

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 15-17

INTRODUCED BY: MedChi Student Section

SUBJECT: Decreasing or Eliminating Medical Student AMA Membership Fees

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1 Whereas, AMA membership numbers have been declining for decades, with fewer than 25% of practicing  
2 physicians being members of AMA, compared to 75% in the 1950s;<sup>2,3</sup> and

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4 Whereas, Given the current divisiveness of debates surrounding healthcare in the U.S., it is imperative for  
5 the AMA to present a strong and unified voice, which necessitates high membership rates; and

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7 Whereas, Other health professional societies are seeing increased enrollment, with a 2011 study having  
8 found that the membership of the American College of Physicians nearly doubled between 1995 and 2009  
9 to 130,000 members, the American College of Surgeons saw strong growth in the past three decades to  
10 77,000 members, and the American Academy of Family Physicians saw membership reach an all-time high  
11 of 100,300 members;<sup>2</sup> and

12

13 Whereas, Joining the AMA as a medical student may make it more likely for individuals to remain members  
14 during the course of their careers; and

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16 Whereas, Lower or free membership dues for students in professional organizations may prompt higher  
17 membership; and

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19 Whereas, Medical school debt presents a significant financial burden to medical students; and

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21 Whereas, According to the AAMC, 76% of graduates of the Class of 2016 carried medical educational debt,  
22 and 82% of graduates owed \$100,000 or more in debt including undergraduate education;<sup>11</sup> and

23

24 Whereas, The AMA recognizes that excessive dues may present a burden for medical students, with  
25 existing AMA policy stating, “Our AMA urges all county and state societies to review their dues structure  
26 for medical students so that the total dues for county, state, and AMA membership can be held to a realistic  
27 figure.” (G-635.120); and

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29 Whereas, In practice, to hold total dues for students to a realistic figure, some state societies collect no  
30 membership fees, while the entirety of the student dues go to the AMA; and

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32 Whereas, The Maryland State Medical Society offers medical students free yearly membership;<sup>12</sup> and

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34 Whereas, Dues for medical students to join the AMA are currently \$20 for 1-year membership, \$38 for  
35 2-year membership, \$54 for 3-year membership, and \$68 for 4-year membership;<sup>1</sup> and

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2 Whereas, The dues for medical student membership in the AMA are higher than that of student membership  
3 to other comparable professional societies; and  
4  
5 Whereas, The American Osteopathic Association offers medical students free yearly membership;<sup>4</sup> and  
6  
7 Whereas, The American College of Physicians offers medical students free yearly membership;<sup>5</sup> and  
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9 Whereas, The American College of Surgeons offers medical students free yearly membership;<sup>6</sup> and  
10  
11 Whereas, The American Academy of Family Physicians offers U.S. medical students free yearly  
12 membership;<sup>10</sup> and  
13  
14 Whereas, The American Bar Association offers law students free yearly membership from ABA-approved  
15 law schools;<sup>7</sup> and  
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17 Whereas, The National Society of Professional Engineering offers engineering students free yearly  
18 membership;<sup>8</sup> and  
19  
20 Whereas, The American Nursing Association offers nursing students a yearly membership for \$10, a 50%  
21 reduction from the AMA yearly student membership;<sup>9</sup> therefore be it  
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23 Resolved, That MedChi's AMA Delegation support reduced or eliminated AMA membership dues for  
24 medical students; and be it further  
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26 Resolved, That MedChi's AMA Delegation support AMA policies or policy amendments which require the  
27 AMA to review their medical school student dues policy in conjunction with County and State Societies.  
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30 Fiscal Note: Included in existing AMA Delegation budget.  
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32 **References:**

- 33 1. American Medical Association. AMA Membership Dues. 2017.  
34 <https://www.ama-assn.org/membership/ama-membership-dues>
- 35 2. Collier R. American Medical Association Woes Continue. *CMAJ*. 2011.  
36 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3153537/>
- 37 3. Graham J. 'Like a slap in the face': Dissent roils the AMA, the nation's largest doctor's group. *STAT*. 2016.  
38 <https://www.statnews.com/2016/12/22/american-medical-association-divisions/>
- 39 4. Resources for Osteopathic Students. *American Osteopathic Association*. 2017.  
40 <http://www.osteopathic.org/inside-aoa/Education/students/Pages/default.aspx>
- 41 5. Membership Dues. American College of Physicians. 2017. <https://www.acponline.org/membership/medical-students>
- 42 6. Fees and Dues. American College of Surgeons. 2017. <https://www.facs.org/member-services/join/regfeesdues>
- 43 7. Dues and Eligibility. American Bar Association. 2017. [https://www.americanbar.org/membership/dues\\_eligibility.html](https://www.americanbar.org/membership/dues_eligibility.html)
- 44 8. Student Membership. National Society of Professional Engineers. 2017.  
45 <https://www.nspe.org/membership/type-membership/student-membership>
- 46 9. ANA Benefits for Student Subscribers. American Nurses Association. 2017.  
47 <http://nursingworld.org/EspeciallyForYou/Student-Nurses/ANA-New-Benefits-for-Students>
- 48 10. AAFP Chapters and Membership. American Association of Family Physicians. 2017.  
49 <http://www.aafp.org/membership/chapters/chapters.html>

1 11. AAMC Medical Student Education. American Association of Medical Colleges. 2016.

2 [https://members.aamc.org/eweb/upload/2016\\_Debt\\_Fact\\_Card.pdf](https://members.aamc.org/eweb/upload/2016_Debt_Fact_Card.pdf)

3 12. MedChi Membership Application. MedChi. 2017. <https://www.medchi.org/Membership/Membership-Application>

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5 **RELEVANT AMA POLICY:**

6 **Dues Strategies G-635.120**

7 AMA’s dues strategies include the following: (1) It is the constitutional duty of our AMA House of Delegates to  
8 set the membership dues structure. (a) Any reduction of the level of dues within each category of membership  
9 can only be done with the approval of the House of Delegates; and (b) Our AMA Board of Trustees will actively  
10 seek to obtain the cooperation of the state and component medical societies before and during any negotiations  
11 on reductions in the level of dues for groups. (2) Relying upon survey and other relevant data, our AMA Board  
12 of Trustees shall determine the dues and benefits of the International membership category. (3) Any Federation  
13 component choosing to continue to bill and collect AMA dues shall have signed a binding primary partnership  
14 agreement with our AMA. A binding primary partnership agreement for AMA membership billing and dues  
15 collection shall include the following elements: (i) utilization of our AMA standard membership application; (ii)  
16 acceptance of credit card payments for AMA dues; and (iii) agreed-upon performance standards and incentives.  
17 (4) Our AMA encourages state and local medical societies, and our AMA, to explore new programs, activities  
18 and services which can provide meaningful benefits to members, produce additional non-dues income for  
19 medical societies, make it possible to hold the line on dues, and provide potentials for increasing physician  
20 membership. (5) Our AMA commends those medical societies which are endeavoring to hold the line on dues as  
21 a responsive action to the needs of their members. (6) Our AMA and its constituent state and county medical  
22 societies should implement a policy whereby, upon written request from a member or appropriate staff member  
23 of a medical society, there would be a transfer of prepaid dues to the receiving county or state medical society  
24 upon receipt and acceptance of an application for membership transfer, so long as the dues were paid and  
25 transfer application received before the calendar/dues year began, or within 31 days thereafter. (7) Our AMA  
26 urges all county and state societies to review their dues structure for medical students so that the total dues for  
27 county, state, and AMA membership can be held to a realistic figure. (8) Our AMA should develop and  
28 implement a dues program specifically designed to bridge the gap caused by the transition from residency into  
29 the first years of practice. It should implement multi-year dues options that span the transition periods from  
30 student to resident and/or resident to young physician and provide periodic benefits at specific points during the  
31 multi-year membership. (9) Our AMA membership dues delinquency date is March 1. Direct membership  
32 solicitation of dues-delinquent members is appropriate according to the individual Partnership for Growth  
33 agreements with state medical societies. (10) Our AMA will make a major organizational effort to persuade  
34 physicians' employers to allocate funds for professional development and Federation dues. (11) The House of  
35 Delegates approves the Partnership for Growth’s Direct Program marketing entry date of February 1.

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37 **Current AMA Dues G-635.130**

38 The Board of Trustees recommends no change to the dues levels for 2018:

39 Regular Members \$420
40 Physicians in Their Second Year of Practice \$315
41 Physicians in Military Service \$280
42 Physicians in Their First Year of Practice \$210
43 Semi-Retired Physicians \$210
44 Fully Retired Physicians \$84
45 Physicians in Residency Training \$45
46 Medical Students \$20

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48 **Duties and Privileges B-5.3**

49 In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and  
50 elsewhere in the Constitution and Bylaws, the Board of Trustees shall: 5.3.1 Management. Manage or direct the  
51 management of the property and conduct the affairs, work and activities of the AMA consistent with the policy

1 actions and directives adopted by the House of Delegates, except as may be otherwise provided in the  
2 Constitution or these Bylaws. 5.3.1.1 The Board is the principal governing body of the AMA and it exercises  
3 broad oversight and guidance for the AMA with respect to the management systems and risk management  
4 program of the AMA through its oversight of the AMA's Executive Vice President. 5.3.1.2 Board of Trustee  
5 actions should be based on policies and directives approved by the House of Delegates. In the absence of  
6 specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA  
7 positions based on the tenor of past policy and other actions that may be related in subject matter. 5.3.2 Planning.  
8 Serve as the principal planning agent for the AMA. 5.3.2.1 Planning focuses on the AMA's goals and objectives  
9 and involves decision-making over allocation of resources and strategy development. Planning is a collaborative  
10 process involving all of the AMA's Councils, Sections, and other appropriate AMA components. 5.3.2.2 The  
11 House of Delegates and the Council on Long Range Planning and Development have key roles in identifying  
12 and making recommendations to the Board regarding important strategic issues and directions related to the  
13 AMA's vision, goals, and priorities. 5.3.3 Fulfillment of House of Delegates Charge. Review all resolutions and  
14 recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House.  
15 Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed. If it is decided  
16 that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons  
17 for its decisions. 5.3.3.1 In determining expenditure advisability, the Board will consider the scope of the  
18 proposed expenditure and whether it is consistent with the AMA's vision, goals, and priorities. Where the Board  
19 recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative  
20 actions, if feasible, in its report to the House. 5.3.4 Publication. Within the policies adopted by the House of  
21 Delegates, provide for the publication of The Journal of the American Medical Association and such specialty  
22 journals, periodicals, and other publications and electronic media information as it may deem to be desirable in  
23 the best interests of the public and the medical profession. 5.3.5 Election of Secretary. Select a Secretary from  
24 one of its members annually. 5.3.6 Selection of Executive Vice President. Select and evaluate an Executive Vice  
25 President. 5.3.6.1 The Executive Vice President is the chief executive officer of the AMA and as such is  
26 responsible for AMA management and performance in accordance with the vision, goals, and priorities of the  
27 AMA. The Executive Vice President is both a key leader for the organization and the bridge between AMA  
28 management and the Board of Trustees. 5.3.6.2 The Executive Vice President shall manage and direct the  
29 day-to-day duties of the AMA, including advocacy activities, and perform the duties commonly required of the  
30 chief executive officer of a corporation. 5.3.6.3 The Executive Vice President shall ensure that there is an active  
31 and effective risk management program. 5.3.6.4 No individual who has served as an AMA Officer or Trustee  
32 shall be selected or serve as Executive Vice President until 3 years following completion of the term of the AMA  
33 office. 5.3.7 Finances. Maintain the financial health of the AMA. The Board shall: 5.3.7.1 Oversee the  
34 development and approve the annual budget for the AMA, consistent with the AMA's vision, goals, and  
35 priorities. 5.3.7.2 Ensure that the AMA's resource allocations are aligned with the AMA's plan and budget.  
36 5.3.7.3 Evaluate membership dues levels and make related recommendations to the House of Delegates. 5.3.7.4  
37 Review and approve financial and business decisions that significantly affect the AMA's revenues and  
38 expenses. 5.3.7.5 Have the accounts of the AMA audited at least annually. 5.3.8 Financial Reporting. Make  
39 proper financial reports concerning AMA affairs to the House of Delegates at its Annual Meeting. 5.3.9  
40 Appointment of Committees. Appoint such committees as necessary to carry out the purposes of the AMA.  
41 5.3.9.1 An advisory committee will be constituted for purposes of education and advocacy. 5.3.9.1.1 It will have  
42 a governing council and a direct reporting relationship to the Board. 5.3.9.1.2 An advisory committee will not  
43 have representation in the House of Delegates. 5.3.9.1.3 An advisory committee will operate under a charter that  
44 will be subject to review and renewal by the Board at least every four years. 5.3.9.2 An ad hoc committee will be  
45 constituted as a special committee, workgroup or taskforce. 5.3.9.2.1 It will operate for a specific purpose and  
46 for a prescribed period of time. 5.3.10 Committee Vacancies. Fill vacancies in any committee where such  
47 authority is not delegated elsewhere by these Bylaws. 5.3.11 Litigation. Initiate, defend, settle, or otherwise  
48 dispose of litigation involving the interests of the AMA.

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51 As adopted by the House of Delegates at its meeting on September 23, 2017.