IT WAS my interesting privilege to serve with the delegation representing the American Academy of Insurance Medicine (then called ALIMDA) in the House of Delegates of the American Medical Association (AMA) during most of the past decade. From that experience, I have developed some perceptions concerning the operation of "organized medicine" in the United States and the relationships of the American Academy of Insurance Medicine (AAIM) to it.

The AMA is a membership organization of U.S. physicians, probably best described as the super-structure of a federation of independent medical organizations - state societies, specialty societies, medical corps of various U.S. government services, and "Sections" created to enfranchise physician groups thought to be omitted or underrepresented by the organizations noted above. These latter include the Hospital Medical Staff Section, Medical School Section, Resident Physicians' Section, Young Physicians' Section and Medical Student Section.

Policy-making authority for the federation is vested in the House of Delegates. The House meets twice each year, at an Annual Meeting in June in Chicago, and at an Interim Meeting in early December at various sites.
The House performs two major functions: 1) election of Officers, Trustees and members of various working Councils who oversee the day-to-day operations of AMA, and 2) considering proposals for new policy (resolutions) and reports, for adoption, amendment or rejection. The House is presently comprised of nearly 400 Delegates elected as representatives from the several state medical societies (allocated as one seat per 1,000 AMA members in that state), about 80 Delegates who each represent a different medical specialty society which has been granted a seat in the House (including AAIM), and one Delegate each from the Sections and from the Army, Navy, Air Force, Public Health Service and Veterans Administration Medical Corps. The operation of the House of Delegates is an exemplary democracy, actually having been examined by observers as a sample of this form of political process (strictly aside from its medical nature). Any AMA member anywhere can introduce a proposed new policy (a resolution) on any subject through the elected representative(s) in the House from that member's own constituency, and can be assured that the proposal will receive a fair hearing and open consideration by the House of Delegates. The resulting deliberations are sometimes repetitive or redundant, and, depending upon the subject matter involved, occasionally rather raucous. Figure 1 diagrammatically describes what has been stated above.

Figure 1

AMA POLICY-MAKING STRUCTURE

Coun. on Medical Services  
Coun. on Medical Education  
Coun. on Legislation  
Coun. on Long Range Planning  
Coun. on Judicial and Ethical Affairs  
Coun. on Scientific Affairs  
Coun. on Constitution and Bylaws

Medical Student Section  
Resident Physician's Section  
Young Physician's Section  
Medical School Section  
Hospital Medical Staff Section

BOARD OF TRUSTEES

HOUSE OF DELEGATES

STATE MEDICAL SOCIETIES  
(plus Guam and Puerto Rico)

Observers:  
Am. Dental Assn.  
Am. Hospital Assn.  
Am. Medical Care Review Assn.  
Am. Medical Peer Review Assn.  
Am. Medical Women's Assn.  
Med. Group Manager's Assn.  
National Medical Assn.

U.S. Government:
Army  
Navy  
Air Force  
U.S. Public Health Service  
Veterans Administration

Specialty Societies
During a typical year the House will receive and process over 400 resolutions and more than 100 detailed reports, the latter usually resulting from the referral of earlier resolutions for further research and for recommendations from the Board of Trustees or one of the Councils.

Several members of (what was then) ALIMDA made efforts to have insurance medicine represented in the House of Delegates by seeking a seat for ALIMDA among the medical specialty societies. Drs. Paul Ent mach, Bob Long, Paul Metzger and others were instrumental in gaining a (non-voting) Observer status for ALIMDA in the late 1970’s, and then at the Interim Meeting 1981, ALIMDA won a seat in the House. Delegates since have been Dr. Bob Long, Dr. Paul Metzger, Dr. Roger Butz, and now Dr. Franklin Smith.

To improve the political effectiveness of solo Delegates and smaller delegations, a number of coalitions have developed, comprising Section Councils and caucus groups crossing defined boundaries of the various constituted delegations. Examples include geographic groups such as the North Central caucus and the Rocky Mountain caucus, and functional groups such as the Internal Medicine Section Council and Preventive Medicine Section Council (of which the AAIM Delegate is an "associate member"). Other members of the Preventive Medicine Section Council include the American College of Occupational Medicine, the American College of Preventive Medicine, the American Association of Public Health Physicians, the Aerospace Medical Association, the American College of Legal Medicine and the American Society of Addiction Medicine.

The Medical Specialty Society representation in the House has been growing with the admission of several new organizations every year. To avoid redundant representation and to satisfy the growing demands expressed by some delegations for restrictive rules to keep the House from reaching an unwieldy size, "admission guidelines" which Specialty Societies must satisfy to attain Delegate status have become rigorous (Table 1). Also, a review process has been implemented which requires each seated Specialty Society to reaffirm its conformity to admission criteria and its satisfaction of "responsibilities of national medical specialty organizations" (Table 2) every five years. AAIM was reviewed in 1991 and retained its seat.

The House of Delegates of the AMA has spent more time deliberating over issues related to Medicare reimbursement than any other single subject in recent years. Much of the debate occurs in Reference Committee meetings which immediately precede the working days of the full House. Only Delegates or their Alternates can have the privilege of the floor in the House sessions, but any AMA member may speak to a resolution or report introduced for Reference Committee debate.

The Reference Committee then brings the policy issue to the House with a summary of the points made in debate and with a recommended action (which the House commonly alters or rejects). Nine Reference Committees are assigned the resolutions and reports for debate, review and preparation of recommendations for the House to consider. One Reference Committee concentrates on medical education, another on scientific affairs, public health, insurance, legislative affairs, AMA governance, judicial and ethical affairs, medical service, etc.

At a typical House of Delegates’ meeting one will find several resolutions directly addressing issues with a potentially substantive impact upon the practice of insurance medicine, usually introduced through Reference Committee A (insurance and medical service), where the AAIM Delegate typically monitors the debate and offers informative comment when appropriate.

It is my opinion that participation in the House of Delegates is in the best interest of AAIM, the specialty of insurance medicine, and the companies serving the insuring public. Also, the perspective on the practice of medicine and the expertise which the AAIM Delegation contribute to the policy-making process of the House result in outcomes of higher quality. Finally, the stature of the specialty of insurance medicine in professional circles is enhanced by membership and participation in organized medicine’s most influential forum in the United States. Read the reports of AAIM’s Delegate, published in JIM after each House meeting (see pages 83-86), and write or call your Delegate with your opinions, reactions or ideas:

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Table 1
Summary of Guidelines for Admission to the House

A. The organization must not be in conflict with the constitution and bylaws of the American Medical Association by discriminating in membership on the basis of race, religion, national origin, sex, or handicap.

B. The organization must represent a field of medicine that has recognized scientific validity, or must serve physicians in some capacity related to their professional activities.

C. The organization must represent a perspective on the practice of medicine and an area of expertise which would contribute to the policy-making process of the House of Delegates.

D. The organization must meet at least one of the following guidelines:
   1. A majority of the organization's physician members who are eligible for AMA membership are members of the AMA, or
   2. The organization has a minimum of 1,000 AMA members.

E. The organization must be established and stable; therefore, it must have been in existence for at least 5 years prior to submitting its application.

F. Physicians should comprise the majority of the voting membership of the organization.

G. A substantial number of the physicians practicing within that field of medicine must be members of the organization.

H. The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges and are eligible to hold office.

I. The organization must be active within its field of medicine and hold at least one meeting of its members per year.

J. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states.

K. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization.

L. If international, the organization must have a U.S. branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.

Table 2
Responsibilities of National Medical Specialty Organization

1. To cooperate with the AMA in increasing its AMA membership.

2. To keep its delegate to the House of Delegates fully informed on the policy positions of the organization so that the delegate can properly represent the organization in the House of Delegates.

3. To require its delegate to report to the organization on the actions taken by the House of Delegates at each meeting.

4. To disseminate to its membership information as to the actions taken by the House of Delegates at each meeting.

5. To provide information and data to the AMA when requested.