



ASAM American Society *of*
Addiction Medicine

ASAM Policies & Procedures



ASAM American Society *of*
Addiction Medicine

ASAM Elected Officer and Board of Directors Position Descriptions

Approved 2016

President and Board Chair

The President serves as the Chief Elected Officer of the organization and partners with the Executive Vice President/Chief Executive Officer to achieve the organization's mission. He/she provides leadership to the Board of Directors, encouraging the Board's role in planning, financial accountability, fundraising, evaluation of the Chief Executive, and evaluation of program performance.

The President chairs the Board and Executive Council meetings and works with staff to develop the agenda. He/she helps guide and mediate Board actions with respect to organization priorities, and governance concerns.

Eligibility to serve: The office of the President is succeeded by the President-Elect.

Term: The term of office shall be two (2) years.

Qualifications to run:

- Is well acquainted with the organization, its history, mission, current role, finances, programs and services, constituency and staff; understands the external forces that affect the organization.
- Possesses the ability to inspire a shared vision for the mission of the organization.
- Willing to participate and be active identifying, cultivating and soliciting donors.
- Has demonstrated energy, commitment and support for Society's mission.
- Must be willing to devote the necessary time to fulfill responsibilities of the Office.
- Must be certified by the American Board of Addiction Medicine or be certified by the American Board of Psychiatry and Neurology in Addiction Psychiatry.

President-Elect

The President-Elect is the second-ranking elected Officer and assumes the highly elected position at the conclusion of his or her term. He or she supports the President in fulfilling the goals and objectives of the Board of Directors by providing continuity to established programs and formulating future programs for his or her own presidency. The President-Elect accepts responsibilities delegated by the President, such as representing the President at allied organization meetings, and any other duties appropriate to the presidency.

Eligibility to serve: Nominees must be from, or have served on, the Board as voting or ex-officio members without vote within the four years prior to the Annual Meeting at which the new officers are to be installed.

Term: The term of office shall be two (2) years.

Qualifications to run:

- Is well acquainted with the organization, its history, mission, current role, finances, programs and services, constituency and staff; understands the external forces that affect the organization.
- Possesses the ability to inspire a shared vision for the mission of the organization.
- Willing to participate and be active identifying, cultivating and soliciting donors.
- Has demonstrated energy, commitment and support for Society's mission.
- Must be willing to devote the necessary time to fulfill responsibilities of the Office.
- Must be certified by the American Board of Addiction Medicine or be certified by the American Board of Psychiatry and Neurology in addiction psychiatry.

Immediate Past President

The Immediate Past President shall undertake and perform duties as may be assigned by the President and shall be Chair of the Nominations and Awards Council.

Eligibility to serve: Completed term as President.

Term: The term of office shall be two (2) years).

Qualifications to run:

- Is well acquainted with the organization, its history, mission, current role, finances, programs and services, constituency and staff; understands the external forces that affect the organization.
- Possesses the ability to inspire a shared vision for the mission of the organization.
- Willing to participate and be active identifying, cultivating and soliciting donors.
- Has demonstrated energy, commitment and support for Society's mission.
- Must be willing to devote the necessary time to fulfill responsibilities of the Office.
- Must be certified by the American Board of Addiction Medicine or be certified by the American Board of Psychiatry and Neurology in Addiction Psychiatry.

Vice President

The Vice President is an elected officer position and shall succeed the President only in the absence or disability of the President and exercise the powers of the President for no longer than the existing remaining term of the President. The Vice President shall perform such other duties as may be assigned by the President. If the Vice President assumes the position of President, he or she will appoint a new Vice President with Board approval.

Eligibility to Serve:

Must be from, or have served on the Board as voting, elected alternate or ex officio member, with or without vote within the four years prior to the Annual Meeting at which the new officers are to be installed.

Term: The term of the office shall be two years. No member may hold the office of Vice President successively for more than three (3) terms.

Qualifications to run:

- Is well acquainted with the organization, its history, mission, current role, finances, programs and services, constituency and staff; understands the external forces that affect the organization.
- Possesses the ability to inspire a shared vision for the mission of the organization.
- Willing to participate and be active identifying, cultivating and soliciting donors.
- Has demonstrated energy, commitment and support for Society's mission.
- Must be willing to devote the necessary time to fulfill responsibilities of the Office.
- Must be certified by the American Board of Addiction Medicine or be certified by the American Board of Psychiatry and Neurology in Addiction Psychiatry.

Secretary

The Secretary is responsible for advising Board on parliamentary procedure in the conduct of its meetings, keeping an accurate recording of Board meeting proceedings and assuring the maintenance of non-financial records necessary to comply with applicable laws and policies of the Society.

Eligibility to serve: Nominees must be from, or have served on, the Board as voting or ex officio members without vote within the four years prior to the Annual Meeting at which the new officers are to be installed.

Term: The term of office shall be two (2) years.

Qualifications to run:

- Experience with not-for-profit volunteer Board Operations
- Experience using Robert's Rules of Order
- Has demonstrated energy, commitment and support for Society's mission
- Must be willing to devote the necessary time to fulfill responsibilities of the Office

Treasurer

The Treasurer shall be the custodian of the Society's funds from whatever source these may derive. The Treasurer or individual designated by the Board of Directors shall deposit these funds in the Society's name in such depositories as the Finance Committee, following the guidelines of the Bylaws and the Board, shall recommend. The Treasurer shall dispense funds as authorized by the Board. The Treasurer shall report an accurate account of all transactions at the Annual Meeting of the Society, and at all Board meetings.

The Treasurer shall be Chair of the Finance Council and a member of the Finance Committee.

Eligibility to serve: Nominees must be from, or have served on, the Board as voting or ex officio members without vote within the four years prior to the Annual Meeting at which the new officers are to be installed. An exception may be made in the case of a nominee for the office of Treasurer, who may be a nominee from the general membership, having qualifications for the position, and having been active on the Finance committee within the past four years.

Term: The term of office shall be two (2) years.

Qualifications to run:

- Ability to communicate the contents of financial statements and the implications of the financial data
- Has demonstrated energy, commitment and support for Society's mission
- Must be willing to devote the necessary time to fulfill responsibilities of the Office.

Regional Director

Eligibility to serve: Candidates for Director must have been active members for at least three (3) years; must have demonstrated a commitment to ASAM's mission through service on a committee, task force, or other significant national or state endeavor; and must be willing to attend two in-person and two phone Board meetings a year for four (4) years.

Term: The term of office shall be four (4) years. He or she may succeed him or herself once and may subsequently be re-elected after a hiatus of four (4) years.

Job Responsibilities:

1. Attend all ASAM Board meetings, including Board leadership development activities. Costs of attendance are to be borne by the Regional Director.
2. Review Board agenda materials in advance of meetings.
3. Represent the interests of the national Society when voting on action items. While discussion should reflect personal experience or expertise, and the experience and views of the Region, the primary responsibility of a member of the Board is the well-being of the Society as a whole.
4. When necessary, assist the ASAM office obtain chapter documents required by the ASAM auditors.
5. Participate in chapter conference calls.
6. Attend face-to-face Chapter meetings held during the ASAM Annual Conference.
7. The Regional Director and/or Alternate Regional Director will attend annual meetings for the chapters in the Region. (Chapters are strongly encouraged to reimburse the Regional Directors for travelling costs, whenever possible.)
8. The Regional Director and/or Alternate Regional Director will foster the development of Chapters in their Region by:
 - a. Contacting Chapter Presidents who have had significant attendance at their meetings and by relaying these "tools of success" to other Chapter Presidents.
 - b. Assisting in membership recruitment in their Region. (Board Approved).

The Regional Director is responsible for notifying the Alternate Regional Director and the Executive Vice President if the Regional Director cannot attend a Board meeting.

Directors-at-Large

Eligibility to serve:

Term: The term of office shall be four (4) years. He or she may succeed him or herself once and may subsequently be re-elected after a hiatus of four (4) years.

Job Responsibilities:

1. Attend all ASAM Board meetings, including Board leadership development activities. Costs of attendance are to be borne by the Director-at-Large
2. Review Board agenda materials in advance of meetings.
3. Represent the interests of the national Society when voting on action items. While discussion should reflect personal experience or expertise, the primary responsibility of a member of the Board is the well-being of the Society as a whole.

At the request of a Director-at-Large, a Regional Alternate Director may attend in the absence of the requesting Director-at-Large. The Director-at-Large is responsible for notifying a selected Alternate Regional Director and the Executive Vice President if the Director-at-Large cannot attend a Board meeting.

Regional Alternate Director

A Regional Alternate Director is expected to attend Board meetings in the absence of the Regional Director. An Alternate Regional Director may attend in the place of a Director-at-Large, but may not vote.

Installation of Incoming Board

Incoming Officers and Directors shall be installed at the end of the first Annual Business Meeting of the Society following their election and remain in office until the conclusion of the Annual Business Meeting four years hence.

Incoming members not already on the Board will attend the last meeting of the outgoing Board, as non-voting observers.



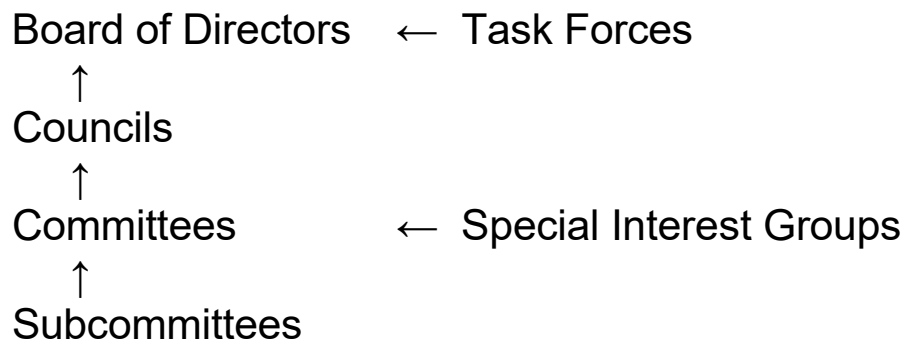
ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Councils, Committees, Subcommittees, Task Forces and Special Interest Groups

*Created October 2012
Updated October 2013
Updated February 2014
Updated June 2015
Updated November 2015
Updated July 2017
Updated July 2018
Updated April 2020*

Organizational Structure



Councils

- Councils are organizational structures of the Society that carry out the mission of the Society and oversee the execution of the strategies and the attainment of the operational objectives determined by the Board.
- Councils may have oversight of one or more Committees.
- Councils are Chaired by an elected or ex-officio member of the Board and are composed of members as their charter describes.
 - The Chair of the Executive Council will be assumed by the President.
 - The Chair of the Finance Council will be assumed by the Treasurer.
 - The Chair of the Nomination and Awards Council will be assumed by the Immediate Past President.
 - The Chair of the Public Policy Coordinating Council will be assumed by the President-Elect.
 - Effective April 2021, the Chair of the Constitution and Bylaws Council will be assumed by the Secretary.
 - Chair of the Chapters Council will be assumed by an elected member of the Board
 - Chair of the Membership Council will be assumed by an elected member of the Board
- Each Council has a Charter that identifies the work of the Council, the focus of expertise required, the estimated annual time commitment of its Chairs and members as well as associated term limits.
- Term limits may be different between the members of different Councils depending on the uniqueness of expertise or other factors. This flexibility is needed to ensure the adequate succession planning.
- Councils receive staff support.
- Council will report activities of their work, along with the Committees and other groups that report to them, to the Board on an annual basis.
- Chairs and Vice Chairs of Councils are appointed by the President and shall be approved by the Board.
- Members of Councils are appointed by the Chair and approved by the Board.
- Effective April 2023, no member can Chair or Vice Chair more than one Council.
- Creation of Councils require Board approval.

A compendium of Councils and their charges are attached.

Committees

- Committees are structures under Councils that support the Council in carrying out their charge.
- Committees are composed of members who meet the criteria outlined in the Committee charge.
- Each Committee has a Charter that identifies the work of the Committee, the focus of expertise required, the estimated annual time commitment of its Chairs and members as well as associated term limits.
- Term limits may be different between the members of different Committees depending on the uniqueness of expertise or other factors. This flexibility is needed to ensure the adequate succession planning.
- Committees receive staff support.
- Chairs and Vice Chairs, with the exception of the Ethics Committee, are appointed by the President, and shall be approved by the Board.
- A recommendation for the Chair and members of the Ethics Committee is presented by the Nominations and Awards Council for Board Approval.
- The President shall consult with the Council Chairs when selecting Committee Chairs.
- Members of Committees are appointed by the Chair and approved by the Board.
- Creation of Committees require Board Approval.

A compendium of Committees and their charges are attached.

Subcommittees/Writing Committee

- Subcommittees or Writing Committees are appointed by Councils or Committees.
- Subcommittees or Writing Committees work on tasks or issues within the scope of the Council or Committee's charge.
- Members can be comprised of members and non-members.
- Each Subcommittee or Writing Committee has a Charter that identifies the work, the focus of expertise required, the estimated annual time commitment of its members and associated term limits for its members.
- Subcommittees or Writing Committees may be time limited based on the scope of work.
- Subcommittees receive staff support.
- Creation of Subcommittees or Writing Committees do not require Board approval.

Task Forces

- Task Forces are created by the President to address a special issue or need.
- A Task Force may report to the Board or to a Committee or Council.
- The term is time limited based on the project scope.
- The Task Force is dissolved after their charge is completed.
- Creation of a Task Force requires Board Approval.

Special Interest Groups

- Special Interest groups are concerned with the needs of a subset of patients; to address a particular aspect of substance use and addiction; or to address a medical condition or co-morbidity of addiction.
- Special Interest Groups serve as a function of advancing the interest and involvement of groups of members.
- Special Interest Groups do not receive direct staff support.
- If a Special Interest Group wishes for ASAM to take on a specific project, a proposal should be made to the respective Committee or Council to determine how to proceed.
- Only members of the Society may be members of Special Interest Groups.
- Creation of Special Interest Groups require Board approval.

A compendium of Special Interest Groups and their charges are attached.

Assessment

The Board will periodically assess charters, structure and composition of the Society's Councils, Committees and Special Interest Groups to:

- Ensure alignment with the strategic direction of ASAM.
- Evaluate the effectiveness of group.
- Ensure the appropriate number of members.
- Validate the expertise/background needed from its members.
- Ensure diversity and representation.
- Promote opportunity to identify and cultivate future leaders.

Criteria for Creation of a New Council or Committee

- The function of the Council or committee must have an ongoing need
- The work of the Council or committee must not be addressed by another committee or council.
- The work of the Council or committee must be aligned with the strategic framework.
- The charge of the Council or committee will have to be better served as a Council or committee, and not as a Subcommittee/Writing Group or Task Force
- The Council or committee should have reasonable and sustainable fiscal and staff support that is within budget.

Criteria for Sunsetting a Council or Committee

- The purpose no longer aligns with the strategic framework.
- The work has been assumed by another group which is better aligned within the organizational structure.
- The activity, product or program under the group's Charter is discontinued.

Criteria for Creation of Special Interest Groups

- There must be a member to serve as the Chair and organizer of the group.
- There must be at least 10 members who have agreed to participate in the group.
- The group must convene either virtually or in person at least twice per year.

Criteria for Sunsetting Special Interest Groups

- The topic is no longer relevant
- The Board has charged a Committee, Council, Task Force or some other entity oversight of the special interest area.

General/ Parliamentary

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the committee or council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Medical Education Council

Reporting Structure: Reports to the Board of Directors

Charge:

To utilize the ASAM Education strategy map and maintain a diverse education portfolio that supports competency-based learning for ASAM target audiences.

Overview of Key Activities or Tasks:

- Provide strategic guidance and direction for ASAM's education programs, activities, resources and practices to improve the quality of addiction medicine care for patients with addiction
- Provide oversight to education program planning committees and periodically review ASAM's education portfolio/products to assess its breadth and response to the educational needs of practitioners
- Apply adult learning principles and identify innovative approaches to maintain quality while achieving scale and expanding access to educational activities
- Provide guidance and frameworks for recruiting, onboarding, supporting and assessing faculty for ASAM's education activities
- Select the recipient of "Educator of the Year" award through nomination and voting process
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed

Requested Skills/Abilities/Experience:

- Serve as Chair, Vice-Chair, or member of one of the ASAM educational program planning committees
- At least two years serving as faculty for ASAM education activities
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- An annual, face-to-face strategic planning retreat (1-2 days), typically in late summer or Fall
- One to four one-hour MEC video conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education programs, activities or committee engagement
- One to three times a year, be available to potentially review education planning committee strategies, content, or serve as faculty

Suggested number of members: 7 - 11

Required member composition: If not already elected as a member of the Board, the Chair shall serve as an *ex-officio* member of the Board without vote. All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair. Term extensions in excess of these limits may be approved only upon a majority vote by the Board of Directors.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: Effective April 2023, no member can Chair or Vice Chair more than one Council

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Annual Conference Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development, review, and ongoing improvement of the Annual Conference's abstract-based educational content while ensuring addiction medicine competencies, identified learner needs, and trends in the field are adequately covered.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of review processes, educational formats, and submitter or presenter resources
- Participate in the review of submitted abstracts, session/poster materials, and live session or poster presentations
- Review and design of learner needs assessment
- Strategize and assist in identifying target learner audiences and educational priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- Critical reading and abstract evaluation skills
- Experience with writing or reviewing abstracts preferred
- Experience with delivery or review of oral and poster presentations
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- Two to four one-hour video conference calls per year, depending on need and one one-hour in-person meeting at the Annual Conference
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- Review sixty to eighty abstracts during the first round of abstracts and fifteen to thirty abstracts during the second round of abstracts
- Review materials for three to five accepted sessions and ten to fifteen accepted posters prior to the conference and again onsite
- Participation as a conference buddy also strongly encouraged

Suggested number of members: 13 - 18

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

- If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.
- Up to three government agencies may be invited to provide a non-voting agency representative to the committee

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Continuing Certification Program Committee (*formerly Maintenance of Certification Committee*)

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development and ongoing improvement of ASAM's Maintenance of Certification (MOC) or Continuing Certification Program (CCP) portfolio while meeting the requirements established by ABPM and other ABMS boards.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of MOC/CCP-related content or resources
- Review ASAM's MOC offerings to ensure that ASAM offers an adequate amount of content for each topic provided by the ABPM
- Understand and ensure education activities meets requirements established by ABPM and other ABMS boards for inclusion in their MOC/CCP programs
- Identify potential strategic partnership opportunities to increase MOC/CCP offerings
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- Participated in a MOC or CCP program with any medical board for at least two years
- Current knowledge and understanding of ABPM MOC requirements and guidelines
- Board-certified in at least one medical specialty and/or sub-specialty (Addiction Medicine- certified with ABPM preferred)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- One to two, one-hour video conference calls per year, depending on need
- Review one MOC activity every year to ensure compliance with designated MOC guidelines and regulations
- Attend the ABPM informational session at the ASAM Annual Conference, and attend an ABPM MOC meeting at the Annual Conference if needed
- Be available to review information and materials from the ABPM as needed and/or to attend an ABPM meeting in Chicago as needed

Suggested number of members: 3 - 5

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Continuing Medical Education Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To ensure that all direct and joint provided CME educational activities are in full compliance with the Accreditation Council for Continuing Medical Education (ACCME) Guidelines, Essentials and Standards for Commercial Support while aiming to maintain accreditation with commendation.

Overview of Key Activities or Tasks:

- Understand and ensure education activities meet requirements in ASAM's role as an ACCME-accredited provider
- Contribute clinical expertise and strategic direction on the review of direct and joint provided applications and materials for awarding AMA PRA Category 1 CME credits
- Ensure identification of potential conflicts of interest and managing these conflicts for the ASAM Medical Education Council, activity planning committees and activity faculty (anyone in a position to control the content of an educational activity) in order to produce balanced, and scientifically-based CME products that are free of commercial interest (as defined by the ACCME)

Requested Skills/Abilities/Experience:

- Knowledge of ACCME Guidelines, Essentials and Standards for Commercial Support
- Board certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and up-to-date on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- One to four one-hour video-conference calls per year, depending on need
- Review five to ten direct and joint provided applications per year
- Participate in one session per year held during the ASAM Annual Conference to conduct review of educational activities
- Participate in one to two activity audits per year
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement

Suggested number of members: 7 - 9

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



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Addiction Medicine

Charter Document

Name of Group: Criteria Education Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

(Note: This committee also provides quarterly information updates to The ASAM Criteria Steering Committee.)

Charge:

To oversee the development, ongoing improvement and evidence-based updates of ASAM Criteria Course content and related activities and products.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of content, curriculum, and resources
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Identify potential strategic partnership and funding opportunities
- Oversee the creation of subcommittees or task forces to assist in the development of online and print content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least three years of experience applying the ASAM Criteria in a clinical setting
- Experience working with agency administrators, clinical staff, medical staff and support staff to implement the ASAM Criteria
- At least three to five years of recent experience in the field of addiction
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- One to four one-hour video-conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- One to three times a year, be available to potentially review education planning committee strategies, content, or serve as faculty

Suggested number of members: 7 – 9

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one-two reappointment (s) of additional 3 years. Total term limit is 6 years as a member

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Fundamentals of Addiction Medicine Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development, ongoing improvement and evidence-based updates of ASAM's Fundamentals of Addiction Medicine workshop and curriculum including both live and enduring activities.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development/review of content, curriculum, and resources for training non-addiction medicine specialists, including primary care providers and behavioral health specialists
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Identify potential strategic partnership and funding opportunities
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least five years of clinical experience treating patients with addiction
- Board-certified in Addiction Medicine (if applicable)
- Experienced in small and large group facilitation
- Ambassador for ASAM and current on ASAM policies/positions
- Substantial portfolio providing education about addiction medicine

Estimated Time Commitment/Requirement for Participation:

- One to six one-hour video conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- One to three times a year, be available to potentially review education planning committee strategies, content, or serve as faculty

Suggested number of committee members: 7 - 9

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one-two reappointment (s) of additional 3 years. Total term limit is 6 years as a member.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Motivational Interviewing Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development, ongoing improvement and evidence-based updates of ASAM's Motivational Interviewing workshop and curriculum including both live and enduring activities.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of content, curriculum, and resources
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Identify potential strategic partnership and funding opportunities
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least two years practicing Motivational Interviewing at a proficient level or MINT-certified
- Board-certified in Addiction Medicine (if applicable); Board-certified in Addiction Psychiatry (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- One to six one-hour video-conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- One to ten hours of content development for motivational interviewing educational activities
- One to three times a year, be available to review education planning committee strategies, content, or serve as faculty

Suggested number of committee members: 5 - 7

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Pain and Addiction: Common Threads Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development, ongoing improvement and evidence-based updates of ASAM's pain and addiction education activities including both live and enduring courses.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of content, curriculum, and resources
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Identify potential strategic partnership and funding opportunities
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least two years treating pain and/or addiction in a clinical setting
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- Three to six one-hour video-conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- Three to five times a year, be available to potentially review education planning committee strategies, content, or serve as faculty
- Attend live Pain & Addiction course(s) and the in-person committee/faculty meetings that take place in conjunction with the live courses

Suggested number of members: 7 - 9

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and

professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Pain Management and Opioids Program Planning Committee

Reporting Structure: Reports to Medical Education Council

Charge:

To oversee the development, ongoing improvement, delivery, and evidence-based updates of ASAM's Pain Management and Opioids education activities while addressing all aspects of FDA Blueprint for Opioid REMS Education.

Overview of Key Activities or Tasks:

- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Contribute clinical expertise and strategic direction on the development of content and resources
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least two years' experience treating pain and addiction
- Has an individual registration with the DEA to prescribe controlled substances
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- One to four one-hour video conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- One to three times a year, be available to potentially review education planning committee strategies, content, or serve as faculty

Suggested number of members: 3 - 5

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Review Course Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the delivery and ongoing improvement of the Review Course in Addiction Medicine while ensuring addiction medicine exam topics and identified learner needs are adequately covered.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of review processes, educational formats, and submitter or presenter resources
- Strategize and assist in identifying target learner audiences and educational priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least three years of clinical or research experience in the field of addiction medicine
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- Two to four one-hour video-conference calls per year, depending on need and one one-hour in-person meeting at the Annual Conference.
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement

Suggested number of members: 5 - 7

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: State of the Art in Addiction Medicine Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development, ongoing improvement and evidence-based updates of ASAM's State of the Art education activities.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of content, curriculum, and resources
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Identify potential strategic partnership and funding opportunities
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least two years of experience in clinical addiction medicine research
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- Two to five one-hour video-conference calls, depending on need, in the twelve month period preceding a live State of the Art course
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- Participate in the review or development of content, strategies or resources one to three in the twelve month period preceding a live State of the Art Course
- Attend and provide feedback on the live State of the Art Course when it is held once every two to three years

Suggested number of members: 7 - 9

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Treatment of Opioid Use Disorder Course Program Planning Committee

Reporting Structure: Reports to the Medical Education Council

Charge:

To oversee the development, ongoing improvement and evidence-based updates of ASAM's Treatment of Opioid Use Disorder education activities while meeting federal waiver training requirements as applicable.

Overview of Key Activities or Tasks:

- Contribute clinical expertise and strategic direction on the development of content, curriculum, and resources
- Strategize and assist in identifying target learner audiences and training priorities
- Understand and ensure education activity meets requirements in ASAM's role as an ACCME-accredited provider and in obtaining additional CE credit types as needed
- Serve as faculty, provide faculty recommendations and approvals, and assist with faculty training
- Identify potential strategic partnership and funding opportunities
- Oversee the creation of subcommittees or task forces to assist in the development of content, resources, or tools needed to address specific gaps as they arise

Requested Skills/Abilities/Experience:

- At least two years prescribing buprenorphine in an office-based setting
- Board-certified in Addiction Medicine (if applicable)
- Ambassador for ASAM and current on ASAM policies/positions

Estimated Time Commitment/Requirement for Participation:

- One to four one-hour video conference calls per year, depending on need
- Available to lead staff by phone or email for input/feedback on strategies involving education activities or committee engagement
- One to three times a year, be available to potentially review education planning committee strategies, content, or serve as faculty

Suggested number of committee members: 7 - 9

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair*: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one-two reappointment (s) of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: If a committee member or chair for some reason is unable to fulfill their duties or term, they may resign or be replaced.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Publications Council

Reporting Structure: Reports to the Board of Directors

Charge:

The Publications Council is charged with overseeing all ASAM publications. This work includes selecting editors of publications and working with the editors to select authors and contributors. The Council also identifies publication topics, evaluates proposals for new publications, ensures adequate publisher performance, and regularly furnishes the Board of Directors with updates on publication activities.

Overview of Key Activities or Tasks:

The Council oversees the writing and publishing of the following Society publications: *Handbook on Pain and Addiction*; *Principles of Addiction Medicine*; *Essentials of Addiction Medicine*; *Handbook of Addiction Medicine*; and, *Journal of Addiction Medicine*. The Council also oversees development of new publications: *ASAM History Book*, *Pocket Addiction Medicine*, and others of the Council's choosing. The Council also manages ASAM Weekly.

Requested Skills/Abilities/Experience:

Council members should have addiction medicine experience and familiarity with the writing and publishing process.

Estimated Time Commitment/Requirement for Participation:

The Council meets as necessary, with no regularly scheduled meetings.

Required member composition:

If not already an elected member of the Board, the Chair shall serve as an *ex-officio* member of the Board without vote.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Suggested number of members: 6 (including one chair and one vice-chair)

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair. Term extensions in excess of these limits may be approved only upon a majority vote by the Board of Directors.

Term Limits for Members:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member. Term extensions in excess of these limits may be approved only upon a majority vote by the Board of Directors.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: ASAM Weekly Committee

Reporting Structure: Reports to the Publications Council

Charge:

The ASAM weekly is an email publication delivered every Tuesday to ASAM members and over 50,000 subscribers. The ASAM Weekly committee aggregates and summarizes news from a variety of sources and provides broad editorial commentary to support the electronic newsletter.

Overview of Key Activities or Tasks:

- Aggregates weekly news from a variety of third-party news sources and scientific publications
- Summarizes selected stories from an ASAM perspective
- Based on ASAM advertising guidelines, reviews advertising as requested
- Coordinates with ASAM staff to compile and track news used for publication

Requested Skills/Abilities/Experience:

- Member in good standing
- Ability to identify and summarize trending news that may be relevant to ASAM Weekly subscribers
- Journal or editorial writing experience is helpful
- Must be able to meet publication deadlines on a weekly basis

Estimated Time Commitment/Requirement for Participation:

- Two to four hours a week reviewing and summarizing recommended content for committee members
- Two to four hours of editorial writing and news review for Editor-in-Chief
- Content summaries are completed by Thursday the week prior to publication.
- Editorial commentaries are completed by Friday the week prior to publication.

Suggested number of members: Three to five members, including the ASAM Weekly Editor-in-Chief

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair*: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair/Editor.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Committee may direct and develop alternative derivative products and publications to support the ASAM Weekly Subscription base.

Board of Directors Approval Date: July 15, 2020



Charter Document

Name of Group: Essentials of Addiction Medicine Committee

Reporting Structure: Reports to the Publications Council

Charge:

The Essentials of Addiction Medicine Committee is responsible for writing, revising, and overseeing the publishing of the Essentials of Addiction Medicine.

Overview of Key Activities or Tasks:

- Revise content from previous editions of the Essentials of Addiction Medicine
- Write new content for the next edition of the Essentials of Addiction Medicine
- Work with publisher to review and approve proofs for publishing

Requested Skills/Abilities/Experience:

- Addiction medicine expertise
- Writing skills
- Publishing experience

Estimated Time Commitment/Requirement for Participation:

Committee members will be responsible for writing content and reviewing publishing proofs. Calls will be scheduled as needed to review content or plan for revisions.

Suggested number of members: 2 - 5

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: One edition term with the opportunity for two reappointments of an additional edition each. Total term limit is 3 editions.

Term Limits for Members: One edition term with the opportunity for two reappointments of an additional edition each. Total term limit is 3 editions.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: ASAM Handbook of Addiction Medicine Committee

Reporting Structure: Reports to the Publications Council

Charge:

The ASAM Handbook of Addiction Medicine Committee is responsible for writing, revising, and overseeing the publishing of the *ASAM Handbook of Addiction Medicine*.

Overview of Key Activities or Tasks:

- Revise content from previous editions of the Handbook
- Write new content for the next edition of the Handbook
- Work with publisher to review and approve Handbook proofs for publishing

Requested Skills/Abilities/Experience:

- Addiction medicine expertise
- Writing skills
- Publishing experience

Estimated Time Commitment/Requirement for Participation:

- Committee members will be responsible for writing content and reviewing publishing proofs.
- Calls will be scheduled as needed to review content or plan for revisions.

Suggested number of members: 2

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair*: 5-year term with the opportunity for one reappointment of an additional 5 years. Total term limit is 10 years as Chair.

Term Limits for Members: 5-year term with the opportunity for one reappointment of an additional 5 years. Total term limit is 10 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: ASAM Handbook of Addiction Medicine Committee

Reporting Structure: Reports to the Publications Council

Charge:

The ASAM Handbook of Addiction Medicine Committee is responsible for writing, revising, and overseeing the publishing of the *ASAM Handbook of Addiction Medicine*.

Overview of Key Activities or Tasks:

- Revise content from previous editions of the Handbook
- Write new content for the next edition of the Handbook
- Work with publisher to review and approve Handbook proofs for publishing

Requested Skills/Abilities/Experience:

- Addiction medicine expertise
- Writing skills
- Publishing experience

Estimated Time Commitment/Requirement for Participation:

- Committee members will be responsible for writing content and reviewing publishing proofs.
- Calls will be scheduled as needed to review content or plan for revisions.

Suggested number of members: 2

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair*: 5-year term with the opportunity for one reappointment of an additional 5 years. Total term limit is 10 years as Chair.

Term Limits for Members: 5-year term with the opportunity for one reappointment of an additional 5 years. Total term limit is 10 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Pocket Addiction Medicine Committee

Reporting Structure: Reports to the Publications Council

Charge:

The Pocket Addiction Medicine Committee is responsible for writing content for *Pocket Addiction Medicine* as well as reviewing and approving proofs for publishing.

The Wolters Kluwer Pocket Notebook series is a go-to resource for all healthcare professionals. It provides essential clinical information in a high yield, easy-to-use format. There are currently 15 titles in the Pocket Notebook series with some notable examples: *Pocket Primary Care*, *Pocket Pain Medicine*, *Pocket Emergency Medicine*, and *Pocket Surgery*. The Notebooks are well received with sales of 5,000-12,000 copies over the life of an edition.

In 2018, ASAM reconfirmed its commitment to increase knowledge for healthcare professionals. The Society understands that true improvements to the addiction healthcare system are made when all health professionals are well-trained and have the necessary resources at the point of care. That in mind, ASAM is proposing the creation of an addiction medicine specific volume in collaboration with Wolters Kluwer, publisher of *ASAM Principles of Addiction Medicine* and *ASAM Essentials of Addiction Medicine*.

Overview of Key Activities or Tasks:

The committee will recruit contributors, write content, and review and approve proofs for Pocket Addiction Medicine.

Requested Skills/Abilities/Experience:

- Addiction medicine expertise
- Writing skills
- Publishing experience

Estimated Time Commitment/Requirement for Participation:

- Most time will be spent writing and reviewing proofs independently.
- Planning and review calls will be scheduled as needed.

Suggested number of members: 2

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and

professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Principles of Addiction Medicine Committee

Reporting Structure: Reports to the Publications Council

Charge:

The Principles of Addiction Medicine Committee is responsible for writing, revising, and overseeing the publishing of the *Principles of Addiction Medicine*.

Overview of Key Activities or Tasks:

- Revise content from previous editions of the *Principles of Addiction Medicine*
- Write new content for the next edition of the *Principles of Addiction Medicine*
- Work with publisher to review and approve proofs for publishing

Requested Skills/Abilities/Experience:

- Addiction medicine expertise
- Writing skills
- Publishing experience

Estimated Time Commitment/Requirement for Participation:

- Committee members will be responsible for writing content and reviewing publishing proofs.
- Calls will be scheduled as needed to review content or plan for revisions.

Suggested number of members: 3

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: One edition term with the opportunity for two reappointments of an additional edition each. Total term limit is 3 editions.

Term Limits for Members: One edition term with the opportunity for two reappointments of an additional edition each. Total term limit is 3 editions.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Public Policy Coordinating Council

Reporting Structure: Reports to the Board of Directors

Charge:

The charge of the Council is to coordinate activities among three committees:

- Legislative Advocacy Committee (LAC);
- Practice Management and Regulatory Affairs Committee (PMRAC); and
- Public Policy Committee (PPC).

Overview of Key Activities or Tasks:

The Council regularly convenes meetings of the Chairs and Vice-Chairs of ASAM's three advocacy committees to ensure ASAM's advocacy efforts are well-coordinated. By way of example, one of the Council's key tasks includes considering recommendations from the PPC regarding public policy statement development prioritization and issuing recommendations to the PPC regarding same. Additionally, on an annual basis, the Council will review, and may update, ASAM's advocacy priorities for the upcoming year and make formal recommendations to the Board regarding same.

Requested Skills/Abilities/Experience:

PPCC members should have the skills/abilities/experiences for serving as Chair or Vice Chair of the LAC, PMRAC, or PPC, as applicable.

Estimated Time Commitment/Requirement for Participation:

The Council meets bi-monthly. Each meeting is approximately 1 hour in length. Estimated preparation time ahead of each such meeting is approximately 30 minutes. Annual reviews and updates to ASAM's advocacy priorities may take up to an additional 4 hours per year.

Suggested number of members:

Membership is comprised of the President-Elect as Chair, as well as the Chairs and Vice-Chairs of the LAC, PMRAC, and PPC.

Required member composition:

The Chair of the Public Policy Coordinating Council will be assumed by the President-Elect.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair:

The Chair's term coincides with his/her term as President-Elect.

Term Limits for Members:

Members' terms coincide with his/her term as Chair or Vice-Chair of the LAC, PMRAC, and PPC, as applicable.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Legislative Advocacy Committee

Reporting Structure: Reports to the Public Policy Coordinating Council

Charge:

The Legislative Advocacy Committee (LAC) oversees ASAM's Government Relations Program and its activities.

Overview of Key Activities or Tasks:

- Oversee the coordination of Legislative Days on Capitol Hill for ASAM members
- Oversee the coordination of ASAM-sponsored events for Congressional leaders and staff on Capitol Hill and co-sponsorship of similar events initiated by affiliate organizations
- Work within coalitions
- Endorse, and/or review letters of support for or opposition to, particular Congressional bills or Administrative actions (subject to the primary federal regulatory agency jurisdiction of ASAM's Practice Management and Regulatory Affairs Committee (PMRAC))
- Monitor state and federal policies that impact access to addiction treatment
- Solicit ASAM member support for federal grassroots lobbying initiatives

Requested Skills/Abilities/Experience:

- Baseline knowledge of addiction policy governing the practice of addiction medicine
- Understanding of the federal legislative process
- State advocacy experience preferred

Estimated Time Commitment/Requirement for Participation:

- Participation in quarterly, one-hour committee conference calls
- Approximately two-four hours/month to review and comment on proposed federal legislation and related ASAM matters
- Participation in annual Legislative Days on Capitol Hill
- Participation in ASAM "grasstops" and "grassroots" activities, including attending virtual ASAM advocacy leadership trainings, developing relationships with the member's US Senators and Representatives, and submitting ASAM "call to action" electronic letters to the member's US Senators and Representative, as requested.

Suggested number of members: 15

Required member composition:

If not already an elected member of the Board, the Chair shall serve as an *ex-officio* member of the Board without vote.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair: 2-year term with the opportunity for two reappointments of an additional 2 years each. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

The Chair will designate a LAC member (who may be the LAC Chair) to serve as a member of PMRAC.

Document Approval

See LAC's Document Review Policies and Procedures

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Practice Management and Regulatory Affairs Committee

Reporting Structure: Reports to the Public Policy Coordinating Council

Charge:

The charge of the Practice Management and Regulatory Affairs Committee (PMRAC) is to respond to, and be proactive around, policies by federal regulatory agencies, public payers (e.g., Medicaid, Medicare, Tricare), private payers (e.g., national, regional and local insurers) and purchasers of health care goods and services (e.g., employers, collective bargaining units) that impact addiction prevention, treatment, and recovery. The PMRAC also houses the Billing and Coding Subcommittee, which functions as the first stop for review of CPT, billing, and coding-related issues and functions as ASAM's Specialty RVS Committee. Additionally, the Committee is charged with monitoring and developing resources to address the practice management needs of addiction medicine specialty practices to assure that they can deliver optimal quality care for the patients they serve. PMRAC has primary jurisdiction over ASAM's federal and state regulatory comment letters from regulating agencies such as CMS, HHS, DOL, DOD, and state Medicaid and health agencies.

Overview of Key Activities or Tasks:

- Oversee ASAM's federal regulatory advocacy work
- Provide practice management guidance to clinicians based on federal regulation or payer policies/practices
- Liaise with payers to promote policies that facilitate access to evidence-based addiction prevention and treatment services
- Advise the AMA CPT Editorial Panel and RUC on coding issues related to addiction medicine

Requested Skills/Abilities/Experience:

- Experience working with or for a public or private payer (e.g., state Medicaid program or commercial insurer)
- Baseline knowledge of federal regulations governing the practice of addiction medicine
- Understanding of medical billing and coding

Estimated Time Commitment/Requirement for Participation:

- Quarterly, one-hour committee conference calls
- Approximately two-four hours/month to review and comment on proposed federal regulations, ASAM letters in response to executive branch notices of proposed rules or requests for information, and/or practice management guidance documents.

Suggested number of members: 14

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: 2-year term with the opportunity for two reappointments of an additional 2 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Public Policy Committee

Reporting Structure: Reports to the Public Policy Coordinating Council

Charge:

The ASAM Public Policy Committee (PPC) is responsible for overseeing the development of ASAM Policy Statements and joint policy statements with allied organizations. It also considers and recommends endorsement of non-ASAM (external) policy statements.

Overview of Key Activities or Tasks:

- New policy statement development
- Maintenance of a current and relevant Policy Compendium
- Advice and consent regarding the endorsement of non-ASAM (external organization) policies that are consistent with ASAM policy statements.

Requested Skills/Abilities/Experience:

- Basic knowledge of addiction policy issues
- Experience writing or reviewing policy-related articles or papers

Estimated Time Commitment/Requirement for Participation:

- Participation in one-hour monthly committee calls
- Substantial participation in writing committees and review committees as needed to fulfill the committee's responsibilities
 - Writing committees require approximately four hours of work per month, including two one-hour conference calls per month, for three to six months.
 - Review committees require three to five hours of work, including one or two conference calls.

Suggested number of members: 20

Required member composition: If not already an elected member of the Board, the Chair shall serve as an *ex-officio* member of the Board without vote.

Term Limits for Chair: 2-year term with the opportunity for two reappointments of an additional 2 years each. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:Document Approval

See Public Policy Statement Development & Review Process

Document Categories

ASAM-only Statements: Commissioned by the Public Policy Coordinating Council, developed by the PPC, peer-reviewed, and approved by the ASAM Board of Directors.

Joint Statements: Developed in partnership with other organizations at the initiation of either the Public Policy Coordinating Council or leadership of the partnering organization and agreed to by the Public Policy Coordinating Council. Writing committee includes representation from each organization. Joint statements must be approved by each member organization's Board of Directors.

Endorsed Statements: Other organizations occasionally ask ASAM to endorse a policy statement that was not developed in partnership with ASAM. The PPC reviews the statement to determine alignment with ASAM policy and makes a recommendation to the Board for or against endorsement.

Board of Directors Approval Date: July 15, 2020



Charter Document

Name of Group: Nominations & Awards Council

Reporting Structure: Reports to the Board of Directors

Charge:

The Nominations and Awards Council will present a slate of candidates for officers of the Society, members of the Board of Directors and nominations for recipients of the Society's various honors and awards to the Board approval.

Overview of Key Activities or Tasks:

January

- Virtual Council call to review and finalize election slate to be presented to the Board of Directors for final approval. (Year prior to election)
- Virtual Council call to review election results and for presentation to the Board of Directors for final approval (Year of election)

August

- Council members identify and encourage submissions for ASAM honors and Awards
- Annual review and possible update to Nomination and Election Policy.

September

- Online review of nominations for recipients of ASAM honors & awards

October

- Virtual Council call to review and vote on Award recipients to be presented to the Board of Directors for final approval

December

- Online review of candidate applications (Year prior to election)

Requested Skills/Abilities/Experience:

- Demonstrated capacity to pursue focused objectives in a congenial and mutually supportive group
- Demonstrated punctuality in responding to timelines
- Breadth of knowledge of the membership of the society
- Ability to identify key contributors and major influencers within the field of addiction

Estimated Time Commitment/Requirement for Participation:

Each meeting is one hour and may require 30 minutes of preparatory time for members. Online review of nominations may require one to three hours based on the number of nominations received.

Total estimated time: 10 hours per year for meetings with additional time for candidate recruitment and review of the policy.

Estimate approximately 15 - 20 hours.

Suggested number of members: 8 - 10

Required member composition:

- Chair is the Immediate-Past President
- President serves as a member

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair:

Coincides with the Immediate Past President's term of 2 years

Term Limits for Members:

- Term for President coincides with his/her 2-year term
- 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Distinguished Fellows Selection Committee

Reporting Structure: Reports to the Nominations and Awards Council

Charge:

The Distinguished Fellows Selection Committee establishes the criteria for members to become ASAM Distinguished Fellows. The Committee is also responsible for making recommendations to the ASAM BOD or Executive Council for applicants who have met the criteria to become a Distinguished Fellow of ASAM.

Overview of Key Activities or Tasks:

May

- Virtual Meeting to review DFASAM application and criteria
- Finalize any changes and submit for approval by ASAM Board in July

August

- DFASAM Application available on Member Portal
- Deadline for submission of DFASAM application (August 31st)

September

- Committee reviews and scores applications
- Virtual Meeting to vote on applicants to receive DFASAM designation

October

- Executive Council approves committee's DFASAM recommendations
- Notify applicants of their application status

April

- New DFASAM members honored at ASAM Annual Conference

Requested Skills/Abilities/Experience:

Must be a current Distinguished Fellow of ASAM

Estimated Time Commitment/Requirement for Participation:

Each meeting is one hour and requires 30 minutes to one hour of preparatory time for members.
Total estimated time: 10 hours per year

Suggested number of members: 5 - 7

Required member composition: All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair*: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: The Ruth Fox Scholars Selection Committee

Reporting Structure: Reports to the Nominations and Award Council

Charge:

The Ruth Fox Scholars Selection Committee is responsible for selecting the Ruth Fox Scholarship recipients and providing/overseeing the programming and scheduling of those scholars to ensure they are provided an enriching experience while attending the ASAM Annual Conference.

Overview of Key Activities or Tasks:

- Help promote the existence of the award
- Review and score applications based on criteria the Committee has approved
- Participate in the final selection of the award recipients
- Attend the Annual Conference and participate in the programming and activities with the scholars.

Requested Skills/Abilities/Experience:

Members who work in an academic setting

Estimated Time Commitment/Requirement for Participation:

- Members participate in two conference calls per year with three in-person meetings at the ASAM Annual Conference to welcome the scholars each April.
- Each meeting is one hour and requires approximately 30 minutes of preparatory time for members prior to the call. Annual review & scoring of scholar applications require approximately two hours based on the number of applications received.

Total estimated time: 10 hours per year.

Suggested number of members: 7 - 10

Required member composition:

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair*: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Quality Improvement Council

Reporting Structure: Reports to the Board of Directors

Charge:

The charge of the Quality Improvement Council is to oversee ASAM's activities related to improving the quality of addiction treatment; performance measurement; and clinical document development including practice guidelines, supporting bi-directional communication between addiction treatment providers and researchers; and, supporting the use of clear and accurate terminology related to addiction. The Council will also be responsible for providing expert consultation on addiction treatment quality improvement issues to health care practitioners, governmental agencies, third-party payers, and others.

Overview of Key Activities or Tasks:

1. Attend and participate in monthly conference calls.
2. Identify strategic oversight for clinical guideline development including topic selection and use of consistent and rigorous methodologies.
3. Provide expert review and comments on ASAM clinical documents.
4. Nominate individuals for expert requests from external stakeholders.
5. Provide strategic oversight of ASAM's Science Initiative.
6. Oversee the work of The ASAM Criteria Strategy Committee.

Requested Skills/Abilities/Experience:

- Understanding of quality improvement challenges and solutions in the addiction field.
- Understanding of clinical practice guideline development processes.

Estimated Time Commitment/Requirement for Participation:

One-hour monthly calls. Approximately one hour per month responding to email requests from ASAM staff or the QIC Chair. Six to ten hours for review and comment on clinical documents. Estimated annual commitment: 34 hours.

Suggested number of members: 7 - 9

Required member composition:

If not already an elected member of the Board, the Chair shall serve as an *ex-officio* member of the Board without vote.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair:

3-year term with the opportunity for one reappointment for an additional 3 years. Total term limit is 6 years as Chair. Term extensions in excess of these limits may be approved only upon a majority vote by the Board of Directors.

Term Limits for Members:

Three-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member. In order to have an orderly rotation of membership, current QIC members have been appointed to terms of office with staggered end times.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



Charter Document

Name of Group: ASAM Criteria Strategy Steering Committee

Reporting Structure: Reports to the Quality Improvement Council

Charge:

The ASAM Criteria Strategy Steering Committee provides ongoing strategic direction and oversight for matters related to *The ASAM Criteria* on behalf of ASAM's Quality Improvement Council.

Overview of Key Activities or Tasks:

The Committee reviews and provides input on the following topics:

- Potential and developing business partnerships related to *The ASAM Criteria*
- Strategy for the development and update of *The ASAM Criteria* suite of products (*The ASAM Criteria* textbook, the ASAM CONTINUUM, ASAM Level of Care Certification Program) as well as any related educational materials.
- Developing the 4th Edition of *The ASAM Criteria* and future editions.

Requested Skills/Abilities/Experience:

- Understanding of *The ASAM Criteria* standards, AND
- Experience in or understanding of the implementation challenges related to *The ASAM Criteria*, or similar standards in the field of addiction medicine, OR
- Experience in business strategy development for the development and/or dissemination of products or services relevant to addiction medicine

Estimated Time Commitment/Requirement for Participation:

- The committee meets every month for an hour conference call.
- The committee is occasionally asked to review and provide feedback on content and/or strategic partnership structure related to *The ASAM Criteria* suite of products.

Suggested number of members: 8 - 10

Required member composition:

- Legacy ASAM Criteria leaders
 - Dr. Paul Earley, MD, DFASAM
 - Dr. David Gastfriend, MD, DFASAM
 - Dr. David Mee-Lee, MD, DFASAM
- The editor-in-chief of *The ASAM Criteria*
- A representative of the Quality Improvement Council
- The chair of the Level of Care Certification Overview Committee

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

Exceptions to term limits:

1. If term limits do not allow renewal of membership for the legacy ASAM Criteria leaders, these members will become “*ex-officio*” members with no term limits. The “*ex-officio*” position will **exclude** voting rights.
2. The editor-in-chief of *The ASAM Criteria* will be a full member of the committee with voting rights for the duration of their term as the editor-in-chief.

General/ Parliamentary:

Committees and Councils will follow Robert’s Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

The committee may choose to change the meeting schedule to a less/more frequent schedule depending on the urgency of ongoing projects.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Membership Council

Reporting Structure: Reports to the Board of Directors

Charge:

The Membership Council is responsible for supporting the vision, mission and goals outlined in the strategic plan. The Council identifies member challenges and needs and develops key strategies, to provide insight on membership recruitment, engagement and retention. The Council will assess and recommend products, services, and programs that will add value to the membership. The Council establishes and reviews membership criteria and makes recommendations to the Finance Council for the establishment of annual dues amounts.

Overview of Key Activities or Tasks:

1. Collaborates with staff liaison in order to provide recommendations on membership recruitment, engagement and retention programs
2. Develop and implement actions as assigned in the strategic plan in order to achieve objectives and goals
3. Provide input on the strategic plan annually through Board and staff liaison
4. Monitors monthly membership statistics and trends
5. Develop engagement opportunities of existing members
6. Propose strategies for re-engagement of lapsed members
7. Council members develop and participate in bi-annual membership surveys to gauge member opinion

Requested Skills/Abilities/Experience:

Desire to advance the mission of the organization

Estimated Time Commitment/Requirement for Participation: One-hour monthly calls with 15 to 30 minutes of preparation time. Meet one to two hours during ASAM's Annual Conference. Estimated annual commitment: 24 hours per years.

Suggested number of members: 5 – 7

Required member composition:

An elected member of the Board will Chair the Membership Council.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse

practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair:

Term to coincide with the term of the Board appointment. Total term limit shall not be more than 8 years as Chair (maximum of two 4 year terms).

Term Limits for Members:

Members are appointed for a 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Physicians-In-Training Committee

Reporting Structure: Reports to the Membership Council

Charge:

The Physicians-in-Training Committee seeks to serve medical students and residents in the following ways: continuous improvement of addiction medicine core competencies in medical schools, residency programs, and fellowships; increasing involvement of members-in-training at the state chapter level; ongoing communication between members-in-training and the ASAM national office; and encouraging participation in the AMA-Resident Physician Section and the AMA-Medical Student Section.

Overview of Key Activities or Tasks:

Abstract submission for the Addiction Medicine Career Development Workshop at the ASAM Annual Conference

Requested Skills/Abilities/Experience:

Committee members should be ASAM members and have a longitudinal history in academic medicine.

Estimated Time Commitment/Requirement for Participation:

- Quarterly meetings with the leaders of the Philadelphia Medical Schools in conjunction with SAMSHA and other organizations.
- Members participate twice a year, with 1 in-person meeting at the ASAM annual conference each April. The Fall meeting is virtual.
- Each meeting is 1 hour and requires approximately 30 minutes of preparatory time for members. Total estimated time: 3 hours per year.

Suggested number of members: 5 - 7

Required member composition:

If not already an elected member of the Board, the Chair shall serve as an *ex-officio* member of the Board without vote.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair*: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as a member.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Chapters Council

Reporting Structure: Reports to the Board of Directors

Charge:

The charge of the Chapters Council is to serve as a conduit for information and communication between ASAM national and its Chapters, to assist in the delivery of membership benefits, and to promote and build membership of ASAM at the national and chapter levels. The Council will be responsible for working with ASAM National to address state laws and regulations that affect the delivery of and access to addiction medicine.

Overview of Key Activities or Tasks:

Council Members will attend and participate in monthly conference calls, host a meeting for members within their Chapter during the ASAM Annual Conference, participate in the Chapter leadership meeting during the ASAM Annual Conference, and attend in the Chapter Leadership Forum meeting held in DC, when offered.

Council members are expected to participate in organizational surveys when needed and provided review and comment on draft Public Policy documents.

Requested Skills/Abilities/Experience:

Assumed by the election or appointment of their position (Chapter President, Membership Council, and Regional Directors).

Estimated Time Commitment/Requirement for Participation: One-hour monthly calls with 15 to 30 minutes of preparation time. Three to four hours during ASAM's Annual Conference. Eight hours plus travel for meeting in DC. Three to six hours for review and comment on National issues.

Estimated annual commitment: 36 hours

Suggested number of members: Dictated by the number of ASAM Chapters, members of the Membership Council, and ASAM Regional Directors.

Required member composition:

- An elected member of the Board will Chair of the Chapters Council.
- Members of the Chapters Council are comprised of Chapter Presidents of each ASAM Chapter.
- Membership Council Members and ASAM Regional Directors serve as *ex-officio* members.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair: Term to coincide with the term of the Board appointment. Total term limit shall not be more than 8 years as Chair (maximum of two 4-year terms).

Term Limits for Members: Determined by the terms of their Chapter President, Membership Council or Regional Director.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Constitution & Bylaws Council

Reporting Structure: Reports to the Board of Directors

Charge:

The Council will be responsible for ensuring the Constitution and Bylaws documents are current. Amendments to these documents may originate with the Constitution and Bylaws Council or with any other Standing Council or Committee. All proposals to amend the Constitution or Bylaws must be approved by the Council, which shall bring them to the Board for adoption.

The Constitution and Bylaws Council is also responsible to ensuring Board Policies and Procedures are concordant with the ASAM Constitution and Bylaws.

Overview of Key Activities or Tasks:

Review existing documents to ensure concordance. Provide suggested language to remove discrepancies. Review proposed changes to documents, identify potential consequences and revise language to provide clear guidance within the documents.

Requested Skills/Abilities/Experience:

Understanding of or interest in organizational Governance structure.

Estimated Time Commitment/Requirement for Participation:

Number of meetings per year depend on annual work plan schedule and number of needs that arise during the year. Estimate is approximately 10 hours per year.

Suggested number of members: 7 - 9

Required member composition:

Effective April 2021, the Chair of the Constitution and Bylaws Council will be assumed by the Secretary.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: Coincides with the Secretary term of 2 years with reappointment (if re-elected) for one additional term of 2 years.

Term Limits for Members: Members are appointed for a 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Executive Council

Reporting Structure: Reports to the Board of Directors

Charge:

The Executive Council shall act on behalf of the Board of Directors as necessary between meetings of the Board. The Executive Vice President/CEO serves as an *ex-officio* non-voting member of the Executive Council.

Overview of Key Activities or Tasks:

In addition to the service of other Committees or Councils as outlined in the ASAM Bylaws, the Officers of the organization shall participate in regularly scheduled conference calls with staff to keep abreast of issues, strategies and relationships and will provide guidance and take actions as necessary. The Chair shall report Executive Council actions to the Board prior to each Board meeting.

Requested Skills/Abilities/Experience: Requirements are outlined for each elected position.

Estimated Time Commitment/Requirement for Participation:

Thirty minutes of preparation time for each of the regularly scheduled calls. One-hour participation time for each of the calls. One-hour preparation time for four Board meetings per year. Additional time for follow-up actions resulting from calls. Estimated time is approximately 30 hours per year specific to Executive Council responsibilities.

Suggested number of members: 7

Required member composition:

- The ASAM President will Chair the Executive Council.
- The Officers of the Society (Immediate Past President, President-Elect, Vice President, Secretary and Treasurer) along with the Executive Vice President/CEO shall constitute the members of the Executive Council.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair: Coincides with term as President

Term Limits for Members: Coincides with term as elected officer and term as EVP/ CEO

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information:

Board of Directors Approval Date: July 15, 2020



Charter Document

Name of Group: Finance Council

Reporting Structure: Reports to the Board of Directors

Charge:

The Finance Council shall supervise all funds, securities, and other assets of the Society. The Council will monitor the annual budget and associated expenditures, report the current financial state of the Society at each Board meeting, and meet annually with the Auditor to review and understand the audited statements of the Society. The Council will ensure adherence to and make recommended changes to the Board approved Financial Policies.

Overview of Key Activities or Tasks:

March

- Virtual Committee Meeting to review the annual audit results with the Auditor

April

- In-person and Virtual Committee Meeting to review Finances and Investments
- Chair to Participate in Board Orientation when there are new Board members

July

- Virtual Committee Meeting to review Finances and Investments

Fall

- In-person and Virtual Committee Meeting to review Finances, Investments and Policies
- *Advisors invited for in person presentation

December

- Virtual Committee Meeting to review proposed Budget for next fiscal year

Other

- Special meetings as needed

*2013 Investment Advisors were chosen. The Council decided to re-evaluate through the RFP process every 7 to 10 years.

Requested Skills/Abilities/Experience:

- MBA desired but not required
- Experience overseeing or managing finances of an organization
- Ability to understand financial statements

Estimated Time Commitment/Requirement for Participation:

Each meeting is one to two hours and requires 30 minutes to one hour of preparatory time for members.

Total estimated time: 15 hours per year.

Must be able to commit to participating in the above activities.

Suggested number of members: 8 - 10

Required member composition:

- Chair is the elected Treasurer.
- President and President-Elect serve as members.

All committee members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients

Term Limits for Chair: Coincides with the Treasurer term of 2 years with reappointment (if re-elected) for one additional term of 2 years.

Term Limits for Members: Members are appointed for a 3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years.

General/ Parliamentary:

Committees and Councils will follow Robert's Rules of Order as a guide to run and facilitate meetings.

Participation/Expectations:

Committee and Council Members are expected to fully participate including attendance at all conference calls and on-site meetings. Members should efficiently work with the Chair and staff to meet all deadlines and to further the work of the Committee or Council. Chairs are empowered to add and remove members at their discretion within the bounds of the Bylaws. Chairs and Vice Chairs serve at the discretion of the President.

Additional Information: Effective April 2023, no member can Chair or Vice Chair more than one Council.

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Addiction Consult Special Interest Group

Reporting Structure: Reports to the Membership Council.

Charge:

The charge of the Addiction Consult Special Interest Group is to improve care for patients with substance use disorders admitted to inpatient hospitals by facilitating collaboration of consult medical directors, sharing of tools and protocols and serving as a platform for advocacy.

Overview of Key Activities or Tasks:

Requested Skills/Abilities/Experience:

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in person meetings annually.

Suggested number of members:

There shall be a minimum of at least 10 members

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members:

No Limit

Additional Information:

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Child & Adolescent Addictions Special Interest Group

Reporting Structure: Reports to the Membership Council

Charge:

The charge of the Child & Adolescent Addictions Special Interest Group is to promote the prevention, education and treatment of childhood and adolescent addiction disorders.

Overview of Key Activities or Tasks:

Requested Skills/Abilities/Experience:

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in person meetings annually.

Suggested number of members:

There shall be a minimum of at least 10 members

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members:

No Limit

Additional Information:

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Criminal Justice Special Interest Group

Reporting Structure: Criminal Justice Special Interest Group reports to the Membership Council.

Charge:

The charge of the Criminal Justice Special Interest Group is to:

- 1.) Serve as a venue for sharing of information about the health care needs of criminal justice-involved persons with substance use disorders (SUD). Possible topics include data about the availability and quality of medical care for incarcerated persons with SUD, the preparedness of correctional health care staff to care for patients, availability of treatment including medications for opioid use disorder, post-incarceration plans for continuing care, and addiction treatment opportunities for individuals with SUD within community corrections.
- 2.) Sharing relevant articles, reports, and resources with the ASAM membership, through appropriate reporting/educational channels, so members are informed and sensitive to the issues concerning individuals with SUD who are involved in the criminal justice system.
- 3.) Share examples of partnerships whereby ASAM members may help educate correctional personnel in addiction medicine, and aim to foster additional linkages and opportunities for interested ASAM members.

Overview of Key Activities or Tasks:

The Criminal Justice SIG is a platform for sharing information, thoughtful discussion and debate, and fostering partnerships and connections related to addiction medicine care for individuals involved in the criminal justice system. In addition to serving as an online message board for exchange of information, the SIG will hold quarterly journal clubs on relevant articles to further support knowledge sharing and best practices. If members are interested, additional activities might include partnership on scholarly activity including development of proposals for the ASAM annual conference and/or development of webinars or other learning resources.

Requested Skills/Abilities/Experience:

No expertise or skills required other than membership in ASAM and a genuine interest in SUD treatment for individuals involved in the criminal justice system.

Estimated Time Commitment/Requirement for Participation:

No minimum requirement. Participating only by joining the message board is acceptable. For members interested in more active engagement, there will be quarterly journal clubs and at least one virtual or in-person meeting annually, aligned with the ASAM Annual Conference.

Suggested number of members:

There shall be at least 10 members

Required member composition:

Must be a current ASAM member

Term Limits for Chair(s):

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair(s).

Term Limits for Members: No Limit

Additional Information:

(Ideal to include link to the SIG online community once available- through ASAM website if possible)

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Medical Toxicology Special Interest Group

Reporting Structure:

Medical Toxicology Special Interest Group reports to the Membership Council.

Charge:

Overview of Key Activities or Tasks:

Requested Skills/Abilities/Experience:

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in person meetings annually.

Suggested number of members:

There shall be a minimum of at least 10 members

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members:

No Limit

Additional Information:

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Nicotine & Tobacco Special Interest Group

Reporting Structure:

Nicotine & Tobacco Special Interest Group reports to the Membership Council.

Charge:

The charge of the Nicotine & Tobacco Special Interest Group includes the following:

- 1.) To develop and help ASAM implement policy on nicotine and tobacco.
- 2.) To conduct educational programs on nicotine and tobacco.
- 3.) To conduct focused data gathering activities (ad hoc on nicotine and tobacco).

Overview of Key Activities or Tasks:

Requested Skills/Abilities/Experience:

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in person meetings annually.

Suggested number of members:

There shall be a minimum of at least 10 members

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members:

No Limit

Additional Information:

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Opioid Treatment Program Special Interest Group

Reporting Structure: Reports to the Membership Council

Charge:

Advance the treatment and understanding of opioid treatment programs (OTP).

Overview of Key Activities or Tasks:

- Increasing the memberships understanding and support of OTP's.
- Collaboration with AATOD and other influential organizations.
- Influence of government agencies and third party players for parity with this model.

Requested Skills/Abilities/Experience:

Experience in, or a desire to work in an OTP setting. Familiarity with SAMHSA's federal guidelines surrounding the 42 CFR 8.12.

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in-person meetings annually.

Suggested number of members:

There shall be a minimum of at least 10 members

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: No Limit

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Physicians Health Special Interest Group

Reporting Structure: Reports to the Membership Council

Charge:

To address issues related to identification, diagnosis, treatment and monitoring of physicians and other healthcare professionals with substance use disorders and to assure leadership by organized medicine in programs involving health, well-being, and impairment of physicians and other professionals.

Overview of Key Activities or Tasks:

1. Maintain up-to-date, comprehensive information on developments in physician health impacting diagnosis and treatment of and recovery from substance use and other addictive disorders.
2. Monitor new research in physician health and changes in regulatory approaches and monitoring of physician and other healthcare practitioners.
3. Promote inclusion of special needs of healthcare professionals with substance use disorders in curricula for all medical trainees, especially those training in addiction medicine or addiction psychiatry.
4. Periodically review and revise, if needed, ASAM's Public Policy on Physician Health.

Requested Skills/Abilities/Experience:

Experience in evaluation, treatment and/or monitoring of physicians with substance use disorders

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in-person meetings annually

Suggested number of members:

There shall be a minimum of at least 10 members.

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: No Limit

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Primary Care and Family Medicine Special Interest Group

Reporting Structure: Reports to the Membership Council

Charge:

To promote addiction education for primary care physicians

Overview of Key Activities or Tasks:

- Work with the American Academy of Family Physicians; Society of Teachers of Family Medicine; The Society of General Internal Medicine; and, other groups to offer addiction medicine education or for their members to attend ASAM educational activities.
- Encourage ASAM members to become involved in their state and national primary care organizations and to promote the treatment of addiction by members of these organizations
- Promote prescribing of buprenorphine by primary care physicians
- Help to serve as liaisons between ASAM and primary care organizations

Requested Skills/Abilities/Experience:

- An active member of AAFP, STFM, SGIM or other groups
- A willingness to connect with the leadership of these organizations

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in person meetings annually

Suggested number of members:

There shall be a minimum of at least 10 members.

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: No Limit

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Twelve-Step Recovery Special Interest Group

Reporting Structure: Reports to the Membership Council

Charge:

To develop a knowledge base and recommend actions to the ASAM Board regarding (1) options for improved education and research on the role of Twelve-Step programs in addiction recovery; (2) ways to help bridge the gap that often arises between the Twelve-Step rehabilitation community and bio-medically-oriented practitioners.

Overview of Key Activities or Tasks:

1. Integrate recent research findings into the existing body of knowledge on Twelve Step-based recovery. This involves review of empirical studies with the SIG members.
2. Develop a cadre of members experienced in clinical application of Twelve-Step recovery programs into patient care, for dissemination of its application to a broad array of addiction medicine and general medicine practitioners.
3. Promote empirical research on the optimal use of Twelve-Step groups for improved clinical outcome.
4. Develop optimal techniques for integrating Twelve-Step and pharmacologic approaches in practice.
5. Invite input from non-ASAM members who have appropriate expertise.

Requested Skills/Abilities/Experience:

Skills and experience to conduct the key activities and tasks

Estimated Time Commitment/Requirement for Participation:

Minimum of at least two virtual or in person meetings annually

Suggested number of members:

There shall be a minimum of at least 10 members.

Required member composition:

Must be a current ASAM member

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: No Limit

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Charter Document

Name of Group: Women & Substance Use Disorders Special Interest Group

Reporting Structure: Women & Substance Use Disorders Special Interest Group reports to the Membership Council.

Charge:

Women have unique experiences across all ages, life stages and trajectories of substance use due to gender-distinct expectations, biology, and socio-cultural roles. The group strives to promote expertise and sensitivity to the varying life stages of women as they relate to the prevention, screening, and treatment of substance use disorders. Furthermore, we place an emphasis on all reproductive stages of women and substance use disorders, including the antenatal, prenatal, and post-partum periods, as well as parenting. These reproductive stages are critical to the propagation of addiction, alcoholism, substance use disorders, and the consequences thereof, across generations. The threshold for harm is often lower during these stages, thus requiring different standards and goals for screening and treatment.

Overview of Key Activities or Tasks:

The groups' purpose is: 1) To advocate for women's issues within ASAM; 2) To provide expertise to ASAM on women, gender, reproduction, and pregnancy; 3) To provide expertise on the above areas to outside organizations, including professional, community, and policy organizations, on behalf of ASAM; 4) To disseminate knowledge on women and substance use disorders to the public; 5) To promote clinical and research collaboration on topics related to women and substance use disorders; 6) To advise on matters of curriculum, knowledge base, and certification requirements of the topics of women, gender, reproduction, pregnancy, and parenting in the field of addiction medicine.

Requested Skills/Abilities/Experience:

Estimated Time Commitment/Requirement for Participation: Participation in at least two virtual or in-person meetings annually.

Suggested number of members: There shall be a minimum of at least 10 members

Required member composition:

All special interest group members must be ASAM members (including all eligible membership categories) and represent the interests of various healthcare specialties and professions including physicians, nurse practitioners, physician assistants, pharmacists, social workers/counselors, fellows, residents, medical students, and patients.

Term Limits for Chair:

3-year term with the opportunity for one reappointment of an additional 3 years. Total term limit is 6 years as Chair.

Term Limits for Members: No Limit

Additional Information: None

Board of Directors Approval Date: July 15, 2020



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Universal Disclosure of Interests and Affiliations

Approved July 2018



ASAM American Society of
Addiction Medicine

Universal Disclosure of Interests and Affiliations

The American Society of Addiction Medicine (ASAM) has adopted a disclosure policy and implemented procedures to ensure the integrity of its policies, positions, publications, educational programming and other services. The identification and disclosure of an interest does not necessarily indicate that the individual has a conflict of interest. An individual may still be able to participate in ASAM activities if an identified interest creates a potential conflict of interest, as long as the interest is disclosed and determined to be a manageable conflict.

DEFINITIONS:

- 1) **Significant interest:** A relationship or arrangement is considered significant if the individual receives:
 - a. Compensation which includes cash, shares, and/or anything else of value including direct ownership of shares, stock, stock options or other interest of 5% or more of an entity or valued at \$10,000 or more (excluding mutual funds), whichever is greater;
 - b. Gifts, travel, lodging, meals, honorariums, goods and services from a position as director, trustee, proprietor, officer, managing partner, consultant, or (full- or part time) employee.
- 2) **Modest interest:** a relationship or arrangement is a considered modest if it is less than significant under the preceding definition.
- 3) **Unpaid Relationship:** A relationship or an arrangement considered unpaid if the individual does not receive monetary reimbursement. This includes voluntary positions with other organizations.
- 4) **Commercial Interest:** Defined by ACCME as a relationship or arrangement with any entity producing, marketing, reselling or distributing health care goods or services consumed by, or used by patients is considered a commercial interest; Does not consider direct patient care to be commercial interest.
- 5) **Immediate family member:** Immediate family members include spouse/significant other, children and parents or a member of the household. For purposes of this disclosure, we consider relevant relationships of these individuals to be ones that you are aware of.

INSTRUCTIONS:

Please answer each question below and sign and date the statement at the end of this form. If the answer to any of these questions is "Significant" or "Modest" specify the information requested in the space provided. If more space is needed, please attach additional pages.



ASAM American Society of
Addiction Medicine

Universal Disclosure of Interests and Affiliations
DISCLOSURE QUESTIONS

Name:

1. List any business or any organization that you or an immediate family member have an interest in that has provided goods or services to ASAM within the last 3 years, or that you expect to provide within the next 1 year, describe the relationship and the level of interest [refer to definitions on page 1].
2. List any business or organization that you or an immediate family member have an interest that competes with ASAM's products or services, describe the relationship and the level of interest [refer to definitions on page 1].
3. List all sources of your professional income (e.g., private practice; consultation; employment by a clinic, HMO, hospital, medical school, etc.). For each source, list the entity, briefly describe the work you do and the percentage of your income.
4. List organizations and your role for which you serve as an officer, trustee or director of, or are involved in public representation and advocacy (including lobbying) on behalf of any organization other than ASAM or an ASAM Chapter.
5. Please indicate below if you or an immediate family member have any interest that derives from service/status as an officer, trustee, director, proprietor, partner, (full or part-time) employee, grant recipient, or consultant for any health care or health-related business or organization.
6. Please list below any interests, affiliations, arrangements or relationships that you or your immediate family members have that could lead to questions about your motives in connection with your work on behalf of ASAM if such interest were made public.

7. Please indicate below any relationships within the last 12 months that could be relevant to the topics or issues addressed in or implicated by ASAM's policy statements.
8. Indicate financial relationship you or your spouse have with a commercial interest [review definition on page 1] within the past 12 months. Please list company, what was received, whether it was significant or modest interest, and for what role. (Example: ABC company, received modest honoraria for speaking at conference)
9. Please indicate below any a) civil judgments (excluding medical malpractice), b) licensure revocations or suspensions, c) arrests, indictments, or convictions for any criminal offenses, or d) disciplinary actions by any medical board or medical society currently pending against you or on record within the past ten years.
10. Please describe any other information you believe is important to disclose.

Statement of Compliance

I have reviewed, and agree to comply with, ASAM's Universal Disclosure Policy and Procedures. I have identified all interests and affiliations about which information has been requested. I certify that the answers that I have provided to these questions are truthful and I agree to update this statement within 30 days to reflect any changes.

I understand that I am required to disclose any potential conflict of interest to ASAM before engaging in any ASAM related activities. Any perceived conflicts not addressed by self-disclosure or recusal will be managed by ASAM. If requested, the Ethics Committee will assist in evaluating potential conflicts of interest.

Print Name:

Signature:

Date:



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Code of Conduct

Approved: April 2017

ASAM Board of Directors
Code of Conduct

Page 1 of 2

1. I understand and will exercise the fiduciary responsibilities of duty of care, duty of loyalty and duty of obedience.

Care:

- Act on behalf of and in the best interests of organization
- Make statements about and on behalf of the organization and its activities that are based in truth and fact.
- Ensure “reasonable care” of the organization (what a prudent person would do in similar circumstances)
- Act honestly
- Make reasonable inquiries
- Be informed about affairs of organization and are presumed to have such knowledge
- Maintain confidentiality of information

Loyalty:

- Act in best interests of organization above all other interests
- Support decisions of the Board
- Avoid conflicts that could cause bias

Obedience

- Follow articles, bylaws, policies and procedures, and external laws

2. I will conduct the business affairs in the best interests of ASAM with good faith, honesty, integrity, due diligence, and reasonable competence. I will not use any information acquired as a consequence of my service in any manner other than in furtherance of my ASAM duties.
3. I will identify and update my annual conflict of interest disclosure form to disclose any potential conflicts of interest and update it within 30 days when changes occur. I will verbally declare any potential conflicts of interest which have not been cited on my disclosure if I am if deliberating a position in which there is a vested interest, and, as required, recuse from all discussion and voting on such matters.
4. I will uphold the strict confidentiality of all meetings, deliberations and communications of the board of directors. I will not divulge, reproduce, transmit, or otherwise disclose any confidential information related to the affairs of ASAM. I will continue the obligations of confidentiality with respect to information I acquired during my tenure.
5. I will exercise proper authority and good judgment in my dealings with association members, staff, suppliers, and the general public and will not solicit or accept gifts, honoraria, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment to such donor with respect to matters pertaining to ASAM.
6. I will read agenda materials in advance of meetings and come prepared to actively participate. I will also perform my assigned duties in a professional and timely manner.
7. I have reviewed the ASAM Board of Director’s Code of Conduct and pledge to uphold the tenets throughout my tenure and beyond as outlined above. I understand that violations of this code may result in actions including dismissal from the Board.

Sign name:

Print name:

Date:



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

ASAM Antitrust Compliance Policy

Created July 2018



ASAM American Society of
Addiction Medicine

ASAM Antitrust Compliance Policy

The American Society of Addiction Medicine (“ASAM”) is a non-profit, national scientific organization committed to its mission of improving health and quality of life through the practice of medicine. ASAM is organized to promote education, research and communication in the field of addiction medicine while also providing strong leadership in the development of health care policy.

ASAM has a strict policy of compliance with federal and state antitrust laws. The antitrust laws prohibit agreements among competitors that restrain trade, and ASAM members can be considered to be competitors for purposes of antitrust challenges even if their practices are not in the same geographic areas or in the same product lines. The penalties for violations of the antitrust laws are severe for medical societies and their members.

In all ASAM activities, each member, as well as ASAM staff, shall be responsible for following ASAM’s policy of strict compliance with the antitrust laws. ASAM officers, directors, committee chairs, and executive staff shall ensure that this policy is known and adhered to in the course of activities pursued under their leadership, including but not limited to membership decisions; ethics and disciplinary actions; board of directors and committee meetings; negotiations with vendors, suppliers, and third party payors; the development of practice guidelines and other standards; and the allocation of exhibit space at ASAM meetings. Antitrust compliance is the responsibility of every ASAM member and ASAM staff.

General Antitrust Compliance Principles

ASAM will not become involved in the competitive business decision of its individual members, nor will it take any action that would tend to restrain competition. The ASAM is firmly committed to the principle of competition served by the antitrust laws, and good business judgment demands that every effort be made to assure compliance with all applicable federal and state antitrust laws and trade regulations.

ASAM members cannot come to understandings, make agreements, or otherwise concur on positions or activities that in any way tend to raise, lower, or stabilize prices or fees, allocate or divide up markets, or encourage or facilitate boycotts. Individual ASAM members must make business decisions on their own and without consultation with their competitors or ASAM.

The antitrust laws are complicated and often unclear. If any member is concerned about being in a “gray area,” the member should consult with ASAM. If the conversation among competitors at an ASAM meeting turns to antitrust-sensitive issues, participants should discontinue the conversation until legal advice is obtained or leave the meeting immediately.

Discussions of pricing or boycotts as part of ASAM-scheduled programs or at ASAM-sponsored meetings could implicate and involve ASAM in extensive and expensive antitrust challenges and litigation. In addition, the U.S. Supreme Court has determined that an association can be held liable for statements or actions in antitrust-sensitive areas by volunteer leaders who claim to speak for the association, even if they are not authorized to speak in that area. Directors and officers of the ASAM must, therefore, make clear whether they are speaking in their official capacity when they address such issues; by contrast, if they are making personal remarks outside of an ASAM setting, the speaker should clearly state that he or she is speaking for him or herself, and not on behalf of ASAM.

To assist ASAM staff, officers, directors and committee chairs in recognizing situations that may give the appearance of an antitrust concern, the Board of Directors shall provide to each such person, copies of this Antitrust Compliance Policy. In addition, the ASAM’s Antitrust Statement shall be referenced at the start of each meeting where ASAM business will be discussed, and this action will be noted in the minutes of the meeting.

Any violation of the antitrust policy will be brought to the attention of the Board of Directors, and the Board will deal with it in a timely and appropriate manner. The Board of Directors will consult with legal counsel when questions arise as to the manner in which the antitrust laws may apply to the activities of ASAM.

Specific Rules of Antitrust Compliance

1. ASAM activities shall not be used for the purpose of bringing about, or attempting to bring about, any understanding or agreement, written or oral, formal or informal, expressed or implied, among competitors with regard to prices or fees, terms or conditions of sale, discounts, territories or customers. For example, any agreement by competitors to “honor,” “protect,” or “avoid invading” one another’s geographic areas, practice specialties, or patient lists would violate the law.
2. ASAM activities and communications shall not include discussion or actions, for any purpose or in any fashion, of fees, prices or pricing methods or other limitations on either the timing of services or the allocation of territories or markets or customers in any way. For example, ASAM members cannot come to understandings, make agreements, or otherwise concur on positions or activities that are directed at fixing prices, fees, or reimbursement levels. Likewise, ASAM members cannot make agreements as to whether they will or will not enter into contracts with certain suppliers, vendors, exhibitors, corporate sponsors, or third-party payors, including Medicare. Even if no formal agreements are reached on such matters, discussions of prices, group boycotts, or market allocations followed by parallel conduct in the marketplace can lead to antitrust scrutiny or challenges. Members may, however, consult with each other and freely discuss the scientific and clinical aspects of the practice of medicine.

They may also take steps to educate third party payors and others about the efficacy of specific medical or surgical procedures and the effect of various reimbursement levels on the availability of such services.

3. ASAM shall not undertake any activity that involves exchange or collection and dissemination among competitors of any information regarding prices, pricing methods, cost of services or labor, or sales or distribution without first obtaining the advice of legal counsel, when questions arise as to the proper and lawful methods by which these activities may be pursued. For example, caution should be exercised in collecting data on usual and customary fees, managed care reimbursement levels, workforce statistics, and job market opportunities. While the mere collection of data on such matters is permissible if certain conditions are met, antitrust concerns may arise if the data become the basis for collective action.
4. Societies shall not adopt or implement membership criteria, ethics standards, practice guidelines, or other standards that unreasonably restrain trade or improperly limit the professional opportunities of ASAM members or others.

In summary, ASAM activities and communications shall not include any discussion or action that may be construed as an attempt to:

- (1) raise, lower, or stabilize prices;
- (2) allocate markets or territories;
- (3) improperly prevent any person or business entity from gaining access to any market or to any customer for goods or services;
- (4) boycott any person or business entity, including third party payors;
- (5) foster unfair trade practices;
- (6) assist in monopolization; or attempts to monopolize; or
- (7) in any way violate applicable federal or state antitrust laws and trade regulations.

The actual purpose and intent of ASAM's policies and programs are important in this regard. They cannot be aimed at accomplishing anti-competitive objectives.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

ASAM's Delegate to the AMA Position Description

Created October 2018



ASAM American Society of
Addiction Medicine

ASAM's Delegate to the AMA Position Description

Appointment:

The AMA Delegate is appointed by the President and approved by the Board of Directors.

Eligibility to Serve:

Must meet one of the following criteria:

- Must be from, or have served, on the Board as voting or ex officio member within the last two years prior to the appointment to serve as Delegate
- Must be from, or have served on, an ASAM Committee involved in the issues likely to be addressed within the House of Delegates.
- Assumes the role of Delegate after serving as Alternate Delegate

Term: Continuity of service from the AMA Delegate is essential to building relationships and to influencing others. This position does not have a term limit. The term should be periodically reviewed with a planned transition when the Delegate rotates away from the position.

Qualifications of Delegate:

- Must be an AMA Member in good standing.
- Is well acquainted with ASAM's mission and strategy.
- Has demonstrated energy, commitment and support for ASAM's mission.
- Understands and can articulate ASAM's public policies and positions.
- Proven ability to debate issues and influence others.

Responsibilities:

- Serves as ex-officio member of the ASAM Board of Directors, if not already serving in an elected role.
- Must be willing to travel to and fully participate in the AMA's annual and interim meetings, including representing ASAM to the Preventive Medicine Section Council. In instances which the Preventive Medicine Section Council meeting conflicts with other relevant Section Council meetings, ASAM's Delegate may determine the attendance by the Delegate and Alternate Delegate at each relevant section council.

- Will review all reports and resolutions and prepare to speak on behalf of all issues related to addiction medicine, education, policy and other topics of interest to ASAM.
- Strategizes with Alternate Delegate and ASAM Staff to ensure adequate representation during the Reference Committees and other essential meetings.
- Provides written highlights report of House of Delegates meetings and presents the information to ASAM Board.
- Cultivates promising leaders and helps them gain representative and leadership positions within the AMA
- Recruits new AMA members and helps to retain current AMA members to ensure ASAM maintains its representation to the House of Delegates.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

AMA Delegation Action Guidelines and Procedures

Created and approved September 2019

ASAM Delegation to the American Medical Association House of Delegates

Delegate Action Guidelines and Procedures

Background

As of July 2019, ASAM has been allocated two delegates and up to two alternate delegates to represent ASAM in the AMA House of Delegates, which may change from time to time (collectively, the “ASAM Delegation”). The AMA House of Delegates (HOD) is the American Medical Association’s policymaking body. The ASAM Delegation works on behalf of ASAM to submit, co-sponsor, provide testimony on, including voicing support or opposition to, resolutions and reports in connection with HOD annual and interim meetings.

ASAM may or may not have an applicable national position (i.e., policy statement or national advocacy precedent) on AMA Resolutions or Reports submitted before or during HOD meetings. Therefore, it is necessary for the ASAM Delegation to adhere to approval guidelines and procedures, as detailed below, when representing ASAM at HOD annual and interim meetings.

Proposed Resolutions for Submission or Co-Sponsorship Prior to a HOD Annual or Interim Meeting

From time to time, a majority of the ASAM Delegation may decide to submit, or co-sponsor, a resolution to the HOD for consideration.

Said resolutions must not contradict ASAM national’s position on an issue (i.e., policy statement or national advocacy precedent).

The Executive Council (EC) will be given 48 hours’ notice to review any such proposed resolution and a majority of the EC would need to vote in support for the submission to be approved. No response by a member of the EC prior to the given deadline will be deemed approval by that EC member.

Providing Testimony on Resolutions and Reports During HOD Annual and Interim Meetings

ASAM delegates are free to testify on any proposed AMA Resolutions or Reports in the HOD if the nature of the testimony aligns with ASAM national’s position (i.e., policy statement or advocacy precedent) on the issue.

ASAM delegates may not testify if the nature of the testimony conflicts with ASAM’s national position (i.e., policy statement or advocacy precedent) on an issue.

If ASAM national does not have a position (i.e., policy statement or advocacy precedent) on a certain issue, then the delegates may not take a position unless his/her position has been agreed to by a majority of the ASAM Delegation participating in, and present at, such HOD meeting and after current policy information is obtained from ASAM Staff or President.

The ASAM delegate may, however, provide testimony as an individual of an educational nature on the issue.

If ASAM does not have a position on a non-addiction related issue, then the ASAM delegates may freely testify as individuals.

Co-Sponsorship of Resolutions During HOD Annual and Interim Meetings

ASAM delegates are free to offer ASAM co-sponsorship of any proposed AMA Resolutions in the HOD if the position taken aligns with ASAM national's position (i.e., policy statement or advocacy precedent on the issue).

ASAM delegates may not offer ASAM co-sponsorship if the position conflicts with ASAM's national position (i.e., policy statement or advocacy precedent) on an issue.

If ASAM national does not have a position (i.e., policy statement or advocacy precedent) on a certain issue, then the ASAM delegates may not offer ASAM co-sponsorship unless co-sponsorship has been agreed to by a majority of the ASAM Delegation participating in, and present at, such HOD meeting and after current policy information is obtained from ASAM Staff or President.



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

Board and CEO Relationship

Created July 2017

Board and CEO Relationship

Defining the Relationship

The EVP/CEO is accountable to the Board acting as a body. The Board will instruct the EVP/CEO, through written policies, delegating reasonable interpretation and implementation to the EVP/CEO.

All Board authority delegated to staff is delegated through the EVP/CEO, so that all authority and accountability of staff--as far as the Board is concerned--is considered to be the authority and accountability of the EVP/CEO.

CEO Assessment

The performance of ASAM and its Executive Vice President/CEO are closely linked. The EVP/CEO's competence, commitment, integrity and representation of the association are central to his or her performance. The Board of Directors has tremendous influence over the EVP/CEO's ability to carry out assigned duties and strategic initiatives by its actions, or failures to act.

Therefore, the Board of Directors and Executive Council has a shared responsibility in its annual evaluation of EVP/CEO performance.

The purpose of EVP/CEO Performance Review is:

- EVP performance is a shared responsibility between the Board and the EVP.
- The performance review process is part of fulfilling the Board's fiduciary duty.
- The performance review process is a means of assuring and enriching communication between the Board and EVP.
- The performance review is tied to the organization's strategic plan.
- The performance review gives the EVP clear understanding of expectations for performance and results, with priorities determined in advance.
- The performance review process provides early warning if something is going off track in the relationship with the EVP or if expectations are changing.

Process and Timeline:

1. Prior to the November meeting of the ASAM Board of Directors, the President will work with the EVP/CEO to update the evaluation tool to be used for the assessment.
2. The online assessment tool will be provided to all Board members and every Board member is expected to complete the survey by the deadline.
3. THE EVP/CEO will prepare an assessment of progress towards achieving current goals and outline projected goals for the coming year. The report will also provide the CEO/EVP's assessment of environmental or internal changes that may have aided or impeded the planned progress, as well as needed adjustments going forward.

4. Survey results will be tabulated into a composite summary and provided to the Executive Council, along with the EVP/CEO progress report.
5. The Executive Council will meet with the EVP/CEO during the Board meeting to review the results, provide additional feedback, and agree on goals and priorities for the coming year.
6. The President will report to the Board the outcomes of the evaluation meeting at its January meeting.

American Society of Addiction Medicine (ASAM)

Succession Policy:

**Procedures for the Appointment of an Acting or
Replacement Executive Vice President (EVP) in the Event
of an Unplanned Absence or Permanent Change**

October 2017

Approved by the ASAM Board of Directors:

January 17, 2018

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Background and Rationale:

The ASAM Board of Directors (BOD) recognizes that a policy for contingencies due to the disability, death or departure of the Executive Vice President (EVP) represents sound governance practices. While the BOD acknowledges that the absence or departure of the EVP is highly improbable and certainly undesirable, it also believes that due diligence in exercising its governance functions requires that it have an executive succession plan in place. It is expected that this plan will ensure continuity in external relationships and in staff functioning.

The adoption of this succession policy document by the ASAM BOD will authorize the organization to immediately enact a series of steps that will help the organization to continue its services without interruption during times of short-term absences and following a termination of the EVP.

There are three situations that can result in a vacancy in the EVP position:

- A short-term leave of absence
- A long-term leave of absence
- A permanent vacating of the position

The remainder of this document details the steps the organization will take in each of these circumstances.

This policy document will be reviewed annually by the Executive Council and forwarded to the full BOD for its vote and approval.

A position description for the EVP/CEO is also included as an appendix to this document.

Succession Plan in the Event of a Temporary, Unplanned Absence:

A temporary absence is one of less than three months in which it is expected that the EVP will return to his or her position once the events precipitating the absence are resolved. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave such as in the cases of an extended period of illness and recovery.

The BOD authorizes the Executive Council to implement the terms of this emergency plan in the event of the unplanned short-term absence of the EVP.

In the event of an unplanned absence of the EVP, the COO, or the highest ranking staff member in the event that the COO is unavailable, is to immediately inform the President of the absence. As soon as it is feasible, the President will convene a meeting of the Executive Council to affirm the procedures prescribed in this policy statement and make any modifications as the Officers deem appropriate for the circumstances of the situation.

At the time that this policy statement is approved, the position of Acting EVP would be Carolyn Lanham, Chief Operating Officer. Should Carolyn Lanham be unable to serve, the back-up appointee for the position of Acting EVP will be Arlene Deverman, Chief Learning Officer.

The EVP shall develop a mentoring plan for training the identified staff in each of the priority functions of the EVP which are listed in the EVP position description in Appendix A. The

identified staff member will also develop a mentoring plan for their staff who will assume additional responsibilities in the event that s/he moves into the Acting EVP position.

The person appointed as Acting EVP shall have the full authority for decision-making and independent action as the EVP of the organization. The Acting EVP, at the discretion of the ASAM Officers, may be offered a temporary salary increase or offered a bonus in a mutually negotiated amount to be paid during the Acting EVP period. Should the Officers choose to secure an independent interim EVP, the Officers are authorized to pay a fee for such services as deemed reasonable and appropriate to assure the organization is provided quality leadership without interruption.

The ASAM President is responsible for supervising and monitoring the work of the Acting EVP. Immediately upon transferring the responsibilities to the Acting EVP, the ASAM President will notify staff, members of the BOD and key volunteers. As soon as feasible, the Acting EVP and ASAM President will communicate the temporary leadership structure to key external supporters which included, but are not limited to, government contracts officers, foundation program officers, federal stakeholders and major donors.

The decision about when the absent EVP may return to the position shall be determined by the Officers in consultation with the President and the absent EVP. They will decide upon a mutually agreed upon schedule and return date. A reduced schedule for a set period of time can be allowed, by approval of the ASAM President, with the intention of working back to a full-time commitment over a reasonable period of time appropriate to the circumstances necessitating the short-term absence.

Succession Plan in the Event of a Long-Term, Unplanned Absence:

A long-term absence is one that is expected to last more than three months but no longer than one year in length. The procedures and conditions to be followed shall be the same as for a short-term absence with the additions described in the remainder of this section.

The Executive Council will give immediate consideration, in consultation with the Acting EVP, to temporarily fill the management position left vacant by the Acting EVP, if the Acting EVP is currently an employee of the organization.

In the event that an independent third party has been selected as Interim EVP, the Executive Council is authorized to extend the contract up to one year from the date of hire with payment of additional fees as deemed appropriate and reasonable by the EC.

The decision about when the absent EVP may return to the position shall be determined by Officers in consultation with the Acting/Interim EVP and the absent EVP. They will decide upon a mutually agreed upon schedule and return date. A reduced schedule for a set period of time can be allowed, by approval of the ASAM President, with the intention of working back to a full-time commitment over a reasonable period of time appropriate to the circumstances necessitating the long-term absence.

Succession Plan in the Event of a Sudden or Permanent Change in the EVP:

A sudden or permanent change is one in which it has been firmly established that the EVP will not be returning or continuing in her/his position or has been removed from the position by the BOD.

The BOD shall appoint a Search Committee or will authorize the Executive Council to act as a Search Committee within 7 days of the BOD knowing that the position has been or will be vacated.

In the event the EVP is suddenly no longer in his/her position then the President will also implement the short-term succession plan as outlined in the earlier section of this document.

The Search Committee will determine the recruitment strategy including whether to hire a search firm or have the Committee manage the process. If a search firm strategy is selected, then the Committee will determine the scope of work, seek bids, determine fees and select a firm.

The BOD will be kept regularly informed of the proceedings, outcomes and decisions of the Search Committee.

Prior to extending a written offer of employment, the final candidate for the permanent replacement of the EVP being recommended by the Search Committee requires a presentation of the candidate and full disclosure of the employment offer for approval by a majority vote of the entire BOD.



Position Description

Date: October, 2017

Position Title: Executive Vice President/Chief Executive Officer

Reports To: Board of Directors

Position Summary:

The Executive Vice President and Chief Executive Officer implements the Board of Director's (BOD) policies and administers the organization. S/he organizes, directs and manages the financial, human and programmatic capabilities and assets of the national office, and works with the President, Board, staff, Committee Chairs, Chapter Presidents and members to achieve the Society's goals.

Responsibilities/Duties:

Strategic Planning:

In conjunction with the BOD, senior management, staff and key stakeholders, the EVP/CEO:

- Develops the strategic plan, including goals, objectives, timelines and metrics
- Interprets the strategic plan to members, Society staff and other stakeholders to assure alignment of effort and execution
- Ensures that the Society activities, policies, communications and resources support the strategic plan

Board Governance:

- Oversees the preparation of the BOD's meeting agenda, attends as ex officio member, reports on the status of the Society and its programs, and makes recommendations.
- Meets regularly with the President on issues requiring immediate attention.
- Meets regularly with Executive Council in months when the BOD does not meet and more frequently, as needed, to address Society business and issues and opportunities for decision making.

Organization Operations and Management:

- Implements the policies of the BOD.
- Establishes an effective organization structure supporting key functions and progress toward the Society's mission.
- Ensures the work of the Society is supported by effective and efficient processes for delivering quality products and services, for appropriate governance, and for an effective working environment.
- Manages the operations of the national headquarters
- Clearly articulates priorities and manages accountability of senior management and staff.
- Supervises senior department/function leads.

Financial Performance and Viability: Develops resources sufficient to ensure the financial health of the organization.

- Ensures the development with the COO and staff, an annual budget along with regular monitoring reports.
- Monitors income and expenditures, and ensures a quarterly report on the operating budget status and the investment performance to the Finance Committee and BOD.
- Assures the performance of an annual audit with timely follow-up of any identified issues in the audit.
- Assures monitoring of the performance of the investment managers and of the portfolio's performance, assuring regular review of, and adherence to, the Society's investment policies.
- Engages in fund-raising from foundations, government agencies, individuals, and corporate donors. Seeks to increase contributions for programmatic activities to support the Society's mission.

External Relations:

- The EVP/CEO is a persistent public advocate for ASAM's mission and programs, firmly and diplomatically advancing the Society's position and increasing its leadership role.
- Strengthens ties with organized medicine (e.g., AMA, medical specialty societies, specialty boards), quality improvement organizations (e.g., JCAHO, CARF, NCQA, NQF), patient organizations, and other segments of health care, and the public health community.
- Represents the Society to elected officials, regulatory bodies, federal agencies (notably NIDA, NIAAA, ONDCP, SAMHSA, CSAT, CMS, FDA, CDC, VA and DoD), other associations, foundations, the media and the public at large in a variety of public settings.
- Ensures active engagement by the Society with the media and the implementation of policies and processes so that media spokespersons represent the policies and positions of the Society.

Authority:

- Her/his authority and responsibilities are subject to the limitations contained in the Bylaws and policies of the Society, interpreted by the Board and officers.
- She/he acts as the Board's agent, and is responsible for negotiating and signing contracts.
- He/she is authorized to sign checks in amounts determined by the Society's policy.
- He/she has autonomy and authority for hiring and dismissal of employees, maintenance of a sound employee compensation and benefits program, staff development and supervision.

Works closely with:

- Senior ASAM staff
- ASAM President
- Executive Council and Board of Directors
- External Key Stakeholders

Education and Experience:

- Demonstrated executive-level, business accountability leadership with a major healthcare-related organization.
- Substantive experience with demonstrated success in strategic planning and successful financial and operations management.
- Capable of understanding the business of running a business/professional organization.
- Knowledge and understanding of state and federal legislative processes, Medicare/Medicaid, health system reform, medical economics, and the medical practice environment.
- Past or current involvement or support for charitable non-profits or foundations.
- Advanced degree in health professions, law, business or related fields.

Personal and Professional Attributes:

- A person with a demonstrated ability to successfully manage a national volunteer, mission-oriented organization (preferably a medical or health-related organization).
- Proven ability to manage financial resources and to articulate the financial position of the organization.
- Professional demeanor and presentation. Strong oral and written communications skills, including listening and presentations for diverse audiences.
- Ability to respond effectively to both routine and complex issues raised by members, patients, regulatory agencies, legislators or stakeholders.
- Demonstrated ability to develop new business efforts and transition them to organizational success.
- Team leader, player and builder. Strong human relations skills, inspiring to others. Visionary, forward thinking and innovative, capable of effective problem resolution; creative thought and encouraging others to do the same.



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

ASAM Media Relations

Approved July 2017

ASAM Media Relations Policy

Purpose

The media plays an important role in shaping the public presence of the American Society of Addiction Medicine. Media pieces impact the public's opinion, the image of the organization, and the overall understanding of ASAM's role. The media also plays a key role in providing information about addiction and treatment-related issues in general and about the specific role addiction specialists play in society.

It is vital that media relations be conducted in a professional and coordinated manner to ensure specific information is presented clearly and in a way that is consistent with the organizational identity of ASAM.

To effectively coordinate media inquiries, ASAM has established the following policies and guidelines for media-related interviews and external communications.

Policies

Media Inquiries

The ASAM media staff will coordinate media relations and promotional activities. If the media contacts a member of ASAM directly, these calls should be directed to a member of the ASAM media staff who will make appropriate arrangements to respond to the request.

Key Points to Remember When Interacting with the Media:

- Always be polite and helpful.
- Find out what the reporter needs to know and what his or her deadline is.
- Don't get drawn into providing information or opinions that breach authority guidelines or go beyond what should be provided.
- Get the reporter's phone number. It's OK to tell the reporter you'll call him or her back. Don't take a cold call from the car or another location where it is difficult to consider a response.

When needed, ASAM staff will contact the reporter on the member's behalf to coordinate and schedule the interview using our ASAM conference line so we can monitor the call and provide additional assistance if needed. The use of a coordinated conference line allows ASAM staff to properly schedule, monitor, and support our experts.

ASAM staff will provide key talking points or policy positions in advance of the member's call to support the interview as needed.

In the instance where ASAM staff was not able to monitor the interview, please follow up with who you worked with to prepare for the call to let them know how it went.

The ASAM media contact number is 301.547.4115.

Coordinating Press Releases

ASAM will prepare and distribute all information to the media including press releases and media advisories.

When an external partner wishes to prepare information for release to the media related to an ASAM coordinated project or program, ASAM staff must approve the final version of the release at least three business days prior to distribution. This advance notification ensures that ASAM staff will be able to fact check specific references to ASAM and respond positively to any press inquiries received about the announcement.

Any material prepared pertaining to ASAM activities must include the appropriate ASAM logo and must refer to ASAM staff for additional contact information.

ASAM staff will work across the organization to prepare all communications related to its activities. The other parties concerned will have final approval for all communications related to their work.

Use of Op-ed, Opinion, and Perspective Articles

If you are expressing a personal point of view on an issue not related to ASAM or your professional position, it is not appropriate to include your ASAM title or affiliation. If there is the possibility of confusion about whether you might be speaking on behalf of ASAM, it will be necessary to specifically indicate you are speaking as a private citizen and not as a representative of the society. ASAM staff can help clarify these situations and provide general guidance.

In addition, if your op-ed or letter to the editor opposes or endorses one political candidate versus another, you must add the following disclaimer to your piece: *"Opinions expressed are solely my own and do not express the views or opinions of the American Society of Addiction Medicine."*

If your op-ed or letter is published, you may receive inquiries about your stated position from the general public. In addition, ASAM may receive queries about the opinions of faculty or staff and how they relate to ASAM's official position, if any, on a particular issue. In order to be prepared to respond to such inquiries, ASAM requests you send a courtesy copy of any letter or op-ed that includes your ASAM affiliation to ASAM prior to submission to the newspaper or magazine. ASAM asks only for the courtesy of timely notice.

If an op-ed, opinion, or perspective article is being written about ASAM or from the perspective of an official ASAM representative such as an ASAM Officer, Board members or committee chair, when possible, must be reviewed by the ASAM Executive Committee at least 2 business days prior to submission. ASAM media staff can help coordinate this review process.

Using Social Media

Social media can be a powerful force for good, and we want to encourage the use of social media in positive ways. ASAM's internal review process for social media includes thoroughly vetted articles from the Journal of Addiction Medicine, the ASAM Weekly, and other reliable, non-partisan sources which follow ASAM guidelines. When you are online, we have two main requests when posting:

- Protect ASAM
- Use common sense when posting
 - be honest
 - protect privacy
 - avoid lobbying and supporting political activities
 - avoid supporting or critiquing commercial products

We expect staff and individuals in leadership to make smart decisions. This means that you are both the person in the best position to tell the world the great work ASAM is doing and the person best suited to protect ASAM from harm.

Additional Use of ASAM Logo and Name in Communications

All uses of the ASAM name and logo for external promotion must be authorized by the ASAM Marketing & Engagement Department.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Board Members Speaking at Satellite Symposia
held in conjunction with ASAM Annual Conference

Created April 2017

The Board of Directors prohibits any member of the Board of Directors from serving in any role of a Satellite Symposia except for that of an attendee who receives no type of compensation.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Use and Maintenance of Distinguished Fellow (DFASAM) Designation

Approved January 2019



ASAM American Society of
Addiction Medicine

Use and Maintenance of Distinguished Fellow (DFASAM) Designation Policy

Background:

The DFASAM designation is ASAM's highest acknowledgment that recognizes years of dedication to exceptional education, leadership and commitment to the addiction medicine specialty.

The respected "Distinguished Fellow" title is granted to select ASAM physician members for their outstanding and long sustained demonstration of competence in the field of addiction medicine, professionalism, integrity, demonstrated service, significant contribution, and noted leadership.

Use of the DFASAM Credential:

Authorized members may employ the DFASAM designation after their names as a mark of distinction and to provide a description of their unique position. The designation represents "Distinguished Fellow, American Society of Addiction Medicine."

The DFASAM credential can only be used by Distinguished Fellows in good standing with the American Society of Addiction Medicine (ASAM). The DFASAM credential is an honor. DFASAM members are expected to engage in ASAM activities and remain current with their membership dues in order to continue to use the designation. Once membership lapses, physicians are no longer allowed to display DFASAM after their name in any context. The designation is the exclusive intellectual property of ASAM. Unauthorized use of the DFASAM designation will be pursued by e ASAM.

Maintenance of DFASAM Designation:

Active members who are approved as Distinguished Fellows of the American Society of Addiction Medicine will retain the privilege of the DFASAM designation for as long as ASAM membership is retained. If an active Distinguished Fellow member allows his/her ASAM membership to lapse for greater than 1 membership cycle, the member must re-apply for the Distinguished Fellow designation. The continuous membership criteria will restart from the point the member rejoins ASAM as an active member and he/she must meet the current DFASAM criteria to reapply.

Active Distinguished Fellow members may retain the DFASAM designation when they convert to ASAM Retired member status only if active membership is maintained up to approval of change in status.

This policy is retroactive to apply to all members who were approved as Distinguished Fellows prior to January 1, 2019.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Investment Policy Statement

Originated July 23, 1996
Revised October 7, 2001
Revised March 10, 2005
Revised April 12, 2011
Revised April 24, 2014
Revised July 22, 2015
Revised April 2017
Revised October 2018
Revised April 2020

INVESTMENT POLICY STATEMENT

INTRODUCTION

This Investment Policy Statement ("IPS") has been adopted by the American Society of Addiction Medicine Board of Directors to establish guidelines for the investment of assets ("Portfolio"), from all sources, held by the Association. The IPS also incorporates accountability standards that will be used for monitoring the Portfolio's investment program and for evaluating the performance of the contracted professionals. It is the intent of the Board to see that assets are invested with all care, skill, and diligence.

The American Society of Addition Medicine ("ASAM") is a 501c3 non-profit entity. Accordingly, the income and earnings of ASAM are exempt from State and Federal taxes.

Purpose

For the purposes of facilitating operations, managing investment risk and optimizing investment returns within acceptable risk parameters, the funds held will be divided into four separate investment pools. The process for determining the dollar amount in each pool is set forth in the "Procedures" section of this document. The four investment pools shall be called the "**Operating Fund,**" "**Long Term Fund- Ruth Fox Endowment,**" the "**Long Term Fund- McGovern Endowment**" and the "**Board Designated Reserve Fund,**" The Operating Fund is unrestricted. Both Long Term Endowment Funds and the Board Designated Funds are restricted. All the Society's monies are fully invested at all times, so that the greatest return possible is realized, in accordance with the Policy's investment objectives.

1. **The Operating Fund** is defined as money received and used for annual operations.
2. **The Long Term-Ruth Fox Memorial Endowment** was established in 1990 as a living tribute to the founding President, Ruth Fox, M.D. (1895-1989). The purpose of the endowment is to build a sustainable funding source to support ASAM's Mission. The board, at its discretion, may use earnings from the Endowment to fund specific operational activities or to reinvest the proceeds to build the Board-Designated Reserve fund.
3. **The Long Term Fund- McGovern Endowment** was established in 1997 with a corpus of \$60,000 to support the John P. McGovern Award & Lecture. The award is to recognize and honor an individual who has made highly meritorious contributions to public policy, treatment, research or prevention which has increased our understanding of the relationship of addiction and society. The award consists of a commemorative medallion, a modest honorarium and travel expenses. \$5,000 from the endowment earnings are used to fund the annual award.
4. **The Board-Designated Reserve** fund is the accumulation of unrestricted surpluses for the purpose of building an operating reserve to offset planned initiatives or unanticipated circumstances. The goal, set in 2012, is to build an operating reserve ratio of 35 percent or 3 months of the annual expense budget.

Responsibilities of the Fund Representatives

Control of the investment of funds will be vested in the Board of Directors, Finance Committee, Staff, and the Investment Professionals as specified in the following levels of responsibility:

1. The **Board of Directors** will:
 - Establish and approve all investment policies for ASAM;
 - Review the investment performance of all ASAM funds on no less than a semi-annual basis.
 - Approve the Investment Consultant selected by the ASAM Finance Committee;
 - Authorize the Staff to utilize the services of Investment Consultants and third party Investment Managers to carry out this policy.
2. The **Finance Committee** will:
 - Monitor investment decisions to ensure that they fulfill the investment objectives of this policy;
 - Consider proposed revisions to the investment policy and recommend appropriate action to the Board of Directors;
 - Evaluate and select an Investment Consultant;
 - Review the performance of all fund accounts on a semi-annual basis;
 - Review the performance of all asset managers on no less than a bi-annual basis.
 - Make the final determination about any changes in third party Investment Managers.
3. The **Staff** (consisting of the Executive Vice President and the Chief Operating Officer) will:
 - Review the performance of all asset managers on no less than a bi-annual basis;
 - Recommend to the Finance Committee for their approval any change in third party Investment Managers, and if approved, implement the change;
 - Monitor investment decisions to ensure that they comply with the guidelines of this policy;
 - Monitor investment performance of ASAM funds on a quarterly basis;
 - Review the investment policy at least annually and present to Finance Committee any recommended changes.
4. The **Investment Consultant** will:
 - Recommend to the Finance Committee and Staff an asset allocation mix for all of ASAM's Investment Funds;
 - Conduct searches for and recommend specific money managers for ASAM's Board Designated and Long-Term Reserve Endowment Funds;
 - Ensure that Staff receive monthly statements on all of ASAM's Investment Funds;
 - Prepare and distribute to the Staff and the Finance Committee quarterly reports analyzing investment performance of all of ASAM's Investment Funds
 - Present to the Staff and Finance Committee any recommended changes in ASAM's investment policy;
 - Confer with Staff, Finance Committee and/or the Board of Directors as necessary;
 - As requested, meet with the Board on an annual basis to review portfolio structure, investment performance capital markets and ASAM's investment policies and strategies.
5. The **Investment Manager(s)** will:

The Investment Managers (which refers to managers of separately managed accounts, mutual funds and exchange traded funds) will have full discretion to make all investment decisions for

the assets placed under its jurisdiction, while observing and operating within all policies, guidelines, constraints, and philosophies as outlined in this statement. It is the intention of ASAM to utilize separately managed accounts, exchange-traded funds and mutual funds to implement the long-term and short term investment portfolios specified within this investment policy statement. The Investment Managers are authorized to vote proxies. Each Separately Managed Account Investment Manager's primary responsibility shall be to seek to obtain best net price and execution for the investments.

OPERATING FUND

The Operating Fund is defined as money received and expected to be disbursed during the current fiscal year plus any residuals from the prior year.

Purpose

The purpose of the Operating Fund is to provide sufficient cash to meet the financial obligations of ASAM in a timely manner.

Investment Objectives

1. Preservation of Capital;
2. Liquidity; and
3. To optimize the investment return within the constraints of the policy

Time Horizon

The maturities on investments for the Operating Fund shall be limited to one year or less. It shall be the responsibility of the Executive Vice President & Chief Operating Officer to schedule maturities to ensure the availability of sufficient cash to meet ASAM's financial obligations in a timely manner.

Risk Tolerance

The risk tolerance for the Operating Fund is determined by the combination of factors that contribute to a low risk tolerance. Factors to be considered are a short time horizon and on-going cash flow requirements which requires maintaining the entire portfolio in liquid assets that can be drawn upon at any point of time without significant risk of loss of either principal or interest.

Allowable Investments

The Operating Fund may be invested as follows:

- Federally insured Certificates of Deposit not to exceed federally insured amounts per institution
- Checking Accounts in federally insured banks and savings and loans not to exceed federally insured amounts
- Direct Obligations of the U.S. Government, its agencies and instrumentalities
- Agency Discount Notes
- Repurchase agreements collateralized by US government or Agency obligations
- Money market funds complying with Sec Rule 2(a) 7
- Mutual Funds or Exchanged Traded Funds comprised of Investment Grade Fixed Income Securities and duration less than 1 year

Reporting

The Investment Consultant shall prepare a report at least quarterly to be presented to the Finance Committee. The report will included a schedule of investments, interest income year to date, and current yield.

LONG TERM FUNDS -Ruth Fox and McGovern Endowments

The Long-Term Fund -Ruth Fox and McGovern Endowments are defined as the reserves fund, which have an anticipated investment term of greater than 5 years. The Ruth Fox and McGovern Endowments shall not be commingled.

Purpose

The purpose of the Long-Term Fund -Ruth Fox and McGovern Endowments are to maximize the rate of return of the endowment funds and to preserve principal.

Investment Objectives

The objectives of the account should be pursued as long-term goal designed to maximize the returns without exposure to undue risk. It is understood that fluctuating rates of returns are characteristic of the securities markets. The greatest concern should be long-term appreciation of the assets and consistency of total portfolio returns. Recognizing that short-term market fluctuations may cause variations in the account performance, the expectations of the account will be to achieve the following objectives over a three-year time period:

- The accounts total returns should exceed the Consumer Price Index by 4% annually.
- The accounts total returns should exceed the 90-day Treasury Bill Index by a minimum of 3%.
- The portfolio should be invested to minimize the likelihood of low negative total returns, defined as a one-year return worse than negative 25.24%. This is not expected to happen more than once in a market cycled defined as a rolling ten years.

Time Horizon

Investments in the Long-Term Funds -Ruth Fox and McGovern Endowments should be greater than five years.

Risk Tolerance

The risk tolerance for the Long-Term Funds -Ruth Fox and McGovern Endowments are determined by the combination of factors that contribute to a moderately aggressive risk tolerance and the constraints of the portfolio. Positive factors that contribute to the financial flexibility of ASAM include spending levels which can be adjusted, thus providing some cushion in the event of lower than expected returns earned by the invested assets; and ASAM's willingness to accept some fluctuations in the market value of the fund, as long as the primary objective is exceeding the rate of inflation by 3% over most market cycles.

The Board is comfortable with a risk level of the Long-Term Funds as measured by volatility (standard deviation) that is similar to the volatility level of the policy index when measured over three- to five-year rolling time periods and a full market cycle.

Allowable Investments

Equities

The equity asset classes should be maintained at risk levels roughly equivalent to the asset classes represented, with the objective of exceeding a nationally recognized index measuring the performance of the designated asset class over a three-year moving time period net of fees and commissions. Separately Managed Account, Mutual funds and/or exchange-traded funds conforming to the policy guidelines may be used to implement the investment program.

Fixed Income

Investments in fixed income securities will be managed actively to pursue opportunities presented by changes in interest rates, credit ratings, and maturity premiums. Separately Managed Accounts, Mutual funds and/or exchange-traded funds conforming to the policy guidelines may be used to implement the investment program. A maximum of 10% of the fixed income portion of the portfolio may be placed in high yield bonds. The weighted average maturity of the fixed income portion must be 10 years or less.

Exclusions

The following investments are prohibited. However, the investment guidelines for mutual funds, exchange-traded funds or other commingled funds or limited partnerships that are governed by prospectus or Trust documents may permit one or more of the following transaction or security types:

- Private Placements;
- Letter stock;
- Commodity or futures trading, except thorough mutual funds where the trading objective is to preserve principal;
- Short selling;
- Margin transactions;
- Gems;
- Penny stocks;
- Uncovered call and put options;
- Speculative derivatives;
- Precious Metals; and
- Companies that deal in tobacco, alcohol or gaming.

Asset Allocation

The Long-Term Funds shall be comprised of the asset classes listed in the table below. The target weight is the desired weight for each asset class. The minimum weights and maximum weights are to allow for normal market fluctuations. It shall be the responsibility of the Investment Consultant to remain within the range specified for each asset class.

ASSET CLASS	MINIMUM WEIGHT	TARGET WEIGHT	MAXIMUM WEIGHT
EQUITY			
U.S. Large Capitalization Stocks	15%	25%	35%
U.S. Mid Capitalization Stocks	5%	10%	15%
U.S. Small Capitalization Stocks	5%	10%	15%
International Stocks	10%	15%	20%
TOTAL EQUITY		60%	
FIXED INCOME			
U.S. Intermediate Fixed Income	20%	27%	65%
U.S. High Yield	0%	10%	15%
International Fixed Income	0%	3%	8%
TOTAL FIXED INCOME		40%	

Deviations from this asset mix guideline may be authorized in writing by the Board of Directors if the aggregate deviation does not constitute a material departure from the spirit of the target allocation.

Diversification

Individual stocks are subject to a maximum 5% commitment at cost or 7% commitment of the account's market value for an individual security and 15% for a particular industry. Individual bonds not guaranteed by the U.S. Government its agencies or instrumentalities are subject to a maximum 5% commitment at cost.

Rebalancing

Since capital appreciation, depreciation and trading activity in each individually managed portfolio can result in a deviation from the overall asset allocation, the aggregate asset allocation will be monitored. The Executive Vice-President & Chief Operating Officer will, if necessary, authorize the rebalancing of the asset allocation to the target allocation. Rebalancing should occur if any asset class approaches or violates the minimum and maximum target weights as specified in the investment policy statement.

Tactical Asset Allocation

The Board of Directors recognizes the importance of maintaining a long-term strategic asset mix for ASAM and do not intend to engage in any tactical asset allocation or market timing asset mix shifts.

Spending Policy

In recognition of the total return approach of investing as adopted in this policy, and having goals to maintain the purchasing power of the funds available to support the mission of ASAM and to maintain the corpus of capital contribution, the maximum level of spending in any budget year shall be determined as follows:

The dollar amount shall be 4% of the average account value from the Ruth Fox Endowment Fund as of December 31st for the three years prior to the current budget year. Exhibit I contains the historical information.

In April 2015, the Board approved an annual spending of this 4% to be used to support the cost of ASAM's leased office space.

The annual \$5,000 from the McGovern Endowment Fund earnings will be used to fund the award.

Reporting

The Investment Consultant will prepare a report at least quarterly to be presented to Staff and the Treasurer. The report will include a schedule of investments, interest income year to date, and current yield measured against the Consumer Price Index and the 90 day Treasury Bill Index. Comparisons will show results for the latest quarter, year to date, and since inception.

THE BOARD-DESIGNATED RESERVE FUND

The Board-Designated Reserve Fund is defined as the portion of the reserve funds to be attained and maintained at 35 percent of the annual expense budget.

Purpose

The purpose of the Board Designated Reserve Fund is to meet expenses occurring as the result of unanticipated activities, improve the return on funds held for expenditure over the next three years and to provide income, which may be used during the current budget cycle. The fund is created as a proxy for an internal line of credit to manage cash flow and maintain financial flexibility. It may be used to provide resources for investment into new initiatives based on the Board approved business plan.

Investment Objectives

The investment objectives of the Board Designated Reserve Fund in order of importance are:

- Generate investment return to support programs of the Association
- Long term appreciation of assets
- Consistency of total return and
- Maximization of returns without exposure to undue risk. It is understood that fluctuating rate of return are characteristic of the securities markets.

Time Horizon

Investments in the Board Designated Reserve Fund should be greater than five years.

Risk Tolerance

The risk tolerance for the Board Designated Reserve Fund is moderate.

Allowable Investments

Equities

The equity asset classes should be maintained at risk levels roughly equivalent to the asset classes represented within the Long-Term Reserve Funds, with the primary focus on dividend paying equities. Mutual funds and/or exchange-traded funds conforming to the policy guidelines may be used to implement the investment program.

Fixed Income

The fixed income asset classes should be maintained at risk levels roughly equivalent to the asset classes represented within the Long-Term Reserve Funds. The duration of the fixed income investments shall be limited to five years or less.

Fixed income securities will be managed actively to pursue opportunities presented by changes in interest rates, credit ratings, and maturity premiums. Mutual funds and/or exchange-traded funds conforming to the policy guidelines may be used to implement the investment program. A maximum of 10% of the fixed income portion of the portfolio may be placed in high yield bonds.

Cash or Cash Equivalents

The cash or cash equivalents may include pooled investments such as Money Market Funds, ETFs or Mutual Funds which are comprised of the following: Direct obligations of the US Government, Corporate issues of one year or less and A rated or better, Federally insured certificates of deposit or commercial paper rated A-1/P-1.

Exclusions

The prohibited investments are the same as the Long-Term Funds.

***Asset Allocation**

The Board Designated Reserve Fund shall be comprised of the following asset classes

Asset Class	Minimum Weight	Target Weight	Maximum Weight
Equity	20%	60%	70%
Fixed Income	20%	30%	60%
Cash	0%	10%	20%
		100%	

*** Refer to July 15,2020 Addendum (01)—Investment strategy and performance for Board Designated Reserve Fund (page 14)**

Diversification

Diversification will be achieved by selecting a variety of investment options that have broad diversification and meet the asset allocation of the fund. All investment options will have the following characteristics:

- **Manager Track Record:** The portfolio manager should have managed the fund for three years.
- **Style Consistency:** The fund investment style, defined by a third party such as Morningstar® should be consistent over time. Equity funds should land in their primary style boxes two thirds of the time over the past three years.
- **Performance Consistency:** The fund annual return objective should remain consistent with its placement in the top three quartiles in its category.
- **Expense:** The fund net expense ratio should be below the median expense level of the funds peer group.
- **Ratings:** The fund overall 3-Year Morningstar® rating or equivalent should be equal to or greater than the funds category index.

Rebalancing

Rebalancing should occur if any asset class approaches or violates the minimum and maximum target weights as specified in the investment policy statement. The Executive Vice-President & Chief Operating Officer will, if necessary, authorize the rebalancing of the asset allocation to the target allocation.

Spending Policy

In April 2015, the Board approved an annual spending of up to 5% of the fund balance to support the cost of ASAM's leased office space. The Board of Directors may direct additional spending from the Board Designated Reserve Fund as needed to further the objectives of the Association.

Funding and Replenishing the Fund

- Operating surpluses at year-end as determined by annual audit
- Unrestricted gifts/bequests from donors
- Sources the Board may deem to be appropriate

Reporting

The Investment Consultant will prepare a report at least quarterly to be presented to Staff and the Treasurer. The report will include a schedule of investments, interest income year to date, and current yield measured against the Consumer Price Index and the 90 day Treasury Bill Index. Comparisons will show results for the latest quarter, year to date, and since inception.

PERFORMANCE OBJECTIVES

The Finance Committee on behalf of the Board of Directors will monitor the performance of the investments on a quarterly basis. The Investment Consultant will evaluate each investment manager's contribution toward meeting the investment objectives outlined below over a three-to five-year time period and a full market cycle, unless otherwise noted will inform the Finance Committee at least annually.

Style Index

It is desired that the portfolio earn returns higher than the "market," as represented by a benchmark index or mix of indexes reflective of the Society's return objectives and risk tolerance. This benchmark or "style index" is to be constructed as follows:

- Russell 1000 Stock Index
- S&P 400 Stock Index
- S&P 600 Stock Index
- Morgan Stanley Capital International Europe, Australia and Far East (MSCI EAFE) AC World ex US Stock Index
- Barclays Intermediate Government & Credit
- Bank of America Merrill Lynch High Yield II
- Barclays Aggregate Bond ex US
- 90 day Treasury Bill

ASAM's investment portfolio is expected to exceed the average annual return of this benchmark on a risk-adjusted basis over a three- to five-year rolling time period and a full market cycle. As funds are added to or withdrawn from the investment portfolios, it will be necessary to adjust the percentages held in various investment accounts in order to have the overall asset allocation within targets specified in the Asset Allocation table. The style index will be reviewed by the Finance Committee at least annually.

Secondary Performance Targets

- The real return goal (return after adjusting for inflation) for the Long-Term Fund/Ruth Fox and McGovern Endowments is 3%. Inflation shall be measured by the U.S. All Urban Consumers Price Index ("CPI");
- This composite is expected to outpace the style index return and real return target, each measured on a compound average annual return basis after the deduction of investment management fees and annualized over a three-to five-year rolling time period and a full market cycle; and
- Performance for the Long-Term Funds -Ruth Fox and McGovern Endowments will be compared to a peer group universe comprised of other balanced portfolios.

MEETINGS AND COMMUNICATIONS

- As a matter of course, each Investment Manager shall keep Investment Consultant apprised of any material changes in the investment manager's outlook, investment policy, and tactics;
- Material event that affects the ownership or capital structure of the investment management firm or any material event that affects the management of this account (such as changes in senior investment personnel) must be reported promptly to the Investment Consultant. This requirement does not include routine employee stock ownership transactions or partnership announcements;

- The Investment Consultant will provide written performance reports for each separately managed account and the composite of these accounts; and
- The custodian shall provide monthly statements of assets and transactions.

PERFORMANCE EVALUATION

The Finance Committee on behalf of the Board of Directors, will monitor the performance of the investment funds on a quarterly basis.

The Finance Committee and Staff, along with the Investment Advisor will evaluate each Investment Manager's success in achieving the investment objectives outlined in this document over at least a three-to five-year time horizon. The Board realizes that most investments go through cycles. Therefore, there will be periods of time in which the investment objectives are not met or when some investment managers fail to meet their expected performance targets.

The Long-Term Funds Investment Managers performance should be reported in terms of rate of return and changes in dollar value. The returns should be compared to appropriate market indexes for the most recent quarter and for annual and cumulative prior time periods.

The asset allocation of the Long-Term Funds shall be reported on a quarterly basis.

Risk as measured by volatility, or standard deviation of quarterly returns, shall be evaluated after twelve quarters of performance history have accumulated. The investment managers' performance will also be evaluated in similar fashion according to the performance standards of their respective benchmarks.

IX. Approval

It is understood that this investment policy is to be reviewed periodically by the Executive Vice-President and Chief Operating Officer to recommend any changes that may be warranted by changing circumstances including, but not limited to, changes in financial status, risk tolerance, or changes involving the investment managers. Should the Board of Directors recommend a deviation from this policy or implement a change in policy, the circumstances and rationale for the change shall be documented and this investment policy revised.

The Executive Vice-President & Chief Operating Officer and the Board of Directors understand and agree that the provisions of this document are subject to any relevant investment advisory agreement.

Appendix I: Ruth Fox Endowment History - December 31st Year End Balance

Date	Balance
December 31, 2010	\$2,899,023
December 31, 2011	\$2,804,035
December 31, 2012	\$3,067,562
December 31, 2013	\$3,549,559
December 31, 2014	\$3,625,730
December 31, 2015	\$3,489,533
December 31, 2016	\$3,595,876
December 31, 2017	\$3,950,777
December 31, 2018	\$3,741,690
December 31, 2019	\$4,222,265

Investment Policy Statement Addendum

Addendum (01)—Investment strategy and performance for Board Designated Reserve Fund

Approved July 15, 2020

The investment objectives for ASAM Board Designated Reserve Fund (BDRF) are defined in the ASAM's Investment Policy Statement, which is attached hereto, and this Addendum. In instances where the attached Investment Policy Statement conflicts with this Addendum, this Addendum controls.

The Finance Council will monitor the overall asset allocation within the parameters detailed herein and adjust the strategic (long-term) and tactical (short/mid-term) allocations accordingly. The Benchmarks identified, consisting of one or more securities indices, provide the comparison point for quarterly performance review.

Asset allocation

The asset allocation shall be implemented using a policy portfolio, with target allocations and ranges for each investment strategy. Due to the need for diversification and the longer funding periods for certain investment strategies, the Finance Council recognizes that an extended period of time may be required to fully implement the asset allocation plan. It is expected that market value fluctuations will cause deviations from the target allocations to occur.

Periodic rebalancing will maintain the ASAM Asset Allocation Policy within the targeted ranges, thereby ensuring that the Organization does not incur additional risks as a result of having deviated from the policy portfolio for an extended period of time. Rebalancing will take place on a portfolio basis to reduce expenses as much as practical. More frequent tactical rebalancing of asset classes within their ranges will also be permitted in order to take advantage of shorter-term market conditions, as long as such changes or reallocations do not, in the opinion of the Finance Council, cause undue risk or expense to the ASAM. Contributions of meaningful funds may be used to rebalance the portfolio towards the allocation policy.

The following Asset Allocation strategy has been established based on the strategic objectives, spending policy and risk tolerance of ASAM BDRF Reserve:

Asset Class	Minimum Weight	Target Weight	Maximum Weight
Equity	10%	50%	70%
Fixed Income	20%	30%	80%
Cash	10%	20%	70%
		100%	



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

Gift Acceptance Policy

Approved October 2013

Gift Acceptance Policy

I. Purpose

The Board of the American Society of Addiction Medicine and its staff solicit current and deferred gifts from individuals, corporations, and foundations to secure the future growth and mission of the Society. These policies and guidelines govern the acceptance of gifts by the Society and provide guidance to prospective donors and their advisors when making gifts to the Society. The provisions of these policies shall apply to all gifts received by the Society for any of its programs or services.

Governance, Management and Administration

The Development Council of ASAM's Board of Directors has overall responsibility to the Board of Directors for development and guidance of fundraising policies. Management of the Society's fundraising activities is administered through the Executive Vice President/CEO.

II. Responsibility to Donors

- A. General -ASAM, its staff, Board and representatives shall endeavor to assist donors in accomplishing their philanthropic objectives in providing support to the Society.
- B. Confidentiality - Information concerning all transactions between a donor and ASAM shall be held by the Society in strict confidence and may be publicly disclosed only with the permission of the donor.
- C. Anonymity - The Society shall respect the wishes of donors wishing to support anonymously and will take reasonable steps to safeguard those donors' identity.
- D. Disclaimer -Each prospective donor to the Society shall be informed that the Society does not provide legal, tax or financial advice, and shall be encouraged to discuss all charitable gift planning decisions with his or her legal, financial or tax advisor before entering into any commitment to make a gift.

III. Gift Restrictions

- A. Unrestricted Gifts - To provide the Society with maximum flexibility in the pursuit of its mission, donors shall always be encouraged to make unrestricted gifts.
- B. Budgeted Programs or Facilities - The Society may accept a gift that is restricted as to its use if the Society's approved budget includes proposed funding for the specific program, purpose or facility for which the restricted gift is made.
- C. Other Restrictions - The Society may accept a restricted grant from a donor with the prior written approval of the Executive Vice President/CEO.
- D. Variance Power - The Society will reserve the right, in the document that restricts the use of the gift, to broaden or alter the purpose of the gift should it be determined in the future that the original purpose of the gift no longer meets the needs or serves ASAM's mission.

IV. Donor Recognition

- A. General - The Society will establish criteria for the recognition of donors with honors or benefits based on various giving levels achieved by the donor and the type of gift. The recognition criteria may be changed at any time by the Society.
- B. Buildings and Other Facilities - the Society shall make no commitments to a donor concerning the naming of physical spaces without the approval of the Board of Directors or in conformance with pre-approved designations and donor level.

V. Fiduciary Relationships

The Society will not agree to serve as executor of a decedent's estate nor as trustee of a living trust or other trust intended to serve as a person's primary estate planning document.

VI. Types of Gifts

ASAM will accept the following types of gifts:

- A. Unrestricted Gifts - To provide the Society with maximum flexibility in the pursuit of its mission, donors shall always be encouraged to make unrestricted gifts.
- B. Marketable Securities - ASAM will assist in the transfer of custody of marketable securities from the donor (or his or her custodian) to the Society. The donor's broker may transfer them to a brokerage account designated by the Society. If the securities are to be mailed, the stock certificates should be mailed separately from the signed stock power with signature guaranty. If the share certificates are hand delivered, the stock power may be attached.
- C. Life Insurance Policies - To be recorded as a gift, ASAM must be named as both a beneficiary and owner of the life insurance policy. Otherwise, donors shall be encouraged to name ASAM as a primary or contingent beneficiary of their life insurance policies.
- D. Retirement Plan Assets - ASAM will accept funds it receives as the designated beneficiary of a retirement plan (for example, an IRA, a 401(k) plan or a defined contribution plan). The Society should obtain a copy of the executed designation form that the donor has submitted to the retirement plan administrator to name ASAM as the beneficiary.
- E. Named Funds - A named fund requires a minimum commitment of at least \$100,000 that will be determined on a case by case basis by the development staff, the EVP/CEO and approved the Development Council.

ASAM will accept the following types of gifts on a case by case basis:

- A. Closely Held Stock
- B. Bargain Sale
- C. Gift Annuities
- D. Partnership and Other Liabilities
- E. Real Estate

- F. Accounts Receivables
- G. Alignment with Investment Policy

If a donation is proposed by a company/organization/individual in whom ASAM could not invest because of the restrictions of the ASAM investment policy, the donation must be approved by Executive Committee before the donation may be accepted.

VII. Approval of Exceptions

Acceptance of gifts to the Society in a manner that is in any way inconsistent with this or excluded from this policy must be recommended by the Development Council and approved the Board of Directors.

VIII. Periodic Review

The Development Council shall periodically (but no less frequently than every three years) review these policies to ensure that they continue to accurately describe the policies of the Society with respect to acceptance of charitable gifts.

Annual Budget

Annual Budget

- a) After the adoption of the budget, no expenditures in excess of the amount of the budget item covering the subject of such expenditures may be made in the year covered by the budget by the Society or any of its Officers, agents, or employees, unless the Board shall first approve such excess expenditure.
- b) Recurring items in the budget (fixed expenditures covering more than one year) shall, when first adopted, be binding as to subsequent budgets to the extent of commitment or obligations entered into by the Society within authority granted by the Board, the Constitution, or the Bylaws.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Reimbursement/Compensation Policy

Approved by the Board July 2012

Reimbursement/Compensation Policy (Approved by the Board July 2012)

ASAM approved a clear and consistent policy for travel and reimbursement. This policy provides planning committees and staff the information and guidelines needed to monitor and administer fairly an official ASAM travel and compensation policy for ASAM faculty, members and staff. ACCME encourages CME providers to have a clear and consistent travel and compensation policy for all faculty and presenters.

DESIGNATED FACULTY PRESENTERS AT ASAM CONFERENCES & EDUCATION COURSES

Annual Meeting & Pre-Conference Courses

1. Course Chairs for the Annual Conference and receive complimentary registration for their respective courses only, not for all courses
2. Annual Conference planning committee members serving as faculty or presenters receive 50% discount off full registration
3. Annual Conference Invited Symposium faculty and organizers receive complimentary registration
4. Annual Conference Pre-Course Planning Committee Members serving as faculty or presenters receive 50% discount off full registration
5. Annual Conference faculty, presenters and poster presenters selected through the abstract system receive 50% discount off full registration
6. Annual Conference special events such as the awards lunch and other meals or functions with additional registration fees are not complimentary for faculty, presenters or board members
7. CME Committee Chair (or the designee by the CME Chair) receives complimentary registration to the Annual Conference and Pre-Conference Courses and they are required to audit some of the sessions.
8. CME Committee Members auditing a course for ACCME may receive up to 50% off full registration for the course(s)
9. Agency sponsored symposia are required to follow the ASAM Travel & Compensation Policy for faculty and presenters

Other Conferences such as the Review Course, State of the Art, Wavier or Other Courses

1. Members who serve as presenting faculty receive
 - i) Complimentary registration
 - ii) Travel - lowest coach airfare available or ground transportation as needed must be secured. (Airfare and travel over \$500 must be approved by the Director of Meetings before booking). It is required to be booked least 30 days in advance and submitted as a travel expense within 30 days after the event for reimbursement. Food and beverage is normally provided onsite for faculty presenters. ASAM will

- reimburse up to \$50 per diem per day for parking, cabs and food, if food is not provided onsite
- iii) The night(s) prior to and/or after their presentation at the hotel is paid for by ASAM, if applicable
 - iv) Reimbursement forms are to be submitted within 30 days of event
2. Non-members who serve as presenting faculty
- i) Complimentary registration for the day(s) of presentation(s) or discounted registration if the presenter wants to stay for the entire conference
 - ii) Travel - lowest coach airfare available or ground transportation as needed must be secured. (Airfare and travel over \$500 must be approved by the Director of Meetings before booking). It is required to be booked least 30 days in advance and submitted as a travel expense within 30 days after the event for reimbursement. Food and beverage is normally provided onsite for faculty presenters. ASAM will reimburse up to \$50 per diem per day for parking, cabs and food, if food is not provided onsite
 - iii) Possible honorarium up to \$500 per conference within limitations of the conference budget, excluding the Annual Conference
 - iv) Reimbursement forms are to be submitted within 30 days of event
3. Planning Committees
- i. Course Chairs receive complimentary registration for their respective conference/course
 - ii. Planning Committee Members for these courses serving as faculty or presenters receive complimentary registration for their respective course
 - iii. CME Committee Chair (or the designee by the CME Chair) auditing the course for ACCME receives a complimentary registration to these courses

BOARD, COUNCIL AND COMMITTEE BENEFITS

Board-Specific Benefits

All Board Members receive complimentary registration to the Annual Conference. (This does not include pre-conference courses or the award lunch or other special events.)

Council/Committee Specific Benefits

ASAM Council or Committee Chairs or members of councils or committees do not receive complimentary or discounted annual conference registration.

Honoraria

ASAM members are not eligible for honorarium. Non-members who serve as faculty at an ASAM conferences other than the Annual Conference may be eligible for up to \$500 honorarium per conference within the budget limitations of the course.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Board of Directors Nomination and Election Policy

*Created June 2018
Updated April 1, 2020*



ASAM American Society of
Addiction Medicine

Board of Directors Nomination and Election Policy

Process for Nominations

The Nominations and Awards Council is charged with presenting a slate of candidates for officers of the Society and for members of the Board of Directors for Board approval, in accordance with the Elections process in this document.

The society's election happens every other year. Each election cycle will elect a new President-Elect, Vice-President, Treasurer and Secretary. On rotating election cycles, it switches between election of Regional Directors and Directors-at-Large.

Nominees for President-Elect, Vice-President, Treasurer or Secretary must be from, or have served on the Board as voting or ex-officio members without vote within the four years prior to the ASAM Annual Meeting at which the new officers are to be installed. This period is from April of the current year to April of the next year. An exception may be made in the case of a nominee for the Office of Treasurer, who may be a member who possesses the other requirements for the post and who has served on the Finance Committee within the past four years.

Nominees may submit for one Officer position and/or one Director position. Eligible members may be candidates for only one office (President, Secretary, and Treasurer) and/or one director position. In the event a member running for an officer and a director position receives the highest vote in each race, that member will assume the officer position. The highest runner-up for the director position will become director.

Members of the Nominations and Awards Council may not be candidates for Officer positions but may be candidates for Director.

Candidates for Director must have been active members for at least three years; must have demonstrated a commitment to ASAM's mission through service on a committee, task force, or other significant national or state endeavor; and must be willing to attend two in-person and two phone Board meetings a year for four years. Directors shall be elected to four-year terms.

The Nominations & Awards Council shall identify qualified candidates through the following process:

- The number of vacancies will be determined each year and communicated to the Nominations & Awards Council;
- Call for nominations promoted through various communications prior to and during the submission process October-December (year prior to election);
- Interested members will submit electronic nomination package November -December (year prior to election);
- Nominations and Awards Council reviews package and chooses at least two candidates for each position two of which are Doctor of Osteopathic Medicine, for the Directors-at-Large seat reserved for a doctor of osteopathy. There shall be at least twice the number of nominees for the available positions of Directors-at-Large

Selection of candidates should provide for adequate representation for the Society's diverse membership and interest.

- The Nominations and Awards Council shall present its nominees for all elected positions to the Board of Directors for final approval (January);
- The Chair of the Nominations and Awards Council will inform nominees and candidates of their status.
- Candidates recommended by the Nominations & Awards Council and approved by 2/3 majority of all members of the Board eligible to vote will be presented on the election ballot to the voting members (November-December)

Regional Nominating Committees

ASAM Chapters are charged with forming Regional Nominating Committees. Each region needs to form Regional Nominating Committee by a set deadline. The committee is comprised of the Chapter Presidents and other Chapter leadership within the region.

The Regional Nominating Committee must promote the nomination process within their region and consider all applicants. The Committee is responsible for soliciting individuals if less than two viable candidates are identified.

Each Regional Nominating Committee must submit at least two candidates for Regional Director/Alternate Regional Director by the set deadline.

The Chapters Council should be notified of their obligation to form these committees in advance. These committees should be formed the October before the election year.

To assist the Regional Nominating Committees with securing at least two candidates, a Call-for-Nominations to eligible members should be conducted. All responses from the membership should be forward directly to their respective Regional Nominating Committee.

The Nominations and Awards Council is responsible for securing candidates in the event the Regional Nominating Committee fails to do so.

This information is compiled and prepared for the Nominations and Awards Council to review and finalize the slate to be brought forward to the Board of Directors for final approval (January)

Process for Election

Candidates running for President-Elect will have the opportunity to address the full membership during the Annual Business Meeting Breakfast during the Annual Conference in April. This scheduling will be finalized with the Senior Director of Governance & Operations and relayed to the candidates.

There will be no campaigning by the candidate or advocates for the candidate during or leading up to the election. This includes in person asks for support, letters, emails or any form of communication that promotes a candidate.

Candidates may update their photo, disclosure, bio, CV and candidate questionnaire to be used on the election website.

The election ballot will include candidates' bio, photo and questionnaire.

The election voting period will be for a period of 21 days.

Balloting

Elections shall be by electronic ballot. ASAM Staff will post all nominees on the Society's website prior to voting.

Regional Directors and Regional Alternate Directors shall be elected by the members of their Regions solely. The Regional Director shall be the person receiving the highest number of votes cast; the Regional Alternate Director shall be the person receiving the second highest number of votes cast. Directors-at-Large shall be elected by the entire active membership. The results of the elections shall be ratified at the next Annual Meeting of members.

Candidates obtaining a plurality of votes from ballots received at the Society's office at least sixty (60) days prior to the Annual Meeting will be deemed elected to their respective positions.

In the case of a tie between two (2) or more candidates receiving the most votes, the Board of Directors shall vote to designate one candidate as elected.

Election Timeline

- October (year prior to Election): Notify Board members about the need for nominations for various positions. Notify Chapter Presidents about the need to form regional nominating committees and communicate election process.
- November (year prior to Election): Regional Nominating Committees formed.
- December-January: Regional nominations provided to the Nominations and Awards Council.
- January: Nominations and Awards Council review and finalize the slate to be brought forward to the Board of Directors for final approval and notify the nominees of their status
- January (year of Election): Board of Directors approve slate of nominees.
- April (year of Election): Candidates running for President-Elect are provided 2-3 minutes at the ASAM Annual Member Business meeting to address the membership.
- August - October (Year of Election): Staff work with vendor to create election website
- November-December (year of Election): Election is held
- January (year after Election): Nominations and Awards Council receives election results and presents them to the Board for final approval. Candidates are notified of outcome (Chair of Council informs the unsuccessful candidates, President-Elect informs the successful candidates)
- April (year after Election): Incoming Board will attend Board meeting and orientation. Membership ratifies election results at business meeting during the ASAM Annual Conference.
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The election promotion strategy should include various outreaches to membership using the following:

- Member Connect
- Staff email signatures that will include a call-to-action to bring awareness to the election
- Revolving banner on the ASAM website
- Email Communications

Post-Election

Once membership has ratified the vote, results of the election will be communicated using the following channels;

- ASAM Weekly
- Campaign Monitor
- Website Update
- ASAM Conference News Daily
- Press Release(s)

ASAM Legislative Advocacy Committee:

Document Approval Process

July 2018

Background

The Legislative Advocacy Committee (LAC) oversees ASAM's Government Relations Program and its activities. Primarily, the government relations activities include Legislative Days on Capitol Hill for ASAM members, ASAM-sponsored events for Congressional leaders and staff on Capitol Hill, cosponsoring similar events initiated by affiliate organizations, working within coalitions, drafting and/or endorsing letters of support for or opposition to particular Congressional bills or Administrative actions, drafting regulatory comments, tracking state and federal policies that impact access to addiction treatment and soliciting ASAM member support for grassroots lobbying initiatives (including activities listed above).

Given the increased volume of advocacy activity of late and the quick response times often required when working with Members of Congress, the time is ripe to review our LAC document approval processes to ensure that the LAC can function efficiently, act swiftly, and maximize the impact of ASAM's government relations activities.

Proposed Document Approval Process

The LAC generally reviews, comments on, and approves three types of documents: (1) Regulatory Comment Letters, (2) Proposed Legislation, (3) Letters to Policymakers or Regulators. While the LAC sometimes needs to review other types of documents, establishing set approval processes for these document types will ensure the vast majority of the committee's work can be accomplished efficiently, with a clear understanding of roles and responsibilities.

1. Regulatory Comment Letters (Subject to PRC Primary Jurisdiction): Regulatory Comment Letters are drafted either by ASAM or by a coalition or partner group in response to a formal request for comments by a federal or state agency. Comment periods are generally open for 60-90 days. The Payer Relations Committee will have primary jurisdiction over regulatory comment letters that impact payers, namely regulations originating from CMS or HHS.

1. Author	2. Staff Action	3. First Round Review (minimum timing)	4. Staff Action	5. Preliminary Approval Requirements	6. Second Round Review (minimum timing)	7. Final Approval Requirements
ASAM	Draft Letter based on ASAM policy and precedent	LAC Regulatory Affairs Subcommittee review and comment (1 week)	Incorporate edits into second draft	Explicit approval by LAC Chair(s) of revised draft	Exec. Council review (48 hours)	Majority of EC (by explicit or implicit consent)
Coalition or Partner Organization	Determine alignment with ASAM policy and precedent	IF fully aligned with ASAM policy, BYPASS first round review			LAC Chair(s) and Exec. Council review (48 hours)	Majority of EC
		IF ASAM policy is absent, LAC Regulatory Affairs Subcommittee review and comment (1 week)	Work with coalition/ partner to revise letter if needed	Explicit approval of LAC Chair(s) of revised draft	Exec. Council review (48 hours)	Majority of EC
		IF contradicts ASAM policy...	Work with coalition/ partner to rectify if possible			

2. Letters to Regulators (Subject to PRC Primary Jurisdiction): ASAM often writes formal letters to regulators. These letters can serve several purposes, from providing additional information on certain topics after an in-person meeting, responding to an action or speech, or commenting on regulations outside of a formal comment period. The Payer Relations Committee will have primary jurisdiction over regulatory comment letters that impact payers, namely regulations originating from CMS or HHS.

1. Author	2. Staff Action	3. Recipient Position	4. First Round Review (minimum timing)	5. Staff Action	6. Preliminary Approval Requirements	7. Second Round Review (minimum timing)	8. Final Approval Requirements
ASAM	Draft letter, identify partners for sign-on if appropriate	Federal	Either Meeting Participants (if F/U letter) OR LAC Regulatory Affairs Subcommittee (48 hours)	Incorporate edits into second draft	Explicit approval of Meeting Participants OR LAC Chair & 2 members	EC review (48 hours)	Majority of EC
		State	Chapter & LAC Regulatory Affairs Subcommittee review (1 week)	Incorporate edits into second draft	Explicit approval of LAC Chair & Chapter Pres.	EC review (48 hours)	Majority of EC
Coalition or Partner Organization	Determine alignment with ASAM policy and precedent	Federal {State}* *coalition letters to state officials are uncommon	IF fully aligned with ASAM policy, BYPASS first round review			LAC Chair(s) and Exec. Council {& Chapter Pres.} review (48 hrs)	Majority of EC
			IF ASAM policy is absent, LAC Regulatory Affairs Subcommittee {& Chapter} review and comment (1 week)	Work with coalition/ partner to revise letter if needed	Explicit approval of LAC Chair(s) {& Chapter Pres.} of revised draft	Exec. Council review (48 hours)	Majority of EC

			IF contradicts ASAM policy...	Work with coalition/ partner to rectify			
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3. Legislation Input/Support/Opposition: Members of Congress regularly ask ASAM to review draft or introduced legislation for our comment or support. At other times, we need to oppose pieces of legislation. The timeframes for commenting on draft legislation and supporting final legislation are often very tight and out of our control. As such, these approval processes are expedited. The Payer Relations Committee will be simultaneously copied on LAC legislation letters which predominately impact payers and will be invited to provide comments, although LAC will ultimately retain all approval or rejection rights.

1. Status of bill	2. Action Needed	3. Timing	4. Staff Action	5. First Round Review (minimum timing)	6. Preliminary Approval Requirements	7. Second Round Review (minimum timing)	8. Final Approval Requirements
Draft	ASAM comment	Less than 1 week	Send directly to EC and LAC Chair			EC and LAC Chair(s) review (24 hours)	Majority of EC
		More than 1 week	Review and draft comments based on ASAM policy and precedent	LAC Congressional Affairs Subcommittee review (48 hours)	Explicit approval of LAC Chair & 2 members	EC review (24 hours)	Majority of EC
Final/Introduced	ASAM support	Less than 1 week	Draft quote	BYPASS first round review		LAC Chair(s) and Exec. Council review (48 hours)	Majority of EC
		More than 1 week	Draft letter	LAC Congressional Affairs Subcommittee review (48 hours)	Explicit approval of LAC Chair & 2 members	EC review (24 hours)	Majority of EC
	ASAM oppose	N/A	Draft letter, identify partners for sign-on	LAC Congressional Affairs Subcommittee review (48 hours)	Explicit approval of LAC Chair & 2 members	EC review (24 hours)	Majority of EC

4. Letters to Policymakers : ASAM regularly sends letters to policymakers to communicate advocacy priorities, budget recommendations, and for other purposes. The timeframes for such letters can be limited given the constantly changing political environment. As such, these approval processes can be expedited. The Payer Relations Committee will be simultaneously copied on LAC letters to policymakers which predominately impact payers and will be invited to provide comments, although LAC will ultimately retain all approval or rejection rights.

1. Author	2. Staff Action	3. Recipient Position	4. First Round Review (minimum timing)	5. Staff Action	6. Preliminary Approval Requirements	7. Second Round Review (minimum timing)	8. Final Approval Requirements
ASAM	Draft letter, identify partners for sign-on if appropriate	Federal	Either Meeting Participants (if F/U letter) OR LAC Congressional Affairs Subcommittee (48 hours)	Incorporate edits into second draft	Explicit approval of Meeting Participants OR LAC Chair & 2 members	EC review (48 hours)	Majority of EC
		State	Chapter & LAC Congressional Affairs Subcommittee review (1 week)	Incorporate edits into second draft	Explicit approval of LAC Chair & Chapter Pres.	EC review (48 hours)	Majority of EC
Coalition or Partner Organization	Determine alignment with ASAM policy and precedent	Federal {State}* *coalition letters to state officials are uncommon	IF fully aligned with ASAM policy, BYPASS first round review			LAC Chair(s) and Exec. Council {& Chapter Pres.} review (48 hrs)	Majority of EC
			IF ASAM policy is absent, LAC Congressional	Work with coalition/partner to	Explicit approval of LAC Chair(s) {&	Exec. Council review (48 hours)	Majority of EC

			Affairs Subcommittee {& Chapter} review and comment (1 week)	revise letter if needed	Chapter Pres.} of revised draft		
			IF contradicts ASAM policy...	Work with coalition/ partner to rectify			



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

Public Policy Statement Development & Review Process

Created April 2018



ASAM American Society of
Addiction Medicine

ASAM Public Policy Committee

Public Policy Statement Development & Review Process

The ASAM Public Policy Committee (PPC) is responsible for overseeing the development of ASAM Policy Statements and joint policy statements with allied organizations. It also considers and recommends endorsement of non-ASAM (external) policy statements.

ASAM Public Policy Statements are statements of ASAM's positions and recommendations regarding addiction-related issues, clinical care, and health policy. ASAM Policy Statements are intended to advise entities external to ASAM, as well as ASAM Chapters and ASAM advocacy committees, as to the Society's position on certain issues and to inform their decisions and actions. Also included in ASAM's Compendium of Public Policy Statements are ASAM's Definitions, which describe the Society's understanding of the meaning of addiction-related terminology. Public Policy Statements require adoption by a two-thirds majority vote of the full membership of the Board of Directors.

Roles and Responsibilities

The PPC is responsible for: (1) appointing experts to serve on writing committees; (2) ensuring that documents follow the review and comment process prior to being submitted to the Board; and (3) ensuring that ASAM policy statements are regularly reviewed and revised, reaffirmed, or archived within the established review period.

Writing committees are appointed by the PPC for specific documents. Writing committee members' terms end when the document is completed and approved by the Board.

The Public Policy Coordinating Council is responsible for identifying issues that require the development of an ASAM Public Policy Statement. The Council charges the PPC to develop policy statements on certain issues based on current or anticipated advocacy needs, sets the timeline for the PPC to complete the policy statement, and advises which subject matter experts and/or external stakeholders, if any, should be consulted in the development of the policy statement.

Document Categories

a. **ASAM-only Statements:** Commissioned by the Public Policy Coordinating Council, developed by the PPC, peer-reviewed, and approved by the ASAM Board of Directors.

b. **Joint Statements:** Developed in partnership with other organizations at the initiation of either the Public Policy Coordinating Council or leadership of the partnering organization and agreed to by the Public Policy Coordinating Council. Writing committee includes representation from each organization. Joint statements must be approved by each member organization's Board of Directors.

c. **Endorsed Statements:** Other organizations occasionally ask ASAM to endorse a policy statement that was not developed in partnership with ASAM. The PPC reviews the statement to determine alignment with ASAM policy, and makes a recommendation to the Board for or against endorsement.

Document Development Policies and Procedures

1. Committee co-chairs designate a writing committee per each unique document (new or revision), based on the subject matter expertise of the members and recommendations provided by the Public Policy Coordinating Council. Members of the writing group do not have to be PPC members, but must be ASAM members.

To the greatest extent possible, the writing committee should be made up of members who come from a broad mix of practice settings, specialties, geographies, etc.

If the document is a conjoint statement with other organizations, the writing committee must also include at least one member of each organization involved.

All document authors and contributors should submit a Conflict of Interest form.

2. Document drafts are presented by the writing committee to the full PPC, Public Policy Coordinating Council, Chapters Council, and Board of Directors for review and feedback. The writing committee establishes a time limit for member feedback, which is generally one to two weeks.

All comments are arbitrated by the writing committee and incorporated as they see fit into a revised draft.

3. The writing committee submits the revised document to the full PPC for a vote during its monthly committee call. A simple majority vote is required to advance the document.

4. The final document is presented to the Board for a vote. An affirmative vote by 2/3 of eligible Board members is required to adopt the document. (Per Chapter IX, Sec. 1, Bylaws)

Expedited Document Development Process

1. If the required turn-around time for a policy statement is one month or less, as determined by the Public Policy Coordinating Council, the PPC may designate a small subgroup of 3-5 members to draft the statement and act on behalf of the full committee. The subgroup must include the PPC chair(s). The remaining members are up to the discretion of the PPC chair(s). The PPC chair(s) also establish a timeline for the development of the document.

2. The Chapter Council chair(s) must also designate a subgroup to act on behalf of the full council and review the draft. The Chapters subgroup must have at least three members. The Chapters subgroup provides feedback to the PPC subgroup, and the PPC subgroup arbitrates that feedback.

3. The PPC subgroup presents the revised draft to the Public Policy Coordinating Council for a vote. A simple majority vote is required to advance the document.

4. The final document is presented to the Board for a vote. An affirmative vote by 2/3 of eligible Board members is required to adopt the document. (Per Chapter IX, Sec. 1, Bylaws)

Board Revisions

Should the Board recommend modifications to the document, at the time of their vote, the PPC chair(s) will instruct the writing committee to revise the document per the Board recommendations. The PPC chair(s) establishes a timeline for the revision.

The Board can agree to allow the Executive Council to serve as its proxy when approving final revisions and confirming policy adoption.

Once approved, the revised document is brought back to the Board Executive Council (or the full Board, in instances where the Executive Council is not its proxy) for final approval and adoption.

Document Publication and Dissemination

ASAM Policy Statements are published on ASAM's website and announced in ASAM Weekly and ASAM Advocacy Updates.

Further public relations and dissemination activities are decided by the ASAM's Publication Council and/or the Membership, Marketing and Engagement team. These activities may include press releases, press conferences, and/or submission for publication in the Journal of Addiction Medicine.

Policy Statement Review Process

To keep ASAM's Compendium of Public Policy Statements relevant, accurate, and up to date, the PPC is responsible for reviewing and revising, recommending reaffirmation, or recommending archival within five (5) years of their Board adoption date. Statements that are not reviewed and revised or reaffirmed within five years will be automatically archived and no longer considered ASAM policy until they can be reviewed and acted upon.

The PPC co-chairs will appoint a writing committee each year to review the policy statements scheduled for archival. The writing committee will make a recommendation to the full PPC regarding each statement, whether it should be revised and reaffirmed, reaffirmed as-is, or archived permanently.

The writing committee must first assess whether there is a need to have a policy statement on the topic.

1. The policy statement is current, relevant and should be reaffirmed
2. The policy statement is not current but the topic remains relevant, and the policy statement should be revised
3. The topic of the current policy statement is no longer relevant because of scientific developments or changes within the legislative or public environment
4. There have been changes in healthcare delivery methods or in the healthcare system which make the subject and current policy statement no longer relevant
5. There have been changes in laws, legal systems, or licensures which make the current policy statement no longer relevant
6. Standard addiction medicine practice as reflected by ASAM guidelines has changed making the current policy statement no longer relevant

7. Political or social trends have significantly changed making the current policy statement no longer relevant
8. There have been subsequent changes in ASAM policy making the current policy statement irrelevant or in conflict with existing policy or practice

If the writing committee recommends a statement be revised and reaffirmed, it should present the revised statement to the PPC for a vote of reaffirmation with revision. A majority vote of the PPC is required to advance these recommendations to the Board.

The PPC will present its recommendations to the Board by its fall in-person meeting each year as part of the Board's Consent Calendar.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

ASAM CLINICAL DOCUMENT DEVELOPMENT POLICIES AND PROCEDURES

Created April 2018



ASAM American Society of
Addiction Medicine

ASAM CLINICAL DOCUMENT DEVELOPMENT POLICIES AND PROCEDURES

I. Introduction and Background

The purpose of this document is to provide greater detail on the policies and procedures to develop two types of clinical documents where the QIC is the parent committee: clinical practice guidelines and appropriateness documents.

Clinical practice guidelines are intended to assist physicians in clinical decision making by describing a range of generally accepted approaches for the diagnosis, management or prevention of specific diseases or conditions. The attempt to define practices that meet the needs of most patients in most circumstances by categorizing recommendations.

Appropriateness documents determine when and/or how often a particular procedure should be performed in the context of one or more of the following:

- Available scientific evidence.
- Individual patient characteristics.
- Risk/benefit of treatment.
- Available health care resources.

Clinical guidelines often focus on more generalized, or disease-specific recommendations, whereas appropriateness documents provide physicians with detailed guidance about diagnostic or treatment approaches for a variety of patients and scenarios that occur in clinical practice.

Central elements for the development of these clinical documents include the following: establishment of a multidisciplinary writing committee, assurance that potential biases have been addressed adequately, identification of clinical questions or problems, systematic searches and appraisal of research evidence, formulation of recommendations, formal methods to combine scientific evidence and expert opinion, external review, and ongoing review and update.

II. Selection of Topics

The Quality Improvement Council (QIC) proposes clinical topics for guideline development to the Board of Directors for approval and funding allocation. Selection of clinical areas for guideline

development will be responsive to member needs, and the advocacy, policy, and educational concerns of ASAM. Criteria to facilitate topic selection can include, but are not limited to:

- a. Degree of public health importance (high prevalence, significant morbidity)
- b. Impact on quality of care and patient safety
- c. Potential for performance measure and Maintenance of Certification (MOC) module development
- d. Timeliness of topic for informing and improving clinician decision making

III. Clinical Document Committee Appointment

The QIC is responsible for appointing the members of the expert panel which will be responsible for preparing the clinical document. The expert panel is typically comprised of 10-12 members. The QIC will strive to appoint a panel that is multidisciplinary and balanced, comprising a variety of clinicians who treat a range of populations expected to be affected by the document.

In selecting these experts, the QIC will review the conflict of interest (COI) disclosure forms that each prospective panel member is required to complete. The decision to allow or deny panel appointment is determined by deliberation over the nature of disclosed financial and non-financial conflicts of interest, relevancy, and potential impact to the clinical document. An Expert Panel must minimally include 51% of experts without relevant financial conflict of interest. When the clinical document is published, it will include a summary table with the disclosure information for the expert panel members.

IV. Foundation and Articulation of Recommendations

Literature reviews, which includes a summary of the available evidence and gaps, should be conducted to help inform clinical recommendations. There should be an explanation of the part played by evidence, panel consensus and other processes in deriving the recommendations. Recommendations will be articulated so that the recommended clinical action is clear and the circumstances under which it should be performed defined.

V. External Review Process

All clinical documents will undergo an invited and public external review process. The QIC oversees and helps facilitate the external review process. The QIC recommends and identifies groups and partners that should contribute to the external review. External reviewers will comprise a full spectrum of stakeholders including scientific and clinical experts, organizations (e.g., health care, specialty and professional societies), agencies (e.g., federal government), patients and representatives of the public. The ASAM Board of Directors will be invited to participate in the external review process. The review period is at least 3-4 weeks. The draft guideline (marked 'confidential') will be posted on ASAM's Web site for public review for a defined period of time. All external reviewers (invited and public) are required to have or submit disclosure forms. Comments received in the absence of a disclosure form may be considered at the discretion of the QIC Chair. Comments are compiled in a standard format and sent to the

QIC and Expert Panel chairs for review and response to accept, reject, modify or request further information. Following the external comment period and incorporation of modifications to the draft document, the document is presented to the Board of Directors for their review and final approval.

VI. Final Approval and Publication

All clinical documents are presented by the QIC for approval by the ASAM Board of Directors. Upon approval by the Board of Directors the document is posted on the ASAM Web site and submitted as an article to the Journal of the Addiction (JAM) indicating the date of Board approval. Additionally, the Quality Improvement Council will identify other dissemination methods. ASAM recommends that writing panel members decline offers from affected companies to speak about the document on behalf of ASAM for one year after publication.

VII. Review and Revision of Clinical Documents

Board approved clinical documents will be considered for reaffirmation, update, or sunset at least every 5 years based on a review of: published literature since the document was published; FDA decisions (e.g., new product approvals or labelling changes); or other significant practice or policy developments. Based on the QIC's review, it will determine if the revisions require a full update. Clinical documents should go through a full update when new evidence suggests the need to modify clinically important recommendations. This would be particularly true if new evidence shows that a recommended intervention causes previously unknown substantial harm, or that a new intervention is significantly superior to a previously recommended intervention, or that a recommendation can be applied to new populations. Final Board approval will be required for all document modifications.

The QIC will consider focused updates for guidelines every two years when advancements in addiction research and practice warrant. This will include a review of the literature and inclusion of any new drug formulations or information in medical research or practice that requires a focused update. The QIC may, at its discretion, choose to consider a focused update sooner, if important changes have taken place that affect selected recommendations and clinical practice would benefit from selected updates when a complete update may not be necessary. More specifically, the following scenarios can be used to determine the type of focused updates needed:

- Scenario 1: No new evidence. Insert box at top of guideline that summarizes literature search including dates and number of abstracts reviewed, and indicates no new evidence identified and thus no changes to recommendations. Approval by QIC and Guideline Committee chair. To Executive Committee of Board of Directors for final approval.
- Scenario 2: New evidence/no change to recommendations. Summary of search and review, plus include a list of relevant references identified. Approval by QIC and Guideline Committee chair. To Executive Committee of Board of Directors for final approval.
- Scenario 3: New evidence/recommendations change. Current review and approval process for substantive updates and publication in print and online versions of journal.

For recommendations that require input from the Guideline Committee, they will go through a similar process that was used to develop the original recommendations. All changes need to be reviewed and approved by chairs of the QIC and Guideline Committee. To Executive Committee of Board of Directors for final approval.

- Scenario 4: Ad hoc, rapid update. New evidence or treatment practice/change to recommendations. Publish a focused update with notice in journal with summary of key new evidence. Would allow for more rapid change to a guideline without a formal, comprehensive literature search and review. Change would be made to selected recommendations based on relevant published high-impact evidence or regulatory decisions. All changes need to be reviewed and approved by chairs of the QIC and Guideline Committee. If warranted, they may also need to go to the Guideline Committee for review. To Executive Committee of Board of Directors for final approval.

If the recommendations have changed, all changes to the full guideline will be made online using a different font or italics. The associated resources, including the pocket guide, phone app, and slide deck will also be updated.

VIII. ASAM COI Policy

The American Society of Addiction Medicine (ASAM) recognizes the importance of maintaining high ethical standards and avoiding conflicts of interest. Because the development of scientific policy documents depends on the knowledge and experience of volunteers, many of whom have relationships with industry (RWI) and other entities, the disclosure requirements for writing committee RWI must be realistic and workable, as well as implemented in a way that protects the integrity of the process while allowing an open and honest exchange of information among all writing committee members, including those with relationships with industry and other entities that are relevant to the document.

All writing committee members must provide complete, timely, accurate, and signed disclosure statements of their relevant relationships, and must continue to update their disclosure as needed throughout the document development process. ASAM requires that the panel chair (or at least one chair if there are co-chairs) be free of conflicts of interest relevant to the subject matter of the document, and to remain free of such conflicts of interest for at least one year after document publication. They are informed of the requirements during the invitation process and are further advised that publication of relevant RWI and other entities is mandatory for participation on the writing committee. The names and information regarding RWI for all writing committee members is reported in ASAM publications, as well as any other partnering society's journal publishing the document. It is also posted on the ASAM website (www.asam.org) and other partnering society's World Wide Websites. In addition, to ensure complete transparency, authors and members of all document oversight committees are required to disclose their comprehensive RWI which will be posted online on www.asam.org.

RWI statements from writing committee members are reviewed by the Quality Improvement Council. To ensure transparency and full disclosure during the writing process, RWI for all writing committee members also are included in the agenda of each writing committee meeting

and/or conference call and verbally updated as changes occur. The first agenda item at the beginning of each official committee meeting must be reserved for any conflict of interest updates from members. The Writing Committee Chair, or the Chair of the QIC, is responsible for handling mitigation of potential conflicts of interest.

Each writing committee member must disclose ALL relevant financial, personal or professional relationships with industry, individuals, or organizations as defined below (including such relationships of their spouse and dependent children). It is essential that writing committee members are transparent and accurately disclose all relevant relationships to avoid even the perception of a conflict of interest with industry, which could negatively impact the hard work of others on the committee.

All writing committee members are required to identify relationships within the last one year that could be relevant to the topics or issues addressed in or implicated by the document.

All such relevant relationships should be noted and the financial disclosures should be classified as significant, modest, or no financial relationship. A person is deemed to have a significant interest in a business if the interest represents ownership of 5% or more of the voting stock or share of the business entity, or ownership of \$10,000 or more of the fair market value of the business entity; or if funds received by the person from the business entity exceed 5% of the person's gross income for the previous year. A relationship is considered to be modest if it is less than significant under the preceding definition. No financial relationship pertains to relationships for which the individual receives no monetary reimbursement. If an individual has no conflicts or relationships to disclose, he or she must indicate none.



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

QIC Endorsement Policy

Created April 2018



ASAM American Society of
Addiction Medicine

QIC Endorsement Policy

Requests to review and approve clinical documents developed by another organization are considered Endorsements. Requests to endorse usually come directly from the organization that developed the document. ASAM endorses the document in spirit and agrees with most but not all wording and is aware of and supports the methodology used to develop the document.

Endorsed documents are NOT considered official ASAM documents. They are overseen by ASAM's Quality Improvement Council.

Recommended Process:

1. *All clinical document endorsement requests are triaged to ASAM staff who work with the Quality Improvement Council (QIC).*
2. *The requesting organization must provide information about how its endorsement will be noted in the final document and how it addressed relationships with industries (RWI) as part of the document development process. If this information is not included, it must be requested.*
3. *The QIC selects potential reviewers of the document using the clinical document review expert list and process. Those who agree, review and send recommendations for endorsement along with any comments.*
4. *The QIC will review the comments and make a decision on whether or not to endorse based on the following ramifications:*
 - a. *Its usefulness to ASAM members and patient care*
 - b. *Its relevance and importance to ASAM*
 - c. *Whether it has any recommendations contradicting ASAM clinical and/or advocacy policy*
 - d. *The likelihood of ASAM developing a similar guideline in the near future*
 - e. *Whether RWI are fully disclosed*
 - f. *Its standardized process*
 - g. *How long the endorsement will last*

5. *If there are no comments and the QIC has discussed, the QIC chair notifies the Council as such, and the endorsement is given.*
6. *Before formal endorsement, the QIC will send an email notification to the EC UNLESS the QIC finds potential controversy.*
7. *When the document is endorsement, ASAM lists the document on its website with a link to the document, if it is available online. It can also be announced in the weekly newsletter.*

ASAM may also ask other organizations to review and approve its own clinical documents. Requests for other organizations to endorse ASAM documents will be made by ASAM staff.

Recommended Process:

1. *ASAM will only consider federal or state agencies, nonprofit professional societies, and healthcare providers for endorsement of an ASAM document.*
2. *ASAM staff will provide information to the organization about how its endorsement will be noted in the final document, as well as the following text:*

“Endorsement means public approval of an ASAM document, and will require written confirmation. In return for public approval, ASAM will list the endorsing organization’s name (not logo) on the document either until it is updated, or until the organization decides to conclude endorsement.”

3. *The organization will review the clinical document and decide whether or not to endorse it.*



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

QIC Guideline Topic Identification and Selection Policy

Created April 2018



ASAM American Society of
Addiction Medicine

QIC Guideline Topic Identification and Selection Policy

ASAM will continue to create new guidelines dedicated to increasing the quality of care for patients with addiction. The following may be used as a guide for identifying and selecting topics for prospective guidelines:

Recommended Process for Topic Identification:

1. *ASAM staff will investigate potential topics by doing the following:*
 - a. *Identify the most pressing health issues around Substance Use Disorders*
 - b. *Identify areas where there is the most confusion in diagnosis and treatment*
 - c. *Review ASAM's annual Needs Assessment from its members*
 - d. *Contact internal committees/councils and external groups stakeholders to do a call-for-topic using the standard survey*
 - e. *Scan other organizations that are creating guidelines to reduce investment overlap, including but not limited to:*
 - i. *The American Psychiatric Association (APA)*
 - ii. *Substance Abuse and Mental Health Services Administration (SAMHSA)*
2. *ASAM staff will propose a list of topics to the Quality Improvement Council (QIC).*
3. *The QIC will discuss and propose any additional topics.*
4. *The list of topics will be reviewed and re-prioritized by the QIC each year, and periodically updated by ASAM staff as scanning will continue on an ongoing basis.*

Recommended Process for Guideline Selection:

1. *ASAM staff will support the QIC in prioritizing topics for new guideline development or guideline updates. They will also discuss:*

- a. *Whether ASAM should create the guideline independently or with another organization*
 - b. *Whether the topic can be integrated into an existing guideline (i.e., following procedures outline in the focused update policy for when guidelines should be updated)*
- 2. *The QIC will vote on a topic and follow procedures for securing Board of Directors approval.*



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

QIC Reviewer Request Policy

Created April 2018



ASAM American Society of
Addiction Medicine

QIC Reviewer Request Policy

Procedures for Responding to Reviewer Requests from Outside Organizations

The American Society of Addiction Medicine is often asked to review and comment on a document developed by another organization. The following may be used as a guide:

Recommended Administrative Process:

1. *ASAM staff will collect information from the inviting organization and prepare a brief outlining the request (subject, expected workload, timing, whether they want an individual expert review or an ASAM review, etc.)*
2. *ASAM staff will develop a list of potential reviewers based on their expertise in accordance to the subject of the document.*
3. *ASAM staff will present background information and recommended reviewers to the Quality Improvement Council for additions/considerations.*
4. *ASAM staff will attempt to select two (2) experts to serve as external reviewers.*
5. *ASAM staff will coordinate as needed the invitation of experts and review process with QIC identified experts.*
6. *If the organization requested an individual expert review, the task is completed at this point. If the organization requested an ASAM review, proceed to #7.*
7. *ASAM staff will collect reviewers' feedback and incorporate them into an official ASAM commentary for submission along with any associated documents.*
8. *ASAM staff will send the official ASAM commentary to the Executive Council at least 24 hours prior to submission for final approval.*
9. *ASAM staff will track and file all reviews in its shared folders.*
10. *ASAM staff will communicate the reviewers' comments with the Quality Improvement Council.*

11. *When the requesting organization's document is published, ASAM staff will post an article on ASAM Weekly highlighting its contribution to the document.*



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

Publications Council: Operating Policies and Procedures

Updated September 2012

New Publications

ASAM accepts proposals from authors and editors who wish to have the Society publish their work. ASAM Publications define the core content of addiction medicine and convey new advances in the field. Publications interface with key Society functions and contribute to the Society's core purpose to improve the care and treatment of people with the disease of addiction and to advance the practice of addiction medicine.

How Publications Are Submitted:

Publications are submitted for review by the Publications Council in completed form or as well-thought out concepts. Authors or editors must apply by filling out an online application located here: <http://www.asam.org/publications/become-an-asam-author>.

How Publications Are Accepted:

All ASAM Publications are approved by the Board of Directors. New Publications are reviewed by the Publications Council and scored numerically. Based on this review, the Council votes to move the publication forward and directs ASAM to explore how publishing would impact Society resources. ASAM then assesses the finance viability of publication and reports back to the Council. The Council determines whether or not to bring the Publication to the ASAM Board of Directors for approval.

Journal of Addiction Medicine

Launched in 2007 under the leadership of George F. Koob, PhD, Journal of Addiction Medicine is the official scientific journal of the American Society of Addiction Medicine. For more information visit ASAM's website: <http://www.asam.org/publications/journal-of-addiction-medicine>.

Solicitation and Appointment Process:

Senior Editors: Publication's Council solicits and recommends candidate for approval by ASAM's Board of Directors.

Associate Editors: Senior Editor solicits and recommends candidate for approval by Publications Council and ASAM Board of Directors.

Editor Terms: 3 Years Renewable with no term limits; terms begin January 1 of the year following appointment.

Current Editors:

Senior Editor:

*George Koob (appointed March 2007; term renewed January 1, 2013)

Co-Editors:

*Shannon Miller (appointed March 2007; term renewed January 1, 2013)

*Frank Vocci (appointed April 2012; term commenced January 1, 2013)

*Martha Wunsch (appointed March 2007; term renewed January 1, 2013)

Performance Evaluation:

Evaluation is three-part:

- I. Mission advancement: Annually, the Publications Council shall assess the ability of Journal of Addiction Medicine to advance the mission of the American Society of Addiction Medicine.
- II. Resource viability: Coinciding with the Board of Director review of Society finances, the Publications Council shall ask ASAM to assess annually the continued ability to support Journal of Addiction Medicine.
- III. Editor's goals: In the first quarter of the first term year, Editors shall present to the Council goals and milestones for which to evaluate their performance over their three year term. Editors shall meet annually with the Council to report progress on goals and performance. In the second quarter of year three of the Editors' term, the Council shall vote to renew the Editors for an additional term.

ASAM Newsletter

Since 1965 ASAM has published a Society newsletter to support members and bring recognition to the field of addiction medicine with the public. The first newsletter was entitled, "The Physician's Alcohol Newsletter," and since that time the scope of ASAM's mission has evolved to include drugs and now process addictions. More information is available online:

<http://www.asam.org/publications/asam-news>.

Solicitation and Appointment Process:

Editor: Publications Council solicits and recommends candidate to the ASAM Board of Directors for approval.

Editor Terms: 3 Years Renewable with no term limits; terms begin January 1 of the year following appointment.

Current Editor is Mark Publicker (appointed July 2012; term commenced January 1, 2013):

Performance Evaluation:

Evaluation is three-part:

- I. Mission advancement: Annually, Publications Council shall assess the ability of the newsletter to advance the mission of the American Society of Addiction Medicine.
- II. Resource viability: Coinciding with the Board of Director review of Society finances, the Publications Council shall ask ASAM to assess annually the continued ability to support the newsletter.
- III. Editor's goals: In the first quarter of the first term year, the Editor shall present to the Council goals and milestones for which to evaluate her or his performance over the three year term. The Editor shall meet with the Council annually to report progress on goals and performance. In the second quarter of year three of the Editor's term, the Council shall vote to renew the Editor for an additional term.

ASAM Book Editors

ASAM currently publishes Principles of Addiction Medicine, Fourth Edition; Principles of Addiction Medicine, The Essentials; and The ASAM Patient Placement Criteria: Supplement on Pharmacotherapies for Alcohol Use Disorders with the publisher Lippincott, Williams and Wilkins (LWW), and The ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, is self-published by ASAM and sold directly by ASAM and through a consignment deal with LWW. <http://www.asam.org/publications/asam-news>.

Solicitation and Appointment Process:

Senior Editor: Publications Council solicits and recommends candidate to the ASAM Board of Directors for approval.

Associate Editors and Authors: Senior Editors select Associate Editors and authors.

Editor Terms: By Edition with no term limits. If the Chief Editor does not wish to continue as Chief, a plan for mentorship and succession of editors is needed.

Current Senior Editors:

Principles of Addiction Medicine, Fourth Edition: Rick Ries

Principles of Addiction Medicine, The Essentials: Christopher Cavacuiti

The ASAM PPC-2R: David Mee-Lee

The ASAM PPC-Supplement: Marc Fishman

Performance Evaluation:

Evaluation of each book is independent of the other books, and is three-part:

- I. Mission advancement: Annually, Publications Council shall assess the continued ability of the publication to advances the mission of the American Society of Addiction Medicine.
- II. Resource viability: Coinciding with the Board of Director review of Society finances, the Publications Council shall ask ASAM annually to assess the continued ability to support the publication.
- III. Editor's goals: In the first quarter of the first term year, the Editors shall present to the Council goals for which to evaluate her or his performance. The Editor shall meet with the Council annually to discuss the publication and whether or not a revision is necessary. When a revision is deemed necessary, the Council shall work with the Senior Editor to renew her or his term.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Principles Governing ASAM Relationships with External Sources of Support

Created July 2019

Introduction

As a professional organization, the American Society of Addiction Medicine (ASAM) operates with a high level of purpose representing the ideals of addiction medicine, depending on the dues of its members to help fulfill a portion of its mission. ASAM, like most non-profit associations today, also generate non-dues revenues to fulfill its mission, including support from external sources. ASAM's values (inclusive leadership, innovation and integrity, openness, compassion) and ethical principles guide the appropriate development and utilization of external support necessary to implement programs and activities to fulfill ASAM's mission.

Our members recognize the critical role ASAM plays as the leading association for addiction medicine issues in the United States. ASAM activities reflect on all addiction medicine specialists, and all addiction medicine specialists are represented to some extent by the ASAM.

ASAM further believes relationships with external entities provide value when such relationships are ethically structured, transparent and such support has no influence on educational, scientific or policy content.

These principles apply to all external sources of support, including industry support, philanthropic support from individuals or foundations, federal or state grant support, and other external sources of support. These principles should serve as a starting point for anyone reviewing or developing ASAM relationships with outside groups.

These principles should be reviewed at least every five (5) years to assure their relevance to ASAM's mission, values, operations and its business environment.

Definitions

External entities: Includes for-profit entities that develop, produce, market, or distribute drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions (e.g., pharmaceutical and medical device/software manufacturers and other for-profit health services/product providers). It also includes non-profit entities, federal and state agencies, individuals, foundations, entities outside of the healthcare sector, or entities through which clinicians provide clinical services directly to patients (e.g., hospitals, medical centers, treatment programs, publishers, foundations, and insurers).

Sponsorship: An arrangement in which an external entity provides monetary or in-kind support for a Society product, service, or event, and is then acknowledged in connection with the product, service or event. Sponsorship acknowledgment is neutral and neither endorses nor identifies a sponsor's products or services. Sponsorships are distinct from Educational Grants.

Support: Includes financial support (e.g. money), material support (e.g. products or publications), staff support (e.g. salary support for staff or provision of external staff to accomplish ASAM activities) and in-kind support (contribution of value in place of monetary donation).

General Principles

1. ASAM's mission and values must drive the proposed activity.

ASAM's mission and values must determine whether a proposed relationship with an external entity is appropriate for ASAM. In general, ASAM will proactively choose its priorities for external relationships and participate in those that fulfill the organization's priorities. It is also recognized that external entities may reach out to ASAM and these principles will help to guide ASAM's response to these kinds of outreach.

ASAM should not have relationships with organizations whose principles, policies, or actions obviously conflict with ASAM's mission. For example, relationships with producers of products that harm the public health (e.g., tobacco) are not appropriate for ASAM. Relationships that are not motivated by ASAM's mission can threaten ASAM's integrity and reputation, along with its ability to provide representation and leadership for its members and the addiction medicine profession.

ASAM's mission statement and values provides guidance for developing relationships to secure external support.

ASAM's Mission: To be the physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction, and to provide resources for continuing innovation, advancement, and implementation of addiction science and care.

ASAM's Core Values:

- Inclusive Leadership: evidenced in a commitment to lead a field of addiction prevention, treatment, remission and recovery unified through partnership and collaboration.
- Innovation and Integrity: evidenced in an uncompromising commitment to foster innovation and disseminate evidence-based practices.
- Openness: evidenced in inclusion of a diverse community of medical specialists delivering the best available addiction care.
- Compassion: evidenced in our advocacy for and devotion to the health and wellbeing of our patients, members, and the public.

ASAM will always maintain objectivity with respect to treatment, prevention, and health promotion regardless of support from external entities.

ASAM shall accept support or funds from external entities only if acceptance does not pose a conflict of interest with ASAM mission and values, and in no way impacts the objectivity of ASAM, its members, activities, programs or employees. ASAM must strive to ensure that its actual or perceived objectivity with respect to treatment, prevention, and health promotion is not biased by external relationships.

The relationship with external entities must preserve or promote trust in ASAM and the medical profession.

To be effective, medical professionalism requires the public's trust. Relationships that could undermine the trustworthiness of ASAM, and thus the public's trust in ASAM or the profession, are not acceptable. For example, no relationship should raise questions about the scientific

content of ASAM's educational programs, practice guidelines, advocacy on treatment, prevention, and health promotion, or the truthfulness of ASAM's public statements.

The externally supported activity must benefit public health, patient care, research, or physician practice.

Educational programs for members or informational campaigns for the public must be of benefit to ASAM's mission and constituency.

ASAM shall comply with applicable laws, regulations, codes of ethics and internal policies as they apply to external support of ASAM activities and programs.

ASAM, in establishing and implementing its relationships with external entities for support, shall respect and comply both with its own and with the external entity's applicable laws, regulations, and codes of ethics as well as ASAM's internal policies. When conflicts arise between the laws, regulations, codes of ethics, or ASAM's internal policies affecting ASAM and the external entity, the ASAM Board of Directors has final responsibility for approving an acceptable resolution which may entail not proceeding with a proposed externally supported activity.

ASAM shall apply the principles of disclosure and transparency for all external support relationships.

ASAM has a duty to publicly disclose its financial relationships with external entities. However, ASAM may honor, on an individual basis, requests from individual donors who wish to make their gifts anonymous.

ASAM must not involve itself in the production, sale, endorsement, or marketing to consumers of products external to ASAM that claim a health benefit.

Marketing to consumers of health-related products that claim a health benefit (e.g., pharmaceuticals) undermines the ASAM's objectivity and diminishes its role in representing health care values and educating the public about their health and health care. ASAM publications and websites created for the public must include language, located conspicuously, disclaiming ASAM's endorsement of any advertised products not produced by ASAM in such publications and websites; all advertisements must be clearly marked as advertisements.

Externally supported activities should be funded from multiple sources whenever possible.

Support of individual activities from multiple entities reduces ASAM's dependence on a single entity for continuing a given activity. ASAM recognizes that there may be some activities for which the benefits to its mission and constituency are so great, the potential harms so minimal, and the prospects for developing multiple sources of support so unlikely that single-entity support is a reasonable option. There may also be cases where ASAM seeks multiple supporters but is only successful in securing a single supporter.

ASAM preserves control over projects and products and retains editorial control over anything produced as part of an externally supported arrangement.

ASAM must remain in control of its name, logo and content, and must approve all marketing materials to ensure that the message is congruent with ASAM's mission. A statement regarding ASAM's editorial control, as well as the names of the program's supporters, must appear in all public materials describing the program and in all educational materials produced by the program.

Relationships between ASAM and external entities must not permit or encourage influence by the external entity on ASAM's policies, priorities, or actions.

ASAM's relationship with an external entity must not permit influence, or the appearance of influence, by the external source of support on ASAM's policies, priorities, and actions.

Receipt of support from an external source does not imply ASAM's endorsement of the entity, its products, services, or policies.

An external entity's support or sponsorship of an ASAM program does not imply ASAM's approval of the entity's general policies, nor does it imply that the ASAM will exert any influence to advance the entity's interests outside the substance of the arrangement itself. ASAM's name and logo should not be used in a manner that would express or imply an ASAM endorsement of the entity, its products, services, or policies.

ASAM will not accept external support for core operational or governance activities.

Financial dependence is potentially created when ASAM's core operations become too reliant on external support. ASAM should never become dependent on external entities to provide essential services. ASAM will never accept financial support for core governance activities (e.g., financial support for conducting Board business) by an external entity as that will create the appearance of a conflict of interest, thus compromising the integrity of ASAM's mission or its ability to fulfill its mission.

Specific Principles

These special guidelines govern how ASAM shall address receipt of support for specific areas, programs and offerings, and are to be applied in addition to the General Principles stated above. In addition, ASAM operates according to specific policies related to exhibits, sponsorships and advertising which are listed with links at the end of this document.

Exhibits

- ASAM may solicit external entities to exhibit and hold non-CME presentations within ASAM's exhibit hall
- ASAM will enforce ASAM's policies and guidelines related to exhibitors

Advertising

- ASAM shall seek advertisements that benefit public health, patient care, research, and/or physician practice;
- ASAM will ensure advertiser's adherence to ASAM Advertising Guidelines.
- ASAM will ensure advertiser's adherence to CMSS Code.

Grants

- ASAM will require that all grants from nongovernmental entities be unrestricted;
- Ensure entities are examined for reputation and alignment with ASAM's mission and values; ASAM will retain full editorial control over any information or product produced;
- ASAM will ensure educational grants awarded by an external entity for a CME activity are referred to in the ACCME Standards for Commercial Support as "Commercial Support" of CME and will be accepted in accordance with ACCME Guidelines.

Sponsorship

- ASAM will ensure sponsors adhere to ASAM Exhibit and Support Rules and Regulations, to ACCME Standards for Commercial Support, and to CMSS Code:
- ASAM will not provide sponsorship for items that will compel conference participants to accept or use the offering (room keys, hotel room drops, conference app pushes)
- When ASAM places sponsorship activity or commercial promotion outside of the exhibit hall, such as a coffee station or charging station, it will be positioned sufficiently away from heavily trafficked meeting locations such that attendees can reasonably avoid them if they choose. Sponsorship for meeting-wide amenities, such as Wifi, can be credited unobtrusively.
- ASAM will not provide conference registrants emails to sponsors or exhibitors. ASAM will disclose all sponsorship relationships and they will be acknowledged in a transparent manner.
- ASAM will not promote sponsored Satellite Sessions and ASAM Board members will not participate in Satellite Sessions in any manner other than as an attendee.

Addendum

The following ASAM approved documents and policies as well as third-party guidelines influence ASAM's interactions with external entities.

ACCME Standards for Commercial Support:

<http://www.accme.org/accreditation-rules/standards-for-commercial-support>

ASAM Advertising Guidelines

<https://www.asam.org/catalog/asam-advertising-guidelines>

ASAM Exhibit and Support Rules and Regulations

https://www.eventscribe.com/upload/planner/links/AC19_ExhibitandSupportRulesandRegulations_100.pdf

Council of Medical Specialty Societies Code for Interactions with Companies

<https://cmss.org/wp-content/uploads/2016/02/CMSS-Code-for-Interactions-with-Companies-Approved-Revised-Version-4.13.15-with-Annotations.pdf>



ASAM American Society *of*
Addiction Medicine

Board Policies & Procedures

ASAM Conflict of Interest Policy

Created April 2020

American Society of Addiction Medicine

Policy on Conflict of Interest

A. INTRODUCTION

To further the purposes for which the American Society of Addiction Medicine (ASAM) is organized and to maintain the excellent reputation in which it is held by the public and the medical profession, it is important that ASAM's decisions and actions not be influenced unduly by any special interests of individual members. ASAM depends upon its members to shape its policies and the actions of those members in shaping such policies must not be inappropriately affected by outside influences. Therefore, it has always been and continues to be important to identify actual or potential conflicts of interest which might improperly affect ASAM activities and decisions. As the professional and business settings and relationships in which ASAM members play significant roles become increasingly varied and complex, informal means of identifying actual or potential conflicts of interest become increasingly inadequate. To meet this need, this policy details a more formal system for the disclosure and evaluation of possible conflicts of interest.

B. DEFINITIONS

Conflict of Interest

A conflict of interest is defined as a situation in which a member acting on behalf of ASAM (officer, volunteer and staff) is in a position to derive personal benefit (reputational or financial) with ASAM and/or at another organization from actions or decisions made in their official capacity. Interest held by an ASAM member could influence or be perceived as influencing the member to act for their own personal benefit or for the benefit of an immediate family member or business associate. The interest does not need to be contrary to the interests of ASAM to be considered a conflict.

Immediate Family Member

An immediate family member is defined as a member's spouse, significant other, children, and parents and/or any individual residing in the household.

Note: throughout the document when ASAM Member or Volunteer Leader is referenced, the reference includes all immediate family members for which that person will need to disclose COI.

Healthcare Company/Commercial Entity

Any for-profit organization that is involved in the production, marketing, distribution, or reselling of health care goods, services, or information consumed by patients, clinicians, and/or support staff. For editors, commercial entities also include publishers. This excludes entities through which the member provides clinical services to patients.

Note: Types of these companies include but are not limited to medical device manufacturers and distributors, pharmaceutical, pharmacy, laboratory testing, electronic health records, hospitals, outpatient care centers, wearable devices for health and fitness, billing services, apps, etc.

Associated Healthcare Organizations

Any non-profit, government, or academic institutions that represent, advocate, legislate, educate, and/or provide treatment for stakeholders of the healthcare system(s). Excludes entities through which the member provides clinical services to patients and/or conducts research.

Direct Financial Relationship

A relationship held by an individual that results in wages, consulting fees, honoraria, or other compensation (in cash, in stock or stock options, or in kind), whether paid to the individual or to another entity at the direction of the individual, for the individual's services or expertise.

Volunteer Leader

Includes each officer, director, committee, council, task force and writing group members, the editors and members of the editorial boards of ASAM's journal, textbooks and other publications.

ASAM staff

Refers to ASAM employees at the level of manager or above.

Fair Use Doctrine

Fair use allows limited use of copyrighted material without permission from the copyright holder for purposes such as criticism, parody, news reporting, research and scholarship, and teaching.

C. BOARD APPROVED POLICIES

This section outlines Board approved policies that are relevant to the management of conflicts of interest.

Disclosure Statement Policy

Each officer, director, committee or council chair, committee or council member, task force chair, task force member, the editors and members of the editorial boards of ASAM's journal, textbooks and other publications will be required to sign and submit a disclosure statement to ASAM. Statements must be updated within 30 days to reflect any changes in affiliations, relationships, investments, compensation, and any other interests of the individual or family member. A separate disclosure form for educational activities or clinical documents may be used to collect additional information not included on the universal disclosure.

Holding an Officer Position at Another Organization

In order to help ensure that ASAM's Officers are primarily focused on the interests of ASAM and to minimize the potential for conflicting or dual fiduciary responsibilities, it is ASAM's policy that its Officers cannot hold an Officer position at another addiction-related professional society or association or addiction related advocacy group while serving as an ASAM Officer. This will become effective with the beginning of the next term for Officers in April 2021.

Prohibitions from Direct Financial Relations with Commercial Entities

ASAM's Presidential Officers (President, President-Elect, Vice President, and Immediate Past President), the Chief Executive Officer and Editor in Chief of the Journal, textbooks, and other publications may not have direct financial relationships with commercial entities during his or her term of Office. This policy is not intended to include entities outside of the healthcare sector.

This policy is not intended to include entities through which physicians provide clinical services directly to patients or supervise such care. Questions regarding relationships with non-profit entities will be reviewed by the Ethics Committee on a case-by-case basis.

Prohibitions from Direct Relationships Relevant to Subject Matter

ASAM requires that chair (or at least one chair if there are co-chairs) of clinical document writing committees be free of direct relationships relevant to the subject matter of the document during the term of service.

Serving on Another Organization's Clinical Writing Committee

Clinical document writing committee members (excluding reviewers) cannot serve on the clinical document writing committee of another addiction related organization on the same or similar topic for the duration of his or her service on the ASAM writing committee, unless the Volunteer Leader is serving as an official ASAM Representative.

Prohibition on Providing Training and Consultation on ASAM Materials

Editor in Chiefs, Associate Editors and other writing committee members who wish to provide training or consultation on content of an ASAM publication, outside of the Fair Use doctrine, and/or develop derivative material from an ASAM publication, must do so through a contractual agreement with ASAM.

Requirements Following Term of Service

The following are restrictions on a Volunteer Leader's activities following the end of the Volunteer Leader's term:

- Any former Volunteer Leader shall not use the ASAM name or his or her prior affiliation with ASAM in any manner which would imply ASAM support or endorsement of policies, products or activities of another organization.
- Any former Volunteer Leader shall not disclose confidential or proprietary information.
- Any former Volunteer Leader shall refrain from disparaging ASAM. However, the expression of differences or disagreements with ASAM policies or positions following the conclusion of a Volunteer Leader's term do not constitute disparagement.
- Specifically, The Chair (or at least one chair if there are co-chairs or vice-chairs) of clinical document writing committees must be free of conflicts of interest relevant to the subject matter of the document one year following completion of the document.

These restrictions on a Volunteer Leader's actions following his or her term shall be a condition of the Volunteer Leader's acceptance of a position on an ASAM Board of Directors, Committee, Council, or Task Force as well as Editors.

D. DUTY TO DISCLOSE CONFLICTING INTERESTS

ASAM staff and Volunteer Leaders working on or providing oversight to an ASAM business activity must complete a declarations form to disclose all actual or potential conflicts of interest which he or she may identify during his or her service to ASAM.

Sources of possible conflicting interests which must be disclosed include the following:

1. Interests which may affect economic transactions to which ASAM is or may be a direct party. An example would be an ASAM Volunteer Leader's ownership of a financial interest in a company from which ASAM makes purchases of goods or services.
2. Interests which might cause a representative of ASAM to abuse an ASAM position in order to achieve objectives which are inconsistent with ASAM's purposes. An example would be a Volunteer Leader holding a material financial interest in a company that competes with a company whose product is being reviewed by the ASAM Board or an ASAM Committee or Council.
3. Affiliations, including officer, director, committee and consulting positions, with organizations which have conflicting or dual goals or have competing business and professional interests or activities. Examples would include participation on the Board of a medical society that conducts competing business activities such as Maintenance of Certification (MOC) education; participation on the board of a pharmaceutical company which advocates a reimbursement policy conflicting with that of ASAM's; serving as a consultant to a company that provides goods and services to ASAM members; or serving as an employee, officer, director, trustee or committee position in another organization whose membership is comprised principally of certified addiction specialists.
4. Other personal relationships, activities or interests that may impair an individual's objectivity or may inappropriately influence the individual's decisions or actions regarding ASAM matters.

E. DISCLOSURE STATEMENT AND RELATED PROCEDURES

Each officer, director, committee or council chair, committee or council member, task force chair, task force member, the editors and members of the editorial boards of ASAM's journal, textbooks and other publications will be required to sign and submit a disclosure statement to ASAM. A separate disclosure form for educational activities or clinical documents may be used to collect additional information not included on the universal disclosure.

Statements must be updated within 30 days to reflect any changes in affiliations, relationships, investments, compensation, and any other interests of the individual or family member.

Disclosing all interests increases transparency and provides the ability to accurately and ethically manage and resolve any potential or actual conflicts of interest (COI). This protects the member and ASAM from a claim that s/he is not acting in the best interest of ASAM's mission or patients and helps to respect and maintain the confidentiality of ASAM's work. ASAM will make the COI policy and forms available to the public.

The COI policy will be distributed to all candidates seeking election or appointment to ASAM's Board of Directors (BOD), Councils, Committees, Task Forces, editors and editorial boards and they will be required to complete a Disclosure Statement as part of their application process.

BOD disclosure statements will be posted on the ASAM website. Each BOD meeting will begin with the President's acknowledgment that all BOD members have submitted their most current disclosure statement. Prior to each BOD meeting, ASAM's Vice President will review the disclosure statements and will inform the President of any relevant conflicts related to the

meeting's agenda. Where there is a potential conflict, the member will be contacted ahead of time and informed of how the President will plan to address the conflict (e.g., recusal from discussion and voting; absence from meeting or portion of the meeting).

All Committee, council and task force chairs and staff liaisons will ensure that all members have current disclosures. Prior to their meetings, chairs and staff liaisons will review the disclosures and agenda to be alert to any potential conflicts and to address them in advance, if possible. Chairs will begin meetings with an acknowledgment that disclosure statements have been reviewed and a reminder to members to disclose any new or relevant conflicts which will need to be subsequently documented in an updated disclosure statement.

Any member may raise a question about possible COI of a Volunteer Leader. A member may direct his/her concern to the Chair of the Board or the relevant committee, council, task force or editor. Where the concern may be related to the Chair, then the member may bring the concern to the Ethics Committee. When a concern has been raised, the chair, editor or Ethics Committee chair will discuss their recommended action with the affected member, as appropriate.

The Board of Directors, Committee, Council, Task Force, or editor will be advised if the conflict of interest has been resolved with the affected Volunteer Leader. If the conflict is not resolved, additional steps will be taken, including seeking the Volunteer Leader's resignation or, in appropriate circumstances, referring the matter to the Ethics Committee for its consideration for further action.

F. ADDRESSING AND RESOLVING CONFLICTS OF INTEREST

Volunteer Leaders have certain obligations they must fulfill to ensure that a conflict of interest does not harm ASAM's interests.

Disclosure

A Volunteer Leader who has an interest in a matter under consideration by the ASAM Board of Directors, Committee, Council, Task Force or editorial board must disclose all material information regarding his or her interest. Any personal interest, professional relationship or affiliation with another organization could pose a conflict of interest and should be disclosed, e.g. employment or consulting arrangements, and memberships on boards of trustees or directors. Disclosure benefits the Volunteer Leader, as it provides a certain level of protection for the Volunteer Leader from a claim that he or she is not acting in ASAM's best interest or that he or she unfairly used their position for personal gain. Disclosure also provides notice to the other Board, Committee, Council Task Force, editorial board Members of the Volunteer Leader's interest and potential bias.

Obligations of the Interested Volunteer Leader

The interested Volunteer Leader must act in ASAM's best interest. If the Volunteer Leader's personal interest or affiliation with another organization does not prevent the Volunteer Leader from fairly evaluating the matter before the Board of Directors, Committee, Council, Task Force, or editorial board, then the Volunteer Leader may participate in the decision-making process and action. If the Volunteer Leader's interest may cause the Volunteer Leader to take action or to try to influence other Volunteer Leaders to take action that would benefit the Volunteer Leader, or the organization the Volunteer Leader is affiliated with, the Volunteer

Leader's participation in Board, Committee, Council, Task Force, or editorial board actions should be limited. Specifically, the Volunteer Leader should excuse himself or herself from discussion and/or vote. In certain circumstances, it may be appropriate for the Volunteer Leader to resign from either the ASAM Board of Directors, Committee, Council, Task Force, editorial board, or from the other organization with which he or she is affiliated.

Obligations of the Non-Interested Volunteer Leader

Each Volunteer Leader has an obligation to evaluate the opinions and recommendations made by an interested Volunteer Leader based on the interest such Volunteer Leader holds. If a Volunteer Leader has an interest arising out of an affiliation with another organization, the other Volunteer Leaders should consider that such Volunteer Leader may be biased by his or her affiliation. Usually, an awareness of this possible bias coupled with the ability of the non-interested Volunteer Leaders to fairly evaluate the matter under consideration and to outvote the interested Volunteer Leader is sufficient to ensure that the best interests of ASAM are served. If the other Volunteer Leaders believe that a Volunteer Leader's interest may result in the approval of a policy or the undertaking of activity that is not in the best interest of ASAM, the other Volunteer Leaders should raise concerns and attempt to resolve this conflict.

Resolving Conflicts: Recusal

Recusal is the disqualification of a Volunteer Leader from the proceedings of the Board, Committee, Council, or Task Force due to a conflict of interest. The presiding Chair (e.g., Chair of BOD, Committee, Council or Task Force) may request the Volunteer Leader with the identified conflict to do one of the steps listed below to recuse him or herself from deliberations involving the conflict.,

- Remain in the room (or on the phone in the case of a conference call), participating fully in the discussion involving the conflict but not vote.
- Remain in the room (or on the phone) while the matter is being discussed but not speak or vote.
- Provide his or her opinion and then leave the room (or hang up from the phone call) while the matter is considered and voted upon.
- Remain out of the room (or hang up from the phone call) while the matter is being considered and voted upon.

The presiding Chair may also make other determinations related to the matter, including insulating the Volunteer Leader from documents that might be related.

If the Volunteer Leader disagrees with the ruling of the presiding Chair or does not agree that a conflict exists, the matter will be referred to the Ethics Committee.

If the conflict of interest affects the Presiding Chair, then the Vice Chair (e.g., ASAM Vice President or Vice Chair or Committee, Council, or Task Force) is empowered to act and to request that the presiding Chair recuse himself or herself. In the event of no Vice Chair, then the Board, Committee, Council or Task Force will designate an interim Presiding Chair. If the presiding Chair disagrees with the ruling of the Vice Chair, then the matter will be referred to the Ethics Committee. For the duration of the discussion and action on the matter, the Vice Chair shall preside.

The minutes of the meeting shall reflect the disclosure of the potential conflict and any actions taken in response to the disclosure.

Resolving Conflicts: Dissociation

Dissociation refers to a Volunteer Leader severing a relationship with another organization which has conflicting or dual goals or has competing businesses or professional interests or activities and which, in the opinion of ASAM, poses a sufficient conflict of interest to require such action. Consideration of dissociation for a Volunteer Leader with an organizational conflict may be referred to the Ethics Committee.

The Ethics Committee after considering the request of an individual member, BOD, Committee, Council or Task Force will make a recommendation to the Board of Directors as to whether the Volunteer Leader is to sever his or her relationship with the organization or in the alternative resign his or her position as a Volunteer Leader with ASAM.

G. ADDRESSING AND RESOLVING CONFLICTS OF INTEREST: EXAMPLES

The foregoing examples are illustrative and should not be considered the only ones which might give rise to a conflict of interest. If in doubt, one should err on the side of full disclosure in order to permit an objective and impartial determination of the possible conflict.

While these examples are intended to provide guidance in resolving conflicts, it is not possible to identify every potential conflict of interest situation. Therefore, these recommendations include a procedure intended to identify and resolve conflicts. In most cases the Board, Committee, Council or TF should be able to review and mitigate a conflict, however there may be some cases that should be referred to the Ethics Committee.

Examples and recommendations for resolving conflicts are organized in the remainder of this section into the categories summarized below.

- Position as an Officer, Trustee, Council, Committee, or Task Force Member, with Another Organization
- Employment or Consulting Arrangements with Medical Device. Pharmaceutical, lab testing, or other healthcare companies
- Public Representation During Term
- Activities Following Term

1. Position as an Officer, Director, Council, Committee, or Task Force Member, with Another Organization

ASAM encourages participation on the Boards of Trustees, Directors and committees of other organizations. ASAM also recognizes that Volunteer Leaders may hold officer positions in other organizations. Participation in policy-making positions of other organizations is frequently beneficial to ASAM, as Volunteer Leaders gain expertise and form relationships which help further ASAM's goals. However, these organizations may have competing or dual goals or have competing business and professional interests and activities, some which may not be evident or anticipated.

Conflicts of interest arise from these affiliations when decisions intended to further the best interests of each organization conflict. In resolving these conflicts, the predominate concern is ensuring that the Volunteer Leader's actions in fulfilling his or her duties to another organization do not cause the Volunteer Leader to violate his or her fiduciary duties to ASAM.

In order to help ensure that ASAM's Officers are primarily focused on the interests of ASAM and to minimize the potential for conflicting or dual fiduciary responsibilities, it is ASAM's policy that its Officers cannot hold an Officer position at another addiction-related professional society or association or addiction related advocacy group while serving as an ASAM Officer. This will become effective with the beginning of the next term for Officers in April 2021.

1.a Conflicting Organizational Goals

A Volunteer Leader would be unable to act in the best interests of ASAM and another company if the fundamental goals of the two organizations were in conflict. Acting in the best interest of one organization would necessarily mean breaching the duty of loyalty owed to the other organization. In these situations, the Volunteer Leader should resign from one of the organizations.

Example 1: Volunteer Leader is elected to the Board of Directors of an e-cigarette company.

Recommendation: Acting to further the goals of an e-cigarette tobacco company would prevent the Volunteer Leader from acting to further ASAM's goals on public health. The Volunteer Leader should resign from one of the positions.

1.b Conflicting Goals on Major Policy Issue

A Volunteer Leader may hold a position with an organization that generally strives to reach the same public health goals as ASAM. The organizations can be expected to hold different positions on certain issues from time to time. Conflicts arising from an occasional difference in policy can be resolved, as discussed in the following sections. However, differences in policy on major issues, such as access to medications to treat opioid use disorder, may warrant special consideration.

It may be difficult to determine which policy issues are "major" policy issues sufficient to result in a Volunteer Leader's resignation. The Board of Directors, Committee, Council, or Task Force itself, in consultation with the Ethics Committee, may designate certain issues as major policy issues.

The Board of Directors, Committee, Council or Task Force, in consultation with the Ethics Committee, may decide on a case by case basis whether the position of an organization with which a Volunteer Leader is affiliated is in such conflict with the Board of Directors', Committee's, Council's or Task Force's policy that the Volunteer Leader should resign from that position. The Process by which a Volunteer Leader will be asked to resign from a position is set forth in the section addressing Dissociation.

1.c Organizations Without A Financial Interest In An ASAM Policy

A Volunteer Leader may hold a position with a medical society or other organization that addresses issues similar to those issues addressed by the Council, Committee, or Task Force. If

the medical society or other organization does not have a direct financial interest in a Council, Committee, or Task Force policy, a Volunteer Leader's affiliation with such organization normally will not interfere with the Volunteer Leader's obligations to ASAM.

Example 3: A member of the ASAM Board of Directors is a member of the Board of Directors of a medical specialty society. The specialty society has approved a policy on a specific issue that differs from the policy under consideration by the ASAM Board of Directors.

Recommendation: ASAM encourages participation by its Volunteer Leaders in other medical specialty societies. The organizations can be expected to approve different policies on specific issues from time to time. In this example, the specialty society does not have a financial interest in the matter before the Board of Directors. While there may be a tangential benefit to the specialty society if the Board of Directors approves a similar policy, the benefit is likely to be too remote to affect a Volunteer Leader's judgment. Therefore, it is not likely that a Volunteer Leader will be unduly influenced by his or her affiliation with the society, and the Volunteer Leader should be allowed to maintain his or her affiliation with the specialty society and participate in Board of Directors actions on the issue. However, if there are indications that either the specialty society or the Volunteer Leader may derive a significant benefit from approval of a particular ASAM policy, the Board of Directors may limit the Volunteer Leader's participation.

Example 3a: A member of the writing committee of an ASAM clinical document is asked by another medical society to serve on the writing committee for a clinical document of the same or similar topic before the completion of his or her term of service on the ASAM committee.

Recommendation: While the writing committee member is unlikely to derive any financial interest in serving on these writing committees simultaneously, it is ASAM's policy that clinical document writing committee members (excluding reviewers) cannot serve on the clinical document writing committee of another addiction related organization on the same or similar topic for the duration of his or her service on the ASAM writing committee, unless the Volunteer Leader is serving as an official ASAM Representative

This position is to ensure the confidentiality of ASAM's work and to minimize the potential that an individual may be associated with conflicting positions on the same topic.

1.d Organizations with A Financial Interest In An ASAM Policy

This situation is very similar to the conflict of interest situations governed by conflict of interest statutes.

Example 4: A member of the ASAM Board of Directors has a direct financial relationship¹ with a medical device/pharmaceutical/healthcare company. The Board of Directors is considering a policy that could have a direct economic impact on the medical device/pharmaceutical/healthcare company.

Recommendation: The Board of Directors' policy could have a direct financial effect

¹ Direct financial relationship is a relationship held by an individual that results in wages, consulting fees, honoraria, or other compensation (in cash, in stock or stock options, or in kind), whether paid to the individual or to another entity at the direction of the individual, for the individual's services or expertise.

on the medical device/pharmaceutical/healthcare company. The Volunteer Leader's direct financial relationship with the device/pharmaceutical/healthcare company requires the Volunteer Leader to fulfill his or her contractual responsibilities to the Company and to promote the economic interests of the Company. This obligation would prevent the Volunteer Leader from considering the ASAM policy objectively. The Volunteer Leader should not participate in the vote on this issue. The Board of Directors may place limitations on the Volunteer Leader's participation in discussion and access to information it deems confidential on this issue.

Based on the need to minimize conflict and bias as much as possible, it is ASAM's policy that ASAM's Presidential Officers (President, President-Elect, Vice President, and Immediate Past President), the Chief Executive Officer and Editor in Chief of the Journal, textbooks, and other publications may not have direct financial relationships with commercial entities² during his or her term of Office. This policy is not intended to include entities outside of the healthcare sector. This policy is not intended to include entities through which physicians provide clinical services directly to patients or supervise such care. Questions regarding relationships with non-profit entities will be reviewed by the Ethics Committee on a case-by-case basis.

Likewise, ASAM requires that chair (or at least one chair if there are co-chairs) of clinical document writing committees be free of direct relationships relevant to the subject matter of the document during the term of service.

Editor in Chiefs, Associate Editors and other writing committee members who wish to provide training or consultation on content of an ASAM publication, outside of the Fair Use doctrine, and/or develop derivative material from an ASAM publication, must do so through a contractual agreement with ASAM.

1.e Competing Business Activities

Medical societies and other organizations with which a Volunteer Leader may be affiliated conduct business activities that compete with ASAM's business activities. In most cases, conflicts relating to competing business activities can be resolved without requiring a Volunteer Leader to choose between organizations; however, there are some circumstances where this may be necessary.

Example 5: A committee member is a member of the Board of Directors of an organization that conducts several business activities, one or more of which compete with ASAM business activities (e.g. Meetings and education, registries, etc.).

Recommendation: The Volunteer Leader should not participate in the vote on any issue relating to the competing activities. The Board, Committee, Council, or Task Force may prohibit or impose limits on the Volunteer Leader's participation in discussion of the competing activities and on the Volunteer Leader's access to business plans, financial information, and other information which could harm the ASAM's business activity if known by a competitor.

In certain circumstances, competition with a significant ASAM business activity may be so direct and so potentially harmful that a Volunteer Leader could not fulfill his or her duties to both organizations. For instance, if the other organization's activity directly competes with

an ASAM business activity which is the subject of the Committee, the Volunteer Leader would be unable to objectively perform his or her obligations on the Committee. Under such circumstances, it would be appropriate for the Volunteer Leader to resign from one of the positions.

The Board, or Committee, or Council, or Task Force will request the Ethics Committee to review the facts and circumstances surrounding the businesses activity and the Volunteer Leader's obligations to the competing organization and make a recommendation as to how to best address and manage the conflict, including considering recommending that the Volunteer Leader resign from the position with the competing organization.

Example 5a: An editor of a textbook, journal or other publication is a member of the Board of Directors, or an officer or employee, of an organization that conducts several business activities, one or more of which compete with ASAM publications and related business activities (e.g. journals, textbooks, derivative products, consulting, training, etc.).

Recommendation: Competition with ASAM's business activities may be so direct and so potentially harmful that an editor could not fulfill his or her duties to both organizations. For instance, if the editor of The ASAM Criteria has a financial stake in an organization which derives a meaningful percentage (e.g. 25% or more) of its business from activities related to The ASAM Criteria, then the editor would be unable to objectively perform his or her obligations. Under such circumstances, it would be appropriate for the editor to resign from one of the positions.

If the editor of The ASAM Criteria has no financial stake in the organization where they are employed; however, the organization derives significant income from activities that compete with ASAM business activities (e.g., providing ASAM Criteria training or consultation), then the editor is obligated to inform ASAM of these activities. ASAM's review will be to ensure that COI is mitigated (e.g., that ASAM's name or the editor's affiliation is not used in any manner to imply ASAM's endorsement of the products or services offered of the other organization; the editor recuses her- or himself from activities involving The ASAM Criteria at the other organization.

The Chief and Associate editors of The ASAM Criteria are unable to directly benefit financially from the provision of consulting or training services related to The ASAM Criteria. They will be able; however, to offer these services through ASAM and will be compensated for these services in accordance with ASAM's honoraria structure.

2. Employment or Consulting Arrangements with Medical Device/Pharmaceutical/ Healthcare Companies

Participation as a Volunteer Leader is not intended to significantly impair employment opportunities. Restrictions on outside employment may discourage qualified clinicians from seeking a position on the Board of Directors, a Committee, a Council or a Task Force. Accordingly, employment and consulting arrangements and similar direct financial relationships with such companies will be permitted, subject to appropriate disclosure and management of the conflict. As noted in Example 4, the President, President-Elect, Immediate Past President, Executive Vice President and Editor in Chief of the Journal, textbook and other publications may not have an employment or other direct financial relationship with a Medical Device/Pharmaceutical/ Healthcare Company during their terms of office.

2.1 Conflicting Organizational Goals

Employment or consulting arrangements with companies whose principal goals conflict with ASAM's principal goals could be detrimental and embarrassing to ASAM. These arrangements are not permitted.

Example 7: Volunteer Leader is a consultant to a tobacco company.

Recommendation: Although the Volunteer Leader is not in a fiduciary role for the tobacco company, and may not be involved in setting policy for the company, the Volunteer Leader's affiliation with the tobacco company could undermine ASAM's public health initiatives and present an appearance of impropriety. The Volunteer Leader should resign from one of the positions.

The Process by which a Volunteer Leader will be asked to resign from a position is set forth in the section on Dissociation. The Board, Committee, Council or Task Force will request the Ethics Committee to review the facts and circumstances surrounding the business activity and the Volunteer Leader's obligations to the competing organization and make a recommendation as to how to best address and manage the conflict including considering recommending that the Volunteer Leader resign from the position with the competing organization.

2.2 Organizations Without A Financial Interest In ASAM Policy

A Volunteer Leader may have an employment or consulting arrangement with a medical organization, such as a state medical society or specialty society, that addresses issues similar to those addressed by the Board of Directors, Committee, Council or Task Force. Unless the Volunteer Leader has a personal interest in a specific policy, a Volunteer Leader's employment by such an organization is not likely to influence the Volunteer Leader in considering ASAM policy.

Example 8A: Volunteer Leader is employed by a medical specialty society. The specialty society has approved a policy on a specific issue that differs from the policy under consideration by the ASAM. The Volunteer Leader was directly involved in developing the policy for the specialty society.

Recommendation: This example raises the possibility of a personal interest that may conflict with ASAM's interests. Since the Volunteer Leader was personally involved in developing the specialty society's policy, he or she may not be objective in considering ASAM's policy. However, the Volunteer Leader's opinion and knowledge on the issue may be useful to the Board of Directors in its deliberations. In these situations, the interested Volunteer Leader should disclose his or her participation in the development of the specialty society's policy. The other Board of Directors members should evaluate the potential bias of the Volunteer Leader and determine appropriate limits, if any, on the Volunteer Leader's participation.

Example 8B: Same as Example 8A, except the Volunteer Leader did not participate in developing the policy for the specialty society.

Recommendation: Since approval by ASAM's Board of Directors of a certain policy

will not have a direct financial effect on the specialty society, and since the Volunteer Leader does not have a personal interest in the policy before the Board of Directors this affiliation probably would not prevent the Volunteer Leader from acting in the best interest of ASAM. In most cases the Volunteer Leader should be allowed to participate in Board of Directors actions. There may be instances where the Volunteer Leader may derive a personal benefit, e.g. increased status in the specialty society, if the Volunteer Leader successfully encourages the Board of Directors to adopt the same policy as the specialty society. If there are indications that the Volunteer Leader is acting to benefit himself or herself, the Board of Directors may limit the Volunteer Leader's participation.

2.3 Organizations with A Financial Interest In An ASAM Policy

If a Volunteer Leader's employer may be affected financially by an ASAM policy, the Volunteer Leader may have a difficult time separating the financial interest of his or her employer from ASAM's interests. Similarly, if a Volunteer Leader's personal financial interests may be affected, the Volunteer Leader may not be able to separate his or her own financial interest from ASAM's interests.

Example 9A: A Volunteer Leader is a consultant to a medical device/pharmaceutical/technology company. The Board, Committee, Council, or Task Force is considering a policy on the direct-to-consumer advertising of medical device/pharmaceutical/healthcare product. Volunteer Leader provides consulting services on this specific issue.

Recommendation: Approval of a specific policy would financially benefit the medical device/pharmaceutical/healthcare company, and could benefit the Volunteer Leader personally. The Volunteer Leader's personal interest would most likely influence the Volunteer Leader's consideration of the policy. The Volunteer Leader may consciously or inadvertently attempt to influence the Board, Committee, Council, or Task Force to approve a policy favorable to the medical device/pharmaceutical/healthcare company. In addition, the Volunteer Leader's participation would raise the appearance of impropriety to outside parties. The Volunteer Leader should not participate in the vote on this issue. The Board, Committee, Council, or Task Force may place limitations on the Volunteer Leader's participation in discussion and access to information it deems confidential on this issue. If the Volunteer Leader's consulting activities will frequently involve issues that will be considered by the Board of Directors, the Volunteer Leader should resign from either the consulting position or the Board / Committee/Council position. The Process by which a Volunteer Leader will be asked to resign from a position is set forth in the section on Dissociation.

Example 9B: Same as Example 9A, except that the Volunteer Leader's consulting activities do not relate to this issue.

Recommendation: Participation on the ASAM Board of Directors, Committees, Councils and Task Forces is not intended to prohibit outside employment. Although approval of a certain policy on this issue would affect the medical device/pharmaceutical/healthcare company financially, the Volunteer Leader does not have a personal interest in the policy. The Volunteer Leader will probably not have a strong incentive to place the financial interests of the medical device/pharmaceutical/healthcare company above the interests of ASAM. Therefore, the affiliation should be permitted, and the Volunteer Leader should be allowed to participate in

Board, Committee, Council, or Task Force's actions. However, if there are indications that the Volunteer Leader is acting in a manner to benefit the medical device/pharmaceutical/healthcare company instead of ASAM, the Board, Committee, or Task Force may limit the Volunteer Leader's participation.

Example 10: An ASAM Board, Committee, Council or Task Force is considering a policy on the referral of patients to physician-owned health care facilities (e.g., addiction treatment programs or drug testing labs). The Volunteer Leader has an ownership interest in a health care facility.

Recommendation: The Volunteer Leader has a direct financial interest in the issue before the Board, Committee, Council, or Task Force. As the Volunteer Leader has decided to invest in such a facility, the Volunteer Leader has already considered the issue and made a personal decision that his or her investment is appropriate. The Volunteer Leader would most likely not be able to make an objective, unbiased decision on this issue. Therefore, the Volunteer Leader should not participate in the vote on this issue. The Volunteer Leader may be allowed to participate in discussion of the policy, as the Volunteer Leader has personal knowledge and experience which may be useful to the Board, Committee, Council, or Task Force. It is important to recognize that many of the issues that come before a Board of Directors, Committee, or Task Force could affect a Volunteer Leader's medical practice or personal finances. A concern about a conflict of interest arises if the Volunteer Leader has a direct and significant financial interest in the issue before the Board, Committee, Council, or Task Force or Committee, as in this example. In most instances, the financial effect of a policy would probably not be so significant as to prevent a Volunteer Leader from setting aside his or her personal interest and making a fair and independent decision. If there is an indication that the member is unable to limit his/her financial interest, the Board may limit the Volunteer Leader's participation.

2.4 Business Activities

A Volunteer Leader may be a consultant or employed by an organization which conducts business activities that compete with ASAM's business activities. Such positions of employment or consulting are not likely to interfere with the Volunteer Leader's ability to further the ASAM mission. Restrictions are appropriate, however, if the Board of Directors, Committee, Council or Task Force is discussing or considering acting regarding a competing business if the Volunteer Leader is directly involved.

Example 11A: A Committee is established to review the formation of a consulting service line of practice management services. The Volunteer Leader is employed by an organization that also offers practice management consulting services.

Recommendation: The Volunteer Leader must act in the best interest of ASAM, which includes acting to encourage the success of ASAM business activities. The Volunteer Leader's employment on a competing product benefits his or her employer at the expense of ASAM. The Volunteer Leader should resign from either the employment position or the Committee.

Example 11B: A Volunteer Leader is asked to speak at the scientific program at another Addiction-related organization.

Recommendation: This is not an example of a conflict of business activities because the member is not employed by either organization. However, this may be an example of a Competing Business Activity addressed under Example 5.

3. Public Representation During Term

Special areas of concern are positions held by a Board of Directors, Committee, Council, or Task Force member which involve public representation and advocacy. An inherent conflict exists when a Volunteer Leader espouses the views of another organization, in an attempt to influence legislators, government officials, or the public, while representing ASAM. The Volunteer Leader's affiliation with ASAM may imply ASAM endorsement or support for the position promoted by the Volunteer Leader on behalf of the other organization. Also, the affiliation with ASAM may be used, consciously or inadvertently, to establish credibility and to gain access to legislators or other public officials. This conflict will arise if a Volunteer Leader is hired as a paid lobbyist for a specific company or for an industry. This conflict may also arise if a Volunteer Leader is a Trustee, Board of Directors member or officer of another organization and is expected to participate in public advocacy on behalf of such other organization.

Example 12: Volunteer Leader is hired as a paid lobbyist for the insurance industry or medical device/pharmaceutical/healthcare industry.

Example 13: Volunteer Leader is a member of the Board of Directors of a medical society. The medical society asks the Volunteer Leader to meet with government officials and speak on behalf of a specific policy.

Recommendation: In both of these examples, there is a risk that ASAM may be viewed as being affiliated with another organization's policy positions. These situations may also place the Volunteer Leader in the difficult position of representing conflicting policies. The Volunteer Leader's public advocacy of a conflicting policy could undermine ASAM's efforts to promote its policy, and is likely to cause confusion in the minds of government officials and the public. The Board of Directors, Committee, Council or Task Force in consultation with the Ethics Committee will review these activities on a case by case basis. Activities which would be in direct conflict with an ASAM policy or activity will not be permitted. If the activity would not conflict with ASAM policies or activities, it may be permitted. The Ethics Committee may recommend placing restrictions on the Volunteer Leader's activity to protect ASAM's interests, such as prohibiting the Volunteer Leader from promoting his or her affiliation with ASAM in conversations with government officials. The Volunteer Leader's affiliation with ASAM may inevitably become known during the Volunteer Leader's public advocacy activities. In order to protect ASAM's interests, the Volunteer Leader should clarify that he or she is not representing ASAM in conducting these activities. In those circumstances where a Volunteer Leader's activities as a paid lobbyist are permitted, the Volunteer Leader should not vote on any issue which has been or will be the subject of his or her lobbying activities. The ASAM Board of Directors, Committee, Council or Task Force may impose additional limitations on the Volunteer Leader's participation. The Ethics Committee may be asked to interpret on a case-by-case basis.

Example 14: Volunteer Leader is a member of the Board of Directors of a medical society. The medical society approves a policy that conflicts with ASAM policy. The medical society wants to inform the public of its policy, using the Volunteer Leader's name and/or affiliation with ASAM.

Recommendation: The Volunteer Leader should ensure that the Medical Society does not suggest or imply that ASAM endorses or approves the Policy. If asked, the Volunteer Leader

should directly state that he or she is not representing ASAM on the issue. See 1.b Conflicting Goals on Major Policy Issue.

4. Activities Following Term

A former Volunteer Leader's affiliation with another organization following his or her term raises a concern that the Volunteer Leader's prior affiliation with ASAM might be used to promote the policies of such other organization. This situation could arise if ASAM's name is used in connection with any policy of another organization, or if the former Volunteer Leader participates in public representation and advocacy for another organization.

The following are restrictions on a Volunteer Leader's activities following the end of the Volunteer Leader's term:

- Any former Volunteer Leader shall not use the ASAM name or his or her prior affiliation with ASAM in any manner which would imply ASAM support or endorsement of policies, products or activities of another organization.
- Any former Volunteer Leader shall not disclose confidential or proprietary information.
- Any former Volunteer Leader shall refrain from disparaging ASAM. However, the expression of differences or disagreements with ASAM policies or positions following the conclusion of a Volunteer Leader's term do not constitute disparagement.
- The Chair (or at least one chair if there are co-chairs or vice-chairs) of clinical document writing committees must be free of conflicts of interest relevant to the subject matter of the document one year following completion of the document.

These restrictions on a Volunteer Leader's actions following his or her term shall be a condition of the Volunteer Leader's acceptance of a position on an ASAM Board of Directors, Committee, Council, or Task Force as well as Editors.

F. Affiliations of Family Members

Affiliation of a Volunteer Leader's family members with other organizations may raise possible conflicts of interest. For example, a Volunteer Leader's spouse may be employed by a medical specialty society, or a Volunteer Leader's child may provide consulting services to the pharmaceutical industry.

A Volunteer Leader shall disclose known affiliations of his or her immediate family members with any health care organization or health-related professional association. The Board of Directors, Committee, or Task Force will evaluate the potential bias of the Volunteer Leader and determine appropriate limits, if any, on the Volunteer Leader's participation in Board of Directors, Committee, or Task Force actions related to any conflicting activity.

G. Failure to Disclose

There may be instances in which a member fails to disclose a conflict and takes action to promote or carry-out the initiatives or policies of another organization with which the member is affiliated that may adversely impact ASAM. In those instances, the Ethics Committee, after reviewing the facts and circumstances surrounding the failure to disclose, may determine that the matter should be referred to the Board of Directors for a determination as to whether the failure is so significant that action more severe than resignation from the committee, council,

task force, or editorial board should be considered (e.g., suspension or termination of membership).

H. Board Code of Conduct

ASAM's Board of Directors has adopted a Code of Conduct for Board members. The Code requires Board members to disclose any perceived or potential conflict of interest in accordance with ASAM's Conflict of Interest and Disclosure Policy. The Ethics Committee shall act as a resource to the Board of Directors in assessing whether this component of the Board Code of Conduct has been violated and may recommend to the Board of Directors appropriate action to be taken in the event of such a violation.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

ASAM Legislative Advocacy Committee Document Review Policies and Procedures

Approved December 2019

ASAM Legislative Advocacy Committee:
Document Review Policies and Procedures

Background

The charge of the Legislative Advocacy Committee (LAC) “is to oversee ASAM’s Government Relations Program and its activities. Primarily, this oversight includes Legislative Days on Capitol Hill for ASAM members, ASAM-sponsored events for Congressional leaders and staff on Capitol Hill, cosponsoring similar events initiated by affiliate organizations, working within coalitions, endorsing, and/or reviewing letters of support for or opposition to, particular Congressional bills or Administrative actions (subject to the primary federal regulatory agency jurisdiction of ASAM’s Practice Management and Regulatory Affairs Committee (PMRAC), monitoring state and federal policies that impact access to addiction treatment, and federal grassroots lobbying initiatives.

LAC’s Chair will designate a LAC member (who may be the LAC Chair) to serve as a member of PMRAC.

Document Approval Process

The LAC generally reviews possible endorsements and letters related to particular Congressional bills or Administration actions impacting addiction prevention, treatment, and recovery (subject to the primary federal regulatory agency jurisdiction of PMRAC). All items put before LAC for review and approval must be approved by a majority vote, with silence on an electronic vote of LAC interpreted as assent to the question or document. Silence on an electronic vote of the Executive Council (EC), however, shall not be interpreted as an assent if the time for EC review is less than five (5) days. As a courtesy to PMRAC, the LAC Chair may also put a LAC item impacting payers before PMRAC for comment and consider PMRAC’s feedback. The following review process applies generally to all items within the LAC’s jurisdiction that are put for review.

Staff Action	First Round Review (minimum timing)	Staff Action	Preliminary Approval Requirements	Second Round Review (minimum timing)	Final Approval Requirements
Draft submission, identify partners for sign-on if appropriate	LAC (48 hours)	Incorporate/arbitrate edits into second draft	Majority of LAC members	EC review (48 hours)	Majority of EC

Time Sensitive Requests

From time to time, the LAC may be asked to provide input on more time sensitive matters, in which a modified version of the standard approval process will apply. Such items will be sent directly to the LAC Chair and the EC for concurrent review. The EC and LAC chair will have at least 24 hours to review and approval of a majority of the EC is required to approve the response.



ASAM American Society *of*
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Board Policies & Procedures

ASAM Practice Management and Regulatory Affairs Committee: Document Review Policies and Procedures

Approved December 2019

ASAM Practice Management and Regulatory Affairs Committee:

Document Review Policies and Procedures

Background

The charge of the Practice Management and Regulatory Affairs Committee (PMRAC) “is to respond to, and be proactive around, policies by federal regulatory agencies, public payers (e.g., Medicaid, Medicare, Tricare), private payers (e.g., national, regional and local insurers) and purchasers of health care goods and services (e.g., employers, collective bargaining units) that impact addiction prevention, treatment, and recovery. The PMRAC also houses the Billing and Coding Subcommittee, which functions as the first stop for review of CPT, billing, and coding-related issues and functions as ASAM’s Specialty RVS Committee. Additionally, the Committee is charged with monitoring and developing resources to address the practice management needs of addiction medicine specialty practices to assure that they can deliver optimal quality care for the patients they serve.” PMRAC has primary jurisdiction over ASAM’s federal and state regulatory comment letters from regulating agencies such as CMS, HHS, DOL, DOD, and state Medicaid and health agencies. ASAM’s Legislative Advocacy Committee (LAC) Chair will designate a LAC member (who may be the LAC Chair) to serve as a member of PMRAC.

Document Approval Process

The PMRAC generally reviews letters, work products, and submissions to federal regulatory agencies, public and private payers, and purchasers of health care goods and services on issues impacting addiction prevention, treatment, and recovery. All items put before PMRAC for review and approval must be approved by a majority vote, with silence on an electronic vote interpreted as assent to the question or document. Silence on an electronic vote of the Executive Council (EC), however, shall not be interpreted as an assent if the time for EC review is less than five (5) days. The following review process applies generally to all items within the PMRAC’s jurisdiction that are put for review. Such items include submissions to federal or state agencies, letters to payers, pharmacies, or purchasers of health care goods and services that impact practice management and regulatory matters, and ASAM-developed resources to help members address common practice management and regulatory challenges.

Staff Action	First Round Review (minimum timing)	Staff Action	Preliminary Approval Requirements	Second Round Review (minimum timing)	Final Approval Requirements
Draft submission, identify partners for sign-on if appropriate	PMRAC (48 hours)	Incorporate/arbitrate edits into second draft	Majority of PMRAC members	EC review (48 hours)	Majority of EC

State-Specific Items

In the case of regulatory comments or other work product that are state-specific but are of enough significance to warrant ASAM and joint chapter response – e.g., state agency submissions or 1115 CMS Waiver petitions – ASAM will generally offer assistance to the relevant chapter in drafting the comments. If ASAM offers writing assistance, it will generally first seek approval of the state chapter prior to proceeding through the above process. Because state chapters are distinct entities, they have final authority over whether to sign on to the final product approved by the PMRAC and EC and will, therefore, be kept up to date on any changes made throughout the approval process.

Time Sensitive Requests

From time to time, the PMRAC may be asked by federal or state agencies or payers to provide input on proposals that would affect the reimbursement, practice management, or regulation of addiction treatment such as alternative payment models (APMs), regulatory ideas, etc. Because such requests for information are often more time sensitive than other matters, a modified version of the standard approval process will apply. Such items requiring a response in less than a week will be sent directly to the PMRAC Chair and the EC for concurrent review. The EC and PMRAC chair will have at least 24 hours to review and approval of a majority of the EC is required to approve the response.

Coding and Billing Subcommittee

The activities of the Coding and Billing Subcommittee are governed by the ASAM Billing and Coding Subcommittee: Policies and Procedures. ASAM staff will generally consult with the Billing and Coding Subcommittee on all matters impacting coding and billing before beginning any review process detailed above.



ASAM American Society of
Addiction Medicine

Board Policies & Procedures

Public Policy Statement Development & Review Process

Created April 2018
Updated April 2020

ASAM Public Policy Committee

Public Policy Statement Development & Review Process

The ASAM Public Policy Committee (PPC) is responsible for overseeing the development of ASAM Policy Statements and joint policy statements with allied organizations. It also considers and recommends endorsement of non-ASAM (external) policy statements.

ASAM Public Policy Statements are statements of ASAM's positions and recommendations regarding addiction-related issues, clinical care, and health policy. ASAM Policy Statements are intended to advise entities external to ASAM, as well as ASAM Chapters and ASAM advocacy committees, as to the Society's position on certain issues and to inform their decisions and actions. Public Policy Statements require adoption by a two-thirds majority vote of the full membership of the Board of Directors.

Roles and Responsibilities

The PPC is responsible for: (1) appointing experts to serve on writing committees; (2) ensuring that documents follow the review and comment process prior to being submitted to the Board; and (3) ensuring that ASAM policy statements are regularly reviewed and revised, reaffirmed, or archived within the established review period.

Writing committees are appointed by the PPC for specific documents. Writing committee members' terms end when the document is completed and approved by the Board.

The Public Policy Coordinating Council is responsible for identifying issues that require the development of an ASAM Public Policy Statement. The Council charges the PPC to develop policy statements on certain issues based on current or anticipated advocacy needs, sets the timeline for the PPC to complete the policy statement, and advises which subject matter experts and/or external stakeholders, if any, should be consulted in the development of the policy statement.

Document Categories

- a. **ASAM-only Statements:** Commissioned by the Public Policy Coordinating Council, developed by the PPC, peer-reviewed, and approved by the ASAM Board of Directors.
- b. **Joint Statements:** Developed in partnership with other organizations at the initiation of either the Public Policy Coordinating Council or leadership of the partnering organization and agreed to by the Public Policy Coordinating Council. Writing committee includes representation from each organization. Joint statements must be approved by each member organization's Board of Directors.
- c. **Endorsed Statements:** Other organizations occasionally ask ASAM to endorse a policy statement that was not developed in partnership with ASAM. The PPC reviews the statement to

determine alignment with ASAM policy and makes a recommendation to the Board for or against endorsement.

Document Development Policies and Procedures

1. Committee co-chairs designate a writing committee per each unique document (new or revision), based on the subject matter expertise of the members and recommendations provided by the Public Policy Coordinating Council. Members of the writing group do not have to be PPC members but must be ASAM members.

To the greatest extent possible, the writing committee should be made up of members who come from a broad mix of practice settings, specialties, geographies, etc.

If the document is a conjoint statement with other organizations, the writing committee must also include at least one member of each organization involved.

All document authors and contributors should submit a Conflict of Interest form.

2. Document drafts are presented by the writing committee to the full PPC, Public Policy Coordinating Council, Chapters Council, and Board of Directors for review and feedback. The writing committee establishes a time limit for member feedback, which is generally one to two weeks.

All comments are arbitrated by the writing committee and incorporated as they see fit into a revised draft.

3. The writing committee submits the revised document to the full PPC for a vote during its monthly committee call. A simple majority vote is required to advance the document.

4. The final document is presented to the Board for a vote. An affirmative vote by 2/3 of eligible Board members is required to adopt the document. (Per Chapter IX, Sec. 1, Bylaws)

Expedited Document Development Process

1. If the required turn-around time for a policy statement is one month or less, as determined by the Public Policy Coordinating Council, the PPC may designate a small subgroup of 3-5 members to draft the statement and act on behalf of the full committee. The subgroup must include the PPC chair(s). The remaining members are up to the discretion of the PPC chair(s). The PPC chair(s) also establish a timeline for the development of the document.

2. The Chapter Council chair(s) must also designate a subgroup to act on behalf of the full council and review the draft. The Chapters subgroup must have at least three members. The Chapters subgroup provides feedback to the PPC subgroup, and the PPC subgroup arbitrates that feedback.

3. The PPC subgroup presents the revised draft to the Public Policy Coordinating Council for a vote. A simple majority vote is required to advance the document.

4. The final document is presented to the Board for a vote. An affirmative vote by 2/3 of eligible Board members is required to adopt the document. (Per Chapter IX, Sec. 1, Bylaws)

Board Revisions

Should the Board recommend modifications to the document, at the time of their vote, the PPC chair(s) will instruct the writing committee to revise the document per the Board recommendations. The PPC chair(s) establishes a timeline for the revision.

The Board can agree to allow the Executive Council to serve as its proxy when approving final revisions and confirming policy adoption.

Once approved, the revised document is brought back to the Board Executive Council (or the full Board, in instances where the Executive Council is not its proxy) for final approval and adoption.

Document Publication and Dissemination

ASAM Policy Statements are published on ASAM's website and announced in ASAM Weekly and ASAM Advocacy Updates.

Further public relations and dissemination activities are decided by the ASAM's Publication Council and/or the Membership, Marketing and Engagement team. These activities may include press releases, press conferences, and/or submission for publication in the Journal of Addiction Medicine.

Policy Statement Review Process

To keep ASAM's Compendium of Public Policy Statements relevant, accurate, and up to date, the PPC is responsible for reviewing and revising, recommending reaffirmation, or recommending archival within five (5) years of their Board adoption date.

Statements that are not reviewed and revised or reaffirmed within five years will be temporarily archived and no longer considered ASAM policy until they can be reviewed and acted upon by the PPC and the ASAM Board. Policy statements that have been archived by the Board are considered permanently archived and are no longer considered ASAM policy. The titles of all temporarily and permanently archived policy statements will be listed on ASAM's website in the Policy Archives. Full copies of all temporarily and permanently archived policy statements will be available upon request.

The PPC co-chairs will appoint a review committee each year to review the policy statements scheduled for archival. The review committee must first assess whether there is a need to have a policy statement on the topic. The review committee will make a recommendation to the full PPC regarding each statement, whether it should be revised, reaffirmed as-is, or archived permanently.

Policies statements that are:

1. Current, relevant and clear should be recommended to be reaffirmed
2. Relevant, but not current or clear, should be recommended to be revised
3. No longer relevant because of scientific developments, changes within the legislative or public environment, or changes in healthcare delivery models, should be recommended to be archived
4. In conflict with existing ASAM policy or practice should be recommended to be revised or archived.

If the review committee recommends a statement be revised and reaffirmed and the PPC agrees, a separate writing committee will be appointed to carry out the needed revisions. That writing committee should present the revised statement to the PPC for a vote of reaffirmation with revision. A majority vote of the PPC is required to advance revised statements and reaffirmation/archival recommendations to the Board.

The PPC will present the revised statements and reaffirmation/archival recommendations to the Board by its fall in-person meeting each year as part of the Board's Consent Calendar.