Welcome to the Texas Medical Association House of Delegates!

The association’s top policy-making body represents individual delegates; county medical societies; and boards, councils, committees, and sections.

Your responsibility as a member of the House of Delegates is twofold:
To bring the grassroots concerns and opinions of the membership before the House of Delegates, and to report to your members the actions of the house and the latest scientific, socioeconomic, and ethical information impacting the practice of medicine.

As you begin your service in the house, the following brief overview of the association may be helpful. If you have additional questions, contact the speaker or vice speaker of the House of Delegates or Pam Hale, assistant to the house, at TMA headquarters.

“I must do something” always solves more problems than “Something must be done.”
— Author Unknown
Thirty-five pioneer physicians rode to Austin by horseback, stagecoach, and railroad in 1853 to organize the Texas Medical Association.

The ability of those physicians to meet was interrupted for 16 years by Indian raids, the War Between the States, and epidemics of cholera, malaria, and yellow fever.

But by 1900, the association was ready to put down roots. Here is a look at the history of TMA’s headquarters and growth in the 1900s.

### Association Headquarters

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1903</td>
<td>Fort Worth National Bank Building</td>
<td></td>
</tr>
<tr>
<td>1907</td>
<td>2,910 members</td>
<td></td>
</tr>
<tr>
<td>1910</td>
<td>Continental Bank Building Fort Worth</td>
<td></td>
</tr>
<tr>
<td>1912</td>
<td>Western National Bank Building Fort Worth</td>
<td></td>
</tr>
<tr>
<td>1922</td>
<td>Newby Building Fort Worth</td>
<td></td>
</tr>
<tr>
<td>1927</td>
<td>Medical Arts Building Fort Worth</td>
<td></td>
</tr>
<tr>
<td>1935</td>
<td>West El Paso Street Fort Worth</td>
<td>First office space owned by TMA</td>
</tr>
<tr>
<td>1948</td>
<td>Leased residence on Guadalupe Street Austin</td>
<td>5,770 members</td>
</tr>
<tr>
<td>1952</td>
<td>Lamar Boulevard Austin</td>
<td>6,000 members</td>
</tr>
<tr>
<td>1991-to-present</td>
<td>West 15th Street Austin</td>
<td>Now 45,000 physician and medical student members strong!</td>
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</tbody>
</table>
TMA Structure

Purposes
The association’s purposes are to serve the people of Texas in medical care matters, federate members of the profession practicing medicine and surgery, provide effective representation for its members, unite with similar state associations to form the American Medical Association, and promote unity and cooperation among its members and component organizations. TMA also is designed to secure the enactment of appropriate medical and health care legislation, extend medical knowledge and advance medical science, and strive for prevention and cure of disease and the improvement of public health. The association may regulate ethical conduct, maintain and advance the standards of medical care, and enact its bylaws.

TMA Structure
Those entities that report to the House of Delegates are TMA boards, councils, committees, sections, and the Texas Delegation to the AMA. The chart on page 4 shows the reporting structure.

Board of Trustees
The Board of Trustees administers business assigned to it by the House of Delegates, advises association officers, and fixes interim association policy subject to approval of the house at its next meeting. The board also implements policies of the house and monitors program activities of councils and committees. It is responsible for financial matters, member services, supervision of staff organization and performance, long-range fiscal planning, strategic and program planning, and member recruitment and retention. The board has nine at-large members elected by the House of Delegates, one member from the Medical Student Section, one member from the Resident and Fellow Section, and six voting ex officio members.

Board of Councilors
The Board of Councilors serves as the ethical policymaking body of TMA. The board is composed of a councilor and vice councilor from 15 districts. Among its duties, the board interprets the association’s Constitution and Bylaws and county medical society constitutions and bylaws. The board also grants and revokes county medical society charters, and publishes and interprets the association’s Hearings Procedures Manual and decisions regarding questions of medical and biomedical ethics. The board also hears appeals, complaints, and problems concerning physicians and county medical societies.

Councils & Committees
The House of Delegates has established councils to carry out the association’s purposes and activities. Members are elected to three-year terms and are limited to two terms. In addition to implementing policy, councils are involved in extensive studies to develop policy for consideration by the house. The house may appoint committees to help councils carry out the association’s purposes and activities.

Most committees have three, five, seven, or nine members who serve three-year terms. The House of Delegates establishes committees; the TMA president appoints their members. Members of the Interspecialty Society Committee are selected by the specialty society they represent. The council recommending appointment of a committee must submit a specific purpose and program for the committee, time limitation, expected result, cost estimate, and number of members.
Governance Structure

**House of Delegates**

- Board of Councilors
  - Physician Health and Rehabilitation
- Board of Trustees
  - Interspecialty Society
  - Membership

**Councils**

- **Council on Practice Management Services**
  - Continuing Education
  - Physician Distribution and Health Care Access

- **Council on Medical Education**
  - Blood and Tissue Usage
  - Cancer
  - Child and Adolescent Health

- **Council on Medical Education**
  - EMS and Trauma
  - Infectious Diseases
  - Maternal and Perinatal Health

- **Council on Science and Public Health**
  - Blood and Tissue Usage
  - Cancer
  - Child and Adolescent Health

- **Council on Socioeconomics**
  - Patient-Physician Advocacy
  - Rural Health

- **Council on Constitution and Bylaws**
- **Council on Health Care Quality**
- **Council on Health Promotion**
- **Council on Health Service Organizations**
- **Council on Legislation**
  - Professional Liability

- **International Medical Graduate Section**
- **Medical Student Section**
- **Resident and Fellow Section**
- **Young Physician Section**
- **Texas Delegation to AMA**

**Sections**

- **House of Delegates**
  - Medical Student Section
  - Resident and Fellow Section
  - Young Physician Section
  - Texas Delegation to AMA

- **Council on Constitution and Bylaws**
- **Council on Health Care Quality**
- **Council on Health Promotion**
- **Council on Health Service Organizations**
- **Council on Legislation**
  - Professional Liability

- **Council on Medical Education**
  - Blood and Tissue Usage
  - Cancer
  - Child and Adolescent Health

- **Council on Science and Public Health**
  - EMS and Trauma
  - Infectious Diseases
  - Maternal and Perinatal Health

- **Council on Socioeconomics**
  - Patient-Physician Advocacy
  - Rural Health

**one voice** — enhance the powerful, effective, and unified voice of Texas medicine.
2015 Goals and Key Strategies

**Goal 1. Viability**
Protect, improve, and strengthen the viability of medical practices in Texas.

**Strategies:**
1. Ensure that Texas physicians receive timely and equitable payment for medical services provided.
2. Provide cost-effective solutions to improve all aspects of practice management operations.
3. Increase Texas physicians’ understanding, adoption, and appropriate utilization of vital information technologies, to support efficiency, efficacy, and quality-of-care measurement.

**Goal 2. Environment**
Ensure continued success in legislative, regulatory, and legal interventions to enhance the statewide environment in which Texas physicians practice medicine.

**Strategies:**
1. Develop and implement public- and private-sector strategies promoting sustainable health care financing and delivery systems to improve access to health care.
2. Promote patient-centered, cost-efficient, physician-directed systems of care.
3. Support a Texas-specific strategy to address growing physician demand.

**Goal 3. Trusted Leader**
Strengthen physicians’ trusted leadership role within their communities.

**Strategies:**
1. Enhance the public image of TMA-member physicians.
2. Provide practice-based materials to improve effectiveness and awareness of public health initiatives through the patient-physician relationship.
3. Reinforce the physician’s role as the leader of the health care team.
4. Uphold physician professionalism.

**Goal 4. One Voice**
Enhance the powerful, effective, and unified voice of Texas medicine.

**Strategies:**
1. Ensure a powerful voice through growth in membership and member involvement and the ongoing financial health of the association.
2. Promote an effective voice through leadership development, active governance structures, and disciplined message development and dissemination.
3. Demonstrate a unified voice by strengthening relationships and strategic alliances within and without the federation of medicine.

**Vision**
To improve the health of all Texans

**Mission**
TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.
Governance

Constitution & Bylaws
TMA is governed by its Constitution and Bylaws. They address membership, officers, House of Delegates, Board of Trustees, Board of Councilors, Delegation to the AMA, elections, the annual session, councils, councilor districts, county medical societies, dues and special assessments, rules of order, and conduct.

TMA Policy Compendium
The Policy Compendium, which contains all actions the House of Delegates has adopted during the past 10 years, provides long-term direction for the association. The compendium is available on the TMA website at www.texmed.org.

Hearings Procedures Manual
The Hearings Procedures Manual, published and distributed under the authority of the Board of Councilors and the House of Delegates, describes procedures for county medical societies to follow in all phases of county society disciplinary actions. Although the board may interpret these procedures through its opinions process, the procedures may not be altered without approval from the House of Delegates.

Board of Councilors Current Opinions
As the ethical policymaking body of the association, the Board of Councilors renders opinions in response to various inquiries, including requests from members, component county medical societies, and the House of Delegates. The board also renders opinions independently, based on its understanding of current events affecting the practice of medicine.

Opinions are based on current law, the American Medical Association Principles of Medical Ethics, and the Board of Councilors’ authority to investigate the general ethical conditions pertaining to the practice of medicine in Texas. Board opinions are intended to guide Texas physicians in responsible professional behavior and to supplement the Current Opinions of the AMA’s Council on Ethical and Judicial Affairs.

The Board of Councilors Current Opinions are available on the association’s website at www.texmed.org, and hard copies are available on request.
Staff Organization Chart

Executive Vice President

Administrative Services
- Finance
- Software Development
- Membership Operations and Business Intelligence
- Property Management
- Office of Educational Loans, Scholarships, and Awards
- Technology and Information Systems
- Printing and Mailing Services
- Graphic Services
- Conference & Association Management Services
- Conference & Meeting Management
- Specialty Societies
- Texas Chapter of the American College of Physicians
- Texas Chapter of the American College of Physicians - Preceptorship Program
- Texas Academy of Physician Assistants
- Texas Ambulatory Surgical Centers Society
- Texas Association of Neurological Surgeons
- Texas Association of Obstetricians and Gynecologists
- Texas Association of Otolaryngology Head and Neck Surgery
- Texas Chapter - American College of Cardiology
- Texas Club of Internists
- Texas Dermatological Society
- Texas Medical Group Management Association
- Texas Society of Gastroenterology and Endoscopy
- Texas Society of Pathologists
- Texas Society of Plastic Surgeons
- Texas Urological Society

House of Delegates
- Texas Delegation

TMA Alliance

Membership & Business Development
- Business Development & Special Projects
- Health Information Technology
- Continuing Medical Education
- Membership Development
- Practice Management Services
- Practice Management Education

Public Health & Medical Education
- TMA Foundation
- Medical Education
- Public Health
- Clinical Advocacy
- Physician Oncology Education Program (Grant Funded)

Advocacy
- Legislative Affairs
- Political Education (TEXPAC)

General Counsel
- Corporate Law
- Health Law
- Physician Rehabilitation

Communications
- Client Services
- Media & Public Relations
- Physician Publication
- TMA Knowledge Center

Medical Economics
- Governmental Affairs
- Healthcare Delivery Systems
- Health Care Research & Data Analysis
- Payment Advocacy

Human Resources
Composition of the House

The house is made up of elected county medical society delegates and the following voting ex officio: members of the Board of Trustees; 15 councilors; Texas delegates and alternate delegates to the American Medical Association; members of the Council on Legislation and chairs of the other councils; delegates from the Young Physician Section, International Medical Graduate Section, Resident and Fellow Section, and Medical Student Section; and delegates of selected specialty societies.

Nonvoting ex officio members of the House of Delegates are the chair of TEXPAC, past presidents who are current active or emeritus members of the association, and delegates emeritus of the Texas Delegation to the AMA.

County societies are represented in the house according to their number of members — one delegate for the first 100 or fewer members, and an additional delegate for each additional 100 or fewer members.

When the House Meets

The House of Delegates meets at an annual session in the spring during the association’s TexMed conference. The location of the meeting rotates each year among the Austin, Dallas, San Antonio, and Houston areas. Special sessions may be held at any time by call of the president or the petition of 30 delegates.

Handbook for Delegates

Handbook for Delegates, which includes reports (from association boards, councils, sections, and committees; the TMA Alliance; the TMA Foundation; and TEXPAC) and resolutions (from county societies, sections, and individual voting members), is published several weeks before each session of the House of Delegates. The handbook is sent to county medical societies and all members of the house in time for grassroots input before delegates act upon the issues. Reports and resolutions are posted on the TMA website.

Credentialing & Seating

A bar code containing information specific to each House of Delegates member is imprinted on the name badge issued at conference registration. The Credentials Committee uses electronic readers to scan the bar codes. All members should check in with the Credentials Committee so that it may determine if there is a quorum, and record attendance of alternate delegates, vice councilors, and nonvoting ex officio members. When the committee

From Idea to Policy

At the grassroots level, the best way to implement an idea or to change adopted TMA policy is to present it at a county medical society meeting. If the society agrees, a delegate presents the recommendation as a resolution at the next meeting of the House of Delegates. If TMA adopts it … and it has nationwide appeal … it may be forwarded to AMA for action. If the county medical society does not agree with the idea or change, a delegate may submit a resolution directly to TMA for the house to consider. Boards, councils, committees, and sections also develop ideas and recommend actions, and report them to the House of Delegates.
determines a quorum has been reached, the speaker calls the house into session. Alternate delegates who are attending for delegates should present acceptable verification to the Credentials Committee so they may be seated as voting members.

Sessions of the House
The House of Delegates meets on Friday and Saturday during the annual meeting of the association (TexMed) in the spring.

Opening Day
The annual session begins with an opening ceremony. The TMA and TMA Alliance presidents address the house. Other presentations are scheduled at the discretion of the speaker. The house then recesses for reference committee hearings.

Reference Committees
The speaker of the House of Delegates appoints reference committees, each consisting of a chair and six members who serve for one session. The speaker chooses members according to locality, specialty, and experience to ensure that the committees reflect the demographics of TMA members.

Serving on a reference committee is a privilege and a duty. Grassroots input is necessary, and delegates are urged to discuss handbook items with their colleagues at home.

Reference committees meet immediately following recess of the opening proceedings to hear testimony on each item of business referred to them from the House of Delegates. Any Texas Medical Association member may address issues before the reference committees.

After opening hearings, committees go into executive session to prepare their recommendations to the house. The reports are written, printed, and ready by 6 am the next day.

Second Day of Session
Reference committee reports are distributed on the second day of the session, and county medical society and section caucuses review them, usually at breakfast meetings. Here, society and section members decide to work for approval, disapproval, referral, or amendment of those reports.

Reports contain a summary of each item, comments by the reference committee, and a recommendation to adopt, adopt and refer, refer, amend, or not adopt.

The House of Delegates then hears the reference committee reports. Reference committee members sit at a table in the front of the room while the chair gives the report. Members of the reference committee scheduled next sit at an “on-deck” table.

At the start of each report, the speakers place all items on the “consent calendar,” which assumes agreement with the reference committee recommendation. At that time, members of the house extract items they wish to debate. The speakers call for discussion of any extracted items in the order the items appear in the reference committee report.

Writing a Resolution
Delegates, county medical societies, sections, and individual voting members may submit resolutions for consideration by the house. The reasons for the resolution are styled as “Whereas” paragraphs; the action called for as “Resolved” paragraphs. The resolved statements should contain the entire sense of the resolution. Each resolution should be titled and a fiscal note included if the resolution calls for the expenditure of funds.

For example:

Whereas, Resolutions may be submitted only by county medical societies, sections, and voting members of the House of Delegates; therefore be it RESOLVED, That resolutions be prepared in advance of the session.

Resolutions must include any relevant TMA policy, and if a resolution asks for AMA action, it must include AMA policy.

To search for TMA policy, go to the TMA website (texmed.org) and type “policy” in the search box. This will take you to a link to search the TMA Policy Compendium. For AMA policy, go to the AMA website (ama-assn.org), click on the Advocacy tab, and click on “Policy Finder.”
Reference Committee Report Amendments

Should a member of the house wish to amend a reference committee report, the amendment is typed on site and projected onto a large screen. Amendments should be written on an amendment form available at the computer table and given to the staff person who operates the computer.

When that portion of the reference committee report has been presented, the delegate should go to a microphone on the house floor, be recognized by the speaker, identify himself or herself by name and county society, and offer the amendment. The amendment then will be displayed on the screen. Words to be added are underlined; words to be deleted are marked through. Nonseated alternate delegates and vice councilors do not have the privilege of the floor.

Motions and Parliamentary Procedure

The reference committee report may call for the house to adopt, adopt and refer, refer, amend, or not adopt. The recommendation of the reference committee is the business of the house and does not need a second.

When an amendment is offered, discussion is limited to that amendment until it is acted upon. If an amendment to an amendment is proposed, discussion is limited to the second-order amendment until it is disposed. No further amendments may be made until the amendment is acted upon. An amendment to an amendment is voted on first, and then a vote is taken on the first amendment.

When all proposed amendments have been adopted or rejected, the recommendation is in its final form and must be voted upon. A flow chart showing the procedure for business items is on page 11. House meetings are governed by Sturgis’ The Standard Code of Parliamentary Procedure.

Elections and Presidents’ Installation

At the annual session at TexMed, secret ballot elections for TMA officers and leadership positions occur on the second day. Handbook for Delegates provides election information. Incoming TMA and TMA Alliance presidents take the oath of office before the house.

Report to Grassroots Membership

Delegates should report actions taken by the House of Delegates to their county societies. A summary of actions is sent to delegates the week after the meeting and is posted on the TMA website at www.texmed.org.

Your speakers, officers, trustees, and other leaders of the association represent extensive involvement in the democratic process and are available for any questions about process or procedure. Their goal is to ensure that TMA is a member-driven association. They will help you facilitate in the best possible way any action you wish to place before the delegates.
Flow Chart for Business Items

1. Did a member of the house request that the item be extracted from the consent calendar?
   - YES: The reference committee recommendation is enacted when consent calendar is adopted.
   - NO: Proceed to 5.

2. Did the reference committee recommend “adopt”?
   - YES: The original item of business is before the house, and the reference committee suggests a “yes” vote.
   - NO: Proceed to 5.

3. Did the reference committee recommend “do not adopt”?
   - YES: The original item of business is before the house, and the reference committee suggests a “no” vote.
   - NO: Proceed to 5.

4. Did the reference committee recommend “refer”?
   - YES: The original item is before the house as the Main Motion, with the subsidiary motion “refer” as the immediately pending motion – discussion is on “refer.”
     The reference committee recommends a “yes” vote on referral.
   - NO: Did the house adopt “refer”? if NO: Original item is disposed of and will be considered by the body to which it was referred.
     if YES: Original item is before the house without a recommendation from the reference committee.
   - Proceed to 5.

5. Did the reference committee recommend “amend”?
   - YES: Original item is before the house as the Main Motion, with the subsidiary motion “amend” as the immediately pending motion – discussion is on “amend.”
   - NO: Did the house adopt the amendment?
     - YES: Original item, as amended, is before the house; reference committee recommends a “yes” vote on the item as amended.
     - NO: Original item is before the house, without a recommendation from the reference committee.

6. Did the reference committee recommend “amend by substitution” or “adopt the following in lieu of the original”?
   - YES: Substitute language is before the house as the Main Motion – discussion is on the proposed substitute.
   - NO: Did the house adopt the proposed substitute?
     - YES: Substitute is enacted.
     - NO: Original item is before the house as the Main Motion – discussion is on the original item.

7. The speaker will explain the situation.
**Vision**
To improve the health of all Texans

**Mission**
TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.