

# Texas Medical Association House of Delegates Guide



Practice Strength  
Healthy Environment  
Trusted Leader  
One Voice



Physicians Caring for Texans



# Welcome to the Texas Medical Association House of Delegates!

The association’s top policymaking body represents individual delegates; county medical societies; and boards, councils, committees, and sections. Your responsibility as a member of the House of Delegates (HOD) 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 affecting 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 questions, contact the speaker or vice speaker of the House of Delegates or the assistant to the house at TMA headquarters.

**“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”**

– JOHN QUINCY ADAMS

## TABLE OF CONTENTS

- [History ..... 3](#)
- [2025 Goals and Key Objectives..... 4](#)
- [Reporting Structure..... 5](#)
- [Governance ..... 6](#)
  - [Constitution and Bylaws ..... 6](#)
  - [TMA Policy Compendium ..... 7](#)
  - [Board of Councilors Current Opinions ..... 7](#)
- [Composition of the House..... 8](#)
- [When the House Meets..... 8](#)
  - [Handbook for Delegates ..... 8](#)
  - [Credentialing and Seating ..... 9](#)
  - [Sessions of the House..... 9](#)
- [TMA Election Process ..... 11](#)
  - [Introduction ..... 11](#)
  - [Nominations ..... 11](#)
  - [Guidelines ..... 11](#)
  - [Compliance ..... 12](#)
  - [Elections ..... 12](#)

# HISTORY OF TMA



## THIRTY-FIVE PIONEER PHYSICIANS

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 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.

## THE PURPOSE AND STRUCTURE OF TMA

The Texas Medical Association was organized by 35 physicians in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and the improvement of public health. Today, with more than 55,000 physician and medical student members, TMA is the nation's largest state medical society. The association's vision, mission, and goals and key strategies are below.

TMA endeavors to 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.

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

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

## ASSOCIATION HEADQUARTERS



1903 **Fort Worth National Bank Building**

1907 2,910 members

1910 **Continental Bank Building**  
Fort Worth



1912 **Western National Bank Building**  
Fort Worth

1922 **Newby Building**  
Fort Worth



1927 **Medical Arts Building**  
Fort Worth

1935 **West El Paso Street**  
Fort Worth  
**First office space owned by TMA**



1948 Leased residence on **Guadalupe Street**  
Austin  
5,770 members



1952 **Lamar Boulevard**  
Austin  
6,000 members



1991- to present **West 15th Street**  
Austin  
Now 55,000+ physician and medical student members strong!

## GOAL 1. PRACTICE STRENGTH

Protect, improve, and strengthen medical practices in Texas.

### Objectives:

- Ensure that Texas physicians receive timely and equitable payment for medical services rendered.
- Provide cost-effective solutions to improve all aspects of practice management operations.
- Promote effective use of technology that supports practice efficiency, quality of care, and management of population health.



## GOAL 2. HEALTHY ENVIRONMENT

Engage in legislative, regulatory, and legal advocacy to improve the environment in which Texas physicians care for their patients.

### Objectives:

- Implement public and private sector strategies that promote sustainable health care financing and delivery systems.
- Advance patient-centered, cost-efficient, physician-directed systems of care.
- Support a Texas-specific strategy to address growing demand for health care services.
- Promote access to health care for all Texans.



## GOAL 3. TRUSTED LEADER

Strengthen physicians' trusted leadership role.

### Objectives:

- Enhance the public image of TMA-member physicians.
- Actively pursue evidence-based population health initiatives that improve the health of Texans.
- Reinforce the physician's role as the leader of the health care team.
- Advance physician professionalism.



## GOAL 4. ONE VOICE

Enhance the powerful, effective, and unified voice of Texas medicine.

### Objectives:

- Increase membership and member involvement to ensure the ongoing financial health and governance strength of the association.
- Leverage the effective voice of Texas medicine.
- Demonstrate a unified voice by strengthening relationships and strategic alliances.

Those entities that report to the House of Delegates are TMA boards, councils, committees, sections, and the Texas Delegation to the AMA. The adjacent chart 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 comprises the association's six officers; nine at-large members and one young physician member elected by the House of Delegates; and one member from the Medical Student Section and one member from the Resident and Fellow Section appointed by their respective sections and approved by the board.

## 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

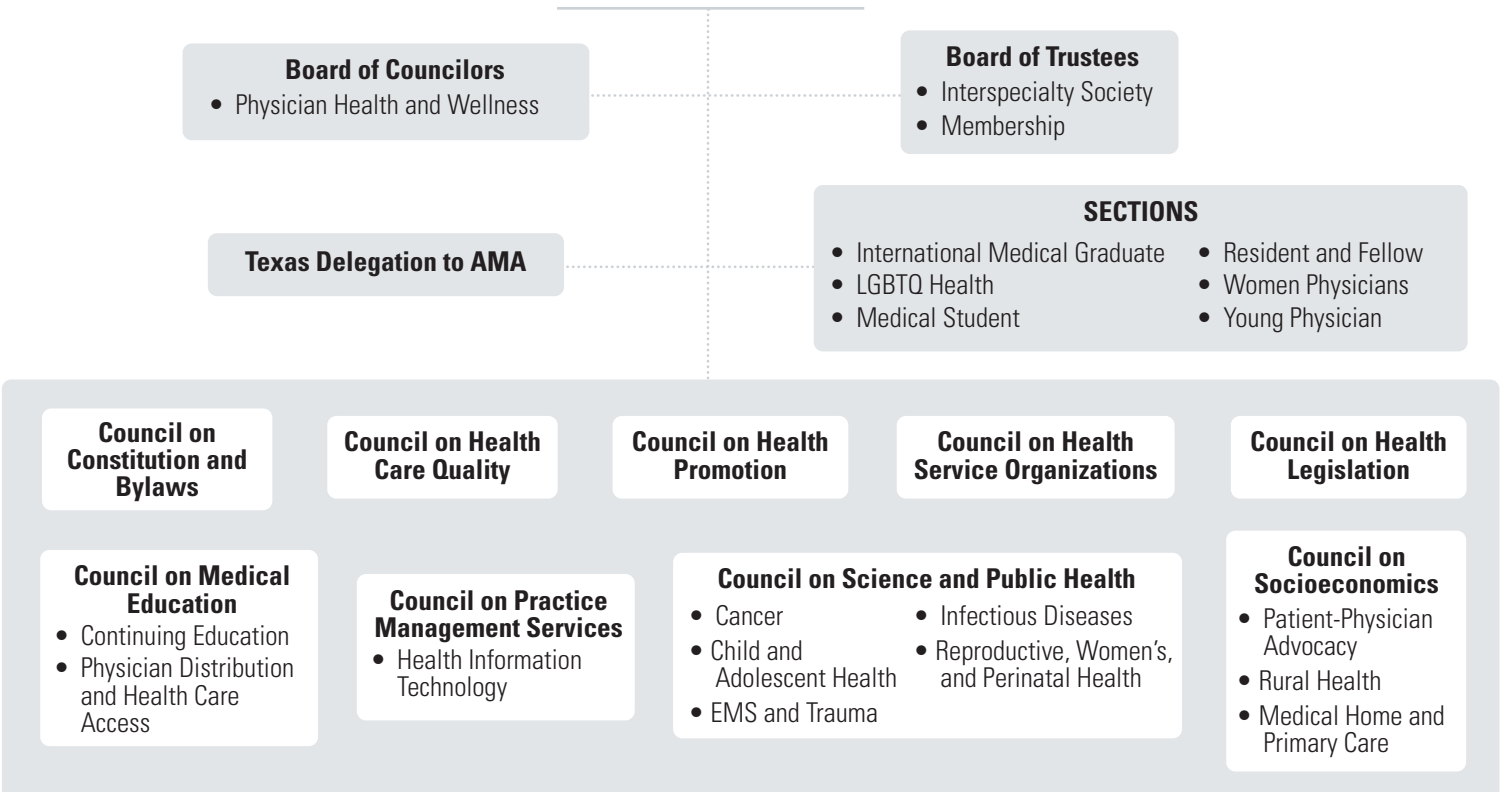
board interprets the association's Constitution and Bylaws and county medical society constitutions and bylaws. The board also grants and revokes county medical society charters, and publishes and interprets the association's *Hearings Procedures Manual* and decisions regarding questions of medical and biomedical ethics. The board also hears appeals, complaints, and problems concerning physicians and county medical societies.

## Councils and 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 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



## CONSTITUTION AND 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. Below are excerpts from each that relate to the house.

### Constitution

#### Article V. House of Delegates.

- Sec. 1. The legislative and policy-making body of the association shall be the House of Delegates. The House of Delegates shall transact all business of the association not otherwise specifically provided in this Constitution and Bylaws, shall elect the officers except as otherwise provided in the Bylaws, and shall meet as provided in the Bylaws.
- Sec. 2. House of Delegates membership shall consist of:
- (1) Delegates representing county medical societies, elected in accordance with this Constitution and Bylaws; and
  - (2) Ex officio members, including
    - (a) The president, president-elect, immediate past president, secretary/treasurer, and speaker and vice speaker of the House of Delegates;
    - (b) Councilors;
    - (c) Nine members elected at large to the Board of Trustees plus the resident and student members of the board.
    - (d) Texas delegates and alternate delegates to the American Medical Association;
    - (e) Chairs of standing councils and members of the Council on Legislation;
    - (f) Delegates from the International Medical Graduate Section, Resident and Fellow Section and Young Physician Section;
    - (g) Delegates representing the Medical Student Section from each approved and active Medical Student Section Chapter;
    - (h) Delegates of medical specialty societies selected in accordance with this Constitution and Bylaws;
    - (i) Past presidents of the association who are active or emeritus members; and
    - (j) As nonvoting members, the chair of TEXPAC and delegates emeritus of the AMA delegation.

### Bylaws

#### Chapter 3. House of Delegates

##### 3.10 Duties and voting rights

- 3.11 Duties. The duties of the House of Delegates shall be as described in Article V and in this chapter.
- 3.12 Voting rights. Voting privileges are reserved exclusively to (1) delegates, elected in accordance with this Constitution and Bylaws; (2) the president, president-elect, immediate past president, secretary/treasurer; (3) councilors; (4) nine members elected at large to the Board of Trustees plus the young physician, resident, and student members of the board; (5) speaker of the House of Delegates; (6) vice speaker of the House of Delegates; (7) Texas delegates and alternate delegates to the American Medical Association; (8) chairs of standing councils and members of the Council on Legislation; (9) delegates from the International Medical Graduate Section, Resident and Fellow Section, and Young Physician Section; (10) delegates representing the Medical Student Section from each approved and active Medical Student Section Chapter; (11) delegates of medical specialty societies selected in accordance with the provisions of the Bylaws; and (12) past presidents of the association who are active or emeritus members. An individual is entitled to only one vote, regardless of the number of positions held.



## TMA POLICY COMPENDIUM

The TMA Policy Compendium contains actions the House of Delegates has adopted during the past 10 years. Each time a vote is taken at the house, the delegates have pointed the association in a certain direction and have established association policy. While some policies call for immediate action, other policies have a long-term effect. Recommendations for long-term association policy are maintained in the policy compendium. The compendium is updated following each House of Delegates session to reflect those changes and is available on the TMA website at [www.texmed.org/Policy](http://www.texmed.org/Policy).

## 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/Policy](http://www.texmed.org/Policy), and hard copies  
are available on request.**



## 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; the chair and members of the Council on Legislation and chairs of other councils; delegates from the Young Physician Section, International Medical Graduate Section, Resident and Fellow Section, and Medical Student Section; delegates of selected specialty societies; and past presidents of the association who are active or emeritus members.

Nonvoting ex officio members of the House of Delegates are the chair of TEXPAC 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, Fort Worth, Houston, and San Antonio areas. Special sessions may be held at any time by call of the president or the petition of 30 delegates.

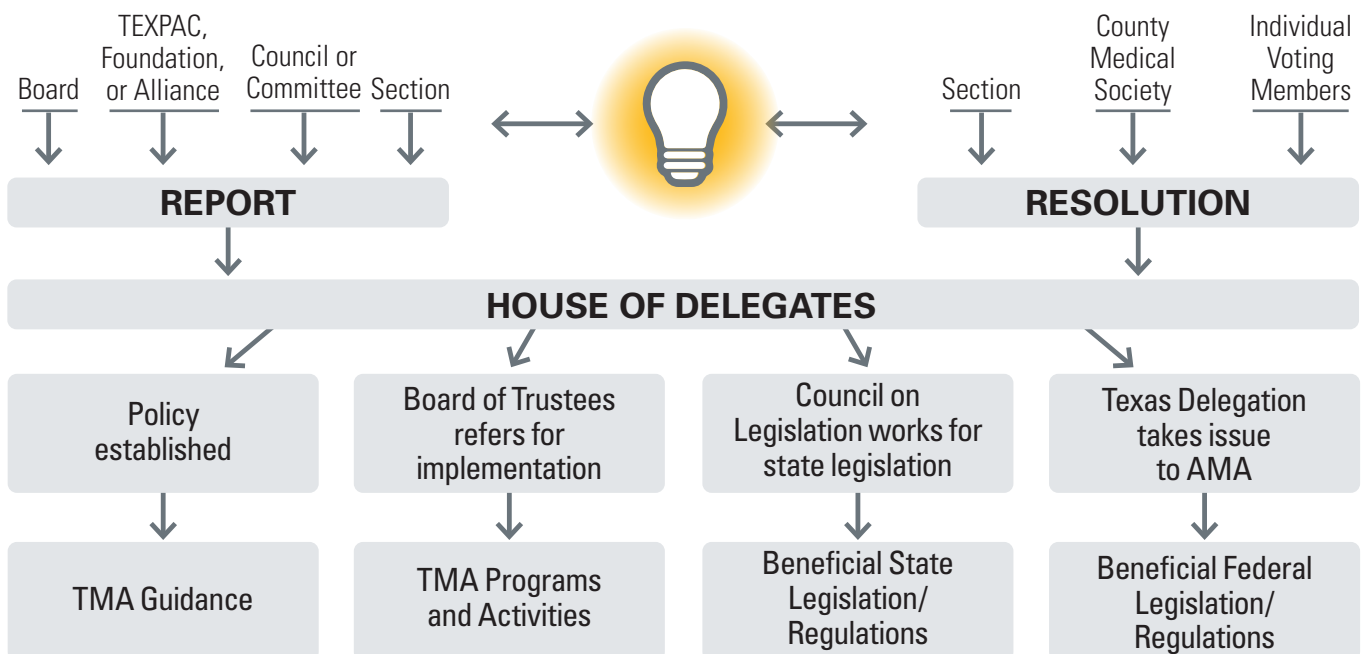
The Speakers’ Letter on the TMA website gives all pertinent information for each meeting as it becomes available.

### 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. TMA posts the handbook online in time for grassroots input before delegates act upon the issues at [www.texmed.org/HOD](http://www.texmed.org/HOD).

## 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.





## CREDENTIALING AND 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 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. Medicine needs your grassroots input, and we urge delegates 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. Reference committee members and staff write, print, and prepare the reports 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.

### Reference Committee Report Amendments

Should a member of the house wish to amend a reference committee report, a staff member types in the amendment and projects it onto a large screen. Members should write amendments on an amendment form available at the computer table and give it to the staff person who operates the computer.

## 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, visit [policy.texmed.org](http://policy.texmed.org). This will take you to the TMA Policy Compendium. For AMA policy, go to the AMA website ([ama-assn.org](http://ama-assn.org)), click on the Advocacy tab, then on Healthy Policy, then on Policy Finder.

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, then the house votes 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 below.

### Elections and Presidents' Installation

At the annual session at TexMed, secret ballot elections for TMA officers and leadership positions occur on the second day. See the TMA Election Process section below as well as *Handbook for Delegates* for more information on this topic.

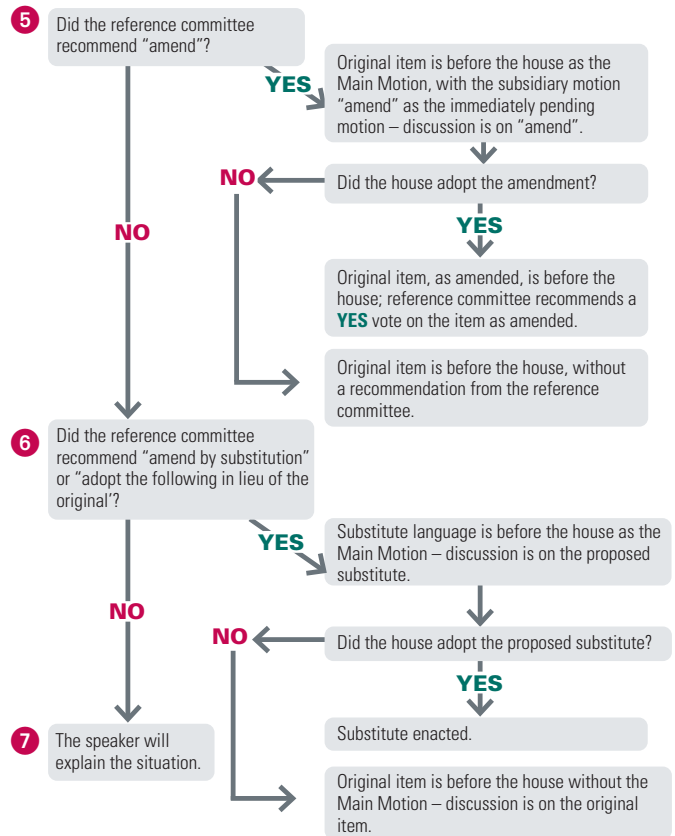
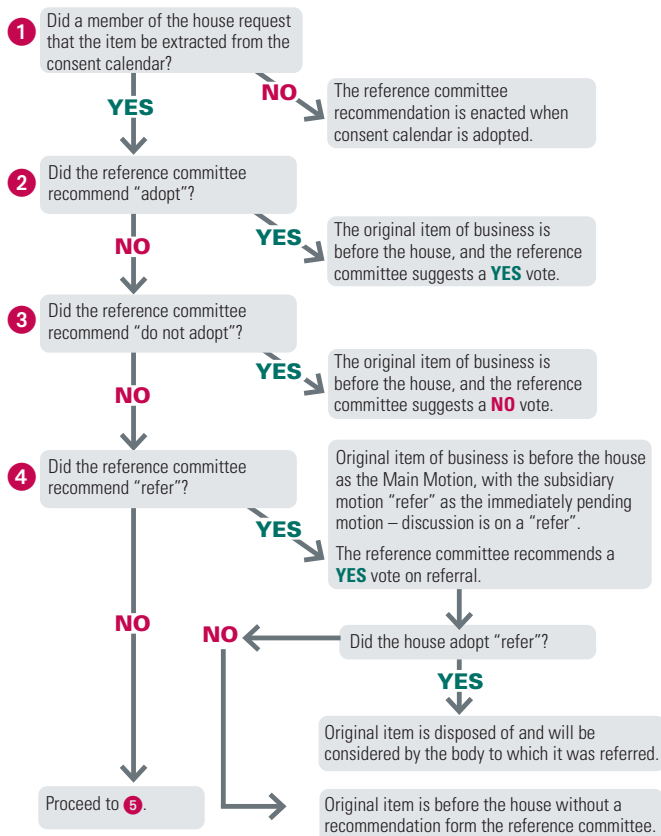
Incoming TMA and TMA Alliance presidents take the oath of office before the house on Saturday, the second day of the session.

### Report to Grassroots Membership

Delegates should report actions taken by the House of Delegates to their county societies. TMA staff send a summary of actions to delegates the week after the meeting and post it on the TMA website at [www.texmed.org/hod](http://www.texmed.org/hod).

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



## Adopted by the TMA House of Delegates, May 2017 (SPKR Rep. 1-A-17)

### INTRODUCTION

The Texas Medical Association House of Delegates (HOD) holds at-large elections for the association's president-elect (who serves the following year as president and the year after as immediate past president), secretary/treasurer, speaker and vice speaker of the house, the nine at-large members and the young physician member of the Board of Trustees, a councilor for each district, and delegates and alternate delegates to the AMA. The house confirms district elections of vice councilors.

### NOMINATIONS

Members of the house and county medical societies receive advance information on elective positions to be filled at the next annual session and the protocol for nominations. Candidates and/or those who will nominate candidates will notify HOD staff at TMA headquarters as soon as possible so that the names of candidates seeking election or reelection can be distributed to members of the house and county medical societies.

Nominations are accepted on the floor of the house whether or not prior notification of intent to seek election has been received or published. All candidates nominated from the floor must complete the required candidate information as stated in the TMA Election Process. Candidates are encouraged to complete this information in advance and send it to HOD staff at TMA headquarters at least one week before the opening session of the meeting at which the election is to be held. Candidates nominated from the floor will complete the requisite information onsite and provide the information as soon as practicable to be distributed to the house prior to the election.

### GUIDELINES

The intent of the following guidelines is to encourage fair, open, and equitable campaigning by: (1) specifying permitted and prohibited election related activities; (2) fostering opportunities for candidates to educate their colleagues about the issues; (3) informing voters about candidate experiences and views; (4) keeping costs down; and (5) maintaining dignified and courteous conduct appropriate to the image of the medical profession. The TMA Election Process with campaign guidelines is posted on the TMA website at [www.texmed.org/HOD](http://www.texmed.org/HOD).

Campaigns are often spirited and your House of Delegates speaker and vice speaker expect candidates to state their positions and plans for TMA directly and positively.

Campaign expenditures and activities should be limited to prudent and reasonable levels necessary for adequate candidate exposure to delegates. Mindful that access to resources is not equal, candidates and their sponsoring organizations should exercise restraint in campaign spending.

The nominating county society, caucus, or individual should send a candidate announcement to house members by email or U.S. Mail before annual session rather than distribute announcement cards to delegate seats at the meetings. Candidates may make personal phone calls and send letters. Including the initial announcement and one follow up, a maximum of two mass communications (an impersonal, one-way email or mail communication to all or part of the house membership, sponsored by or on behalf of a candidate) may be used for campaign purposes.

Candidates may make use of personal websites, blogs, social media, videos, etc. One of the two permitted mass emails may be used to communicate links to a candidate's electronic campaign material; this email must start with "TMA Campaign" in the subject line. TMA will post links to candidate websites on its website.

Candidates may display one 24"x36" poster in the Credentials Committee area at the entrance to the HOD meeting; TMA provides easels. Candidates may not distribute any other campaign materials at the meeting.

Candidates will provide information as requested by the speakers including a candidate profile form. TMA publishes candidate information in the *Handbook for Delegates* and on the TMA website, eliminating the need for campaign literature. TMA will send an announcement indicating where house members can find candidate information.

Any candidate for at-large trustee or any office that includes an ex officio seat on the TMA Board of Trustees (president, president-elect, secretary/treasurer, and speaker and vice speaker of the House of Delegates) shall provide full disclosure of affiliations on a form developed by the speaker of the house by the time of the election.

TMA will host a forum for candidates at the annual session. Candidates for TMA office should not attend meetings of county medical societies unless officially invited. Any candidate for at-large trustee or any office that includes an ex officio seat on the TMA Board of Trustees (president, president-elect, secretary/treasurer, and speaker and vice speaker of the House of Delegates) shall provide full disclosure of affiliations on a form developed by the speaker of the house.

TMA will host a forum for candidates at the annual session. Candidates for TMA office should not attend meetings of county medical societies unless officially invited.

Candidates may accept reimbursement of travel expenses by the county society in accordance with the policies of the society.

## COMPLIANCE

Each candidate will be provided a copy of these guidelines and is expected to abide by them. Candidates are to inform those involved in their campaign efforts about the guidelines by sending a copy or by calling attention to the guidelines in the election process posted on the TMA website.

When candidates or their supporters are unclear about whether an intended campaign action is permitted, before taking action, they should seek the opinion of the speaker of the House of Delegates by contacting HOD staff at TMA headquarters. The speaker, in consultation with the vice speaker and the association's immediate past president, will respond with a ruling concerning the proper interpretation of the guidelines and inform all candidates in order to maintain a level playing field.

Any violation by a candidate or supporter of which the speaker becomes aware will be investigated. Should the speaker, vice speaker, and immediate past president rule that a violation has occurred, the speaker will make an announcement at the house meeting.

## ELECTIONS

TMA elections are held on the second day of the annual session at a time determined and published by the speakers in advance.

As provided in TMA Bylaws, all elections are by secret ballot and a majority of the votes cast are necessary to elect. When there are three or more nominees for a single position, the candidate receiving the least number of votes on each ballot shall be dropped until one of the said nominees receives a majority vote. When there is only one nomination, vote may be by acclamation.

The house will hold a run-off election to fill any vacancy that cannot be filled because of a tie vote, or, when necessary, to resolve any ties to determine which candidate(s) shall be elected to which term(s).

**Tip:** One 24"x36" poster may be displayed in the Credentials Committee area at the entrance to the HOD meeting; TMA will provide easels.

With the exception of delegates and alternate delegates to the AMA, elected candidates assume office at the adjournment of the HOD meeting at the annual session. AMA delegates and alternate delegates assume office on January 1 of the year following their election except those who are elected to fill vacancies in which case they assume office at the adjournment of the annual session (SPKR Rep. 1-A-12; amended SPKR Rep. 1-A-17).

## Bylaws

### Chapter 3. Elections

#### 7.40 Method of election

7.421 First ballot. All nominees shall be listed in a randomly determined sequence on a single ballot, regardless of the length of term. Each elector shall have as many votes as there are positions to be filled, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer or more than the number of votes to be cast, or if the ballot contains more than one vote for any nominee. Nominees who receive (1) a vote on a majority of the legal ballots cast and (2) the highest majorities shall be elected to the vacancies to be filled. When there are varying term lengths of positions to be filled, those receiving the highest majorities shall be elected to the longer terms.