REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 2-I-25

Subject: Evaluation of the Structure of the AMA House of Delegates

Presented by: Jan Kief, MD, Chair

Referred to: Reference Committee F

As noted in Board of Trustees (BOT) Report 27-A-25, "AMA Reimbursement of Necessary HOD Business Expenses for Delegates and Alternates," the Council on Long Range Planning and Development (CLRPD) has been asked to comprehensively study and report back on potential changes to the length, format and structure of future AMA House of Delegates (HOD or House) meetings. The charge to CLRPD has been further defined to studying possible solutions to address the issue of the rapid growth of the HOD, while preserving its representative nature and improving efficiency and effectiveness.

This report highlights major events that have led to the current delegate apportionment procedure for the HOD and proposes placing a temporary pause on increases to delegate apportionment to allow your AMA HOD, the Council and the Board of Trustees time to thoughtfully consider the current structure of the House. The Council wishes to emphasize that this is just one step in what it hopes will be an open and collaborative process to determine the best course for the future of the HOD. To that end, the Council will be hosting a listening session at the 2025 Interim Meeting and hopes that all delegates and members present will attend and share their thoughts on the current function and structure of the HOD, and what changes they think would lead to the most optimal performance of the body moving forward.

HOD APPORTIONMENT

The history of the AMA's HOD is important context for understanding current challenges and potential paths forward. The following highlights key events since the formation of the HOD in 1901 that led to the current apportionment model for the HOD. The initial model of the House was limited to delegates from constituent societies (U.S. states and territories), initially at a ratio of one delegate per every 500 members in the state, and since 1946 at a ratio of 1:1000.

With the adoption of Council on Long Range Planning and Development Report A-I-77, "Specialty Society Representation," pathways for direct specialty society representation were created. From 1978 to 1996, each specialty society, 50 at the outset, was apportioned one delegate regardless of the number of AMA members in that specialty. The recognition of the increasing number of smaller and more narrowly focused specialty organizations wishing to participate in the HOD led to the adoption of CLRPD Report D-I-90, "Representation of Specialty Organizations in the House of Delegates," which created alternative pathways with reduced membership thresholds for organizations wishing to join the HOD. In 1996, the House adopted recommendation 8 of BOT Report 2-A-96, "Transmission of the Report of the Study of the Federation," by which specialty societies would be apportioned one delegate for every 2,000 AMA members. Three years later, the representation ratio was reduced to one delegate for every 1,000 AMA members. At the 2016

Interim Meeting BOT Report 6-I-16, "Designation of Specialty Societies for Representation in the House of Delegates," modified the specialty society delegate allocation system so that the total number of national specialty society delegates would be equal to the total number of delegates apportioned to constituent societies, leading to an immediate and significant increase in the number of HOD delegates.

CLRPD Report 1-A-99, "Admission of Professional Interest Medical Associations," created a process through which Professional Interest Medical Associations (PIMAs) could be admitted to the HOD and be apportioned a single delegate each, as is the case with the federal services, AMA sections, American Medical Women's Association, American Osteopathic Association, and the National Medical Association. PIMAs represented in the HOD in 2025 were the American Association of Physicians of Indian Origin, American Medical Group Association, and GLMA: Health Professionals Advancing LGBTQ+ Equality.

To be represented in the HOD, specialty organizations and PIMAs must meet one of three criteria: have 1,000 AMA members; have 100 AMA members with 20 percent of eligible physicians in the AMA; or have had HOD representation at the 1990 Annual Meeting and have 20 percent AMA membership among its constituents. Groups must also be members of the Specialty and Service Society (SSS) for at least three years and are evaluated by the SSS Rules Committee using publicly available criteria. BOT Report 30-A-05, "Representation of Specialty Societies in the AMA House of Delegates" includes a history of HOD's delegate apportionment.

Student and resident/fellow representation were added in 1969 and 1971, respectively, to the HOD, with one delegate for each section. The adoption of BOT Report 19-I-00, "Medical Student Representation in the AMA House of Delegates," and BOT Report 20-A-06, "Resident and Fellow Representation in the AMA House of Delegates" led to the apportionment of one medical student delegate for every 2,000 medical student members in each of the seven regions defined in the Medical Student Section (MSS) Regional Section Structure, and one Resident and Fellow Section (RFS) delegate and for every 2,000 resident members, respectively.

Current allocation numbers as of January 1, 2025, consist of the following: constituent delegates 322; specialty delegates 322; section delegates 12; PIMA and other national society delegates 6; armed services 5; medical student delegates 25; and resident and fellow sectional delegates 41.

CHALLENGES ASSOCIATED WITH HOD GROWTH

Continual increases in membership, driven in large part by the successful initiatives of the Marketing and Member Experience (MMX) unit, have resulted in recent increases in the delegate count of the HOD.

CLRPD's analysis finds the size of the HOD since 1990 has increased from 435 delegates to 733, a 68 percent increase (see graphic 1 in Appendix A). In recent years the growth in the number of delegates has accelerated even further, and in the last ten years alone, the HOD has increased in size by nearly 200 delegates, an increase of 35.7 percent. In its current structure, the HOD is projected in 2026 to add 55 additional delegates for an approximate total of 780. Membership growth has increased the number of constituent delegates, and due to parity between state and specialty apportionment established in 2016, has similarly increased the number of specialty delegates. The recent growth in the number of delegates has created pain points associated with logistics, cost and the deliberations of the HOD.

Duplicative apportionment tallies: Constituent associations use the total number of physicians, residents and medical students residing in the state or territory when reporting membership numbers, which then apply towards not only their allocation but also towards specialty allocations due to state/specialty parity. Additionally, specialty organizations and PIMAs include residents and fellows and sometimes medical students towards their total AMA membership. AMA members may be members of more than one of the 132 specialties represented in the HOD, and therefore, count towards each organization's membership. All of these factors can lead to members being counted multiple times to determine HOD apportionment.

Disproportional representation and membership: While the total number of AMA members is similar in 2024 compared to 1999, the HOD's size has significantly increased, due to specialty/state delegate parity, the addition of smaller specialty societies due to lowering of thresholds for representation, the addition of RFS and MSS delegations, and group memberships for physicians and residents. In 1999, the ratio of members to delegates was 591:1; in 2024, the ratio has been reduced to 441:1. (See graphic 2 in Appendix A).

Venues: Collaborating with AMA Meeting Services, CLRPD found only four venues nationwide that can accommodate the HOD's current size while meeting AMA's policy requirements. This was reported to the BOT in 2024. According to the Chicago Fire Marshall, A-25 exceeded the capacity of the ballroom at the Hyatt Regency Chicago (and would have also exceeded the capacities for all other scheduled venues). This situation created a safety issue and made it physically difficult for delegates and alternate delegates to carry out deliberations. This creates an obstacle to participation and limits the House's ability to debate and develop policy.

Cost: A larger HOD incurs greater costs for the AMA and federation societies, as well as for attendees. Convention centers are significantly more expensive than hotels and their usage may inadvertently create pressure to grow the HOD even more in order to reduce the per person cost. Additionally, few if any convention centers offer enough small meeting spaces needed for section, delegation, and caucus activities, while creating new accessibility challenges for attendees. The AMA's Emergency Assistance Pilot Program (EAP) was established in 2024 for two years (four meetings) as a temporary measure to help support federation members and ends in I-26. The EAP provided partial reimbursement to societies meeting its criteria for the attendance of 300 delegates and alternates at its first meeting, A-25. While the EAP helped with some attendance costs, physicians additionally face lost income from time away from their practice at a time when physician payments are already strained, and federation societies continue to face significant financial challenges. A cost savings plan to shorten each meeting by one day was ultimately paused for 2025 until further cost saving considerations could be evaluated. Efficiencies in this area that help decrease costs should still be considered as the cost savings would be significant for not only the AMA but also the federation and all attendees.

AMA I-25 CLRPD EDUCATION AND LISTENING SESSION AND NEXT STEPS

CLRPD encourages all delegations to attend an important session on Sunday, November 16th from 11 a.m. – noon Eastern Time. During this 60-minute session, CLRPD will review key information presented in this report and facilitate a conversation for members to share ideas for setting the HOD on a course that is sustainable, equitable, and representative of AMA's diverse membership. The council is interested in learning all potential solutions to the problems with the size and function of our HOD. CLRPD will compile and analyze the data from this listening session, additional stakeholder surveys, and research into governance best practices. It will also convene several virtual meetings for the HOD. A comprehensive report on the Council's findings will be presented at the 2026 Interim Meeting.

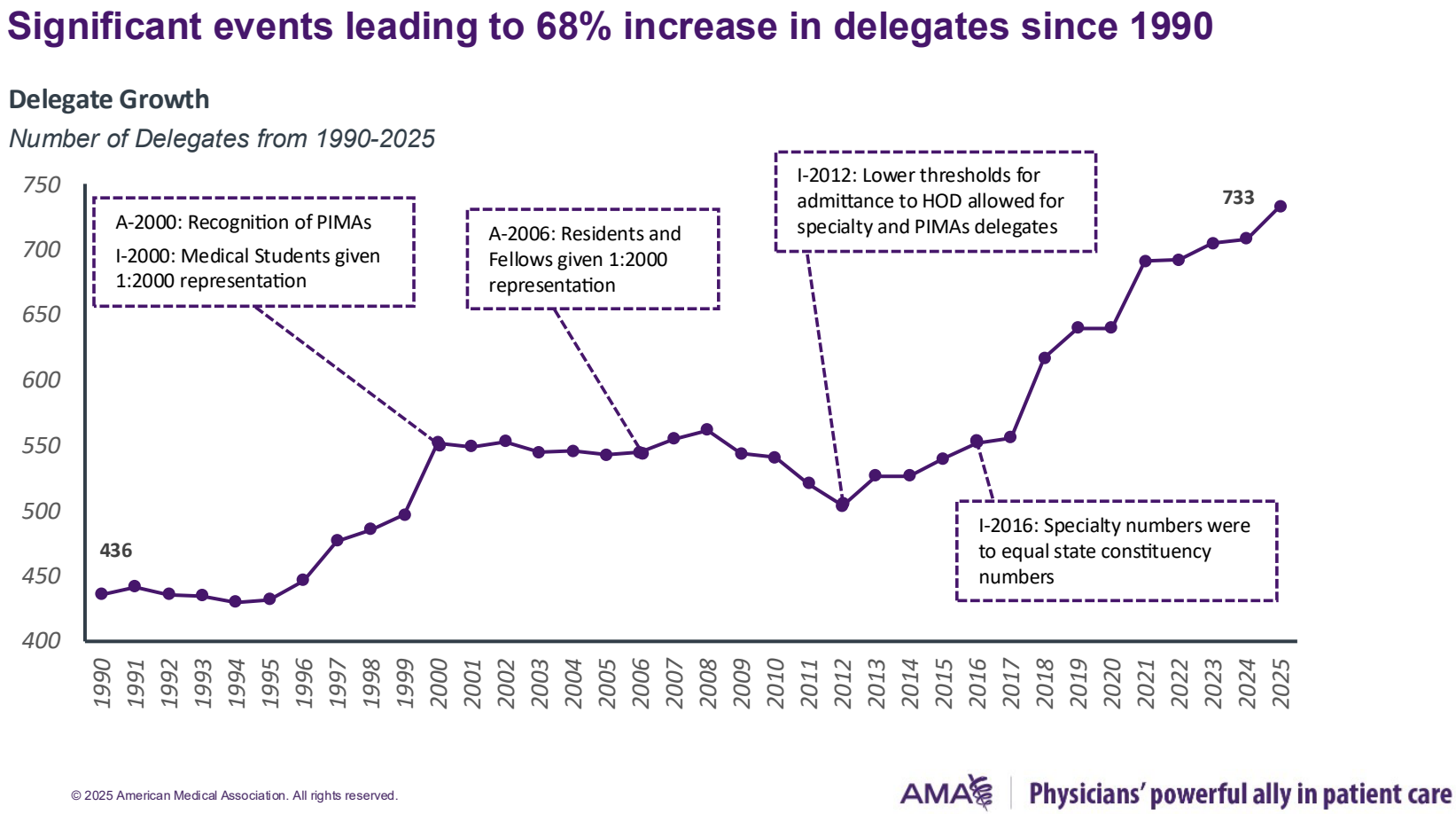
While this work takes place, the Council believes that instituting a temporary pause on increases to delegate allocation will allow the House to avoid further logistical disruption that would likely accompany the addition of 50-plus additional delegates to next year's apportionment.

RECOMMENDATION

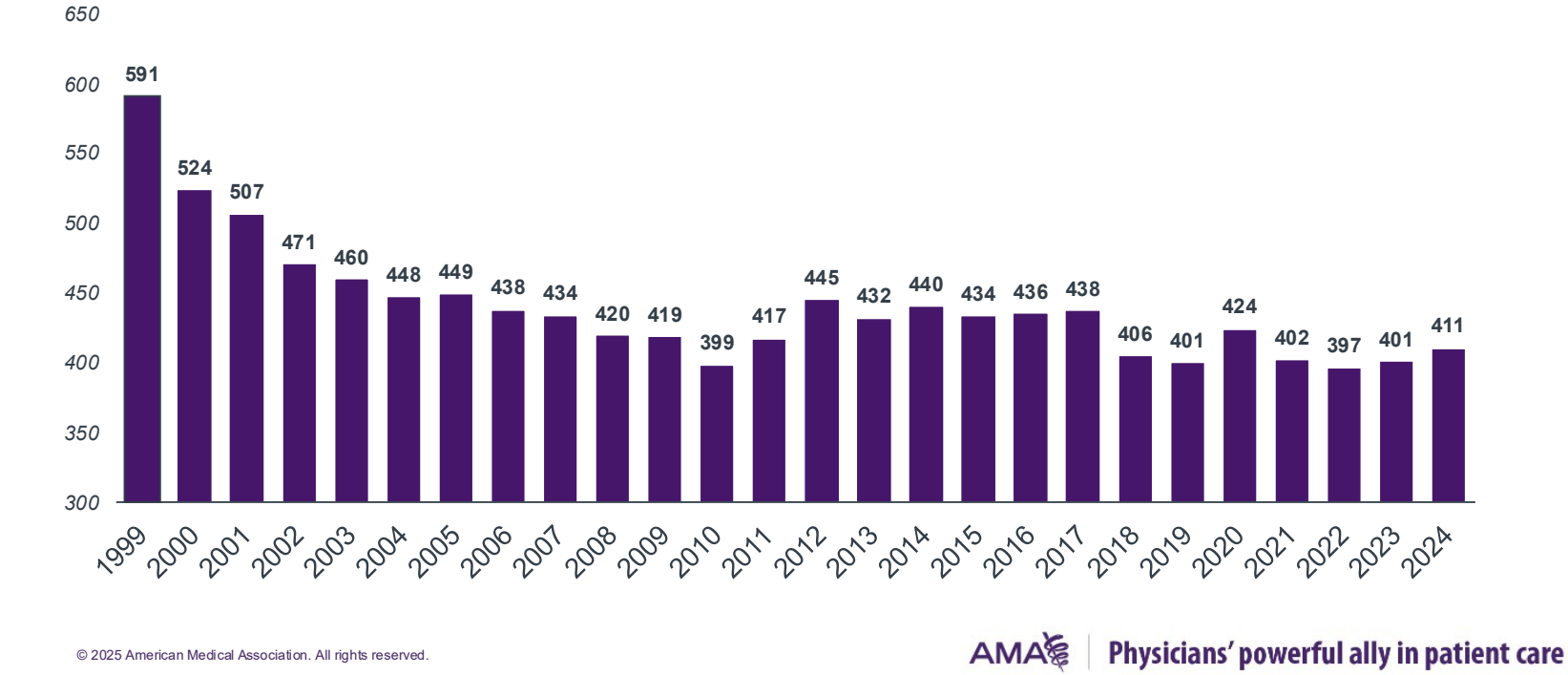
The Council on Long Range Planning and Development recommends that the delegate apportionment for the AMA House of Delegates be paused at 2025 levels through year-end 2026 and that this report be filed.

Fiscal Note: Minimal

Appendix A



Graphic 1. Significant events leading to 68% increase in HOD delegates, 1990-2025.



Graphic 2. Ratio of members represented by HOD Delegates 1999-2024.

APPENDIX B: RELATED AMA POLICIES

Statement of Collaborative Intent G-620.030

Designation of Specialty Societies for Representation in the House of Delegates G-600.027

Delegate Apportionment and Pending Members G-600.959

Specialty Organizations Seated in our AMA House of Delegates D-600.984

Admission of Professional Interest Medical Associations to our AMA House G-600.022

AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates D-600.951

Composition and Representation. B-2.0.1

Constituent Associations. B-2.1

Meetings of the House of Delegates. B-2.12

Committee on Rules and Credentials. B-2.13.2

National Medical Specialty Organizations. B-2.2

Medical Student Regional Delegates. B-2.3

Delegates from the Resident and Fellow Section. B-2.4

Speaker and Vice Speaker Additional Delegate. B-2.5

Other Delegates. B-2.6

Alternate Delegates. B-2.8

Delegate and Alternate Delegate. B-7.0.5

Representation in the House of Delegates. B-8.1

Responsibilities of National Medical Specialty Societies and Professional Interest Medical Associations. B-8.2

Specialty and Service Society. B-8.3

Application for Representation in the House of Delegates. B-8.4

Periodic Review Process. B-8.5