

Draft Framework for Implementation: Resolution 1, 2016 House of Delegates

Charge:

Review the role and effectiveness of the MMA Policy Council in supporting MMA advocacy efforts.

Benchmark for Council Review

The original purpose of the Council role was to “provide a representative mechanism and simplified process for obtaining broad member input, feedback and ideas on critical health policy issues facing Minnesota physicians.” (Council Operating Procedures, Board of Trustees, November 2014). In addition, as noted in the January 2015 Council meeting minutes, “it is not the role of the Council to continue the routine business of the House of Delegates (i.e., complaints, concerns), but rather to be more of a think tank for the Board – a group that can go into great depth on a few topics, rather than processing a large number of subjects.”

Potential Measures of Council Effectiveness

- Whether critical issues have been addressed
 - For example, have Council-recommended issues been prioritized for implementation and/or been advanced
- Easier/simplified process
- The degree of member input (e.g., open issue submissions, forum attendance)
- Council member attendance and turnover (engagement)

Key Issues for Review:

- Council purpose and scope
- Council size
- Council composition, including slotted positions for trainees
- Term lengths
- Membership engagement and communication with Council members
- Role of policy forums and open issues forum
- Other...

Process:

Create a Council Review Work Group (8-10 members) to address key issues, identify and gather necessary data/information, and develop draft recommendations. Work Group membership will be approved by Council Chair to ensure balance in representation and perspectives.

Final recommendations are subject to vote by the full Council.

Timeline:

Hold subcommittee meetings in January, March, and May 2018.

Final Council review and action at June 2018 meeting.

Deliverables:

Periodic progress reports to the full Council.

A report with recommendations –to the MMA Board of Trustees in July (informational) and to the 2018 House of Delegates (September).

Note that the sole purpose of the 2018 HOD meeting is to review the effectiveness of the Policy Council and the future of the House of Delegates.

Note 2016 HOD Decisions/Reaffirmations:

Policy Council will continue to serve as a body designed to synthesize member input and make recommendations to the Board of Trustees on *critical policy issues*.

Council will meet at least two times each year, including at the Annual Conference, and as needed other times throughout the year.

Recommendations adopted by the Policy Council with at least a two-thirds majority can only be overturned by the Board of Trustees with at least a two-thirds vote by the Board of Trustees. (*direct decision making by the Council was not supported*)

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Resolution 1, as amended and adopted by the House of Delegates 2016

RESOLVED, that based on the experience of the three-year pilot on MMA governance changes, as well as ongoing concerns primarily related to maintaining engagement of membership and issues related to the position and function of the Policy Council within the organization, the MMA House of Delegates remain suspended for an additional two years; and be it further

RESOLVED, that during this additional two-year period, the Policy Council review and report back at the annual meeting in 2018 on issues that would increase the effectiveness of advocacy efforts for our members and patients by studying the optimal Council size, slotted positions for trainees, term lengths, membership engagement and communication with the Council members, the scope of its charge, and other metrics as determined by the Policy Council; and be it further

RESOLVED, that the 2018 House of Delegates meet for the sole purpose of reviewing the effectiveness of the Policy Council and the future of the House of Delegates and that the Policy Council chair serve as the Speaker of the House for that meeting; and be it further

RESOLVED, that the Policy Council continue to serve as a body designed to synthesize member input and make recommendations to the Board of Trustees on critical policy issues, meeting at least two times each year, including at the Annual Conference, and as needed other times throughout the year; and be it further

RESOLVED, that for recommendations adopted by the Policy Council with at least a two-thirds majority, the requirement continue that they can only be overturned by the Board of Trustees with at least a two-thirds vote by the Board of Trustees; and be it further

RESOLVED, that the size of the Board of Trustees be 17 members to include 15 voting members—3 officers, 11 trustees, 1 appointee—and 2 non-voting members. The voting members include: the MMA President-Elect, President, and Immediate Past President; 1 appointee from the Policy Council; and 11 trustees elected by the membership including one who is a medical student, one who is a resident or fellow at the time of his/her election, and at least one trustee from each of the 6 trustee districts with no more than 50 percent of the 11 trustees being from any one trustee district. The 2 non-voting members are the AMA Delegation chair and MMA CEO; and be it further

RESOLVED, that all members be given the opportunity to vote in the election of MMA President-Elect, MMA trustees, and members of our AMA delegation through the use of electronic voting, with nominations from component medical societies, specialty societies, sections, and individuals submitted to, reviewed by, and approved by the MMA Nominating Committee; and that there be a concerted effort to encourage contested races, particularly for open seats; and be it further

RESOLVED, that all component medical societies be authorized to nominate one nominee for a trustee position who will be assured to be on the ballot, if that society has a trustee opening from their trustee district; and be it further

RESOLVED, that Minnesota Medical Association continue to hold an Annual Conference that provides a combination of educational opportunities, prominent speakers on key healthcare topics and sessions designed to engage physicians in policy discussions; and be it further

RESOLVED, that these changes take effect upon approval of the MMA bylaws amendments needed to implement these changes by the membership.

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