



Michael D. Maves, MD, MBA, Executive Vice President, CEO

December 23, 2009

Charles E. Grassley
Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

On behalf of the American Medical Association (AMA), I am responding to your December 7, 2009 inquiry about "industry funding that pharmaceutical, medical device companies, foundations established by these companies or the insurance industry" have provided to the AMA from January 2006 to the present.

The AMA believes transparency and protections against conflicts of interest can be established without inhibiting productive relationships that can improve medical knowledge and care. For the past decade, the AMA has annually, including for the period covered by your inquiry, disclosed to all member organizations of the AMA's House of Delegates all grants and donations received by the AMA during the respective annual period. A formal written report by the AMA's governing body, the Board of Trustees, is presented to the House of Delegates at each Annual Meeting of delegates. Attached are copies of those reports presented to the delegates, which list each grant or donation received by the AMA since January 1, 2006 and identify the source (without limitation to pharmaceutical, medical device, insurance companies, or related foundations) and the purpose for each grant or donation, including the dollar amount. The detail in these reports responds fully to your requested accounting and in the desired format. The attached reports are reflected in the official proceedings of the AMA House of Delegates' Annual Meetings and have been accessible on the AMA's publicly accessible web site [the most recent report is accessible at www.ama-assn.org/ama1/pub/upload/mm/475/finalhandbook.pdf (p. 971)]. A similar report covering the current year will be prepared for presentation at the next Annual Meeting of delegates in June 2010.

The AMA Foundation and the AMA Alliance, both of which are legally separate entities with their own governing bodies and managements/staff, are not encompassed within this response to your inquiry although both entities are authorized to use the AMA name and both purchase

administrative support services from the AMA. Each entity discloses a substantial amount of information publicly about their respective operations and funding, which can be accessed at their respective web sites, www.amafoundation.org and www.amaalliance.org. Amounts received by the AMA from the AMA Foundation are included in the attached copies of annual reports of grants and donations presented to the AMA House of Delegates.

The following are responses to your questions regarding the AMA's policies for accepting industry funding and the disclosure requirements of our top executives and Board members since January 2006.

- 1) Please describe the policies for accepting industry funding and whether or not AMA allows companies to place restrictions or provide guidance on how funding will be spent.*

For over a decade, the AMA has had formal written guidelines governing relationships with corporations and other entities (including, but not limited to, those specified in your inquiry). A copy of those guidelines is attached. The attached guidelines explain current AMA policies for accepting industry funding. These guidelines are reviewed periodically (including by the AMA House of Delegates) to assure continued adequacy.

The AMA does not allow companies to provide guidance on how industry funding will be spent. The attached guidelines specify that external funding may not influence AMA policies, priorities and actions. The AMA proactively chooses its priorities for external relationships and only accepts funding if doing so will not pose a conflict of interest or affect the AMA's objectivity, including the AMA's retaining editorial control over any projects or products bearing the AMA name or logo. A restriction that external funding will be used only for a specified purpose in accordance with the attached guidelines is acceptable.

- 2) If AMA allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.*

See response to (1) above.

- 3) Please explain what policies, if any that AMA plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.*

Existing AMA policies provide transparency of industry funding. Grants and donations received from industry (including pharmaceutical, medical device and insurance companies and related foundations) are listed on the attached copies of annual reports of grants and donations presented to the AMA House of Delegates.

4) Please explain your policies on disclosure of outside income by your top executives and board members.

The AMA requires its top executives and members of its Board of Trustees to annually complete a disclosure form designed to assure compliance with the AMA's conflict of interest policies. Copies of the disclosure form and conflict of interest policy are attached. A review of the completed disclosure forms during the period of your inquiry confirms the absence of any relationships with pharmaceutical or medical device companies or foundations established by them. Similarly, no relationships with national health insurers were reported (currently, one of the twenty-one members of the AMA Board of Trustees is a director of a mutual liability insurance company associated with a state medical society; in prior years during the period of your inquiry no more than three of the twenty-one directors, at that time, had a similar relationship).

5) Please provide the disclosures of outside income filed with your organizations by your top executives and board members.

The AMA does not receive disclosures of outside income by top executives and Board members. The AMA's top executives and Board members are required to comply with the AMA's conflict of interest policies, as mentioned above.

In order that you may fully appreciate the context in which the information above has been provided, the AMA has published annual reports describing the breadth of its activities. Copies of the 2006-2008 reports are attached. These reports present the AMA's overall operating results by product line and group. The AMA's principal revenue sources include: [i] membership revenues (dues paid solely by individual physician or medical student members); [ii] revenues from publication of AMA journals (subscriptions, advertising, site licensing, reprints, electronic licensing, and royalties); [iii] sales of AMA-published books, affinity products and reimbursement products; [iv] licensing of AMA's proprietary database products; [v] educational offerings presented by the AMA; and [vi] commissions from the sale of insurance products by the AMA's subsidiary insurance agency.

While the specifics of particular transactions with AMA's customers are proprietary and confidential, companies within the pharmaceutical, medical device or insurance industries are among those which do purchase or license AMA products or services. Revenues from these transactions do not constitute grants or donations but result from arms-length transactions on commercially competitive terms. As examples: a subsidiary of a national health insurance company purchases and then resells certain AMA publications; pharmaceutical and medical device manufacturers purchase reprints of articles, which appeared in AMA peer-reviewed scientific publications; and the AMA's subsidiary insurance agency earns commissions from insurance companies resulting from the sale of life, disability or other types of insurance products offered by those companies. Also, licensees of AMA's proprietary database products

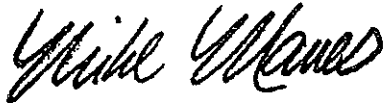
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[none of which licensees are themselves pharmaceutical, medical device or insurance companies] make available those database products to a large number of end users in a broad range of industries, which include pharmaceutical, medical device or insurance companies.

The AMA participates in the activities of a wide range of other organizations (in which pharmaceutical, medical device, or insurance companies or their related foundations may also participate). Except as disclosed in the attachments to this response or referenced above, these activities do not result in revenues or grants and donations to the AMA.

The AMA is pleased to provide you with above information and attached documents in response to your inquiry. Please do not hesitate to contact me if you are in need of additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Maves", written in a cursive style.

Michael D. Maves, MD, MBA

Attachments

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Blind copied recipients (with attachments): Members of BOT EXCOM and Senior Management Team

REPORT OF THE BOARD TRUSTEES

B of T Report # - A-07

Subject: 2006 Grants and Donations

Presented by: Cecil B. Wilson, MD, Chair

- 1 In response to Resolution 612 (A-99), attached is an informational financial report which
 - 2 details all grants or donations received by the American Medical Association during 2006.
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American Medical Association
Grants and Donations
For the Year Ending December 31, 2006
(amounts in thousands)

<u>Funding Institution</u>	<u>Project</u>	<u>Funding</u>
<u>Government Funding:</u>		
Agency for Healthcare Research and Quality	Electronic Health Record System	\$ 30
Agency for Healthcare Research and Quality	Effecting Change in Chronic Care	67
Agency for Healthcare Research and Quality	Transform Medical Educational Conference	2
Center for Disease Control	First National Congress for Public Health Readiness	46
Center for Disease Control	Local EMS Linkages	85
Center for Disease Control (thru Professional and Scientific Association)	2nd Annual Disaster Preparedness Conference	245
Centers for Medicare and Medicaid Services (thru Mathematica Research Policy)	Clinical Quality Measures	218
Department of Health and Human Services	Partnership for Healthcare Research and Quality	1
Department of Health and Human Services	Childhood Obesity	50
Department of Health and Human Services	Registration of Healthcare Professionals	2
Department of Health and Human Services	Bioterrorism Training Program	64
Maternal and Child Health Bureau	Partnership in Program Planning for Adolescent Health	91
National Highway Transportation Safety Administration	Elder Driver's Guide	130
National Institute of Health (thru JBS Inc.)	National Institute on Drug Abuse	69
Oregon Department of Justice	Consumer & Prescriber Education Grant	80
U.S. Department of Homeland Security	Core Disaster Life Support Training Grant	187
Total Government Funding		1,367
<u>Private Foundation Funding:</u>		
AMA Foundation	US Holocaust Museum Project	6
AMA Foundation	Health Literacy Problems Among Youth II	30
AMA Foundation	National Service Project	4
AMA Foundation	Hispanic Health	198
AMA Foundation	Cardio-HIT	98
AMA Foundation	Medical Education Research Consortium	10
Commonwealth Foundation	Patient Centered Communications	11
Connecticut Health Foundation	Patient Centered Communications	29
Health Research and Educational Trust	Physician Consortium for Performance Improvement	4
Robert Wood Johnson Foundation	Disparities in Healthcare	39
Robert Wood Johnson Foundation	National Program Office to Reduce Underage Drinking Through Coalitions	222
Robert Wood Johnson Foundation	National Program Office to Reduce High Risk Drinking Among College Students	654
Total Private Foundation Funding		1,305
<u>University Contributors:</u>		
Johns Hopkins University	Research Support for Disaster Preparedness and Response	18
Drexel University	BDLS Educational Session	8
University of Southern California	Youth Violence Prevention Guide	19
Total University Contributors		45

American Medical Association
Grants and Donations
For the Year Ending December 31, 2006
(amounts in thousands)

Funding Institution	Project	Funding
<u>Other Non-Profit Contributors:</u>		
The Society of Thoracic Surgeons	Nathan Davis Award	\$ 1
American Academy of Cosmetic Surgery	Nathan Davis Award	2
Maryland State Medical Society	Nathan Davis Award	2
Washington State Medical Association	Nathan Davis Award	2
California Medical Association	Nathan Davis Award	3
Texas Medical Association	Nathan Davis Award	5
West Virginia State Medical Association	Nathan Davis Award	5
Total Other Non-Profit Contributors		20
<u>Industry Supported Educational Funding:</u>		
Daiichi Pharmaceuticals	CME Monograph on Chronic Bronchitis for the Asian Market	20
Wyeth Pharmaceuticals	CME Program on Immunization	52
Foundation for Better Healthcare	CME Metabolic Syndrome Conference	50
Purdue Pharma	CME Pain Management	22
Endo Pharmaceuticals Inc	CME Pain Management	196
Daiichi Pharmaceuticals	CME Pneumonia	89
Myriad Genetics, Inc.	CME Program on Genetic Susceptibility to Cancer Syndromes	297
Astellas Pharma	CME Patient Education Booklet on Overactive Bladder	7
GlaxoSmithKline	CME Understanding Vaccines	123
Hoffman-La Roche	CME Personalized MED	95
Sanofi Pasteur	Improving Immunizations Series	72
Pfizer	Hispanic Physicians Leadership Development Task Force	69
Blue Cross Blue Shield	Health Disparities Mini-Conference	16
US News and World Report, Inc.	Medical Communications Conference	3
Bacon's	Medical Communications Conference	3
INA Services Co. (thru Customized Newspaper Advertisings)	Medical Communications Conference	3
On The Scene Productions Inc.	Medical Communications Conference	9
Merck & Company Inc.	Medical Communications Conference	10
National Association of Medical Communicators	Medical Communications Conference	15
Pharmaceutical Research & Manufacturers of America	Nathan Davis Award	10
Merck & Company Inc	Nathan Davis Award	50
Purdue Pharma	Nathan Davis Award	50
Johnson & Johnson	Nathan Davis Award	103
Merck & Company Inc	National Conference on Continuing Medical Education	10
Genetech	Science News Media Briefings - Oncology	160
Sanofi Aventis Inc	Science News Media Briefings - Cardiovascular Disease	160
Cohn & Wolf c/o Colgate-Palmolive	Science News Media Briefings - Oral Health	160
Total Industry Supported Educational Funding		1,854
Total Grants and Donations		\$ 4,591

REPORT OF THE BOARD TRUSTEES

B of T Report #26 - A-08

Subject: 2007 Grants and Donations

Presented by: Edward L. Langston, MD, Chair

- 1 In response to Resolution 612 (A-99), attached is an informational financial report which
- 2 details all grants or donations received by the American Medical Association during 2007.

American Medical Association
Grants and Donations
For the Year Ending December 31, 2007
(amounts in thousands)

<u>Funding Institution</u>	<u>Project</u>	<u>Funding</u>
<u>Government Funding</u>		
Agency for Healthcare Research and Quality	Effecting Change in Chronic Care - Tipping Point	\$ 243
Agency for Healthcare Research and Quality	Electronic Health Record System	22
Center for Disease Control	Leadership Summit on Injury Prevention Preparedness	39
Center for Disease Control	Communications & Training Grant on Terrorism	1
Department of Health and Human Services	Bioterrorism Training Program	82
Federal Drug Administration	Foodborne Illness Primer	78
Maternal and Child Health Bureau	Partnership in Program Planning for Adolescent Health	8
National Highway Transportation Safety Administration	Elder Driver's Guide	104
National Institute of Health (thru JBS Inc.)	National Institute on Drug Abuse	94
U.S. Department of Homeland Security	Core Disaster Life Support Training Grant	334
U.S. Environmental Protection Agency	Second Hand Smoke Exposure for Low Income Patients	101
U.S. Environmental Protection Agency	Prevention of Second Hand Smoke Exposure	<u>81</u>
Total Government Funding		<u>1,187</u>
<u>Private Foundation Funding</u>		
AMA Foundation	Cardio-HIT Phase I	328
AMA Foundation	Cardio-HIT Phase II	201
AMA Foundation	Suicide Prevention	4
AMA Foundation	US Holocaust Museum Project	5
California Endowment	Patient Centered Communications	399
Health Research and Educational Trust	Physician Consortium for Performance Improvement	3
Robert Wood Johnson Foundation	Alcohol Education Grant - A Matter of Degree (AMOD)	<u>100</u>
Total Private Foundation Funding		<u>1,040</u>
<u>College & University Contributors</u>		
Medical College of Georgia	2nd National Congress on Health System Readiness	41
Oregon Health and Science University	Consumer & Prescriber Education Grant	<u>59</u>
Total College & University Contributors		<u>100</u>
<u>Other Non-Profit Contributors</u>		
American Academy of Pediatrics	Adult Immunization (IZ) Summit	10
Critical Path Institute	Warfarin Dosing Brochure	20
Infectious Disease Society of America	Adult Immunization (IZ) Summit	<u>1</u>
Total Other Non-Profit Contributors		<u>31</u>
<u>Industry Supported Educational Funding</u>		
Novartis Vaccines & Diagnostics, Inc.	2nd National Congress on Health System Readiness	25
PhRMA	2nd National Congress on Health System Readiness	25
Pfizer Inc.	2nd National Congress on Health System Readiness	30
GlaxoSmithKline	Adult Immunization (IZ) Summit	50
Merck & Co., Inc.	Adult Immunization (IZ) Summit	20
Novartis Vaccines & Diagnostics, Inc.	Adult Immunization (IZ) Summit	20
Sanofi Pasteur Inc.	Adult Immunization (IZ) Summit	10
Wyeth Pharmaceuticals	Adult Immunization (IZ) Summit	20
Eli Lilly and Company	CME Program on Depression	499

American Medical Association
Grants and Donations
For the Year Ending December 31, 2007
(amounts in thousands)

<u>Funding Institution</u>	<u>Project</u>	<u>Funding</u>
<u>Industry Supported Educational Funding (continued)</u>		
Takeda Pharmaceutical Co.	CME Program on Diabetes	\$ 499
Purdue Pharma, L.P.	CME Program on Pain Management	212
Teve Neuroscience, Inc.	CME Program on Parkinson's Disease	450
Daiichi Sankyo Co. LTD	CME Program on Pneumonia	93
GlaxoSmithKline	Immunization Card Project	87
Sanofi Pasteur Inc.	Immunization Card Project	87
Merck & Co., Inc.	Immunization Card Project	87
INA Services Company	Medical Communications Conference	3
MediaLink Worldwide, Inc.	Medical Communications Conference	4
Merck & Co., Inc.	Medical Communications Conference	10
Semaphore Media	Medical Communications Conference	1
MC Communications, LLC	National Conference - Continuing Medical Education	5
Pfizer Inc.	National Conference - Continuing Medical Education	30
Procter & Gamble	National Conference - Continuing Medical Education	9
Web MD	National Conference - Continuing Medical Education	15
Pfizer Inc.	Physician Education on Smoking Cessation Roundtable	<u>143</u>
Total Industry Supported Educational Funding		<u><u>2,434</u></u>
Total Grants and Donations		<u><u>\$ 4,792</u></u>

REPORT OF THE BOARD TRUSTEES

B of T Report 24-A-09

Subject: 2008 Grants and Donations

Presented by: Joseph M. Heyman, MD, Chair

- 1 In response to Resolution 612 (A-99), this informational financial report details all grants
 - 2 or donations received by the American Medical Association during 2008.
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**American Medical Association
Grants & Donations
For the Year Ended December 31, 2008
Amounts in thousands**

Funding Institution	Project	Amount Received
Agency for Healthcare Research and Quality	Health Information Technology to Improve Cardio Care	\$ 368
Centers for Disease Control	Communications & Training Grant on Terrorism	42
Federal Drug Administration	Foodborne Illness Primer	22
HRSA (thru Medical College of Georgia)	Bioterrorism Training Program	16
National Highway Transportation Safety Administration	Elder Driver's Safety Guide	34
National Highway Transportation Safety Administration	Engage Physicians in Addressing Older Driver Safety	34
National Institute of Health (thru JBS Inc.)	National Institute on Drug Abuse	63
Oregon Department of Justice	Consumer & Prescriber Education Grant	107
U.S. Department of Homeland Security	Citizen Ready Training Grant	144
U.S. Department of Homeland Security	Core Disaster Life Support Training Grant	155
U.S. Environmental Protection Agency	Prevention of Second Hand Smoke Exposure	93
U.S. Environmental Protection Agency	Second Hand Smoke Exposure for Low Income Patients	140
Government Funding		<u>1,218</u>
AMA Foundation	Health Information Technology to Improve Cardio Care	115
Markle Foundation	Physician Survey on Patient Health Information	13
Private Foundation Funding		<u>128</u>
Medical College of Georgia	2nd National Congress on Health System Readiness	6
University/College Contributors		<u>6</u>
Qualis Health	Clinical Performance Measures	53
Other Non-Profit Contributors		<u>53</u>
Wolters Kluwer Health	2nd National Congress on Health System Readiness	25
Gilead Sciences Inc.	GLBT - Grand Rounds Training Program	10
Q1 Productions LLC	Medical Communications Conference	42
Semaphore Media LLC	Medical Communications Conference	3
Pfizer Inc.	Medical Student Section Assembly Meeting	15
Pfizer Inc.	National Conference - Continuing Medical Education	15
Sanofi-Aventis Inc.	National Conference - Continuing Medical Education	5
WebMD	National Conference - Continuing Medical Education	5
Wyeth Pharmaceuticals	National Conference - Continuing Medical Education	3
CSL Biotherapies Inc.	National Influenza Vaccine Summit	6
Novartis	National Influenza Vaccine Summit	6
Sanofi Pasteur Inc.	National Influenza Vaccine Summit	6
Mathematica Policy Research, Inc.	Physician Quality Reporting Initiative Tool Kit	100
Pfizer Inc.	Resident Fellow Section Assembly Meeting	15
Industry Supported Educational Funding		<u>256</u>
Total Grants and Donations		<u>\$ 1,661</u>

**Board of Trustees, Officers and Senior Managers
Disclosure of Affiliations
and
Statement of Compliance with the
American Medical Association
Conflict of Interest Policy and Principles**

The American Medical Association's Conflict of Interest Policy requires each Trustee, Officer and Senior Manager to disclose annually his or her affiliations and to execute a statement confirming that, to his or her knowledge, the Trustee, Officer or Senior Manager has complied with the Conflict of Interest Policy and Principles.

Disclosure of a Trustee's, Officer's or Senior Manager's affiliations is intended to assist the AMA in resolving conflicts of interest, in highlighting the importance of avoiding the appearance of a conflict of interest, in identifying dualities of interest and in managing clear business risk. A Trustee's, Officer's or Senior Manager's affiliation with another organization does not necessarily mean that an unacceptable conflict of interest exists or that the affiliation would unduly influence the Trustee, Officer or Senior Manager. Indeed, a duality of interest (as opposed to an actual or apparent conflict of interest) is to be expected for those whose participation is on a voluntary basis. A "duality of interest" exists when an individual has a fiduciary duty to more than one organization.

A listing of all Trustees', Officers' and Senior Managers' affiliations will be distributed to all Board members.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form or you may provide your answers on a separate sheet of paper. If you attach your C.V., please indicate on this form to which questions your C.V. responds, and please answer all questions not addressed by your C.V.

If you become affiliated with another organization or cease an affiliation, please promptly provide updated information on such affiliation to the AMA's Board Office. (Senior Managers should provide this information to the Office of the General Counsel and to Human Resources).

The following terms used in this statement have the following meanings:

"AMA" means the American Medical Association and its subsidiaries and affiliates (including the AMA Foundation and the AMA Alliance).

"Material financial interest" means:

- a financial ownership interest of 5% or more, or
- a financial interest or relationship which contributes materially to your income, or
- a position as proprietor (including member of an LLC), partner, director, officer, managing partner, governing board member (including of a not-for-profit organization) or key employee.

"Immediate family member" shall mean spouse, domestic partner, parent or child.

"Extended family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, grandchild, brother, sister, or spouse or child of a brother or sister. Guidelines relating to interests held by an immediate family member or extended family member shall apply to the extent such interests are known to the Trustee, Officer or Senior Manager.

1. What is your current principal occupation? Please be specific/provide detail.

2. What is your current connection, if any, with a healthcare provider organization (e.g., member of group practice or solo practitioner, hospital medical staff), or with any organization which contracts with providers and/or payors (e.g., director of a professional liability insurer or managed care organization, medical school faculty, etc.)? Please be specific/provide detail.

3. Do you hold, or do you anticipate holding within the next twelve(12) months, any faculty appointments?

No: _____

Yes: _____

If yes, please list the name of each institution, position held, and term of appointment.

4. Do you now serve, or do you anticipate in the next twelve (12) months, serving as a trustee, director, officer, council, or committee member, consultant or employee of a health care accrediting body (e.g. The Joint Commission, LCME, ACCME), or an organization which sets standards for care, education or professional status (e.g., ABMS) or a licensing board?

No: _____

Yes: _____

If yes, please provide details. _____

5. Are you, or any **immediate** family member, or do you, or any immediate family member, anticipate becoming within the next twelve (12) months, a trustee, director, officer, council or committee member, employee or consultant of any **health care related professional society**?

No: _____

Yes: _____

If yes, please list the name of each organization, position held, and term of position. If the organization is not a nationally known organization, please provide a brief description of the organization.

6. Do you or an **extended** family member hold or plan to hold a **material financial interest** in any business which furnishes goods or services, or is seeking to furnish goods or services, to the AMA?

No: _____

Yes: _____

If yes, please list the name of each business and the type of goods or services involved.

7. Are you or any **extended** family member, or do you or any extended family member, anticipate becoming within the next twelve (12) months, a trustee, director, officer, council or committee member, employee or consultant of any business which furnishes goods or services, or is seeking to furnish goods or services to the AMA.

No: _____

Yes: _____

If yes, please list the name of each business and type of goods or services involved.

8. Do you or an **extended** family member hold or plan to hold a **material financial interest** in any health care-related businesses (including an organization which provides or evaluates health care services or products) not disclosed above?

No: _____

Yes: _____

If yes, please list the name of each business, the type of goods or the services involved and your (or your extended family member's) involvement.

9. Are you or an **extended** family member, or do you or an **extended** family member anticipate becoming within the next twelve (12) months, a trustee, director, officer, council or committee member, employee or consultant of any health care related business (including an organization which provides or evaluates health care services or products) not disclosed above?

No: _____

Yes: _____

If yes, please list the name of each business, the type of goods or services involved and your (or your extended family member's) involvement.

10. Have you or any **extended** family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against the AMA?

No: _____

Yes: _____

If yes, please describe the nature and status of the legal action.

11. Are you, or do you anticipate becoming within the next twelve (12) months, a trustee, director, officer, council or committee member, employee or consultant of any **non-health care** type of organization or society?

No: _____

Yes: _____

If yes, please list the name of each organization, position held, and term of position. If the organization is not a nationally known organization, please provide a brief description of the organization.

12. Are you currently or do you anticipate becoming (or is your employer) a registered lobbyist in any jurisdiction or are you involved in, or do you anticipate becoming involved in, public representation and advocacy, on behalf of any organization other than the AMA?

No: _____

Yes: _____

If yes, please list the name of each organization and describe the nature of the activities you are or will be involved in.

13. Do you hold or intend to seek within the next twelve (12) months any political office (elected or appointed)?

No: _____

Yes: _____

If yes, please list each political office.

14. Are you involved in, or do you intend to become involved in within the next twelve (12) months, any other significant political activities (excluding voting and political contributions)?

No: _____

Yes: _____

If yes, please describe your political activities.

15. Are you aware of any activity of any of your **extended** family members which may conflict with AMA's policies or activities?

No: _____

Yes: _____

If yes, list the family member involved and the nature of the activity.

16. Are you involved in any other personal relationship, activity or interest which may involve a duality of interest or may impair your objectivity on AMA policies or issues not disclosed above?

No: _____

Yes: _____

If yes, please describe each relationship, activity or interest.

17. I certify that (except as identified below):

(i) I have not and will not knowingly disclose or use confidential or proprietary information relating to the AMA for personal profit or advantage or for the profit or advantage of any other organization. If any exceptions exist, please explain.

(ii) I have not and will not divert for myself or for any other person or entity any business opportunity I know to be available to the AMA. If any exceptions exist, please explain.

(iii) I have not and will not use AMA staff or resources to perform personal services for me or for another organization in which I have a financial interest. If any exceptions exist, please explain.

(iv) I have not and will not use the AMA's name or logo or my affiliation with the AMA in a manner that would incorrectly imply an AMA endorsement of a non-AMA product or service. If any exceptions exist, please explain.

(v) in the course of carrying out my responsibilities for the AMA, my decisions have been and will continue to be based on what I believe to be in the best interests of the AMA and the not-for-profit purposes for which it has been created. If any exceptions exist, please explain.

(vi) I understand even the appearance of a conflict of interest must be avoided and any duality of interest must be explained fully and publicly. If any exceptions exist, please explain.

Statement of Compliance with the Conflict of Interest Policy and Principles

I understand that I am expected to comply with the Conflict of Interest Policy and Principles of the American Medical Association. To my knowledge and belief as of the date hereof, I am in compliance with the Conflict of Interest Policy and Principles (except as specifically disclosed above) and have disclosed as required my affiliations. I understand that I have a continuing responsibility to comply with the Conflict of Interest Policy and Principles. **If any time following submission of this form, I become aware of any actual, potential, or apparent conflict of interest, or if the information provided becomes inaccurate or incomplete, I will promptly update this form by providing the update to the BOT office.**

Date _____

Signature _____

Any questions about how to respond to the disclosures or certifications requested above (including questions about potential affiliations or material financial interests) should be reviewed in advance with the Office of the General Counsel.

Additional Question

In order for the AMA to comply with its license with the Ohio Bureau of Workers' Compensation for use of *Physicians' Current Procedural Terminology* (CPT) code, AMA must affirm, as a contract requirement that no AMA Trustee or his/her spouse has made certain campaign contributions.

Therefore, please respond to the following question:

Have you or your spouse, as individuals, within the last two calendar years, made one or more contributions totaling in excess of \$1,000 to the Governor of Ohio or his/her campaign committee?

Yes _____ No _____

The AMA has a continuing obligations to notify the Ohio Bureau of Workers' Compensation of any contributions. Please notify the AMA Board Office if you make any such contributions.

This question has been included on this form for convenience, and is not a part of the conflict of interest disclosure.

Updated February, 2008

**Board of Trustees, Officers and Senior Managers
American Medical Association
Conflict of Interest Policy**

PURPOSE

As the leading physician organization in the nation, the American Medical Association ("AMA") holds a unique position as the representative of patients and physicians on issues that affect the health of all Americans. In formulating its policies, the AMA seeks the involvement of trusted, knowledgeable individuals, and encourages the expression of diverse views on important health issues facing America now and in the future.

Members of the AMA Board of Trustees, Officers of the AMA and members of the AMA's councils, committees and task forces bring to the AMA expertise drawn from their diverse knowledge and backgrounds. The AMA recognizes that, at times, the diverse background and activities of its Trustees, Officers and members of its councils, committees and task forces may conflict with the interests and activities of the AMA. Trustees and Officers hold a special position of responsibility to the Association, and owe a fiduciary obligation to act in the best interest of the Association. Members of councils, committees and task forces are an integral element of the AMA's decision-making process, and have a responsibility to place the achievement of the AMA's goals and mission above their personal interests.

Although not elected, Senior Managers are also expected to serve the best interests of the AMA. Conflicts of interest may arise from Senior Managers' affiliations with other organizations, or from other personal activities. It is important for the Board of Trustees to be aware of any affiliations or activities which may raise conflicts, as Senior Managers are responsible for advising the Board and making recommendations on AMA policies and activities.

The AMA has adopted a Conflict of Interest Policy to provide guidelines to assist the Trustees, Officers, Members and Senior Managers in resolving conflicts between personal interests and the interests of the AMA. This Conflict of Interest Policy strives to insure that Trustees, Officers, Senior Managers and council, committee and task force members will not act for their own personal benefit, contrary to the interest of the AMA, but instead will serve the best interests of the AMA. In order to insure that all individuals participating in AMA decisions and activities are governed by consistent guidelines, this Conflict of Interest Policy shall apply to Trustees, Officers, Senior Managers, members of councils, committees and task forces, and other individuals participating in AMA decision making activities.

DEFINITIONS

"Trustee" means members of the AMA Board of Trustees, including Officers of the AMA. "Member" shall mean a member of an AMA council, committee, task force or other decision-making group. "Senior Manager" means the Executive Vice President, Deputy Executive Vice President, Chief Operating Officer, General Counsel, Chief Financial Officer, Senior Vice Presidents and any other Vice President who reports directly to the EVP or to the Deputy EVP.

"AMA" or "Association" shall mean the American Medical Association and its subsidiaries and affiliates.

"Immediate family member" shall mean spouse, domestic partner, parent or child. "Extended family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, grandchild, brother, sister, or spouse or child of a brother or sister. Guidelines relating to interests held by an immediate family member or extended family member shall apply to the extent such interests are known to the Trustee, Member or Senior Manager.

GUIDELINES

Ownership of a material financial interest in any company that furnishes goods or services, or is seeking to furnish goods or services, to the AMA.

The AMA recognizes that individuals have investments, through stock ownership, mutual funds, and similar vehicles, in companies that provide goods and services to businesses. Only those investments that constitute a significant financial investment raise a concern about a possible conflict of interest. The AMA also recognizes that a Trustee, Member, or an extended family member of a Trustee, Member or Senior Manager may be employed by, or have a consulting arrangement with, an organization that does business with the AMA. A conflict of interest may arise if the Trustee, Member, Senior Manager or extended family member of a Trustee, Member or Senior Manager holds a key position in such company and is responsible for approving the provision of goods or services to the AMA. Accordingly, "ownership of a material financial interest" shall mean holding a financial ownership interest of 5% or more, or holding a financial ownership interest which contributes materially to the Trustee's, Member's or Senior Manager's income, or holding a position as proprietor, director, managing partner or key employee.

The following requirements shall be followed:

A. A Trustee, Member and Senior Manager shall disclose his or her ownership of a material financial interest in any business which furnishes goods or services, or is seeking to furnish

goods or services, to the AMA. A Trustee, Member and Senior Manager shall also disclose material financial interests owned by any extended family member.

B. A Trustee or Member shall excuse himself or herself from voting on any issues relating to the provision of the goods and services by any company in which the Trustee, Member, or any extended family member owns a material financial interest. A Trustee or Member shall also excuse himself or herself from participation in the discussions on such issues, except as requested to participate by the Board.

A Senior Manager shall not be involved in making the final decision on any issues relating to the provision of the goods and services by any company in which the Senior Manager or any extended family member owns a material financial interest. Also, a Senior Manager shall not be involved in the preparation of any arrangement to acquire such goods and services.

Claims against the AMA

A conflict of interest arises if a Trustee, Member or Senior Manager has a personal interest in a legal claim against the AMA.

A. A Trustee, Member and Senior Manager shall disclose any lawsuit, legal complaint, personal claim for damages or formal grievance which the Trustee, Member, Senior Manager, or any extended family member, has asserted or filed, or intends to assert or file, against the AMA.

B. A Trustee, Member and Senior Manager shall not be involved in any decisions relating to AMA's resolution of such claims.

Participation on Boards of Trustees or councils or committees of other organizations.

Participation by Trustees and Members on the Board of Trustees, Board of Directors, or on councils or committees of other organizations is beneficial to the Association, as the Trustees and Members gain important expertise and establish business relationships. To insure that the Trustee or Member is not placed in the difficult position of serving organizations with conflicting overall goals and objectives, a Trustee or Member shall disclose his or her participation in other organizations. If the overall goals and objectives of the AMA and the other organization do not conflict, participation is permitted. If a conflict exists, the Trustee or Member shall choose between the conflicting organizations, and shall resign from one of the positions.

Participation by a Senior Manager on a Board of Trustees, Board of Directors, council or committee of another organization shall be disclosed by the Senior Manager, and will be evaluated on a case-by-case basis to insure that the affiliation will not conflict with the Senior Manager's responsibilities in his or her position with the AMA.

Participation by a family member of a Trustee, Member or Senior Manager on a Board, council or committee generally will not raise conflict of interest concerns. There may be circumstances, however, in which a family member becomes involved in an activity that conflicts with AMA's policies and activities. Accordingly, Trustees, Members and Senior Managers shall disclose any affiliations of an immediate family member with any health care organization or health-related professional society. Potential biases of the Trustee, Member or Senior Manager will be evaluated and, if necessary, appropriate limits will be placed on the Trustee's, Member's or Senior Manager's participation in AMA actions related to any conflicting activity.

The AMA's Conflict of Interest Principles provide guidance in evaluating affiliations with other organizations, and provide recommendations for resolutions of conflicts arising out of such affiliations.

Other personal relationships, activities, or interests which may impair a Trustee's, Member's, or Senior Manager's objectivity or which may inappropriately influence a Trustee's, Member's or Senior Manager's decisions or actions on AMA matters.

Situations may arise, from time to time, where a Trustee, Member or Senior Manager is unable to separate his or her personal interest in an issue from his or her obligation to objectively serve the interests of the AMA. To insure that the Trustee's, Member's and Senior Manager's obligations to the AMA are met and that the interests of the AMA are paramount, disclosure of any such personal interests is required. However, it is important to keep in mind that the Trustees and Members will invariably have a personal interest in and opinion on the issues that come before the Board and councils and committees, due to the broad range and nature of the AMA's mission and activities.

In most instances, personal interests will not prevent a Trustee or Member from rendering an objective opinion. In order to fulfill the responsibilities of the Board of Trustees and of councils and committees, and to make appropriate and informed decisions, representation of different viewpoints is required, and an environment of full and open discussion must be maintained. It is necessary to insure that the broadest range of views and expertise is available to the AMA in its decision-making process. At times, the contributions of an individual with a personal interest are valuable precisely because of the knowledge or expertise obtained through the personal interest.

A requirement that a Trustee or Member be excused from discussions on any issue in which he or she has a personal interest would diminish the benefits the AMA receives from full, informed debate. Accordingly, full participation by all Trustees and Members should be encouraged. Limitations shall be placed on a Trustee's, Member's or Senior Manager's activities in those cases where a Trustee, Member or Senior Manager cannot separate his or her personal interest from the interest of the Association and render a fair and independent decision.

In such cases, the Trustee or Member should excuse himself or herself from discussion and/or vote on the issue. If a Trustee or Member does not appropriately excuse himself or herself,

but the majority of the remaining Trustees or Members believe that the Trustee or Member should be excused from either discussion or vote, the Chair shall require the Trustee or Member to excuse himself or herself from discussion and/or vote.

In such cases, a Senior Manager shall not participate in consideration or resolution of the issue.

Gifts

To avoid any inference that a decision was unduly influenced, a Trustee, Member, Senior Manager, and members of the Trustee's, Member's, and Senior Manager's immediate family, may not offer, solicit or accept any gift, money, benefit, loan, or other payment of any kind from any entity with whom AMA does business, with whom AMA is seeking to do business, or from any entity seeking to do business with AMA. The term "entity" includes, but is not limited to, financial institutions, business and professional firms, and individuals providing goods or services.

This provision is not intended to prohibit the following gifts or benefits:

- Acceptance or offering of nominal gifts, or social amenities and entertainment which are given in normal business practice and which would not raise an inference of undue influence.
- Acceptance or offering of gifts for a non-business reason, and which are motivated by a family relationship or personal friendship.
- Benefits or discounts offered under any AMA-sponsored program.
- Benefits or discounts which are offered as a professional courtesy to members of the medical profession, or to members of their immediate family, provided such benefits or discounts are not intended to influence an AMA decision.
- Books, journals, audio or videotapes, computer software or other informational material provided to assist the Trustees or Members in performing their duties for the AMA.

Honoraria

Any honoraria received by a Trustee or Member for AMA-related engagements shall be given to the Association. Alternative arrangements may be allowed, provided that the Trustee or Member notifies the Chair of the Board of Trustees and receives the Chair's prior approval.

Any honoraria received by a Senior Manager for AMA-related engagements shall be given to the AMA Foundation. Alternative arrangements may be allowed, provided that the Senior Manager notifies his or her manager and receives the manager's prior approval.

Illegal Payments

A Trustee, Member or Senior Manager shall not give any bribe, kickback, or any other illegal or improper payment of any kind to any person with whom the Trustee, Member or Senior Manager comes in contact in the course of carrying out his or her responsibilities for the AMA.

Disclosure of Confidential or Proprietary Information

In the course of performing services to the AMA, the Trustees, Members and Senior Managers will have access to information that is confidential or proprietary to the AMA. This information includes, but is not limited to, financial information, business plans, policy proposals and recommendations, policy development plans, confidential membership plans, and other information which would impede implementation of AMA activities if it were disclosed. A Trustee, Member, and Senior Manager shall maintain the confidentiality of such information and shall not disclose confidential or proprietary information for personal gain. A Trustee, Member and Senior Manager shall use his or her best efforts to prevent unauthorized disclosure of confidential or proprietary information.

Use of Position or AMA's Name

A Trustee, Member or Senior Manager shall not use the AMA's name, or his or her affiliation with the AMA in a manner that would incorrectly imply an AMA endorsement of a non-AMA product or service, or that would imply AMA support of a personal opinion or activity.

Activities Following Term

A former Trustee, Member or Senior Manager shall not use the AMA name or his or her affiliation with the AMA in any manner which would imply AMA support or endorsement of policies or activities of another organization. A former Trustee, Member or Senior Manager shall not use the AMA name or his or her affiliation with the AMA for commercial gain. A former Trustee, Member or Senior Manager shall not disclose confidential or proprietary information for personal or commercial gain.

A former Trustee and former Senior Manager shall refrain from all conduct, verbal or otherwise, which publicly disparages or damages the reputation, goodwill, or standing in the community of the AMA or its Trustees or Officers.

A former Member shall also refrain from disparaging the AMA. However, the expression of differences or disagreements with AMA policies that are unrelated to his or her official actions as a Member do not constitute disparagement.

INTERPRETATION

The Conflict of Interest Policy is intended to be an evolving policy, and questions of interpretation and application can be expected to arise. Conflict of Interest Principles have been developed to provide guidance in resolving conflicts.

IMPLEMENTATION

Each Trustee, Member and Senior Manager shall execute annually a Compliance Statement, confirming that, to his or her knowledge, the Trustee, Member or Senior Manager has complied with the Conflict of Interest Policy, and disclosing any matters required to be disclosed under the Policy. The Secretary of each council, committee and task force shall be responsible for obtaining executed Compliance Statements. If no Secretary has been appointed, the council, committee or task force shall designate one of its Members to assume such responsibility. The General Counsel shall review all disclosures made by the Trustees, Members and Senior Managers. Each Trustee, Member and Senior Manager shall have a continuing responsibility to comply with this Conflict of Interest Policy.

Senior Managers are also required to comply with the AMA Human Resources Conflict of Interest Policy and such other Conflict of Interest rules or guidelines for employees that are adopted by the AMA. Employees below the level of Senior Manager are subject to the AMA Human Resources Conflict of Interest Policy. The General Counsel shall also provide an annual report to the Board stating that the conflict of interest compliance forms of the Vice Presidents have been reviewed, and reporting how such conflicts have been resolved. The General Counsel's report shall also inform the Board of any relationship, activity or affiliation disclosed by any other employee which may raise a conflict of interest and which would have a material impact on the operation of the AMA.

Effective April 8, 1999

BOT Policy



Guidelines for

American Medical Association Corporate Relationships

June 2003

Guidelines for AMA Corporate Relationships

Priniples to guide AMA's relationships with corporate America were adopted by the AMA House of Delegates at its December 1997 meeting and slightly modified at its June 1998 meeting. Subsequently, they have been edited to reflect the recommendations from the Task Force on Association/Corporate Relations, including among its members experts external to the AMA. The following principles are based on the premise that in certain circumstances, the AMA should participate in corporate arrangements when guidelines are met, which can further the AMA's core purpose, retain AMA's independence, avoid conflicts of interest and guard our professional values. The AMA House of Delegates adopted revised principles at its June 1999 meeting. The following updated principles were adopted at the June 2002 House of Delegates meeting.

Overview of Principles

The American Medical Association's principles to guide corporate relationships have been organized into the following categories: General Principles that apply to most situations; Special Guidelines that deal with specific issues and concerns; Organizational Review that outlines the roles and responsibilities of the Board of Trustees, Executive Vice President, the Corporate Review Team and other staff units; and Operational Issues that outline the annual reports to the Board of Trustees and House of Delegates. These guidelines should be reviewed over time to ensure their continued relevance to the policies and operations of the AMA and to our business environment. The principles should serve as a starting point for anyone reviewing or developing AMA's relationships with outside groups.

General Principles

The AMA's vision and values statement should provide guidance for externally funded relationships. Relations that are not motivated by the association's mission threaten the AMA's ability to provide representation and leadership for the profession.

1. The AMA's vision and values must drive the proposed activity.

The AMA's vision and values ultimately must determine whether a proposed relationship is appropriate for the AMA. The AMA should not have relationships with organizations or industries whose principles, policies or actions obviously conflict with the AMA's vision and values. For example, relationships with producers of products that harm the public health (e.g., tobacco) are not appropriate for the AMA. The AMA will proactively choose its priorities for external relationships and collaborate in those that fulfill these priorities.

2. The relationship must preserve or promote trust in the AMA and the medical profession.

To be effective, medical professionalism requires the public's trust. Corporate relationships that could undermine the public's trust in the AMA or the profession are not acceptable. For example, no relationship should raise questions about the scientific content of the AMA's health information publications, AMA's advocacy on public health issues or the truthfulness of its public statements.

3. The relationship must maintain the AMA's objectivity with respect to health issues.

The AMA accepts funds or royalties from external organizations only if acceptance does not pose a conflict of interest and in no way affects the objectivity of the association, its members, activities, programs or employees. For example, exclusive relationships with manufacturers of health-related products marketed to the public could impair the AMA's objectivity in promoting the health of America. The AMA's objectivity with respect to health issues should not be biased by external relationships.

4. The activity must provide benefit to the public's health, patients' care or physicians' practice.

Public education campaigns and programs for AMA or Federation members are potentially of significant benefit. Corporate-supported programs that provide financial benefits to the AMA but no significant benefit to the public or that provide direct professional benefits to AMA or Federation members are not acceptable. In the case of member benefits, external relations must not detract from AMA's professionalism.

Special Guidelines

The following guidelines address a number of special situations where the AMA cannot utilize external funding. There are specific guidelines already in place regarding advertising in publications.

1. The AMA will provide health and medical information, but should not involve itself in the production, sale or marketing to consumers of products that claim a health benefit.

Marketing health-related products (e.g., pharmaceuticals, home health care products) undermines the AMA's objectivity and diminishes its role in representing health care values and educating the public about their health and health care.

2. Activities should be funded from multiple sources whenever possible.

Activities funded from a single external source are at greater risk for inappropriate influence from the supporter — or the perception of it, which may be equally damaging. For example, funding for a patient education brochure should be done with multiple sponsors if possible. For the purposes of this guideline, funding from several companies, but each from a different and noncompeting industry category (e.g., one pharmaceutical manufacturer and one health insurance provider), does not constitute multiple-source funding. The AMA recognizes that for some activities the benefits may be so great, the harms so minimal and the prospects for developing multiple sources of funding so unlikely that single-source funding is a reasonable option. Even so, funding exclusivity must be limited to program only (e.g., asthma conference) and shall not extend to a therapeutic category (e.g., asthma). The Board should review single-sponsored activities prior to implementation to ensure that: a) reasonable attempts have been made to locate additional sources of funds (for example, issuing an open request for proposals to companies in the category) and b) the expected benefits of the project merit the additional risk to the AMA of accepting single-source funding. In all cases of single-source funding, the AMA will guard against conflict of interest.

3. The relationship must preserve AMA's control over any projects and products bearing the AMA name or logo. The AMA retains editorial control over any information produced as part of a corporate/externally funded arrangement.

When an AMA program receives external financial support, the AMA must remain in control of its name, logo and AMA content, and must approve all marketing materials to ensure that the message is congruent with the AMA's vision and values. A statement regarding AMA editorial control as well as the name(s) of the program's supporter(s) must appear in all public materials describing the program and in all educational materials produced by the program. (This principle is intended to apply only to those situations where an outside entity requests the AMA to put its name on products produced by the outside entity, and not to those situations where the AMA only licenses its own products for use in conjunction with another entity's products.)

4. Relationships must not permit or encourage influence by the corporate partner on the AMA.

An AMA corporate relationship must not permit influence by the corporate partner on AMA policies, priorities and actions. For example, agreements stipulating access by corporate partners to the House of Delegates or access to AMA leadership would be of concern. Additionally, relationships that appear to be acceptable when viewed alone may become unacceptable when viewed in light of other existing or proposed activities.

5. Participation in a sponsorship program does not imply AMA's endorsement of an entity or its policies.

Participation in sponsorship of an AMA program does not imply AMA approval of that corporation's general

policies, nor does it imply that the AMA will exert any influence to advance the corporation's interests outside the substance of the arrangement itself. The AMA's name and logo should not be used in a manner that would express or imply an AMA endorsement of the corporation or its policies.

6. To remove any appearance of undue influence on the affairs of the AMA, the AMA should not depend on funding from corporate relations for core governance activities.

Funding core governance activities from corporate sponsors, i.e., the financial support for conduct of the House of Delegates, the Board of Trustees and Council meetings, could make the AMA become dependent on external funding for its existence or could allow a supporter, or group of supporters, to have undue influence on the affairs of the AMA.

7. Funds from corporate relations must not be used to support political advocacy activities.

A full and effective separation should exist, as it currently does, between political activities and corporate funding. The AMA should not advocate for a particular issue because it has received funding from an interested corporation. Public concern would be heightened if it appeared that the AMA's advocacy agenda was influenced by corporate funding.

Organizational Review

Every proposal for an AMA corporate relationship must be thoroughly screened prior to staff implementation. Currently, all proposed corporate arrangements are reviewed by a cross-disciplinary group of senior managers called the Corporate Review Team (CRT). CRT recommendations that meet certain criteria requiring further review are forwarded to a committee of the Board of Trustees. The full Board reviews any proposals that meet defined criteria for a heightened level of scrutiny.

1. All AMA corporate arrangements will be annually reported by the Board of Trustees to the House of Delegates at the Annual Meeting in June.

It is important for the AMA to have an orderly and predictable reporting process to the Board and the House of Delegates. The Board of Trustees will present a summary report to the House of Delegates at each Annual Meeting.

2. Every new AMA Corporate relationship must be approved by the Board of Trustees, or through a procedure adopted by the Board.

Every new AMA Corporate relationship must be approved by the Board of Trustees, or through a procedure adopted by the Board. Specific procedures and policies regarding Board review are as follows: (1) The Board routinely should be informed of all AMA corporate relationships; (2) The Board should perform an annual audit of an appropriate sample of AMA corporate relations activities; (3) Upon request of a dissenting member of the CRT, any dissenting votes within the CRT, and instances when the CRT and the Board committee

differ in the disposition of a proposal, are brought to the attention of the full Board; (4) All externally supported corporate activities directed to the public, except patient materials linked to continuing medical education, should receive Board review and approval; (5) All activities that have support from only one corporation within an industry should either be in compliance with Accreditation Council for Continuing Medical Education guidelines or receive Board review; and (6) All relationships where the AMA takes on a risk of substantial financial penalties for cancellation should receive Board review prior to enactment.

3. The Executive Vice President is responsible for the review and implementation of each specific arrangement according to the previously described principles.

The Executive Vice President is responsible for obtaining the Board of Trustees' authorization for externally funded arrangements that have an economic and/or policy impact on the AMA.

4. The Corporate Review Team reviews corporate arrangements to ensure consistency with the principles and guidelines.

The Corporate Review Team is the internal, cross-organizational staff group that is charged with the review of all activities with external funding to ensure adherence to the guidelines.

The Corporate Review Team is chaired by the Vice President, Governance and Program Support, and composed of senior managers from: ethics; science; legal; finance; communications; advocacy; business products; business development; marketing; membership; and publishing.

The review process is structured to specifically address issues pertaining to AMA's policy, ethics, business practices, corporate identity and reputation. Written procedures formalize the committee's process for review of corporate arrangements.

All activities placed on the Corporate Review Team agenda have had the senior manager's review and consent, and following CRT approval will continue to require the routine approvals of the Office of Finance and Office of the General Counsel.

The Corporate Review Team reports its findings and recommendations directly to a committee of the Board.

5. The AMA's Office of Risk Management in consultation with the Office of the General Counsel will review and approve all marketing materials that are prepared by others for use in the U.S. and that bear the AMA's name and/or corporate identity.

All marketing materials will be reviewed for appropriate use of AMA's logos and trademarks; perception of implied endorsement of the external entity's policies or products; unsubstantiated claims; misleading, exaggerated or false claims; and reference to appropriate documentation when claims are made. In the instance of international publishing of *JAMA* and the *Archives* journals, the AMA will require review and approval of representative marketing materials by the editor of each international edition in compliance with these principles and guidelines.

Organizational Culture and its Influence on Externally Funded Programs

Organizational culture has a profound impact on whether and how AMA corporate relationships are pursued. AMA activities reflect on all physicians. Moreover, all physicians are represented to some extent by AMA actions. Thus, the AMA must act as the professional representative for all physicians, and not merely as an advocacy group or club for AMA members.

As a professional organization, the AMA operates with a higher level of purpose representing the ideals of medicine. Nevertheless, non-profit associations today do require the generation of non-dues revenues. The AMA should set goals that do not create an undue expectation to raise increasing amounts of money. Such financial pressures can provide an incentive to evade, minimize, or overlook guidelines for fundraising through external sources.

Every staff member in the association must be accountable to explicit ethical standards that are derived from the vision and values of the association. In turn, leaders of the AMA must recognize the critical role the organization plays as the sole nationally representative professional association for medicine in America. AMA leaders must make programmatic choices that reflect a commitment to professional values and the core organizational purpose.

Responsibility

2008 AMA Annual Report



helping doctors help patients



2007 annual report



We are pleased to share with you the 2007 Annual Report of the American Medical Association (AMA). Last year—our organization's 161st—our members were strongly united in their attention to the most important issues in patient care, practice management and the profession.

In this report, you'll read the stories of five such members who do more than practice medicine—their contributions extend to enhancing the medical profession and improving the health of all patients. While these stories represent only a handful of our activities, they illustrate the impact the AMA and its members have on issues that are as diverse as the physicians we serve.

2006 ANNUAL REPORT

