June 1953:38–39, 52, 53; Dec. 1953:76, 95.

Term of Office: The House of Delegates amended chapter IX, section 1(B) of the *Bylaws*, adding the words in italics, June 1954:29, 54, 55:

(B) Term.—[1] Delegates and alternates from constituent associations, sections, the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, and the Veterans Administration shall be selected for two-year terms, and shall assume office on January 1 of the year succeeding their selection, *except that when the apportionment of delegates of a constituent association is increased the delegates and alternates selected to fill the new vacancies shall assume office immediately after their selection and serve during that calendar year.*

Dissemination of Information to Alternate Delegates: The House of Delegates adopted the following resolution from California (no. 25), Dec. 1957:115:

Resolved, That all regularly disseminated information, e.g., special reports, handbooks, etc. be sent directly to all delegates and alternate delegates.

DELEGATES — FORMER DELEGATES AND OFFICERS

Letters to Retired Members: The House of Delegates disapproved a resolution from Michigan which recommended that letters of greeting be sent to living retired members of the House of Delegates, June 1947:96, 104.

Deceased Officers and House Members: The House of Delegates approved a recommendation that lists of deceased former officers and members of the House of Delegates should be printed at House meetings, June 1953:3, 46, 47.

DENTISTS AND DENTISTRY

Navy Dental Corps: The House of Delegates adopted the following resolution, June 1907:39:

Resolved, That it is the sense of this House of Delegates that the efforts of Surgeon General P. M. Rixey to secure legislative authority for the employment of dentists in the U. S. Navy be approved, and that the Committee on Medical Legislation be instructed to exert such influence on Congress as in its judgement may be deemed wise in support of the measures making such provision.

Resolved, That the American Medical Association recommend to the federal government that antibiotics, especially those which are effective in combating certain antibiotic-resistant bacteria, viruses, and fungi, be restricted to use in human beings in order to prevent their sensitization to these new antibiotics through the consumption of dairy products.

DUES, MEMBERSHIP — COLLECTION METHODS

Collection by Treasurer: The House of Delegates adopted a resolution designating the Treasurer of the Association to be, ex officio, the Committee on Registration to establish a registration bureau at annual sessions in order to facilitate the payment of dues, June 1897: J.A.M.A. 28:1143.

Reimbursement of State Societies: The Board of Trustees voted that hereafter constituent societies "will be allowed one percent of the amount of American Medical Association dues collected toward their expenses in collecting such dues," June 1950:12.

Direct Collection by the A.M.A.: The House of Delegates voted that the recommendation in the following resolution from New York did not afford a feasible solution, June 1950:35, 55, 56:

Resolved, That the House of Delegates of the American Medical Association is hereby memorialized to instruct the administrative division of the American Medical Association to establish its own independent procedures for collecting the dues of this organization directly from the individual members.

Reimbursement of State Societies: The House of Delegates requested, with regard to a resolution from New Jersey, that the Board of Trustees restudy the method and amount of compensation paid to state societies for collection of Association dues, June 1952:35, 53, 54.

Reimbursement of State Societies: On a report of the Board of Trustees which recommended that no change in procedure be made for collecting the dues of this organization, the House of Delegates suggested that the Board consider establishing a sliding scale of payment, Dec. 1952:48, 109, 110.

Reimbursement of State Societies: The House of Delegates approved request of the Board of Trustees "for a further period of experimentation before any definite system is established relative to the billing and collecting of dues for the parent organization." June 1953:11, 48.

Reimbursement of State Societies: The delegation from New York introduced resolution no. 23 which recommended full reimbursement of constituent societies for expenses in collecting and transmitting A.M.A. dues.

The Board of Trustees recommended, and the House approved, that no changes be made in the present policy of allocating 1% of the dues to cover collection expenses. June 1955:40, 58, 59; Nov.-Dec. 1955:8–9, 129.

Reimbursement of State Societies: In accordance with resolution no. 13 from New York, the House of Delegates authorized the Board of Trustees to institute a study which would result in a fair and equitable reimbursement to all medical societies and associations for expenses incurred in collection of American Medical Association dues. June 1956:36, 64.

Reimbursement of State Societies: The House of Delegates adopted the following report with regard to supplementary report C of the Board of Trustees which recommended continuation of the present amount of 25 cents a member as reimbursement to state medical societies. June 1957:14:

. . . This report is concerned with costs reported by constituent associations in the collection and forwarding of A.M.A. dues. The treasurer of the Medical Society of the State of New York testified that $6,446 in costs were incurred in collection of A.M.A. dues during a period of nine months ending Sept. 30, 1956. It was pointed out by this officer that reimbursement at the rate of 25 cents per member in the amount of $2,230 resulted in a net loss of approximately $4,200. The testimony further disclosed that this problem may be possibly met if temporary escrow funds made up of A.M.A. dues collected by constituent associations were permitted to remain for given periods at state level for interest-gathering purposes without penalty as to membership privileges.

Your committee recommends that the Board of Trustees explore the possibility of authorizing constituent associations to follow this course of action based upon individually considered local situations.

Direct Collection by the A.M.A.: The House of Delegates disapproved resolution no. 6 from Rhode Island which recommended that active members pay their annual dues directly to the American Medical Association. June 1957:44.

DUES, MEMBERSHIP — ESTABLISHMENT, INCREASE, DELINQUENCY

Establishment: The House of Delegates approved $3.00 membership dues. May 1848:30–31; May 1849:32; May 1851:26; May 1852:20–21.

Contributions from Organizations Represented in the A.M.A.: The House of Delegates requested delegates from medical societies, universities, colleges, etc. to suggest to their several constituencies, the propriety of an annual contribution toward the funds of this Association in proportion to the number of copies of the *Proceedings* desired by them. May 1848:45.

Dues Increased: The House of Delegates approved dues of $5.00 for 1853 and dues of $3.00 for 1854. May 1853:27–28; May 1854:22–23.