

Representing Your Colleagues

A Guidebook for Members of CMA's House of Delegates

"The purposes of this Association are to promote the science and art of medicine, the care and well being of patients, the protection of the public health, and the betterment of the medical profession; to promote and support similar interests in its component societies; and to unite with similar organizations in other states and territories of the United States to form the American Medical Association."

(Chapter 2.0, Bylaws of the California Medical Association)

Physicians dedicated to the health of Californians



**CALIFORNIA
MEDICAL
ASSOCIATION**

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Introduction

The California Medical Association (CMA) House of Delegates meets annually to establish broad policy on the most important issues affecting members, the Association, and the practice of medicine, in addition to electing CMA's President-Elect, Speaker and Vice Speaker. The House convenes annually to debate and act on important proposals dealing with myriad policy matters concerning medical practice, public health and CMA governance. Implementation of policies adopted by the House is directed by the CMA Board of Trustees, which is the primary policy making body and has fiduciary responsibility for the ongoing business of the Association. A critical component of the board's fiduciary role is prioritizing the many worthwhile activities proposed through CMA's policy-making apparatus. (See Appendix A, "CMA Organizational Chart.")

Any member may author a resolution for consideration by CMA, such resolution being submitted by a member or delegation of the House. A resolution can propose new or revised policy on any issue related to CMA's mission or governance. That body of policy or a new resolution can direct CMA to take a position on a particular issue or to take a specific action – for example, to support or oppose advocacy efforts. The ability of any individual member to propose a policy or action for consideration exemplifies the truly democratic governance of CMA.

Composition of the House of Delegates

The 2020 House of Delegates is composed of up to 569 delegates (many of whom have an alternate delegate) who are elected to represent their peers geographically, by medical specialty or by mode of practice. Elected delegates represent the following constituencies:

- County medical societies
- CMA-recognized medical specialty societies
- CMA mode of practice forums*
- CMA Young Physicians Section
- CMA Organized Medical Staff Section
- CMA Medical Student Section
- CMA Resident and Fellow Section
- CMA Ethnic Medical Organization Section

As described in CMA's bylaws (see Appendix F), county medical societies, specialty societies and mode of practice forums are entitled to delegates determined by a

*Each regular active or associate CMA member belongs to a mode of practice forum most relevant to the member's practice setting. Members self-designate their mode of practice each year at the time of membership renewal. The modes of practice are: Solo and Small Group Practice; Medium-Size Group Practice; Large Group Practice; Very Large Group Practice; Academic Practice; Hospital-Based Practice; Government-Employed Physicians; or Administrative Medicine.

“proportionate representation” formula based on the membership count each December 31 of the preceding year. CMA sections are entitled to a fixed number of delegates. (Currently, the Young Physicians, Organized Medical Staff, and Ethnic Medical Organization sections each are entitled to two delegates, and the Medical Student Section is entitled to one delegate for each separate campus of each accredited medical school in the state.) Each of these constituencies also may elect one alternate delegate for each delegate to which it is entitled. Alternate delegates may be seated and vote on the floor of the House as substitutes for regular delegates at the discretion of delegation chairs. It is important to note that a CMA member can be represented multiple ways at the House of Delegates, via their county, mode, specialty, or other section.

In addition to elected delegates and alternate delegates, the following individuals participate as *ex officio* members of the House (with vote):

- Members of the CMA Board of Trustees
- Past Presidents of CMA
- California State Public Health Officer, if a member of CMA

Finally, members of CMA’s Standing Councils sit as *ex officio* members with the right to vote, and members of the California Delegation to the AMA (who are not otherwise seated as delegates) also sit as *ex officio* members of the House, but without voting rights.

Delegations and Delegation Caucuses

Component medical societies are grouped into 11 geographic districts, with the delegates from the medical societies in each district comprising a district delegation. Delegates representing the other constituencies listed above constitute those constituencies’ delegations. During each annual meeting of the House (“Annual Session”), most delegations meet daily to review reports and other House business (see below), take positions on key issues, and meet with candidates for elected offices.

In addition to being discussion bodies, delegations are entities that elect Trustees, appoint a Delegation Chair from within themselves, and can come together to endorse or oppose a policy proposal or Officer candidate if they so choose, with individual members retaining the right to vote their own conscience. Delegations receive administrative staff support from CMA or from within the geographic district from which they originate. Delegations must elect a Chair from within themselves, who will serve on the Committee of Delegation Chairs (CDC). The CDC meets to determine the major issues that the House will consider, subject to approval by the Board of Trustees, as well as on an as-needed basis during the year to consider any appeals that may be made as a function of the year-round resolution making process.

Delegations must meet as prescribed by the CMA Bylaws to conduct elections and are expected to meet in some capacity to facilitate group discussion on issues of importance to the Delegation or its Delegates. The frequency and form of such meetings will vary between Delegations and the availability and distribution of the Delegates within them.

Responsibilities of Delegates

The most fundamental responsibility of delegates is to represent their constituents in the House of Delegates by attending and actively participating in delegation caucus meetings and in all sessions of the House.

Delegates are expected to monitor any business put before the House to consider. This includes business at the Annual Session, as well as items presented during the year-round resolution process. Delegates are responsible for representing their overall constituency and not just their own personal views on issues. Individual delegations may have their own rules setting forth additional or more specific duties and responsibilities. These may include the following, which the full House has voted to recommend to delegations:

- Communicate CMA policy, information, activities and programs to constituents
- Relate constituent views to the appropriate CMA leaders, governing body or executive staff
- Advocate constituent views within the House of Delegates or other governance unit, including through the introduction of resolutions (see *Appendix B, "Writing and Submitting Resolutions"*)
- Report highlights of House of Delegates meetings to constituents (for example, at hospital medical staff, county, state and specialty society meetings)
- Participate in leadership development opportunities, such as the Western Health Care Leadership Academy

In carrying out their duties, delegates are strongly encouraged to seek the assistance and guidance of their delegation chair and other experienced members of their delegation. Except for resident physician or medical student members, no person may be elected as a delegate or alternate unless they are an active member in good standing and are regularly engaged in some remunerative activity for which an M.D. or D.O. degree is required.

The Business of the House at Annual Session

Reports and Bylaws

The principal business of the House of Delegates is acting on policy proposals presented in the form of report recommendations. Resolutions referred to the House may arise from the year-round process when the Board refers such items to the House for action. Reports containing recommendations for action by the House are submitted by the Board of Trustees, CMA councils or committees, or CMA administrative centers (e.g., Center for Legal Affairs). The recommendations in such reports are the subject of debate and voting by the House.

The House of Delegates is also charged with overseeing the Association's Bylaws. Any proposed policies that require a change to the Bylaws must be approved by the House during Annual Session.

All business to come before the House shall be posted online at least thirty (30) days before the scheduled start of the annual meeting of the House. Members can post on the site their comments and opinions on the resolutions and recommendations, as well as share additional resources that will benefit the House for when they consider a given topic.

Election of Officers and Other Business

In addition to action on resolutions and reports, and action on any proposed bylaws changes, the House of Delegates annually elects the Association's President-Elect, the Speaker of the House, and the Vice Speaker of the House. The House also ratifies the elections of CMA trustees. Other business on the House's agenda includes addresses by the CMA President, President-Elect, and Chief Executive Officer, and presentation of annual awards bestowed by the Association.

Changes Resulting from Governance Reform

In October 2013, the House of Delegates approved expansive restructuring of CMA's governance system including a refocusing of the role of the House of Delegates, delegation of greater policy-making responsibilities to the Board of Trustees, and revamping of CMA's council and committee structure to equip these bodies for a greater role as drivers of CMA policy-making. Beginning in 2016, the House of Delegates will annually establish broad policy on current major issues determined by the Speakers and the Committee of Delegation Chairs (CDC) (comprised of delegation chairs), subject to the advice and consent of the Board of Trustees, as required by the CMA Bylaws §9.12, to be the most important issues affecting members, the Association, and the practice of medicine. The Board of Trustees will detail and implement House-adopted policy on these issues and will assume responsibility for policy-making on all other matters.

Beginning in 2016, when identifying the current major issues to be acted upon by the House of Delegates, the Speakers and the Committee of Delegation Chairs may consider, but are not limited to: (1) research and polling on what the membership considers to be the major issues of interest; (2) research and polling on what the House of Delegates membership considers to be the major issues of interest; (3) a summary of the issues and actions that the Board of Trustees and Executive Committee addressed the previous year; (4) copies of reports and recommendations produced by committees and councils during the past year; (5) summary of major legislative, regulatory, and legal issues addressed during the past year; (6) status reports on the implementation and outcome of actions taken by the Board of Trustees to implement House of Delegates actions; and (7) an assessment by the Chief Executive Officer of the Association concerning major issues affecting the practice of medicine and the membership as a whole.

Beginning in 2016, reports and recommendations of the councils and committees serving as reference committees will be made available at least 30 days in advance to allow delegation caucus meetings to occur prior to Annual Session, enabling floor action on recommendations to commence immediately upon the convening of the House of Delegates. The Board of Trustees is charged with developing in a timely fashion a communications process by which all work product regarding resolutions under consideration is made available online to all CMA members, who will be given notice for comment as early as possible.

Beginning in 2016, the Annual Session of the House of Delegates will be shortened from a three-day meeting to a two-day meeting consisting of: (1) action on council and committee reports addressing the issues specified by the Speakers and the CDC as specified in Recommendation 4 above; (2) action on any matters the Board of Trustees may refer to the House, including any proposed bylaws changes; (3) receipt of an annual report on the actions of standing councils and committees during the year preceding the meeting; (4) elections of

officers; (5) educational sessions on key issues; and (6) ceremonial functions (speeches, recognitions, etc.) that would be scheduled, to the extent possible, during an evening dinner event open to all CMA members.

Councils and Subcommittees

All resolutions and reports submitted to the Year-Round Resolution process, as well as the suggested major issues are assigned by the Speaker and Chair of the Board of Trustees to one of CMA's Councils and Subcommittees according to subject area. Councils and Subcommittees are selected by the Committee on Nominations (a committee of the Board, comprised of trustees), approved by the Board of Trustees, and ratified by the House of Delegates, for the purpose of facilitating deliberations and recommending action on resolutions and reports.

The number of Councils and Subcommittees and the subjects assigned to each are determined by the Board of Trustees and may vary from year to year according to the needs of the Association (in accordance with the Association's bylaws). Below is a representative designation of subject areas:

- Council on Science and Public Health
- Council on Medical Services
 - Subcommittee on Health Information Technology
 - Subcommittee on Medi-Cal
 - Subcommittee on Medicare
 - Subcommittee on Workers' Compensation
- Council on Membership, Governance and Bylaws
- Council on Ethical, Legal and Judicial Affairs
- Council on Health Professions and Quality of Care
 - Subcommittee on Continuing Medical Education

Any member in good standing may apply to serve on one of CMA's Councils and Subcommittees. The Committee on Nominations considers the applications and endeavors to seat bodies that are diverse in all aspects, including in demographics and in experience levels, while ensuring an appropriate level of relevant experience, among other qualities and attributes.

The House in Session

Parliamentary Procedure and Rules of Order

The business of the House of Delegates is conducted under the current version of *American Institute of Parliamentarians Standard Code (AIPSC)* and under the specific rules and procedures set forth in the House of Delegates' own Standing Rules of Order. (See Appendix E, "Parliamentary Procedure Reference" and Appendix C, "Standing Rules of Order.") AIPSC serves as the parliamentary authority governing the House in the absence of specific provisions to the contrary contained in the CMA Bylaws or in the Standing Rules of Order. The proposed Standing Rules of Order are presented by the House Rules Committee and, upon their adoption at the opening session of each Annual Session, govern the activities and procedures of the House of Delegates until the next Annual Session. The Standing Rules of Order proposed for adoption are provided with other agenda materials prior to Annual

Session in order that delegates and alternates may familiarize themselves with the procedures in advance.

Speaking to the House

In accordance with current House Rules, the recommendations in each report are presented to the House as a consent calendar, which, except for those items extracted, is considered and adopted upon a single motion without debate. Thus, for an item of business to be disposed of in a manner that differs from that proposed in a report, the item would have to be extracted by the request of any delegate from the consent calendar prior to the calendar's adoption.

When wishing to speak to the House, a delegate should stand at one of the floor microphones until recognized by the Speaker. The Speakers attempt to recognize delegates in the order they appear at the microphones whenever possible, but may from time to time recognize those who have not frequently testified or those, such as members of the CMA staff, who may facilitate the debate by providing needed information earlier during debate.

When recognized, delegates should state their name, the delegation they represent, and whether they are speaking as an individual or on behalf of their delegation. The delegate should then indicate whether their remarks are offered in support of or in opposition to the motion under consideration, or the delegate may propose some other motion which is in order at the time. After identifying any pertinent conflicts of interest (see Appendix C, "Standing Rules of Order"), the delegate may, following acknowledgement by the Speaker of any proffered amendments and needed seconds, then offer an opinion or argument about the matter being debated. Only seated members of the House (including any alternate delegate seated on the floor as a substitute for a delegate) have the right to speak; however, others (for example, CMA legal counsel, CEO, or CFO) may be permitted to provide information at the request of the Speaker or the House.

Common Motions and "Points"

Motions to amend: An amendment must be relevant to and have direct bearing on the motion before the House. Amendments that change more than five words of a motion or recommendation must be written on special two-part forms provided to the House. One copy is delivered in advance to the projection booth, where it is prepared for projection on screens at the front of the House, and the author retains the second copy. If a proposed substitute is long, it should be typed. Like other amendments, amendments by total substitution must be relevant to the pending motion. Entirely new material that was not discussed prior to the opening of the House, or is not germane to the item at hand, may not be introduced as an amendment by total substitution.

Motions to refer: A motion to refer a matter for decision by the Board of Trustees or for study, takes precedence over a main motion and over a motion to amend. While a motion to refer is pending, debate on the main motion is out of order. When referral is recommended by a Council report, a delegate may, upon a motion made prior to the start of discussion on referral, debate the main motion or a substitute motion without first having to defeat the motion to refer.

Motions to close debate (vote immediately): Any delegate may make a motion to close debate on a matter under consideration. If more than one motion is pending (i.e., a main

motion and a subsidiary motion, such as a second order amendment or a motion to refer), the motion to close debate should specify the pending motions to which it applies (i.e., the currently pending motion only, or on any number of pending matters). The maker of such motion may not discuss the question being debated on the floor, either before or after making the motion. According to the Standing Rules of Order, the Speaker shall have the prerogative of not honoring the motion until both sides of the issue have been heard. Furthermore, the Speaker will ask anyone then at a microphone if they wish to propose, but not discuss, an alternative action should the motion to close debate not succeed. The House is better able to decide if it is ready to dispose of a piece of business if it knows about alternatives yet to be discussed. Motions to close debate require a two-thirds vote to pass.

Points of order: Any member of the House may rise to call attention to a violation of the rules, an omission, a mistake, or an error in procedure, and to secure a ruling from the Speaker on the question raised. Such “points of order” should be raised immediately following a perceived violation or error, and a delegate may interrupt another delegate to do so.

Parliamentary inquiries (“points of information”): Delegates may also go to a microphone to make a parliamentary inquiry. Often called a “point of information,” a parliamentary inquiry may be in the form of a question about proper parliamentary procedure (e.g., “Is an amendment in order at this time?”), or may be a specific question about the matter under consideration (e.g., “Has legislation already been introduced on this issue?”). When a delegate seeks information from another individual, the Speaker will determine the handling of the request. A parliamentary inquiry can interrupt another delegate only if it requires an immediate answer.

PLEASE NOTE: A “point of information” is not an opportunity to *offer* information (which would be considered debate and would have to be given in turn, not by interruption), but rather to *obtain* information from the Speaker for the sake of clarity or completeness.

Questions of privilege (“points of privilege”): Another common “point” raised in the CMA House of Delegates is a “point of privilege.” Although *The Standard Code of Parliamentary Procedure* discusses questions of privilege as matters pertaining to the “rights, reputation, conduct, safety, integrity, comfort or convenience” of an individual or the assembly as a whole (e.g., “May we have the windows at the rear of the hall closed?”), the Speaker of the CMA House usually will grant delegates’ requests for a “point of personal privilege” to inform the House about some matter unrelated to the business at hand (e.g., “I am pleased to announce that 100 percent of the members of our delegation are now members of CALPAC”), provided that the request does not interrupt business in progress. Delegates desiring to present such informational points of privilege are urged to notify the Speaker in advance and arrange an appropriate time for such matters so as not to interrupt the business of the business of the House. These items will usually be considered between reference committee reports or other scheduled items of business.

Voting in the House

Except for the election of officers, most issues before the House are decided by a voice vote. The Speaker may ask for a show of hands or a standing vote if a voice vote is indecisive. When necessary, the Speaker will call for a division of the House, wherein a standing vote is taken, and delegation chairs count individual votes. Any delegate may also call for a division if the delegate believes the announced result of the vote was in error. The request for a division of the House must be made immediately, may interrupt another delegate, requires no second

and is not debatable. Note that it is a “request” that the Speaker need not grant if the request is deemed dilatory or if the vote outcome is clear to the Speakers.

Voting for candidates in contested elections for President-Elect, Speaker, and Vice Speaker is by written ballot. Nominees for these offices are submitted in advance of the meeting.

Implementation of House Actions

Following the conclusion of each Annual Session, a record of the actions of the House is posted on the CMA web site. The actions are also entered into the CMA Policy Compendium, which is accessible on the CMA website and should be consulted as a reference before delegates choose to submit resolutions that may be found to be redundant.

Depending on the action called for in each adopted resolution or report recommendation, the resolution/recommendation may be assigned by the Board of Trustees to a specific CMA council, committee, or administrative unit for implementation, or (if simply a statement of policy) may form the basis for CMA advocacy in the Legislature, in the courts or in the regulatory arena. During the year, the Board receives progress reports from and acts on recommendations made by the councils and committees to which resolutions have been assigned.

In Conclusion...

Congratulations on being selected to represent your physician colleagues. Your election by your peers demonstrates their confidence in you. Your familiarity with the processes and procedures outlined in this guidebook will enable you to effectively represent them in the deliberations of the House of Delegates of the California Medical Association. The Speakers of the House and CMA staff stand ready to answer your questions and to assist you in *Representing Your Colleagues*.

Appendix A

CMA Organizational Chart

HOUSE OF DELEGATES

SECTIONS AND FORUMS

- Mode of Practice Forums
- Young Physicians Forum (YPS)
- Resident and Fellow Section (RFS)
- Medical Student Section (MSS)
- Ethnic Medical Organization Section (EMOS)
- Organized Medical Staff Section (OMSS)

DELEGATIONS

- Geographic Districts (I-XI)
- Specialty Delegation
- Past Presidents

COMMITTEES OF THE HOUSE

- Committee of Delegation Chairs (CDC)
- Rules Committee

BOARD OF TRUSTEES

SUBSIDIARY ORGANIZATIONS

- CMA Holdings
- CMA Properties
- Physicians for a Healthy California
- Institute for Medical Quality
- Component Medical Society Services

COMMITTEES OF THE BOARD

- Nominations
- Finance
- Audit
- TACs
- Executive Committee

AFFILIATED ORGANIZATIONS

- CALPAC
- California Delegation to the AMA
- Component Medical Societies
- CMA Alliance

STANDING COUNCILS AND SUBCOMMITTEES

- Council on Ethical, Legal & Judicial Affairs
 - Subcommittee on Professional Liability
- Council on Health Professions & Quality of Care
 - Subcommittee on Continuing Medical Education
 - Subcommittee on Physical Wellness
- Council on Legislation
- Council on Membership, Governance & Bylaws
- Council on Science & Public Health
- Council on Medical Services
 - Subcommittee on Health Information Technology
 - Subcommittee on Medi-Cal
 - Subcommittee on Medicare
 - Subcommittee on Workers' Compensation

Appendix B

Writing and Submitting Resolutions

The California Medical Association is the largest, most influential medical organization in California and an aggressive advocate for physicians and patients. CMA relies on the involvement of its members to communicate the physician vision of health care to the public and to the lawmakers and regulators who determine how medicine is practiced. CMA policy is set by members elected to represent their colleagues in the [House of Delegates](#) or on the [Board of Trustees](#). Submitting resolutions for action by these bodies is the most direct way for members to influence CMA's advocacy agenda.

Who Can Author and Introduce Resolutions?

Any CMA member may author a resolution. Resolutions can only be introduced, however, by a delegate, alternate delegate, component medical society or delegation, CMA section or mode of practice forum, the CMA Board of Trustees, or a CMA-recognized specialty society. Members who are not delegates or alternate delegates should contact their county medical society for assistance in identifying an appropriate channel for getting their resolution introduced.

Subject Matter of Resolutions

Resolutions can address virtually any medical practice or health-related topic, or any aspect of the policies and activities of organized medicine. The Speaker of the House may return to authors resolutions deemed to be inflammatory, or which address social policy issues with no direct medical implications, as inappropriate for consideration as CMA policy. Rules also exclude commendation resolutions and resolutions calling for endorsement of or opposition to specific documents developed by outside (non-CMA) parties, including specific legislation cited by bill number and policy statements or documents developed by other organizations. Prior to writing a resolution, *authors should consult the online CMA Policy Compendium* to review existing CMA policy. Resolutions that reiterate existing policy are assigned to a "Reaffirmation Calendar," are not discussed or debated, and ultimately are not a productive commitment of time.

Construction of Resolutions

Resolutions consist of one or more "Whereas" clause(s), which serve(s) to explain the reason(s) for the resolution, and one or more "Resolved" clauses, which state the action(s) proposed. The most persuasive resolutions provide convincing background arguments in the "Whereases" and clearly communicate a specific proposed action that follows logically from the arguments in the "Resolveds." Only the "Resolved" clauses are acted on by the House or Board of Trustees and become CMA policy. Therefore, *the "Resolved" clauses must stand alone and not be dependent upon the "Whereases" to establish their meaning.*

Following is an example of a correctly structured resolution:

Title:	ADDITIONAL DAYS IN THE YEAR
Introduced by:	Jane Smith, MD
Author:	John Williams, MD

Whereas, it becomes more apparent every year that we cannot do all of the things we have to do in 365 days; and

Whereas, either more days must be created or work must be decreased; therefore be it

RESOLVED: That CMA endorse the creation of an additional ten (10) days a year; and be it further

RESOLVED: That CMA support legislation mandating that all calendars include ten more days a year.

(Note that this whimsical example fails to meet the subject matter criteria for CMA resolutions and would not be accepted as business of the House or the Board.)

Specific Formatting Requirements

Under House rules, resolutions should be no more than **one page in length**. Resolution **titles** should be *descriptive of the subject of the resolution* and must not exceed ten (10) words in length. The Speaker of the House, while striving to preserve the author's intent, may edit or revise resolutions, including titles, for length and clarity and to delete any inflammatory language. If more than one resolution has been submitted on the same subject, the Speaker may combine them into a single resolution.

Each resolution must include the **name of the author**, the **email address** or other preferred means of contact of the author or the author's designated representative, and the **name of the introducer and similar contact information**. More than one, but not more than four, authors or introducers may be listed. If only one name appears on a submitted resolution, it will be assumed that the individual is both the author and the introducer. If that individual is not a delegate or alternate, the resolution will be returned.

The e-mail address or other contact information provided will be included when the resolution is distributed to the House. If a resolution is submitted by a medical society and no author contact information is included, the medical society will be listed on the resolution as the contact.

Citation of Sources and Submission of Background Materials

Under House policy (Res. 303a-05), authors of resolutions are strongly encouraged to cite the source(s) of any factual, scientific, or statistical information contained in the "whereas" clauses, and to **submit available documentation** with the resolutions for review by others delegates, including those serving on the Councils or Subcommittees to which the resolutions are assigned. Other background material the author deems relevant and persuasive may be submitted as well, either as electronic documents or web links.

Endorsements

A resolution may include endorsements from delegations, component medical societies, CMA sections or mode of practice forums, or CMA-recognized specialty societies. Endorsements are listed on the resolution below the author(s) and introducer(s). Under House rules, endorsement means *formal and substantial* support. CMA will not assume that

a resolution *introduced* by a society or delegation is *endorsed* by that society or delegation if no endorsement is indicated.

Submission of Resolutions

Resolutions must be **submitted by email** to resolutions@cmadocs.org or via the CMA website (www.cmadocs.org/resolutions). Resolutions to be considered by the Councils and Subcommittees must be received by a given quarterly deadline for possible consideration as soon as within the next quarter. The schedule of quarterly deadlines is posted annually to the CMA website. Resolutions should be complete and properly submitted to be deemed submitted on-time.

CMA acknowledges receipt of resolutions via email reply. **If an acknowledgment is not received within 3 working days, the introducer should follow up with CMA immediately.**

With the exception of an author's request to withdraw a resolution, **changes will not be accepted after a resolution has been submitted to CMA**. If an author wishes to revise or otherwise modify a resolution after it has been submitted, including adding an endorsement, it will be necessary to propose the change to the reference committee to which the resolution is assigned, or to announce an endorsement via the discussion forum. *Do not submit a resolution that is not in final form!*

Appendix C

Sample Standing Rules of Order

Note: The Standing Rules of Order are updated annually and delegates should refer to the current version proposed for adoption at each Annual Session.

REPORT TO THE 2018 HOUSE OF DELEGATES
from the
HOUSE RULES COMMITTEE

Eric Hansen, DO, FAAFP, Chair
Stephen Hayden, MD
Terry Hill, MD, FACP
Seema Sidhu, MD
Andrew Wong, MD, MBA

The Rules Committee presents to the House of Delegates the following report for adoption in 2018 as the Standing Rules of Order.

RESOLUTIONS

A. Format: The format for resolutions introduced to the Board of Trustees pursuant to CMA Bylaws §9.13 (Year-Round Process) shall be as follows:

TITLE:	<i>(Must not exceed ten words, per Res. 307-12)</i>
AUTHOR:	<i>(May be authored by any CMA member or members, not exceeding a total of four authors)</i>
CONTACT:	<i>(If authorized by author, include preferred means of contact – e-mail address or telephone number – for author or author's designated representative)</i>
INTRODUCED BY:	<i>(Must be introduced by at least one delegate or alternate delegate or delegation; total number of introducers may not exceed four; include preferred means of contact – e-mail address or telephone number – for author or author's designated representative)</i>
ENDORSED BY:	<i>(Endorsement means formal support for resolutions and shall only be by delegations, component medical societies, or CMA-recognized specialty societies. Resolutions may be introduced and not be endorsed; if so, this line shall remain blank.)</i>

B. "Resolved" Portions to Stand Alone: Resolutions shall be written in such a manner that the "Resolved" portions of the resolution collectively stand alone and do not require reference to the "Whereas" portions to convey intent and be complete.

C. Citation of External Documents: The "Resolved" portions of resolutions should not cite specific external documents developed by outside (non-CMA) parties. This

includes specific legislation (bill numbers or titles of legislative proposals) and policy statements developed by other organizations.

D. Duties of the Speaker: The duties of the Speaker of the House of Delegates with respect to resolutions shall include:

1. Screening and consolidation of multiple, single-subject resolutions from each author and/or introducer to assure fair but expeditious hearing of all aspects of each subject.
2. Assistance to those authors in need of aid in the preparation of concise, succinct resolutions which will assure equitable hearing of all issues while recognizing the need to conserve the Association's time, efforts and energies.
3. Revision of ill-structured or verbose resolutions while retaining the author's intent.
4. Revision of resolution titles to reflect the subject of the resolved(s) and comportment with the Association's taxonomy of policies for ease of reference.
5. Assignment of resolutions that reiterate existing CMA policy to a Reaffirmation Calendar, which will be presented to the appropriate body as information and the contents of which will not be debatable, subject to appeal (see Section I. [E]).
6. Return to their introducers those resolutions whose subjects are determined to be inappropriate for consideration by the House of Delegates or Board of Trustees (CMA), including commendation resolutions, subject to appeal (see Section I. [F]).
7. Defer those resolutions which present a potential legal problem until the Speaker and Association legal counsel can discuss the resolution and remedy the concern, subject to appeal (see Section I. [G]).
8. Such other assignments as the Speaker may deem appropriate to assist the Association in the efficient handling of resolutions (Res. 211-74).
9. Combine duplicate resolutions where appropriate, with notification to all authors.

E. Reaffirmation Resolutions: All resolutions selected by the Speaker as reaffirmation of policy shall be noticed to the introducer with the Speaker's justification for the action. Introducers and/or authors who wish to challenge the Speaker's decision may do so using the appropriate appeals process as stipulated below:

1. For resolutions submitted to the Board of Trustees pursuant to CMA Bylaws §9.13 (Year-Round Process), the introducer(s) of a resolution

determined to be reaffirmation of policy may appeal such assignment to the Committee of Delegation Chairs. Upon such an appeal, debate is limited to the reasons for the appeal and cannot include debate on the merits of the resolution. If the Committee of Delegation Chairs finds that the policy or action specified in the resolution goes beyond reiteration of existing CMA policy, the resolution will be introduced as business of the Association and assigned to the appropriate council acting as a reference committee (CMA Bylaws §9.10c). If the Committee of Delegation Chairs upholds the finding of the Speaker that the resolution reiterates existing policy, the resolution will remain on the Reaffirmation Calendar of the Board of Trustees, unless the introducer petitions to appeal the decision of the Committee of Delegation Chairs to the delegations of the House of Delegates on forms provided by the Association. A petition to appeal must be limited to the reasons for the appeal and cannot include consideration on the merits of the resolution. The petition to appeal the decision of the Committee of Delegation Chairs must be supported in the affirmative by greater than one-third of the delegations, as verified by the Chief Executive Officer, for the resolution to be accepted as business of the Association. If the appellant fails to obtain the required support for the petition, then no further action will be taken on the resolution and no further appeals will be granted (Rpt. C-6-14, Recommendation 6).

F. Limitation on Acceptance of Resolutions Previously Not Adopted by the Board of Trustees or House of Delegates. When a resolution has been duly considered and rejected for adoption by either the Board of Trustees or the House of Delegates, there shall be a moratorium on the consideration of that resolution, or a resolution deemed to be substantially similar, for a period of twelve (12) months. Resolutions determined by the Speaker to be "Emergency Resolutions," are exempt from this clause. For resolutions submitted to the Board of Trustees pursuant to CMA Bylaws §9.13 (Year-Round Process), the introducer of a resolution determined to be subject to a moratorium may appeal such designation to the Committee of Delegation Chairs. Upon such an appeal, debate is limited to the reasons for the appeal and cannot include debate on the merits of the resolution. If the Committee of Delegation Chairs finds that the policy or action specified in the resolution merits earlier consideration of the issue, due to newly available information or a change in circumstance, the resolution will be introduced as business of the Association and assigned to the appropriate council acting as a reference committee (CMA Bylaws §9.10c). If the Committee of Delegation Chairs upholds the finding of the Speaker that the resolution is substantially similar to a resolution considered and rejected by the Association in the previous twelve (12) months, and that there are no mitigating circumstances or new information that would otherwise compel the Association to accept the resolution as business sooner than the time period remaining in the moratorium, the resolution will be rejected, unless the introducer petitions to appeal the decision of the Committee of Delegation Chairs to the delegations of the House of Delegates on forms provided by the Association.. A petition to appeal must be limited

to the reasons for the appeal and cannot include consideration on the merits of the resolution. The petition to appeal the decision of the Committee of Delegation Chairs must be supported in the affirmative by greater than one-third of the delegations, as verified by the Chief Executive Officer, for the resolution to be accepted as business of the Association. If the appellant fails to obtain the required support for the petition, then no further action will be taken on the resolution and no further appeals will be granted (Rpt. C-6-14, Recommendation 6).

G. Returned Resolutions: All resolutions selected by the Speaker for modification or were otherwise not accepted shall be returned to the introducer with the Speaker's justification for the action. Absent modification of a returned resolution to meet submission criteria, to correct factual inaccuracies, or to otherwise conform to CMA's rules and procedures, there shall be a moratorium on the consideration of that resolution, or a resolution deemed to be substantially similar, for a period of twelve (12) months. Introducers and/or authors who wish to challenge the Speaker's decision may do so using the appropriate appeals process as stipulated below:

1. For resolutions submitted to the Board of Trustees pursuant to CMA Bylaws §9.13 (Year-Round Process), the introducer of a returned resolution may appeal to the Committee of Delegation Chairs, which will review the resolution and decide to either to accept or not accept it. If the Committee of Delegation Chairs upholds the decision of the Speaker, the resolution will not be accepted unless the introducer petitions to appeal the decision of the Committee of Delegation Chairs to the delegations of the House of Delegates on forms provided by the Association. A petition to appeal must be limited to the reasons for the appeal and cannot include consideration on the merits of the resolution. The petition to appeal the decision of the Committee of Delegation Chairs must be supported in the affirmative by greater than one-third of the delegations, as verified by the Chief Executive Officer, for the resolution to be accepted as business of the Association. If the appellant fails to obtain the required support for the petition, then no further action will be taken on the resolution and no further appeals will be granted (Rpt. C-6-14, Recommendation 6).

H. Deferred Resolutions: When a resolution presents a potential legal problem, the Speaker and staff will contact the introducer and/or author to discuss the matter. If the author is able to remedy the situation, the resolution will be distributed in a routine manner. If the problem is not remedied, the Speaker will designate that resolution as a "deferred" resolution, and the resolution will not be distributed. Final disposition of deferred resolutions will follow the appropriate process as stipulated below:

1. For resolutions submitted to the Board of Trustees pursuant to CMA Bylaws §9.13 (Year-Round Process), the introducer, CMA legal counsel, and the Speaker will be invited to discuss the resolution at a meeting of the Committee on Delegation Chairs, with disclosure of legal rationale for non-acceptance. The

Committee on Delegation Chairs will decide to either accept or not accept the resolution as official business of the Association. If the Committee of Delegation Chairs rejects the resolution, the resolution will not be accepted unless the introducer petitions to appeal the decision of the Committee of Delegation Chairs to the delegations of the House of Delegates on forms provided by the Association. A petition to appeal must be limited to the reasons for the appeal and cannot include consideration on the merits of the resolution. The petition to appeal the decision of the Committee of Delegation Chairs must be supported in the affirmative by greater than one-third of the delegations, as verified by the Chief Executive Officer, for the resolution to be accepted as business of the Association. If the appellant fails to obtain the required support for the petition, then no further action will be taken on the resolution and no further appeals will be granted (Rpt. C-6-14, Recommendation 6). If legal opinion is that this action cannot be taken legally, the item shall not be accepted as business.

I. Duplicate/Combined Resolutions: When duplicate resolutions are combined before submission to the year-round process, all authors' names will appear on the combined resolution (Res. 137-76).

J. Differentiation Between New Policy and Action Based on Existing Policy: Resolutions shall be worded so as to differentiate between a resolution or resolved that creates new CMA policy and one that directs action based on prior policy.

K. Emergency Resolutions: If the Speaker deems a resolution submitted at any time of the year, including during a session of the House of Delegates, to be emergent and urgent in nature, and that it would be unadvisable for its consideration to await the next scheduled meeting of the Board of Trustees, the Speaker shall request for the Chair of the Board to review and consider calling an emergency meeting of the Board of Trustees. Should this occur during Annual Session, the Board may meet to act upon or may opt to refer decision on an Emergency Resolution to the House, assuming that there is still a session remaining where it may be considered as business. The Speaker shall use the following criteria to define "emergency business" of the Association:

The subject of the resolution must be of such a timely nature that it could not be considered as business for the next meeting of the Board of Trustees utilizing the year-round resolutions process pursuant to CMA Bylaws §9.13.

If the Speaker does not find the matter to constitute emergency business for the CMA, it will not be introduced, unless there is a motion to appeal the decision to the Committee of Delegation Chairs. The Committee of Delegation Chairs will be called to meet in a timely way to consider such an appeal. If the Committee of Delegation Chairs finds the resolution to be an emergency, they shall request for the Chair of the Board to review and consider calling an emergency meeting of the Board of Trustees. If the Committee of Delegation Chairs upholds the finding of the Speaker that the resolution is not an emergency, the resolution will be rejected as an emergency

resolution and the author will be given the option to introduce the resolution in accordance with the policies governing the year-round resolution process.

Any resolution presented on the floor of the House of Delegates, requested to be accepted as Emergency Business, will be immediately ruled upon by the Speaker as to its urgent nature, subject to appeal to the House as a whole, solely as to its acceptance as an emergency resolution. If determined to be an emergency, the Chair of the Board shall be requested to call an emergency meeting of the Board of Trustees to decide the issue.

COUNCILS SERVING AS REFERENCE COMMITTEES

- A. Testimony:** All CMA members, including members of the House of Delegates and resolution introducers/authors especially, are encouraged to provide the councils with testimony. All members providing testimony must identify themselves, specify any constituency they represent, and make the required disclosures referenced in Section X of these Standing Rules. Written testimony, including that provided online, shall be limited to a maximum of 500 words per posting and must be posted by the cutoff date announced by the Speaker.
- B. Reports:** Each council shall follow a standard format in submitting its final report.

For reports to the House of Delegates:

Resolution /Report No ___: *(Title)*
Author:

**RECOMMENDED ACTION: THE COUNCIL RECOMMENDS
(recommendation as to approval, non-adoption, etc.) OF
RESOLUTION xxx-xx AND ASKS FOR A *(appropriate motion)* VOTE ON
IT.**

For reports to the Board of Trustees:

Resolution/Report No ___: *(Title)*
Author:

**RECOMMENDED ACTION: THE COUNCIL ON (INSERT COUNCIL NAME),
SERVING AS A REFERENCE COMMITTEE RECOMMENDS
(recommendation as to approval, non-adoption, etc.) OF
RESOLUTION/REPORT xxx-xx AND ASKS FOR A *(appropriate motion)*
VOTE ON IT.**

The council functioning as a reference committee must list reasons supporting all recommendations.

- C. Reports Presented as Consent Calendar:** Each council report will be considered as a whole on a "Consent Calendar" basis. Once the report is adopted, the council recommendations for action on all items of business not extracted (approve, disapprove, refer, no action) becomes official CMA policy. Any member of the House of

Delegates or Board of Trustees may ask that a specific resolution or other item of business, including items combined into a single substitute action, be extracted for separate consideration. This would also include any action items contained within a supplemental report. *No item may be extracted from the report after it has been adopted, but a motion for reconsideration of any action item contained within an adopted consent calendar will be considered in order.*

D. Council Recommendations on Extracted Items: Items extracted from a council report will be dealt with in sequential order or as directed by the presiding officer. The main motion before the body is the extracted item in the form presented (either the original resolution or an amended or substitute resolution) in the council report. When a council recommends referral of an item of business, a member may, prior to any debate on referral, move that the main motion or a substitute be considered. If, when the item is initially considered, no alternative disposition is requested by the body, then referral is the main motion and is handled in the same manner as any other motion to refer.

E. Combined/Substitute Resolutions: Councils are encouraged to combine any number of resolutions on the same subject into a single substitute resolution for action. If a substitute resolution proposed by a Council is not adopted, amended or referred, the entire subject is defeated.

1. A member of the Board of Trustees, as appropriate, may ask to have a resolution extracted from the combined substitute for separate consideration by first asking that the substitute be extracted from the Consent Calendar and then, when the specific item is being considered, asking that the original resolution be extracted from the substitute. This additional extraction must occur prior to the vote on the substitute. Such extraction from a combined substitute resolution will be allowed only if there are substantive differences between the original resolution and the substitute resolution as a whole. When a council proposes a substitute for a single resolution, the original resolution cannot be extracted, but may be moved as an amendment by total substitution of the original for the reference committee's proposed language.
2. If a motion is made from the floor for an amendment by total substitution, this becomes a first-order amendment. A vote adopting that amendment causes it to become the new main motion, subject to further debate and amendment and requiring an additional final vote on adoption. However, if there is no further debate following the initial vote, the presiding officer may declare the new main motion adopted without a second vote. If an amendment by total substitution made from the floor is defeated, debate on the original motion proceeds. Entirely new material that was not discussed by the council or introduced by way of written testimony or staff analysis may not be introduced as an amendment by total substitution.

F. Referral: Motion to refer a recommendation shall be: *refer for decision* (by the Board of Trustees) only. If the House of Delegates or Board of Trustees wishes to express its desire to impact national policy with the optional use of CMA political and financial resources, the reference committee may add the phrase “and refer for national action” to any appropriate resolution. If such a resolution is adopted, the Board of Trustees would then have a variety of options for implementation, including but not limited to introducing a resolution to the AMA House, communicating directly with the AMA Board or staff, or communicating directly with national bodies such as specialty societies or the Joint Commission. Motions for referral may not contain mandates relative to prioritization of resources or deadlines for completion as this determination is a Board of Trustees function (CMA Bylaws §10).

G. Action on Resolutions for Which No Testimony Is Received: A council may recommend one of two ways to deal with any resolution about which it has received neither oral nor written testimony: (1) the council may ask for “no action,” which is final and non-debatable; or (2) the council may suggest some other appropriate action, which is debatable. When recommending an action rather than “no action,” the council shall note in its report that the recommendation is being made despite the absence of testimony.

H. Policy Review: Pursuant to report C-7-13, recommendations 4A, and 6, Policy Review is now the responsibility of the Board of Trustees.

PARLIAMENTARY AUTHORITY

A. CMA Bylaws Section 24.01 states that all CMA meetings “shall be governed by the parliamentary rules and usages contained in the current edition of The American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIP).”

REPORTS TO THE HOUSE

A. All reports to the House of Delegates (including those from the Board of Trustees, councils, and committees as well as special reports) are to be submitted in writing (electronic submission is acceptable). Only in extenuating circumstances (to be decided upon by the Speaker) will supplementary oral reports be presented. All written reports shall be subject to one of the following actions:

B. Reports submitted “for information” will be filed and will be considered in an appropriate council; the House may accept and file the report or refer it, but may not amend it.

In reports submitted containing items “for action,” the action items, but not the body of the report, are open for debate and amendment if extracted from the council report as described above. In general, action items will be considered in the same fashion as resolutions (adopted, not adopted, or referred). If the action item is to adopt its associated report “in lieu of” a previously referred resolution, then the body of the report also may be debated and amended by the House.

- C. All reports are to be made available to the House by the Speaker at least thirty (30) days in advance of the session.

LIMITS ON DEBATE

- A. **90-Second Speaking Limit:** Except as provided below, debate in the House is limited to ninety (90) seconds per delegate; however, the Speaker is entitled to permit an exception to the debate limit because of the importance of the issue or the status of the person. Opportunity must be made for equal presentation of the opposing view if one exists. Any delegate speaking a second or subsequent time to the same motion shall be limited to sixty (60) seconds.
- B. **Three-Time Limit per Speaker:** Delegates may be recognized to speak a maximum of three (3) times per motion. This limit may be reduced upon a motion approved by a two-thirds majority vote of the House; however, the Speaker is entitled to permit an exception to the limit to receive information which is good for the order, including appropriate clarifications and answers to questions.
- C. **Vote to Close Debate after 20 Minutes:** When debate on any item of business has continued for a period of twenty (20) minutes, the Speaker shall automatically call for a vote to close debate on all pending matters. Prior to a vote to close debate, any delegate waiting at a microphone when the automatic vote to close debate was called for by the Speaker shall be allowed to state, but not discuss or debate, any alternative motion they planned to propose. Pursuant to governing parliamentary procedure, a motion to suspend this rule to continue debate also may be made at any time. In either case, a two-thirds (2/3) majority vote is required.

MOTIONS TO CLOSE DEBATE (VOTE IMMEDIATELY)

- A. **Maker of Motion May Not Discuss Question:** A member of the House of Delegates who wishes to move to close debate and vote immediately may not discuss the motion being debated on the floor, either immediately before or after making the motion. If the motion to close debate is made following such discussion, the motion will be declared out of order.
- B. **Both Sides to be Heard:** When it has been moved to close debate, the Speaker shall have the prerogative of not honoring the motion until both sides of the issue have been presented to the House of Delegates.
- C. **Closing Debate on All Pending Matters:** The motion “close debate on this and all pending matters” is an appropriate motion, distinct from the motion to close debate. “Close debate on this and all pending matters” would have the effect of terminating

debate on all matters related to that particular resolution or portion of the reference committee report. The Speaker shall have the prerogative of not honoring this motion unless both sides of all pertinent aspects of the issue have been presented to the House.

D. Proposed Alternative Motions Stated for Information: Prior to a vote on any motion to close debate, any delegate waiting at a microphone when the motion to close debate was made shall be allowed to state, but not discuss or debate, any alternative motion they planned to propose.

EFFECT OF NEGATIVE VOTE ON CMA POLICY

A negative majority vote on an item of business shall have no significance beyond the failure to approve that resolution or item of business. A negative vote shall neither make policy, nor amend nor abrogate existing policy of the House of Delegates. House of Delegates' policy shall be created only by an affirmative vote on a resolution meeting the quorum and majority requirements established by the CMA Bylaws and the established rules of order.

PROCEEDINGS OF THE HOUSE

A record of the final action taken by the House of Delegates on each item of business shall be posted on the CMA web site following the conclusion of each Annual Session or special session of the House. Official CMA audio recordings of House of Delegates floor proceedings shall be retained until the conclusion of the following Annual Session. By attending Annual Session, members understand and consent that they may be recorded.

CMA will use recordings of deliberations and business proceedings solely for archival purposes to facilitate the creation of official House Actions.

The House of Delegates is a private meeting of the Members of the CMA and its invited guests.

The deliberations of the House are expected to be confidential. CMA is the sole entity permitted to record or photograph the proceedings of the House. No other video or photography is permitted without the prior expressed permission of the Speaker of the House.

CAMPAIGNS AND ELECTIONS

Campaigns and elections for the offices of President-Elect, Speaker of the House and Vice-Speaker of the House shall be conducted in accordance with the "CMA Campaign and Election Protocols" promulgated by, and as may be amended from time to time by, the House Rules Committee. Declarations of candidacy for these offices must be submitted to the House of Delegates office at the CMA headquarters no later than seven (7) days in advance of the Annual Session at which the election will be held.

As provided in the CMA Bylaws, a ballot shall be prepared for use as the method of election by the House of Delegates in contested elections for CMA officers. The ballot will list the names of declared candidates and include spaces for additional write-in nominees; names on the ballot will be listed in alphabetical order for each office. In case a majority vote is not achieved, re-ballotting will be done in accordance with the Bylaws.

Delegation Chairs will be given a specific number of ballots corresponding to the number of designated delegate seats in their districts. It will be their responsibility to control the

distribution of ballots within their respective delegations. Delegation Chairs may deposit completed ballots for their respective delegations.

Ballots will be counted by staff under the supervision of the Rules Committee chair and the chair of each candidate's delegation. The results will be reported to the Speaker in a written report signed by the Rules Committee chair that accounts for all ballots cast and specifies the number of votes received by each candidate and the number of write-in votes for any member. The announcement of elected candidates will be made by the Speaker. Ballots will be sealed and retained at the CMA headquarters for thirty (30) days.

Members seeking to challenge the outcome of an election for Speaker, Vice-Speaker, and President-Elect must do so before the adjournment of the House.

CONFLICTS OF INTEREST AND OTHER DISCLOSURE

The California Medical Association Conflict of Interest Policy adopted by the 2004 House of Delegates (Report C-4-04) is attached to this Rules Committee Report. The guidelines set forth in that policy apply to all members testifying in hearings as well as on the floor of the House. In accordance with that policy, all members addressing a reference committee hearing or the full House of Delegates must announce any relevant disclosable interests, defined as "any personal or financial interest or constituent affiliation that a reasonable physician would consider relevant to the evaluation of the speaker's comments." Where a conflict of interest exists, members must refrain from voting on the matter under consideration. Resolution 808-94 further requires that ownership, consultative and all other fiduciary relationship with any health insurance company or health plan should be disclosed as a potential conflict of interest.

Resolution 619-97 mandates that, in presenting information to the CMA House of Delegates and its reference committees, no member shall intentionally offer misleading materials or statements, and that if a study is cited for the purpose of influencing CMA policy, the study's source of funding, if available, must be disclosed prior to any vote.

SEATING OF ALTERNATES

An alternate may be seated in place of a delegate in the House of Delegates at the direction of the appropriate Delegation Chair and, when seated, has all voting rights.

CREDENTIALING REPORT

The CMA Bylaws provide guidance on when roster information is due to CMA in order for individuals to be recognized as members of the House of Delegates. It also provides a mechanism to fill mid-term vacancies. Any other changes to the Roster outside of the confines of the policies and procedures detailed in the Bylaws must be approved by the House of Delegates, which has the discretion to certify or disqualify any delegation or individual delegate or alternate.

Requests for a recognition or disqualification from the roster outside of the Bylaws deadline will be considered by the House Rules Committee. Requests must be submitted to CMA on forms provided by the Association no later than fifteen (15) days prior to Annual Session. Such requests must contain a rationale as to why the House should recognize or disqualify a delegate or alternate as a member of the House outside of the normative deadlines. The Rules Committee will evaluate the merit of any requests and publish recommendations in a Credentialing Report, which will be an attachment to the Report of the Rules Committee. Upon adoption by the House of Delegates, those recommended changes will go in effect immediately.

OUTSIDE AND CAMPAIGN LITERATURE

Official documents of CMA and its component societies and campaign literature (at the discretion of the Speaker) for physicians in these organizations may be placed before the delegates. *All other materials will be placed on tables outside of the House of Delegates meeting room.* All literature, whether placed before the delegates inside the meeting room or on tables outside the room, must be approved by the Speaker in advance.

POLICIES ON PROFESSIONALISM

The following is a non-exhaustive summary of CMA's policies that concern the professional conduct of members and attendees at CMA functions. In addition to highlighting legal requirements, these policies recognize the fundamental idea that individuals should treat all others with respect, dignity and professionalism.

CMA is committed to providing an inclusive, and harassment-free environment for all attendees, including members, staff, and invited guests in order to facilitate constructive and thoughtful dialogue, debate, education, and networking in a respectful, professional manner.

Some behaviors are, therefore, specifically prohibited:

1. Harassment or intimidation based on race, religion, language, gender, sexual orientation, gender identity, gender expression, disability, appearance, or other protected group status per applicable local, state, and federal law;
2. Sexual harassment or intimidation, including unwelcome sexual attention, stalking (physical or virtual), or unsolicited physical contact;
3. Using defamatory, or profane language against other attendees;
4. Engaging in or threatening violence against other attendees;
5. Disrupting any portion of the event;
6. Breaking confidentiality where required; and
7. Engaging in other unlawful activity.

CMA reserves the right to immediately address any disorderly conduct of attendees; including warning, expelling, and calling security or law enforcement as it deems appropriate.

Full copies of CMA's policies are available on the CMA website for your review. Policies may be updated and new policies concerning professionalism may be created in the future.

- + [Prohibition of Harassment](#)
- + [Conflict of Interest Policy](#)
- + [Antitrust Compliance Program](#)
- + [Forum Guidelines](#)
- + [Terms of Use](#)
- + [Privacy Policy](#)

Members of the House have a Duty of Loyalty to act in the best interest of CMA, its Mission and its members. We appreciate your adherence to these policies on professionalism to ensure a successful Annual Session for all.

California Medical Association Conflict of Interest Policy

Adopted March 2004

The California Medical Association is the premier professional association of physicians in California, devoted to its core purposes of promoting the science and art of medicine, the care and well being of patients, the protection of the public health and the betterment of the medical profession. To carry out its mission, the CMA depends on the involvement of knowledgeable and committed individuals representing the full spectrum of California's diverse physician population, including physicians from all parts of the state, in all specialties and in every mode of practice. CMA strives to provide a forum for all California physicians, and to advocate policies which consider and fairly balance their sometimes divergent interests.

Because the physicians involved in CMA's policy and decision-making activities are chosen for their expertise and leadership abilities, they often have personal, financial or other outside interests that can affect or be affected by the decisions the Association. This duality of interest is inherent in any situation in which individuals in policy and decision-making positions are chosen for their expertise, their leadership in specified areas or their specialized representation of significant professional or community interests. CMA recognizes and encourages physicians to participate in outside activities that contribute to personal and professional growth. The involvement in CMA activities of physicians with such duality or even multiplicity of interests is unavoidable, and indeed necessary to the CMA's effectiveness as the physicians' advocate in the evolving healthcare delivery system.

Physicians who are involved in CMA's policy and decision-making activities must not, however, allow their personal or financial interests to undermine their

primary allegiance to the CMA. With respect to physicians who serve in CMA's House of Delegates, or on CMA's Board of Trustees, councils, committees, or taskforces or on the CMA Delegation to the AMA, this means full disclosure clearly and accurately describing their personal, financial or other outside interests in their dealings with the Association is required. The disclosure must cover such interests, and be in such detail, that others involved in the decision can weigh the individual's comments, and deal with the situation fairly and impartially. **This primary allegiance to CMA encompasses not only a requirement of full disclosure, but also compliance with the duty of loyalty – that is, the duty to make decisions in the best interest of the CMA, and to promote the CMA's purpose and well-being, rather than any private interest or the interest of a particular constituency where that interest conflicts with the Association's best interest.**

It is anticipated that the people called to serve in this Association's policy and decision-making activities have the integrity and stature to avoid being placed in a position of conflict of interest; to assure complete and accurate disclosure of the details of all affiliations and personal and financial interests that other physicians will consider relevant to their dealings with the Association; to exercise the utmost good faith in all dealings with and for the Association; and to refrain from using their positions for personal or partisan gain.

CMA has adopted the following guidelines to increase the likelihood that all CMA member physicians are fairly represented, while also ensuring that no one with a personal conflict of interest is allowed to improperly sway CMA's decision-making process. A glossary of relevant terms may

be found – Appendix A at the end of this document.

Conflict of Interest Guidelines for Members of and Consultants to the CMA House of Delegates, the CMA Delegation to the AMA and CMA's Councils, Committees, Task Forces, and other Appointed Bodies

- All persons addressing the membership of CMA or its component societies must announce any disclosable interests they may have relevant to the subject under discussion. **A “disclosable interest” is any personal or financial interest or constituent affiliation that a reasonable physician would consider relevant to the evaluation of the speaker’s comments.** Depending on the issue, such disclosure should summary shall include an asterisk (*) denoting any compensation exceeding five-thousand (\$5,000) per year in excess of actual expenses, as well as the gross amount of compensation within ranges as follows for any paid service on the board of any organization involved in health care delivery or financing other than the chair's medical practice: 1) none, 2) up to \$10,000, 3) \$10,001-50,000, 4. \$50,001-100,000, and 5 over \$100,000. This summary of the statement must be forwarded to the appointing body, and must be included in all meeting agenda materials.
- A copy of CMA's conflict of interest policy shall be sent annually to each person appointed to a CMA committee or other appointed body. The appointment shall not be effective until the appointee has signed and returned the Conflict of Interest Policy Compliance Certificate as provided in Attachment 2.
- All agendas shall include a reminder, printed in bold, of the obligation to disclose any disclosable interest as described above.

include specialty, mode of practice, geography and any employment, contractual or other material financial interest of the speaker or the speaker's immediate family.

- All members of and consultants to CMA reference committees, the CMA delegation to the AMA, standing councils, or committees, technical advisory committees (TACs) or other appointed bodies must annually complete and maintain an up-to-date Declaration of Interest Form on the CMA members-only website as provided in Attachment 1

With respect to the Chairs of each elected or appointed body, a summary of that statement must be created and updated on an ongoing basis, which

- Members of the CMA House of Delegates, CMA Delegation to the AMA, or of CMA's councils, committees, taskforces or other appointed bodies must recuse themselves from participation in any matter with respect to which they have a conflict of interest, must not be counted in determining the quorum for that vote, and the recusal must be recorded in the minutes. **“Conflict of Interest” means a personal or financial interest or conflicting fiduciary obligation that makes it impossible, as a practical matter, for the member to make a decision in the best interests of CMA, without regard for the member's private or personal interests.** CMA has deemed any financial interest in excess of \$5,000 held by the physician or the physician's immediate family to constitute an interest of sufficient magnitude to require abstention from any decision that differentially affects that member's specific interest, compared to the effect of the decision on physicians in the same market segment. “Recusal” means that the individual is not counted for quorum purposes, leaves the room to allow the

rest of the body to debate the matter openly, and refrains from voting.

- *Conflict of Interest vs. Conflict of Opinion.* Conflicts of interest are personal. A member need not abstain from a vote which has a differential impact on the member because of that member's specialty, mode of practice, or other attribute which the member shares with a broad segment of the membership. For example, the fact that a member has more than \$5,000 invested in the member's medical practice does not mean that the member may not vote on any matter that would impact that medical practice. A conflict of interest would arise only where the impact was specific to the physician, such as if CMA were considering the purchase of that physician's office building. Nonetheless, members are still required to disclose these "disclosable interests" when relevant to the discussion, to ensure the rest of the members of the body can properly evaluate each speaker's comments.
- *Recusal vs. Abstention.* Abstention means not voting. A member may abstain from voting on any issue, and must abstain from voting if the member has a conflict of interest. Recusal includes abstention, but also encompasses not being counted for quorum purposes and leaving the room while the matter is being debated and voted upon. Even when a member has a conflict of interest requiring recusal, the member may answer questions or otherwise provide information about the matter after disclosing the conflict. Members with conflicts of interest may, by virtue of those conflicts, have special expertise which should be considered. However, such members must ensure that their presentations are

intended to inform rather than entreat, and the chair must ensure ample time for debate outside the presence of the conflicted member.

- Members may not use CMA resources (other than those intended for general member benefit) or confidential information obtained in their CMA roles to benefit their personal business or commercial activities. Such members must maintain the confidentiality of CMA's confidential information, and may not take advantage of a business opportunity that properly belongs to CMA unless the member notifies CMA and CMA decides not to pursue the opportunity. Members may not use or permit the use of any CMA title they may hold for public solicitation or advertisement of business or commercial activities, but this prohibition does not apply to professional resumes.

Conflict of Interest Guidelines for the CMA Board of Trustees

- Trustees must state their disclosable interests relevant to the subject under discussion each time they address the Board, the House of Delegates or any CMA appointed body. ***"Disclosable interest" means any personal or financial interest or constituent affiliation that a reasonable physician would consider relevant to the evaluation of the speaker's comments.***
- Trustees must complete and file an annual Declaration of Interest Form as provided in Attachment 3. A summary of that statement will be created and updated on an ongoing basis, which summary must include an asterisk (*) denoting any compensation exceeding five-thousand (\$5,000) per year in excess of actual expenses, as well as the gross amount of compensation within ranges as follows for any paid service on the board of any organization involved in health care delivery or financing other than the

trustee's medical practice: 1) none, 2) up to \$10,000, 3) \$10,001-50,000, 4) \$50,001-100,000, and 5) over \$100,000.

- The Trustees' Conflict of Interest summaries must be included in all Board of Trustees agenda materials, posted on the CMA members-only website and included with the delegate packet distributed prior to each House of Delegates meeting.
- Trustees must receive an annual orientation on their duties and obligations as Trustees, including but not limited to their fiduciary obligations and CMA's Conflict of Interest Policy, and must be reminded of these obligations, and the obligation to update their Declaration of Interest Summary, at the beginning of each Board meeting.
- Trustees must recuse themselves from participation in any matter with respect to which they have a conflict of interest, must not be counted in determining the quorum for that vote, and the recusal must be recorded in the minutes. ***“Conflict of Interest” means a personal or financial interest or conflicting fiduciary obligation that makes it impossible, as a practical matter, for the Trustee to make a decision in the best interests of CMA, without regard for the Trustee’s private or personal interests.*** CMA has deemed any financial interest in excess of \$5,000 held by the physician or the physician's immediate family to constitute an interest of sufficient magnitude to require recusal from any decision that differentially affects that trustee's specific interest, compared to the effect of the decision on physicians in the same market segment. “Recusal” means that the Trustee is not counted for quorum purposes, leaves the room as necessary to allow the rest of the Board to debate the matter openly, and refrains from voting.
- *Conflict of Interest vs. Conflict of Opinion.* Conflicts of interest are personal. A Trustee need not abstain from a vote which has a differential impact on the Trustee because of that Trustee's specialty, mode of practice, or other attribute which the Trustee shares with a broad segment of the membership. For example, the fact that a Trustee has more than \$5,000 invested in the Trustee's medical practice does not mean that the Trustee may not vote on any matter that would impact that medical practice. A conflict of interest would arise only where the impact was specific to the physician, such as if CMA were considering the purchase of that physician's office building. Nonetheless, Trustees are still required to disclose these “disclosable interests” when relevant to the discussion, to ensure the rest of the Trustees can properly evaluate each speaker's comments.
- *Recusal vs. Abstention.* Abstention means not voting. A Trustee may abstain from voting on any issue, and must abstain from voting if the Trustee has a conflict of interest. Recusal includes abstention, but also encompasses not being counted for quorum purposes and leaving the room while the matter is being debated and voted upon. Even when a Trustee has a conflict of interest requiring recusal, the Trustee may answer questions or otherwise provide information about the matter after disclosing the conflict. Trustees with conflicts of interest may, by virtue of those conflicts, have special expertise which should be considered. However, such Trustees must ensure that their presentations are intended to inform rather than entreat, and the chair must ensure

ample time for debate outside the presence of the conflicted Trustee.

- Trustees may not use CMA resources or information obtained in their role as Trustees to benefit their personal business or commercial activities. Trustees must maintain the confidentiality of CMA's confidential information. Trustees may not take advantage of a business opportunity that properly belongs to CMA unless the Trustee notifies CMA and CMA decides not to pursue the opportunity. Trustees may not use or permit the use of any CMA title they may hold for public solicitation or advertisement of business or commercial activities, but this prohibition does not apply to professional resumes.
- Trustees may not oppose an official CMA position as adopted by the House of Delegates or Board of Trustees to members of the general public in any forum where their role as a CMA Trustee is disclosed, tacitly suggested or otherwise understood. Trustees may discuss CMA positions with their constituents, however. It is expected that in discussions with their constituents, Trustees will make a good faith effort to report the basis for conflicting views where members of the Board of Trustees disagree.

Conflict of Interest Guidelines for Candidates

- Candidates for Vice-Speaker, Speaker, or President-Elect must complete and submit a Declaration of Interest Form as required for CMA Trustees. A summary of the statement, like that prepared for CMA Trustees, must be posted on the CMA members-only website and included in the delegate packet distributed prior to the annual CMA House of Delegates meeting.

Violations of the Conflict of Interest Policy

Prospective Violations

- If any member of the House of Delegates, Board of Trustees, CMA Delegation to the AMA, CMA council, committee or other appointed body (hereinafter "CMA Body") has reasonable cause to believe that a member has failed to properly disclose a disclosable interest, and brings that concern to the attention of the presiding officer before the CMA Body take any action on the matter, the presiding officer of that CMA body must inform the member of the basis for that belief and afford the member an opportunity to make the appropriate disclosure or explain the alleged failure to disclose.
- Where, after hearing the response and doing any further investigation that appears warranted, the CMA Body challenges a member's further participation in a matter on the grounds of conflict of interest, that is, that a member's personal interest makes it impossible for the member to act in the best interest of CMA, the member may voluntarily abstain from further participation or attempt to rebut the challenge. A majority vote of those present, not counting the challenged member, shall be dispositive as to whether the member may continue to participate in the matter, subject to the member's right to appeal to the Rules Committee, as set forth below.

Retrospective Violations

- If any member of the House of Delegates, Board of Trustees, CMA Delegation to the AMA, CMA Council, committee or other appointed body (hereinafter "CMA Body") has reasonable cause to believe that a member has violated CMA's Conflict of Interest Policy and brings that concern to the attention of the presiding officer, the presiding officer of that CMA Body must inform the member of the challenge and its

basis, and afford the member an opportunity to respond.

- If, after hearing the response and doing any further investigation that appears warranted, the presiding officer determines that the member violated the Conflict of Interest Policy, the presiding officer shall take appropriate corrective action. Depending on the circumstances, the corrective action may include any of the following actions, alone or in combination:
 1. warning;
 2. rescission of the affected action and reconsideration without the member's participation;
 3. censure;
 4. request for resignation;
 5. referral to the Rules Committee for consideration of removal.
- The member shall have the right to request the CMA Body reconsider the presiding officer's determination or sanction, or appeal directly to the Rules Committee. A majority vote of the CMA Body is required to ratify the presiding officer's determination on reconsideration.

Appeal to the Rules Committee

- The Rules Committee shall be ultimately responsible for enforcement of the Conflict of Interest Policy and shall act on all referrals and appeals as follows:
 - Any referral must be in writing, must specifically set forth the reason the presiding officer believes the member violated the Conflict of Interest Policy and why the member should be removed as a result, and must be sent to both CMA Headquarters to the attention of the Rules Committee and to the member within 30 days of the decision which gives rise to the referral.
 - Any appeal must be in writing, must specifically set forth the reasons the member does not believe a violation of the Conflict of Interest Policy occurred, or believes that the sanction was not reasonable or both, and must be sent to CMA Headquarters to the attention of the Rules Committee and to the presiding officer of the CMA Body that imposed the corrective action within 30 days of its imposition.
 - The Rules Committee shall select a chair from among its members to preside over the inquiry.
 - The chair shall give the member or presiding officer, as relevant, fourteen calendar days to submit a written rebuttal to the appeal or referral, which rebuttal must be sent to CMA Headquarters and to the other side.
 - The Rules Committee shall hear the referral or appeal only after providing reasonable notice of not less than 10 calendar days, in writing, of the time and place of the hearing to both the member and the presiding officer. A majority of the Rules Committee shall constitute a quorum, and the hearing may be held in person or by videoconference or, with the consent of the member, by conference call.
 - Each side may submit oral and written material in support of their position.
 - The Rules Committee may appoint a referee for the taking of additional evidence if it believes that will best further the interest of justice. The referee will issue a written report detailing the facts found from the testimony or other evidence adduced.
 - The Rules Committee shall render its decision in writing within 3

months from the date of the original filing, unless the member waives this limit or requests a continuance.

- The Rules Committee may not increase the penalty on appeal.
- On referral, the Rules Committee may take any of the following actions, alone or in combination:
 1. warning;
 2. rescission of the affected action and reconsideration without the member's participation;
 3. censure;
 4. request for resignation;
 5. recommendation to the appointing power for removal.
- If the Rules Committee concludes that a member has a conflict of interest of a significant and continuing nature such that continued participation on a CMA Body is inappropriate, it must give the member a reasonable opportunity to resolve the conflict by either terminating the conflicting activity or organizational association, or by resigning from the CMA Body.
- If the member fails to resolve such a conflict of interest promptly, the Rules Committee shall formally request the appointing power to replace that member.

CMA Publications

- The editors of CMA publications will require authors to disclose any significant conflict of interest in the text or footnotes of submitted materials.

Indemnification

- Under California law, CMA cannot indemnify anyone who is sued in connection with CMA activities unless the CMA Board of Trustees finds that the person acted in good faith and in a manner the person

reasonably believed to be in the best interest of the Association. Consequently, violation of CMA's Conflict of Interest Policy will jeopardize a physician's ability to be indemnified should litigation ensue.

Glossary

Conflict of Interest—Means a personal or financial interest or conflicting fiduciary obligation that makes it impossible, as a practical matter, for the member to make a decision in the best interests of CMA, without regard for the member's private or personal interests.

Disclosable Interest—Means any personal or financial interest or constituent affiliation that a reasonable physician would consider relevant to the evaluation of the speaker's comments.

Material Financial Interest—Means any of the following:

- an ownership interest of at least \$5,000 or five (5) percent, whichever is less;
- a position as officer, director or partner; or
- a) any form of compensation exceeding \$5,000 per year in excess of actual cash expenses

Immediate Family—Means your spouse, domestic partner, children, and parents, the parents of your children and the spouses of your children.

Recusal—Means that the individual is not counted for quorum purposes, leaves the room to allow the rest of the body to debate the matter openly, and refrains from voting.

Abstention—Means that the individual does not vote, but may still be counted in determining the quorum and may participate in the debate.

Appendix D

Summary of Options for Action

Below are the actions the House of Delegates may take on resolutions and recommendations:

1. **APPROVAL (ADOPTION):** Approval of a resolution or report recommendation without changes.
2. **APPROVAL (ADOPTION) WITH EDITORIAL CHANGES:** Approval of a resolution or recommendation with minor, non-substantive changes.
3. **APPROVAL (ADOPTION) WITH AMENDMENT:** Approval of a resolution or recommendation with substantive changes by addition, deletion or substitution.
4. **APPROVAL (ADOPTION) OF SUBSTITUTE:** Approval of a substitute resolution or recommendation with new language incorporating the concepts of one or more (other) resolutions or recommendations.
5. **APPROVAL (ADOPTION) IN LIEU OF:** Approval of a submitted resolution or recommendation in lieu of one or more other resolutions or recommendations.
6. **REAFFIRMATION IN LIEU OF:** Reaffirmation of previously adopted policy in lieu of one or more currently proposed resolutions or recommendations.
7. **DISAPPROVAL:** Disapproval and rejection of a resolution or recommendation with a "no" vote.
8. **REFERRAL FOR DECISION:** Referral for consideration and final action by the Board of Trustees . Used when there is insufficient information available to make an informed decision to approve or disapprove a resolution or recommendation.
9. **NO ACTION:** Recommended by a Council when no written or oral testimony was presented at the committee's hearing. (If it wishes, the Council has the prerogative of recommending some other appropriate action.) Under House rules, a "no action" recommendation is not debatable.
10. **FILING:** Informational reports to the House that call for no specific action are "filed for information." (Informational reports also may be referred but may not be amended.) Filed reports become part of the official record of the Association.

Appendix E

Parliamentary Procedure Reference Sheet

AIPSC

BASIC RULES

<i>Order of precedence¹</i>	<i>Can interrupt?</i>	<i>Requires a second?</i>	<i>Debatable</i>	<i>Amendable?</i>
PRIVILEGED MOTIONS				
1. Adjourn	No	Yes	Yes ²	Yes ²
2. Recess	No	Yes	Yes ²	Yes ²
3. Question of privilege	Yes	No	No	No
SUBSIDIARY MOTIONS				
4. Table	No	Yes	No	No
5. Close debate	No	Yes	No	No
6. Limit or Extend debate	No	Yes	Yes ²	Yes ²
7. Postpone to a certain time	No	Yes	Yes ²	Yes ²
8. Refer to committee	No	Yes	Yes ²	Yes ²
9. Amend	No	Yes	Yes ³	Yes
MAIN MOTIONS				
10. a. The main motion	No	Yes	Yes	Yes
b. Specific main motions				
Adopt in-lieu-of	No	Yes	Yes	Yes
Amend a previous action	No	Yes	Yes	Yes
Ratify	No	Yes	Yes	Yes
Recall from committee	No	Yes	Yes ²	No
Reconsider	Yes ⁴	Yes	Yes ²	No
Rescind	No	Yes	Yes	No

INCIDENTAL

<i>No order of precedence</i>	<i>Can interrupt?</i>	<i>Requires a second?</i>	<i>Debatable?</i>	<i>Amendable?</i>
MOTIONS				
Appeal	Yes	Yes	Yes	No
Suspend the rules	No	Yes	No	No
Consider informally	No	Yes	No	No
REQUESTS				
Point of order	Yes	No	No	No
Inquiries	Yes	No	No	No
Withdraw a motion	Yes	No	No	No
Division of question	No	No	No	No
Division of assembly	Yes	No	No	No

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.

PRINCIPAL RULES GOVERNING MOTIONS

GOVERNING MOTIONS

<i>Vote required?</i>	<i>Applies to what other motions?</i>	<i>Can have what other motions applied to it?</i> ⁵	<i>Renewable?</i>
Majority	None	Amend, close debate, limit debate	Yes
Majority	None	Amend, close debate, limit debate	Yes ⁶
None	None	None	Yes
2/3	Main motion	None	No
2/3	Debatable motions	None	Yes
2/3	Debatable motions	Amend, close debate	Yes ⁶
Majority	Main motion	Amend, close debate, limit debate	Yes ⁶
Majority	Main motion	Amend, close debate, limit debate	Yes ⁸
Majority	Rewordable motions	Amend, close debate, limit debate	No ⁶
Majority	None	Subsidiary	No
Majority	None	Subsidiary	No
Same Vote	Adopted main motion	Subsidiary	No
Same Vote	Adopted main motion	Subsidiary	No
Majority	Referred main motion	Close debate, limit debate	No
Majority	Vote on main motion	Close debate, limit debate	No
Same Vote	Adopted main motion	Subsidiary, except amend	No

MOTIONS

<i>Vote required?</i>	<i>Applies to what other motion?</i>	<i>Can have what other motions applied to it?</i> ⁵	<i>Renewable?</i>
Majority ⁷	Ruling of chair	Close debate, limit debate	No
2/3	Procedural rules	None	Yes
Majority	Main motion or subject	None	Yes
None	Procedural error	None	No
None	All motions	None	No
None ⁸	All motions	None	No
None ⁸	Main motion	None	No
None ⁸	Indecisive vote	None	No

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.

Appendix F

CMA Bylaws Provisions Governing HOD

Excerpts from the Bylaws of the California Medical Association
(as amended by the CMA House of Delegates through October 2014)

CHAPTER 8.00 DISTRICTS

There are 11 Districts as follows:

- a) District Number One, comprising San Diego and Imperial Counties.
- b) District Number Two, comprising Riverside, San Bernardino, Mono and Inyo Counties.
- c) District Number Three, comprising Orange County.
- d) District Number Four, comprising the County of Los Angeles.
- e) District Number Five, comprising Ventura, Santa Barbara and San Luis Obispo Counties.
- f) District Number Six, comprising Amador, Kern, Kings, Tulare, Fresno, Madera, Mariposa, Merced, Stanislaus, San Joaquin, Calaveras, Tuolumne and Alpine Counties.
- g) District Number Seven, comprising Monterey, San Benito, Santa Cruz, Santa Clara and San Mateo Counties.
- h) District Number Eight, comprising San Francisco County.
- i) District Number Nine, comprising Alameda County and Contra Costa County.
- j) District Number Ten, comprising Marin, Solano, Napa, Sonoma, Lake, Mendocino, Humboldt and Del Norte Counties.
- k) District Number Eleven, comprising Sacramento, El Dorado, Placer, Nevada, Sierra, Yuba, Sutter, Yolo, Colusa, Glenn, Butte, Plumas, Tehama, Trinity, Shasta, Lassen, Modoc, and Siskiyou Counties.

CHAPTER 9.00 HOUSE OF DELEGATES

9.01 FUNCTIONS OF THE HOUSE OF DELEGATES

The House of Delegates shall establish broad policy of the Association on current major issues determined by the Speakers and the Committee of Delegation Chairs consisting of the chairs of all delegations specified in Section 9.08 of these Bylaws; shall elect the officers of the Association other than the Board Chair and Vice-Chair; and shall exercise such other functions as these Bylaws prescribe. Pursuant to Section 7152 of the California Non-Profit Mutual Benefit Corporation Law, delegates shall act on behalf of the "members" of this corporation

9.02 COMPOSITION

The House of Delegates shall consist of:

1. Delegates elected by the members of component societies comprising Districts 1-11.

2. Delegates elected by members of specialty societies or organizations recognized by the House of Delegates, as provided in the Bylaws.
3. Officers of the Association as hereinafter provided.
4. Ex-officio, with the right to vote, the members of the Board of Trustees.
5. Ex-officio, with the right to vote, the Past-Presidents.
6. Ex-officio, without the right to vote, those members of the California Delegation to the AMA and officers of AMA who are members of this Association, all of whom are not otherwise members of the House of Delegates of this Association.
7. Delegates elected by duly enrolled medical students in good standing at accredited schools of medicine in California.
8. Delegates elected by members of the Organized Medical Staff Section, as provided in the Bylaws.
9. Delegates elected by members of the Young Physicians Section, as provided in the Bylaws.
10. Delegates elected by members of the Resident and Fellow Section, as provided in the Bylaws.
11. Delegates elected by members of the Ethnic Medical Organization Section, as provided in the Bylaws.
12. Delegates elected by members of the Mode of Practice Forums, as provided in the Bylaws.
13. Ex-officio, with the right to vote, the California State Public Health Officer, provided that any such ex-officio delegate shall be a physician licensed to practice medicine in California and a member of CMA.
14. Ex-officio, with the right to vote, the members of the CMA councils functioning as reference committees of the House of Delegates who are not otherwise members of the House of Delegates.

9.03 REPRESENTATION

9.0301

Each component society shall elect two (2) delegates plus one (1) additional delegate for each one hundred (100) regular active members or major fraction thereof, exclusive of the first one hundred (100), according to its membership as verified by CMA as of the 31st day of December of the preceding year. Each district delegation must include at least one (1) resident physician active member if one is available.

9.0302

The students enrolled in each separate campus of each accredited medical school in California shall be entitled to elect annually one (1) individual from each separate campus, to serve a term of two (2) years, the first year as alternate and the second year as delegate.

This individual shall be elected in such manner as the official student body organization (CMA-MSS and AMA-MSS Chapter) in each such separate campus may provide, except that all duly enrolled students in good standing shall be eligible to vote. Separate campus means a separate facility recognized by an accredited medical school where all or part of the medical school student body is assigned exclusively over a period of time not less than one (1) academic year. Vacancies shall be filled in such a manner as the official student body organization from which the vacancy arises shall determine.

9.0303

The Section Assembly of the Young Physicians Section shall elect two (2) delegates and two (2) alternates for terms of two (2) years each, such terms to expire at the conclusion of the Annual Session of the House of Delegates. Delegate office #1 and Alternate Office #1 shall be elected in odd-numbered years. Delegate Office #2 and Alternate Office #2 shall be elected in even-numbered years. No delegate or alternate shall serve more than two consecutive terms.

9.0304

The Organized Medical Staff Section of the CMA shall elect two (2) delegates and two (2) alternates for terms of two (2) years each, such terms to expire at the conclusion of the Annual Session of the House of Delegates. Delegate Office #1 and Alternate Office #1 shall be elected in odd-numbered years. Delegate Office #2 and Alternate Office #2 shall be elected in even-numbered years. No delegate or alternate shall serve more than two (2) consecutive terms.

9.0305

The Ethnic Medical Organization Section shall elect two (2) delegates and two (2) alternates for terms of two (2) years each, such terms to expire at the conclusion of the Annual Session of the House of Delegates. Delegate Office #1 and Alternate Office #1 shall be elected in odd-numbered years. Delegate Office #2 and Alternate Office #2 shall be elected in even-numbered years. No delegate or Alternate shall serve more than two (2) consecutive terms.

9.0306

Each statewide specialty organization recognized by the House of Delegates shall be entitled to one (1) delegate and one (1) alternate.

Specialty organizations having five hundred (500) or more members who are regular active members of CMA shall have one (1) additional delegate and alternate, plus one additional delegate and alternate for each full five hundred (500) members thereafter who are regular active members of CMA. Each such delegate, as a condition of election and in order to be seated at any session of the House of Delegates, shall be a regular active member of this Association.

In order to ascertain specialty society membership, and to determine delegate entitlements, all specialty organizations recognized by CMA will be required to submit a roster of their CMA members at the request of CMA. Specialty organizations may also initiate this review, provided that rosters are submitted to CMA no later than the first day of March, reflecting their membership as of the 31st day of December in the year preceding the meeting of the House of Delegates when any change in delegate entitlement would

take effect.

Delegates selected by the specialty organizations shall comprise the Specialty Delegation in the House of Delegates and shall select a Chair and other officers, as they deem appropriate and as approved by the Board of Trustees. Expenses as may be incurred by the Delegation shall not be borne by CMA.

9.0307

The Resident and Fellow Section of the CMA shall be entitled to twelve (12) delegates and twelve (12) alternates from the Section's Governing Council for terms of one (1) year each.

9.0308

Each Mode of Practice Forum shall be entitled to one (1) delegate and alternate, plus one (1) additional delegate and alternate for each full five-hundred (500) members who are regular active members of CMA. Delegates for each Mode of Practice Forum may be elected through mail and e-mail balloting, with such elections to be held at least ninety (90) days prior to commencement of the next scheduled session of the House of Delegates and allowing the Mode of Practice Forum sufficient time to comply with section 9.05 of the Bylaws. The delegates for Forums may be apportioned by the Board by district in proportion to each district's forum membership. If the delegates are allocated to districts by apportionment, the delegates for each district shall be elected by the forum members of the district. If the delegates are not allocated to districts by apportionment, the delegates shall be elected on a state-wide basis by all members of the forum.

9.0309

No delegate or alternate may concurrently serve as a delegate or alternate for more than one (1) category stipulated in Section 9.02.

9.04 TERMS

Delegates and alternates elected by component medical societies shall serve for two or three years as each component society may determine. One-half or one-third, as the case may be, of the allowed number shall be elected each year. Delegates and alternates from the CMA Resident and Fellow Section (CMA-RFS) and medical student delegates and alternates elected from each school of medicine shall serve for a term of one (1) year. Delegates and alternates elected by the Mode of Practice Forums, Organized Medical Staff Section, Young Physician Section, and Ethnic Medical Organization Section shall serve for a term of two (2) years. The regular terms of all delegates and all alternates to the House of Delegates shall begin as of July 1 following election.

9.05 LIMITATIONS ON SEATING OF DELEGATES

At least ninety (90) days prior to the next scheduled session of the House of Delegates each entity referenced in Section 9.02 shall forward to the Association, on forms provided by the Association, the names and addresses of its delegates and alternates, and shall certify thereon the term of service of each individual. Failure to conform to this provision may, at the discretion of the House, constitute grounds for disqualification of any delegation or individual delegate or alternate except as provided below.

When a district, component society or CMA mode of practice forum has not completed an election or designated its delegates and alternates by the 90 day deadline, or if an elected or appointed delegate or alternate declines to attend the House of Delegates after so being so designated, then by majority vote, the executive committee or equivalent of a component society for geographic delegates, of a section delegation for section delegates, or of a mode of practice forum for mode of practice delegates, notwithstanding Section 9.0308, may fill these positions by appointing any member from the component society, section or forum, respectively, for the ensuing House of Delegates only. The names and addresses of these delegates and alternates shall be forwarded by the delegation chair to the Association on forms provided by the Association at least 60 days before the commencement of the House of Delegates.

Only duly elected or appointed delegates or alternates may be seated at any session of the House of Delegates, unless the Speaker of the House has been given due notice of substitution at least fifteen (15) days in advance of the session.

At the commencement of any session of the House of Delegates, the Delegation Chair may fill any empty delegate seat by appointment of any alternate from within the Delegation.

9.06 DISQUALIFICATION OF DELEGATES FOR ABSENCE FROM A SESSION

Any delegate absent without good cause from two (2) or more consecutive meetings of the House of Delegates, and who has failed to give fifteen (15) days' notice to the chief executive officer of the Association of the delegate's inability to be present, shall thereupon be disqualified as a delegate and, in addition, ineligible for reelection as a delegate or alternate for three (3) years immediately succeeding the expiration of the term; except that a special committee of the House may excuse absence on presentation of good cause therefore.

9.07 QUALIFICATIONS OF DELEGATES AND ALTERNATES

Except for resident physician or medical student members, no person may be elected as a delegate or alternate unless they are an active member in good standing and are regularly engaged in some remunerative activity for which an M.D., or D.O., degree is required. Only resident physician active and medical student active members are eligible to serve as delegates or alternates for their respective delegations.

9.08 DELEGATIONS

9.0801 The Delegates and Alternates Shall Constitute Delegations as Provided below

- a) The delegates and alternates elected by the component societies shall comprise District Delegations reflecting the CMA Districts from which they were elected.
- b) The delegates and alternates elected by the Specialty organizations shall comprise the Specialty Delegation.
- c) The delegates and alternates elected by the Mode of Practice Forums shall comprise Forum Delegations reflecting the Forums from which they were elected.
- d) The delegates and alternates elected by the medical students pursuant to Section 9.0302 shall comprise the Medical Student Delegation. The CMA-MSS Governing

Council shall allocate the budgeted funding for the Delegation as appropriate to maximize participation.

- e) The delegates and alternates elected by the Young Physician Section, the Organized Medical Staff Section, the Resident and Fellow Section and the Ethnic Medical Organization Section shall comprise the Section Delegations reflecting the Sections from which they were elected.

9.0802 Chairs

The delegates in each delegation, prior to each Annual Session of the House of Delegates, and at a meeting called for said purpose after no less than ten (10) days' written notice to all delegates unless notice is waived by them in writing, shall elect a Chair and Vice-Chair, both of whom shall be delegates, who shall serve until the election of their successors.

9.09 SESSIONS AND MEETINGS

9.0901

In each year there shall be one regular session of the House of Delegates, which shall be designated the Annual Session. The time and place of such session shall be determined by the Board of Trustees as far as possible in advance and notice thereof published in a member wide publication of the Association.

9.0902

During any meeting of the Annual Session, the House of Delegates may elect to hold an Interim Session. During such Interim Session business shall be conducted as in the Annual Session. The time and place of such Interim Session shall be determined by the Board of Trustees as far as possible in advance and notice thereof published in a member wide publication of the Association.

9.0903

In addition to the Annual and Interim Sessions, special meetings of the House of Delegates may be called at any regular or special meeting of the Board of Trustees by a two-thirds (2/3) vote of all members of the Board of Trustees, or by written call stating the object of the meeting, filed with the Speaker in the office of the Association and signed by one-half or more of the members of the House of Delegates. Upon the filing of such call with the Speaker, the Board of Trustees shall within twenty (20) days thereafter fix the time and place for the holding of such special meeting and send written notice thereof stating the object of the meeting by United States mail, postage fully prepaid, to all members of the House of Delegates addressed to their offices or places of residence, as shown by the records of the Association. Such meeting shall be held not less than thirty-five (35) days nor more than ninety (90) days from the filing of the call with the Speaker. No business, other than the business that was set forth in the notice of the meeting, may be transacted at a special meeting.

9.0904 Quorum

At any meeting of the House of Delegates, a majority of the authorized number of voting delegates shall constitute a quorum.

9.0905 Action By Written Ballot

Subject to Section 7513 of the California Non-Profit Mutual Benefit Corporation Law, the House of Delegates may act by written ballot without a meeting, called for by a majority vote of the Board of Trustees, by the Chair of the Board of Trustees, by the President of the Association. Actions authorized by such a written ballot may include any which could be taken at any meeting of the House of Delegates. In order for an action to be adopted by written ballot, every delegate must be solicited, a majority of the delegates must submit written ballots within the time period specified, and the number of approvals must equal or exceed the number of votes that would be required to approve at a meeting at which the total number of votes cast was the same as the number of votes cast by ballot.

9.0906

A written ballot of the House of Delegates may also be called for by a petition signed by 5 percent or more of the active members of the Association.

9.09061

The proponents of any proposed measure to be submitted to the House of Delegates for decision by written ballot, prior to the circulating of any petition for signatures thereon, shall submit a draft of the petition to the legal counsel of the CMA, with a request that legal counsel prepare a summary of the chief purposes and points of the proposed measure in less than one hundred (100) words. The legal counsel shall also provide a title for the petition. The title and summary shall be returned to the proponents within ninety (90) days.

9.09062

The proponents of any proposed measure to be submitted to the House of Delegates for decision by written ballot shall place the following information at the top of each page whereon signatures are to appear: Petition to the House of Delegates of the California Medical Association, including the title and summary. A full and correct copy of the text of the proposed measure shall be printed on or attached to each petition.

9.09063

Each line of the petition shall provide one column for the written signature of an active member of the CMA and another column for printing the active member's name. The determination of a signer's membership shall be made by the CMA. All signatures must be gathered within ninety (90) days of the date the petition has been returned by legal counsel to the proponents.

9.09064

Upon receipt of valid petitions with the signatures of five (5) percent or more of the active members of the Association, the proposed measure shall be submitted to the House of Delegates for vote by written ballot. The total number of active members of the Association shall be determined from the records of the Association as of the date when all

signatures have been submitted.

9.09065

When a vote by written ballot has been properly called for, it shall be the responsibility of the Speaker of the House of Delegates to arrange for the collection and printing of one argument for and one argument against the proposed measure. Arguments shall be limited to one thousand (1,000) words and shall be signed by not more than three (3) members. Written ballots accompanied by arguments for and against shall be mailed to all delegates to the House of Delegates within sixty (60) days of the date on which the written ballot was properly called for. Written ballots shall be returned to the office of the Vice-Speaker of the House of Delegates at CMA. Ballots will be counted thirty (30) days from the date of mailing of ballots to the delegates.

9.09066

Subject to Section 7513 of the California Non-profit Mutual Benefit Corporation Law, voting conducted based on ballot arguments transmitted electronically to delegates shall be considered equivalent to written and mailed ballots and arguments with all of the same requirements pertaining thereto, except that votes cast electronically will be counted fourteen (14) days from the date of the electronic transmission of arguments to delegates.

9.0907

Any measure adopted by the House of Delegates by written ballot shall become effective as if adopted by the House of Delegates at a special meeting on the date the written ballots are counted.

9.10 HOUSE OF DELEGATES COMMITTEES

The Committees of the House of Delegates shall be as follows:

a) Committee of Delegation Chairs:

The Chairs of the delegations, together with the Speaker and Vice-Speaker, shall constitute a standing advisory committee of the House, and the Speaker shall serve as Chair thereof. The advisory committee shall advise the Speaker and Vice-Speaker with respect to the introduction and order of business of the House and in all other matters referred to it by the Speaker, Vice-Speaker, or the House.

b) Rules Committee:

The Speaker shall appoint five (5) delegation Chairs prior to the Annual Session of the House of Delegates to serve as the Rules Committee until the adjournment of that Annual Session. The Rules Committee shall be responsible for the preparation and submittal of convention rules for adoption by a majority vote of the House, shall oversee the elections of the Speaker, Vice-Speaker, and President-Elect pursuant to procedures and protocols prepared by the committee and incorporated by reference in convention rules, and shall perform such other duties as authorized by the convention rules adopted by the House or by these Bylaws.

c) Reference Committees:

The appropriate councils of the Association shall serve as reference committees of the House of Delegates and shall be charged with studying matters assigned as business of the House. Each such council shall prepare a report dealing with and making recommendations on such matters submitted to it. The report of each council may be acted upon as a whole or section by section, as the House may determine.

d) Special Committees:

The Speaker, the House of Delegates concurring, shall have the right to appoint special committees of the House for special work. All committees of the House of Delegates shall present their reports to the House of Delegates in writing. (NOTE: this bylaw actually would be an alternative for the House to use in place of study and report back! One could request that a Special Committee be designated by the Speaker, refer an item to that House committee and have that House committee report back to the next House! We hadn't thought about this before).

9.11 INTRODUCTION OF BUSINESS

The Board of Trustees shall introduce as business of the House of Delegates reports and recommendations on current major issues determined by the Speakers and the Committee of Delegation Chairs, subject to the advice and consent of the Board of Trustees, to be the most important issues affecting members, the Association, and the practice of medicine. Appropriate CMA councils shall prepare reports and recommendations for House of Delegates action pursuant to Section 9.10(c) of these bylaws. The Board shall also introduce any business for which these bylaws otherwise assign authority to the House of Delegates, and may introduce other business determined by the Board as appropriate for action by the House. The Speaker shall ensure that a copy of all such business and the reports of councils serving as reference committees are available to members of the House of Delegates at least thirty (30) days in advance of the Annual Session.

9.12 ORDER OF BUSINESS

The Speaker shall provide and fix the order of business of the House of Delegates at each session, subject to the advice and consent of the Board of Trustees, provided the House of Delegates may change the order of business by a majority vote.

9.13 SUBMISSION OF RESOLUTIONS TO THE BOARD OF TRUSTEES FOR CONSIDERATION

Resolutions may be submitted electronically to the Board of Trustees for consideration at any time. In accordance with established policy, resolutions shall be referred for study and recommendation for Board action. The Board shall report to the House of Delegates the actions taken by the Board on resolutions following each Board meeting.

11.01 OFFICERS

The officers of this Association shall be a President, a President-Elect, a Chair of the Board of Trustees, a Vice-Chair of the Board of Trustees, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, and the Immediate Past-President. Any number of

offices may be held by the same person.

11.02 ELECTION OF PRESIDENT-ELECT, SPEAKER AND VICE-SPEAKER

11.0201 President-Elect: When and How Elected, Term of Office

The House of Delegates at each Annual Session thereof shall elect the President-Elect to serve until the adjournment of the meeting of the House of Delegates at its next Annual Session. At the conclusion of the meeting of the House of Delegates at its next Annual Session, such President-Elect shall assume the office of President, and serve as such for the term of one (1) year thereafter, or until a successor assumes office.

11.0202 Speaker and Vice-Speaker of the House: When Elected, Term of Office

The House of Delegates shall at the Annual Session thereof elect a Speaker and a Vice-Speaker of the House of Delegates, each to serve until the end of the meeting of the House of Delegates at its next Annual Session, or until their successors are elected and assume office. The Speaker and Vice-Speaker shall be members of the House of Delegates at the time of their election. A Speaker who has served three (3) one (1)-year terms in office as Speaker shall not be eligible for either the office of Speaker or Vice-Speaker. A Vice-Speaker who has served three (3) one (1)-year terms in office as Vice-Speaker shall not be eligible for the office of Vice-Speaker.

11.0203 Election by Ballot: Number of Votes Necessary

Contested elections of officers shall be by secret written ballot, and these ballots shall be collected from each individual delegate eligible to vote or from delegation Chairs in accordance with the rules established by the House of Delegates. All collection shall be done in a manner to protect the secrecy of each ballot. Ballots shall be deposited in one (1) polling place attended by impartial observers. Counting or collating shall be done only by the House as a whole or its designated tellers. A majority of the votes cast shall be necessary to elect any officer.

In case no nominee receives a majority of the votes on the first ballot the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one (1) of the nominees receives a majority of all the votes cast.

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