

1 MEDICAL SOCIETY OF THE STATE OF NEW YORK 2025 HOUSE OF DELEGATES

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3 Report of the House Committee on Bylaws

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5 Presented by: Melissa Grageda, MD, Chair

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7 Dr. Speaker and Members of the House of Delegates:

8 The Bylaws Committee recommends the following consent calendar for adoption:

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12 **RECOMMENDED FOR ADOPTION**

- 13 1. Resolution 2025-2 - Amended Retired Member Category

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15 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 16 2. Resolution 2025-1 - Alternative County Medical Society Option for Members
17 Within Inactive Counties
18 3. Resolution 2025-4 - Allowing Student Members Equal Rights in the MSSNY

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20 **RECOMMENDED FOR NON-ADOPTION**

- 21 4. Resolution 2025-3 - Allocate Councilor Positions Based on County Membership
22 Size.
23 5. Resolution 2025-5 - Subject: Committees That Submit Resolutions Have A Voice
24 On The Discussion Of Their Resolutions at the MSSNY HOD
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1. RESOLUTION 2025-2 – AMENDED RETIRED MEMBER CATEGORY

Original Resolution 2025-2 reads as follows:

RESOLVED, that the following areas of the MSSNY Bylaws be amended as follows;

ARTICLE II MEMBERSHIP

Section A. Classes

Retired members shall be those individuals who have fully retired from medicine, regardless of age.

RECOMMENDATION:

THE REFERENCE COMMITTEE RECOMMENDS RESOLUTION 2 BE ADOPTED.

The Reference Committee heard testimony in support of Resolution 2. The authors spoke to the restrictive nature of the current definition of “retired member”, which prevents retired physicians from joining MSSNY membership. Other testimonies point to retiring physicians from other states not being able to join as a member, and gave a particular example of a past AMA President who moved to New York and was precluded from joining MSSNY membership. Other speakers pointed out the favorable financial impact of potentially recruiting additional retired members. Some speakers voiced concerns about additional free membership and financial burden to the organization, and clarification was provided that current “retired members” do pay MSSNY dues.

2. RESOLUTION 2025-1 – ALTERNATIVE COUNTY MEDICAL COUNTY SOCIETY OPTION FOR MEMBERS WITHIN INACTIVE COUNTIES

Original Resolution 2025-1 is amended and reads as follows:

ARTICLE II MEMBERSHIP

Section A. Classes

Active members shall be in good standing of their component county medical societies where they live or work as a physician, researcher or in an academic setting as defined in Article X. If there is no active county society, they must be an active member in another county medical society within the same district.

Section C – Duties, Penalties and Consequences

A member of one component county medical society shall not be permitted to transfer membership into another component county medical society until that member has paid current annual dues and assessments and has established a legal residence or works in the county the member desires transfer, except as provided in Article X, Section B, “Component County Medical Societies,” Section 2. The question of legal residence or locus of work shall be verified by the component county medical society to which the member desires transfer. Except if there is no active county society, one that has no governing board and an annual meeting **for at least one year**, they may join another county within the same district.

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2 ARTICLE X - COMPONENT COUNTY MEDICAL SOCIETIES

3 Section A – Definition

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5 Each district Councilor shall submit an annual report at the first Council meeting of the calendar
6 year to update the active/inactive status of the component counties. There shall be but one
7 component county medical society in each county affiliated with the State Society. If there
8 should be an insufficient number of physicians in any of the counties of this State to form
9 themselves into a component county medical society, such physicians may become members of
10 another component county medical society in that district when eligible by its constitution and
11 bylaws.

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13 Section B - Membership

14 Except by the approval of the Council, no physician shall be an active member in a component
15 county medical society other than that of the county in which the physician works or maintains
16 legal residence. If there is no active county society, they may join another county within the
17 same district.

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19 No member shall be an active member of more than one component county medical society, nor
20 shall any component county medical society accept as a member a physician who does not
21 work or have a residence in that county other than in accordance with transfers rules. Except, if
22 there is no active county society where that physician works or resides, the member may belong
23 to another county in the same district.

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25 Except by the approval of the Council, no resident may be a member in a component county
26 medical society where the resident is in residency training or where 95 the resident maintains a
27 legal residence, unless their county is inactive. Then they may belong to another county medical
28 society in the same district.

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31 **RECOMMENDATION:**

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33 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE RESOLUTION 2025-1 BE**
34 **ADOPTED AS AMENDED**

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37 The Reference Committee heard numerous testimonies in support of Resolution 1, and none
38 spoke against the Resolution. MSSNY bylaws requires joint MSSNY-County membership. The
39 proposed bylaws language allows inactive county members to join another county within the
40 district when the inactive county, defined as a county without a governing board and an annual
41 meeting. Many spoke to the difficulty faced by inactive county members, especially the less
42 populated areas, and the need to consolidate county membership structure. Given the
43 significant barriers and costs to dissolve existing counties, this resolution is a way for such
44 members to continue engaging with a neighboring county medical society, as current bylaws
45 requires joined MSSNY/county society membership. An amendment was proffered by authors
46 to better define an inactive county and that amendment was taken into consideration. The
47 Committee noted that a MSSNY task force is currently investigating this issue and will issue a
48 report to the Council to make recommendations for further actions.

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3 3. RESOLUTION 2025-4 – ALLOWING STUDENT MEMBERS EQUAL RIGHTS IN THE
4 MSSNY

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6 Original Resolution 2025-4 is amended to read as follows:

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8 RESOLVED, that our MSSNY amend our bylaws by addition and deletion to Article II, Section B
9 to read as follows:

10 The following members may vote and hold office in the Medical Society of the State of New York
11 and in the sections in which they are members: active, resident and fellow, part-time, retired and
12 life members. **The following members may hold office in the Medical Society of the State of New**
13 **York sections and committees in which they are members: students.**

14 All members shall be entitled to receive the *MSSNY Daily*, and other electronic publications.

15 Honorary members shall be entitled to the privilege of attending the meetings of the Medical
16 Society of the State of New York.

17 Affiliate members shall not vote nor hold office but shall be entitled to receive publications of the
18 Medical Society of the State of New York.

19 A member of the Medical Society of the State of New York who is in arrears for component
20 county medical society dues and State Society dues or assessments shall not be eligible for any
21 office or delegacy or be entitled to vote.

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23 **RECOMMENDATION:**

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25 **THE REFERENCE COMMITTEE RECOMMENDS THAT THE RESOLUTION 2025-4 BE**
26 **ADOPTED AS AMENDED**

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29 The Reference Committee heard testimony expressing support to expand the medical student's
30 potential leadership roles in MSSNY, including MSSNY officers and MSSNY sections/
31 committees. The supporters of the resolution advocated increased opportunities for medical
32 students in developing their leadership skills and contributing to MSSNY. The Committee heard
33 from numerous speakers who spoke against the resolution, pointing to the generally temporary
34 nature of student membership, limited life and organizational experience within MSSNY, time
35 and availability constraints, and that medical students have by definition not earned their
36 medical degree. Particular concerns were raised on student members' limited time (4 years)
37 learning and growing to become leaders of the organization. Compromised language was
38 proposed by some who testified, which will allow medical students to potentially run for officer
39 positions in the sections they are qualified to enroll in, and to possibly be appointed as chair/vice
40 chair of a committee. The Reference Committee recommends the amended, which opens up
41 the possibility for medical students to become officers of MSSNY sections and committees, but
42 not MSSNY officer and trustee positions.
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1 4. RESOLUTION 2025-3 – ALLOCATE COUNCILOR POSITIONS BASED ON COUNTY
2 MEMBERSHIP SIZE

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4 Original Resolution 2025-3 reads as follows:

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6 RESOLVED, MSSNY establish a policy to allocate Councilor positions proportionally, based on
7 the membership size of each county, ensuring that counties with the largest memberships have
8 a commensurate share of representation; and be it further

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10 RESOLVED, MSSNY review and adjust Councilor allocations every three years to reflect
11 current membership data, maintaining fairness and responsiveness to changes in membership
12 demographics.
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15 **RECOMMENDATION:**

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17 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 2025-3 NOT BE**
18 **ADOPTED.**

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20 Your Reference committee heard generally strong opposition to the Resolution. The authors
21 proposed to adjust the number of Councilor positions in proportion to the membership size of
22 each county by adjusting the number of Councilor positions every 3 years. Proportionate
23 representation by size of membership to achieve fair representation was the rationale for doing
24 so, as testified by the authors and co-sponsors. Testimonies against the Resolution came from
25 members and delegates across the state, both populous counties and rural counties. Many
26 speakers point to the need to allow adequate representation of the various regions of the state,
27 currently done by following the NY state judicial districts. Opponents of the Resolution further
28 point to the current and historical makeup of the Council, which is predominantly represented by
29 the higher membership counties. It is notable that the County which stands to benefit the most
30 from such re-apportionment opposed the Resolution, stating the importance to maintain across
31 the state representation. Testimonies were given to point to the volatile nature of our OIG
32 membership given the large size, which could cause frequent and significant shift of the Council
33 composition if any new OIG membership is added or subtracted. Opponents of the Resolution
34 spoke to the timing and logistics obstacles to account for the sudden gain or loss in large
35 membership groups and to implement Councilor position reapportionment. Doing so could also
36 unnecessarily fracture the unity of MSSNY members and component counties, upsetting the
37 traditional balance of representation, as testified to by several members. Given the
38 overwhelming opposition to the proposed Resolution 2025-3, the Reference Committee
39 recommends non-adoption of the Resolution.
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43 5. RESOLUTION 2025-5 – COMMITTEES THAT SUBMIT RESOLUTION HAVE A VOICE ON
44 THE DISCUSSION OF THEIR RESOLUTIONS AT THE MSSNY HOD

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46 Original Resolution 2025-5 reads as follows:

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48 RESOLVED, That since the Medical Society of the State of New York (MSSNY) Committees can
49 submit resolutions to the MSSNY HOD, MSSNY Committees represent diverse viewpoints with
50 newly mandated slots for medical students, residents/fellows, and young physicians, MSSNY
51 Committees that submit resolutions to the MSSNY HOD should be able to send one Delegate

1 and one Alternate Delegate from each Committee to the MSSNY HOD to speak on behalf of
2 Committee resolutions, extract Committee resolutions at the HOD from the Reference
3 Committee consent calendar for further discussion if need be, vote on resolutions, and report
4 back to the Committee the Actions of the MSSNY HOD given that other entities within MSSNY
5 that submit resolutions to the MSSNY HOD are entitled to send Delegates and Alternate
6 Delegates to the MSSNY HOD and the Committee Delegates would have unique insight into the
7 deliberations of the Committee and could speak on behalf of the Committee.
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9 **RECOMMENDATION:**

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11 **THE REFERENCE COMMITTEE RECOMMENDS THAT RESOLUTION 2025-3 NOT BE**
12 **ADOPTED.**
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14 The Reference Committee heard from the author who spoke to the inability to directly participate
15 in the debate on the HOD floor on a prior resolution, as the author was not a delegate. Some
16 discussion of other committee members not effectively advocating for the prior resolutions at the
17 HOD was raised. The Reference Committee heard uniform opposition to this Resolution from
18 multiple speakers. Several spoke to the reality that any MSSNY member could and do indeed
19 speak at both the virtual and in-person reference committee meetings. Others pointed out that
20 there is almost always a delegate if not several delegates serving on a MSSNY committee who
21 could speak to a Resolution. The nature of a House of Delegate serving as a representative
22 policy-making body with input from elected MSSNY, counties, and specialty societies was
23 pointed out, and a physician could become a delegate through various paths. Other speakers
24 testified that internal committee communication issues should be addressed at the committee
25 level. Additional testimonies were given that bylaws should not be casually changed, if other
26 simple mechanisms exist which could address a concern. Concerns were also raised that there
27 would be unfair and duplicative representation at the HOD if additional delegate positions are
28 created at the committee level. Creation of such additional delegate positions when MSSNY
29 membership is declining is counter-intuitive and unproductive. Further, adding delegates will
30 necessarily increase costs of running the meeting at a time of MSSNY financial constraints.
31 Given the overwhelming testimonies against the resolution, the Reference Committee
32 recommends non-adoption of the Resolution.
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