

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.