

PROCEEDINGS OF THE HOUSE OF DELEGATES

136th ANNUAL MEETING

February 3, 2017

Call to Order

Paul E. Perkowski, MD, Speaker and Thomas “Steen” Trawick, MD, Vice Speaker called the House of Delegates to order at 2:00 PM on Friday, February 3, 2017 at the Hilton Baton Rouge Capitol Center in Baton Rouge, Louisiana.

Dr. Perkowski welcomed all participants and guests and thanked them for making the trip to Baton Rouge for the meeting. Dr. Perkowski then briefed the House on several items of regular business, which would occur such as the invocation, pledge of allegiance, adoption of the proceedings of the 2016, and adoption of the actions of the Board of Governors. Any delegate has the right to extract any item from either the proceedings of the HOD or BOG to be debated. If anything was extracted from those proceedings, debate on those items only would occur immediately. If nothing was extracted, the honorary resolutions for Community Service and the LSMS Hall of Fame would follow.

Dr. Perkowski explained the process by which resolutions are numbered and categorized. He reiterated the Speakers make only minor editorial changes to the resolve statements of resolutions to clarify their structure prior to publication and mailing to the House. He emphasized most are grammatical or procedural in nature and do not reflect any change to the intent of the resolution. He noted any portion of a resolve can be amended during debate. Because the *whereas* portions of resolutions are dropped once resolves are adopted, each resolve should always be in a form which can stand alone after adoption.

Dr. Perkowski noted the procedures for amendments to resolutions in an effort to both streamline the process and make it easier for the delegates to follow. Amendments can be written on the amendment sheets which are on each table. All amendments should be taken to the back of the room where staff will type them up and give the author of the amendment a specific number for his or her amendment. When the author wishes to introduce an amendment, he will say so and provide the number of the amendment which will then be projected for the House.

Additionally, instead of multiple microphones, the Speakers are trying to use only two indicating pro and con. Delegates should stand at the appropriate microphone if they wish to support or oppose a resolution or a particular amendment.

The procedure for elections for offices elected by the House of Delegates will be outlined by the Committee on Rules and Order of Business. The Speakers have prepared election sheets for all elected offices and previously announced candidates for each office as a slate of candidates which will be presented to the House. As each position comes up for election, the Speakers will indicate the announced candidate(s) and call for any additional nominations from the floor. Elections for offices with more than one nominated candidate will be as follows: the ballot box will be in the

back of the meeting room and after nominations are closed, staff will prepare ballots for distribution. Voting will take place for two hours.

Dr. Perkowski also noted the Committee on Charter and Bylaws has already provided recommendations on resolutions that if passed, will require bylaws changes. If any of those resolutions are adopted, a report will be presented confirming the revised bylaws changes have been approved by the Committee.

Dr. Perkowski noted that Districts which conducted elections in 2017 for the Board of Governors and Council on Legislation are asked to notify the Speakers of the results of those elections. The Speakers will announce the election results to the House of Delegates at the conclusion of the elections voted on by the House.

Approval of the Proceedings of the 2016 House of Delegates

The Proceedings of the Annual Meeting of the 2016 House of Delegates were approved as published in the Delegates handbook.

Approval of the Actions of the Board of Governors during 2017

The actions taken by the Board of Governors during 2017 were approved as published in the Delegates handbook.

Elections

The following members were elected to serve for 2017-2018:

Board of Governors

President-Elect	Susan Bankston, MD
Vice President	Lawrence Simon, MD
Speaker, House of Delegates	Paul Perkowski, MD
Vice Speaker, House of Delegates	T. Steen Trawick, MD
Secretary- Treasurer	Richard Paddock, MD
Chairman, Council on Legislation	Robert Bass, MD
Second District Councilor	Robert McCord, MD
Fourth District Councilor	F. Jeff White, MD
Sixth District Councilor	Reece Newsome, MD
Eighth District Councilor	Lance Templeton, MD
Tenth District Councilor	Nick Viviano, MD
Medical Student Member	Alexis Rudd
Resident Member	Ken Erhardt, MD
Young Physician Member	Amberly Nunez, MD
Senior Physician Member	Trenton James, MD

Alternate Second District Councilor	Robert Chugden, MD
Alternate Fourth District Councilor	Rick Michael, MD
Alternate Sixth District Councilor	David Fargason, MD
Alternate Eighth District Councilor	Vacant
Alternate Tenth District Councilor	Vacant
Alternate Medical Student Member	Daniel Harper

Alternate Resident Member	Ryan Wisler, MD
Alternate Young Physician Member	Alicia Kober, MD
Alternate Senior Physician Member	Lynn Tucker, MD

AMA Delegation

Term—(January 1, 2017-December 31, 2018)

Delegates

Floyd Buras, Jr, MD
Dolleen M. Licciardi, MD

Alternate Delegates

Luis Alvarado, MD

Alternate Delegate Member-in-Training (January 1, 2017-December 31, 2017)

Rachel Spann

Council on Legislation (Term 2 years)

Second District Councilor	David Broussard, MD
Second District Alternate	Daniel Gallagher, MD
Fourth District Councilor	Richard Michael, MD
Fourth District Alternate	John Carmody, MD
Sixth District Councilor	William Freeman, MD
Sixth District Alternate	Rebecca Treuil, MD
Eighth District Councilor	Samuel Bledsoe, MD
Eighth District Alternate	Greg Bevels, MD
Tenth District Councilor	Katherine Williams, MD
Tenth District Alternate	James Christopher, MD

Council on Legislation (Term 1 year)

Young Physician Member	Jeremy Henderson, MD
Alternate Young Physician	Vacant
Resident/Fellow Member	Vacant
Alternate Resident/Fellow	Vacant
Medical Student Member	Vacant
Alternate Medical Student	Vacant
LSMS Alliance Member	Rose Kuplesky
LSMS Alliance Alternate	Vacant

Report of the Credentials Committee

Dr. Trenton James, II, Chair, reported that a quorum of certified delegates was present and seated.

Report of the Committee on Rules and Order of Business

Dr. Larry Simon, Chair, presented the report of the Committee on Rules and Order of Business which met earlier that day. The Committee recommended the following rules for use by the 2017 House of Delegates:

1. **Limitation of Debate:** The tradition of previous meetings regarding limitation of debate is as follows: Each speaker addressing an item brought to the floor for a vote is limited to three minutes of debate. Each delegate may return to the floor for one minute for the purpose of rebuttal or to summarize his/her position.
2. **Late Resolutions:** The Committee reported the following late resolutions met the criteria for being duly considered by the House: L-1, *Ochsner Medical Student Membership*.
3. **Procedure for filling a Vacant Delegate or Alternate Delegate Position:** The filling of all vacancies in the position of delegate or alternate delegate will be conducted in accordance with governing provisions of the Charter and Bylaws of the LSMS and the Procedures of the House of Delegates.

A member of the House of Delegates must be a member of the Louisiana State Medical Society, including fulfillment of the procedure outlined in Article III, Section B of the Bylaws:

B. **Method of Selection**—A member of a component society becomes a member of the Louisiana State Medical Society when

1. The Secretary of the component society has certified to the Secretary-Treasurer of the Louisiana State Medical Society that the applicant is indeed a member of the component society;
2. The application has been approved by the Board of Governors; and
3. Applicable dues have been received by the Secretary-Treasurer of the Louisiana State Medical Society.

A member must fill a delegate or alternate delegation positions apportioned consistent with their category of membership in the Louisiana State Medical Society.

The report and recommendations of the committee on Rules and Order of Business were approved by the House of Delegates.

Report of the Budget and Finance Committee

T. Steen Trawick, MD, Chair of the Budget and Finance Committee presented the report of the Committee and the proposed 2017 budget on February 3, 2017. He reviewed the Committee's recommendations and answered questions. Following discussion, the proposed budget for 2017 of \$1,677,500 in projected revenues and \$1,677,234 in projected expenses was adopted by the House as well as the other recommendations in the Report of the Budget and Finance Committee.

Installation of the President

The Presidential Oath of Office was administered to President-Elect William "Beau" Clark, MD by Luis Alvarado, MD, President. Dr. Alvarado presented the Presidential Medallion and President's Lapel Pin to Dr. Clark. Concluding the installation ceremonies Dr. Alvarado presented the gavel to Dr. Clark symbolizing the transfer of the Presidency. Dr. Clark cited outlined his goals for the coming year in his address to members of the House.

Resolutions to the House of Delegates

The following Bylaws changes reflect resolutions adopted during the Houses of Delegates for 2017. New language is underlined and language deleted contains strike through marks.

RESOLUTION 101 -ADOPTED

RESOLVED, as per House of Delegates Action requiring review of directives within XX years, the following directives are scheduled to be **sunset**.

R109-15 The LSMS study and consider implementing a Scientific and Technical Exhibit with CME credit for the 2016 House of Delegates to include considering inviting participation by Louisiana medical schools, and any specialty societies wishing to participate.

R112-15 The LSMS offer and/or expand its electronic/online payment process and market this option to its members.

R116-15 The LSMS offer its members the option to auto-renew their membership without receiving a yearly renewal form; that a member can opt-out of auto renewal if desired and that the LSMS work with component societies to offer the feature of auto-renewal of membership.

R109-15 Monthly or Quarterly Payment of Membership Dues for LSMS: (2nd resolve) That the LSMS work with component societies to offer a monthly or quarterly electronic/debit payment option for dues payments.

R204-15 The LSMS seek and/or support legislation in the 2015 legislative session of the legislature, establishing an increase in the fees of an additional \$25 per year to the licensing fee currently assessed for physicians, podiatrists, medical psychologists and physician assistants by the LSBME, to be directed to and for the benefit of the Physicians Health Program, which will continue to assist physicians, podiatrists, medical psychologists and physician assistants in the state of LA. Note: legislation failed to pass out of committee.

RL-7-15 The LSMS Board of Councilors present a report to the Board of Governors to proceed with further review and comment upon the Option 2 model as outlined in the *Two Options Report* and to circulate the Option 2 model as outlined in the *Two Options Report* to the component societies for review and comment to be submitted to the LSMS by June 30, 2015. Additionally, a revision of the Option 2 model as outlines in the *Two Options Report* be prepared by the LSMS Board of Councilors to present a report to the Board of Governors for further review and comment and that such revision be circulated as an informational report to the Board of Governors for further review and comment and that such revision be circulated as an informational report to the component societies no later than November 1, 2015.

R406-14 2nd resolve, reaffirmed R102-15 The LSMS work with the Secretary of DHH and the Commissioner of Insurance to ensure that any health plan operating in LA whether in the commercial or Medicaid markets, provides to their provider network sufficient information

which apprises providers of all planned changes to coverage guidelines, authorizations, certifications, claims adjudications, pricing, payment, reporting, incentives and other rules based on the conversion from ICD-9 to ICD-10 which shall include but not be limited to any “cross-walk” or “map” which will be used internally to achieve the conversion from ICD-9 to ICD-10. (R406-14 1st resolve). Additionally, the LSMS AMA Delegation submit a resolution to the AMA HOD requesting the AMA work with CMS and the Secretary of Health and Human Services to ensure that any health plan operating in the US whether in the Medicaid or Medicare markets provides sufficient information which apprises providers of all planned changes in their policies based on the conversion from ICD-9 to ICD-10.

RESOLUTION 102 - ADOPTED

RESOLVED, as per House of Delegates Action requiring review of existing policies after their five year anniversary or sooner, the following policy is scheduled to be **reaffirmed**.

Policy 140.05 Confidentiality Agreement: The President has the authority to remove any council or committee member appointed by the President for breach of confidentiality imposed on council or committee business. All LSMS councils and committees must follow the same confidentiality standards adopted for the Board of Governors including the signing of a confidentiality agreement. (R130-02; reaffirmed R101-07; reaffirmed R102-12)

RESOLUTION 103 – ADOPTED AS AMENDED

RESOLVED, as per House of Delegates Action requiring review of existing policies after their five year anniversary or sooner, the following policies are adopted as recommended:

Policy 91.01 Support for the University Medical Center in New Orleans: The LSMS supports the construction of the new University Medical Center in its current proposed location in Mid-City in New Orleans. (R109-12) **Council Recommendation: Sunset**

Policy 91.04 Physician Credentialing: Credentialing of a physician should be determined solely on professional competence based on relevant clinical training and skills, practice experience, and malpractice history; not economic performance factors such as physician Medicare prospective pricing profiles, physician costs to hospital revenue streams, physician hospital charge information, DRG profiles, volume indicators or any other such criteria. (R303-97; reaffirmed R101-02; reaffirmed R101-07; reaffirmed R102-12) **Council Recommendation: Reaffirm**

Policy 100.14 Individual Incentives for Healthy Lifestyles: The LSMS supports federal and state tax initiatives, as well as third party payer and employer-based incentives for individuals to improve their healthy lifestyles which may include: reduced insurance premiums **or premium credits** for healthy lifestyle activities vs. increased premiums for poor lifestyle choices; subsidized Health Savings Accounts based on healthy choices; time off from work; providing diet management, smoking cessation or exercise courses at work; or other mechanisms to encourage healthy behavior. Additionally, the LSMS position is that patients should be provided with incentives for economical choices in health care, i.e. **e.g.** via HSA’s funded with debit cards provided on an economic sliding scale; **and** lower premiums for healthy lifestyle choices

(weight, annual examinations, regular exercise, etc) ~~and higher premiums for poor lifestyle choices (smoking, alcohol, obesity, etc)~~ (R207-10; R212-12 4th resolve) **Council Recommendation: Reaffirm as Amended**

Policy 121.02 Insurance Coverage Transparency: Health insurance plans and managed care plans should make clearly known to patients the extent of coverage available under their policies. The LSMS position is that health plans should be required to provide prospective enrollees/patients with information regarding: a) coverage provisions and exclusions b) prior authorization or other review requirements c) any financial arrangements that would limit services offered ~~restrict referral options, by restricting referral options or any disincentives to deliver certain services and establish incentives not to deliver certain services~~ d) plan limitations and the impact of any limitations on the enrollee e) and a simple comparison of health plans. (R205-99; reaffirmed R101-06; reaffirmed R101-11; R212-12 2nd resolve) **Council Recommendation – Reaffirm as Amended**

Policy 121.10 Policy on LA Health Exchange Essential Health Benefit Package: The LSMS supports the position that any Louisiana Health Insurance Exchange Essential Health Benefits Package should be required to include mental health and substance abuse disorder services including behavioral health treatment at parity in financial requirements and treatment limitations with benefits for other medical or surgical illness. (R215-12) **Council Recommendation: Reaffirm**

Policy 213.06 Fee Schedule Transparency: Insurers should be required to file reimbursement methodologies with the Department of Insurance and place on the insured's benefit card specific information including, but not limited to, co-pay amounts, plan hospitals, and plan differentiation if the company has more than one product in the area. The LSMS position is that insurance companies should disclose physician payment (fee) schedules in contracts and make available upon request of the physician or patient, the contracted discounts for medical providers (i.e. hospitals, imaging lab, medications, etc.) (R206-96; reaffirmed R101-06; reaffirmed R101-11; R212-12, 1st resolve) **Council Recommendation: Reaffirm**

Policy - 213.07 Pay for Performance versus Quality of Care: ~~The LSMS is uncompromising in its commitment to the welfare of patients and the primacy of the patient-physician relationship free from intrusion of third parties.~~

The LSMS opposes any pay-for-performance program that does not meet all the principles set forth in the AMA's Initial Principles and Guidelines for Pay-for-Performance and adopted by the LSMS House of Delegates.

The LSMS supports the development of quality review initiatives that respect patient choice, use accurate data and fair reporting to produce evidence based guidelines and provide meaningful information for patients to use in their health care decisions. Quality review programs should not impose financial requirements that interfere with the clinical decisions made between a patient and his or her physician and used to educate and assist physicians in providing the most effective care to their patients. (R401-07; reaffirmed R102-12) **Council Recommendation: Reaffirm as Amended**

Policy 213.14 Physician Reimbursement in Government Programs: The LSMS supports increases in physician reimbursement rates of all existing federal and state medical programs, and opposes all federal and state efforts to establish any new medical reimbursement programs that are supported by provider fees. (R206-02; reaffirmed 101-07; reaffirmed R102-12) **Council Recommendation: Reaffirm**

Policy 213.18 Non-Compete Clauses in Contracts: The LSMS opposes non-compete and restrictive covenants in employer contracts for physicians. (R409-03; reaffirmed sub R101-08; reaffirmed as amended R208-12) **Council Recommendation: Reaffirm**

Policy 217.01 The Standard of Care: The LSMS recognizes the term “standard of care” as a term of legal doctrine within the law of negligence to be confined to legal usage and opposes use of the term within the art of medicine. The LSMS finds that standards, guidelines, and statements providing guidance to improve decision-making and promote beneficial outcomes for the practice of medicine shall not be held as establishing a standard of care but may be used by qualified experts in testimony addressed to the standard of care. The LSMS specifically opposes the use of the term “standard of care” as a conclusion or assertion propounded by standards, guidelines, and statements providing guidance to improve decision-making and promote beneficial outcomes for the practice of medicine. (R214-12) **Council Recommendation: Reaffirm**

Policy 217.02 Inappropriate Use of Payment and Coverage Decisions: The LSMS opposes payment and coverage decisions of governmental and commercial health insurance entities to shall not be considered as evidence in determining the standard of care for medical practice. (R402-07; reaffirmed R102-12) **Council Recommendation: Reaffirm as Amended**

Policy 221.03 Internet Prescribing of Treatment Therapies: The LSMS supports the Louisiana State Board of Medical Examiners and the Louisiana State Board of Pharmacy jointly establishing standards for evaluating Internet prescribing of treatment therapies that may be in violation of the Louisiana Medical Practice Act, the Louisiana Pharmacy Act, and existing laws and regulations, and develop if necessary a mechanism to enforce these standards. The LSMS supports the following AMA recommendations on Internet prescribing:

- (1) Development of principles describing appropriate use of the Internet in prescribing medications;
- (2) Support the use of the Internet as a mechanism to prescribe medications with appropriate safeguards to ensure that the standards for high quality medical care are fulfilled;
- (3) Urge state medical boards to ensure high quality medical care by investigating and, when appropriate, taking necessary action against physicians who fail to meet local standards of medical care when issuing prescriptions through Internet web sites that dispense prescription medications;
- (4) Work with the Federation of State Medical Boards and others in endorsing or developing model state legislation to establish limitations on Internet prescribing;
- (5) Support the National Association of Boards of Pharmacy and support their Verified Internet Pharmacy Practice Sites program so that physicians and patients can easily identify legitimate Internet pharmacy practice sites;
- (6) Work with federal and state regulatory bodies to close down Internet web sites of companies that are illegally promoting and distribution (selling) prescription drug products in the United States; and
- (7) Keep pace with changes in technology by continually updating standards of practice on the Internet. (R206-99; reaffirmed R101-06; reaffirmed R303-07; reaffirmed R102-12) **Council Recommendation: Reaffirm**

RESOLUTION 104 – ADOPTED AS AMENDED

RESOLVED, as per House of Delegates Action requiring review of existing policies after their five year anniversary or sooner, the following policies are adopted as recommended:

Policy 60.05 Trauma and Time Sensitive Disease Systems in Louisiana. The LSMS supports the development and maintenance of systems of care coordination for patients who are suddenly stricken by serious traumatic injury or time-sensitive illness such as heart attack and stroke. Such systems should provide access to adequate trauma and time sensitive disease care for all citizens of Louisiana, should be available in all geographical areas of the state, and should be capable of utilizing both the state hospital system and private hospitals and both public and private ambulance services.

The LSMS encourages private hospitals and the state hospital system to assess resources at every hospital as they relate to licensing and designation as a Level I, II, or III Trauma Center. The LSMS supports the establishment and maintenance of geographic regions of the state in which planning for trauma systems should be coordinated.

The LSMS encourages the Louisiana Emergency Response Network (LERN) to collaborate with parish and local authorities and other interested parties in the development and maintenance of statewide systems of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness such as heart attack and stroke. **Council Recommendation: Extracted and Reaffirmed via substitute**

Policy 71.03 Do Not Resuscitate Orders: The LSMS supports the following positions regarding Do Not Resuscitate orders:

- (1) A decision by a health care provider regarding the application of a previously placed Do Not Resuscitate (DNR) order is within the context of the physician-patient relationship or the scope of activities which a hospital is licensed to perform.
- (2) A decision by a health care provider regarding the application of a previously placed Do Not Resuscitate (DNR) order is a health care or professional service rendered, or which should be rendered, by the health care provider, to the patient.
- (3) A decision by a health care provider regarding the application of a previously placed Do Not Resuscitate (DNR) order is a matter of professional skill exercised by the health care provider, and involves an assessment of the patient's condition
- (4) Judgments regarding the patient's condition, the appropriate medical treatment, the existence, validity, and applicability of previously expressed wishes of the patient or the patient's surrogate, and whether the current circumstances cast ambiguity upon the validity and application of the DNR order; and that such judgments fall exclusively within the purview and authority of the law of medical malpractice.
- (5) Any action concerning a decision regarding the applicability of a previously placed Do Not Resuscitate (DNR) order should not be considered as a matter of intentional tort, strict liability, or general negligence; but rather should be a matter subject to the Louisiana Medical Malpractice Act or the Malpractice Liability for State Services Act, and subject to review by the medical review panel. (R302-12, 1st, 2nd, 3rd, 4th, and 5th resolves) **Council Recommendation:**

Reaffirm

Policy 231.01 Amendments to the Louisiana Sanitary Code: The LSMS supports the position that it is the responsibility of any individual having a reportable disease or condition diagnosed or reported by an attending, examining or prescribing physician to take reasonable measures to prevent spreading of the disease to others. A physician who has complied with the duty to report a case of a reportable disease or condition to the State Health Officer as specified in the Louisiana Sanitary Code should not be obligated to identify or warn unidentified cases or susceptible contacts of the patient. Additionally, complying with the duties of reporting a reportable disease or condition should not constitute a breach of patient confidentiality. (R205-12, 1st, 2nd and 3rd resolves) **Council Recommendation: Reaffirm**

Policy 241.04 Exposure of Pornography to Children and Adolescents: The LSMS opposes the exposure to children and teens of pornography in print and visual media and encourages component societies and specialty societies to educate and warn the public of the dangers of exposing children and teens to pornography. (R216-92; Reaffirmed R101-02; reaffirmed R101-07; reaffirmed R101-12) **Council Recommendation: Reaffirm**

Policy 280.02 Statewide Smoking Ban: The LSMS supports a statewide ban on smoking in all restaurants, bars and casinos. (R301-12) **Council Recommendation: Reaffirm**

Policy 280.11 Advocating for Disclosure of Nicotine Level per Cigarette: The LSMS supports the position of requiring tobacco companies to specifically indicate the nicotine content of their products in easily understandable and meaningful terms. (R202-12) **Council Recommendation: Sunset**

Policy 290.06 Standards for Mammography: All physicians in the state who are performing mammography follow the basic requirements and guidelines as set forth by the American College of Radiology. (R116-92; reaffirmed R101-02; reaffirmed R101-07; reaffirmed R102-12) **Council Recommendation: Reaffirm**

RESOLUTION 105 –ADOPTED AS AMENDED

RESOLVED, as per House of Delegates Action requiring review of existing policies after their five year anniversary or sooner, the following policies are adopted as recommended:

Policy 143.03 Medical Malpractice Laws: Authority is conferred to act swiftly and decisively on any legislation introduced that improves or gives stability to the medical malpractice laws of Louisiana to the Council on Legislation and the Department of Governmental Affairs in concert with the LSMS Executive Committee and the LSMS Executive Vice President. (R211-02; reaffirmed R101-07; reaffirmed R102-12) **Council Recommendation: Reaffirm**

Policy 151.02 SCHIP Legislation: The LSMS opposes the inappropriate use of the SCHIP program as an incremental step toward a single-payer government run health care system. (R115-07; reaffirmed R215-11; reaffirmed R102-12) **Council Recommendation: Reaffirm**

Policy 212.04 Federally Established National Licensing Board: The LSMS opposes all efforts by the federal government to establish a National Licensing Board for medical doctors. (R401-12) **Council Recommendation: Reaffirm**

Policy 232.02 Qualifications of a Medical Expert Witness: The LSMS supports a legislative definition of the appropriate qualifications for a medical expert witness in actions for damages involving a claim of negligence against a physician. Such legislation should specify that in any claim of professional negligence against a physician, the court shall admit expert medical

testimony as to the standard of care only from physicians who have actually practiced in the appropriate specialty on at least a half-time basis during the past two years. (R107-92; reaffirmed R101-02; reaffirmed 101-07; reaffirmed R102-12) **Council Recommendation: Reaffirm Policy 250.03 Physician Assistant Scope of Practice:** The LSMS ~~emphasizes the importance of patient safety as a priority, encourages the Louisiana State Board of Medical Examiners (LSBME) to develop a list of procedures which should never be performed by physician assistants (PA) as opposed to establishing a list of those which can be performed by PAs, and upholds the authority of the LSBME as the official credentialing body for PAs in the state of Louisiana. (Approved as Action of the BOG 2011; reaffirmed as policy HOD 2012)~~ **Council Recommendation: Pulled and Reaffirmed as amended**

RESOLUTION 106A – ADOPTED AS AMENDED

LOUISIANA STATE MEDICAL SOCIETY CHARTER ARTICLE II

Objects and Purposes

The objects and purposes of this corporation shall be to federate and bring into one compact organization the eligible members of the medical profession of the State of Louisiana, by the organization in the various districts and parishes of local branches known as component societies, which shall receive charters from this Society, and which may be corporate bodies; to unite with similar associations in other States to form the American Medical Association with a view to the extension of medical knowledge, to the advancement of medical science, to the elevation of the standard of medical education, to the enforcement of just medical laws, to the guarding and fostering of the medical interests of member physicians, and to the enlightenment and direction of public opinion in regard to the great problems of State Medicine so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in the prolonging of and adding comfort to life.

ARTICLE III

Powers

Under the above entitled name, and for the purposes above expressed, the said corporation shall have power and authority to make, have, and use a common seal, and the same to break, alter, and amend at their pleasure; and by name, style, and the title provided and declared, shall be capable in law to sue and be sued; and shall be empowered to make rules, bylaws, and ordinances, and to alter, amend, and change the same at pleasure; and to do everything needful for its good government and support. It shall be and is empowered to hold, lease, receive, purchase and convey all manner of property, both real and personal, and to mortgage and otherwise encumber the same; to borrow or lend money, issue bonds and notes, accept and receive donations, legacies, and bequests; to own, publish, conduct, and circulate such literature as will further its expressed purposes; to name and appoint such managers and employees as its interests and convenience may require; to further these expressed objects and purposes by issuing charters as hereinbefore provided to such component societies as may be formed within the various districts and parishes of this State; and otherwise to do and perform all acts and things requisite and necessary to carry out the objects and purposes of said corporation.

ARTICLE IV

Membership

~~The active members of this Society shall be the active members of the component district and parish medical societies~~ **limited to physicians, residents and fellows, and medical students.**

The liabilities of the members shall be limited to the unpaid balance due by them to the Society. Power is hereby delegated to the House of Delegates or the General body to create any other form of membership.

RESOLUTION 106B – SUBSTITUTE – ADOPTED AS AMENDED

RESOLVED, that effective August 31, 2017, any parish medical society wishing to be a Chartered Parish Society under the new bylaws effective September 1, 2017 must notify the LSMS Board of Governors in writing via certified mail of their intentions on or before August 31, 2017, and be it further

RESOLVED, that effective September 1, 2017, any current parish medical society that did not notify the Board of Governors via certified mail of their intentions to be a Chartered Parish Society will henceforth be known as an Affiliated Parish Society, and must confirm that standing by jointly executing a memorandum of understanding with the LSMS, and be it further

RESOLVED, that effective September 1, 2017, for the dues year commencing on January 1, 2018, the Bylaws of the Louisiana State Medical Society be amended as follows, as required by R102-16 and congruent with the Louisiana State Medical Society Charter as amended February 3, 2017,

* * *

ARTICLE III Members – General

A. Qualifications

A member of the Louisiana State Medical Society, unless otherwise stipulated in these bylaws,

1. Must be a Doctor of Medicine, a Doctor of Osteopathy, or a medical student;
2. **Physician members** must be licensed to practice medicine by the Louisiana State Board of Medical Examiners; **and**
3. Must be of good ethical and moral character; **and**
4. **Need not be a member of a Chartered or Affiliated parish society.**
- ~~4. Must be a member in good standing of a Component Society; and~~

- ~~5. Must be entitled to exercise the rights of membership in his or her Component Society corresponding to those rights in his or her category of membership in the Louisiana State Medical Society.~~

~~B. Provisional Membership~~

~~The LSMS may grant a prospective member provisional membership status starting the date the LSMS receives a completed application and membership dues and provided that it has been verified that he or she is a medical student or it has been verified through the Louisiana State Board of Medical Examiners website that the prospective member is a doctor of medicine or a doctor of osteopathy and has a license to practice medicine in the state.~~

~~Provisional membership is a transitional status for prospective members who have not met the full membership criteria at the component society level, through no fault of their own, but should do so in the foreseeable future. Provisional members shall be given full societal rights until full parliamentary rights are approved. Component medical societies have 90 days from the date in which provisional membership is granted to collect any additional information and make a full membership decision. If prospective members do not meet the full criteria and are not approved for membership in a component medical society or no decision on full membership has been rendered within 90 days, then the LSMS Board of Governors the action of inaction of the component medical society and may allow the provisional member to join a contiguous component medical society notwithstanding the provisions of Article XXI (B).~~

~~B. C. Method of Selection~~

~~A member of a Component Society **An individual** becomes a member of the Louisiana State Medical Society when~~

- ~~1. The secretary of the Component Society has certified to the Secretary-Treasurer of the Louisiana State Medical Society that the applicant is indeed a member of the component society;~~
- ~~1. 2. The application **for membership** has been approved by the Board of Governors; and~~
- ~~2. 3. Applicable dues have been received by the Secretary-Treasurer of the Louisiana State Medical Society.~~

* * *

~~E. F. General Obligations~~

~~A member of the Louisiana State Medical Society, unless otherwise limited by these bylaws,~~

- ~~1. Must maintain his or her license to practice medicine as issued by the Louisiana State Board of Medical Examiners;~~
- ~~2. Must maintain his or her membership in a Component Society~~
- ~~2. 3. Must comply with the bylaws and other rules of the Louisiana State Medical Society;~~

- ~~3.~~ 4. Must comply with the principles of medical ethics adopted by the House of Delegates of the Louisiana State Medical Society; and
- ~~4.~~ 5. Must pay applicable dues in a timely fashion.

~~G. Transfer of Jurisdiction~~

~~Should a member move his or her practice to another jurisdiction within the state, he or she may continue his or her membership in the Louisiana State Medical Society by establishing membership in the Component Society into whose jurisdiction he or she has moved. Unless his or her application has been acted upon favorably and within one year following his or her transfer, his or her name shall be removed from the rolls of the Louisiana State Medical Society by the Secretary-Treasurer.~~

**ARTICLE IV
Members – Categories**

The categories of membership are: active, dues-exempt, academic, resident, service, medical student, active part-time, and associate. A member may hold only one category of membership in the Louisiana State Medical Society at any one time.

Section 1—Active Members

A. Qualifications

An active member must fulfill the general qualifications of membership as specified in Article III Subsection A of these bylaws.

- ~~1. Must fulfill the general qualifications of membership as specified in Article III Subsection A of these bylaws; and~~
- ~~2. Must hold a comparable membership in a component society entitling him or her to full membership rights including the right to vote and to hold office.~~

B. Rights

An active member is entitled to full parliamentary and societal rights.

C. Obligations

An active member

1. Must fulfill the general obligations of membership as specified in Article III Subsection E of these bylaws; and
2. Shall pay full **assessed** dues and full special assessments.

* * *

Section 3—Academic Members

A. Qualifications

An academic member

1. Must fulfill the general qualifications of membership as specified in Article III Subsection A of these bylaws; and
2. Must hold an appointment to a full-time faculty position in one of Louisiana's approved medical schools as designated by the Liaison Committee on Medical Education (LCME).

B. Rights

An academic member is entitled to full parliamentary and societal rights.

C. Obligations

An academic member

1. Must fulfill the general obligations of membership as specified in Article III Subsection E of these bylaws; and
2. Shall pay full **assessed** dues and full special assessments.

* * *

Section 5—Service Members

A. Qualifications

A service member

1. Must fulfill the general qualifications of membership as specified in Article III Subsection A of these bylaws;
2. Must be a member of the United States Army, the United States Navy (including the United States Marine Corps), the United States Air Force, the United States Public Health Service, the United States Coast Guard, or the Veterans Administration; **and**
3. **Must currently hold an unrestricted license to practice medicine in the United States or one of its territories.** ~~Need not be licensed to practice medicine in Louisiana.~~
4. ~~Need not be a member of a component society.~~

* * *

Section 7—Active Part-Time Membership

A. Qualifications

An active part-time member

1. Must fulfill the general qualifications as specified in Article III Subsection A of these bylaws:
2. ~~Must hold membership in a component society;~~
3. Must pursue or otherwise be involved with the practice of medicine for a maximum of twenty (20) hours per week; and
4. Such membership must be approved on an annual basis by the Board of Governors on written request.

* * *

Section 8—Associate Members

A. Qualifications

An associate member

1. Must be a Doctor of Medicine or a Doctor of Osteopathy; and
2. Must meet one of the following requirements:
 - a. Currently hold an unrestricted license to practice medicine outside of Louisiana and practices in the United States or one of its territories; or
 - b. Be a physician who is fully retired from the practice of medicine residing in Louisiana who must have held an unrestricted medical license to practice medicine in the United States or one of its territories before retiring; or
 - c. A former member of the LSMS, who is now residing in another state; and
- ~~3. Need not be a member of a component society, and~~
- 3.4.** Need not be licensed to practice medicine in Louisiana.

ARTICLE V Officers – General

The general officers of the society are: President, President-elect, Immediate Past President, Vice President, Secretary-Treasurer, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, District Councilors, and the Chair of the Council on Legislation.

* * *

F. Removal

Any officer or member selected to an office of the Society neglecting his or her duty or violating any Society policy, article of this charter or bylaws may be removed from office after a hearing at any regular or special session of the House of Delegates following the procedures set forth below. The complaint shall originate from a majority of the Board of Councilors or on the request of 50 voting members of the Louisiana State Medical Society representing ~~10 Component Societies~~ **3 medical districts provided that no more than 20 signatures come from a single district**. If the complaint involves a member of the Board of Councilors, such member shall recuse himself or herself from participation in the vote on the complaint.

* * *

ARTICLE VI Officers – Duties

Section 8—District Councilors

The duties of a District Councilor shall include the following:

1. To serve as a member of the Board of Councilors;
2. To serve as a member of the Board of Governors;
3. To serve as a member of the House of Delegates’;
4. To act as advisor to the physicians and any Chartered Component Parish Societies in his or her district; **and to act as a representative of the members of the Louisiana State Medical Society in that District;**
5. To submit at the Annual Meeting of the House of Delegates a written report of his or her activities during the preceding year;
6. To perform such other duties as may be required of him or her by the President, the House of Delegates, or the Board of Governors; and
7. To perform such other duties as may be required of him or her by law, custom, parliamentary usage, or other rules of the Louisiana State Medical Society.

* * *

ARTICLE VII Meetings of the General Membership

A. Call

A general meeting of the members of the Louisiana State Medical Society may be called by the House of Delegates or by the Board of Governors and must be called on written petition from at least 50 voting members of the Society representing **3 medical districts provided that no more than 20 signatures come from a single district.** ~~at least 10 Component Societies.~~

* * *

F. Quorum

The quorum for any general meeting of the Society shall be the members present, provided that at least ~~10 Component Societies~~ **3 medical districts** are represented at the meeting.

* * *

ARTICLE X Committees of the Louisiana State Medical Society

The committees of the Louisiana State Medical Society shall be standing committees and special committees. All members of any LSMS standing and special committees must be members of the Louisiana State Medical Society.

* * *

Section 2 –Special Committees

* * *

B. Committee on Charter and Bylaws

* * *

5. Duties

- a. To serve as a fact-finding and advisory committee on matters pertaining to the Charter and Bylaws of the LSMS;
- b. To evaluate and recommend to the House of Delegates and the Board of Governors the guidelines and rules that establish the authoritative direction or control of the conduct and affairs of the corporate and policy-making bodies of the Society;
- c. To periodically review the Charter and Bylaws, and other adopted rules of the LSMS and initiate the process of amending such when indicated.
- d. To receive all proposed amendments to the Charter and Bylaws for review and perfection of language to implement the actions of the House of Delegates.
- e. To issue interpretations of meaning of the Charter and Bylaws and other adopted rules when requested by the President, the Board of Governors or the House of Delegates.
- f. To review the bylaws of ~~subsidiary and~~ **Chartered** ~~component units~~ **Parish Societies** as to compliance with the Charter, Bylaws, or other adopted rules of the LSMS.

* * *

**ARTICLE XI
Corrective Action**

A. Basis

In all controversies between a member ~~and his or her component society or between a member~~ and the Louisiana State Medical Society, an evidentiary hearing and, if necessary, an appellate review may be requested by the individual, ~~the component society,~~ or the Louisiana State Medical Society before final action is taken.

* * *

E. Automatic Corrective Action

1. ~~Failure to maintain good standing in a component Society—If the Secretary-Treasurer of the Society is officially informed that a member is not in good standing with his or her component society, the member shall be removed automatically from the rolls of the Louisiana State Medical Society.~~

2. Failure to maintain license to practice medicine-If the Secretary-Treasurer of the Society is officially informed that a member's license to practice medicine issued by the Louisiana State Board of Medical Examiners has been revoked or suspended, the member shall be removed automatically from the rolls of the Louisiana State Medical Society. However, if a member's license to practice medicine is suspended for less than 90 days, the member shall automatically be assigned to inactive membership status in lieu of automatic removal from the rolls of the Society. During this period of inactive membership status, the member shall not be entitled to any of the rights, benefits, or honors of the Society, including the right to attend any meetings of the Society. When the suspension of a member's license to practice medicine has been lifted by the Louisiana State Board of Medical Examiners, the member shall automatically be reinstated to his or her former membership status, provided that the member has requested reinstatement in writing to his or her Component society and provided that the secretary of the Component society had certified to the Secretary-Treasurer of the Louisiana State Medical Society that the suspension has been lifted and that the member has requested reinstatement. If the member does not request reinstatement within 30 days following the lifting of his or her suspension, the member shall be deemed to have resigned from the Louisiana State Medical Society.

* * *

ARTICLE XII House of Delegates

The House of Delegates is the legislative and policy-making body of the Society.

A. Members

The House of Delegates is composed of:

1. Delegates or alternate delegates selected by the ~~Component Societies~~; **Medical Districts as delimited in Article XXII subsection F of these bylaws and by Chartered and Affiliated Parish Societies in accordance with Article XII subsection E of these bylaws.**
2. The General Officers of the Louisiana State Medical Society;
3. Delegates, and alternate delegates, to the American Medical Association;
4. All Past Presidents of the Louisiana State Medical Society;
5. All Past Speakers of the House of Delegates;
6. The Editor of the Journal;
7. Emeritus Officers;
8. One delegate, or alternate delegate, from the faculty of each Liaison Committee on

- Medical Education (LCME) accredited medical school in the state, as designated by that school;
9. One delegate or one alternate delegate from the Young Physicians Section, as designated by the Young Physicians Section;
 10. One delegate or one alternate delegate, per 100 resident and fellow members of the LSMS, or fraction thereof;
 11. A total of fifteen delegates and alternates delegates from the LCME accredited medical schools in the state, who are members of and designated by the Medical Student Section;
 12. One delegate or one alternate from each active statewide specialty society organization with: an established constitution and bylaws; a slate of periodically elected officers; that holds periodic meetings; and, represents a medical specialty for which there is a national examining board, as listed in the Directory of Graduate Medical Education Programs accredited by the Accreditation Council for Graduate Medical Education. These specialty society delegates and alternates must be confirmed by the Board of Governors on an annual basis; and
 13. One delegate or alternate delegate from the Senior Physician Section, as designated by the Senior Physician Section.
 14. One delegate or alternate delegate selected by each statewide physician association/society of specific ethnic origin whose members are licensed by the Louisiana State Board of Medical Examiners to practice medicine in the state of Louisiana. For inclusion into the LSMS House of Delegates to be proper, such statewide physician association/society of ethnic origin shall meet all of the following criteria: a) have an established constitution and bylaws; b) periodically elect a slate of officers; c) hold periodic meetings as an organization; d) have in the membership a minimum of twenty-five (25) LSMS members.

A member of the House of Delegates must be a member of the Louisiana State Medical Society.

All members of the House listed in this subsection have the right to vote when seated in the House of Delegates.

* * *

C. Meetings

Annual meetings—The House of Delegates shall meet annually at a time and place approved by the House. The Board of Governors shall recommend to the House the location and dates of the annual meetings. The location and dates selected may be changed under unusual circumstances by the Board of Governors at any time, but not less than 30 days prior to the date previously selected for that annual meeting.

Special meetings—A Special Meeting of the House of Delegates shall be called by the Speaker (1) on the written request of 50 or more delegates representing **3 medical districts provided that no more than 20 signatures come from a single district** ~~10 or more component Societies~~; or (2) on the request of a majority of the Board of Governors.

Following the receipt of a valid petition for a Special Meeting of the House of Delegates, the Speaker of the House of Delegates of the Louisiana State Medical Society shall designate the time and place for the Special Meeting. The date so designated must be within 45 days of the receipt of the petition in the office of the Secretary-Treasurer of the Louisiana State Medical Society.

When a Special Meeting is thus called, the Secretary-Treasurer of the Louisiana State Medical Society shall mail a notice ~~to the secretary of each component society and~~ to the last known address of each member of the House of Delegates, at least fifteen days before the Special Meeting is to be held. The notice shall specify the time and place of the meeting and the purpose for which it has been called.

The House of Delegates shall consider no business except that for which the meeting has been called.

* * *

E. Registration and Seating

Before being seated at any session of the House of Delegates, each delegate or his or her alternate shall be designated by the ~~president or secretary of the component society or~~ organization he or she represents, stating that he or she is a properly selected or appointed delegate or alternate delegate to the House of Delegates.

When a delegate and his or her alternate delegate are both unable to attend a meeting, the appropriate authorities of the ~~component society or~~ group concerned may appoint a substitute delegate who, on presenting properly signed credentials, shall be seated in the House of Delegates.

A delegate, alternate delegate, or substitute delegate may be seated without credentials provided he or she is properly identified to the Chairman of the Committee on Credentials as having been selected by his or her appropriate group.

* * *

G. Official Observers at the House of Delegates

1. Louisiana physician organizations, ~~not a component of the Louisiana State Medical Society,~~ may apply to the Board of Governors of the LSMS for official observer status in the LSMS House of Delegates. Organizations granted observer status are invited to send one representative to all meetings of the Louisiana State Medical Society House of Delegates. The observer must be a physician member of the named organization and not a hired representative or staff member.
2. Rights and Privileges.

- a. Official observers have the right to speak on the floor of the House upon recognition by the Speaker.
- b. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

H. Method of Doing Business

1. *Order of Business*—The following shall be the general order of business at all meetings of the House of Delegates:
 - a. Call to order;
 - b. Report of the Committee on Credentials;
 - c. Report of the Committee on Rules and Order of Business;
 - d. Disposing of the record of proceedings;
 - e. Remaining agenda, as given to each delegate.

The Speaker of the House or the House of Delegates, by majority vote, may change the order of business.

2. *Introduction of Resolutions*—Resolutions may be presented by a delegate, an alternate delegate, a **Chartered Parish** ~~component~~ Society, a general officer of the Society, the Board of Governors, a Council or Standing Committee of the Louisiana State Medical Society, or a Standing Committee of the House of Delegates.

* * *

ARTICLE XXI **Component Parish Societies**

The Louisiana State Medical Society **recognizes parish medical societies as either Chartered or Affiliated.** ~~may charter parish medical societies as component units of the Louisiana State Medical Society.~~

- **Definitions**

- A Chartered Parish ~~medical~~ Society is **registered with the Louisiana Secretary of State's Office as a non-profit corporation to legally conduct business in the state and is** a unified component of the Louisiana State Medical Society. **Individuals who are not members of a Chartered Parish Society may apply to join the Louisiana State Medical Society directly per the membership qualifications as defined in Article III, subsection A.**
- **An Affiliated Parish Society is registered with the Louisiana Secretary of State's Office as a non-profit corporation to legally conduct business in the state and is not a unified component of the Louisiana State Medical Society. A member of an**

Affiliated Parish Society is not required to be a member of the Louisiana State Medical Society.

B. Members

- Membership in a **Chartered Parish** Component Society is limited to those physicians and medical students within the named component **parish medical society**, ~~except as otherwise stipulated in this Subsection.~~
- **Membership in an Affiliated Parish Society is determined by the affiliated society.**

~~A member shall place their basic component society membership in one Component Society only. This basic membership may be either (1) in the Component Society in whose jurisdiction he or she maintains his or her principal office or (2) in the Component Society in whose jurisdiction he or she maintains his or her residence.~~

~~A member of a Component Society whose category of membership in that Component Society corresponds to active, dues exempt, academic, or resident membership in the Louisiana State Medical Society may be granted secondary membership in one other component society. The specifics of such secondary membership shall be defined by the individual Component Society. A secondary member may not vote on any Component Society proposal which will reflect Louisiana State Medical Society business. A secondary member is not to be counted in apportionment of delegates to the House of Delegates of the Louisiana State Medical Society.~~

~~In any dispute as to the jurisdiction involved, the matter shall be settled by the Board of Governors whose decision thereon shall be final.~~

~~In the event of a federal or state declared disaster, LSMS members who are displaced from the parish in which they maintain their basic Component Society membership and who remain in Louisiana shall be allowed to maintain that membership for a period of time to be determined by the Board of Governors following the date the disaster is declared even if the physician no longer maintains his or her principal office or his or her residence in that parish. If a member wants to exercise this option, he or she must submit a request in writing to the Board of Governors who will decide whether to accept or reject such request. This request must be accompanied by a recommendation from the member's component society.~~

In the event of a federal or state declared disaster, the Board of Governors may make special dispositions as to the memberships of LSMS and Chartered Parish Society members who are displaced from the parish of their principal office or residence.

C. Organization

- A Component Chartered Parish Society shall may adopt its own bylaws and other rules, which cannot conflict must be in accordance with the Charter, bylaws, and other rules of

the Louisiana State Medical Society **or they may choose to copy the bylaws and other rules of the Louisiana State Medical Society.**

The bylaws and other rules of a ~~Component~~ Chartered Parish Society are subject to review by the Louisiana State Medical Society. Upon request of the LSMS Board of Governors, a component Chartered Parish Society shall submit a copy of its bylaws to the LSMS Charter and Bylaws Committee and updated copies shall be submitted if and when any amendments to those bylaws are adopted.

A ~~component~~ **Chartered Parish Society** shall forward its proposed meeting dates for the upcoming year to the LSMS for inclusion into the LSMS meeting calendar no later than five days after the first meeting of the new membership year. Additionally, any changes should be communicated to the LSMS.

The LSMS may request a copy of the ~~component~~ **Chartered Parish Society**'s financial statements for review to determine whether membership dues are being collected and managed in accordance with the LSMS Charter, Bylaws, and policies. The LSMS may also request a copy of the current membership roster of the ~~component~~ **Chartered Parish Society** and meeting minutes; and vice versa, the ~~component~~ **Chartered Parish Society** may also request a copy of the current membership roster and meeting minutes of the LSMS.

A ~~Component~~ **Chartered Parish** Society shall be bound by any resolutions or other actions of the House of Delegates.

A ~~Component~~ **Chartered Parish** Society may **shall** be incorporated **in the state of Louisiana.**

- **None of the provisions of this subsection apply to Affiliated Parish Societies.**

D. Charter

The Board of Governors may, on request, issue a charter to any group of 10 or more physicians organized according to this Article. There shall be only one ~~component~~ **medical** society chartered within the geographic confines of a Parish. **In the event that there is an Affiliated Parish Society within the confines of a parish, then a medical society shall not be chartered within that parish. In the event that there is a Chartered Parish Society within the confines of a parish, then there shall not be an Affiliated Parish Society within that parish.**

The charter of a ~~Component~~ **Chartered Parish** Society shall remain in perpetuity unless revoked.

The charter of a ~~Component~~ **Chartered Parish** Society may be revoked for cause by the Board of Governors, after notice and hearings before the LSMS Board of Governors. Cause shall include, but not be limited to, failure of a ~~component~~ **medical Chartered Parish**

Society which collects dues to hold a minimum of two general membership meetings per year.

Upon a determination by the LSMS Board of Governors that sufficient facts exist to determine that a ~~component medical~~ **Chartered Parish** Society may otherwise be subject to revocation of their charter for cause, the LSMS Board of Governors shall provide the ~~component medical~~ **Chartered Parish** Society a definite time, not to exceed one hundred and eighty days, to correct the deficiency prior to initiating any hearing to determine whether the charter should be revoked.

In the event a ~~component medical~~ **Chartered Parish** Society charter is revoked by the LSMS, **the parish medical society will automatically be designated as an Affiliated Parish Society.** ~~for any reason, the members of that former component medical society shall be allowed to join another component medical society within the same LSMS district as their former component medical Society.~~

E. Delegates to the House of Delegates of the LSMS

~~A Component Society is entitled to send delegates to the House of Delegates of the Louisiana State Medical Society.~~

~~The apportionment of delegates from a Component Society shall be one delegate and one alternate delegate for each 25 members or fraction thereof on the roster of active, dues-exempt, and academic members for that Component Society as recorded in the office of the Secretary-Treasurer of the Louisiana State Medical Society on November 1 of each year.~~

~~In November of each year, the Secretary-Treasurer of the Louisiana State Medical Society shall notify each Component Society as to the number of delegates to which the Component Society is entitled for the current year.~~

~~The term for the delegate and alternate is determined by the individual Component Society, which also determines the length of the term and the number of terms that can be served.~~

~~If a vacancy occurs during a delegate or alternate delegate term, it shall be filled by the Component Society.~~

ARTICLE XXII **Medical Districts Societies**

The Louisiana State Medical Society may ~~charter District Societies as component units of the Louisiana State Medical Society~~ **is geographically organized into 10 Medical Districts.**

A. Definition

For purpose of representation, the state of Louisiana shall be divided into Louisiana State Medical Society medical districts. The House of Delegates shall consider recommendations

from the Board of Councilors regarding the composition of the districts every ~~10~~ **5** years beginning in 2020.

B. Members

Representation Membership in a **Medical** District Society is limited to those physician and medical students, who are members of Component Societies **who work or reside** within the named medical district as delimited in Subsection F of this Article XXII. **Members shall only be represented in one Medical District. This representation may be either in the parish he or she maintains his or her principal office or in the parish he or she maintains his or her residence. If a member is eligible for two Medical Districts, he or she has 30 days to inform LSMS staff of his or her preferred Medical District. If not otherwise stated, the member will be declared in the parish based on his or her preferred address.**

C. Organization

~~A District Society shall adopt its own bylaws and other rules, which must be in accordance with the Charter, Bylaws, and other rules of the Louisiana State Medical Society.~~

~~The bylaws and other rules of a District Society are subject to review by the Louisiana State Medical Society.~~

~~A District Society may be incorporated.~~

Medical Districts are organized for (1) selecting district councilors for the Board of Councilors as outlined in Article XIV, Subsection A, (2) selecting members and alternate members for the Council on Legislation per Article IX, Subsection 2A, and (3) for determining apportionment to the LSMS House of Delegates per Subsection E of this Article XXII.

D. Charter

~~The Board of Governors may, on request, issue a charter to a District Society organized according to this Article.~~

~~The charter of a District Society shall remain in perpetuity unless revoked.~~

~~The charter of a District Society may be revoked for cause by the Board of Governors, after due notice and hearings.~~

D. Full Dues Equivalent

Full Dues Equivalent equals the assigned Unit Count, as defined by the Louisiana State Medical Society below, to each LSMS member based on the percentage of assessed dues paid.

Any non-discounted member in the following membership categories will receive a Unit Count of 1.0 – Active, Academic, Dues Exempt

Any non-discounted member in the following membership categories will receive a Unit Count of .50 – Part-Time and Military

Any discounted member will receive a Unit Count based on the percentage of the discount calculated as (100% - percentage of discount)/ 100.

The Louisiana State Medical Society will use the Full Dues Equivalent method within each Medical District to determine voting rights for (1) selecting district councilors for the Board of Councilors as outlined in Article XIV, Subsection A, (2) selecting members and alternate members for the Council on Legislation per Article IX, Subsection 2A, and (3) for determining apportionment to the LSMS House of Delegates per Subsection E of this Article XXII

E. Delegates to the House of Delegates of the LSMS

A District Society sends no delegates to the House of Delegates of the Louisiana State Medical Society.

Delegates to the House of Delegates of the Louisiana State Medical Society are apportioned based on the recorded membership in the office of the LSMS Secretary-Treasurer on November 1 of each year.

Delegate apportionment is calculated as follows:

- **A Medical District receives one delegate and one alternate for every 25 Full Dues Equivalent LSMS members as defined in Subsection D of this Article XXII. Each Medical District will annually elect its delegates and alternate delegates with voting rights based on the Full Dues Equivalent method as defined in Subsection D of this Article XXII.**
- **Within the delegates apportioned to each Medical District:**
 - **A Chartered Parish Society will receive one delegate and one alternate delegate for each 25 Full Dues Equivalent LSMS members as defined in Subsection D of this Article XXII.**
 - **An Affiliated Parish Society will receive one delegate and one alternate delegate for each 25 Full Dues Equivalent LSMS members as defined in Subsection D of this Article XXII.**
 - **For both Chartered and Affiliated Parish societies, two delegates and two alternate delegates positions should be filled by eligible officers of the Society, chosen by the Societies' bylaws.**

The President of a Chartered or Affiliated Parish Medical Society will submit a letter to the LSMS Secretary-Treasurer by January 1st each year reporting the number and names of officers and elected Parish Medical Society delegates.

F. Medical Districts

The following are the Louisiana State Medical Society **Medical** Districts **are comprised of the following parishes:**

First District

Orleans and St. Bernard

Second District

Jefferson, Plaquemines, St. Charles, St. James, and St. John

Third District

Lafourche, St. Mary, and Terrebonne

Fourth District

Bienville, Bossier, Caddo, Claiborne, DeSoto, Red River, and Webster

Fifth District

Caldwell, Catahoula, Concordia, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll

Sixth District

Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, West Baton Rouge, and West Feliciana

Seventh District

Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis

Eighth District

Avoyelles, Grant, LaSalle, Natchitoches, Rapides, Sabine, Vernon, and Winn

Ninth District

Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion

Tenth District

St. Helena, St. Tammany, Tangipahoa, and Washington

*

*

*

ARTICLE XXIV

Finances

A. Dues

1. *Amount* - The amount of annual dues is prescribed by majority vote of the House of Delegates.
2. *Method of Payment* – Annual LSMS dues renewal statements shall be sent to each member no less than two months prior to the annual due date. Dues are due on the member’s anniversary date and will become delinquent 60 days after the member’s due date. ~~For those component societies that have elected to remain on a calendar year basis, their dues will be delinquent 60 days after January 31st each year.~~
3. *Fiduciary Duties* – ~~**Chartered Parish societies are responsible for billing and dues collection for both the parish society and**~~, Dues for the Louisiana State Medical Society. ~~are collected by component societies. A component~~ **Chartered Parish Society may choose by written. Dues for the LSMS are billed and collected by the LSMS. Dues for chartered and affiliated parish societies are billed and collected by the chartered and affiliated societies. A chartered parish society may negotiate an** agreement to have the Louisiana State Medical Society collect all membership dues. Dues and assessments remitted based on the annual dues renewal statements are to be transmitted to the Secretary-Treasurer of the **LSMS** ~~named organizations~~ within fourteen (14) working days following their initial deposit. Dues and assessments are the property of the organization that established them and cannot be invested or converted without its written permission.
3. 4. *Postponement of dues payment* - A member suffering from severe financial hardship may request that payment of his or her Louisiana State Medical Society dues be postponed. The request shall be in writing addressed to the Board of Governors ~~and must be accompanied by a recommendation from the member's component society.~~ The Board of Governors, after evaluation on an individual basis, may grant permission, and, if granted, shall specify a schedule of repayment. During the period of postponement, the member shall continue with all the rights and other obligations of his or her membership.
4. 5. *Failure to pay dues* – If dues have not been received from a member by the LSMS delinquency date, the member shall be notified that unless their dues are paid by the date specified in the delinquency notice they will be deemed to have resigned and their name shall be removed automatically from the rolls of the Louisiana State Medical Society and, **if applicable**, their ~~component~~ **Chartered Parish** Society.

A former member who has been dropped from the membership rolls due to nonpayment of dues may be reinstated within that same year upon payment of the entire amount of annual dues for the year of reinstatement.

If a former member desires to be reinstated to current membership status with no record of the lapse in membership, he or she shall pay full dues to the Louisiana State Medical

Society and, **if applicable**, to the **Chartered** Parish Medical Society for each year he or she was not a member of the Louisiana State Medical Society.

~~6. Failure by component societies of the LSMS to comply with these provisions will be subject to review by the Board of Councilors which may take appropriate action, rescinding authority to collect specific organization dues.~~

* * *

ARTICLE XXX Awards and Honors

Section 2—Hall of Fame

The Society may honor a member by electing him to the Hall of Fame of the Louisiana State Medical Society.

B. The Method of Selection

Recommendations for this honor, together with relevant data supporting the recommendation, may be sent to the Past Presidents Advisory Council ~~by the component societies~~.

The Past Presidents Advisory Council may select from these recommendations one or more candidates to nominate for the honor. The nominations are presented to the House of Delegates at the Annual Meeting in the form of a resolution.

* * *

Section 7 – Community Service Award

The Society may honor up to two members each year by awarding the Community Service Award of the Louisiana State Medical Society.

The Candidate

A candidate for the Community Service Award shall be a living member of the Society licensed to practice medicine in Louisiana who has not received this award previously and has compiled an outstanding record of community service, which, reflects well on the profession, and is apart from his or her specific identification as a physician.

B. The Method of Selection

Nominations for this award may be submitted ~~by the component societies~~ to the Board of Governors, who will select the recipient.

The Awards shall be given to the honoree at a time and place as designated by the Speaker of the House of Delegates or the Board of Governors.

* * *

APPENDED DOCUMENTS

GLOSSARY

Majority vote. More than half of the legal votes cast were cast in favor of the proposition or candidate.

Two-thirds vote. At least two-thirds of the legal votes cast were cast in favor of the proposition or candidate.

Unanimous vote. All the legal votes cast were cast in favor of the proposition or candidate.

Legal vote. A vote cast by a member legally qualified to vote and, if by ballot, on the prescribed form, clearly and correctly marked.

The Society. The Louisiana State Medical Society.

Federation. An entity formed by a number of societies, each retaining control of its own internal affairs.

Chartered Parish Societies. ~~Component Societies. The societies which band together to form a federation. In the Louisiana State Medical Society the component societies are the Parish Medical Societies and the District Societies.~~ **A Chartered Parish Society is a medical society registered with the Louisiana Secretary of State's Office as a non-profit corporation to legally conduct business in the state, and is a unified chartered component of the Louisiana State Medical Society, and must follow the charter, bylaws, policies, and rules of the LSMS, except those that pertain to joint membership.**

Affiliated Parish Societies. **An Affiliated Parish Society is a medical society registered with the Louisiana Secretary of State's Office as a non-profit corporation to legally conduct business in the state. However, it is not a unified component of the Louisiana State Medical Society and does not have to follow the charter, bylaws, polices and rules, of the LSMS. An Affiliated Parish Society shall sign a memorandum, of understanding with the LSMS confirming that standing.**

Meeting. All the gatherings of members from the initial call to order to the final adjournment sine die. The number of gatherings may vary from one to many covering several days.

Session. One of the gatherings of members at a meeting, each opened with a call to order and each closed with a recess, an adjournment to a later time, or an adjournment sine die. Typically sessions might last half a day with a recess for lunch and an adjournment to a definite time on the following day.

Parliamentary rights. The fundamental parliamentary rights of a member, unless otherwise restricted in these bylaws, include the right

1. To be sent notices
2. To attend meetings
3. To present motions
4. To speak on debatable motions
5. To vote
6. To nominate
7. To be a candidate for office
8. To resign from office or from the organization
9. To serve on councils or committees
10. To inspect official records of the organization
11. To receive upon request an up-to-date copy of the bylaws, charter, rules, and minutes of the organization
12. To insist on the enforcement of the rules of the organization and of parliamentary law
13. To have a fair hearing before expulsion or other penalties are applied
14. To exercise any other rights or privileges given to the members by the law, by the bylaws, or by the rules of the organization.

Societal rights. The societal (organizational) rights of a member, unless otherwise restricted in these bylaws, include the right

1. To expect fair and equitable treatment from other members of the organization
2. To enjoy the social functions of the organization
3. To receive the publications of the organization
4. To receive any perquisites to which the general membership is entitled.
5. To be sent notices
6. To attend meetings
7. To receive or have the right to inspect an up-to-date copy of the bylaws, charter, rules and minutes of the organization.

RESOLUTION 107 - ADOPTED

RESOLVED, that our LSMS supports the following principles for achieving a realistic functional approach to a market system method of achieving cost-effectiveness in health care:

1. Greater reliance on market forces, with patients empowered with understandable fee/price information and incentives to make prudent choices, and with the medical profession empowered

to enforce ethical and clinical standards which continue to place patients' interests first, is clearly a more effective and preferable approach to cost containment than is a government-run, budget-driven, centrally controlled health care system.

2. Individuals should have freedom of choice of physician and/or system of health care delivery. Where the system of care places restrictions on patient choice, such restrictions must be clearly identified to the individual prior to their selection of that system.

3. In order to facilitate cost-conscious, informed market-based decision-making in health care, physicians, hospitals, pharmacies, durable medical equipment suppliers, and other health care providers should be required to make information readily available to consumers on fees/prices charged for frequently provided services, procedures, and products, prior to the provision of such services, procedures, and products. There should be a similar requirement that insurers make available in a standard format to enrollees and prospective enrollees information on the amount of payment provided toward each type of service identified as a covered benefit.

4. Federal and/or state legislation should authorize medical societies to operate programs for the review of patient complaints about fees, services, etc. Such programs would be specifically authorized to arbitrate a fee or portion thereof as appropriate and to mediate voluntary agreements, and could include the input of the state medical society and the AMA Council on Ethical and Judicial Affairs.

5. Physicians are the patient advocates in the current health system reform debate. Efforts should continue to seek development of a plan that will effectively provide universal access to an affordable and adequate spectrum of health care services, maintain the quality of such services, and preserve patients' freedom to select physicians and/or health plans of their choice.

6. Efforts should continue to vigorously pursue with Congress and the Administration the strengthening of our health care system for the benefit of all patients and physicians by advocating policies that put patients, and the patient/physician relationships, at the forefront, and be it further

RESOLVED, that our LSMS Delegation to the AMA House of Delegates bring forth a resolution to the 2017 Annual Meeting of the AMA HOD seeking to reaffirm AMA Policy "Patient Information and Choice H-373.998" in order to "reset the sunset clock".

RESOLUTION 108 – SUBSTITUTE ADOPTED AS AMENDED

RESOLVED, that a Benefit Payment Schedule plan is that type of health insurance in which the insurer makes a payment for covered services according to a schedule of benefits, the physician, hospital or other provider charges a fee for those services and it is up to the patient and the provider to determine what to do about any difference between the fee and the payment, and be it further

RESOLVED, that our LSMS supports the inclusion of the Benefit Payment Schedule type of plan as one option in a pluralistic system of health care financing, and be it further

RESOLVED, that our LSMS delegation to the AMA House of Delegates introduce a resolution at the AMA HOD Annual Meeting 2017 supporting the inclusion of the Benefit Payment Schedule type of plan as one option in a pluralistic system of health care financing.

RESOLUTION 109 – ADOPTED BY CONSENT CALEDAR

RESOLVED, the LSMS reaffirm its commitment to policy 213.08 – Pay-for-Performance Guidelines, and be it further

RESOLVED, the LSMS will (1) take all appropriate steps to actively oppose efforts by third party payers to rank, profile or otherwise score physicians purely for corporate cost containment purposes; and (2) publicize the insurance industry's economic profiling practices and how they impact patient care and access.

213.08 Pay for Performance Guidelines: The LSMS supports the AMA Principles and Guidelines for Pay for Performance Programs as approved by the AMA House of Delegates during the 2005 Interim meeting. (Editorial Note: AMA Policy H-450.947 located in Appendix) (R105-06; reaffirmed R 101-11; reaffirmed R101-16)

RESOLUTION 201 –ADOPTED AS AMENDED

RESOLVED, that our LSMS request that our AMA work with CMS (Centers for Medicare & Medicaid Services) to reinstate in the Medicare fee schedule the AMA's CPT codes for consultation for the purposes of enhancing communication among providers, allowing the tracking of patients seen on ~~referral~~ consultation from other providers; sending of information about the evaluation and recommended management of these patients to those providers thereby increasing collaboration and coordination of care by the ~~referring~~ consulting providers with resulting improved quality of care and compliance with treatment recommendations.

RESOLUTION 202 – ADOPTED BY CONSENT CALENDAR

RESOLVED, that our LSMS request that our AMA work collaboratively with appropriate national and state hospital and other appropriate organizations to encourage those entities, when feasible, to provide the treating practitioner's specialty/credentials to signed progress\consult\operative notes.

RESOLUTION 203 –ADOPTED BY CONSENT CALEDAR

RESOLVED, that our LSMS delegation to the AMA House of Delegates bring forth a resolution to the AMA HOD opposing price controls in order to "reset the sunset clock" on already existing AMA policy opposing price controls in our health system economy.

RESOLUTION 204 - ADOPTED

RESOLVED, that our LSMS:

- Supports reforms to the Medicaid and Medicare programs to ensure that they are viable and effective mechanisms to provide health insurance coverage to low-income individuals, seniors and the disabled.
- Supports state efforts to expand their Medicaid programs, including increased flexibility through the waiver process and/or block grants.
- Supports allowing states the option to provide private coverage to their nondisabled and nonelderly Medicaid beneficiaries, such as refundable and advanceable premium tax credits that can be used to purchase coverage with little or no cost-sharing.
- Supports reinstating Medicaid payment parity with Medicare for primary care services provided under the Medicaid program.
- Supports the restructuring of Medicare's age-eligibility requirements and incentives to match the Social Security schedule of benefits.
- Supports a Medicare defined contribution program that would enable beneficiaries to purchase coverage of their choice from competing health plans. Traditional Medicare would be preserved as an option.

RESOLUTION 205 – SUBSTITUE ADOPTED AS AMENDED

RESOLVED, that our LSMS encourage medical insurance companies to change the term "Medical Loss Ratio" to "Medical Benefit Ratio" **and that insurance companies define the elements comprising the “Medical Benefit Ratio”**, and be it further

RESOLVED, that, in the interest of full transparency, health financing plans, including insurance, prepaid care and value based payment models, be required to publish their Medical Benefit Ratios, and be it further

RESOLVED, that our LSMS delegation to the AMA HOD submit a resolution to the 2017 Annual Meeting of the AMA HOD asking for AMA support for changing "Medical Loss Ratio" to "Medical Benefit Ratio".

RESOLUTION 206 – ADOPTED

RESOLVED, the LSMS supports the protection of individualized compounding in Physicians' Offices, and be it further

RESOLVED, that the LSMS Delegation to the AMA request that the AMA strongly request the FDA withdraw its draft guidance “Insanitary Conditions at Compounding Facilities” and that no

further action be taken by the agency until revisions to the USP Chapter <797> on Sterile Compounding, have been finalized, and be it further

RESOLVED, that our LSMS along with the AMA work with the US Congress to adopt legislation that would preserve physician office-based compounding as the practice of medicine and codify in law that physicians compounding medications in their offices for immediate or subsequent use in the management of their patients is not a compounding facilities under the jurisdiction of the FDA.

RESOLUTION 207 - FAILED

RESOLVED, our LSMS seek and/or support legislation to grant medical licenses for two years, and be it further

RESOLVED, that the fee for a two year license be double the current fee granted for a one year license, and be it further

RESOLVED, that the legislation include a provision that a physician who retires and surrenders his/her license with more than one year remaining before renewal shall be refunded 50% of the license fee.

RESOLUTION 208 - ADOPTED

RESOLVED that the Louisiana State Medical Society introduce or support legislation in the Louisiana legislature to allow exemptions for all school entry immunization requirements to be waived only for medical or religious reasons.

RESOLUTION 301 – ADOPTED BY CONSENT CALENDAR

RESOLVED that the Louisiana State Medical Society (LSMS) make known its appreciation of the preventive efforts to combat Zika virus infection by the president of LSMS sending a letter early in 2017 to the Governor of Louisiana expressing that appreciation for the state's efforts to inform the people of Louisiana about the dangers of Zika virus infection, the public health control efforts in the state to eliminate or at least control the extent of Zika virus infection, the importance of supporting mosquito control efforts in the state, and the importance of continuing active surveillance for incidence of Zika virus infection in the state, including surveillance of Zika virus infection related birth defects.

RESOLUTION 302 – ADOPTED BY CONSENT CALENDAR

RESOLVED, the LSMS supports education for all health care providers, including physicians, and students in all of the health care provider professions, regarding the importance of developing advanced care plans, using resources available in the schools of all of the health professions in Louisiana, the Louisiana state health professional licensing boards, and all Louisiana health professional associations, which are offering continuing health professional education, and be it further

RESOLVED, the president of the LSMS send a letter early in 2017 to the presidents of the universities and colleges in Louisiana with schools for students in the health care professions and to the executive directors of the Louisiana state licensing boards for health care professional persons and to the presidents of the Louisiana health care professional associations expressing LSMS' appreciation for their inclusion of advance care planning education in their curriculums.

RESOLUTION 303 – ADOPTED BY CONSENT CALENDAR

RESOLVED, that the LSMS views with great favor the education of all professional health care providers, including physicians, and students in all of the health care provider professions, including medical students, the dangers of indiscriminate prescription and use of addictive drugs, using resources available in the schools of all of the health professions in Louisiana, the Louisiana state health professional licensing boards, and all Louisiana health professional associations, which are offering continuing health professional education, and be it further

RESOLVED, the president of the Louisiana State Medical Society (LSMS) send a letter early in 2017 to the presidents of the universities and colleges in Louisiana with schools for students in the health care professions and to the executive directors of the Louisiana state licensing boards for health care professional persons and to the presidents of the Louisiana health care professional associations expressing LSMS's appreciation for their stressing to all health care professional persons the importance of knowing the dangers of abuse of addictive drugs.

RESOLUTION 304 – ADOPTED AS AMENDED

RESOLVED, our LSMS encourages professional, business and private sector to assist in the creation of a funding source for the state of Louisiana to pay for medications and other nonsurgical interventions in the management of obesity, and be it further

RESOLVED that our LSMS seek and/or support legislation requiring insurance coverage for non-surgical medical treatments of obesity.

RESOLUTION 401 – ADOPTED

RESOLVED, the LSMS supports the following principals related to network adequacy.

- State regulators should serve as the primary enforcer of network adequacy requirements.
- Any provider terminations without cause should be handled prior to the enrollment period, thereby allowing enrollees to have continued access throughout the coverage year to the network they reasonably relied upon when purchasing the product. However, new physicians may be added to the network at any time.
- Requiring health insurers to submit and make publicly available reports to state regulators that provide data on several measures of network adequacy, including the number and type of providers that have joined or left the network; the number and type of specialists and subspecialists that have left or joined the network; the

number and types of providers who have filed an in network claim within the calendar year; total number of claims by provider type made on an out-of-network basis; and consumer complaints received.

- Requiring health insurers to indemnify patients for any covered medical expenses provided by out-of-network providers incurred over the co-payments and deductibles that would apply to in-network providers, in the case that a provider network is deemed inadequate by the health plan or appropriate regulatory authorities.
- Regulation and legislation to require that out-of-network expenses count toward a participant's annual deductible and out-of-pocket maximums when a patient is enrolled in a plan with out-of-network benefits, or forced to go out-of-network due to network inadequacies.
- Supports the development of a mechanism by which health insurance enrollees are able to file formal complaints about network adequacy with appropriate state regulatory authorities.
- Legislation that prohibits health insurers from falsely advertising that enrollees in their plans have access to physicians of their choosing if the health insurer's network is limited.

RESOLUTION 402 - ADOPTED

RESOLVED, the LSMS joins other State Medical Societies with a joint statement of NO CONFIDENCE in the Board of Directors of the American Board of Internal Medicine, and be it further

RESOLVED, the LSMS, in keeping with consensus of physicians across the country, calls for immediate replacement of the entire ABIM Board of Directors and leadership with new leadership, representative of physicians actively participating in the full-time practice of clinical medicine.

RESOLUTION 403 – SUBSTITUTE ADOPTED AS AMENDED

RESOLVED, the LSMS will seek transparency and request that justification be provided for any institutional or legislative action that increases the cost of medical education, and be it further

RESOLVED, the LSMS will support measures that ~~actively decrease~~ mitigate the expense ~~compensate~~ medical students incur for ~~the expense of~~ medical education without compromising the quality of education.

RESOLUTION 404- SUBSTITUTE ADOPTED AS AMENDED

RESOLVED, the LSMS supports the abolition of USMLE Step 2 CS for US medical students, and be it further

RESOLVED, the LSMS will suggest that the Louisiana State Board of Medical Examiners (LSBME) consider removing USMLE Step 2 CS (Clinical Skills) from the requirements to

obtain Louisiana licensure as a physician, provided that the applicant has passed a standardized clinical skills exam administered by an LCME-accredited medical school.

RESOLUTION 405 – ADOPTED AS AMENDED

RESOLVED, the LSMS reaffirms and calls for the immediate end of any mandatory, secured recertifying examination by the American Board of Medical Specialties or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination, and

RESOLVED, the LSMS continues to work with the American Medical Association, state and specialty medical organizations, and other interested stakeholders to promote legislation and policies that prevent Maintenance of Certification from being used as a condition of licensure, insurance credentialing, reimbursement, employment or hospital admitting privileges.

RESOLUTION 406 – WITHDRAWN

RESOLVED, the LSMS opposes any efforts that would require a physician secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital, and be it further

RESOLVED, LSMS seek and/or support legislation prohibiting the requirement that a physician secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital.

RESOLUTION 407 –REFERRED TO BOG

RESOLVED, the LSMS opposes any mandate in which a physician has to cover the cost of an EMR interface in order to participate in PMP, and be it further

RESOLVED, that the LSMS urge the LA Board of Pharmacy to seek additional funding in order to subsidize the cost of EMR Interfaces with the PMP.

RESOLUTION L1 -ADOPTED

RESOLVED, that Article IV, Section 6 of the LSMS Bylaws be amended to allow medical students from the University of Queensland in Australia who are in training at Ochsner Health System to become medical student members of the Louisiana State Medical Society.

Article IV, Section 6 - Medical Student Members

- A. Qualifications - a medical student member
 1. Must be a medical student, in good standing, in a medical school in Louisiana, which has been approved by the Liaison Committee on Medical Education; or a medical student, in good standing, at the University of Queensland in Australia and training at Ochsner Health System;
 2. Must be a member of the Medical Student Section;

3. Must be of good ethical and moral character;
4. Need not hold a degree of Doctor of Medicine or Doctor of Osteopathy; and
5. Need not be licensed by the Louisiana State Board of Medical Examiners.

Adjournment

At approximately 2:00PM on Saturday, February 3, 2017 and with no additional business to consider, Dr. Perkowski gaveled the 2017 Annual Meeting of the House of Delegates closed and officially adjourned.

2017 House of Delegates – Attendees

Jim Aiken, MD
Luis Alvarado, MD
Ronald Andrews, MD
Kaitlyn Arbour
M. Kaleem Arshad
Susan Bankston, MD
Robert Bass, MD
Donnie Batie, MD
Charles Belleau, MD
Anthony "Andy" Blalock, MD
Irving Blatt, MD
Jonathan Boraski, MD
Jason Braud, MD
Lawrence Braud, MD
Patrick Breaux, MD
David Broussard, MD
Jason Broussard, MD
Randy Brown, MD
Floyd Buras, MD
Tanya Busenlener, MD
Brent Campanella, MD
John Carmody, MD
Vernon Carriere, MD
Brett Cascio, MD
Laura Chauvin, MD
Bryce Christensen
Robert Chugden, MD
Lindsey Cieslinski
Roderick Clark, MD
William "Beau" Clark, MD
C. Ann Conn, MD
Shavaun Cotton, MD
Clifford Crafton, MD
Margaret Crittall, MD
Horacio D'agostino, MD
William Daly, MD
Neal Dixit
Michael Dole, MD
Ken Ehrhardt, MD
Michael Ellis, MD
George Ellis, MD
Donald Falgoust, MD
David Fargason, MD
K. Barton Farris, MD
Cathi Fontenot, MD
William Freeman, MD
Deiadra Garrett, MD
Geoffrey Garrett, MD
Juan Gershanik, MD
Francis Gill
D. Luke Glancy, MD
Stewart Gordon, MD
Rachel Gruner, MD
Carolyn Hagen
Michael Hanemann, MD
Daniel Harper
Alfred Hathron, MD
Mark Hebert, MD
Jeremy Henderson, MD
Billy Hillman, Jr., MD
Rita Horton, MD
Courtney Huval
Harold Ishler, MD
Trenton James, MD
Saman Jayasingh, MD
Daniel "Stormy" Johnson, MD
Patrick Johnson
Anatole Karpovs, MD
Myra Kleinpeter, MD
William Kubricht, MD
Pablo Labadie, MD
Jason Langhofer, MD
Brad LeBert, MD
Owen Leftwich, MD
Dolleen Licciardi, MD
William Long, MD
Euil Luther, MD
Jake, Majors, MD
Jennifer Malsbury, MD
Jose Mata, MD
Michelle McCarthy
Robert McCord, MD
Keanan McGonigle
Richard "Rick" Michael, MD
Harold Miller, MD
Tarisha Mixon, MD
Jason Morvant, MD
Myo Thwin Myint, MD
Anthony Naquin
Nazary Nebeluk
Susan Nelson, MD
R. Newsome, MD
Amberly Nunez, MD
Richard Paddock, MD
Donald Palmisano, MD
Pamela Parra, MD
Carol Patin, MD
Paul Perkowski, MD
Christine Petrin
Claude Pirtle, MD
Marcus Pittman, MD
Antonio Pizar, MD
Donald Posner, MD
Sidney Raymond, MD
Mark Rice, MD
Gregory Richard, MD
Gabriel Rivera-Rodriguez, MD
Karen Ross, MD
Alexis Rudd
Alexandra Sebren
Jay Shames, MD
Rohil Shekher
Lawrence Simon, MD
Tom Siskron, MD
Kevin Sittig, MD
Jimmie Smith, MD
Eben Smitherman
Gregory Sossaman, MD
Shannon Sparrow
Andrew St. Martin, MD
Lee Stevens, MD
Kathleen Sullivan, MD
Henry "Van" Taliaferro, MD
James Taylor, MD
Louis Trachtman, MD
Thomas S. Trawick, MD
Lynn Tucker, MD
Aneide Udofa, MD
Madhav Upadhyaya, MD
Allen Vander, MD
John VanHoose, MD
Dawn Vick, MD
Nick Viviano, MD
William Waddell
John Wales, MD
JoAnn Warrick, MD
Tiffany Wesley, MD
Ezekiel Wetzel, MD
F. Jeff White, MD
R. Mark Williams, MD
Adrienne Williams, MD
Katherine Williams, MD
William Woessner, MD
Thomas Wooldridge, MD