

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52

Title: MSMS Governance Reorganization
Introduced by: Eric Larson, MD, for the Kent County Delegation
Original Author: Eric Larson, MD
Referred to: Reference Committee C
House Action: **DISAPPROVED**

Whereas, MSMS has had declining membership and revenues, and

Whereas, MSMS has been challenged by a decreasing participation rate from physicians within the state, and

Whereas, the number of active county medical societies has diminished significantly over the years so that some counties do not have any active organization, and

Whereas, weakened county medical society presence limits the legislative impact in rural areas that physicians can have and a failure to represent adequately purely local health issues and the impact of state policy in rural areas, and

Whereas, there has been a decrease in the size of active physician participants at the MSMS House of Delegates, and

Whereas, the state of Michigan has seen the addition of more medical schools, and

Whereas, the osteopathic medical students and schools will soon be under the auspices of the allopathic rules and may join the MSMS; therefore be it

RESOLVED: That MSMS reorganize its membership structure to allow for physicians to choose between one of the following three options:

1. County Members: Physicians who choose to be members only of their county medical society would pay dues to the county and have it recorded with the state society. Dues collected and finances would be handled within the county unless the county has no staff and infrastructure. For counties needing assistance, the MSMS Board would set the dues for the county and collect the dues and hold them in an account. The primary use for the funds collected by the state would be to be used to reimburse physicians to attend the annual MSMS House of Delegates (HOD). The state would determine a fair administrative fee to charge the counties for this task. At any time, a county may organize and begin collecting these fees themselves and administering the dues to pay for local affairs and attending the HOD.

2. State Members: Physicians who choose to be only state members pay dues just at the state level to be administered by the MSMS Board and its staff.

3. State & County Members: Physicians may pay to be members of both branches of the society for the combined dues as set forth by the county and the state Board; and be it further

RESOLVED: That the MSMS House of Delegates shall apportion delegates based on a formula to promote a diversity of views of rural and urban physicians and a proper representation of those who pay dues. The following shall be the rules set for forth for determining the number of delegates to the annual HOD:

53 1. Delegates shall be apportioned based on the number of paid members and their point values as
54 follows: County only and state only members shall be worth one point each. Combined county and state
55 members shall be worth 1.5 points.
56 2. As of a date designated by the MSMS Board, a count will be conducted and each county will be
57 assigned a number of points based on its membership.
58 3. There will be 250 delegates to the HOD that shall be apportioned according to the point values of
59 each county. No county may have less than one delegate.
60 4. Each delegate will have a corresponding alternate delegate.
61 5. In addition to the 250 physician delegates, the following delegates and equal number of alternate
62 delegates will be assigned to the HOD; one delegate for the deans of each medical school, one delegate for
63 each recognized medical specialty society, one delegate for the resident/fellow section, one delegate for the
64 foreign graduate section.
65 6. The HOD will also continue to recognize the importance and contributions from medical schools
66 by apportioning one delegate for each medical school. Unlike the other sections, medical schools will
67 receive three alternates for each delegate position to maintain a robust presence of medical students.
68
69
70 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$10,000 for revision, review, and processing of Bylaws
71 amendment and related study.

Relevant MSMS Policy:

MSMS Constitution and Bylaws - <https://www.msms.org/LinkClick.aspx?fileticket=2EqTUX1CJG8=&portalid=0>

ARTICLE IX—THE BOARD OF DIRECTORS

Section 1. – COMPOSITION—The Board of Directors shall be the executive body of the Society. It shall consist of:

- a) One District Director from each Director District or one District Director for 500 voting members (or the major fraction thereof) when the number of voting members in a District exceeds 500. Any change in the composition of the Board of Directors based upon a change in the number of voting members in a District shall be determined as of December 1, and implemented at the next Annual Session of the House of Delegates.
- b) The President, President-Elect, Immediate Past President, Secretary, Treasurer, Speaker and Vice Speaker of the House of Delegates.
- c) One seat for each of the membership classifications as defined in Sections 2.50 and 2.60 of the Bylaws, and one seat for the Young Physicians Section as defined in Section 20.60 of the Bylaws. These seats will be for one-year renewable terms, and the individuals elected must remain in the category elected for the entire term.
- d) The Chair of the Delegates to the AMA or another member of the delegation, designated as a substitute, shall serve on the Board of Directors as an ex officio member.

Section 2. – POWERS AND DUTIES—The Board shall have the custody and entire control of all funds and property of the Society and shall act for the Society as a whole and for the House of Delegates between sessions.

Section 3. – EXECUTIVE COMMITTEE—The Board of Directors may have an Executive Committee with power to act between meetings of the Board. The composition, powers and duties thereof shall be such as are prescribed by the Bylaws.

Relevant AMA Policy:

AMA Constitution and Bylaws - <https://www.ama-assn.org/system/files/2019-01/ama-constitution-and-bylaws.pdf>

Article VI Board of Trustees

The Board of Trustees shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law governing directors of corporations and such duties as are prescribed in the Bylaws. The Board of Trustees is composed of twenty-one members. The House of Delegates shall elect the President, President-Elect, Immediate Past President, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, twelve At-Large Trustees, a Young Physician Trustee, a Resident/Fellow Physician Trustee and a Public Trustee. A Medical Student Trustee shall be elected by the Medical Student Section.

Membership and Governance G-635.005

The House affirms that the AMA shall remain an association of voluntary, individual medical student and physician members and that the Association shall continue to be individually funded and organizationally governed through representation in the HOD.

AMA Membership Strategy: General Approaches G-635.010

Our AMA's general strategic approach on membership includes the following dimensions:

- (1) Our AMA and its component societies adopt the principle that membership value, as reflected in the physician's perception of quality relative to cost, drives the decision about membership.
- (2) Our AMA and its component societies adopt the principle that membership retention is as important an activity as recruitment, and that an organizational focus for those efforts should be developed.
- (3) The actions and directions of the Board of Trustees and Executive Vice President, with regard to membership recruitment, retention, and satisfaction, should become the top priorities of every AMA staff member, at all levels of the organization, and of all the Association's elected leadership.
- (4) Our AMA seeks innovative means to change its governance and structure to better align membership and representation for the purpose of meeting member needs and unifying the House of Medicine.
- (5) Our AMA will explore new avenues to increase member participation in the activities and governance of our AMA.
- (6) Our AMA shall continue to utilize pilot programs to measure the success of innovative membership recruitment and retention activities.
- (7) Our AMA will increase its staff and administrative efforts to become more of a local presence in the various regions of the United States.