

State Medical Society Membership Requirements

State Medical Society Representation- Updated June 2013

Recently, ASAM staff contacted each state medical society requesting required procedures for ASAM chapters to obtain official membership in the medical society's governing body. Below are the responses received –

Alaska: ASMA's current bylaws call for House of Delegate members to be elected by the local medical society. There is no representation of specialty societies within the House of Delegates.

Arizona: A state specialty or subspecialty society with 250 or fewer members shall be entitled to representation in the House of Delegates by one delegate and a specialty or subspecialty society with more than 250 members shall be entitled to 2 delegates if (1) the specialty or subspecialty is recognized by the American Board of Medical Specialties; (2) the specialty or subspecialty society has a minimum of twenty members practicing in Arizona; (3) the specialty or subspecialty society maintains an existing organization or structure with a slate of periodically elected officers, a constitution and bylaws and a frequency of meeting at least once a year; (4) by a vote of the House it shall be deemed to be in the best interests of the Association. Specialty or subspecialty society delegates shall be the society president or designee(s) who shall be members of the Association (<http://www.azmed.org/arma-governance>).

California: Each statewide specialty organization recognized by the House of Delegates shall be entitled to one (1) delegate and one (1) alternate.

Specialty organizations having five hundred (500) or more members who are regular active members of CMA shall have one (1) additional delegate and alternate, plus one additional delegate and alternate for each full five hundred (500) members thereafter who are regular active members of CMA. Each such delegate, as a condition of election and in order to be seated at any session of the House of Delegates, shall be a regular active member of this Association.

In order to ascertain specialty society membership, and to determine delegate entitlements, all specialty organizations recognized by CMA will be required to submit a roster of their CMA members at the request of CMA. Specialty organizations may also initiate this review, provided that rosters are submitted to CMA no later than the first day of March, reflecting their membership as of the 31st day of December in the year preceding the meeting of the House of Delegates when any change in delegate entitlement would take effect.

Delegates selected by the specialty organizations shall comprise the Specialty Delegation in the House of Delegates and shall select a Chair and other officers, as they deem appropriate and as approved by the Board of Trustees. Expenses as may be incurred by the Delegation shall not be borne by CMA (<http://www.cmanet.org/about/cma-policy/bylaws/>).

Colorado: Upon application to the Speaker of the House of Delegates at least 60 days prior to any regular meeting, any Colorado Component of a specialty society recognized by the American Board of Medical Specialties may be granted a Delegate. The Speaker shall certify that the specialty society is eligible to elect a Delegate. Such Delegate shall be a Colorado Medical Society member and meet other requirements of a credentialed Delegate as outlined in Section 1. Such Delegate shall have all rights and privileges of a Component Society Delegate (<http://www.cms.org/about/bylaws/>).

Delaware: With the newly instituted governance structure of MSD, we currently identify ABMS-recognized and also Delaware Chapter-recognized specialty societies. Those qualified specialty societies are afforded the opportunity to appoint a physician representative to our Council. The physician must be a member in good standing with MSD. This means that a specialty needs to be recognized by both the American Board of Medical Specialties and also have a legitimate chapter in Delaware.

District of Columbia: The business and affairs of the Medical Society of District Columbia shall be under the direction of the Board of Directors. There is no established House of Delegates or representation of Specialty Societies within the Board of Directors.

Georgia: Each statewide specialty society representing a medical specialty recognized by the MAG Board of Directors, upon recommendation from the Executive Committee, and recognized by the American Board of Medical Specialties, shall be eligible for representation in the MAG House of Delegates if it contains at least 51 Active MAG members.

Each such recognized specialty society shall be entitled to representation in the MAG House of Delegates in the following manner:

Any such recognized specialty society having 51 to 200 Active MAG members shall be entitled to one delegate;

Any such recognized specialty society having 201 to 400 Active MAG members shall be entitled to two delegates; and

Any such recognized specialty society having more than 400 Active MAG members shall be entitled to three delegates.

If a recognized specialty society does not have 50 dues-paying specialty society members, it shall be entitled to one delegate if at least 60% of its members are Active MAG members. Any delegate representing a recognized specialty society must be a member in good standing of the Medical Association of Georgia, and not simultaneously a delegate or alternate delegate from any component county medical society or Section (<http://www.mag.org/about-us/leadership>).

Hawaii: HMA is governed by its members. Priorities, policies, and activities are recommended by its committees and approved by the HMA Council, the policy-making body elected by members. HMA does not have societies or specialties recognized, it is only governed by individual members. But the HMA does host and recognize ASAM as a constituent exactly because it has a seat on the AMA.

Idaho: Beginning with the 2011 House of Delegates, the IMA Board of Trustees is hereby authorized to designate specialty societies that are entitled to appoint or elect a delegate to the House of Delegates. Each specialty society that meets the requirements of this section and is authorized by the IMA Board of Trustees shall be entitled to one (1) delegate. The Board of Trustees may also discontinue a specialty society's right to name a delegate if that specialty society no longer meets the requirements of this section.

A specialty section will only be authorized if there is duly organized and AMA recognized specialty board approved by the American Board of Medical Specialties. There shall be not less than ten (10) certified specialists in any authorized specialty who are members of this Association to qualify as a specialty section.

Each recognized specialty society must show evidence of conducting at least one annual meeting and election or appointment of a delegate in order to qualify for representation in the House of Delegates. At least sixty (60) days prior to the next scheduled session of the House of Delegates the IMA shall notify each specialty section that meets the requirements of this section that it is entitled to one (1) delegate at the House of Delegates. If reasonably possible, each specialty section shall forward to the secretary of the Association the name and address of their delegate prior to the next scheduled session of the House of Delegates.

An application for a new specialty section or a request for discontinuance of an existing specialty section shall be referred to the Board, whereupon it may create new specialty sections or may discontinue existing specialty sections according to the provisions of this Section.

Illinois- Each component society shall be entitled to send one of its members to the House of Delegates each year for each seventy-five members, not to include student members, and one for a major 3 fraction thereof, but each component society shall be entitled to at least one delegate. The number of delegates to which any component society is entitled shall be determined by the number of members of the component society on membership rolls of the Illinois State Medical Society as of December 31 of the preceding year. The term of office of a delegate shall begin January first following his election and shall be for two years, or until his successor has been elected. Component societies with only one delegate may elect for one year (<http://www.isms.org/about/bylaws/Pages/default.aspx>).

Iowa: A specialty society needs to apply to the IMS Board of Directors to be recognized as a “representative group.” By definition, this can be any group of 15 or more physicians who meet the following criteria:

1. They have some organizational structure and mailing.
2. They have a primary contact person
3. They agree to support the IMS Bylaws and core purpose.

Once recognized as a representative group, a specialty society would want to encourage their members to ‘vote’ for their specialty society/representative group as the group that would represent them at our House of Delegates meeting. With the first invoice we mail each dues year, we include a ‘ballot’ for each member to make a selection among all the approved representative groups. Examples are county medical societies, large physician groups, health systems, employers, and specialty societies. The member would ballot for the representative group that they feel most connected to, or would want that group to represent their best interest at the House of Delegates.

A representative group earns 1 delegate and 1 alternate delegate for each 15 ‘votes’ they receive.

Kentucky: The KMA House of Delegates does not have specialty society representation. The Kentucky Chapter of ASAM, along with about 15 other specialty groups, does meet during the KMA Annual Meeting and offer a scientific program, but they are not recognized as delegates. The KMA have delegates each year who happen to be members of the Kentucky Chapter of ASAM, but they are representing their individual county societies in the House of Delegates.

Louisiana: To be recognized by the House of Delegates, a specialty society must meet the following criteria: Must be an active statewide specialty society organization with: an established constitution and bylaws; a slate of periodically elected officers; that holds periodic meetings; and represents a medical specialty for which there is a national examining board as listed in the Directory of Graduate Medical Education Programs accredited by the ACGME.

Maryland: One delegate (who is an active MedChi member) from each MedChi-approved specialty society with a membership of at least 50, whose membership includes 50 percent or more members who are also members of MedChi; or, any such society whose membership includes more than 100 MedChi members shall be entitled to a delegate. No specialty society shall be entitled to more than one delegate. Representatives from specialty societies shall not exceed 25 delegates in number (<http://www.medchi.org/about-medchi/governing-documents/bylaws>).

Minnesota: Specialty societies not currently represented may apply for delegate and alternate delegate representation in the Association House of Delegates. The specialty society must submit to the Association Board of Trustees an application for delegate and alternate delegate representation in the Association House of Delegates and such additional information as the Board may request for its review. Upon receipt of an application, the Board of Trustees shall study the application for representations, and the board shall make a recommendation to the House of Delegates regarding the granting of representation in the House of Delegates. The House of Delegates may approve or deny representation and shall have the final authority for acting on such requests. If approved, such representation shall be effective at the next meeting of the House of Delegates.

The following guidelines shall be utilized in evaluating specialty society applications for representation in the House of Delegates:

The physician specialty society shall have a minimum of 25 members or two-thirds of the society's membership, whichever is greater, who are also members of this Association.

An organization that is not represented in the House of Delegates but which is seeking representation must demonstrate (1) that it represents a field of medicine which has recognized scientific validity or that it serves physicians in some capacity related to their professional activities and (2) that it has a unique expertise, perspective, or capability that is not already represented in the House of Delegates.

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

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

The organization must be statewide in scope and it must not restrict its members geographically.

The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization
(<http://www.mmaonline.net/AbouttheMMA.aspx>)

Mississippi: House of Delegates is composed of delegates from component (county) medical societies. No recognition for specialty societies.

Missouri: House of Delegates is composed of delegates from local (county) Medical Societies. We do not have representation by specialty societies.

Montana: Montana Medical Association is governed by the Board of Trustees.

Nebraska: The Board of Directors shall exercise general supervision over the affairs of the association, and fulfill such duties as devolve on directors of corporations and which are not otherwise delegated in the bylaws

Nevada: The NSMA currently does not recognize medical specialty societies within the House of Delegates. The NSMA Council Board does, however have added representatives of various groups based on a request to the NSMA Council Board. The Council can draft a proposed Bylaws change which must be approved by the House of Delegates at its annual meeting.

New Hampshire: The NHMS has eliminated the House of Delegates and instead has instated the New Hampshire Medical Society Council, which governs the body of NHMS and assembles once a year. The council is made up of Specialty Societies recognized by the AMA. Representatives must be a member of the medical society. The council will consist of one representative for the first 200 physicians in each specialty and one for each successive 200 physicians
(<http://www.nhms.org/about.bylaws>).

New Jersey: Each specialty society recommended by the Board of Trustees and approved by the House of Delegates shall be entitled to one delegate and one alternate who are not otherwise serving as delegates or alternates. In order to be approved for admittance, the specialty society must represent a specialty certified by a primary specialty board of the American Board of Medical Specialties, and at least 50 percent of their members must be members of the Medical Society of New Jersey. No member of the Medical Society of New Jersey shall be counted in the membership of more than one state specialty society.

The burden of proof on all issues rests with the petitioning society.

Primary specialty means a board afforded that status by the American Board of Medical Specialties.

Delegates appointed pursuant to this section are to be in addition to the delegates elected by component societies and shall not affect the apportionment under section 1 (a) of this chapter. (<http://www.msnj.org/p/cm/ld/fid=27>).

New Mexico: The New Mexico Medical Society House of Delegates is composed of delegates elected by the voting members of the various component societies. There is no representation by specialty societies.

New York: The House of Delegates shall designate those specialty societies entitled to representation in the Medical Society of the State of New York. Such specialty societies shall correspond to the State wide specialty societies recognized by the Council of the Medical Society of the State of New York.

Each of the Statewide specialty societies recognized by the Council of the Medical Society of the State of New York shall be requested to submit to the office of the executive vice-president the name of one delegate and one alternate delegate not less than ninety days prior to the annual meeting of the House of Delegates. All such designated delegates must be members of the Medical Society of the State of New York.

Should the delegate or alternate of a specialty society be unable to serve in the House of Delegates, the president of the specialty society shall designate a substitute delegate and shall so notify the secretary of the Medical Society of the State of New York in writing (<http://www.mssny.org/mssnyip.cfm?c=s&nm=Bylaws>).

North Carolina: Medical specialty organizations qualifying under the Bylaws and approved by the House of Delegates shall be eligible for representation in the House of Delegates. Upon verification that all applicable provisions of the Bylaws have been met, including the membership criterion, the Executive Vice President/Chief Executive Officer or his or her designee shall: Verify to the Credentials Committee of the House of Delegates that the organization's delegates should be seated.

Ohio: All primary medical specialties listed by the American Board of Medical Specialties are eligible for representation in the House of Delegates. All medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members, are eligible for representation in the House of Delegates. An OSMA member may be represented by only one subspecialty organization in the OSMA House of Delegates.

A medical specialty or subspecialty society seeking representation shall apply to the Council. The Council shall consider applications and then recommend to the House of Delegates whether the specialty society qualifies for representation.

Each medical specialty and subspecialty society approved by the OSMA House of Delegates shall have one (1) Delegate and one (1) Alternate Delegate who must be Voting Members of this

Association. Each specialty society will certify to this Association at least sixty (60) days prior to the Annual Meeting both the names of its Delegate and Alternate, and its membership certification as required above. In case a Delegate or Alternate Delegate is unable to serve, the President of the recognized medical specialty society may at any time certify to the Chair of the Committee on Credentials the name of a Voting Member of this Association to serve in place of the absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. A Medical Specialty or subspecialty Society Delegate shall have all rights, privileges and duties as other Delegates. The Delegate will be seated in the House of Delegates with the Councilor District in which that Delegate's Component Society is represented (<http://www.osma.org/about-osma/governance/constitution-and-bylaws>).

Rhode Island: The Rhode Island Medical Society eliminated its House of Delegates in 1997 and instated the Rhode Island Medical Society Council. The Council has full and complete power and authority to determine policy and to perform all acts and to transact all business for the Society and to manage and conduct all of the property, financial and other affairs, work, and activities of the Society.

The Council shall determine by majority vote which medical specialty societies shall have seats on the Council, and such determinations may be subject to change from time to time as the Council deems appropriate(<http://www.rimed.org/governance.asp>).

South Dakota: The South Dakota State Medical Association does not have a House of Delegates. The Council of Physicians is the official policymaking body of the SDSMA. The Council meets quarterly, including during the SDSMA annual meeting.

Tennessee: That all statewide medical specialty societies that meet the requisite criteria established by the House of Delegates will be eligible for representation of one delegate and one alternate delegate who shall be members of the Association if:

(1) The specialty society or subspecialty society is recognized by the American Board of Medical Specialties or is recognized by the American Medical Association as a practice specialty; and

The specialty society or subspecialty society has a minimum of twenty (20) members licensed and practicing in Tennessee, one-fourth of which must be members of the Tennessee Medical Association.

If 25% or more of a specialty society or subspecialty society members are members of the Tennessee Medical Association, then that society is eligible for one additional delegate and alternate delegate for each 100 TMA members of that society.

Each Tennessee Medical Association member shall designate which single specialty or subspecialty shall represent them in the TMA House of Delegates. Such designation will be in accordance with a method determined by the Board of Trustees (<http://www.tnmed.org/about/>).

Utah: A state medical specialty society may be chartered by this Association, provided:

It is recognized as the component state society of the national organization; the national organization continuously maintains representation on the AMA Specialty Section Council; the majority of its members also maintain membership in this association; it meets at least once a year; its bylaws have been received by and are maintained compatible with those of the Association; and it agrees to abide by the bylaws of this Association.

The charter shall be approved by the Board of Trustees and signed by the president and the secretary of this Association.

Each chartered specialty society shall elect or appoint one delegate and be entitled to elect an alternate delegate to the House of Delegates, who shall also be a member of this Association, for each thirty active members of this Association; and shall be entitled to seat an additional delegate when its membership has a remainder of fifteen or more above the multiple of thirty. Each chartered medical society shall be entitled to seat at least one delegate or alternate delegate.

Each association member shall be represented in the House of Delegates by no more than one chartered specialty society.

Each Association member may choose one chartered specialty society to represent him/her, regardless of whether the member has membership in that chartered specialty society.

A specialty society delegate shall not also serve as an elected delegate from a component society. (<http://www.utahmed.org/WCM/About/wcm/About.aspx?hkey=c073ca37-e71d-4efe-9f46-7ba5b49647a6>).

Vermont: Since the Society recognizes that many of its members function in one or more of the various medical specialties, it encourages involvement by its members in those organizations within the state which represent these specialties. In those specialties where there is no such organization, the members are encouraged to support the section representing the specialty in which each member is interested or engaged.

Each Specialty Section may appoint a Councilor, and shall be encouraged to have at least 50% of their total membership comprised of Society members. Councilors appointed by Specialty Sections must be members of the Society and shall serve two-year terms. No Councilor appointed by a Specialty Section may serve more than three (3) consecutive terms (<http://www.vtmd.org/about-us/bylaws>).

Washington: A specialty society section is an organization of physicians in the state of Washington representing a recognized medical or surgical specialty. Such organizations must have at least 100 members of this association, or have at least 50 percent of its members belong to this association if the specialty society has fewer than 100 members. Each specialty society section shall be entitled to one delegate and one alternate. The Washington Society of Addiction Medicine is currently entitled to one delegate in the WSMA House of Delegates (<https://www.wsma.org/policies>).

West Virginia: No Specialty Society representation in the House of Delegates.

Wisconsin: Specialty sections of this Society shall represent various medical specialties. To be recognized as a Specialty Section by this Society, the section must represent a specialty that is represented in the American Medical Association House of Delegates, and have at least twenty (20) members who are members of this Society.

Each specialty section shall elect a Delegate and an Alternate Delegate to serve as its representative to the House. Unless specified otherwise, the term for each Delegate and Alternate Delegate shall be for two (2) calendar years, without limitation on the number of terms a Delegate or Alternate Delegate may serve.

If a specialty section fails to register a representative to the House for three (3) consecutive Annual Meetings, the specialty section will be dropped with the option of reapplying after one (1) year.

Special Requests. The specialty sections of this Society are considered an integral part of the Society's working committee structure. Specialty sections shall be regarded as special committees of the Society from which the Board or any council or committee may seek advice and assistance on matters of special or general concern to the medical profession and the health of the people of Wisconsin. The specialty sections will be expected to give special requests prompt consideration and response so that the Society may make maximum use of their resources.
(<https://www.wisconsinmedicalsociety.org/about-us/governance/constitution-bylaws/>).

Wyoming: Wyoming does not have a House of Delegates. Our state medical society is governed strictly by our board of trustees