PROCEEDINGS OF THE HOUSE OF DELEGATES

139th ANNUAL MEETING

January 23-25, 2020

Call to Order
Paul E. Perkowski, MD, Speaker of the House called the opening session of the Annual Meeting to order at 2:00PM on Friday, January 24, 2020 at the Marriott Hotel in Baton Rouge, Louisiana. Pastor Drew Rollins from St. Alban’s Chapel in Baton Rouge offered the invocation. The Pledge of Allegiance was recited.

Recognition of Deceased LSMS Members
Members passing in 2019 were: John Bernard, MD, Irving Blatt, MD, Joan Blondin, MD, Florence Jones, MD, Kenneth Kemmerly, MD, Thomas McNeely, MD, Irene Morin, MD, Robert Morrison, MD, O’Neill Pollingue, MD, James Stewart, MD, Paul Tennis, MD, Harry Winters, MD, Eugene Worthen, MD

Recognition of 50 Year Anniversary Physicians
The 50 Year Physicians include: Safeer Ahmad, MD, Ramon Aizpurua, MD, C. Barrett Alldredge, MD, Harish Anand, MD, Paul Azar, MD, Joseph Barron, MD, Emile Barrow, MD, Edwin Beckman, MD, Joseph Bocchini, Jr., MD, James Boyd, MD, Nagarajan Chandrasekaran, MD, Reuben Chrestman, III, MD, Jerry Drummond, MD, Craig Folse, MD, Julian Foreman, MD, A. Joanne Gates, MD, Victor Gunderson, MD, Gerald Hannan, MD, John Hevron, Jr., MD, Lewis Jones, MD, Frederick Korndorffer, MD, A. Gene Lampson, MD, Powlin Manuel, MD, Don Marx, MD, Bryan McCann, MD, Joseph Miceli, MD, Liang-Sien Oey, MD, Thomas Quaid, MD, Albert Richert, MD, John Romero, MD, Lawrence Russo, MD, Louis Sardenga, MD, Fayez Shamieh, MD, J. Wayne Smith, MD, Linda Stewart, MD, Hossein Tabari, MD, Robert Thornton, MD, John Walker, Jr., MD, Margaret Winkler, MD, Emery Worley, MD, Guy Zeringue, MD

Remarks of the Speaker
Paul E. Perkowski, MD, Speaker of the House began his remarks by welcoming all participants and thanking them for making the trip to Baton Rouge. He also thanked the sponsors of meeting. Dr. Perkowski explained that the meeting would follow the rules of Sturgis.

Dr. Perkowski further announced that the procedure for elections for offices elected by the House of Delegates would be outlined by the Committee on Rules and Order of Business. The Speakers 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.

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. Additionally, the Speakers reminded delegates that minutes from BOG meetings cannot be changed.
He reminded the delegates of the process by which resolutions are numbered and categorized. He reiterated the Speakers make only minor editorial changes to the resolve segment 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 procedure for offering amendments. Amendments should be presented to LSMS staff at the table in the back of the House. 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 displayed on the screens.

Dr. Perkowski reminded attendees that when speaking at the microphones to identify yourself, who you represent, and state whether you support or oppose the resolution or amendment.

**Report of the Credentials Committee**

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

**Report of the Committee on Rules and Order of Business**

Anthony “Andy” Blalock, MD, Chair, presented the report of the Committee on Rules and Order of Business which met earlier in the day. The Committee recommended the following rules for use by the 2020 House of Delegates:

1. Limitation of Debate: The tradition of previous meetings regarding limitation of debate be 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. Elections packet was approved as presented.

The report and recommendations of the committee on Rules and Order of Business were approved by the House of Delegates.
Elections
The following members were elected to serve:

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<tr>
<th>Board of Governors</th>
<th>Position</th>
<th>Name</th>
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<tr>
<td></td>
<td>President-Elect</td>
<td>William Freeman, MD</td>
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<td>Vice President</td>
<td>R. Reece Newsome, MD</td>
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<td>Speaker, House of Delegates</td>
<td>T. Steen Trawick, MD</td>
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<td>Vice Speaker, House of Delegates</td>
<td>William Clark, MD</td>
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<td>Secretary- Treasurer</td>
<td>Richard Paddock, MD</td>
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<td>Chairman, Council on Legislation</td>
<td>David Broussard, MD</td>
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<td>First District Councilor</td>
<td>George Ellis, MD</td>
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<td>Allen Vander, MD</td>
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<td>Adrienne Williams, MD</td>
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<td>Brian Gamborg, MD</td>
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<td>Anthony Blalock, MD</td>
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<td>Medical Student Member</td>
<td>Jacob Boudreaux</td>
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<td>Omar Leonards, MD</td>
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<td>Amberly Nunez, MD</td>
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<td>Senior Physician Member</td>
<td>Robert McCord, MD</td>
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<td>Dan Frechtling</td>
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<td>Alternate Senior Physician Member</td>
<td>Gregory Lord, MD</td>
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<td>Luis Alvarado, MD</td>
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<td>Lee Stevens, MD</td>
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<td>F. Jeff White, MD</td>
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<td>Alternate Delegate</td>
<td>William “Beau” Clark, MD</td>
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<td>Alternate Delegate/Member in Training</td>
<td>Caleb Natale</td>
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<td>Seventh District Councilor</td>
<td>John VanHoose, MD</td>
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<td>Medical Student Member</td>
<td>Muhammad Farooq</td>
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<td>Omar Leonards, MD</td>
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<td>Young Physician Member</td>
<td>Matt Giglia, MD</td>
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<td>Senior Physician Member</td>
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LSMS Alliance Member: Rose Kuplesky 2020
Alternate First District Councilor: Vacant
Alternate Third District Councilor: Vacant
Alternate Fifth District Councilor: Vacant
Alternate Seventh District Councilor: John Noble, MD 2020-2021
Alternate Ninth District Councilor: Vacant
Alternate Medical Student Member: Vacant
Alternate Resident Member: Vacant
Alternate Young Physician Member: Ashley Bordelon, MD
Alternate Senior Physician Member: Gregory Lord, MD
LSMS Alliance Alternate: Vacant

Approval of the Proceedings of the 2019 House of Delegates
The Proceedings of the Annual Meeting of the 2019 House of Delegates were approved as published in the Delegates handbook.

Approval of the Actions of the Board of Governors during 2019
The minutes of the Board of Governors during 2019 were presented and approved by the House of Delegates.

Report of the Budget and Finance Committee
Amberly Nunez, MD, Chair of the Budget and Finance Committee presented the report of the Committee and the proposed 2020 budget on January 25, 2020. She reviewed the Committee’s recommendations. Following discussion, the proposed budget for 2020 of $1,613,000 in projected revenues and $1,612,584 in projected expenses was adopted by the House along with the accompanying recommendations in the Report of the Budget and Finance Committee.

Installation of the President
The Presidential Oath of Office was administered to President-Elect Katherine Williams, MD by Lee Stevens, MD, President. Dr. Stevens presented the Presidential Medallion and President’s Lapel Pin to Dr. Williams. Concluding the installation ceremonies Dr. Stevens presented the gavel to Dr. Williams symbolizing the transfer of the Presidency. Dr. Williams gave an inaugural address, included below, outlining her goals for the LSMS for 2020.

“It is a privilege and an honor to serve you as the 140th president of the Louisiana State Medical Society. I thank you for allowing me the opportunity and for putting your trust in me. While I recognize that we won’t always agree on everything, I hope you know that I - and the other members of LSMS’ leadership team - are absolutely committed to doing what is best for this organization.

Throughout my career I have been a strong advocate for physicians because I believe our voice is essential in maintaining quality healthcare in Louisiana. I graduated from medical school in 1994 and finished my residency in OB/GYN in 1998, both at LSU Medical School in New Orleans. I, as many of you, started the long journey of brutal hours and stressful academics with a strong endeavor to contribute to community and humanity. As physicians we are given the knowledge and training to have meaningful impact on so many lives. The history of medicine has evolved in a way to provide us with the best training to deliver the best care. Improvements in medical education, technology, and treatments are driven by leading physicians in the world in order to deliver the most benefit to our patients with the least harm.
However, today more than ever, we are threatened with opposing forces that are causing us to lose our identity.

Our identity is intertwined with deeply personal connections with our patients that are unique from all other types of relationships. Patients confide and share things with us that they often share with no one else. According to the American College of Physicians, patients want and need a number of attributes in a physician: knowledge, expertise, kindness, caring, attentiveness, a willingness to explain, and offers of reassurance. “Healthcare provider” is a marketplace term that is hardly accurate to describe this cherished relationship between a physician and patient. But rather industry attempts to redefine us and our service as a business commodity.

Dr. Wendy Dean, a psychiatrist from Washington, D.C., describes the difficulties, frustrations, and some of the burnout that physicians have been experiencing lately. According to Dr. Dean, this is not burnout. She says it is much, much worse. It is moral injury that’s being imposed upon physicians.

In fact, Dr. Dean feels that calling out burnout is a false attempt to try to blame physicians for our inability or lack of resilience in dealing with changes in practice which are beyond our control, when actually the true problem is our healthcare system. She defines moral injury as perpetrating or bearing witness to acts that transgress deeply held moral beliefs.

In other words, physicians take an oath to provide the best care to their patients and are taught from the beginning of their training that patient care is their first priority.

But then physicians are limited by the business framework of healthcare. What we know is best for the patient is ultimately restricted, denied or deferred by the economics of the healthcare system - what the insurer will allow or even what’s best for the hospital system.

The term burnout implies that what we feel is our fault, that we are not well enough, that we do not care for ourselves enough, that we are not resilient enough.

But we know that no amount of meditation, exercise, or wellness lectures are going to help what ails us when our patient is denied necessary surgery by their insurance company, or when a patient needs a certain medication that’s not on their insurance formulary, or when a patient needs a referral to a specialist that isn’t allowed because that causes leakage outside of the corporate healthcare system which hurts the economics of that system.

According to Dr. Dean, “There's no amount of wellness that will allow us to be resilient to those kinds of insults.”

Until we can allow physicians to think primarily about what is in the best interest of their patient, we aren't going to solve the problem. As physicians we need to look at the symptoms and define the cause of this identity crisis.

Physician frustration is not caused by flaws in our character but flaws in a system.

As an organization, we need to work together to try to fix it.

While the technology and finances of the business of medicine have driven the changes, we have allowed the central physician - patient relationship to diminish in importance just as we have
allowed our relationships with each other to disappear. We must retake control of the care of our patients and how our identity is defined.

Certainly, there are financial aspects to the health care system that we cannot overlook, but we need to refocus the delivery back to what is truly needed for our patients and for our physicians.

So how do we do it?

First and foremost, we need to stick together.

We need to continue to build our tight community of physicians working together to a better end. We need to connect and reconnect with our peers for support and strength. We need to encourage them that it is not time to give up, but time do something about it. We need to stay true and stand up for issues that are important to the physicians and patients of Louisiana.

Too often I see outside states and societies tell us what they think should be our best practice. Let the physicians of Louisiana stay united that we may decide what is best for Louisiana without pressure or prejudice as we give other states that same courtesy.

Secondly, we need to value the relationships that we have with our patients because that relationship is the cornerstone of healthcare.

We need to put a stop to noncompete clauses in employment contracts where physicians are cast aside as a failed business commodity instead of a valuable healer to their patients and their community.

We need to ensure that there is proper oversight of extended providers. There is a proven vetted medical curriculum and training that is necessary to safely diagnose and treat patients.

Extended providers are certainly assets in the healthcare system but not as replacements for physicians and not delivering care alone.

Thirdly, we need to help physicians navigate the bureaucracy and business of medicine so that we can focus on the relationship that means the most.

We must protect the medmal cap and PCF fund that helps control the cost of malpractice insurance allowing us to continue to deliver affordable healthcare.

We must continue to advocate for our patients by supporting policy and legislation that simplifies the process and mandates coverage of necessary health insurance benefits.

We must not tolerate any corporate healthcare entity that limits their competition for the purpose of financial gain through deselection or diversion especially when it is not in the best interest of the patient.

We must develop resources that allow physicians to maintain independence by simplifying the business of medicine through such programs as IPAs that help with tedious contract negotiation and management services for newly independent physicians.
And we must ensure that employed or “aligned” physicians feel confident and secure in their recommendations to patients without threat of penalty so that they may stay true to their identity and purpose.

Finally, I am here today as your president as a culmination of 22 years of service because I believe in my training, I believe in my profession, and I believe in you, the Louisiana State Medical Society, that together, we can heal not just ourselves but the people of Louisiana.

Thank you.”

Resolutions to the House of Delegates
The following actions were adopted during the Houses of Delegates for 2020. New language is bold and underlined and language deleted contains strike through marks.

RESOLUTION 101 – ADOPTED AS AMENDED
SUBJECT: Councils recommendation regarding reaffirming policies as amended

RESOLVED, that the following LSMS policies be reaffirmed in lieu of sunsetting.

60.03 Emergency Medical Services - Expanded Emergency Medicine Training
REAFFIRMED
The LSMS strongly believes emergency medicine is an essential service and supports the growth of emergency medicine residency programs in the state in order to provide a continuing supply of well-trained emergency physicians to care for the people of Louisiana.

91.04 Hospitals; Organized Medical Staff - Medical Staff Self-Governance
REAFFIRMED
The LSMS supports laws which clearly establish the independent status of the medical staff and sets forth medical staff basic rights and responsibilities.

91.05 Hospitals; Organized Medical Staff - Age Limits on Active Medical Staffs
REAFFIRMED
The LSMS opposes the practice of using age as a factor in determining hospital medical staff membership.

91.09 Hospitals; Organized Medical Staff - Medical Staff Leadership Positions
REAFFIRMED
The LSMS supports as a requirement of a physician functioning as medical director or any other medical staff position in any licensed health care facility in Louisiana to maintain an unrestricted Louisiana license to practice medicine.
91.10 Hospitals; Organized Medical Staff - Hospital Privileges and Limited Health Care Practitioners

REAFFIRMED AS AMENDED

The LSMS recommends all medical staffs incorporate provisions in their bylaws for the voluntary sponsorship and agreement to supervise by a qualified member of the medical staff as a prerequisite for admission of limited licensed health care practitioners to the staff granting clinical privileges. The admission of patients for services provided by the limited licensed health care practitioners should be processed through a qualified physician willing to sponsor and supervise the limited licensed health care practitioner. ** Patients admitted to an acute care hospital by a sponsored limited licensed health care practitioner should ideally be seen by qualified physician within 24 hours. **

92.02 Nursing Homes – Pharmaceutical Company Rebates for Nursing Home Pharmacies

REAFFIRMED

The LSMS opposes allowing nursing home pharmacies from receiving pharmaceutical company rebates for soliciting nursing home physicians to utilize specific drugs based on purely economic reasons while disregarding quality, or clinical effectiveness of other drugs.

92.03 Nursing Homes – Payment of Co-pays and Deductibles

SUNSET

The LSMS supports requiring that individuals who are dually eligible for Medicare and Medicaid to pay reasonable deductibles and copays for nursing home care.

100.15 Health Care Reform - State Funding

REAFFIRMED

The LSMS supports any legislative initiative to remove dedications of public funding in an effort to mitigate budget reductions to healthcare when the state experiences budget shortfalls.

110.04 Health Information - Electronic Health Records Meaningful Use

REAFFIRMED AS AMENDED

The LSMS supports an exception for physicians practicing in rural and HPSA areas of Louisiana from having to meet the requirement of meaningful use which mandates the use of secure electronic communication with patients, and direct the AMA Delegation submit a resolution to request the AMA seek changes in federal law to permit such an exception for Louisiana physicians in rural areas.

120.07 Health Insurance - Employer Mandate

REAFFIRMED

The LSMS recognizes employer provided insurance as one of the important options for financing health care coverage but it should not be mandated.

121.01 Eligibility, Benefits & Coverage - Patient Protections

REAFFIRMED

The LSMS supports the following patient protections being included in contracts issued by health insurance issuers:

(1) Health plans be required to provide prospective enrollees/patients with information regarding:
(a) coverage provisions and exclusions;
(b) prior authorization or other review requirements;
(c) financial arrangements that would limit the services offered, restrict referral options, and establish incentives not to deliver certain services;
(d) plan limitations and the impact of any limitations upon an enrollee; and
(e) enrollee satisfaction statistics.

(2) Patients have a choice of physicians and different types of health plans
(3) Patients have the right to change physicians.
(4) Patients can submit an appeal on cases where they object to medical decisions made by third party payers regarding their health care.
(5) Patients who choose a plan that restricts access to physicians may purchase a point of service option to see any physician outside the plan.
(6) Patient or physician requests for prior authorization of a service must be answered within two business days, with personnel available for same day responses regarding questions of medical necessity.

121.12 Eligibility, Benefits & Coverage - Health Savings Accounts
REAFFIRMED
The LSMS strongly supports the utilization of Health Savings Accounts (HSAs) as one option in a pluralistic system for patient health care coverage.

121.13 Eligibility, Benefits & Coverage - Commercial Insurance; Pre-existing Conditions
REAFFIRMED
The LSMS opposes the inclusion of any pre-existing condition clause in a health insurance contract as these clauses generally prevent the acquisition of affordable health care insurance.

121.14 Eligibility, Benefits & Coverage – Commercial Insurance; Lifetime Cap on Benefits
REAFFIRMED
The LSMS opposes the inclusion of any lifetime cap on benefits in any health insurance contract.

121.15 Eligibility, Benefits & Coverage - Commercial Insurance; Preventative Care
REAFFIRMED
The LSMS supports requiring all third-party payers to include as a benefit of the health insurance coverage for appropriate preventive care based on evidence-based guidelines developed by nationally recognized medical specialty societies for patients at various stages of life.

121.16 Eligibility, Benefits & Coverage - Commercial Insurance; Prompt Pay
REAFFIRMED
The LSMS supports requiring commercial health insurance issuers to pay physicians in a timely manner and will continue to inform its members of the law and rules regarding prompt pay in its publications and through its website.

122.03 Health Care Quality Initiatives - Health Care Quality Guidelines
REAFFIRMED
The LSMS opposes all government and insurance efforts to take control of quality assurance programs and supports all appropriate avenues to ensure that LSMS
physicians be involved in all stages of development, review, and implementation of quality standards in the Medicaid program.

122.04 Health Care Quality Initiatives - Physician Clinical Performance Assessments
REAFFIRMED
The LSMS opposes the use of any clinical performance assessments completed by private or government payors from being introduced into evidence during any medical malpractice, state licensure, or hospital peer review proceeding.

123.03 Managed Care - Managed Care Plan’s Conditional Approval for Network
REAFFIRMED
The LSMS supports requiring managed care organizations (MCOs) operating in Louisiana to reimburse physicians for all care provided to patients covered by the MCO during the time between when the physician applies for credentialing with the MCO and the time the physician is finally approved for participation in the MCO panel.

123.05 Managed Care - Managed Care Plan Credentialing and Application Process
REAFFIRMED
The LSMS supports regulations which would require all managed care organizations to develop a uniform platform which would allow physician applicants the ability to immediately assess the status of his/her application for credentialing for an MCO panel. Fines should be implemented following 60 days after all documents are received that the managed care company is delayed in making a final decision on the physician’s application. MCOs seeking recredentialing of physicians should require only that physicians note or report any changes from the initial application or prior recertification.

123.06 Managed Care – Commercial Insurance Tying
REAFFIRMED
The LSMS opposes any law, policy, or contractual provision which seeks to require mandatory participation in the Medicaid program if the physician otherwise participates in commercial health insurance plans.

130.06 Indigent and Uninsured - Publicly Funded Healthcare Programs: Patient Protections and Rights
REAFFIRMED
The LSMS supports policies and initiatives which would require publicly funded programs providing healthcare services, to provide patients receiving services through these programs a schedule or list of the entitlements, benefits and patient rights including the right to select either a public or private sector physician for their health care.

143.05 Legislation and Regulation - LSMS Presence at Medicaid Budget Hearings
REAFFIRMED
The LSMS Department of Governmental Affairs will be present at any legislative committee hearing at which physician reimbursement will be discussed. The Department of Governmental Affairs will be present when the DHH budget is presented in committee so that reimbursement issues can be addressed. The LSMS Department of Governmental Affairs will work with the specialty societies to coordinate the attendance of physicians to provide testimony where issues related to Medicaid reimbursement are addressed.
151.02 **Medicaid Funding - SCHIP Legislation**
**REAFFIRMED**
The LSMS opposes the inappropriate use of the SCHIP program as an incremental step toward a single-payer government run health care system.

200.03 **Mental Health - Parity of Benefits for Mental Illness**
**REAFFIRMED**
The LSMS affirms its support of health system reform which will guarantee parity of benefits for the mentally ill from its inception and opposes any reform which further stigmatizes our mentally ill patients by continuing to deprive them of the necessary access to affordable care.

210.03 **Physicians - Criminalization of Medical Decisions:**
**REAFFIRMED**
The LSMS opposes the criminalization of medical decisions and actions by physicians and other healthcare providers who in loyalty to their patients and who in proper exercise of their clinical judgment and for appropriate reasons depart from established medical care and resource allocation guidelines or standards.

211.01 **Advertising - Advertising by Physicians**
**REAFFIRMED**
The LSMS opposes false, fraudulent, misleading, or deceptive statements of professional credentials by physicians. Advertising or other publicity by individual physicians, medical group practices, or professional medical corporations, including participation in public functions, should not contain self-laudatory statements of claims regarding the quality of their services which cannot be readily measured or accurately defined. A physician, medical group practice, or professional medical corporation should not offer compensation or give anything of value to representatives of the press, radio, television, or other communication mediums in anticipation of or in return for professional recognition in a public news item of any kind. A paid advertisement must be identified as such unless it is apparent from the content that it is a paid advertisement.

212.09 **Licensure and Discipline – Maintenance of Licensure**
**REAFFIRMED**
The LSMS is opposed to any effort by the state of Louisiana, including but not limited to the Louisiana State Board of Medical Examiners, to require that a physician complete a “maintenance of licensure (MOL)” program similar to that proposed by the Federation of State Medical Boards (FSMB) as a condition of licensure.

213.01 **Physician Contracts & Payment - Physicians Rights Under Health Coverage Plans**
**REAFFIRMED**
The LSMS believes that all physicians should enjoy the following rights with regard to health coverage plans:

1. Health coverage plans should be prohibited from terminating contracts with physicians without cause and should provide physician applicants with all reasons for denial of an application or nonrenewal of a contract. Physicians should be accorded a due process appeal which utilizes the procedure for appeal set forth in the Healthcare Quality Improvement Act of 1986. Procedures that ensure
confidentiality of provider and individual medical records must also be followed.

(2) Health coverage plans should establish credentialing criteria to allow physicians within the plan's geographic service area to apply for credentials. Credentialing should be based on standards of quality with criteria and profiles available to physicians.

(3) Health coverage plans should establish a mechanism under which physicians can provide input into insurer’s medical policies.

(4) Health coverage plans should allow for physician to provide input regarding their participation in health coverage plans which includes, but is not limited to, the following:

a. Permitting physicians to negotiate with insurers on the terms and conditions of their participation on provider panels.

b. Disclosing all participation requirements and selective contracting criteria to physicians interested in entering into a contractual relationship.

c. Establishing self-governing medical staffs similar, if not identical, to those in hospitals that function under the principles of self-governance.

d. Establishing appropriate utilization review criteria which includes but is not limited to:

   (i) A model in which a medical director is responsible for all clinical decisions of the plan.

   (ii) Screening criteria, weighting elements, and computer algorithms used in the review be based on sound scientific principles, developed with physicians having an essential role.

   (iii) Only a physician of the same specialty as the practitioner who provided a service should be permitted to recommend denial of coverage or payment.

   (iv) Provide to participating physicians the names and credentials of those who conduct medical necessity or appropriateness reviews.

213.04 Physician Contracts & Payment - Discounting of Cost of Care

REAFFIRMED

The LSMS supports allowing hospitals and physicians and other healthcare providers to discount the cost of care to the uninsured and to those individuals who have purchased high deductible insurance plans as the physician or healthcare provider deems appropriate based on the patient’s economic conditions.

213.20 Physician Contracts & Payment – Bundled Payment Systems

REAFFIRMED

The LSMS opposes mandatory bundling of reimbursement for episodes of care to hospitals that precludes independent billings by physicians.
233.01  Medical Malpractice - Tort Reform
REAFFIRMED
The LSMS supports the enactment of legislation that will foster needed tort reforms to address the expanding burden of the current tort system, particularly the high transition costs of medical professional liability in Louisiana and across the nation.

233.02  Medical Malpractice - Establish the Authority to Limit Damages
REAFFIRMED
The LSMS supports appropriate legislative initiatives which seek further solidify the established authority of the legislature to limit damages for medical malpractice awards.

233.04  Medical Malpractice – Solidary Liability
REAFFIRMED
The LSMS believes that in matters of tort litigation each tortfeasor shall pay only for the portion of the damage that he/she has caused, and the tortfeasor shall not be solidarily liable with any other person for damages attributable to the fault of that person. The LSMS opposes any attempt to reinstitute solidary liability in Louisiana.

233.07  Medical Malpractice - Loser Pays Rule in Civil Litigation
REAFFIRMED
The LSMS supports a loser pays rule in civil litigation.

243.02  Immunizations – Annual Vaccinations
REAFFIRMED
The LSMS supports the annual administration of vaccines recommended by the Centers for Disease Control and/or the American Academy of Pediatrics. The Secretary of the Louisiana Department of Health and Hospitals should arrange for adequate funding to administer the vaccine in public health clinics. LSMS supports the requirement for all students entering school to have the required vaccines in accordance with State Health Department approved schedule.

243.03  Immunizations - Influenza Vaccine for Health Care Workers
REAFFIRMED
The LSMS supports the annual vaccination of health care providers, per CDC guidelines, as a public health measure to protect patients and reduce the spread of disease.

243.05  Immunizations - Louisiana Immunization Networks for Kids Statewide (LINKS)
REAFFIRMED
The LSMS supports the Louisiana Immunization Networks for Kids Statewide (LINKS) and supports initiatives which seek to:

1. Achieve consistency between state and federal guidelines for the appropriate timing of vaccine administration.
2. Develop methods which are secure and simple to correct errors in patient records.
3. Expand reporting requirements for the LINK system to include all entities that administer vaccines to children.
245.03 Public Health Education – Distribution of Condoms in Public Schools
REAFFIRMED
The LSMS supports local school boards to have the option as to whether condoms can be distributed in public schools. The LSMS believes that the most reliable ways to avoid STD transmission is to abstain from sexual activity. Furthermore, although condom use cannot provide absolute protection, we agree with the CDC that consistent and correct condom use does reduce the risk of STD and HIV transmission.

250.05 Scope of Practice - Employing Ancillary Personnel
REAFFIRMED
The LSMS believes it is a right for a physician to employ ancillary personnel that enhance and are a direct extension of physician’s specialty and practice.

270.01 Taxes - Sales and Use Tax
REAFFIRMED
No sales and/or use tax should be applied to any materials, including but not limited to prescription drugs and vaccines, that are provided to a patient in a physician’s office relating directly to the treatment of a patient.

280.07 Tobacco - Smoking at LSMS Meetings
REAFFIRMED
Smoking is prohibited at all LSMS meetings.

280.08 Tobacco - Opposition to the Tobacco Industry
REAFFIRMED
The LSMS is opposed to the tobacco industry in its production, distribution and advertising of addictive tobacco products. The LSMS condemns the intense efforts of the tobacco industry to thwart any attempt to protect the public from tobacco and its related illnesses.

280.12 Tobacco - Nicotine Addiction
REAFFIRMED
The LSMS believes that it is imperative to educate its members on the need to appropriately diagnose nicotine addiction and ensure, through appropriate regulatory agencies, that third party payers provide payment for the treatment of nicotine abuse and/or addiction which is on parity with other mental and physical conditions.

RESOLUTION 102 – ADOPTED AS AMENDED
SUBJECT: Councils recommendation regarding reaffirming policies as amended

RESOLVED, that the following LSMS policies be reaffirmed as amended.

91.12 Hospitals; Organized Medical Staff - Hospital Violence and Security
SUNSET POLICY 91.12. AMENDED & REAFFIRMED POLICY 90.02
The LSMS supports initiatives to develop sound integrated hospital security, policy, and procedures and staff training to combat violence in hospitals, any health care setting.
Scope of Practice - Expansion of Scope of Practice

**REAFFIRMED AS AMENDED**

It is the policy of the LSMS that the independent practice of medicine is to be reserved for licensed physicians and that non-physicians should only deliver care under the supervision and leadership of licensed physicians. In accordance with its Mission Statement when matters of treatment, diagnosis, patient safety, and quality of care regarding allied health professionals are introduced in the Louisiana legislature, the Council on Legislation is empowered to negotiate the best possible position for the citizens of Louisiana consistent with the following guidelines:

1. Physicians licensed to practice medicine in the state of Louisiana should be the director of any health system team or team health approach to patient care and be immediately available for onsite consultation and held accountable for all actions thereof.
2. Whenever prescriptive authority is involved, physicians licensed to practice medicine in the state of Louisiana are the controlling authority for said prescribing practices.
3. As long as a bill remains active in a legislative session, the Council on Legislation may alter its initial position on the legislation taking into account the practical and political realities existing at any point in time in the legislative process, in consultation and agreement to an emergency vote of the majority of the Council on Legislation members.
4. Expansion of the scope of practice by a non-physician practitioner should be regulated and controlled through the Louisiana State Board of Medical Examiners when such expansion of the scope of practice would otherwise constitute the practice of medicine.

**RESOLUTION 103–ADOPTED**
**SUBJECT: Councils Recommendation Regarding Sunset Policies**

RESOLVED, that the following LSMS policy be sunset.

212.11  **Federal Compact for Telemedicine**
**SUNSET**
The LSMS opposes the federal compact for the practice of telemedicine as it is currently written and will oppose any legislation introduced to implement the provisions of the compact in Louisiana.

**RESOLUTION 104 – ADOPTED AS AMENDED**
**SUBJECT: Directives to Sunset**

RESOLVED, that the following directives be sunset.

*Maintenance of Certification:* The LSMS ask the LSBME to develop policy 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. (R202-18). **AMENDED AND REAFFIRMED CURRENT POLICY 212.01**
Increasing the Minimum Age to Purchase Tobacco Products: The LSMS seek and/or support legislation that raises the legal age to purchase tobacco products, including but not limited to cigarettes, e-cigarettes and other electronic forms of nicotine delivery systems, hookah, and smokeless tobacco from 18 to 21. (R203-18). Federal legislation passed in December 2019 and is awaiting the signature of the President. AMENDED AND REAFFIRMED CURRENT POLICY 280.09

PMP Audits: The LSMS seek via statute or rule changes to the PMP so that a query of a patient record in the PMP, including its audit trail, shall only be made by a licensed health care professional directly involved in care of that patient or their delegate, or by that professional’s licensing board. (R204-18) CREATED NEW POLICY 111.04

Ad Hoc Committee on Local Independence: The LSMS Board of Governors create an ad hoc committee to study the effect of de-unification on parish medical societies and LSMS membership with a report back to the 2020 House of Delegates. Report distributed at 2020 House of Delegates. SUNSET

Physician Non-Compete Contracts: The LSMS seek and/or support legislation to prohibit the enforceability of physician non-compete agreements in Louisiana. AMENDED AND REAFFIRMED CURRENT POLICY 213.18

RESOLUTION 105 – ADOPTED
SUBJECT: AMA Delegation – Official Family

RESOLVED, that Article XIX (AMA Delegation) of the LSMS Bylaws be amended by addition as follows:

ARTICLE XIX
AMA Delegation
The Louisiana State Medical Society is a constituent of the American Medical Association, a federation of state medical societies. The Louisiana State Medical Society shall send a delegation to the House of Delegates of the American Medical Association.

A. Members
The delegation is composed of active physicians, young physicians, residents and fellows and medical students who serve as those Delegates and delegates or alternate delegates Alternate Delegates elected to represent the Louisiana State Medical Society at the House of Delegates and/or at special interest section meetings of the American Medical Association. In the event that the size of the LSMS AMA Delegation is changed in number when the LSMS House of Delegates is not in session, the Board of Governors is empowered to adjust the size of the LSMS AMA Delegation in the manner it feels is most equitable.

Delegates and Alternate Delegates, except for those delegates from the Medical Student Section and the Resident Section, must have been members of the Louisiana State Medical Society for at least three years at the time of their election.

The number of Delegates and Alternate Delegates is determined by the apportionment ratio specified by the American Medical Association.
Delegates and Alternate Delegates, except medical student and resident delegates (members in training), shall serve terms of two years staggered so that approximately one half are elected each year. Medical students and resident delegates (members in training) shall serve terms of one year. All terms commence January 1 of the year of election.

A vacancy shall be filled for the unexpired portion of the term by an appointee of the Board of Governors except during the Annual Meeting. If a vacancy becomes apparent during the Annual Meeting it will be filled by election during that meeting.

RESOLUTION 106–ADOPTED
SUBJECT: LSMS Officers must uphold Society policies

RESOLVED, that elected and/or appointed officers or representatives to the LSMS are expected to publicly uphold and assert support for the stated policies of the organization when acting as a representative of the Society at any outside event or meeting, and be it further

RESOLVED, that Article V (Officers – General) of the LSMS Bylaws be amended by addition and deletion as follows:

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. When representing the LSMS in any capacity, officers shall support and defend policies adopted by the House of Delegates and the Board of Governors. And be it further

RESOLVED, that Article XIX, (AMA Delegation) of the LSMS Bylaws be amended by addition and deletion as follows:

ARTICLE XIX - AMA Delegation
The Louisiana State Medical Society is a constituent of the American Medical Association, a federation of state medical societies. The Louisiana State Medical Society shall send a delegation to the House of Delegates of the American Medical Association, and to the AMA Section meetings of Young Physicians, Resident Physicians, and Medical Students.

A. Members
The delegation is composed of active physicians, young physicians, residents and fellows and medical students who serve as those Delegates and delegates or alternate delegates Alternate Delegates elected to represent the Louisiana State Medical Society at the House of Delegates and/or at special interest section meetings of the American Medical Association.

* * * *

D. Duties
1. To attend meetings of the House of Delegates of the American Medical Association;
2. To represent the Louisiana State Medical Society at the meetings of the House of Delegates of the American Medical Association or at special interest section meetings, where they shall faithfully represent the LSMS and its official policies; and

3. To serve as a member of the House of Delegates of the Louisiana State Medical Society.

RESOLUTION 107– ADOPTED AS AMENDED
SUBJECT: Changes to the LSMS House of Delegates & Annual Meeting

**RESOLVED** that the Louisiana State Medical Society President shall appoint an ad-hoc committee to study the feasibility of scheduling the Annual Meeting of the House of Delegates at a different time of the year, and be it further

**RESOLVED** that the ad-hoc committee shall be comprised of nine LSMS members including one representative from the Board of Governors, one representative from the Past Presidents Advisory Council, two representatives from the Young Physician Section, two representatives from the Resident and Fellow Section, **one representative from the medical student section**, the Chairman of the Council on Legislation, and the Speaker and Vice Speaker of the House of Delegates, and be it further

**RESOLVED** that the committee shall provide a report to the Board of Governors at each of its scheduled meetings in 2020, and be it further

**RESOLVED** that the committee shall provide a report and make a recommendation to the full House of Delegates during its 2021 Meeting in Baton Rouge, and be it further

**RESOLVED** that no changes be made that impact existing contracts for future meetings of the House of Delegates.

RESOLUTION 108– ADOPTED AS AMENDED
SUBJECT: Permission for LSMS Sections to author and submit resolutions to House of Delegates

**RESOLVED**, that our Louisiana State Medical Society allow Sections, included but not limited to the Young Physician Section, Resident Section, Medical Student Section, and Senior Physician Section, **Affiliated Parish Medical Societies**, of LSMS to author and submit resolutions to the House of Delegates.

**RESOLVED**, that ARTICLE XII (House of Delegates) of the LSMS bylaws be amended by addition as follows:

**ARTICLE XII**

***

H. Method of Doing Business
2. Introduction of Resolutions—Resolutions may be presented by a delegate, an alternate delegate, a Chartered Parish Society, a general officer of the Society, the Board of Governors, a Council or Standing Committee of the Louisiana State Medical Society, a Standing Committee of the House of Delegates, Young Physician Section, Resident Section, Medical Student Section, Senior Physician Section, or an Affiliated Parish Medical Society.

RESOLUTION 109 – REFERRED TO BOG
SUBJECT: LSMS sharing of member contact information

RESOLVED, that LSMS will share, in a timely and digital manner, its demographic data and information, including email addresses and other form of electronic contact information, for members, former members, and prospective members with LSMS Affiliated and/or Chartered parish medical societies upon request, and be it further

RESOLVED, that Parish medical societies Affiliated with or Chartered by LSMS will share its demographic data and information, including email addresses and other form of electronic contact information, for members, former members, and prospective members with LSMS in a timely and digital manner upon request.

RESOLUTION 110 – ADOPTED
SUBJECT: Proper reporting of suicide on Certificates of Death

RESOLVED, that it is the policy of the Louisiana State Medical Society that “Suicide” is defined as “the intentional and deliberate act of taking one's own life through the performance of an act intended to result in death,” and that a suicide is a death caused by self-directed injurious behavior with any intent to die as a result of the behavior, and be it further

RESOLVED, that it is the policy of the Louisiana State Medical Society that In Part I of the U.S. Standard Certificate of Death – Cause of Death, the immediate cause of death is to be reported in Item 32 Line (a), and is the final disease, injury, or complication directly causing the death, and the Manner of Death is to be reported in Item 37, and be it further

RESOLVED, that it is the policy of the Louisiana State Medical Society that “Suicide” is a valid Manner of Death, and be it further

RESOLVED, that it is the policy of the Louisiana State Medical Society that when the certifying physician determines that death has been caused by self-directed injurious behavior with any intent to die as a result of the behavior, and that the death has resulted from an intentional and deliberate act of taking one's own life through the performance of an act intended to result in death, then “Suicide” should be indicated as the Manner of Death accompanying the immediate Cause of Death, and be it further
**RESOLVED**, that it is the policy of the Louisiana State Medical Society that in those cases of death wherein an accident, suicide, or homicide has occurred, the medical examiner or coroner must be notified, and be it further

**RESOLVED**, that the Louisiana State Medical Society will express by letter to the Centers for Disease Control and Prevention, to the National Center for Health Statistics, to the Centers for Medicare and Medicare Services, to the United States Department of Justice, to the Louisiana Congressional Delegation, and to the American Medical Association concerns that Certificates of Death in jurisdictions allowing Physician-Assisted Suicide may be falsely listing immediate Causes of Death and falsely omitting Suicide as a Manner of Death in certain cases of death caused by self-directed injurious behavior, and be it further

**RESOLVED**, that the Louisiana State Medical Society will express by letter to the Centers for Disease Control and Prevention, to the National Center for Health Statistics, to the Centers for Medicare and Medicare Services, to the United States Department of Justice, to the Louisiana Congressional Delegation, and to the American Medical Association concerns that in jurisdictions allowing Physician-Assisted Suicide certain deaths caused by Suicide may have been intentionally misclassified in State law and may not be properly reported to the medical examiner or coroner.

**RESOLUTION 111– ADOPTED**

**SUBJECT: The Practice of Medicine**

**RESOLVED**, that the Louisiana State Medical Society adopts the following definition of the Practice of Medicine:

"The practice of medicine", whether allopathic or osteopathic, means the holding out of one's self to the public as being engaged in the business of, or the actual engagement in, the diagnosing, treating, curing, or relieving of any bodily or mental disease, condition, infirmity, deformity, defect, ailment, or injury in any human being, other than himself, whether by the use of any drug, instrument or force, whether physical or psychic, or of what other nature, or any other agency or means; or the examining, either gratuitously or for compensation, of any person or material from any person for such purpose whether such drug, instrument, force, or other agency or means is applied to or used by the patient or by another person; or the attending of a woman in childbirth without the aid of a licensed physician or midwife.

And be it further

**RESOLVED**, that it is the policy of the Louisiana State Medical Society that any natural person engaged in the Practice of Medicine should be subject to the jurisdiction of the Louisiana State Board of Medical Examiners and to its legislatively authorized Duties and Powers as to those actions which may constitute the practice of medicine.
RESOLUTION 201-ADOPTED AS AMENDED
SUBJECT: Supporting improvements to patient data privacy

RESOLVED, that our LSMS support legislation to strengthen patient data privacy protections by making health information collected or stored on smartphones and similar consumer devices subject to the same privacy protections as standard medical records.

RESOLVED, that our LSMS supports the extension of existing health care privacy protections to personal health data collected by apps and wearables, preventing this data from being sold or used commercially without the consumers consent.

RESOLVED, that our LSMS direct the AMA delegation to seek and or support similar policy at the national level.

RESOLUTION 202-ADOPTED
SUBJECT: Uniformity of medication placement on Medicaid formulary tiers

RESOLVED that the Louisiana Medical Society urges the Louisiana Department of Health to require that all companies administering Louisiana Medicaid plans be required to uniformly place drugs in the Medicaid formulary on a specific Tier when requiring a prior authorization. For example, drug XYZ would be on Tier 1 for all companies’ Prior Authorizations, while drug ABC might be on Tier 2 for all companies.

RESOLUTION 301-ADOPTED AS AMENDED
SUBJECT: Electronic nicotine delivery systems

RESOLVED, that our LSMS supports further clinical and epidemiological research of e-cigarette, or vaping, product use–associated lung injury (EVALI) and e-cigarette use; and be it further

RESOLVED, that our LSMS supports the American Academy of Pediatrics8 and Society for Adolescent Health and Medicine9 recommendations that healthcare providers should screen children and adolescents for e-cigarette use and counsel on potential for harm; and be it further

RESOLVED, that our LSMS supports a ban on the sale of flavored e-cigarettes, including menthol and mint; and be it further

RESOLVED, that our LSMS condemns marketing e-cigarettes in ways that specifically appeal to children and young adults.
RESOLUTION 302-ADOPTED
SUBJECT: Vector-borne disease control

RESOLVED, that our LSMS recognizes vector-borne disease as a serious and growing public health concern in Louisiana, and be it further

RESOLVED, that our LSMS supports the prevention and control of vector-borne disease through evidence-based procedures, and be it further

RESOLVED, that our LSMS supports local public health programs that test and track diseases, as well as mosquitoes and other vectors that spread them, and be it further

RESOLVED, that our LSMS supports public education initiatives on prevention and control of vector-borne disease, and be it further

RESOLVED, that our LSMS supports continued research for developing innovative vaccines, treatments, and control methods for vector-borne disease.

RESOLUTION 303-ADOPTED AS AMENDED
SUBJECT: Med Spa Safety Act

RESOLVED, that the Louisiana State Medical Society supports and endorses the passage and implementation of directs the Council on Legislation to review and make recommendations relative to the “Louisiana Med Spa Act” as developed by the American Academy of Dermatology, The American Society of Dermatologic Surgery and the Louisiana Dermatologic Society.

RESOLUTION 304-ADOPTED
SUBJECT: Tuberculosis testing among health care workers

RESOLVED, that Louisiana State Medical Society urges the Louisiana Department of Health to require
(1) Screen health care personnel and volunteers in hospitals, nursing homes and other medical/health care facilities, which are considered high risk for exposure to tuberculosis disease, at time of employment or time of beginning volunteering, with a test generally recognized by medical authorities as appropriate, e.g. the Purified Protein Derivative (PPD) skin test or the Interferon Gamma Release Assay (IGRA),
(2) Remove the requirement for annual re-screening of health care personnel and volunteers in the same medical/health care facilities in (1) above in the absence of known exposure to tuberculosis disease, and
(3) Provide education to all personnel and volunteers regarding tuberculosis on at least an annual basis.
RESOLUTION 305- REFERRED TO BOG
SUBJECT: Transparency at crisis pregnancy centers

RESOLVED, that our LSMS oppose the use of coercion or judgment that interferes with our patients’ pursuit of medical services; and be it further

RESOLVED, that our LSMS promote evidence-based health information and options by any organization offering prenatal or pregnancy services, or the patient should be fully informed that any non-evidence-based information is clearly that: not proven as safe or experimental; and be it further

RESOLVED, that our LSMS require facilities that offer prenatal or pregnancy services to disclose the educational background, licensure, and training of its providers to patients at the time of service

RESOLUTION 306- ADOPTED AS AMENDED
SUBJECT: Climate change

RESOLVED, that our LSMS concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor.

RESOLVED, that our LSMS concurs that climate change may create conditions that affect public health.

RESOLUTION 307- DIVIDED AND ADOPTED AS AMENDED
SUBJECT: Firearm safety for children and suicide prevention

RESOLVED, that our LSMS recognizes gun violence and firearm suicide as a public health issue requiring the promotion of evidence-based policies in Louisiana;

RESOLVED, that our LSMS supports the primary prevention of firearm morbidity and mortality through educating Louisianans about firearm ownership, recognizing recognizes that physicians have a right to inquire of and inform patients and families about the risks of firearms and in particular the risk to children;

RESOLVED, that our LSMS supports the use of trigger locks and gun safes to help prevent accidental discharge; be it further

RESOLVED, LSMS supports the institution of a Louisiana Voluntary Do-Not-Sell List which shall include a list of persons who voluntarily register to be added to this list which prohibits them from purchasing or receiving a firearm, and
**RESOLVED**, that our LSMS supports “gun violence restraining orders” for individuals arrested or convicted of domestic violence or stalking, and supports extreme risk protection orders, commonly known as “red-flag” laws, for individuals who have demonstrated significant signs of potential violence. In supporting restraining orders and “red-flag” laws, LSMS also supports the importance of due process so that individuals can petition for their rights to be restored. REFER TO BOG

**RESOLVED**, that our LSMS supports permitting police or family members to petition a state court to order the temporary removal of firearms of a person who may present a danger to others of themselves.

**RESOLUTION 308 - ADOPTED AS AMENDED**
SUBJECT: Right to prevent gun violence

**RESOLVED**, that our LSMS stand in staunch opposition to the anti-gun policy proposals of our AMA and other state medical societies, and be it further

**RESOLVED**, that our LSMS will seek to prevent gun violence by standing in staunch support of the American public’s 2nd Amendment, Constitutional right to keep and bear arms.

**RESOLVED**, that the LSMS supports gun safety programs and mental health programs to prevent the loss of life, while remaining a citizen’s constitutional right to bear arms.

**RESOLUTION 309 - ADOPTED AS AMENDED**
SUBJECT: Addressing the health care needs of LGBT populations

**RESOLVED**, that our LSMS believes that the nonjudgmental recognition of patients’ sexual orientations and gender identities enhances the ability to render optimal patient care. Recognizing the identities of lesbian, gay, bisexual and transgender (LGBT) patients is important to address the specific health needs of members of these groups; and be it further REFER TO BOG

**RESOLVED**, that our LSMS promotes supports education to increase awareness about LGBTQ health specific issues for medical students and physicians beginning in medical school and through continuing education for the duration of physicians’ careers; and be it further ADOPTED

**RESOLVED**, that our LSMS be available for collaboration collaborate with physician specialty groups that seek to understand and better address the health care needs of the LGBT this population within the state of Louisiana. ADOPTED

**RESOLUTION 310 - ADOPTED AS AMENDED**
SUBJECT: Support commercial coverage of next generation sequencing

**RESOLVED**, that our Louisiana State Medical Society advocate for commercial insurance coverage of all FDA approved Next Generation Sequencing companion diagnostic modalities for
patients with recurrent, relapsed, refractory, metastatic, or advanced cancer and/or clinical indications for hereditary malignancies ovarian or breast cancer, allowing physicians to use these analytically validated tools to guide patient treatment at their professional discretion.

RESOLUTION 401- ADOPTED AS AMENDED
SUBJECT: Louisiana Mental Health Parity Act

RESOLVED, that the Louisiana State Medical Society supports and urges the passage of the “Louisiana Mental Health Parity Act” as proposed by the Louisiana Psychiatric Medical Association in partnership with the American Psychiatric Association.

RESOLVED, that the LSMS reaffirm policy 200.03.

RESOLUTION 402- ADOPTED AS AMENDED
SUBJECT: Louisiana Direct Primary Care pilot

RESOLVED, that the Louisiana State Medical Society with work with the Louisiana Department of Health to initiate a Medicaid-Direct Primary Care Practice pilot.; and be it further-

RESOLVED, that in constructing and enacting that Pilot, the Louisiana Department of Health (LDH), upon verification of a Louisiana Medicaid member’s execution of a direct primary care (DPC) membership agreement shall reimburse the member the expense of the monthly DPC membership fee not to exceed $25 per month for minors or $60 per month for adults. A Louisiana Medicaid member receiving reimbursement pursuant to this subsection shall immediately notify the LDH upon termination of a DPC membership agreement. The LDH shall verify each Louisiana Medicaid member’s DPC membership on a quarterly basis. Such verification may include but not be limited to, review of the member’s DPC membership invoice; and be it further-

RESOLVED, that the following conditions exist for said Pilot:
1. A voucher reimbursement floor ($25 for minors, $60 for adults) shall be established.-
2. Member is responsible in notifying LDH. The physician shall not be responsible for notification of LDH.-
3. LA Medicaid will have quarterly invoice verification requirements. The physician shall not be responsible for such monitoring.-
4. No price fixing is allowed.-
5. The individual DPC practice may set their own enrollment fee.-
6. No requirement that the physician be enrolled in Medicaid.-
7. No requirement that the physician is practicing in Louisiana.-
8. The DPC physician will not be required to generate hard copy nor electronic referrals.-
9. The physician will have no data reporting requirements nor be required to file any claims.-
10. Medicaid will be responsible for tracking data (e.g. ED visits, hospital costs, member satisfaction, etc.)
RESOLUTION 403- ADOPTED AS AMENDED
SUBJECT: Decreasing the demand for illicit drugs

RESOLVED, that our LSMS seeks and/or supports advocacy campaigns at the local, state, and national level to educate the public on addiction and the hazards of recreational drug use; and be it further

RESOLVED, that our LSMS seeks and/or supports policy or legislation that promotes research into effective methods of addiction treatment; and be it further

RESOLVED, that our LSMS seeks and/or supports policy or legislation that require regulations requiring health insurance plans to cover evidence-based appropriate addiction treatment.

RESOLVED, that our LSMS seeks and/or supports investment in addiction research in the areas of cocaine and methamphetamine use.

RESOLUTION L1- ADOPTED AS AMENDED
SUBJECT: Advocating for Implementation of medical education programs and initiatives to improve mental health training, awareness, and outcomes

RESOLVED, that our LSMS advocate for the development advancement of statewide programs targeted at providing resources to decrease stigma surrounding mental health and improve mental health education among medical trainees.

Programs should include:

1. A comprehensive suicide awareness program which teaches medical students about the signs and symptoms of suicide and normalizes help-seeking
2. Introduction to patients/peers with various mental illness diagnoses early on into medical school to help reduce stigma
3. Peer support group where medical students can discuss issues with depression, anxiety, etc.
4. An interdisciplinary mental health education “class,” which spans through 1st and 4th year.

RESOLUTION L2– ADOPTED AS AMENDED
SUBJECT: Last names of newborns to of Citizens Hispanic origin in the State of Louisiana

RESOLVED that LSMS seek and/or support legislation that would correctly document and register the last names of all citizens of the State of Louisiana in a consistent manner.
RESOLUTION H-1 – ADOPTED
SUBJECT: Citation of a Layman for Distinguished Service

RESOLVED, that the Board of Governors of the Louisiana State Medical Society conveys its deepest gratitude to Rose Kuplesky for her distinguished service to the medical profession and her community, and be it further

RESOLVED, that on January 24, 2020, the LSMS Citation of a Layman for Distinguished Service is presented to Ms. Rose Kuplesky, RN, BSN, ND.

RESOLUTION H-2 - ADOPTED
SUBJECT: LSMS Community Service Award

RESOLVED, the 2019 LSMS Physician Award for Community Service is presented to Charlotte Hutton, MD of Lafayette.

RESOLUTION H-3 – ADOPTED
SUBJECT: LSMS Hall of Fame

RESOLVED, that in recognition of her dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, David Glancy, MD of Folsom, be elected to the Hall of Fame of the Louisiana State Medical Society.

RESOLUTION H-4 – ADOPTED
SUBJECT: LSMS Hall of Fame

RESOLVED, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, Irving Blatt, MD of Schriever, be elected to the Hall of Fame of the Louisiana State Medical Society.

RESOLUTION H-5 – ADOPTED
SUBJECT: LSMS Hall of Fame

RESOLVED, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, Anthony P. Blalock, MD of Lafayette, be elected to the Hall of Fame of the Louisiana State Medical Society.
RESOLUTION H-6 – ADOPTED
SUBJECT: LSMS Distinguished Service Award

RESOLVED, the Louisiana State Medical Society confer its Dave Tarver Distinguished Service Award to Donald J. Palmisano, MD, JD of New Orleans, Louisiana for exceptional and meritorious service to the LSMS.

Attendee List
The following LSMS members attended the 2020 LSMS House of Delegates:

- Wakeem Abraham
- Luis Alvarado, MD
- Luis Arencibia, MD
- Susan Bankston, MD
- Donald Batie, MD
- Caroline Bilbe
- Andy Blalock, MD
- Jonathan Boraski, MD
- Ashley Bordelon, MD
- Ann Borreson, MD
- Jacob Boudreaux
- Lawrence Braud, MD
- Patrick Breaux, MD
- Richard Bridges, MD
- David Broussard, MD
- Kenneth Brown, MD
- Jimmy Brown
- Floyd Buras, MD
- Regina Burton, MD
- Tanya Busenlener, MD
- John Carmody, MD
- Lisa Casey, MD
- Gregory Caudill, MD
- Bryce Christensen
- Robert Chugden, MD
- William “Beau” Clark, MD
- Roderick Clark, MD
- Ann Conn, MD
- James Connolly, MD
- Cara Coren
- Vincent Culotta, MD
- Candance Cutrone, MD
- Blake Denley
- Edwin Dennard, MD
- Ashley Duhon
- Jaclyn Edelson
- Kenneth Ehrhardt, MD
- George Ellis, MD
- Donald Falgoust, MD
- K. Barton Farris, MD
- Codey Fontenot, MD
- Cathi Fontenot, MD
- Christopher Foret, MD
- Dan Frechtlng
- William Freeman, MD
- Brian Gamborg, MD
- Juan Gershank, MD
- Luke Glancy, MD
- Stewart Gordon, MD
- Jennifer Greeson, MD
- Owen Grossman, MD
- Rachel Gruner, MD
- Jeffrey Gruner, MD
- Karl Hanson, MD
- Robert Hendrick, MD
- Donald Higgins, MD
- Jamie Hymel, MD
- Trenton James, MD
- Daniel Johnson, MD
- Anatole Karpovs, MD
- Myra Kleinpeter, MD
- Owen Leftwich, MD
- Omar Leonards, MD
- Dolleen Licciardi, MD
- Christina Lord, MD
- Gregory Lord, MD
- Mallory Lowe
- Peter Lundberg, MD
- Justin Magrath
- Jake Majors, MD
- Christel Malinski, MD
- Robert McCord, MD
- Justin McKone, MD
- Rick Michael, MD
- Harold Miller, MD
- Randall Miller, MD
- Caleb Natale
- Celeste Newby, MD
- R. Reece Newsome, MD
- Christina Notarianni, MD
- Allyson Noyes
- Charles Nunez, MD
- Amberly Nunez, MD
- Richard Paddock, MD
- Donald Palmisano, MD
- Pamela Parra, MD
- Shaan Patel
- Paul Perkowski, MD
- Tristan Peronard
- Marc Pittman, MD
- Chad Prather, MD
- Katie Pittman, MD
- Matthew Prine, MD
- Mark Rice, MD
- Gabe Rivera, MD
- Michael Roppolo, MD
- Philip Rozeman, MD
- Azeen Sadeghian, MD
- Bennet Schmidt, MD
- Stefanie Schultis, MD
- Jean Simpson, MD
- Joshua Sleeper, MD
- Sidney Smith, MD
- Roger Smith, MD
- Gregory Sossaman, MD
- Vicki Steen, MD
- Deidre Stelly, MD
- Lee Stevens, MD
- Kathleen Sullivan, MD
- Halen Sumner, MD
2020 Attendees continued

Devan Szczepanski, MD
Henry Taliaferro, MD
Louis Trachtman, MD
T. Steen Trawick, MD
Aniedi Udofa, MD
Allen Vander, MD
Nicholas Viviano, MD
Roland Waguespack, III, MD
Ashley White, MD
Frederick White, MD
Randall White, Jr., MD
Adrienne Williams, MD
Katherine Williams, MD
Thomas Wooldridge, MD