Representing Your Colleagues

A Guidebook for Members of The CMA 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

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Introduction

The California Medical Association House of Delegates, CMA’s legislative and principal policymaking body, establishes the policies that guide the Association and elects CMA’s President-Elect, Speaker and Vice Speaker. The House convenes annually to debate and act on 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 deals with policy issues arising between the annual meetings of the House 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 CMA member may author a resolution for consideration by the House of Delegates. 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 legislation. Resolutions also may be submitted directly to the Board of Trustees for consideration between sessions of the House. The ability of any individual member to propose a policy or action for consideration by the House of Delegates and/or Board of Trustees exemplifies the truly democratic governance of CMA.

Composition of the House of Delegates

The House of Delegates is composed of over 450 delegates (most 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 a number of delegates determined by a

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* 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. 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 (note that a CMA member can be represented multiple ways at the House of Delegates) 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.

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 Council on Scientific Affairs 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

County medical societies are grouped into 11 geographic districts, with the delegates from the medical societies in each district comprising a district delegation. These delegations meet at least once before the Annual Session to elect their chairs, to consider endorsement of resolutions from within the delegation and to discuss positions on the issues. 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 reference committee reports (see below), take positions on key issues and meet with candidates for elected offices. Delegation chairs comprise the Speakers’ Advisory Committee, which meets daily during Annual Session and as needed during the year.

### 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 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 CMA 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.

The Business of the House

Resolutions and Reports

The principal business of the House of Delegates is taking action on policy proposals presented in the form of resolutions or report recommendations. Resolutions may be authored by any CMA member and may be submitted to the House by any delegate, alternate delegate or delegation as a whole. (See Appendix B, “Writing and Submitting Resolutions.”) 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).

All business to come before the House must be submitted to the CMA headquarters no later than 60 days before the scheduled start of the annual meeting of the House. Resolutions are reviewed by the Speaker, who may edit them to assure clarity and conciseness. Policy and fiscal notes, summarizing existing CMA policy on the issue and the potential cost to CMA of implementing the proposal, are developed and appended to each resolution by CMA staff. An agenda packet containing all resolutions and reports is made available to all delegates and alternate delegates no later than 21 days in advance of Annual Session. Resolutions and report recommendations also are posted on the CMA website (www.cmanet.org) in an online forum where members are encouraged to post their comments and opinions for consideration by the reference committees to which the resolutions are assigned.

Resolutions submitted less than 60 days before Annual Session are reviewed by the House Rules Committee, consisting of five delegation chairs appointed by the Speaker, to determine whether they meet established criteria for acceptance as “emergency” business. (See Appendix C, “Standing Rules of Order,” for a fuller discussion of late resolutions.)
**Election of Officers and Other Business**

In addition to action on resolutions and reports, 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.

**Reference Committees**

All resolutions and reports submitted to the House of Delegates are assigned by the Speaker to “reference committees” according to subject area. Reference committees are appointed by the Speaker for the purpose of facilitating deliberations and action on resolutions and reports. On the first day of the Annual Session, each committee convenes a hearing to receive testimony for or against each item of business, and then meets in executive session to deliberate on the merits of each resolution/report and the testimony presented thereon. The committee also considers testimony submitted online in the House of Delegates discussion forum. The committee then prepares and presents to the House a report containing its recommendations for action. The recommendations of the reference committees become the basis for debate and action on the floor of the House. *(See Appendix D, “Summary of Options for Action.”)*

The number of reference committees and the subjects assigned to each are determined by the Speaker and may vary from year to year according to the number and subject areas of the resolutions and reports submitted. Following is a representative designation of subject areas:

- Committee A – Science and Public Health
- Committee B – Government Health Programs and Health System Reform
- Committee C – CMA Membership, Finance and Governance
- Committee D – Insurance and Physician Reimbursement
- Committee E – Quality, Ethics and Medical Practice Issues
- Committee F – Health Professions and Facilities

Each reference committee is composed of three or more delegates or alternate delegates appointed by the Speaker from a list of nominees submitted by delegation chairs. At the discretion of the Speaker, members may be reappointed until they serve a maximum of three consecutive years or until they have served as chair of the committee. The Speakers endeavor to balance appointments so that each delegation is represented on the committees in proportion to the delegation’s size, relative to the total number of delegates in the House. Efforts are also made to avoid appointing committees that are weighted with members from a single geographic area, specialty or mode of practice.

Attending reference committee hearings to present testimony (either as an individual or on behalf of one’s delegation), or to monitor and report back to a delegation caucus on testimony presented, is one of the principal responsibilities of delegates. Any CMA member may speak at
reference committees to any and all of the resolutions and reports assigned to them. Others may testify only with the prior consent of the Speaker.

The House in Session

Parliamentary Procedure and Rules of Order

The business of the House of Delegates is conducted under the current version of *The Standard Code of Parliamentary Procedure* (Sturgis) 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.”)* Sturgis 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 reference committee 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, in order for an item of business to be disposed of in a manner that differs from that proposed by the reference committee, 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 in the course of 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 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) 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 and duplicated at the convention office in advance so that it may be distributed to the House at the appropriate time. Like other amendments, amendments by total substitution must be relevant to the pending motion. Entirely new material that was not discussed at the reference committee hearing may not be introduced as an amendment by total substitution.

**Motions to refer:** A motion to refer a matter, either for decision (by the Board of Trustees) or for study and report back (to the House of Delegates), 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 the reference committee, the House 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. 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. 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; however, nominations may also be made from the floor.

**Implementation of House Actions**

Following the conclusion of each Annual Session, a record of the actions of the House is posted on the CMA website and published as a bound volume. The printed version of the actions is provided to delegation chairs and medical executives and upon request to any member of the House. 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. Items referred for study and report back are similarly assigned and are brought back to the next
meeting of the House of Delegates with recommendations from the Board of Trustees for final action by the House. 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.

Updates on the implementation or disposition of each year’s resolutions and recommendations are compiled in a report, “Status of Resolutions Adopted and Referred by the House of Delegates,” which is made available as part of the agenda packet for the following year’s Annual Session.

**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 highest policy-making body 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 B  
Writing and Submitting Resolutions

Writing and submitting resolutions to the House of Delegates is one of the most effective ways an individual member can influence the policies, activities and governance of CMA. Depending on the action called for, a resolution can even result in a major public policy initiative or change (for example, a resolution directing CMA to sponsor legislation). Any CMA member may author a resolution, but a delegate, alternate delegate, component medical society or delegation must submit the resolution. Members who are not delegates or alternates should contact their CMA district delegation chair or component medical society for assistance in identifying the appropriate channel for getting a resolution introduced.

Content and Format

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 edit or revise resolutions for length and clarity, and to delete any inflammatory language, while striving to preserve the author’s intent. The Speaker may also reject resolutions that are deemed to be inappropriate as business of the House (for example, resolutions addressing social policy issues with no obvious medical implications or those whose implementation would violate existing law). Although this rarely occurs, authors may appeal the Speaker’s ruling to the House Rules Committee and ultimately to the entire House of Delegates.

Resolutions typically consist of a series of “Whereas” clauses, which serve to explain the reason(s) for the resolution, and one or more “Resolved” clauses, which state the specific action(s) proposed. Only the “Resolved” clauses are acted on by the House and become CMA policy. Therefore, all “Resolved” clauses must stand alone and not be dependent upon the “Whereases” to be clearly understood.

Following is a sample resolution correctly formatted:

CALIFORNIA MEDICAL ASSOCIATION HOUSE OF DELEGATES

TITLE: Additional Days in the Year
Introduced by: Jane Smith, MD
Author: John Williams, MD
Endorsed by: District 18 Delegation (NOTE: Endorsements are optional)

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 an additional ten (10) days a year be created; and be it further

RESOLVED: That CMA endorse the concept of ten more days a year.
Under House rules, resolutions should be no more than one page in length. Resolution titles should specify the subject of the resolution and must not be more than six (6) words in length. The Speakers may edit and retitle resolutions to meet these requirements.

**Researching Resolutions in Advance**

Resolution authors are strongly encouraged to review the online CMA Policy Compendium and the current CMA strategic plan, both accessible to members on the CMA web site, *prior to developing a resolution*. Such review will help determine whether the subject of the proposed resolution is or already has been addressed by CMA. Authors are strongly encouraged to cite the source(s) of any factual, scientific or statistical information contained in the ‘whereas’ clauses and to submit documentation with their resolutions.

**Endorsement of Resolutions**

Many delegations meet prior to the deadline for submitting resolutions to consider endorsement of resolutions authored or sponsored by their members. Individual county medical societies and specialty societies also may endorse a resolution. Although any delegate or alternate may submit a resolution directly to CMA without such review and endorsement, it is often helpful to receive feedback from other delegation members, who may be able to suggest modifications that will increase the chances of the resolution ultimately being adopted. Endorsement by a delegation or society demonstrates wide support of a proposal by a constituency, and also may improve the chances for adoption by the House. Endorsements must be indicated on resolutions at the time they are submitted to CMA in order to be listed on the final published copy.

**Posting Resolutions on Web Site for Feedback**

CMA members are encouraged to post their proposed resolutions or resolution ideas for review and comment by colleagues statewide on the House of Delegates online forum in the members-only section of the CMA web site (CMAnet.org). “Floating” a proposal in this manner may result in a better-focused resolution and help garner broader support for it. Prior to Annual Session, all submitted resolutions are posted on the House of Delegates website as soon as practicable following acceptance by the Speaker, including in online forums where members are encouraged to post their comments and opinions for consideration by the reference committees to which the resolutions are assigned.

**Submitting Resolutions**

The deadline for submitting resolutions for consideration by the House of Delegates is 60 days prior to Annual Session. The CMA Bylaws require that all resolutions be submitted *electronically* (i.e., via e-mail) and in *final form*. Since changes will not be accepted after a
resolution has been submitted, delegates are encouraged to use one or more of the review processes discussed above prior to e-mailing a resolution to CMA.

All resolutions should be e-mailed to CMA at the following address:

resolutions@cmanet.org

After receipt at the CMA offices, fiscal notes and a summary of existing CMA policy on the subject are added for the House’s information.

Resolutions received less than 60 days before the House meets must be reviewed and accepted by the House Rules Committee, which evaluates late resolutions based on the following criteria: the subject of the resolution must be of such a timely nature that it could not be introduced prior to the 60-day deadline and is of such current importance that it cannot wait to be introduced by the author as business for the following Annual Session or to the next meeting of the Board of Trustees utilizing the year-round resolutions process. Resolutions also may be submitted directly to the Board of Trustees for consideration and possible action at any time during the year.

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1 The CMA Bylaws provide that resolutions may be submitted to the Board of Trustees between sessions of the House of Delegates, and that the Board may implement such resolutions deemed consistent with the current strategic plan.
The Rules Committee presents to the House of Delegates the following report for adoption in 2010 as Standing Rules of Order.

I. RESOLUTIONS

A. Format: The format for resolutions introduced in the House of Delegates shall be as follows:

<table>
<thead>
<tr>
<th>FIELD</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>(Must not exceed six words)</td>
</tr>
<tr>
<td>AUTHOR:</td>
<td>(May be authored by any CMA member or members, not exceeding a total of four authors)</td>
</tr>
<tr>
<td>CONTACT:</td>
<td>(If authorized by author, include preferred means of contact – e-mail address or telephone number – for author or author’s designated representative)</td>
</tr>
<tr>
<td>INTRODUCED BY:</td>
<td>(Must be introduced by at least one delegate or alternate delegate or delegation; total number of introducers may not exceed four)</td>
</tr>
<tr>
<td>ENDORSED BY:</td>
<td>(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.)</td>
</tr>
</tbody>
</table>

B. "Resolved" Portions to Stand Alone: Resolutions shall be written in such a manner that each of the "Resolved" portions of the resolution stand alone.

C. 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 district to assure fair but expeditious hearing of all aspects of each subject.

2. Assistance to those delegates or delegations 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 House of Delegates' 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).

5. Assignment of resolutions that reiterate existing CMA policy to a Reaffirmation Calendar, which will be presented to the House for information and the contents of which will not be debatable. The author of a resolution assigned to the Reaffirmation Calendar may appeal such assignment to the Rules Committee. If the Rules Committee 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 House and assigned to a reference committee. If the Rules Committee upholds the finding of the Speaker that the resolution reiterates existing policy, the resolution will remain on the Reaffirmation Calendar, unless there is a motion to appeal the decision of the Rules Committee from the floor. Upon such a motion, debate is limited to the reasons for the appeal and cannot include debate on the merits of the resolution. The motion to appeal the decision of the Rules Committee requires a majority vote in order for the resolution to be accepted as business of the House.

6. Return to their authors those resolutions whose subjects are determined to be inappropriate for consideration by the House of Delegates, including commendation resolutions.

7. Such other assignments as the Speaker may deem appropriate to assist the House in the efficient handling of resolutions (Resolution 211-74).

D. Returned Resolutions: All resolutions selected by the Speaker for modification or withdrawal shall be returned to the author with the Speaker's justification for the action. Authors who wish to challenge the Speaker's decision may request that their resolutions be printed and distributed to the House. These resolutions will be referred to the Rules Committee, which will review the resolutions and recommend to the House either to accept or not accept them. If the Rules Committee recommends acceptance, it will be accepted. If the Rules Committee upholds the decision of the Speaker, the resolution will not be accepted unless there is a motion to appeal the decision of the Speaker from the floor. Upon such a motion, debate is limited to the reasons for the appeal and cannot include debate.
on the merits of the resolution. The motion to appeal the decision of the Speaker requires a majority vote in order for the resolution to be accepted as business of the House.

E. **Deferred Resolutions:** When a resolution presents a potential legal problem, the Speaker and staff will contact the author and 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 with other House business. The author and CMA legal counsel will be invited to discuss the resolution at the meeting of the Rules Committee held prior to reference committee hearings for the purpose of considering emergency resolutions. The Rules Committee will then recommend that the House either accept or not accept the resolution as official business of the House. A majority vote is required for disposition of this recommendation.

F. **Duplicate/Combined Resolutions:** When duplicate resolutions are combined before submission to the House of Delegates, all authors’ names will appear on the combined resolution (*Resolution 137-76*).

G. **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.

H. **Emergency Resolutions:** All business presented less than sixty (60) days before the first meeting of the House will be reviewed by the House of Delegates Rules Committee and, if found to be of an emergency nature, shall be approved for introduction to the House. Current provisions of the CMA Bylaws (Section 9.11) require that a committee of the House (the Rules Committee) determine whether resolutions that are submitted after the 60-day deadline constitute “emergency business.”

The Rules Committee evaluates late resolutions based on the following criteria: *the subject of the resolution must be of such a timely nature that it could not be introduced prior to the 60-day deadline and is of such current importance that it cannot wait to be introduced by the author as business for the following Annual Session or to the next meeting of the Board of Trustees utilizing the year-round resolutions process.*

a) If the Rules Committee finds that the resolution is of an emergency nature it will be introduced as business of the House. If the Rules Committee 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 of the Rules Committee from the floor. Upon such a motion, debate is limited to the reasons for the appeal and cannot include debate on the merits of the resolution. The motion to appeal the
decision of the Rules Committee requires a majority vote in order for the resolution to be accepted as business of the House.

I. **Section and Forum Resolutions:** Some CMA sections and mode of practice forums meet on the day before the CMA House of Delegates convenes. It therefore is not possible to distribute the actions of the sections and forums until the first morning session of the House, at which time they will be assigned to the appropriate CMA Reference Committees for review and debate as with any other business of the House.

Resolutions that are being considered by the sections and forums will initially have a different numbering system from that used by the CMA House. If resolutions are adopted by the sections and forums and transmitted to the CMA House, then they will be appropriately assigned and renumbered according to the CMA House system.

Copies of all resolutions to be considered by sections and forums must be submitted to CMA no later than the deadline for receipt of regular House business in order for those resolutions to be eligible for subsequent consideration as regular House business. All such resolutions will be included *for information* in the mailing of agenda materials to the House of Delegates, with the understanding that the resolutions ultimately may not be forwarded to the House or may be forwarded in amended form. Any section or forum resolution transmitted to the House that was not submitted to CMA by the deadline for receipt of regular House business will be treated as a late (emergency) resolution and will be subject to the rules and procedures governing the introduction of emergency business set forth in the House of Delegates Standing Rules of Order.

J. **Online Posting of Resolutions:** Resolutions submitted to the House of Delegates will be posted on the House of Delegates website as soon as it is practicable following acceptance by the Speaker, completion of any necessary editing, and appropriate formatting. Resolutions posted in this manner may or may not include policy and fiscal notes. No later than the Bylaws-specified deadline for mailing House business to delegates, copies of all resolutions will be posted on the website in the form in which they are mailed.

II. **REFERENCE COMMITTEES AND REPORTS**

A. **General:** Reference Committee Hearings are intended to provide a forum for the expression of a broad cross-section of opinion on the business of the House assigned to the Committee. Any CMA member may speak or testify in writing (including in the reference committee’s online forum in advance of the Annual Session); non-members may speak only with the permission of the Speaker. Hearing agendas are available in advance and in the hearing room. Reference committees are encouraged to adhere to the announced agendas order as much as
possible. Straw votes on issues and “For”/“Against” microphones are not allowed.

B. **Testimony:** All CMA members, and resolution authors especially, are encouraged to provide reference committees 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. Oral testimony shall be limited to three minutes per speaker; however, this time limit may be waived at the discretion of the reference committee chair due to the importance of an issue or for other cause. Testimony provided in the online forum shall be limited to a maximum of 500 words per posting. CMA staff may also post relevant information and analysis in the online forum, provided such postings are clearly marked “for information only.” Written testimony should be provided to the reference committee in a timely manner; online testimony must be posted by the cutoff date announced by the Speaker. The reference committee shall make known the existence of written testimony and make it available on request at the hearing.

C. **Reports:** Each reference committee shall adopt the following format in submitting its report to the House of Delegates:

Resolution No ___: *(Title)*

Author:

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

The reference committee must list reasons supporting all recommendations.

D. **Reports Presented as Consent Calendar:** Each reference committee report will be considered as a whole on a “Consent Calendar” by the House of Delegates. Once the report is passed by the House, the reference committee recommendations for action on all items of business not extracted (approve, disapprove, refer, no action) becomes official CMA policy. Any member of the House 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 accepted by the House.*

E. **Committee Recommendations on Extracted Items:** Items extracted from a reference committee report will be dealt with in sequential order or as directed by the Speaker. The main motion before the House is the extracted item in the form presented (either the original resolution or an amended or substitute resolution) in the reference committee report. When a reference committee recommends referral of an item of business, a delegate 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 House, then referral is the main motion and is handled in the same manner as any other motion to refer.

F. **Combined/Substitute Resolutions:** Reference committees are encouraged to combine any number of resolutions on the same subject into a single substitute resolution for action by the House. If a substitute resolution proposed by a reference committee is not adopted, amended or referred, the entire subject is defeated.

A member of the House 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 reference committee 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.

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 Speaker 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 at the reference committee hearing may not be introduced as an amendment by total substitution.

G. **Referral:** Motions to refer resolutions and reports shall be in one of the following forms: *refer for decision* (by the Board of Trustees) or *refer for study and report back* (to the House of Delegates). Once a motion to refer (either for decision or report) is the item of business, a secondary motion to refer in the alternate fashion will be considered out of order unless the primary motion to refer is defeated. If the House 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 JCAHO.
H. **Action on Resolutions for Which No Testimony Is Received:** A reference committee may recommend one of two ways to deal with any resolution about which it has received neither oral nor written testimony: (1) the committee may ask for “no action,” which is final and non-debatable by the House; or (2) the committee may suggest some other appropriate action, which is debatable by the House. When recommending an action rather than “no action,” the committee shall note in its report that the recommendation is being made despite the absence of testimony.

I. **Action on Policy Review Recommendations:** House action shall be limited to an “aye” or “no” vote on recommendations concerning retention or non-retention of policy due to expire pursuant to CMA’s 10-year policy sunset provision. Debate on or modification of such policy shall be ruled out of order.

III. **PARLIAMENTARY AUTHORITY**


IV. **REPORTS TO THE HOUSE**

   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. 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:

   - Reports submitted “for information” will be filed and will be considered in an appropriate reference committee; the House may accept and file the report or refer it back, 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 Reference Committee 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.

V. **LIMITS ON DEBATE**

   A. **90-Second Speaking Limit:** Except as provided below, debate in the House is limited to 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 one minute.

B. Three-Time Limit per Speaker: Delegates may be recognized to speak a maximum of three 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 Twenty 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. 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.

VI. 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.

VII. EFFECT OF NEGATIVE VOTE ON CMA POLICY

A negative majority vote on a resolution 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.

VIII. 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. A printed copy of such actions shall be provided to each delegation chair and shall be made available to other delegates and alternate delegates upon request. Official CMA audio recordings of House of Delegates floor proceedings shall be retained until the conclusion of the following Annual Session. Other audio or video recordings of House of Delegates sessions, whether in reference committee hearings or on the floor or the House, are prohibited without the express permission of the Speaker.

IX. 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.

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-balloting 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.

X. 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
Appendix C: Sample Standing Rules of Order

XI. SEATING OF ALTERNATES

Delegation Chairs will receive special credentials badges for use by their entire delegation to seat alternates in the House of Delegates. These credentials may be used temporarily or permanently, depending upon the decision of the appropriate Delegation Chair. While alternates are in possession of this credential, they have all voting rights.

XII. 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.

###
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 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
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.

• 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 interest of sufficient magnitude to require recusal from any decision that differentially affects that interest of sufficient magnitude to require recusal.

- Trustees must disclose the conflict of interest in their Declaration of Interest Summary at the beginning of each Board meeting. This 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. 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, tactily 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 member within 30 days of the decision which gives rise to the referral.

- 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:
  a) an ownership interest of at least $5,000 or five (5) percent, whichever is less;
  b) 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

Following 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. **DISAPPROVAL:** Disapproval and rejection of a resolution or recommendation with a “no” vote.

7. **REFERRAL FOR DECISION or REFERRAL FOR STUDY AND REPORT BACK:** Referral for consideration and final action by the Board of Trustees or referral for study and report back to the House at a subsequent meeting. Used when there is insufficient information available to make an informed decision to approve or disapprove a resolution or recommendation.

8. **NO ACTION:** Recommended by a reference committee when no written or oral testimony was presented at the committee’s hearing. (If it wishes, the committee has the prerogative of recommending some other appropriate action.) Under House rules, a “no action” recommendation is not debatable.

9. **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

### PRINCIPAL RULES GOVERNING MOTIONS

#### PRIVILEGED MOTIONS

<table>
<thead>
<tr>
<th>Order of preference</th>
<th>Can interrupt?</th>
<th>Requires second?</th>
<th>Debatable?</th>
<th>Amendable?</th>
<th>Vote required?</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjoin</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Amend</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Amend²</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

#### SUBSIDIDARY MOTIONS

<table>
<thead>
<tr>
<th>Order of preference</th>
<th>Can interrupt?</th>
<th>Requires second?</th>
<th>Debatable?</th>
<th>Amendable?</th>
<th>Vote required?</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Postpone temporarily (Table)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>None</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Debatable motions</td>
<td>None</td>
</tr>
<tr>
<td>6. Limit debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend², close debate, limit debate</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend², close debate, limit debate</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend², close debate, limit debate</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Rewordable motions</td>
<td>Close debate, limit debate, amend</td>
</tr>
</tbody>
</table>

#### MAIN MOTIONS

<table>
<thead>
<tr>
<th>Order of preference</th>
<th>Can interrupt?</th>
<th>Requires second?</th>
<th>Debatable?</th>
<th>Amendable?</th>
<th>Vote required?</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. a. The main motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Main motion</td>
<td>Subsidiary, restorative, subsidiary</td>
</tr>
<tr>
<td>b. Restorative main motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Main motion</td>
<td>Subsidiary, restorative</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Previous action</td>
<td>Subsidiary</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>Close debate, limit debate</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>Close debate, limit debate</td>
</tr>
<tr>
<td>Resume consideration</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>None</td>
</tr>
</tbody>
</table>

#### INCIDENTAL MOTIONS

<table>
<thead>
<tr>
<th>Order of preference</th>
<th>Can interrupt?</th>
<th>Requires second?</th>
<th>Debatable?</th>
<th>Amendable?</th>
<th>Vote required?</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
<td>Decision of chair</td>
<td>Close debate, limit debate</td>
</tr>
<tr>
<td>Suspend rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Consider informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTS</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of order</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>Any error</td>
<td>None</td>
</tr>
<tr>
<td>Parliamentary inquiry</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>All motions</td>
<td>None</td>
</tr>
<tr>
<td>Withdraw a motion</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>All motions</td>
<td>None</td>
</tr>
<tr>
<td>Division of question</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>Main motion</td>
<td>None</td>
</tr>
<tr>
<td>Division of assembly</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>Indecisive vote</td>
<td>None</td>
</tr>
</tbody>
</table>

² 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.

³ Withdraw may be applied to all motions.

⁴ Restricted.

⁵ Requires two-thirds vote when it would suppress a motion without debate.
# THE CHIEF PURPOSES OF MOTIONS

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

Excerpts from the Bylaws of the California Medical Association
(as amended by the CMA House of Delegates through October 2010)

CHAPTER 8.00    DISTRICTS

There are 12 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.
l) District Number Twelve, consisting of the statewide CMA Resident and Fellow Section (CMA-RFS), not limited as to geographic area.

CHAPTER 9.00    HOUSE OF DELEGATES

9.01   FUNCTIONS OF THE HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of the Association, 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 1-12.

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, without the right to vote, the members of the Council on Scientific and Clinical Affairs as provided in Section 9.0307.

6. Ex-officio, with the right to vote, the Past-Presidents.

7. 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.

8. Delegates elected by duly enrolled medical students in good standing at accredited schools of medicine in California.

9. Delegates elected by members of the Organized Medical Staff Section, as provided in the Bylaws.

10. Delegates elected by members of the Young Physicians 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.

9.03 REPRESENTATION

9.0301

Each component society shall elect two (2) delegates plus one (1) additional delegate for each one hundred (100) fully paid regular active or resident physician 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 component society delegation must include at least one (1) resident physician active member for each one hundred (100) resident physician active members according to its membership effective following the 2010 CMA House of Delegates.
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 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 members of the Council on Scientific and Clinical Affairs of the CMA who do not otherwise serve as a delegate or alternate shall serve as delegates, ex officio, without the right to vote. Expenses as may be incurred by the Delegation shall not be borne by CMA, except as authorized by the Board of Trustees.

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 TERMINES

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 sixty (60) 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.
Only duly elected delegates or alternates may be seated at any session of the House of Delegates, unless the chief executive officer of the Association 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 seat not filled by the component society or specialty organization to which it is allocated 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 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) Advisory Committee:

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 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 appointment of their successors. The Rules Committee shall be responsible for the preparation and submittal of convention rules for adoption by a majority vote of the House.

The Rules Committee shall further be responsible for the interpretation of the Articles of Incorporation and the Bylaws of this Association in any issue or dispute referred to it by the House or Board of Trustees. The decision of the Rules Committee may be accepted or rejected upon the majority vote of the House or Board of Trustees, but modified only with the approval of two-thirds of the body receiving said interpretation.

The Rules Committee shall further be responsible for the enforcement of the Association’s Conflict of Interest Policy as provided in that policy as it may be amended from time to time by the House of Delegates.

c) Reference Committees:

The reference committees shall consist of three (3) or more delegates or alternate delegates, the members and Chair of each to be designated by the Speaker. The reference committees shall study and report on the business referred to them by the Speaker.

Each Reference Committee shall prepare a written report dealing with and making recommendations on all matters submitted to it. In those instances in which resolutions or other matters remain before a Reference Committee between meetings of the House of Delegates, copies of such resolutions or other matters and the recommendations of the committee thereon shall be mailed or delivered by the Speaker to each elected delegate and alternate at least thirty (30) days (or if less than thirty (30) days intervenes between meetings, as early as possible) prior to the meeting of the House of Delegates at which such resolutions or other matters and recommendations concerning them are to be considered. The report of each committee 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.

9.11 INTRODUCTION OF BUSINESS

All resolutions to come before the House of Delegates must be submitted electronically in a standardized format. The CMA shall act as facilitator for any component medical society which does not have the capacity of electronic submission.

Resolutions shall be submitted to the headquarters office in final form at least sixty (60) days in advance of any session. The Speaker shall then send copies of all such business to the members of the House of Delegates at least twenty-one (21) days in advance of the session.

Any section or forum may substitute the amended language of the resolution(s) adopted at that Section or Forum’s Annual Assembly for consideration by the House of Delegates, provided the original resolution to be considered at the Annual Assembly was timely submitted for consideration by the House of Delegates, and provided the revised resolution is forwarded to the Speaker no later than 5:00pm the day before the first meeting of the House of Delegates convenes.

Except as provided above for Forum and Section resolutions, any resolution presented in final form less than sixty (60) days before the first meeting, including any resolution presented on the floor of the House of Delegates, shall be referred to the Rules Committee which shall review such resolutions and, if approved, recommend its introduction as emergency business.

Any resolution which recommends that the House of Delegates approve, disapprove, or take any official position regarding a specific medical procedure, technique, device or substance shall be reviewed by the Council on Scientific and Clinical Affairs and its findings transmitted to the House of Delegates with a recommendation before action by the House of Delegates.

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 between sessions of the House of Delegates. The Board may implement resolutions it deems are consistent with the current Strategic Plan. The Board shall report any such action to the House of Delegates, and shall forward, without comment, any resolution it has not adopted.

CHAPTER 11.00 OFFICERS

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 four (4) 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 four (4) 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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