

Inauguration Speech by TMA President Bradford Holland, MD

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To everyone here — on the podium and stage, our speakers, our TMA elected representatives, our CEO and all TMA staff, and everyone in the audience — to our delegates, family, and friends — let me say how much of a privilege and honor it is for me to stand here in this position today. The words that I use simply can't convey the deep meaning and the sense of obligation **I feel — but also the sense of hope and optimism** as we, together, **seek to steer this organization in the direction medicine must go.**

To follow in Jay's footsteps, and presidents before him — Ray Callas, Rick Snyder, speakers like Arlo Weltge, and many other prior presidents and speakers, some of whom have been mentors to me — is a tremendous honor. Jay himself has done such an excellent job of embodying what it means to be a physician leader. He has given us **“Let doctors be doctors”** as a mantra, and his focus on mental health and well-being is something uniquely his — and will be his wonderful legacy as he steps into president emeritus.

I would also like to thank my wonderful family. They are here today — my wife and my four kids, my mother, brother, sister-in-law, mother-in-law, **and many dear friends.** They have enabled me to spend so much time with TMA. That has been a gift to me — their understanding and their

willingness to give me time away from them. My family is certainly number one to me. But it's through their generosity and grace that I am here. I love each and every one of you. **I wish my father were here to see this — he passed away 2½ years ago — he would be proud.**

I am blessed to have shared so many moments that have deep meaning to me and my life with the TMA organization and the House of Delegates. I am so gratified for these moments, many of which I am profoundly proud ... as well as a few moments of which I am anything but proud. I will likely never live these [sombrero photos] down, but you know, if we can't laugh together on this quest to work for our profession, we're doing it wrong. Laughter is a delightful medicine.

On a serious note, I'd like to say a few words about our organization. The Texas Medical Association is a flagship, best-practice leader, **and I feel strongly about that.** It is the one embodiment of health care. It's the one organization that truly does put patients first. We are democratic, and grassroots — and we produce the policies that the whole state aims to follow. We have a long history, going back to **1853.**

You know I'm a history guy, and I wanted to have something here today to remind us of that. I'm very pleased to say that we have recently come across the **monogrammed** surgical kit of Dr. George Cupples (**1816–1895**), who was elected the second president of TMA — but was actually listed as the 10th president because he served later. He was one of the founding members of the Texas Medical Association, and he was very noteworthy in his own right — **serving as a county commissioner and**

alderman in San Antonio. He was president of the Bexar County Medical Society in 1853, became city health physician in 1854, and was president of the San Antonio Board of Health twice. In 1876, he helped found the West Texas Medical Association and is being remembered now, 173 years later.

I hope you can see the kit during a break — **a tangible piece of the remarkable history of TMA and our collection of artifacts.**

My journey — my career in medicine and in life — has been filled with some significant challenges. As mentioned, I am a cancer survivor, having been diagnosed with **colorectal** cancer, Stage **IV**, in 2004. My two kids back then were 3 years old and 6 months old. My world came crashing down, and as I spent nearly six years undergoing chemotherapy, radiation, and multiple surgeries, and learning to practice with a limited schedule and periods of short-term disability — let me say this:

I do know what it's like to be a patient.

I know what it's like to sit in many, many waiting rooms... having scans and biopsies... and not finding out the result of my lung resection for several days... waiting... going through the angst and uncertainty... your life literally hanging on what those results show and what you are told. And then eventually learning that of the three masses metastatic to my lungs, only one was cancerous — **I know exactly how that feels. Cancer has cost me a lot, in so many ways.**

The experience as a patient also gives you a different perspective on what we physicians do. But more importantly, it gives you a **healthy and humbling** perspective — because what we do is so important. And this made me deeply thankful for the physicians who got me through it — who were there with me, who treated me, and who saved my life. There were so many, I don't have the time to name them. Saying I am eternally grateful doesn't seem powerful enough to express my heartfelt feelings.

But I am also thankful for the hand of providence — **for the healing that, I believe, comes from a power greater than us.** I believe I am here by the grace of God, and I firmly believe in the power and love of the Great Physician. I was lifted up and sustained. And I hope each and every one of you finds God on your own terms, because that too, matters for us all. My cancer experience has made me so convinced — so **committed** — to the fact that the work of physicians is incredibly significant. And that what we do in medicine is vital — **literally vital — to our patients.**

As you know, our health care system — and our patients within it — are struggling right now. Cost, access, wait times, communication. In this era of mega-system and merger-driven medicine, and private equity, our system is struggling — **it is morphing into something that does not serve patients well.**

Let's all agree — our patients need a rescue.

Our system needs a rescue.

Our health care system needs a rescue.

And who is going to rise to that?

Do we want the payers to figure out how to get us out of this mess? Does anyone think they will? No.

Do we want health systems to figure out how to get us out of this mess? Does anyone think they will? No.

My fellow physicians — **it must come from us.**

A solution. A way out. We must rise to this occasion. Let our state show our country that there is a better path forward.

It is our leadership. It is up to us to tell our story — clearly and compellingly — and to show that we have the answers by truly putting the patient first. Because there has been so much lip service about patient-centered care — but that is not what is happening today.

It's time to make that phrase real.

So how do we do this? How do we develop a system that puts the patient back in control? How do we take medicine back?

First, I think we acknowledge something that has never been said from this podium:

Employer-sponsored health care has been an 80-year experiment — and we must now acknowledge that it has failed. It inserts too many middlemen. It does not make the patient the consumer. It does not make the patient the one to whom we are responsible.

We should have the courage to say employer-sponsored health care is a failure — and something we must move beyond.

But how do we take medicine back?

As president, I have several ideas. I am here to present an **eight-point plan** to help us focus our efforts and tell our story:

First, restore physician-owned hospitals.

When physicians help lead hospitals, decisions focus on quality, innovation, and patient care — not just corporate profit. There are only about 250 physician-owned hospitals out of nearly 5,700 in the United States — and outcomes are better and costs are often lower when physicians are involved in ownership and leadership.

If MBAs, lawyers, and bankers can own hospitals — why can't physicians? It makes sense for us to own and run hospitals, and we need to say it and preach it louder until the law is changed.

Second, repeal outdated Stark Law restrictions.

Physicians should be trusted — like every other professional — to collaborate and design better models of care without unnecessary government barriers. The same anti-kickback laws that apply to every profession already apply to us. The system that Stark Laws were originally designed to govern no longer exists in its current form. We need to level

the playing field and allow physicians to innovate — to engage in entrepreneurial ventures that expand access, improve competition and quality, and lower costs for patients.

Third, pass laws to implement site-neutral payments and update reimbursement using the Medical Economic Index.

Site-neutral payments are essential for identical outpatient services across different settings — whether in hospital outpatient departments or physician offices — to promote fair competition. And physician practices must keep pace with inflation if they are to survive. No one in business or in government would accept a model where payments remain fixed while costs continue to rise — especially when the same service costs more simply because of where it is delivered.

Fourth, revisit the use of “nonprofit” tax status for health systems when they function like for-profit entities.

Financial success must be balanced with a genuine obligation to serve communities. Communities deserve transparency and accountability. When health systems hold reserves of \$40–50 billion invested on Wall Street and pay CEOs tens of millions annually, we have to ask: what does it mean to be a nonprofit anymore? That is the question we have been reluctant to ask — and it is time we start asking it and ensuring that health care organizations pay taxes when they should.

Fifth, reform ERISA insurance exemptions.

These loopholes allow insurance companies to deny care with limited oversight, leaving patients and physicians to fight a system stacked against them. If we can regulate all private insurance within our state's borders, we can begin the reforms that are needed and break up the massive national monopolies that dominate the insurance landscape. Health insurance should be regulated at the state level — subject to each state's Department of Insurance oversight. That is how we restore balance and accountability.

Sixth, protect physician judgment in the age of artificial intelligence.

AI can and should help medicine — but it must never replace the expertise and responsibility of a physician caring for a patient. Let's use AI to eliminate unnecessary bureaucrats — the paper-pushers and administrative burdens that weigh down our system. Let's use AI to improve quality, lower costs, and enhance early disease detection. But we all know that being “book smart” is not the same as being a good physician. And we must ensure that no algorithm ever replaces clinical judgment, experience, and human connection.

Seventh, support a collective voice for employed physicians.

As more doctors become employees, they need meaningful advocacy to protect clinical decision-making and patient care. We need a statewide platform for collective bargaining — one that allows employed physicians to unify and stand up when working conditions deteriorate or staffing is stretched beyond safe limits. The Texas Medical Association should

commit that within 18 months, we will help launch a physician-led bargaining organization — one that strengthens the voice of physicians and creates real change in employed practice settings. Physicians will unionize, and TMA ought to be the organization overseeing this and running it on a statewide basis.

And finally—Eighth—we must reclaim the profession of medicine.

Doctors are not interchangeable “providers.” Medical care is not a commodity — like cans of beans or bandages — where it doesn’t matter where you get it, only that you get it. We are physicians — trained to advocate for our patients and uphold the integrity of medicine.

We carry the sacred trust of the physician-patient relationship — a relationship defined in law, in ethics, and in tradition. There is no “provider-patient relationship” defined in law. In fact, the term “provider” itself is not even clearly defined.

But we are physicians — practitioners of one of the oldest and most respected professions. Ours is a calling that blends science and art, intellect and compassion, skill and human connection. There is a reason stories are told about what we do — because it is difficult, because it is meaningful, and because it matters.

We stand united as physicians — protecting our profession and rejecting the reduction of what we do to a generic label.

Do not let yourself be called a provider. Correct it. Teach it. Expect it — because words matter.

Taking medicine back is not about power.

It is about restoring a health care system where patients come first — and where physicians are empowered to do what they were trained to do: care for people.

I am proud to now lead the Texas Medical Association as your servant leader — to fight for our patients, to reclaim medicine, and to reignite our passion, to save our profession.

Thank you — and God bless you, and the great state of Texas.