RESOLUTION 100, DISSOLUTION OF THE PARK REGION MEDICAL SOCIETY

Adopted.

RESOLVED, that the Park Region Medical Society dissolve; and be it further

RESOLVED, that former Park Region Medical Society members continue membership in the MMA consistent with MMA bylaws.

Resolution 100 was submitted by the Park Region Medical Society.

RESOLUTION 101, DISSOLUTION OF THE EAST CENTRAL MINNESOTA MEDICAL SOCIETY

Adopted.

RESOLVED, that the East Central Minnesota Medical Society dissolve; and be it further

RESOLVED, that former East Central Minnesota Medical Society members continue membership in the MMA consistent with MMA bylaws.

Resolution 101 was submitted by the East Central Minnesota Medical Society (Paul Carlson, MD, Nancy Alexis, MD).

RESOLUTION 102, MERGING OF THE COMPONENT MEDICAL SOCIETIES IN THE SOUTHWEST TRUSTEE DISTRICT

Adopted as amended.

RESOLVED, that the Mid-Minnesota, Camp Release, Lyon-Lincoln, Southwestern, Blue Earth County, Blue Earth Valley Medical Societies, and Brown, if it chooses, merge.

Resolution 102 was submitted by the Mid-Minnesota Medical Society, Camp Release Medical Society, Lyon-Lincoln Medical Society, Southwestern Medical Society, Blue Earth County Medical Society, Blue Earth Valley Medical Society.

RESOLUTION 103, DISSOLUTION OF THE MOWER COUNTY MEDICAL SOCIETY

Adopted

RESOLVED, that the Mower County Medical Society dissolve; and be it further

RESOLVED, that any future Mower County Medical Society members assume at-large membership in the MMA consistent with MMA bylaws.
Resolution 103 was submitted by the Mower County Medical Society (David Agerter, MD).

RESOLUTION 104, PROVIDER CREDENTIALING FOR TELEMEDICINE VISITS

Referred to the MMA Board of Trustees.

RESOLVED, that the Minnesota Medical Association advocate that telemedicine visit credentialing be granted within 30 days to all those credentialed providers who make such a request and who have met current face-to-face visit credentialing standards and have appropriate telemedicine technology currently in place.

Resolution 104 was submitted by the Keith Stelter, MD.

RESOLUTION 105, MMA PRESIDENT BE CHAIRMAN OF THE BOARD OF TRUSTEES

Not adopted

RESOLVED, that the Minnesota Medical Association’s Executive Committee, in its role as bylaws committee, consider an amendment to make the elected president the chairperson of the Board of Trustees and, if approved, bring the needed bylaws changes to the next meeting of the House of Delegates for action.

Resolution 105 was submitted by the Twin Cities Medical Society (Richard Morris, MD, Robert Geist, MD, Thom Siefferman, MD, Michael Ainslie, MD, Lee Beecher, MD).

RESOLUTION 106, RETURN OF OBSTETRIC CARE TO RURAL MINNESOTA

Referred to the MMA Board of Trustees.

RESOLVED, that the Minnesota Medical Association promote action by the Minnesota Legislature to address obstetric liability in rural hospitals; and be it further

RESOLVED, that the Minnesota Medical Association hereby promote provision of these necessary sources to reduce neonatal and infant mortality in the State of Minnesota.

Resolution 106 was submitted by the Range Medical Society (Michael Baich, MD).

RESOLUTION 107, SIMPLIFY THE GUARDIANSHIP PROCESS TO ALLOW COUNTIES TO PURSUE GUARDIANSHIP IN APPROPRIATE CASES

Referred to the MMA Board of Trustees.

RESOLVED, that the Minnesota Medical Association create a task force to investigate ways to simplify the guardianship process to allow counties to pursue guardianship in appropriate cases.

Resolution 107 was submitted by the Twin Cities Medical Society (Renee Koronkowski, MD).
RESOLUTION 108, SUNSET POLICY REVIEW

Adopted.

RESOLVED, that the three “questionable” policies identified during the 2013 sunset policy review process be subject to further review by MMA staff and leadership and recommended action on it be brought to a future meeting of the MMA House of Delegates; and be it further

RESOLVED, that the MMA compendium of archived MMA policies, which contains MMA policies that are no longer relevant but can be consulted for historical or informational reasons, include the attached recommended “archive” policies (27); and be it further

RESOLVED, that the MMA reaffirm support for the attached recommended “retain” policies (6); and be it further

RESOLVED, that the MMA approve and reaffirm support for the attached recommended “retain as edited” policies (16).

Resolution 108 was submitted by the MMA Executive Committee.

RESOLUTION 109, EXPAND CONFIDENTIALITY PROTECTIONS TO FACILITATE COLLABORATIVE MEDICAL DISPUTE RESOLUTION

Adopted as amended.

RESOLVED, that the Minnesota Medical Association draft a medical apology law in Minnesota to prohibit apologies from being admissible in court; and be it further

RESOLVED, that the MMA draft proposed legislation that protects statements made by physicians and health care administrators in efforts made at early disclosure and offers to settle health care disputes.

Resolution 109 was submitted by the Clay Becker Medical Society (Robert Koshnick, MD).

RESOLUTION 110, CHANGE THE TITLE OF CEO TO CHIEF OF STAFF

Not adopted.

RESOLVED, that the title chief executive officer of MMA be changed to chief of staff.

Resolution 110 was submitted by the Twin Cities Medical Society (Richard Morris, MD, Robert Geist, MD, Thom Siefferman, MD, Michael Ainslie, MD, Lee Beecher, MD).
RESOLUTION 111, COMMITTEE SUNSHINE RULES

Adopted as amended.

RESOLVED, that all Minnesota Medical Association regular and ad hoc committee or task force meetings remain open to all members; and be it further

RESOLVED, that all committee meeting schedules, agendas and minutes be available as soon as possible to the membership; and be it further

RESOLVED, that final actions and reports be available to the membership; and be it further

RESOLVED, that the only open meeting exceptions be those involving staff personnel issues; and be it further

RESOLVED, that the MMA should continue to explore additional options for member engagement in committee and task force activities.

Resolution 111 was submitted by the Twin Cities Medical Society (Robert Geist, MD, Thom Siefferman, MD, Michael Ainslie, MD, Lee Beecher, MD).

RESOLUTION 200, SUPPORT HARM REDUCTION APPROACHES TO ILLICIT DRUG USE AND ILLICIT USE OF PRESCRIPTION DRUGS

Adopted as amended.

RESOLVED, that the Minnesota Medical Association explore the development of evidence-based policies that would promote harm reduction with respect to illicit drug use and illicit use of prescription drugs; and be it further

RESOLVED, that the MMA also support increased evidence-based health and treatment services for illicit drug users, such as methadone, buprenorphine and heroin substitution programs.

Resolution 200 was submitted by the Clay Becker Medical Society (Robert Koshnick, MD).

RESOLUTION 201, FINANCIAL IMPACT OF STATUTORY REQUIREMENTS ON PRIMARY CARE CLINICS

Adopted as amended.

RESOLVED, that the Minnesota Medical Association continue to pursue efforts to quantify and assess, including possible self-reporting by clinics, the administrative and financial burden associated with quality measurement reporting on medical practices, especially Family Medicine and other primary care clinics; and be it further
RESOLVED, that the MMA continue to advocate for adequate payment to clinics for costs associated with Minnesota’s statewide quality reporting and measurement system reporting.

Resolution 201 was submitted by the Minnesota Academy of Family Physicians (Daron Gersch, MD).

**RESOLUTION 202, LIMITING THE NUMBER OF MEASURES REQUIRED OF CLINICS BY MINNESOTA COMMUNITY MEASUREMENT**

Adopted as amended.

RESOLVED, that the Minnesota Medical Association urge Minnesota Community Measurement to improve its transparency and documentation for the evidence base associated with its measures; and be it further

RESOLVED, that the MMA advocate that Minnesota Community Measurement develop criteria and a process to limit the number of measures that a clinic is required to report in a given year, based on factors such as strength of evidence and value for clinical improvement.

Resolution 202 was submitted by the Minnesota Academy of Family Physicians (Daron Gersch, MD).

**RESOLUTION 203, MNSURE**

Adopted as amended.

RESOLVED, that the Minnesota Medical Association facilitate improved access to existing information about MNsure and continue to keep membership informed as it evolves.

Resolution 203 was submitted by the Twin Cities Medical Society (TCMS Legislative & Public Policy Committee).

**RESOLUTION 204, PHYSICIAN MEDICARE PARTICIPATION RATES**

Not adopted.

RESOLVED, that the Minnesota Medical Association investigate how Minnesota physician participation rates would be affected by the fully-implemented SGR cuts for Medicare and other payers that use the Medicare physician fee schedule rates.

Resolution 204 was submitted by the Twin Cities Medical Society (TCMS Legislative & Public Policy Committee).

**RESOLUTION 205, STATE CONTROLLED AND MEDICAID-FUNDED FIRST-DOLLAR FAMILY MEDICAL ACCOUNTS FOR MEDICAID POPULATIONS**

Adopted as amended.
RESOLVED, that the Minnesota Medical Association convene members in discussion about Medicaid-funded and state-controlled first-dollar family medical accounts coupled with Medicaid-funded major medical insurance coverage for Medicaid populations, through a policy forum or other appropriate mechanisms.

Resolution 205 was submitted by the Twin Cities Medical Society (Robert Geist, MD, Thom Siefferman, MD, Michael Ainslie, MD, Lee Beecher, MD).

RESOLUTION 206, THE 2009 CORPORATE FOSTER CARE MORATORIUM

Adopted as amended.

RESOLVED, that the Minnesota Medical Association work in cooperation with other stakeholders to examine the impact and, as appropriate, address the consequences of the 2009 moratorium on the growth of adult and child corporate foster care licenses on the access and availability of community-based outpatient services for vulnerable populations.

Resolution 206 was submitted by the Twin Cities Medical Society (Renee Koronkowski, MD).

RESOLUTION 207, MINNESOTA PRESCRIPTION MONITORING PROGRAM AND ELECTRONIC HEALTH RECORDS

Adopted as amended.

RESOLVED, that the Minnesota Medical Association work to advance efforts to ease physicians’ use of the Minnesota Prescription Monitoring Program as part of physician electronic health record workflow processes.

Resolution 207 was submitted by the MMA Prescription Opioid Management Advisory Task Force (Mark Eggen, MD).

SUBSTITUTE RESOLUTION 300, PROPOSED GOVERNANCE CHANGES AND BYLAWS AMENDMENTS

Adopted as amended.

RESOLVED, that Minnesota Medical Association continue an Annual Meeting that has a strong public policy focus as a way to gather input and engage members in our policy development; and be it further

RESOLVED, that the MMA House of Delegates be suspended until 2016 while the MMA pilots the new governance model recommended by the Governance 2.0 Task Force; and be it further

RESOLVED, that during the period until 2016 there will be increased Policy Forums, Listening Sessions and other avenues held throughout the year to gather member input on critical public policy issues; and be it further
RESOLVED, that resolutions can be submitted to the Policy Council directly from Component Medical Societies and must be considered as an item of business by the Policy Council; and be it further

RESOLVED, that during this three year period a new Policy Council be created consisting of 40 members appointed consistent with the recommendations in appendix 3 of the Governance 2.0 Task Force report, with its chair to be elected by the policy council, that it use Parliamentary rules of order and majority vote and to meet at least two times each year to discuss and recommend positions to the Board of Trustees on critical policy issues; and be it further

RESOLVED, that 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; and be it further

RESOLVED, that the Policy Council shall elect 2 members to serve as full voting members of the Board of Trustees; and be it further

RESOLVED, that member-wide, electronic elections be established for the election of MMA President-Elect, trustees, and members of our AMA delegation to allow all members the opportunity to vote, with nominations from component medical societies, specialty societies, and individuals submitted to and reviewed by the MMA Nominating Committee; 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 the MMA develop specific measurements to determine whether these governance changes are successful in increasing member engagement in policy decision-making, that annual updates be provided to the membership on the implementation of the changes, and that a formal report be presented to the MMA Board of Trustees and to the 2016 reconvened House of Delegates that will meet for the sole purpose of determining whether the new model shall continue; and be it further

RESOLVED, that the MMA Board of Trustees, acting as the bylaws committee, draft the needed bylaws amendments to implement these changes and then send them to all registered delegates for their approval via electronic ballot within sixty days.

Resolution 300 was submitted by the Board of Trustees.

Resolution 301 was submitted by the Twin Cities Medical Society (Richard Morris, MD, Robert Geist, MD, Thom Siefferman, MD, Michael Ainslie, MD, Lee Beecher, MD).

Resolution 302 was submitted by the Twin Cities Medical Society (Lee Beecher, MD).
RESOLUTION 303, LIMITING THE NUMBER OF RESOLUTIONS SUBMITTED BY ANY ONE AUTHOR

Not adopted.

RESOLVED, that the Minnesota Medical Association limit the number of resolutions submitted by any given author to two per year; and be it further

RESOLVED, that the Minnesota Medical Association encourage members to recruit and coach other members in the resolution process in an effort to expand participation and engagement in the Annual Meeting.

Resolution 303 was submitted by Lisa R. Mattson, MD.

RESOLUTION 304, REFORM THE MMA RESOLUTION REVIEW COMMITTEE (RRC) FUNCTIONS

Not adopted.

RESOLVED, that all resolutions approved by a component medical society caucus be forwarded directly to the House of Delegates bypassing the review and action by the Resolution Review Committee; and be it further

RESOLVED, that the Resolution Review Committee work with authors and caucus chairs as needed for clarification of submitted resolutions; and be it further

RESOLVED, that only resolutions submitted by authors not supported by a CMS caucus, or submitted through another manner be submitted to the Resolution Review Committee for review and action.

Resolution 304 was submitted by the Twin Cities Medical Society (Richard Morris, MD, Robert Geist, MD, Thom Siefferman, MD, Michael Ainslie, MD, Lee Beecher, MD)

RESOLUTION 305, A WORK GROUP TO EVALUATE MMA GOVERNANCE AND POLICY DIRECTIONS

Not adopted.

RESOLVED, that the Minnesota Medical Association create a work group appointed by component medical societies with the work group members electing their own chair, is charged to: examine the factors affecting member attendance and MMA membership including internal governance factors, as well as external political-commercial factors, and develop recommendations for necessary governance changes indicated to be acted upon by the House of Delegates.