REPORT OF THE BOARD OF TRUSTEES

B of T Report 1-I-18

Subject: Data Used to Apportion Delegates
(Resolution 604-A-18)

Presented by: Jack Resneck, Jr., MD

Referred to: Reference Committee F
(Greg Tarasidis, MD, Chair)

At the 2018 Annual Meeting, Georgia introduced Resolution 604-A-18, “AMA Delegation Entitlements,” which reads as follows:

RESOLVED, That our American Medical Association continue to provide a count of AMA members for AMA delegation entitlements to the House of Delegates as of December 31 and also provide a second count of AMA members within the first two weeks of the new year and that the higher of the two counts will be used for state and national specialty society delegation entitlements during the current year; and be it further

RESOLVED, That the Council on Constitution and Bylaws prepare appropriate language to add a second period of time to determine AMA delegation entitlements to be considered by the AMA House at its earliest opportunity.

The resolution was referred.

The reference committee reported that testimony was largely supportive. Some suggested the opportunity to increase representation in our AMA House of Delegates is used by many delegations in membership recruitment, and delegations believe that seeing the results of their membership recruitment efforts reflected in their delegate counts sooner would further support those efforts.

Following discussion the reference committee was unable to develop a means to implement the method proposed in the resolution and recommended referral to allow a review that focuses on the impact on our entire House of Delegates.

AMA MEMBERSHIP AND DELEGATE APPORTIONMENT BACKGROUND & HISTORY

Article III of the Constitution, “Members,” declares “The American Medical Association is composed of individual members who are represented in the House of Delegates through state associations and other constituent associations, national medical specialty societies and other entities, as specified in the Bylaws.” Individual members are recruited through the efforts of both our AMA and societies in the Federation as well as by current members who solicit their colleagues. The number of individual AMA members in a given society determines the number of delegates under the aforementioned representation in the House of Delegates. (This is true for nearly all societies in the House of Delegates. Under the bylaws, professional interest medical associations and a handful of national societies have a single delegate.)

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The modern House of Delegates traces to the work of the Committee on Reorganization, which was established in 1900 and eventuated in the adoption of a new constitution and bylaws in 1901, redefining and modernizing the House of Delegates (Campion, 1984). Current membership became the basis for apportioning delegates, as the Committee’s work established a House of Delegates based on proportional representation in which constituent associations were represented on the basis of one delegate for 500 members. The following year, in June 1902, the House adopted a resolution stating “That state associations or societies in counting members for a basis of delegate representation in this House shall count only members in good standing, who pay regular dues to the state association, either directly or indirectly through county societies.”

While the ratio of members per delegate has been adjusted over the last 100 plus years to accommodate growth in the physician population and membership, delegate apportionment has always been based upon the number of current members. The current ratio of one delegate per 1000 AMA members dates from 1946. The 1948 constitution prescribed that the “number of delegates from the constituent associations shall be proportional to the number of active members in the respective associations,” and that year saw the start of the annual apportionment process.

Two significant changes were effected in the early 1950s. At the December 1950 meeting, the members to be counted were explicitly defined to be AMA members: “The apportionment of delegates from each constituent association shall be one delegate for each thousand (1,000) or fraction thereof, dues paying active members of the American Medical Association (emphasis added).” Whereas before this time counts focused on members of the constituent associations, now the relevant population was specified to be AMA members.* At the 1952 Annual Meeting, December 31 was set as the cutoff date for counting members to maximize the time allowed for societies to add members, with the effective date for apportionment January 1 (Proceedings of the House of Delegates, 1952).

Irrespective of how or when members join our AMA, under our current bylaws delegates are apportioned to constituent societies and national medical specialty societies at the rate of one delegate per 1000, or fraction thereof, AMA members as of December 31.† That is, one must be a member on December 31 to be counted for apportionment purposes. The apportionment is effective January 1 of the following year and is effective for one year. (See bylaws 2.1.1 and 2.2.1 and subsections.) Thus, for example, if a society has 1000 AMA members on December 31, it will be apportioned one delegate for the following year. A society with 1001 members will be apportioned two delegates. (Although they are endorsed by and seated with constituent and national medical specialty societies seated in the House of Delegates, separate bylaws provisions address the regional medical student and sectional resident delegates who are apportioned differently.)

Because of differences in data availability and because delegate apportionment for constituent societies determines the overall delegate apportionment for national medical specialty societies, characterizations below are couched in terms of constituent societies. Figures for those societies are also more easily captured in real time.

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* To be clear, under the 1901 constitutional revision, AMA membership was granted to all members of local medical societies affiliated with state medical societies who applied for membership, supplied certification and paid the annual fee. In 1899, the annual dues were $10 (Caring for the Country, 1997, pages 40-41).
† Member counts for constituent (ie, geographic) societies are determined annually. The overall number of delegates apportioned to constituent societies determines the total number of delegates apportioned to national medical specialty societies, with the number of delegates apportioned to any particular specialty society generally tied to that society’s most recent five-year review.
APPORTIONMENT UNDER RESOLUTION 604

As written, Resolution 604-A-18 calls for two enumerations of AMA membership, with the first being the usual year-end calculation and the second being a count of members in approximately mid-January. The larger of the two figures would be used for delegate apportionment. Unspecified is who would be counted in the mid-January enumeration. While the count should clearly include those whose current year’s dues have been paid, it should properly exclude individuals who have not paid their appropriate dues by mid-January, as knowing who will (or will not) renew their membership is not possible. A substantial number of members unfortunately do not renew annually, and many members pay their current year dues after mid-January. Given these factors it seems likely that a mid-January count of current year dues paying members would almost certainly be lower than the yearend count.

Calculations by AMA’s Membership Group suggest that the magnitude of the difference of the two counts would depend on the date of the second count. The largest number of AMA members is recruited through AMA’s own direct channel, and in any given year the vast majority of current year members have typically joined by February. Consequently, one might advocate for a count in early March or later, but even such a later count would exclude members who join later in the year, particularly the large number of medical students and residents who typically join in summer or fall. Pushing the count to a later date would also shorten the time for societies to adjust their delegation size when necessary.

In light of the ambiguity regarding who would be counted, prior to June’s House of Delegates meeting Georgia, the sponsor of Resolution 604-A-18, proposed that the first resolve would be implemented by counting for apportionment purposes current nonmembers who join the AMA for the succeeding year during the current year. That discussion as well as comments during the reference committee hearing suggested a revision of the first resolve to call for “the number of new AMA members who have already paid their dues for a membership that officially begins on January 1 of the following year will be included in the annual year-end count of AMA members, for the purposes of AMA Delegation entitlements for state and national specialty societies for that following year.” For example, a nonmember in 2018 who during calendar year 2018 joins (and pays dues) for the 2019 membership year would be counted as a member in apportioning delegates for the 2019 calendar year. Hereinafter these are referred to as “pending members,” as their active membership is still pending on December 31.

Whether any particular society would benefit from such a change would depend on whether the inclusion of pending members would carry it over a one thousand threshold. For those societies that gain a delegate, the increased representation would, other things being equal, be a one-time increase. That is because each year some current members choose not to renew their memberships. While they factor into the annual delegate apportionment process as current members, they drop out of the calculations at the end of the subsequent year, and unless the pending members consistently outnumber the non-renewing members, the gain would likely be a one-time event.

Data from year-end 2017, which were used for delegate allocation in 2018, indicate that five states would have gained a delegate this year if pending members had been included. The states that would gain in the future, however, depend on whether the addition of pending members pushes them across the threshold for an additional delegate. For example, only two of the four states currently needing fewer than 100 pending members to gain a delegate position would benefit, while among the 10 states that had the largest number of pending members (range 261–691) at the end of 2017, only the first and third largest would have picked up a delegate. The other three states that would have added a delegate using this method at the end of 2017 did not have the largest number of pending members, but the figure would push them over the additional delegate threshold. In other words, it would be the
combination of pending members and actual members that determines which states would benefit from the change, adding an element of chance to the apportionment process.

DISCUSSION

Other than changes due the inclusion of more societies in the House of Delegates (and discounting freezes), the rules for apportioning delegates to constituent societies have remained essentially unchanged since 1952. For over a century, the apportionment rules have been based on current membership, and for seventy years it has been recognized that apportionment should be conducted annually to address membership fluctuations.

Another issue related to the counting of members warrants further discussion. Counting pending members, individuals who “join” our AMA at the end of a current year but whose memberships are not effective until the following year, means that one membership for AMA purposes effectively counts for two years membership for delegate allocation purposes. In addition, this could result in counting members for apportionment purposes that subsequently request a refund and are therefore never actual dues paying members in either year. Gaming of such a system would be possible, with for example panels of one-year members joining in alternate years or signing up for membership and then requesting a refund, which is generally provided upon request in the first half of a calendar year.

Membership accounting can only allocate the membership to the year for which dues are paid, so membership figures used for apportionment figures that include pending members would be inconsistent with figures reported in our AMA’s annual report. Both the apportionment figures and the official membership numbers are publicly available on the AMA website, which would require the divergent apportionment figures to include an explanatory note. It might also be noted that adjustments are not made during the year for losses such as deaths, resignations or CEJA actions that remove an individual from the membership rolls.

While no effort to recruit members to our AMA should be discounted, among current members the most often cited reason for belonging to our AMA is advocacy on behalf of the profession. This has been true for many years, and although the value of enhanced representation in the House of Delegates is often promoted to prospective members, little evidence supports the idea that physicians join our AMA because of the House of Delegates per se. Rather, the advocacy that stems from House actions is the more valued commodity. Indeed, the average physician—member or not—knows little about the House of Delegates and AMA policymaking processes. The prospect of enhanced representation may be a serviceable argument in the member recruitment quiver, but more successful appeals address current AMA activities dealing with critical matters of public health, medical education, practice sustainability and advocacy. Our AMA’s current Members Move Medicine™ campaign is based on this well-established foundation. The current apportionment system occurring at the end of the year recognizes the recruitment that occurs throughout the year, including the significant recruitment of medical students and residents that typically occurs well into the year.

Finally, some costs would be associated with the change. Our AMA would incur the expense of rebuilding the counting procedures and maintaining the distinct records necessary for membership accounting and apportionment processes. The associated complexity and expense would be greater if the selected methodology demanded counting pending and current members rather than a simple change in date of apportionment. Societies in the House of Delegates could incur the intangible cost of some uncertainty in the number of delegates, which would depend on the counting scheme actually adopted, along with the real expense of supporting additional delegates. None of these costs are easily quantified.

RECOMMENDATION
The decision to count pending members for delegate apportionment purposes is clearly within the purview of the House. It would require revisions of the bylaws before it can be implemented with issues of how to handle those who join and those who no longer are AMA members during a calendar year after a fixed point in time of deciding HOD apportionment has occurred. The apparent concern about disenfranchising a new AMA member whose membership is effective after apportionment is readily addressed through the online member forums. With access to online member forums before HOD meetings, that AMA member can have active voice and influence in AMA policymaking.

The House of Delegates has for over a century counted only current members (ie, dues paid and received by AMA) in determining delegate apportionment. The idea that pending members should be added to the current membership seems unwarranted. It effectively double counts individuals, counts members who may or may not rejoin, artificially increases the size of the House of Delegates by including nonmembers in determining representation among Federation societies, and creates opportunities for abuse. Insofar as these pending members will be counted for apportionment purposes for the next cycle when they are actually members, arguments about fairness and representation seem overstated. Finally, under current bylaws any constituent society that may lose a delegate based upon the previous year final count is given a full year to recruit and retain members to retain their delegate count. For these reasons, the Board of Trustees recommends that Resolution 604-A-18 not be adopted and the remainder of this report be filed.

Fiscal note: None

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† Some bylaws issues are not clear cut. Bylaw 2.1.1.1.1, for example, allows a constituent society to retain a delegate in the event of a loss of AMA members. Whether so called “pending members” should be allowed to offset losses in “actual members” certainly merits discussion.
REFERENCES


*Caring for the Country: A History and Celebration of the first 150 years of the American Medical Association*. American Medical Association, Chicago 1997