



Capital Area of Texas Regional Advisory Council (CATRAC)

Organization Bylaws

Revised: February 26, 2026

**Capital Area of Texas Regional Advisory Council
(CATRAC) Bylaws**

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ORGANIZATION BYLAWS

Article I - Name

These Bylaws govern the operations of the Capital Area Trauma Regional Advisory Council d/b/a Capital Area of Texas Regional Advisory Council (CATRAC). CATRAC is a 501(c)3, non-profit organization in accordance with the Texas Administrative Code, Title 25, Part 1, Chapter 157.

Article II - Mission / Vision

Mission –

To facilitate coordination amongst trauma and emergency healthcare providers within TSA-O to ensure the most efficient, consistent, and expedient care of each patient, by developing and maintaining integrated quality processes in patient care, transportation, education, and prevention.

Vision –

We will be the model regional trauma, disaster, and emergency healthcare system in the United States that results in the lowest risk-adjusted mortality for emergency healthcare conditions.

Article III - Purpose

Section 1. The purpose of this organization is to:

- A. Serve as the lead agency for the coordination and oversight of the healthcare preparedness program in Trauma Service Areas (TSA) L, M, N, and O and the Emergency Medical Task Force-7.
- B. Advance the state of health care and emergency preparedness within the counties of TSA-O, which includes Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, San Saba, Travis, and Williamson Counties.
- C. Decrease morbidity and/or mortality that result from injury and illness.
- D. Assist its member organizations and the CATRAC region to achieve the highest level of health care and emergency preparedness.
- E. Encourage activities designed to promote cooperation between member organizations.
- F. Improve funding of trauma care providers within the counties served by this Council.
- G. Provide a forum to discuss regional health care issues and emergency

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preparedness.

- H. Provide ongoing education regarding regional health care issues and emergency preparedness to our stakeholders.
- I. Improve public awareness of the methods of accessing the trauma and health care system and preventing injury and illness.
- J. Support the process for inter-facility transfers from stabilization through rehabilitation.

Article IV - Membership Qualifications

Section 1. General

- A. Members: An organization, in good standing with membership dues, that represents hospitals, emergency medical services providers, first responder organizations, fire departments, long-term care facilities, nursing homes, dialysis centers, government agencies, educational institutions or organizations that serve to enhance the emergency and acute health care system or disaster preparedness.
 - 1. Membership dues are determined by the Board of Directors with approval by the General Membership.
 - 2. Annual membership dues will be sent within 60 days of the beginning of the fiscal year and must be paid by the beginning of the fiscal year. New members joining during the fiscal year must pay dues in accordance with membership standards.
 - 3. Failure to pay dues will result in loss of membership until such time as all delinquent fees or dues are fully paid, and all fees and dues are current.
- B. Each member organization has a designated representative selected by:
 - 1. Healthcare organization leadership (e.g., Vice President, CEO, CFO, COO)
 - 2. Pre-hospital provider leadership (e.g., Chief, Director, or County Judge)
- C. No person shall be denied membership based on race, national origin, disability, gender, sexual orientation, age, or religious preference.

Section 3. Member Participation

- A. All members are encouraged to be active participants. CATRAC reports on

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participation of pre-hospital providers, hospitals, and first responder organizations to the Texas Department of State Health Services (DSHS) annually. Participation may be used to determine eligibility for funding and other regulatory functions. Active membership, on a rolling 24-month basis, is defined as:

1. Payment of annual membership dues.
2. Member representative attendance of 75% of General Membership meetings.
3. Committee Chairs must attend 75% of all General Membership meetings.
4. Representation at 75% of meetings of at least two committees
 - a. Healthcare Facility – Trauma & Emergency Healthcare System Committee and one other committee
 - b. Pre-hospital provider agency – Pre-hospital Committee and one other committee
5. Representation at 75% of applicable committees or workgroups, as outlined in Texas Administrative Code.
6. Respond to all queries (e.g., requests for data, survey responses, etc.) within the specified timeline and submission of data to the Texas Trauma registry and CATRAC, as defined in the Data Committee expectations.

Section 4. Resignation of Membership

A member who resigns in good standing may reapply for membership.

Article V -- Board of Directors

Section 1. Directors

The Board of Directors shall consist of the following member representatives:

- A. One (1) pre-hospital senior clinical representative from each county grouping below that represents a pre-hospital ground EMS agency providing 911 service in one of the counties in that grouping and has a nomination by the County Judge or any County Commissioner.
 1. Travis
 2. San Saba / Llano
 3. Burnet / Williamson
 4. Hays / Blanco
 5. Caldwell / Bastrop
 6. Lee / Fayette
- B. One (1) system/division level clinical executive from each of the following healthcare systems:

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1. Ascension Healthcare
2. HCA St. David's Healthcare
3. Baylor Scott & White

In the event of a merger, acquisition, dissolution, or other action of one or more healthcare systems, the Board of Directors will change the allocation of hospital representation resulting in a Bylaw revision.

- C. One (1) senior clinical representative from independent healthcare organizations (not listed above) including hospitals, long-term care facilities, dialysis centers, and nursing homes.
- D. One (1) senior executive representative from the mental health providers.
- E. One (1) senior clinical representative from the air medical providers.
- F. One (1) representative from the Healthcare Preparedness Coalition representing the geography of the Emergency Medical Task Force Region 7.
- G. Five (5) Executive Officers, as defined in Article VI.

Section 2. Board of Director Expectations

- A. The Chair shall have no vote on action items; however, shall break tie votes of the Board of Directors.
- B. Directors shall have one vote on action items. No proxy votes will be accepted.
- C. Electronic voting may be utilized at the discretion of the Executive Director for items of a time sensitive and urgent nature. This means of voting requires a quorum and will only be used for urgent matters that require a vote outside of the regularly scheduled Board of Directors meetings.
- D. Elected Directors and Executive Committee must comply with DSHS requirements.
- E. Resignations from the Board of Directors must be submitted in writing or be given verbally in person at a Board of Director's meeting. A de facto resignation from the Board of Directors automatically and immediately occurs when a Director no longer meets the requirements for membership (Article IV, Section 1).
- F. Attend a minimum of 75% of Board of Directors meetings. Attendance will be reviewed by the Board of Directors at each meeting.
- G. Participation via conference call may be utilized due to unforeseen circumstances. Frequent use of conference calls are discouraged.

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Section 3. Board of Directors Duties

- A. The regular business of the organization shall be handled during a meeting of the Board of Directors.
- B. The Board of Directors shall direct the activities of ad-hoc committees and shall approve the proposals brought from Committees.
- C. The Board of Directors shall make recommendations to the General Membership.
- D. The Board of Directors, no less than quarterly, reviews and approves the operating budget(s) and presents a financial report, which includes funds expended, planned expenditures, and remaining balance.
- E. The Board of Directors contributes to and publishes the annual report.
- F. The Board of Directors reviews the Internal Audit annually and acts, as needed.
- G. The Board of Directors selects a bank for CATRAC to use which must be federally insured and located within the Trauma Service Area O.

Section 4. Quorum

A quorum for conducting the business of the Board of Directors shall be not less than nine (9) physically present. A quorum must include two (2) Executive Committee Officers. Executive Committee meetings shall have a quorum of at least three (3) Officers.

Section 5. Standards of conduct.

- A. **Liability.** Directors shall discharge the duties of their position in good faith, in a manner the Board of Directors reasonably believes to be in the best interest of the organization, and with the care of what an ordinary prudent person, in a like position, would exercise under similar circumstances. A person who performs those duties is not liable by reason of being or having been a Director of the organization.
- B. **Reliance.** Directors are entitled to rely on information, opinions, reports, or statements, including financial statements and other financial data, in each case prepared or presented by:
 - 1. One or more officers or employees of the organization whom the Board of Directors reasonably believes to be reliable and competent.
 - 2. Counsel, public accountants, or other persons as to matters that the Board of Directors reasonably believes are within the person's

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- professional or expert competency.
3. A committee of the board that has been duly appointed whom the Board of Directors reasonably believes the committee to merit confidence.
- C. Assent/dissent. Directors present at a Board of Directors meeting when an Action is approved by the affirmative vote of a majority of the Directors present is presumed to have assented to the action approved, unless the Director:
1. Objects at the beginning of the meeting to the transaction of business because the meeting is not lawfully called or convened and does not participate thereafter in the meeting.
 2. Votes against the action at the meeting; or
 3. Is prohibited from voting on the proposal or elects to abstain from voting
- D. Limitation of liability. A Director's personal liability to the organization for monetary damages for breach of fiduciary responsibility is limited to the scope of the articles. However, the following actions do constitute reasons for liability on the part of the Director:
1. Breach of the Director's duty to the organization.
 2. Acts or omissions not in good faith or that involve intentional misconduct or a known violation of law.
 3. For any transaction from which the Director derived an improper personal benefit.
 4. For any act or omission occurring prior to the date when the provision in the article eliminating or limiting liability becomes effective.
- E. Directors who do not comply with assigned responsibilities may be relieved of office by a majority vote of the Board of Directors, in accordance with Vernon's Texas Civil Statute Title 32 Chapter 9. The Chair, with the approval of the Board of Directors, shall make appointments for a replacement.

Article VI – Executive Committee Officers

There shall be the following elected Officer positions of the Board of Directors, known as the Executive Committee:

- A. Chair
- B. Vice Chair - Pre-hospital
- C. Vice Chair - Hospitals
- D. Secretary
- E. Treasurer

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Article VII. Elections

Elections will be held as the final business action in the last meeting of the fiscal year. Should both Board of Directors and Officer positions have elections, the Officer elections shall occur first.

Section 1. Board of Director Elections

- A. Nominations for Board of Director positions shall be made by the General Membership representatives, who are in good standing.
- B. The election shall be by ballot. A simple majority vote shall be required for election to the Board of Directors.
- C. Director positions filled by mid-term appointments shall be elected during the October General Membership meeting following the appointment.

Section 2. Officer Elections

- A. Officers, as defined in Article VI, Section 1, shall be appointed and elected by the Board of Directors.
- B. A simple majority vote shall be required for election to Office.

Section 3. Terms of Office

- A. Directors shall serve a minimum term of 3 years, and terms shall be staggered.
- B. Directors shall be elected for a 3-year term.
 - Rotation A:
 - a. Pre-hospital positions for Travis County and Hays/Blanco County
 - b. Healthcare System position for Ascension Healthcare
 - c. Independent hospitals or other healthcare facilities position
 - Rotation B:
 - a. Pre-hospital positions for San Saba/Llano County, and Caldwell/Bastrop County
 - b. Healthcare System position for HCA St. David's Healthcare
 - c. Air Medical Provider position
 - Rotation C:
 - a. Pre-hospital positions for Burnet/Williamson County, and Lee/Fayette County.
 - b. Healthcare System position for Baylor, Scott & White
 - c. Healthcare Preparedness Coalition position
 - d. Mental Health provider position

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- C. Term Limit: Directors may succeed themselves. Directors serving more than 50% of a term shall be considered as having served a full term for that position.

Section 4.

Transition of Administration. There shall be a meeting of the Board of Directors following the installation of the Officers. It should include outgoing and incoming officers.

Article VIII. Duties of Officers

Section 1. The Chair shall:

- A. preside over meetings of the Board of Directors of the organization and at any specially called meetings.
- B. appoint Committee chairs for standing committees and ad-hoc committees or workgroups and consider recommendations from Committees and the Executive Director / Chief Executive Officer.
- C. make interim appointments, as needed.
- D. review contracts signed by the Executive Director.
- E. is permitted to sign checks along with the signature of one other Officer.
- F. assist with the transition of the new Chair during succession to maintain continuity of the position.

Section 2. The Vice Chairs shall:

- A. perform the duties of the Chair during absence.
- B. perform such duties as are assigned by the Chair.
- C. Are permitted to sign checks along with the signature of one other Officer.

Section 3. The Secretary shall:

- A. determine if a quorum is present.
- B. record, review, and present the minutes of all proceedings of the Board of Directors.
- C. handle the correspondence of the organization in absence of agency staff.

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- D. be permitted to sign checks along with the signature of one other Officer.

Section 4. The Treasurer shall:

- A. monitor collection and disbursement of funds of the organization as directed by the Board of Directors.
- B. present monthly budget and financial reports to the Board of Directors.
- C. be bonded upon receipt of funding.
- D. be permitted to sign checks along with the signature of one other Board of Directors Officer.

Article IX. Committees

Section 1. It is recommended that each Standing Committee have at least one physician representative, one emergency medical service representative, and one hospital representative.

Section 2. No member organization shall have more than one vote per action item in standing committee meetings, ad-hoc committee meetings, or workgroup meetings.

Section 3. Committee Chairs will be appointed by the Chair of the Board of Directors. The Committee Chairs may select additional members of their committees. Committee Chairs are encouraged to attend GETAC meetings which correlate with their respective committees. Committee Chairs shall provide a committee report quarterly at the CATRAC Board of Directors meetings.

Section 4. A Committee Chair who does not comply with assigned responsibilities may be relieved of office by a majority vote of the Board of Directors in accordance with Vernon's Texas Civil Statute Title 32 chapter 9.

Section 5. CATRAC Committees will drive stakeholder engagement and participation towards the goals and deliverables of the organization, as outlined in program deliverables, programmatic contract objectives, DSHS RAC Assessment guidelines, and Board of Director taskings. The Standing Committees are:

A. Data Committee

Responsibilities of the committee include:

- Focus on performance improvement through data standards in collection, analysis, and outcome education
- Develop and maintain data governance process and framework intended

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to guide data usage and quality

- Establish and promote minimal membership data submission requirements that promote regional healthcare priorities
- Analysis data to provide stakeholder feedback on established regional minimal standards

B. Education / Injury Prevention

Responsibilities of the committee include:

- Facilitate educational opportunity for members based upon committee and Board goals, as well as DSHS RAC Assessment Criteria
- Receive and review educational and training opportunities presented to the committee
- Provide a resource/calendar of educational offerings for members
- Provide education scholarships/sponsorships/subsidizations for members based on application, need and funding availability
- Plan, organize and implement training programs based organizational goals and funding availability
- Collect and review injury data and literature to support evidence based/informed prevention strategies
- Establish, monitor, and effectively communicate an approach to address injury risks
- Communicate availability and/or host training and professional development opportunities
- Develop recommendations for allocation of resources/funds to support evidence based/informed injury prevention and education strategies
- Collaborate with staff to ensure responsible stewardship of evidence based/informed injury prevention

C. Pre-hospital Committee

Responsibilities of the committee include:

- Focus on performance improvement of prehospital response, treatment, and transport, as well as DSHS RAC Assessment Criteria
- Monitor and develop regional systems for patient care and transport among pre-hospital care providers (including ground and air medical providers)
- Enhance relationships with regional healthcare partners to efficiently maintain continuity care for patients
- Develop common communications criteria, including patient report and handoff
- Develop and review annually regional guidelines for pre-hospital care
- Oversee Whole Blood Workgroup
- Oversee EMS Medical Directors Workgroup
- Oversee Dispatch Workgroup
- Oversee Air Medical Workgroup

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D. Coalition & Clinical Advisory Committee

Responsibilities of the committee include:

- Coordinate regional disaster / emergency preparedness and response through collaboration with regional HPP stakeholders and state partners
- Facilitate and promote disaster / emergency planning, training, and education with regional HPP partners and stakeholders
- Promote consistency throughout the HPP region regarding equipment and response needs
- Identify opportunities to leverage funding among regional partners to maximize preparedness and response efforts
- Establish and promote 7-RMOC-Austin/Central Texas Standard Operating Guidelines

E. Trauma & Emergency Health Systems Committee

Responsibilities of the committee include:

- Review regional process and make recommendations to accomplish DSHS RAC Assessment Criteria
- Focus on regional performance improvement for trauma, stroke, cardiac, perinatal, and emergency healthcare operations
- Provide ongoing performance assessment and improvement activities designed to optimize patient care (i.e., education, injury patterns, and specialty care).
- Create and document (as written in the Emergency Healthcare Systems Plan) an organized emergency healthcare system to provide optimal care and outcomes
- To optimize patient outcomes and system efficiencies for field transport and inter-facility transfers.
- Develop system performance standards through shared quality and improvement data and processes
- Enhance and maintain regional and state relationships for collaboration, updates, and advances on optimal patient care
- Advise and promote consistency and best practices
- Distribute and communicate pertinent information to other committees
- Oversee Trauma Workgroup
- Oversee Cardiac Workgroup
- Oversee Stroke Workgroup
- Oversee Perinatal Workgroup
- Pediatric Workgroup
- Mental Health Workgroup

F. Performance Improvement (PI) Committee

Responsibilities of the committee include:

- The Committee Chair will identify and select committee members to serve

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2 years with staggered terms. Members to include: 2 ED RNs, 2 ED MDs, 2 EMS MDs, 2 EMS Paramedics

- Complete confidential statements and non-disclosure documentation annually
- Review regional process for case review submission and outcome guidelines
- Conduct confidential case reviews in collaboration with staff
- Collect incident data to identify potential regional patterns
- Develop actionable recommendations or regional guidelines using input from applicable committees and workgroups
- Assess the effectiveness of the Case Review process
- Consult with legal counsel to ensure confidential processes are documented and implemented

Section 6. Ad-hoc committees/workgroups shall be appointed, as needed, by the Chair of the Board of Directors.

Article X. Meetings

Section 1. Meetings of the Board of Directors will be held quarterly. Notice of such meetings shall be given to the General Membership not less than 30 days prior to the meeting.

Section 2. Any Officer may call a special meeting of the Board of Directors. Upon written notice of all Board of Directors members, the Chair or an Officer shall call a meeting. Notice of special meetings shall be provided to the General Members at least 7-days in advance.

Section 3. All meetings will be conducted according to Robert's Rules of Order.

Article XI. Alternative Dispute Resolution

Any actual entity, be that a provider or individual representing a provider, service or hospital that is aggrieved in connection with any CATRAC rule(s) in accordance with its Bylaws, emergency healthcare system plan, guidelines, or protocols; action(s) or any situation or circumstance causing dissent or aggravation, may formally protest to the CATRAC.

Section 1. A formal protest must be written, with date and signature of protestor(s), addressed and delivered to the Chief Executive Officer.

Section 2. Copies of the protest will be mailed or delivered by the Chief Executive Officer upon receipt of the written protest for the purpose of establishing full disclosure of the situation or circumstance, and for preparing for a formal hearing to address such protest for resolution if deemed necessary. A formal protest must contain:

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- A. A specific and objective identification or statement of the aggravating situation or circumstance that the protested action is alleged to have been or is in violation of.
- B. A specific and objective description of each act alleged to have violated or aggravated the protestor(s).
- C. The aggrieved party's argument(s) and authorities on support of the protest.
- D. Describe the relief/decision to resolve the matter.

Section 3. The Chief Executive Officer shall have the authority to settle and resolve the dispute to the Board of Directors or Committee with ample and appropriate selection of all parties necessary to resolve the dispute.

Section 4. The Board of Directors or Committee may solicit written responses to the protest from the interested parties. If the protest/dispute is not resolved by mutual agreement, the Committee will issue a written determination of the protest, within thirty (30) days of receipt of all pertinent data.

- A. If the Committee determines that no violation of rule(s) in accordance with its Bylaws, emergency healthcare system plan, guidelines, or protocols; action(s) or inactions(s), or any situation or circumstance causing dissent or aggravation has occurred, it shall so inform the protesting party or parties by letter, which sets forth the reasons for the determination.
- B. If the Committee determines that a violation of the rule(s) on accordance with its bylaws, trauma system plan, guidelines, or protocols; action(s) or inaction(s), or any situation or circumstance causing dissent or aggravation has occurred, it shall so inform the protesting party or parties by letter, which sets forth the reasons for the determination and the appropriate remedial action(s).

Section 5. An aggravated party or parties may appeal the determination by the Committee. An appeal must be submitted to a party or parties may appeal the determination by the group and ask for the issue to be brought before the Members for final determination. The party or parties have no later than ten (10) working days after the determination to submit the request for secondary review. The request must be submitted to the following address or to such other address posted on the Organization's website:

Capital Area of Texas Regional Advisory Council
1120 Toro Grande
Suite 208
Cedar Park, Texas 78613

Section 6. The appeal to the Members will be limited to the original determination. The

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appeal must be mailed or delivered in a timely manner. In the event the appeal is not timely in delivery, it will not be considered. If not considered, the parties will be notified in writing.

Article XII. Other Provisions

Section 1. Staff

- A. Executive Director / Chief Executive Officer** – The Board shall be responsible for appointing a qualified individual to serve as the Chief Executive Officer of the organization. The Chief Executive Officer shall serve at the will of the Board and shall receive such compensation as may be fixed by the Board from time to time. The Chief Executive Officer shall be responsible for the general and active management of the business and affairs of the organization and shall see that all orders and resolutions of the Board of Directors and Executive Committee are carried into effect. The Chief Executive Officer shall perform such other duties and have such other authority and powers that are not expressly reserved to the Board, Executive Committee, or other committee as necessary to fulfill the purposes of the organization, such as signatory authority. The Executive Committee, acting through the chairman, shall be responsible to perform the evaluation of the Chief Executive Officer.

- B. Other Staff** - The Chief Executive Officer shall have the authority to appoint staff members as necessary for the efficient operation of the organization and may provide for temporary appointments to the staff if warranted by circumstances, subject to the annual budget.

- C.** The Executive Director / CEO shall be a signatory and bank administrator for all financial institutions and accounts. All physical checks will be dually signed. All bank accounts will have a minimum of three (3) signatories on file.

Section 2. Miscellaneous

- A. Legal Authorities Governing Construction of Bylaws** - These bylaws will be construed in accordance with the laws of the State of Texas. All references in the bylaws to statutes, regulations, or other sources of legal authority shall refer to the authorities cited, or their successors, as they may be amended from time to time.

- B. No Cumulative Voting** - Cumulative voting is prohibited.

- C. Legal Construction** - If any provision of these bylaws is held to be invalid, illegal, or unenforceable in any respect, the invalidity, illegality, or unenforceable it shall not affect any other provision, and these bylaws shall be construed as if the invalid, illegal, or unenforceable provision had not been included in these

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bylaws. In the event of a conflict among the provisions of these bylaws, these bylaws shall be interpreted in a manner that allows the organization to maintain its status as a recognized Regional Advisory Council.

- D. **Limitation of References** - All references to corporations, partnerships, associations, organizations, entities, bodies politic, institutions, facilities, and the like shall be to one representative designation by such person or entity, or two one representative selected in accordance with these bylaws.
- E. **Fiscal Year** - The fiscal year of the organization shall be the first day of January and end on the last day of December of each year.
- F. **Proxies** - Voting by proxy is prohibited
- G. **Headings** - The headings and paragraph numbers used in these bylaws are used for convenience only and shall not be construed in constraining the terms of the bylaws.
- H. **Gender** - Whenever the context requires, all words in the bylaws in the male gender shall be deemed to include the female or neutral gender, all singular words shall include the plural and all plural words shall include the singular.
- I. **Seal**- the board may provide a corporate seal.
- J. **Power of Attorney** – The person may execute any instrument related to the organization by means of a power of attorney if any original executed copy of the power of attorney is provided to the secretary of the organization to be kept with the official records.
- K. **Parties Bound** – These bylaws shall be binding upon and then nearer to the benefit of the organization, directors, officers, and members.

Article XIII. Amendments

Proposed amendments and revisions must be submitted to the Executive Director for consideration by the Board of Directors. Copies of proposed amendments shall be given to the Board of Directors in writing before the next quarterly meeting. The Bylaws may be adopted, amended, or revised by an affirmative two-thirds (2/3) vote of the Members in Good Standing, present at the General Membership meeting.

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The Bylaws and system plan shall be reviewed, amended, and/or revised annually.

Reviewed:	Revised:	Approved:	By:	Reference:
10-1993			General Membership	New Organizational Bylaws
	10-26-06		General Membership	
10-2007			Bylaws Committee	
	01-24-08	01-24-2008	General Membership	
10-23-08	10-23-08		Bylaws Committee	
		10-23-2008 with approved revisions pending	General Membership (GM)	
	10-27-08 per GM	10-23-2008	Executive Director	
03-01-09			Executive Director	
07-22-10			Bylaws Committee	
	10-28-10	10-28-2010	General Membership	Article III Sec.1 A(2)
6/11- 10/11	6/11- 10/11		Bylaws Committee	
10-27-11		10-27-2011	Board of Directors/General Membership	
10-02- 2012	10-02-12		Bylaw Committee	
1-24-2013		1-24-2013	Board of Directors/General Membership	
9-9-2013	9-9-2013		Bylaws Committee	
		10-24-2013	Board of Directors/General Membership	
September 2015			Executive Director & Board of Directors Members	
9-21-2016	9-21-2016		Board of Directors	
		10-27-2016	Board of Directors/General Membership	
	10-26- 2017	10-26-2017	Board of Directors/General Membership	
11-29-18		11-29-2018	Board of Directors/General Membership	
	10-31-19	10-31-2019	Board of Directors/General Membership	GM meeting minutes
10-22- 2020		10-22-2020	General Membership	
10-28- 2021		02-18-2022	General Membership	Entire Document
4-20-2023	4-21-2023	7-27-2023	Membership update	Section 3.A & 3.A.5.
4-11-2024		4-25-2024	Board and General Membership	General Membership minutes
10-14- 2024	10-24- 2024	10-24-2024	General Membership	Added PI Committee, clerical revisions, codified pediatric, mental health, whole blood, and EMS Medical Directors WGs
6-24-25	7-24-25		General Membership	Clerical and grammar updates, clarify Article IV. Section 1. A. 2.; clarify Article V, Section 1 A. ; add Article XII, Section 1. C.
1-31-26	1-13-26	2-26-26	General Membership	Article IX, Section C.5. WGs ;

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				Article V, Section 1.C. independent healthcare organizations rep.
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