

Resolution 1: Governance of the Minnesota Medical Association

Submitted by the Governance Evaluation Work Group and the Board of Trustees

1 WHEREAS, the 2013 House of Delegates passed Substitute Resolution 300 that suspended
2 House of Delegates meetings for three years; created a new Policy Council; developed new
3 mechanisms to gather member input on emerging issues throughout the year; and, established
4 member-wide elections for the MMA President-Elect, the board of trustees, and the AMA
5 delegation; and

6 WHEREAS, these changes were designed to ensure that our governance structure is efficient,
7 nimble, and strategic, while maintaining mechanisms that ensure adequate representation,
8 allow opportunities for engagement, and is responsive to all components of our membership;
9 and

10 WHEREAS, the board of trustees established a number of measurements to determine if these
11 changes met the goals for the association and established a Governance Evaluation Work
12 Group to review these and provide annual governance reports to the membership; and

13 WHEREAS, the results of the annual reports in both 2014 and 2015 show an increase in
14 attendance at the MMA Annual Conference, a vibrant Policy Council that is discussing and
15 recommending positions on key issues, and elections that are engaging nearly four-times the
16 number of members than the previous model; and

17 WHEREAS, the MMA has implemented many new policy forums on topics such as physician-
18 patient relationships, medical cannabis, public programs, value-based payments, end-of-life
19 care, opioids, primary care physician workforce, health disparities, single payer, and more, and
20 the satisfaction level of attendees at these forums has consistently been high; and

21 WHEREAS, the MMA's use Policy Forums, Listening Sessions, webinars and other avenues is
22 essential for gathering member input on critical public policy issues throughout the year, not
23 just annually at annual meeting; and

24 WHEREAS, Substitute Resolution 300 directed the MMA to reconvene the House of Delegates in
25 2016 "for the sole purpose of determining whether the new model shall continue;" therefore
26 be it

27 RESOLVED, that based on the experience of the three-year pilot on MMA governance changes
28 the MMA House of Delegates be dissolved; and be it further

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

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

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

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

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

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

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