WHAT TO DO WHEN

FRIDAY, May 17

6:30-7:30 am
TexMed Orientation: Tower Lobby, Topaz
New members of the house meet for breakfast to review procedures.

7 am-6 pm
Registration: Tower Lobby, Expo Hall

8 am
House of Delegates convenes: Tower Lobby, Chantilly Ballroom

Immediately Following Opening Session
Reference committees meet in rooms off the Tower Lobby:
Financial & Organizational Affairs: Topaz Room
Medical Education & Health Care Quality: Senator’s Lecture Hall
Science & Public Health: Governor’s Lecture Hall
Socioeconomics: Sapphire Room

Noon-1 pm Sponsored by the Texas Beef Council
Free Networking Lunch: Tower Lobby, Expo Hall

12:30-2 pm
Candidate Forum: Tower Lobby, Sapphire Room
Learn about the candidates running for TMA offices. Candidates will answer questions from the audience. This year’s forum also will feature an interactive strategy session featuring TMA’s legislative advocacy leaders. Any member who attends will be entered into a drawing for an Amazon gift card. Must be present to win.

3:30-5 pm Sponsored by TMLT
Opening General Session: Tower Lobby, Expo Hall
Wendy Sue Swanson, MD, MBE
How Technology is Transforming Health Care and the Physician-Patient Relationship

5-6 pm Sponsored by TMLT
Welcome Reception: Tower Lobby, Expo Hall

6-7 pm Sponsored by TMAIT
2019-20 TMA/TMAA Presidents’ Reception:
Tower Lobby, Topaz Room

7-10:30 pm
TMA Foundation’s 26th Annual Gala, Grand Atrium, Grand Ballroom
Ticket required. Your attendance supports a Healthy Now and a Healthy Future and award-winning TMA health improvement and education initiatives like Be Wise — ImmunizeSM and Hard Hats for Little Heads, all supported by TMAF.

SATURDAY, May 18

6 am-1:30 pm
Registration: Tower Lobby, Expo Hall

8:30 am
House of Delegates meets: Tower Lobby, Chantilly Ballroom

12:30-1:30 pm Sponsored by Texas Prescription Monitoring Program
Free Expo Lunch: Tower Lobby, Expo Hall

1:30-2:30 pm
Closing General Session: Tower Lobby, Expo Hall
Lipi Roy, MD, MPH
The Opioid Crisis: How Did We Get Here and How Do We Get Out?

Caucus Meetings
Bexar County Medical Society
Saturday, 6:30 am, West Wing, De La Salle

Dallas County Medical Society
Saturday, 6:30 am, West Wing, Coronado D

Harris County Medical Society
Saturday, 6:30 am, West Wing, Cortez A

Lone Star Caucus
Friday, 6:30 am, West Wing, Metropolitan
Saturday, 6:30 am, West Wing, Coronado A

Tarrant County Medical Society
Saturday, 6:30 am, West Wing, Cortez D

Travis County Medical Society
Saturday, 7 am, West Wing, Coronado B

Medical Student Section
Saturday, 6:30 am, Tower Mezzanine Level, Manchester

NOTES
• Availability of Reference Committee Reports: We will post final reports on the TMA House of Delegates webpage as early as possible. Printed report packets will be available by 6 am on Saturday in the West Wing, De Soto A.
• Caucuses: Don't forget to pick up your packets!
• Reminder: The Handbook for Delegates refers only to items being considered by the house. Reports and resolutions in the handbook and posted on the website are working drafts; they should not be considered as expressing Texas Medical Association views and programs until the house acts on them.
• Clarification: ONLY the Recommendation portions of reports and the Resolve portions of resolutions are considered by the House of Delegates; the Whereas portions are informational and explanatory.
• Wi-Fi: The free wireless network is TexMed and the password is texmed19.
REFERENCE COMMITTEES
May 2019

CHIEF TELLER
Leah Hanselka Jacobson, MD, Bexar County Medical Society

CREDENTIALS
Nefertiti C. DuPont, MD, chair, Montgomery County Medical Society
Elitia Ciammaichella, DO (Resident), Harris County Medical Society
Prabhdeep Kaur Grewal, MD, Bexar County Medical Society
Robert E. Wolf, MD, McLennan County Medical Society

FINANCIAL AND ORGANIZATIONAL AFFAIRS
David T. Lam, MD, chair, Bexar County Medical Society
Lisa Go, MD, Bell County Medical Society
Shannon B. Hancher-Hodges, MD, Harris County Medical Society
Kalarickal J. Oommen, MD, Lubbock County Medical Society
Graves T. Owen, MD, Travis County Medical Society
Pervaiz Rahman, MD, Dallas County Medical Society
Lisa Louise Swanson, MD, Dallas County Medical Society

MEDICAL EDUCATION AND HEALTH CARE QUALITY
Manish Rungta, MD, chair, Harris County Medical Society
Patrick Bettiol (Student), Lubbock County Medical Society
Justin M. Bishop, MD (Resident), Dallas County Medical Society
Esther J. Cheung-Phillips, MD, Travis County Medical Society
Sameer Islam, MD, Lubbock County Medical Society
Arthur Lim, MD, Harris County Medical Society
Linda M. Siy, MD, Tarrant County Medical Society

SCIENCE AND PUBLIC HEALTH
Susan Rossmann, MD, chair, Harris County Medical Society
Emily D. Briggs, MD, Comal County Medical Society
Victor Gonzalez, MD, Dallas County Medical Society
Katharina Hathaway, MD, Travis County Medical Society
David R. Hoyer, Jr., MD, Harris County Medical Society
Brian D. Masel, MD, Galveston County Medical Society
Angela D. Self, MD, Tarrant County Medical Society

SocioEconomics
Brian T. Boies, MD, chair, Bexar County Medical Society
Christopher Sung Jin Chun, MD, Dallas County Medical Society
Nancy Thorne Foster, MD, Travis County Medical Society
Dara Grieger, MD (Resident), Hidalgo-Starr County Medical Society
Faraz A. Khan, MD, Harris County Medical Society
Angela K. Sturm, MD, Harris County Medical Society
Roxanne Marie Tyroch, MD, El Paso County Medical Society

Reference committee item tracker — see which reference committee agenda items are being discussed in real time on your mobile device at: http://refcom.texmed.org.

Agenda item status updates also will be displayed on a monitor just outside the reference committee hearing rooms.
TEXMED 2019 Texas Caucus Meetings

LEGEND

- Bexar
- Dallas
- Harris
- Lone Star
- Tarrant
- Travis

Caucus Meetings

**Bexar County Medical Society**
Michael A. Battista, MD, Co-Chair
Jayesh B. Shah, MD, Co-Chair
Saturday, 6:30 am, West Wing, De La Salle

**Dallas County Medical Society**
Mark A. Casanova, MD, Co-Chair
Leslie Secrest, MD, Co-Chair
Saturday, 6:30 am, West Wing, Coronado D

**Harris County Medical Society**
Sherif Zaafran, MD, Chair
Bradford Patt, MD, Vice Chair
Saturday, 6:30 am, West Wing, Cortez A

**Lone Star**
Brad Holland, MD, Co-Chair
Jed Grisel, MD, Co-Chair
Lenore DePagger, DO, Vice Chair
Friday, 6:30 am, West Wing, Metropolitan
Saturday, 6:30 am, West Wing, Coronado A

**Tarrant County Medical Society**
Robert J. Rogers, MD, Co-Chair
Gary Floyd, MD, Co-Chair
Saturday, 6:30 am, West Wing, Cortez D

**Travis County Medical Society**
Tony A. Aventa, MD, Chair
Michelle Berger, MD, Vice Chair
Saturday, 6:30 am, West Wing, Coronado B
Speakers refer implementation to TMA components; Audit trail action may be forwarded to AMA

House of Delegates Takes Action on Reference Committee Reports

Reference Committees Report to House of Delegates

Reference Committee Executive Sessions

Reference Committee Hearings

Reference Committee on Medical Education
Reference Committee on Socioeconomics
Reference Committee on Science and Public Health
Reference Committee on Financial & Organizational Affairs

Speaker of House of Delegates

Resolution or Action Report
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”?
   - NO: The original item of business is before the house, and the reference committee suggests a “yes” vote.
   - YES: 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.

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

4. Did the reference committee recommend “refer”?
   - NO: 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.
   - YES: Did the house adopt “refer”?
     - YES: Original item is before the house without a recommendation from the reference committee.
     - NO: Original item, as amended, is before the house; reference committee recommends a “yes” vote on the item as amended.

5. Did the reference committee recommend “amend”?
   - NO: Did the house adopt the amendment?
   - YES: 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?

7. The speaker will explain the situation.
   - YES: Substitute is enacted.
   - NO: Original item is before the house as the Main Motion – discussion is on the original item.
PROCEDURE FOR BUSINESS ITEMS
July 2017

If There Is Objection to Consideration
If a delegate objects to consideration of an item of business by the house before it is referred to a reference committee, the correct motion is “object to consideration.” The motion requires a three-fourths supermajority vote of the house for passage. Debate is limited to the merits of the “object to consideration” motion; no debate is permitted on the original item. Passage of this motion kills the item.

Items Placed on Consent Calendar
All items considered by the reference committees are automatically placed on a consent calendar with recommended actions. All items are subject to extraction.

If An Item is Not Extracted
If an item of business is not extracted from the consent calendar, when the consent calendar is adopted, the House of Delegates is agreeing to whatever action the reference committee recommended – whether that be “adopt,” “do not adopt,” “adopt as amended,” “adopt the following substitute in lieu of the resolution(s),” “refer” – or some other action.

If An Item Is Extracted
If an item of business is extracted from the consent calendar, it may come before the house in different forms, with different motions pending, depending on the recommendation of the reference committee:

- “Adopt” – If the reference committee recommends that the item of business (the original resolution, or the recommendation or recommendations if recommendations in a report are under consideration) “be adopted,” and the item is extracted from the consent calendar, the original item of business is before the house as a main motion. The reference committee is suggesting that members should vote “yes” on the item of business.

- “Do Not Adopt” – If the reference committee recommends that the item of business (the original resolution, or the recommendation or recommendations if recommendations in a report are under consideration) “not be adopted,” and the item is extracted from the consent calendar, the original item of business is before the house as a main motion. The house votes on the original item, not on the reference committee recommendation. A “yes” vote is in favor of the original item, and a “no” vote is in opposition to the original item. The reference committee is suggesting that members should vote “no” on the item of business.

- “Refer” – If the reference committee recommends that the item of business “be referred,” and the item is extracted from the consent calendar, the original item of business is before the house as a main motion, and “refer” is before the house as a subsidiary motion. The house first considers the higher-ranking “immediately pending” motion, which is the motion to “refer,” and the reference committee is suggesting that members should vote “yes” on referral.

If referral is adopted, the item of business has been disposed of by the house, and the body to which referral is directed (whether a committee, the Board of Trustees, or some other body) will take up the item.

If referral is defeated, the original item of business is now before the house, and the house may adopt it, defeat it, amend it, or take whatever other actions are proper to dispose of the original item. Since the reference committee recommended
referral, and referral was defeated, the reference committee now has no recommendation in its report on how to dispose of the original item, although the speaker may ask the reference committee chair to consult with the committee members and indicate the committee’s recommendation, if the committee has one.

“Refer” may be “for study,” or “for decision.”

If an item is referred “for study,” the body to which it is referred will investigate the issue and report to the house its findings and any recommendations.

If an item is referred “for decision,” the body to which it is referred is being given the full power of the house to act on that item, and may decide to adopt it, defeat it, amend it, refer it to still another body for study, or to dispose of it in any other way, and to implement whatever action is taken. Although not required, the body will report back to the house, explaining its findings and the actions performed.

If an item is referred without designating whether the referral is “for study” or “for action,” the referral is “for study.” The referral also may include a request for a formal handbook report back to the house, or even specify the body that should take up the referred item.

“Approval and Referral” – If an item of business is approved by the house, TMA staff and leadership will automatically see that the appropriate person, committee, officer, staff person, or other individual or group, implements the action of the house. Therefore, adding “and referral” to a motion that the house is planning to adopt is unnecessary, whether suggested by the reference committee or by a member of the house. If the speaker permits this addition, the effect is to assure that if the item is adopted, it will be implemented, but this will occur anyway if the item of business is adopted.

- “Amend” (and “adopt as amended”) – If the reference committee recommends that the item of business “be amended,” and/or that it be “adopted as amended,” and the item is extracted from the consent calendar, the original item of business is before the house as a main motion, and “amend” is before the house as a subsidiary motion.

The house first considers the higher-ranking “immediately pending” motion, which is the motion to “amend,” and the reference committee is suggesting that members should vote “yes” on the amendment, and then vote “yes” on the main motion as amended.

If the amendment is defeated, the original item of business is now before the house, and the house may adopt it, defeat it, amend it (in ways other than those recommended by the reference committee), and take whatever other actions are proper to dispose of the original item. Since the reference committee recommended amendment, and amendment was defeated, the reference committee now has no recommendation in its report on how to dispose of the original item, although the speaker may ask the reference committee chair to consult with the committee members and indicate the committee’s recommendation, if the committee has one.

If “amend” is recommended, the full motion, resolution, or recommendation (or existing policy, if a change in existing policy is being proposed) is usually printed in full in the reference committee report, with words proposed for deletion indicated by “strike-through,” and words proposed for insertion or addition indicated by underlining. This presentation assists delegates to visualize the final wording of the item of business, if the proposed amendment(s) are adopted.
Procedure for Business Items
Page 3

- **“Substitute”** – If the reference committee recommends that the item of business “be amended by substitution,” or that “the following be adopted in lieu of the original item,” and the item is extracted from the consent calendar, the proposed substitute is before the house. The reference committee is suggesting that members should vote “yes” on the proposed substitute. If the house wishes, it may amend the proposed substitute before taking final action on it.

If the proposed substitute is adopted, it is TMA’s practice to regard the substitute as having been accepted by the house in place of the original item of business, which is not considered by the house.

If the proposed substitute is defeated, the original item of business now comes before the house as a main motion, and the house may adopt it, defeat it, amend it, and take whatever other actions are proper to dispose of the original item. Since the reference committee recommended adoption of a substitute, and the substitute was defeated, the reference committee now has no recommendation in its report on how to dispose of the original item, although the speaker may ask the reference committee chair to consult with the committee members and indicate the committee’s recommendation, if the committee has one.

**“Amendment by substitution”** from the floor of the house – If a delegate moves, from the floor, to amend a pending motion by substituting a differently worded motion for it, and the amendment by substitution is adopted, the substitute becomes the main motion, and must be voted on once again as the main motion. Although this may seem like an unnecessary second step, the rationale is that the house has decided which motion it prefers between the original and the proposed substitute, but has not decided whether it actually wishes to adopt either one, until a second (final) vote is taken. This is different from the procedure when the reference committee proposes a substitute; in that situation, if the house does not want to do anything at all, it must vote “no” on both the proposed substitute and the original item.

**Secondary amendments** – Whenever a primary amendment is the immediately pending motion, the wording in the primary amendment may be changed by secondary amendment(s). Only one primary amendment and one secondary amendment to a motion may be pending at one time. Amendments must be “germane to (have direct bearing on)” the motion they propose to change.
<table>
<thead>
<tr>
<th>Basic Rules Governing Motions</th>
<th>In order of precedence¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVILEGED MOTIONS</td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
</tr>
<tr>
<td>SUBSIDIARY MOTIONS</td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>No</td>
</tr>
<tr>
<td>6. Limit or extend debate</td>
<td>No</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>No</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
</tr>
<tr>
<td>MAIN MOTIONS</td>
<td></td>
</tr>
<tr>
<td>10. a. The main motion</td>
<td>No</td>
</tr>
<tr>
<td>b. Specific main motions</td>
<td></td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
</tr>
<tr>
<td>Recall from committee</td>
<td>No</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes⁴</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
</tr>
<tr>
<td>Incidental Motions</td>
<td>No order of precedence</td>
</tr>
<tr>
<td>MOTIONS</td>
<td></td>
</tr>
<tr>
<td>Appeal</td>
<td>Yes</td>
</tr>
<tr>
<td>Suspend the rules</td>
<td>No</td>
</tr>
<tr>
<td>Consider informally</td>
<td>No</td>
</tr>
<tr>
<td>REQUESTS</td>
<td></td>
</tr>
<tr>
<td>Point of order</td>
<td>Yes</td>
</tr>
<tr>
<td>Inquiries</td>
<td>Yes</td>
</tr>
<tr>
<td>Withdraw a motion</td>
<td>Yes</td>
</tr>
<tr>
<td>Division of question</td>
<td>No</td>
</tr>
<tr>
<td>Division of assembly</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. Motions are in order only if no motion higher on the list is pending. Thus if a motion to close debate is pending, a motion to amend would be out of order, but a motion to recess would be in order, since it outranks the pending motion.
2. Restricted.
3. Is not debatable when applied to an undebatable motion.
4. A member may interrupt the proceedings but not a speaker.
5. Withdraw may be applied to all motions.
6. Renewable at the discretion of the presiding officer.
7. A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.
8. If decided by the assembly, by motion, requires a majority vote to adopt.
9. Renewable at the discretion of the presiding officer.
10. A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.
# The Chief Purposes of Motions*

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Motion</th>
</tr>
</thead>
</table>
| Present an idea for consideration and action | Main motion  
Resolution  
Consider informally |
| Improve a pending motion | Amend  
Division of question |
| Regulate or cut off debate | Limit or extend debate  
Close debate |
| Delay a decision | Refer to committee  
Postpone to a certain time  
Postpone temporarily  
Recess  
Adjourn |
| Suppress a proposal | Table  
Withdraw a motion |
| Meet an emergency | Question of privilege  
Suspend rules |
| Gain information on a pending motion | Parliamentary inquiry  
Request for information  
Request to ask member a question  
Question of privilege |
| Question the decision of the presiding officer | Point of order  
Appeal from decision of chair |
| Enforce rights and privileges | Division of assembly  
Division of question  
Parliamentary inquiry  
Point of order  
Appeal from decision of chair |
| Consider a question again | Resume consideration  
Reconsider  
Rescind  
Renew a motion  
Amend a previous action  
Ratify |
| Change an action already taken | Reconsider  
Rescind  
Amend a previous action |
| Terminate a meeting | Adjourn  
Recess |

*TMA follows the American Institute of Parliamentarians Standard Code of Parliamentary Procedure*
CONFLICTS OF INTEREST POLICY OF THE TEXAS MEDICAL ASSOCIATION

When acting as representatives of the Texas Medical Association, members shall exercise the utmost good faith in all transactions touching upon their representation. In their dealings with and on behalf of the association, they are held to a strict rule of honesty and fair dealing between themselves and the association.

If a matter involves a member acting as a representative of TMA that in any way could give rise to conflict of interest for that member, then that member must physically withdraw from the situation so as not to participate in any discussion or vote regarding that matter. If that member does not self-identify in such situations, then any member or executive staff member may make known the conflict to the chair of the meeting at the earliest opportunity. If there is any question as to whether a conflict exists, the matter shall be put to a vote of the appropriate component of the association.

At the discretion of the external entity or TMA component involved, the member who has withdrawn may provide information to the group in the same manner as any person requested by the group.

Adopted by the Board of Trustees Feb. 27, 2004 — Adopted by the House of Delegates May 14, 2004

EXPLANATION OF CONFLICTS OF INTEREST

Definitions (The following is intended to be illustrative rather than exhaustive.)

A. “Interests” — Following are examples of financial and business “interests”:
   1. Sales to or purchases from the association by a board, council, or committee member, either individually or through a company or other entity in which that person has a substantial interest;
   2. Loans to or from the association by a board, council, or committee member directly or through a substantially owned entity; or
   3. Other interests in a related business or profession which might conflict with the policies of the association.

B. “Direct” or “Indirect” — The meaning of “direct” interest is clear enough, but “indirect” has a wide range of meanings. Examples of “indirect” interests are:
   1. A board, council, or committee member owns a substantial share of a company but has put the ownership interest in that person’s spouse’s or another’s name; or
   2. The spouse or another relative owns a company which sells goods or services to the association.

C. “Substantial” — Where the outside interests consist of ownership (direct or indirect) of an entity doing business with the association, a “substantial” conflict means 5 percent or greater ownership of the other business.

Activities That Might Cause Conflict of Interest
Conflict of interest may be considered to exist in those instances where the actions or activities of an individual on behalf of the association also involve (a) the obtaining of an improper personal gain or advantage, (b) an adverse effect on the association’s interests, or (c) the obtaining by a third party of an improper gain or advantage. Conflicts of interest can arise in other instances. While it is impossible to list every circumstance giving rise to a possible conflict of interest, the following will serve as a guide to the types of activities which might cause conflicts and which should be fully reported to the association.

A. Gifts, Gratuities and Entertainment — Direct or indirect acceptance by an individual (including members of that person’s family) of gifts, excessive or unusual entertainment, or other favors from any outside concern which does or is seeking to do business with the association. This does not include the acceptance of items of nominal value which are of such a nature as to indicate that they are merely tokens of respect or friendship and not related to any particular transaction or activity.

B. Investments — Financial Interests
   1. Holding by an individual, directly or indirectly, of a substantial financial interest in any outside concern from which the association secures goods or services (including the service of buying or selling stocks, bonds, or other securities).
   2. Competition with the association by an individual, directly or indirectly, in the purchase or sale of property or property rights or interest.
   3. Representation of the association by an individual in any transaction in which the individual or a member of his family has a substantial financial interest.

C. Inside Information — Disclosure or use of confidential information for the personal profit or advantage of the individual or anyone else.

Conflicts of Interest — Scenario 1
A TMA member serves as a TMA representative in a group that includes physicians and nonphysicians. For the group to meet its ultimate goal, it must choose a vendor of certain services. At the time of the selection process, the TMA member has
a significant financial interest in one of the proposed vendors that is not widely known among the group’s members. The TMA Conflicts of Interest Policy would apply as follows:

The TMA member should withdraw from the meeting so as not to participate in any discussion or vote regarding the selection of a vendor. If the TMA member does not self-identify, then any TMA member or executive staff member may make known to the group’s chair the TMA member’s financial interest in the vendor. If there is any question as to whether a conflict exists, the matter should be put to a vote of the appropriate component of the association.

At the discretion of the council, the member who withdrew from the meeting may provide information to the council the same as any person so requested by the council.

Conflicts of Interest — Scenario 2

A TMA member serves on a TMA council as well as on the board of trustees of his or her state specialty society. The state specialty society has taken a position on a scope of practice issue of high concern to that group of specialists. The TMA council on which the member serves also is considering TMA policy on the same issue for the purpose of making a recommendation to the House of Delegates.

To comply with the Conflicts of Interest Policy, that member should withdraw from the council meeting so as not to participate in any discussion or vote regarding the TMA position on scope of practice with respect to that specialty society position. If the member does not self-identify, then any TMA member or executive staff member may make known to the chair the member’s service on the specialty society board of trustees. If there is any question as to whether a conflict exists, the matter shall be put to a vote by the council. Should the council vote that the member has a conflict of interest on the scope of practice issue, the member should withdraw from the discussion (leave the room) and not vote.

At the discretion of the council, the member who withdrew from the meeting may provide information to the council the same as any person so requested by the council.

Conflicts of Interest — Scenario 3

A TMA member serves on a TMA board, council or committee (hereinafter, “board”) as well as on the board of trustees of an endorsed entity. The TMA board has an agenda item before it that directly affects the endorsed entity (e.g., a proposal for a royalty payment, a proposal regarding underwriting or rate setting by the endorsed entity, or a proposal concerning operations).

To comply with the Conflicts of Interest Policy, that TMA board member should withdraw from the meeting so as not to participate in any discussion or vote regarding the TMA position on any matters directly affecting the endorsed entity. If the TMA board member does not self-identify, then any TMA member or executive staff member may make known to the chair the TMA board member’s service on the board of trustees of the endorsed entity. If there is any question as to whether a conflict exists, the matter shall be put to a vote by the board. Should the board vote that the TMA board member has a conflict of interest on the issue directly affecting the endorsed entity, the TMA board member should withdraw from the discussion (leave the room) and not vote.

At the discretion of the board, the board member who withdrew from the meeting may provide information to the board in the same manner as any person so requested by the board.

Conflicts of Interest — Scenario 4

A TMA member serves on a TMA board, council or committee (hereinafter, “board”) as well as on the board of trustees or in an executive capacity with ABC health insurance company (hereinafter, “ABC”). The TMA board has an agenda item before it which directly affects ABC (e.g., a proposal for a royalty payment by ABC; a proposal regarding payment practices by ABC; or litigation with ABC as a plaintiff, defendant, or as amicus curiae).

To comply with the Conflicts of Interest Policy, that TMA board member should withdraw from the meeting so as not to participate in any discussion or vote regarding the TMA position on any matters directly affecting ABC. If the TMA board member does not self-identify, then any TMA member or executive staff member may make known to the chair the TMA board member’s service on the board of trustees or in an executive capacity with ABC. If there is any question as to whether a conflict exists, the matter shall be put to a vote by the board. Should the board vote that the TMA board member has a conflict of interest on the issue directly affecting ABC, the TMA board member should withdraw from the discussion (leave the room) and not vote.

At the discretion of the board, the board member who withdrew from the meeting may provide information to the board in the same manner as any person so requested by the board.
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Edward W. Guinn, MD, Fort Worth
Robert F. Haden, MD, Friendswood
Robert J. Hall, MD, Houston
Dixie G. Hamilton, Jr., MD, Houston
Daniel Edgar Hanby, MD, Round Rock
Hollis H. Hands, MD, Amarillo
William J. Hardin, MD, Belton
Ashby T. Harris, MD, Dallas
Richard J. Harris, MD, El Paso
Bridget Harrison, MD, Houston
Mark P. Hausknecht, MD, Houston
Thomas P. Haynie, MD, Lewisville
James E. Helgeson, MD, Arlington
Hodgie C. Henderson, Jr., MD, West Lake Hills
Randeth Y. Heng, MD, Bellingham, WA
Jeane P. Hester, MD, Galveston
Wayne A. Hey, DO, Fort Worth
Charles M. Hill, Jr., MD, Magnolia
Larry W. Hill, MD, Austin
William Johnston Hills, MD, San Antonio
Janet G. Hoagland, MD, Houston
Kenneth A. Holder, MD, Humble
Waun K. Hong, MD, Houston
Ray G. Hooper, MD, Corpus Christi
Melton J. Horwitz, MD, Houston
Tighe Alan Huber, MD, Nederland
Richard Z. Hundley, MD, Katy
Christopher Hugo Isensee, MD, Durango, CO
Michael Eugene Jackson, MD, Kerrville
Noah W. Jaffe, MD, Houston
Donald Ray Janak, MD, Cary, NC
David A. Jenkins, DO, Fort Worth
Frederick R. Jenkins, Jr., MD, Arlington