

# The Split That Could Reshape Medicine in Michigan

## *MSMS Restructuring Sparks Debate on the Future of Physician Representation*

Physician advocacy in Michigan is at a crossroads. The Michigan State Medical Society (MSMS) is evaluating structural changes that could lead to de-unification between the state organization and County Medical Societies. These potential shifts could dramatically reshape how physicians connect, collaborate, and advocate for their profession.

For decades, Michigan's state and local medical societies have operated under a unified structure—physicians joining both their county and state societies through a single, connected membership model. This alignment ensures seamless advocacy from the exam room to the state legislature.

But in recent years, MSMS has faced challenges in funding, membership retention, and perceived value, prompting their leadership to re-examine this model. For the third time in recent memory, MSMS is evaluating a potential de-unification from County Medical Societies. **The 2017, 2018 and 2019 House of Delegates (HOD) strongly opposed these attempts.**

Resolutions adopted at the 2025 HOD directed MSMS leaders to explore structure and partnerships:

Resolution 16-25: Creates a task force of county and state leaders to examine history, finances, and bylaws, and recommend a unified path forward for medical societies in Michigan.

Resolution 47-25: Directs MSMS to study other state medical society structures and bylaws for potential improvements in efficiency and productivity.

MSMS leadership has utilized these directives to form a Reorganization Task Force to focus on major, structural and bylaws changes. This task force is comprised of six MSMS leaders and six County Medical Society Leaders (**determined by and invited by MSMS leadership versus being chosen by the County Medical Societies to equally represent them**) and a single County Medical Society executive director to serve as a non-voting advisor (**also chosen by MSMS leadership**).

This task force is only scheduled to meet for three, 90-minute sessions in order to review bylaws and consider restructuring the long-standing, MSMS-County Medical Society unified membership.



At this writing, MSMS leadership has only reached out to County Medical Society leadership once— a 90-minute meeting set by MSMS in July where the agenda was largely focused on MSMS leaders presenting proposed Task Force recommendations prior to the Task Force being named or having met:

- Revisiting how county and state memberships are linked.
- Exploring alternative membership models.
- Restructuring bylaws to allow more flexibility in future decision-making.

County Medical Society leaders had to digest this information in real time and had to work within the time constraints to provide on-the-spot feedback.

County Medical Societies—and the physicians they represent—face uncertain but important decisions about the future of organized medicine in Michigan. These decisions must be made with equal state and County Medical Society input and must be communicated transparently with our unified membership to receive robust feedback prior to adoption. ***The question isn't just about structure – it's about ensuring physicians have a strong and coordinated voice.***

### Task Force Members

Brian Stork, MD— MSMS/Muskegon  
Paul Bozyk, MD— MSMS/Oakland  
Mark Komorowski, MD— MSMS/Bay  
Eric Larson, MD— MSMS/Kent  
Brad Uren, MD— MSMS/Washtenaw  
John Waters, MD— MSMS/Genesee  
Nick Fletcher, MD— Wayne/Resident  
Gary Sarafa, MD— Oakland  
Richard Schultz, MD— Grand Traverse  
Salim Siddiqui, MD— Wayne/MSMS President 2023-2024  
David Whalen, MD— Kent  
Claudia Zacharek, MD— Saginaw  
Romy Shubitowski— Oakland County Medical Society Executive Director

# What Happens Next & How to Stay Involved

## *Proposed Changes & Potential Pitfalls*

With major structural changes to the future of physician representation in Michigan being considered in such a limited time frame, the County Medical Societies are still seeking clarity on several issues:

**Structure:** What models for membership and the state-county relationship are being considered? Will there be an effort to solicit robust, widespread member feedback to help shape final recommendations? Are innovative membership ideas being investigated or has de-unification already been recognized as the goal with task force activities focused on the ramifications and implementation?

**Financial Impact:** How could de-unification affect dues collection and County Medical Society budgets?

**Representation:** If de-unification goes forward, how will physicians joining only their County Medical Society have a voice at the state level? How will MSMS provide a local voice for their members who don't join their County Medical Society?

**Legal Concerns:** Could shared services or reforms strengthen MSMS and County Medical Society structures instead of dismantling unified membership?

### **Implementation Process:**

**The MSMS Board approved just this July to move the 2026 HOD to a virtual platform vs. an in-person meeting, citing cost containment.**

- Will there be one or two HOD readings to approve changes to the MSMS bylaws?
- Will the final recommendations be presented at the next regular HOD meeting or will the MSMS speaker and Board call special meetings of the House?



This time presents an opportunity for physicians across Michigan to weigh in on how they prefer to advocate for their patients and their profession. Whether unified or de-unified, the future of organized medicine in Michigan will depend on physicians making their voices heard now.

MSMS has stated that the task force will present its final recommendations in early 2026. Any structural changes, including de-unification, would ultimately be decided by HOD delegates through the amendment process. A proposed amendment is typically laid on the table until the next session, unless 75 percent of delegates present agree to waive the waiting period for an immediate vote.

**Stay informed:** Follow updates from County Medical Society and MSMS newsletters.

**Engage in task force surveys:** Direct input will shape the recommendations moving forward.

**Attend forums and information sessions:** Counties will host discussions for members to share feedback.

**Contact your delegates:** Submit written feedback to your County Medical Society to ensure your concerns and ideas are represented at the HOD.

Unified Model	De-Unified Model
Membership in one requires membership in the other	Separate, distinct memberships for County Medical Society (CMS) and MSMS
Shared funding and administrative support	CMS bill their own dues separately from MSMS– CMS will have more autonomy to set their own rates but may face financial uncertainty if they are reliant on bundled dues
Sharing of programs and member services reduces duplicative staff time and cost for both MSMS and CMS	Opportunity for CMS to offer more tailored programs and member services
Strong, collective advocacy at the state and local levels	Potential for CMS to attract physicians who feel disconnected from state-level advocacy but reduced unified lobbying strength could lead to fragmentation of physician voice at either the state or local level or both

## Key Milestones in Michigan's Physician Advocacy Structure

1819- Michigan Medical Society formed under Territorial laws. This original society limited itself largely to the execution of state laws regulating the practice of medicine.

*Licensed physicians in any county were granted the right to form a local, county medical society which, within the limits of the county, had the same rights as the territorial society:*

June 1827- Washtenaw County

June 1831- Oakland County

July 1835- St. Joseph County

January 1836- Macomb County & Monroe County

June 1837- Branch County

April 1849- Wayne County

March 1853- March 1860- Peninsular Medical Society formed to advance medical science, promote the AMA code of ethics, publish the Peninsular Medical Journal, and help the University of Michigan medical department improve its scholastic program.

1866- Michigan State Medical Society formed.

1889- Kent County Medical Society formed.

1902- MSMS reorganized along the lines of a delegate body.

1969-1970- MSMS begins offering management services to specialty groups and, later, County Medical Societies.

1974- MSMS begins to collect dues for county medical societies (optional at first but later became mandatory).

1994- The County Medical Society Executives group formed to address issues similarly affecting all county medical societies.

*Over the years, MSMS convened a series of task forces to examine membership structure and governance:*

1981- Taskforce on MSMS Structure

1997- Governance Task Force

2002- Task Force on Regionalization of County Medical Societies

2003- Task Force on Regionalization of County Medical Societies in West Michigan

2006- Task Force on Federation Issues

2011: Governance Task Force

2015- MSMS ceases association management services to specialty and county medical societies.

2017-2019- MSMS works with consulting groups to study membership structure and governance. **Delegates at the in-person 2017, 2018 and 2019 House of Delegates meetings strongly oppose de-unification.**

2019- Changes to MSMS Board of Directors governance approved.

2025- Task Force on Membership and Sustainability created to explore future options for membership and governance structures.

2025- MSMS Board of Directors vote to make 2026 House of Delegates Virtual.

## Your Voice, Your Future

This is your chance to voice your preference in how MSMS and the County Medical Societies continue to advocate for patients and the profession. Whether unified or de-unified, the future of organized medicine in Michigan will depend on physicians making their voices heard now.

Please contact the MCMS office at [HLeach@macombcms.org](mailto:HLeach@macombcms.org) or 810-712-2546 to share your suggestions and concerns.

