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

Whereas, AMA membership numbers have been declining for decades, with fewer than 25% of practicing physicians being members of AMA, compared to 75% in the 1950s;\(^2^3\) and

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

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

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

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

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

Whereas, According to the AAMC, 76% of graduates of the Class of 2016 carried medical educational debt, and 82% of graduates owed $100,000 or more in debt including undergraduate education;\(^1^1\) and

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

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

Whereas, The Maryland State Medical Society offers medical students free yearly membership;\(^1^2\) and

Whereas, Dues for medical students to join the AMA are currently $20 for 1-year membership, $38 for 2-year membership, $54 for 3-year membership, and $68 for 4-year membership;\(^1^3\) and
Whereas, The dues for medical student membership in the AMA are higher than that of student membership to other comparable professional societies; and

Whereas, The American Osteopathic Association offers medical students free yearly membership; and

Whereas, The American College of Physicians offers medical students free yearly membership; and

Whereas, The American College of Surgeons offers medical students free yearly membership; and

Whereas, The American Academy of Family Physicians offers U.S. medical students free yearly membership; and

Whereas, The American Bar Association offers law students free yearly membership from ABA-approved law schools; and

Whereas, The National Society of Professional Engineering offers engineering students free yearly membership; and

Whereas, The American Nursing Association offers nursing students a yearly membership for $10, a 50% reduction from the AMA yearly student membership; therefore be it

Resolved, That MedChi’s AMA Delegation support reduced or eliminated AMA membership dues for medical students; and be it further

Resolved, That MedChi’s AMA Delegation support AMA policies or policy amendments which require the AMA to review their medical school student dues policy in conjunction with County and State Societies.

Fiscal Note: Included in existing AMA Delegation budget.

References:
RELEVANT AMA POLICY:

Dues Strategies G-635.120

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

Current AMA Dues G-635.130

<table>
<thead>
<tr>
<th>Category</th>
<th>2018 Dues</th>
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<tbody>
<tr>
<td>Regular Members</td>
<td>$420</td>
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<tr>
<td>Physicians in Their Second Year of Practice</td>
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<tr>
<td>Physicians in Military Service</td>
<td>$280</td>
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<tr>
<td>Physicians in Their First Year of Practice</td>
<td>$210</td>
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<tr>
<td>Semi-Retired Physicians</td>
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<td>Fully Retired Physicians</td>
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<td>Physicians in Residency Training</td>
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<tr>
<td>Medical Students</td>
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Duties and Privileges B-5.3

In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and elsewhere in the Constitution and Bylaws, the Board of Trustees shall: 5.3.1 Management. Manage or direct the management of the property and conduct the affairs, work and activities of the AMA consistent with the policy
actions and directives adopted by the House of Delegates, except as may be otherwise provided in the Constitution or these Bylaws. 5.3.1.1 The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the AMA with respect to the management systems and risk management program of the AMA through its oversight of the AMA’s Executive Vice President. 5.3.1.2 Board of Trustee actions should be based on policies and directives approved by the House of Delegates. In the absence of specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA positions based on the tenor of past policy and other actions that may be related in subject matter. 5.3.2 Planning. Serve as the principal planning agent for the AMA. 5.3.2.1 Planning focuses on the AMA’s goals and objectives and involves decision-making over allocation of resources and strategy development. Planning is a collaborative process involving all of the AMA’s Councils, Sections, and other appropriate AMA components. 5.3.2.2 The House of Delegates and the Council on Long Range Planning and Development have key roles in identifying and making recommendations to the Board regarding important strategic issues and directions related to the AMA’s vision, goals, and priorities. 5.3.3 Fulfillment of House of Delegates Charge. Review all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed. If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons for its decisions. 5.3.3.1 In determining expenditure advisability, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA’s vision, goals, and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House. 5.3.4 Publication. Within the policies adopted by the House of Delegates, provide for the publication of The Journal of the American Medical Association and such specialty journals, periodicals, and other publications and electronic media information as it may deem to be desirable in the best interests of the public and the medical profession. 5.3.5 Election of Secretary. Select a Secretary from one of its members annually. 5.3.6 Selection of Executive Vice President. Select and evaluate an Executive Vice President. 5.3.6.1 The Executive Vice President is the chief executive officer of the AMA and as such is responsible for AMA management and performance in accordance with the vision, goals, and priorities of the AMA. The Executive Vice President is both a key leader for the organization and the bridge between AMA management and the Board of Trustees. 5.3.6.2 The Executive Vice President shall manage and direct the day-to-day duties of the AMA, including advocacy activities, and perform the duties commonly required of the chief executive officer of a corporation. 5.3.6.3 The Executive Vice President shall ensure that there is an active and effective risk management program. 5.3.6.4 No individual who has served as an AMA Officer or Trustee shall be selected or serve as Executive Vice President until 3 years following completion of the term of the AMA office. 5.3.7 Finances. Maintain the financial health of the AMA. The Board shall: 5.3.7.1 Oversee the development and approve the annual budget for the AMA, consistent with the AMA’s vision, goals, and priorities. 5.3.7.2 Ensure that the AMA’s resource allocations are aligned with the AMA’s plan and budget. 5.3.7.3 Evaluate membership dues levels and make related recommendations to the House of Delegates. 5.3.7.4 Review and approve financial and business decisions that significantly affect the AMA’s revenues and expenses. 5.3.7.5 Have the accounts of the AMA audited at least annually. 5.3.8 Financial Reporting. Make proper financial reports concerning AMA affairs to the House of Delegates at its Annual Meeting. 5.3.9 Appointment of Committees. Appoint such committees as necessary to carry out the purposes of the AMA. 5.3.9.1 An advisory committee will be constituted for purposes of education and advocacy. 5.3.9.1.1 It will have a governing council and a direct reporting relationship to the Board. 5.3.9.1.2 An advisory committee will not have representation in the House of Delegates. 5.3.9.1.3 An advisory committee will operate under a charter that 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 constituted as a special committee, workgroup or taskforce. 5.3.9.2.1 It will operate for a specific purpose and for a prescribed period of time. 5.3.10 Committee Vacancies. Fill vacancies in any committee where such authority is not delegated elsewhere by these Bylaws. 5.3.11 Litigation. Initiate, defend, settle, or otherwise dispose of litigation involving the interests of the AMA.

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