Call to Order

T. Steen Trawick, MD, Speaker of the House called the opening session of the Annual Meeting to order at 9:00 AM on Saturday, August 7, 2021 at the Hilton Baton Rouge Capitol Center in Baton Rouge, Louisiana. Trenton James, II, MD offered the invocation then the Pledge of Allegiance was recited.

Recognition of Deceased LSMS Members


Recognition of 50 Year Anniversary Physicians


Remarks of the Speaker

T. Steen Trawick, MD Speaker of the House began his remarks by welcoming all participants and thanking them for making the trip to Baton Rouge especially during this unprecedented time. He continued by explaining that all delegates and guests must adhere with the state mask mandate, except for when eating or drinking, or when speaking on a resolution.

Dr. Trawick 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.
Dr. Trawick 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 \textit{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. Trawick noted the procedure for offering amendments. Amendments should be submitted through the online portal, which can be accessed via the QR code on back of your name badge. When the author wishes to introduce an amendment, he will say so then the coordinating amendment will be displayed on the screens. Dr. Trawick explained that the meeting would follow the rules of Sturgis.

Dr. Trawick 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.

\textbf{Remarks of the President}

Dr. Trawick introduced Katherine Williams, MD to give her an opportunity to address the House.

\begin{quote}
“I want to thank you LSMS for the privilege of representing you as president for the past 18 months. I have thoroughly enjoyed the experience. I want to acknowledge our executive team for their diligence and excellence and the support they provide. I also want to thank Dr. Van Culotta who gave me the confidence and knowledge to lead when he recruited me into leadership many years ago. And lastly, I want to thank Dr. Andy Blaylock. His counsel and assistance these past 18 months was invaluable and his friendship greatly appreciated. Certainly, COVID has been and still is difficult for all of us but with these challenges we have experienced growth personally professionally and as a society.

We have realized how resilient we are in facing a major health crisis at work that would follow us home with little opportunity to decompress. We have grown stronger as a medical community relying on each other for emotional and intellectual support as many of us were only able to see our peers while isolated from our usual extended family and friends. And LSMS has connected with thousands of physicians and government leaders to reopen our clinics, ease the burden, and keep us together.

Since the HOD was postponed and the 2020 legislative session was limited the BOG had the opportunity to look within to see how we can do better. We conducted board and executive team surveys, convened work groups, ad hoc committees and utilized board consultants to strengthen our leadership and our society.

The hard work resulted in the many resolutions you see before you today. Then this spring we were faced with what I believe was one of the most challenging legislative sessions I have witnessed.

In the end common sense prevailed in defeating the advanced scope of practice bills. And although democracy was unjustly denied in the noncompete bill we succeeded in raising awareness to an unscrupulous practice in the business of medicine that abuses physicians and hurts patients.”
\end{quote}
Then in June the AMA board adopted a policy replacing equality and meritocracy with equity in medicine. The Louisiana delegation attempted to correct the divisive action but were met with disrespect and offense.

We have experienced 18 long months of unrest but with unrest comes change. Doctors have opened their eyes. I have received tremendous outpouring of support and gratitude for our endeavors with an eagerness to participate. We now stand stronger together and more confident than ever in our voice. And I leave you with this. USE IT.

We are the Louisiana State medical society. We are here today united as physicians and cannot let outside influence divide or categorize us that will only serve to weaken our goals and purpose. We believe in quality healthcare where a medical degree matters and where the patient relationship is more important than corporate profits.

It is time we fight to correct false and misleading rhetoric that is used against us for financial or political gain. We must continue to work together, our voices collectively strong, to defend and protect our profession and our patients. I leave you with the vision of a better and stronger tomorrow and look forward to working with our new board and our new president, Dr William Freeman”.

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
Thomas Latiolais, MD, designated Acting 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 2021 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 two 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. Election packet was approved as presented.
3. Recommends there shall be no unauthorized audio or video recordings nor any live audio or video transmission of the proceedings of the HOD. The only exceptions will be for the address of the outgoing president and the inauguration speech of the incoming president.
4. Late Resolution L-1 was approved by the committee for debate by the House of Delegates.

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:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term</th>
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<tbody>
<tr>
<td>President-Elect</td>
<td>John Noble, Jr., MD</td>
<td>2021</td>
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<tr>
<td>Vice President</td>
<td>George Ellis, MD</td>
<td>2021</td>
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<tr>
<td>Speaker, House of Delegates</td>
<td>T. Steen Trawick, MD</td>
<td>2021</td>
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<tr>
<td>Vice Speaker, House of Delegates</td>
<td>R. Reece Newsome, MD</td>
<td>2021</td>
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<tr>
<td>Secretary- Treasurer</td>
<td>Richard Paddock, MD</td>
<td>2021</td>
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<tr>
<td>Chairman, Council on Legislation</td>
<td>David Broussard, MD</td>
<td>2021</td>
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<tr>
<td>First District Councilor</td>
<td>Vacant</td>
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<tr>
<td>Second District Councilor</td>
<td>Robert Chugden, MD</td>
<td>2021-2023</td>
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<tr>
<td>Third District Councilor</td>
<td>Allen Vander, MD</td>
<td>2021-2023</td>
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<td>Fourth District Councilor</td>
<td>Rick Michael, MD</td>
<td>2021-2023</td>
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<td>Fifth District Councilor</td>
<td>P. Gwenn Jackson, MD</td>
<td>2021-2023</td>
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<td>Sixth District Councilor</td>
<td>Michael Roppolo, MD</td>
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<td>Seventh District Councilor</td>
<td>Brian Gamborg, MD</td>
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<td>Eight District Councilor</td>
<td>Lance Templeton, MD</td>
<td>2021-2023</td>
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<td>Anthony Blalock, MD</td>
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<td>Nicholas Viviano, MD</td>
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<tr>
<td>Medical Student Member</td>
<td>Brittany Wagner</td>
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<tr>
<td>Resident Member</td>
<td>Blake Denley, MD</td>
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<tr>
<td>Young Physician Member</td>
<td>Amberly Nunez, MD</td>
<td>2021</td>
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<tr>
<td>Senior Physician Member</td>
<td>Marcus Pittman, III, MD</td>
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<tr>
<td>Employed Physician Section</td>
<td>Bennett Schmidt, MD</td>
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<tr>
<td>Private Practice Physician Section</td>
<td>Vicki Steen, MD</td>
<td>2021</td>
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<tr>
<td>Alternate First District Councilor</td>
<td>Maurice Sholas, MD</td>
<td>2021-2022</td>
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<tr>
<td>Alternate Tenth District Councilor</td>
<td>James Connolly, MD</td>
<td>2021-2022</td>
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<tr>
<td>Alternate Senior Physician Member</td>
<td>Donnie Batie, MD</td>
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### AMA Delegation

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<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Delegate</td>
<td>Luis Alvarado, MD</td>
<td>2021-2023</td>
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<tr>
<td>Delegate</td>
<td>Floyd Buras, MD</td>
<td>2022-2023</td>
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<tr>
<td>Delegate</td>
<td>William Freeman, MD</td>
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<tr>
<td>Delegate</td>
<td>George Ellis, MD</td>
<td>2021-2022</td>
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<tr>
<td>Delegate</td>
<td>Donald Posner, MD</td>
<td>2021-2022</td>
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<tr>
<td>Alternate Delegate</td>
<td>Kamel Brakta, MD</td>
<td>2021-2023</td>
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<tr>
<td>Alternate Delegate</td>
<td>Caleb Natale, MD</td>
<td>2021-2023</td>
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<tr>
<td>Alternate Delegate</td>
<td>Omar Leonards, MD</td>
<td>2021-2022</td>
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<tr>
<td>Alternate Delegate/Member in Training</td>
<td>Justin Magrath</td>
<td>2021</td>
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### Council on Legislation

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term</th>
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<tbody>
<tr>
<td>First District Councilor</td>
<td>Maurice Sholas, MD</td>
<td>2021-2023</td>
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<tr>
<td>Second District Councilor</td>
<td>Luis Arencibia, MD</td>
<td>2021-2023</td>
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<tr>
<td>Third District Councilor</td>
<td>Christopher Rodrigue, MD</td>
<td>2021-2023</td>
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<td>Fourth District Councilor</td>
<td>Deborah Fletcher, MD</td>
<td>2021-2023</td>
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<tr>
<td>Fifth District Councilor</td>
<td>Vince Forte, MD</td>
<td>2021-2023</td>
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<tr>
<td>Sixth District Councilor</td>
<td>William Murrill, MD</td>
<td>2021-2023</td>
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<tr>
<td>Seventh District Councilor</td>
<td>Steven Hale, MD</td>
<td>2021-2023</td>
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<tr>
<td>Eight District Councilor</td>
<td>Christina Lord, MD</td>
<td>2021-2023</td>
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<tr>
<td>Ninth District Councilor</td>
<td>Kevin Duplechain, MD</td>
<td>2021-2023</td>
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<tr>
<td>Tenth District Councilor</td>
<td>Josh Sleeper, MD</td>
<td>2021-2023</td>
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<tr>
<td>Medical Student Member</td>
<td>Michael Forte</td>
<td>2021</td>
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<tr>
<td>Resident Member</td>
<td>Omar Leonards, MD</td>
<td>2021</td>
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<td>Young Physician Member</td>
<td>Matt Giglia, MD</td>
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<tr>
<td>Senior Physician Member</td>
<td>Vacant</td>
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<tr>
<td>LSMS Alliance Member</td>
<td>Rose Kuplesky</td>
<td>2021</td>
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<tr>
<td>Alternate First District Councilor</td>
<td>Michael Wheelis, MD</td>
<td>2021-2022</td>
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<td>Allen Vander, MD</td>
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<td>Michael Hanneman, MD</td>
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<td>John VanHoose, MD</td>
<td>2021-2022</td>
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<tr>
<td>Alternate Tenth District Councilor</td>
<td>James Connolly, MD</td>
<td>2021-2022</td>
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Approval of the Proceedings of the 2020 House of Delegates
The Proceedings of the Annual Meeting of the 2020 House of Delegates were approved as published in the Delegates handbook.

Approval of the Actions of the Board of Governors during 2020
The minutes of the Board of Governors during 2020 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 2021 budget on August 7, 2021. She reviewed the Committee’s recommendations, which included the approval of the sale of the building and the proposed distribution of the proceeds. Following discussion, the proposed budget for 2021 of $1,500,000 in projected revenues and $1,499,370 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 William Freeman, MD by Katherine Williams, MD, President. Dr. Williams presented the Presidential Medallion and President’s Lapel Pin to Dr. Freeman. Concluding the installation ceremonies Dr. Williams presented the gavel to Dr. Freeman symbolizing the transfer of the Presidency. Dr. Freeman gave an inaugural address, included below, outlining his goals for the LSMS for 2021.

“At this time as my first official order of business as president, I would like to present Katherine with this certificate of appreciation on behalf of the Board of Governors for her distinguished service as president over the past year.

For my second official order of business, I’d like to mention the new President of our LSMS Alliance, Cindy Leopard, who will be installed in a ceremony next week.

“These are the times that try men’s souls: The summer soldier and sunshine patriot will, in this crisis shrink from the service of his country; but he that stands by it now, deserves the love and thanks of man and woman. Tyranny, like hell is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph.”

These immortal words were penned by Thomas Paine in his pamphlet entitled “The American Crisis.” The winter of 1776 was a time in this country’s history when the Revolutionary War was not going well. Things seemed bleak. George Washington’s troops had lost major battles in August and as a result had lost New York City to the British. Between September and December over 11,000 troops had given up and were returning home. George Washington’s army was wintering at McKonkey’s Ferry, and the majority of his troops had service contracts that expired on December 31 – meaning they would be free to go home and quit the fight. After reading this initial pamphlet, General Washington ordered it to be read to his troops. This pamphlet by Thomas Paine rallied his troops and their support of the war. Their renewed hope led them to cross the Delaware river on Christmas and defeat the Hessians. And on January 2 they went on to defeat the British Army’s best general, Earl Cornwallis.
Ladies and Gentlemen, the house of medicine is under attack. Our practice of medicine is under assault on many fronts. It is time we fight back!

For too long we have been passive in our fight. We have let others dictate how we care for our patients, how we practice medicine, and limit our opportunities to choose where we practice.

Legislatively there have been many attempts at expanding scope of practice for nurse practitioners, physician assistants, optometrists, and other health care providers. These battles have been brought here by their national and state organizations. They have earmarked and contributed millions of dollars for legislators and PACs in an attempt to win independent practice throughout the country. While we won this year, they have promised to be back next year. They will continue the attack for years to come unless we work together to force a different outcome.

The trial lawyers continually attack the medical malpractice cap and work to try and change the medical review panel process.

The insurance companies are constantly attacking us by controlling our reimbursement contracts with them, by making us jump through hoops in the preauthorization process, by denying care for patients in the hospital, and by denying the follow up services they need. Their latest tactic is trying to deny payment for care after it was preauthorized. And once again they are trying to deny payment for emergency care services based on final diagnosis and not obeying the prudent layperson law. We all know they have the upper hand because of the data they collect for what we all charge and in negotiating contracts with us. But now they continue to try to pit our patients against us by blaming us for their issues relating to billing and payment, network adequacy, and prior authorization processes.

Over half of us are now employed physicians. Hospitals are buying up physician practices in an attempt to expand their networks, their reach into communities, and their referral base of patients to their hospitals and the services they provide. There are very few providers in solo practices anymore. Our autonomy over the care of our patients is under attack by the hospitals who employ us. They attempt to dictate who and where we can refer patients, they control our schedules, and lastly, they control where we can practice once we leave their employment in overly restrictive non-compete clauses. And to make matters worse they are firing us and replacing us with nurse practitioners and physician assistants as a cheaper labor force.

For the first time in many years medicine’s voice in the legislature is not represented by a physician. It is represented by many other allied health care providers, but not one physician. This has intensified the attack on the house of medicine from others utilizing the legislature. The legislature has pitted one physician group against another, pitted others in the health care arena against us in the name of “access to care,” and allowed a greater influence by hospitals and insurance companies to limit our recourse to ongoing issues.

Ladies and Gentlemen, the house of medicine is under attack. Our practice of medicine is under assault on many fronts. It is time we fight back! We must not be a summer soldier or a sunshine patriot. We must get involved in the fight and remain in the fight year-round.

It is time for us to work diligently to grow the LSMS. We must return to our hospitals, our practices, and our communities and recruit, recruit, recruit. We must make the LSMS the voice for both the independent and the employed physician. We need to make our colleagues aware of the meaningful
services available to our member physicians such as Health Sync – which connects electronic health care records to share patient information, our multi-employer 401(k) plan, group purchasing plan, and soon to come the MEWA (Mutual Employer Welfare Arrangement) offering great rates on group health insurance plans through Blue Cross Blue Shield of Louisiana which you will be able to access for yourself and your entire staff.

We must strengthen our voice on a unified front. We must go back to our specialty organizations and strongly encourage our members to be a part of both the LSMS and their specialty organization. Secondly, we must encourage our specialty organizations to work with the LSMS and not against us. This year we demonstrated the power of working together. We partnered with 19 specialty organizations and were able to defeat all the scope of practice bills. It was a tough fight, but our collaborative efforts paid off and together we were able to defeat these bills.

We must be involved in voicing our concerns with our legislators. This year utilizing the latest texting and email technology the LSMS and the specialty organizations could reach out to their members informing them of the need to call and contact their legislator. They made it very easy for physicians like you and me to reach out and share our concerns with our representatives and senators. Most importantly for me, I could do it from the ED between patients. But we need you to do your part. In the off season, we need you to make the personal one on one contact with your senator and representative. Take them to lunch. Visit with them at the other meetings you attend. Introduce yourself and share your contact information with them. Offer to be a resource to them for the upcoming legislative session on health care issues and follow through when they call on you for information. It makes a difference. It also lets them know when you reach out to contact them on an issue, that that issue is very important to you.

We must contribute earnestly and intentionally to LAMPAC. The attorneys, the insurance companies, the hospitals, the nurse practitioners, and the physician assistants are all contributing to their PACs at levels that outpace our contributions. LAMPAC needs your contributions to be able to fight scope of practice issues, non-compete clauses, insurance impacts on our practices, and the trial lawyers attempt to change the malpractice cap. We need every one of you to do your part and go back to your practices and strongly encourage your colleagues to contribute. There is no reason that each and every one of us cannot contribute at the Pelican Club level. We must do this to continue to have the influence we need to have our voices heard at the legislature.

Lastly, it is time to have one of our own in the State Legislature. We need to reach out and find one of our own to fill the void. Once we find those committed physicians who want to seek office, we must support them all out to get them elected. Not only that but we must continually look for that next physician candidate to run for office and support them in their efforts. LSMS is right now working on a boot camp for physicians interested in running for office. Look for that information and share it with interested physicians.

Ladies and Gentlemen, the house of medicine is under attack. Our practice of medicine is under assault on many fronts. It is time we fight back! No longer can we be the summer soldier or the sunshine patriot. For too long we have hidden behind the door of altruism for our patients. Under the blanket of “I’m too busy to get involved.” Under the guise of “my contribution to LAMPAC doesn’t matter.” Now is the time for us to step up and take on the fight. It will not be easy. There will be some setbacks from time to time. But together with the LSMS we can... and will ....win this fight!

Thank you everyone for your support.
Resolutions to the House of Delegates
The following actions were adopted during the Houses of Delegates for 2021. New language is bold and underlined and language deleted contains strike through marks.

RESOLUTION 101 - ADOPTED
SUBJECT: Interim Board of Governors Policies to Affirm

RESOLVED, that the following interim polices be affirmed.

Diversity Policy
ADOPTED
The Louisiana State Medical Society is committed to diversity in its membership, House of Delegates, Board of Governors, councils, committees, staff and all leadership positions. Diversity is an inclusive concept that encompasses race, ethnicity, national origin, religion, gender, age, sexual orientation, and disability. Approved as Action of the BOG March 11, 2020.

Social Media Policy
ADOPTED
The Louisiana State Medical Society (LSMS) has opened publicly facing pages on social media sites for viewing content and/or videos and posting comments related to LSMS and its members. These social media sites include but are not limited to various blogs, Facebook, LinkedIn, Pinterest, Twitter, Instagram, and YouTube, hereinafter referred to as “Social Media Sites”. By accessing, viewing and/or posting any content related directly or indirectly to LSMS on any Social Media Site, you accept, without limitation or qualification, the following terms of use. Your engagement with any LSMS Social Media Site constitutes acceptance of this Policy.

1. As a guest to any LSMS Social Media Site, you agree that you will not: violate any local, state, federal and international laws and regulations, including but not limited to copyright and intellectual property rights laws regarding any content that you send or receive via this Policy; transmit any material (by uploading, posting, email or otherwise) that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, tortuous, defamatory, obscene, libelous, or is an invasion of another's privacy, is hateful or racially, ethnically or otherwise objectionable as solely determined in LSMS’s discretion; impersonate any person or entity or falsely state or otherwise misrepresent your affiliation with a person or entity; transmit any material (by uploading, posting, email or otherwise) that you do not have a right to make available under any law or under contractual or fiduciary relationships; transmit any material (by uploading, posting, email or otherwise) that infringes any patent, trademark, trade secret, copyright or other proprietary rights of any party; transmit (by uploading, posting, email or otherwise) any unsolicited or unauthorized advertising (including advertising of non LSMS services or products), promotional materials, "junk mail," "spam," "chain letters," "pyramid schemes" or any other form of solicitation; transmit any material (by uploading, posting, email or otherwise) that contains software viruses, worms, disabling code, or any other computer code, files or programs designed to interrupt, destroy or limit the functionality of any computer software or hardware or telecommunications equipment; harass
another; or collect or store, or attempt to collect or store, personal data about third parties without their knowledge or consent; or to share confidential pricing information of any party.

2. LSMS reserves the right to monitor, prohibit, restrict, block, suspend, terminate, delete, or discontinue your access to any Social Media Site, at any time, without notice and for any reason in its sole discretion. LSMS may remove, delete, block, filter or restrict by any other means any materials in LSMS’s sole discretion. You understand and agree that LSMS may disclose your communications and activities with LSMS in response to lawful requests by governmental authorities, including Patriot Act requests, judicial orders, warrants or subpoenas, or for the protection of LSMS rights. You agree that in the event LSMS exercises any of its rights hereunder for any reason, LSMS shall have no liability to you.

3. By posting any content on any Social Media Site, you grant to LSMS the irrevocable right to reproduce, distribute, publish, display such content and the right to create derivative works from your content, edit or modify such content and use such content for any LSMS purpose.

4. You shall defend, indemnify, and hold LSMS and its corporate affiliates and their respective officers, directors, employees, contractors, agents, successors and assigns harmless from and against, and shall promptly reimburse them for, any and all losses, claims, damages, settlements, costs, and liabilities of any nature whatsoever (including reasonable attorneys' fees) to which any of them may become subject arising 2 out of, based upon, as a result of, or in any way connected with, your posting of any content to a Social Media Site, any third party claims of infringement or any breach of this Policy.

5. You expressly acknowledge that you assume all responsibility related to the security, privacy, and confidentiality risks inherent in sending and/or receiving any content via the internet and/or Social Media Sites. By its very nature, a website, Social Media Site, and/or the internet cannot be absolutely protected against intentional or malicious intrusion attempts. LSMS does not control the third-party sites and/or the internet over which you may choose to send confidential personal or health information or other content and, therefore, LSMS does not warrant safeguard against any such interceptions or compromises to your information. When posting any content on a Social Media Site, you should think carefully about your own privacy in disclosing detailed or private information about yourself and your family. Please note that this policy may be updated at any time without notice, and each time a user accesses a Social Media Site, the policy will govern usage effective upon engagement. To remain in compliance, LSMS recommends that you review the Policy, as well as the any other website policies, at regular intervals. By continuing to post any content after such new terms are posted, you accept and agree to any and all such modifications to this Policy. Approved as Action of the BOG September 16, 2020.

**Privacy Policy**

**ADOPTED**
The Louisiana State Medical Society recognizes that members’ personal email addresses and other identifiers are valued as individual assets. As such, LSMS seeks to protect its members from a diminished value of those assets by prohibiting the selling or sharing of personal information to any competing organization or other outside parties for use on activities not sanctioned by or in furtherance of attainment of LSMS goals and objectives, at the discretion of the Board of Governors. Approved as Action of the BOG March 4, 2021.
RESOLUTION 102 - ADOPTED
SUBJECT: Sunset Directives to Reaffirm

RESOLVED, that the following directives be reaffirmed.

Changes to the LSMS House of Delegates Annual Meeting - Directs the LSMS President to 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. The committee shall be comprised of ten 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. The committee shall provide a report to the Board of Governors at each of its scheduled meetings in 2020, and provide a report, with recommendations, to the full House of Delegates during its 2021 Meeting in Baton Rouge. No changes should be made that impact existing contracts for future meetings of the House of Delegates.

REAFFIRMED

Proper reporting of suicide on Certificates of Death - Directs the LSMS 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 that 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.

REAFFIRMED

Supporting improvements to patient data privacy - Directs the LSMS AMA delegation to seek and or support 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 consumer’s consent.

REAFFIRMED

Uniformity of medication placement on Medicaid formulary tiers - Directs the LSMS to urge 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.

REAFFIRMED

Tuberculosis testing among health care workers - Directs the LSMS urge 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. **REAFFIRMED**

*Louisiana Direct Primary Care Pilot* - Directs the LSMS work with the Louisiana Department of Health to initiate a Medicaid Direct Primary Care Practice pilot program. **REAFFIRMED**

*Decreasing the demand for illicit drugs* - Directs the LSMS to seeks and/or support advocacy campaigns at the local, state, and national level to educate the public on addiction and the hazards of recreational drug use, to include policy or legislation that promotes research into effective methods of addiction treatment, mandates health insurance plans cover appropriate addiction treatment and supports investment in addiction research in the areas of cocaine and methamphetamine use. **REAFFIRMED**

*Last names of newborns to of Citizens Hispanic origin in the State of Louisiana* - Directs the LSMS seek and/or support legislation that would document and register the last names of all citizens of the State of Louisiana in a consistent manner. **REAFFIRMED**

*Physician Non-Compete Contracts* – Directs the LSMS seek and/or support legislation to prohibit the enforceability of physician non-compete agreements in Louisiana. **REAFFIRMED**

**RESOLUTION 103 - ADOPTED**

**SUBJECT: Sunset Policies to Reaffirm**

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

**10.02 Abortion - Public Funding**

**REAFFIRMED**
The LSMS opposes Medicaid and the Louisiana Department of Health and Hospitals funding of abortions.

**20.01 AIDS - Discrimination Against Patients**

**REAFFIRMED**
All patients should have competent and humane medical care and the LSMS discourages discrimination or denial of medical care on the basis of a known or suspected AIDS diagnosis.

20.02 **AIDS - Prevention**
REAFFIRMED
Public funding should be provided in an amount sufficient to (a) provide counseling and testing for AIDS, (b) conduct research necessary to find a cure and develop an effective vaccine, (c) perform studies to evaluate the efficiency of counseling and education programs on changing behavior, and (d) assist in the care of AIDS patients that cannot afford care or that cannot find appropriate facilities for treatment.

20.03 **AIDS - Guidelines for Diagnosis & Treatment**
REAFFIRMED
The LSMS supports the use of CDC guidelines, CDC and LSMS web sites, the National Institutes for Health (NIH), the U.S. Public Health Services, state and local public health entities, and other available and appropriate scientific resources for the purpose of obtaining the most current, up-to-date information regarding the diagnosis, treatment and management of HIV and AIDS.

20.04 **AIDS - HIV Testing of Pregnant Women**
REAFFIRMED
Physicians should offer HIV testing to all pregnant women.

20.05 **AIDS - Human Immunodeficiency Virus (HIV) Screening in Pregnancy**
REAFFIRMED
The LSMS supports Center for Disease Control and National Institutes of Health positions on counseling, screening and treatment of HIV in pregnant women and their newborns, in order to decrease the rates of vertical transmission of HIV from mother to fetus. The LSMS supports removal of the written informed consent requirement in Louisiana for HIV testing, allowing testing to occur after appropriate discussion of benefits/risks between the patient and her physician, under the confidential patient-physician relationship.

20.06 **AIDS - Post exposure Chemoprophylaxis**
REAFFIRMED
People needing post exposure chemoprophylaxis be encouraged to start medications as soon as possible and be referred to an appropriate physician for follow-up within 72 hours. The LSMS recommends that post exposure chemoprophylaxis be reported to the Post Exposure Prophylaxis Registry.

20.07 **AIDS - Health Care Workers Safety**
REAFFIRMED
The LSMS supports requiring confidential disclosure to all treating health care personnel of the presence of any inpatient or outpatient HIV positive diagnosis or treatment so that health care personnel may be aware that patients they are treating are HIV positive in order that precautions may be taken to protect treating health care providers and prevent inadvertently exposing other patients to the virus.
20.08  **AIDS - Education in Schools**  
**REAFFIRMED**  
The LSMS endorses the actions of health educators and physicians in their efforts to teach age-appropriate AIDS education within the elementary, middle and high schools of Louisiana.

20.09  **AIDS - Reporting of HIV as a Communicable and a Sexually Transmitted Disease**  
**REAFFIRMED**  
The LSMS supports reporting of HIV infections to the State Health Department as other communicable, sexually transmitted diseases are reported.

30.01  **Cancer - Funding for the Tumor Registry**  
**REAFFIRMED**  
The LSMS supports continuous funding at adequate levels for the Louisiana Tumor Registry and the Cancer and Lung Trust Fund as established by law. The LSMS continue to support the Cancer and Lung Trust Fund Board in all its efforts regarding the advancement of cancer research in Louisiana.

30.02  **Cancer - Discharge of Known Carcinogens**  
**REAFFIRMED**  
The LSMS supports the prohibition of the discharge of any known carcinogen in any significant amount as so designated by the Federal Environmental Protection Agency into the *waters of the state* which is so classified by the Louisiana DEQ as *drinking water, primary contact recreation water, and fish and shellfish culture water*.

40.01  **Chemical Dependence - Warnings Against Abuse of Alcohol**  
**REAFFIRMED**  
All places where alcohol is sold should be required to post signs warning that (1) drinking alcoholic beverages during pregnancy can cause birth defects and (2) excessive consumption of alcoholic beverages results in impaired ability to drive vehicles, operate machinery and may cause health problems.

40.02  **Chemical Dependence - Driving While Intoxicated**  
**REAFFIRMED**  
The LSMS position is:  
(1) Reduce the blood alcohol concentration (BAC) for drivers to 0.04 percent (40mg/dl).  
(2) Support state legislation to immediately confiscate drivers’ licenses from individuals found to be above the legal BAC.  
(3) Support increased taxes on alcoholic beverages based on alcohol content to fund comprehensive alcohol addiction programs

40.03  **Chemical Dependence - Insurance Coverage for Treatment of Chemical Dependency**  
**REAFFIRMED**  
The LSMS supports provisions in insurance policies to allow for the policyholder to select benefits for the treatment of chemical dependency.
**40.04 Chemical Dependence - Drug Abuse**

**REAFFIRMED**

The LSMS recognizes the deleterious effects that drug abuse has upon our patients and our communities. The LSMS condemns the use of illicit drugs and the misuse of prescription drugs. The LSMS supports the establishment of drug treatment centers for people battling drug addiction, stronger mandatory sentences for multiple convictions of drug dealers, drug education and anti-drug programs in the schools and in the workplace. The LSMS urges its members and the members of the LSMS Alliance to be active volunteers locally to assist in any manner possible to stem this growing epidemic.

**40.05 Chemical Dependence - Anabolic Steroid Use by High School Students**

**REAFFIRMED**

The LSMS position is the use of anabolic steroids by high school students is a form of substance abuse and therefore, represents a serious medical problem posing unacceptable risks to these students.

**40.06 Chemical Dependence - Reverse Current DEA Agent of Practitioner Regulations**

**REAFFIRMED**

The LSMS opposes the current “DEA Agent of Practitioner” rules by the Drug Enforcement Agency and the Department of Justice because although well-intentioned, such activity can jeopardize the delivery of health care for the elderly and place physicians in legal jeopardy by shifting the oversight of nursing home and long term care facility personnel from their employers to physicians and the physicians’ DEA licenses.

**50.01 Durable Medical Equipment – General Policy**

**REAFFIRMED**

The LSMS opposes the direct solicitation of patients by durable medical equipment companies in all instances where payment is contingent upon the certification of necessity by physician prescription and urges physicians to be knowledgeable about issues relevant to the inappropriate promotion by manufacturers of durable medical equipment and the contribution of such promotion to the unnecessary expenditure of health care dollars.

**60.02 Emergency Medical Services - Bureau of Emergency Medical Services**

**REAFFIRMED**

The LSMS supports the efforts of the Department of Health and Hospitals to provide statutory authority to the Bureau of Emergency Medical Services to serve as lead agency for the EMS program. The LSMS supports establishment of a certification commission within the Department, Office of Public Health/Bureau of Emergency Medical Services to promulgate rules and regulations for the practice of certified pre-hospital care providers and that the fees currently being paid by advanced level applicants to the Louisiana State Board of Medical Examiners be used to support this program under the Bureau of Emergency Medical Services.

**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.

60.04  Emergency Medical Services - Community Emergency Medical Services
REAFFIRMED
Protection from liability in civil suits should be established for parish medical societies and individuals serving on their committees who work with emergency medical services systems in the performance of their duties regarding the approval of protocols for their locale.

71.01  End of Life - Terminally Ill Patients
REAFFIRMED
The LSMS guidelines in caring for the terminally ill:
(1) Patient autonomy requires that physicians must respect the decision of a patient who possesses decision-making capability to forego life-sustaining treatment. Physicians should encourage their patients to document their wishes regarding the use of life-prolonging medical treatment.
(2) Physicians have an obligation to address pain and suffering in the terminally ill patient.
(3) Physicians should never participate in the active administration of any agent for the purpose of terminating a patient’s life, nor provide any medication, technique, or advice necessary for the termination of life, including referral to a physician who would assist in the termination of life.

71.05  End of Life – Physicians’ Role as a Healer
REAFFIRMED
The LSMS believes that physician assisted suicide and euthanasia are fundamentally inconsistent with the physician’s role as a healer.

80.02  Health Care Delivery Models - Incentives for Individual Participation
REAFFIRMED
The LSMS position is that incentives should be created to encourage participation by individuals in a pluralistic system of financing and delivery of healthcare.

80.03  Health Care Delivery Models - Guiding Principles of Accountable Care Organizations
REAFFIRMED
LSMS policy is that Accountable Care Organizations be considered one of the options in a pluralistic health care system. Additionally, the LSMS adopts as policy the AMA Principles for Accountable Care Organizations as adopted by the AMA House of Delegates Interim 2010 Meeting. It be LSMS policy that Accountable Care Organizations be considered one of the options in a pluralistic health care system.

1. Guiding Principle – The goal of an Accountable Care Organization (ACO) is to increase access to care, improve the quality of care and ensure the efficient delivery of care. Within an ACO, a physician’s primary ethical and professional obligation is the well-being and safety of the patient.
2. ACO Governance – ACOs must be physician-led and encourage an environment of collaboration among physicians. ACOs must be physician-led to ensure that a physician’s medical decisions are not based on commercial interests but rather on professional medical judgment that puts patients’ interests first.

Medical decisions should be made by physicians. ACOs must be operationally structured and governed by an appropriate number of physicians to ensure that medical decisions are made by physicians (rather than lay entities) and place patients’ interests first. Physicians are the medical professionals best qualified by training, education, and experience to provide diagnosis and treatment of patients. Clinical decisions must be made by the physician or physician-controlled entity. The AMA supports true collaborative efforts between physicians, hospitals and other qualified providers to form ACOs as long as the governance of those arrangements ensure that physicians control medical issues.

The ACO should be governed by a board of directors that is elected by the ACO professionals. Any physician-entity [e.g., Independent Physician Association (IPA), Medical Group, etc.] that contracts with, or is otherwise part of, the ACO should be physician-controlled and governed by an elected board of directors.

The ACO’s physician leaders should be licensed in the state in which the ACO operates and in the active practice of medicine in the ACO’s service area.

Where a hospital is part of an ACO, the governing board of the ACO should be separate, and independent from the hospital governing board.

3. Physician and patient participation in an ACO should be voluntary. Patient participation in an ACO should be voluntary rather than a mandatory assignment to an ACO by Medicare. Any physician organization (including an organization that bills on behalf of physicians under a single tax identification number) or any other entity that creates an ACO must obtain the written affirmative consent of each physician to participate in the ACO. Physicians should not be required to join an ACO as a condition of contracting with Medicare, Medicaid or a private payer or being admitted to a hospital medical staff.

4. The savings and revenues of an ACO should be retained for patient care services and distributed to the ACO participants.

5. Flexibility in patient referral and antitrust laws. The federal and state anti-kickback and self-referral laws and the federal Civil Monetary Penalties (CMP) statute (which prohibits payments by hospitals to physicians to reduce or limit care) should be sufficiently flexible to allow physicians to collaborate with hospitals in forming ACOs without being employed by the hospitals or ACOs. This is particularly important for physicians in small- and medium-sized practices who may want to remain independent but otherwise integrate and collaborate with other physicians (i.e., so-called virtual integration) for purposes of participating in the ACO. The ACA explicitly authorizes the Secretary to waive requirements under the Civil Monetary Penalties statute, the Anti-Kickback statute, and the Ethics in Patient Referrals (Stark) law. The Secretary should establish a full range of waivers and safe harbors that will enable independent physicians to use existing or new organizational structures to participate as ACOs. In addition, the Secretary should work with the Federal Trade Commission to provide explicit exceptions to the antitrust laws for ACO participants. Physicians cannot completely transform their practices only for their Medicare patients, and antitrust enforcement could prevent them from creating clinical integration structures involving their privately insured patients. These waivers and safe
6. Additional resources should be provided up-front in order to encourage ACO development. CMS’s Center for Medicare and Medicaid Innovation (CMI) should provide grants to physicians in order to finance up-front costs of creating an ACO. ACO incentives must be aligned with the physician or physician group’s risks (e.g., start-up costs, systems investments, culture changes, and financial uncertainty). Developing this capacity for physicians practicing in rural communities and solo-small group practices requires time and resources and the outcome is unknown. Providing additional resources for the up-front costs will encourage the development of ACOs since the “shared savings” model only provides for potential savings at the back end, which may discourage the creation of ACOs (particularly among independent physicians and in rural communities).

7. The ACO spending benchmark should be adjusted for differences in geographic practice costs and risk adjusted for individual patient risk factors.

The ACO spending benchmark, which will be based on historical spending patterns in the ACO’s service area and negotiated between Medicare and the ACO, must be risk-adjusted in order to incentivize physicians with sicker patients to participate in ACOs and incentivize ACOs to accept and treat sicker patients, such as the chronically ill.

The ACO benchmark should be risk-adjusted for the socioeconomic and health status of the patients that are assigned to each ACO, such as income/poverty level, insurance status prior to Medicare enrollment, race, and ethnicity and health status. Studies show that patients with these factors have experienced barriers to care and are more costly and difficult to treat once they reach Medicare eligibility.

The ACO benchmark must be adjusted for differences in geographic practice costs, such as physician office expenses related to rent, wages paid to office staff and nurses, hospital operating cost factors (i.e., hospital wage index) and physician HIT costs.

The ACO benchmark should include a reasonable spending growth rate based on the growth in physician and hospital practice expenses as well as the patient socioeconomic and health status factors.

In addition to the shared savings earned by ACOs, ACOs that spend less than the national average per Medicare beneficiary should be provided an additional bonus payment. Many physicians and physician groups have worked hard over the years to establish systems and practices to lower their costs below the national per Medicare beneficiary expenditures. Accordingly, these practices may not be able to achieve significant additional shared savings to incentivize them to create or join ACOs. A bonus payment for spending below the national average would encourage these practices to create ACOs and continue to use resources appropriately and efficiently.

8. The quality performance standards required to be established by the Secretary must be consistent with AMA policy regarding quality. The ACO quality reporting program must meet the AMA principles for quality reporting, including the use of nationally-accepted,
physician specialty-validated clinical measures developed by the AMA-specialty society quality consortium; the inclusion of a sufficient number of patients to produce statistically valid quality information; appropriate attribution methodology; risk adjustment; and the right for physicians to appeal inaccurate quality reports and have them corrected. There must also be timely notification and feedback provided to physicians regarding the quality measures and results.

9. An ACO must be afforded procedural due process with respect to the Secretary’s discretion to terminate an agreement with an ACO for failure to meet the quality performance standards.

10. ACOs should be allowed to use different payment models. While the ACO shared-savings program is limited to the traditional Medicare fee-for-service reimbursement methodology, the Secretary has discretion to establish ACO demonstration projects. ACOs must be given a variety of payment options and allowed to simultaneously employ different payment methods, including fee-for-service, capitation, partial capitation, medical homes, care management fees, and shared savings. Any capitation payments must be risk-adjusted.

11. The Consumer Assessment Of Healthcare Providers And Systems (CAHPS) Patient Satisfaction Survey should be used as a tool to determine patient satisfaction and whether an ACO meets the patient-centeredness criteria required by the ACO law.

12. Interoperable Health Information Technology and Electronic Health Record Systems are key to the success of ACOs. Medicare must ensure systems are interoperable to allow physicians and institutions to effectively communicate and coordinate care and report on quality.

13. If an ACO bears risk like a risk bearing organization, the ACO must abide by the financial solvency standards pertaining to risk-bearing organizations.

90.01 **Health Care Facilities - Physician Ownership of Medical Facilities**
REAFFIRMED
Physician ownership of medical facilities must always conform to existing state and federal laws and physician owners should follow applicable ethical guidelines.

91.02 **Hospitals; Organized Medical Staff - Legal Guidelines for Hospital Medical Staffs**
REAFFIRMED
The LSMS supports the following legal guidelines for hospital medical staffs:
1) Hospital medical staffs should retain legal counsel that is independent from the hospital’s attorney, especially concerning such matters as medical staff bylaws and contracts.
2) Members of medical staffs should periodically review hospital staff bylaws. The LSMS urges its members to be alert to any proposed changes in the hospital constitutions and bylaws which might impact a physician’s ability to practice medicine.
3) Hospital medical staffs should have the freedom of professional association and right of clinical practice among members of such hospital medical staffs concurrent with an exclusive contract for physician specialty services.
4) A lawful strike may be considered in the face of unjust policy when government or employers refuse meaningful discussions or negotiations and when the striking physicians are motivated by issues of justice and liberty.

91.06 **Hospitals; Organized Medical Staff - Conflict of Interest on Medical Staffs**

REAFFIRMED
Candidates for election or appointment to medical staff offices, department or committee chairs, or the medical executive committee, should disclose to the medical staff, prior to the election or appointment, the existence of any personal, professional or financial affiliations or responsibilities on behalf of the medical staff; and encourages hospital medical staffs to incorporate a disclosure of interest provision in their medical staff Bylaws.

91.07 **Hospitals; Organized Medical Staff - Drug Screening/Testing of Medical Staff Members**

REAFFIRMED
The LSMS opposes mandatory random and no-cause drug and alcohol screening and testing of medical staff members affiliated with hospitals and managed care plans by those entities and strongly encourage hospital medical staffs to incorporate into their substance abuse policy the requirement to refer a physician to the Physician’s Health Program of Louisiana for assessment and/or evaluation when there is a reasonable basis to suspect that the physician may be impaired.

91.08 **Hospitals; Organized Medical Staff - Restrictions on the Medical Staff**

REAFFIRMED
The LSMS opposes hospital contracts for physician services rendered within hospital departments or services that exclude the right to practice of other members of the medical staff, that is, the rendering of medical services, and the billing therefore, by physicians who are members of the medical staff who have been credentialed within the scope of practice of such departments or services by the medical staff.

91.11 **Hospitals; Organized Medical Staff - Payments to Medical Staff Officers**

REAFFIRMED
Any salaries paid to medical staff officers for duties related to the offices held should be made from funds derived from the medical staff membership of the involved hospital.

92.01 **Nursing Homes - Reimbursement for Multiple Nursing Home Visits**

REAFFIRMED
The LSMS opposes the nursing home multiple visit reimbursement policy of CMS and supports its repeal through administrative channels. The American Medical Association should pursue administrative, legislative or legal action to change this policy.

100.01 **Health Care Reform – Repeal of the Patient Protection and Affordable Care Act (PPACA)**

REAFFIRMED
It is LSMS policy to support all efforts to repeal the Patient Protection and Affordable Care Act and to support initiation of a new national effort to reform health care.

100.02 **Health Care Reform - Opposition to Individual Mandate**

REAFFIRMED
The LSMS opposes any requirement or mandate by state or federal government that individuals purchase health insurance.

100.03 Health Care Reform - Single-Payer Health Care System
REAFFIRMED
The LSMS opposes the establishment of a single-payer health care system and supports a pluralistic, market-based approach to the provision of health care services.

100.05 Health Care Reform - Health System Reform in Louisiana
REAFFIRMED
The LSMS concurs with recommendations contained in the PriceWaterhouseCoopers Report on Louisiana Healthcare Delivery and Financing System specifically concerning health system reform and adopts the following position statement:
   a) Health system reform in Louisiana must be statewide ensuring equitable access to quality care and elimination of the two-tiered delivery system.
   b) There must be adequate funding mechanisms to ensure the delivery of quality care, preferably systems in which the dollars follow the patient.
   c) Graduate medical education must be preserved as part of health system reform and should include academic medical centers as an integral part of the medical education system.
   d) Health Access Louisiana is an effective vehicle to accomplish health system coverage reform, and would allow academic medical centers to compete in the health care marketplace.

100.06 Health Care Reform - Health Access Louisiana
REAFFIRMED
A proposal for health coverage reform in Louisiana. The proposal contains the following key elements.

Financing issues
   The dislocation caused by the 2005 hurricanes revealed underlying weaknesses of Louisiana’s (and by extension America’s), over-reliance on employment-based insurance as the basic principle for organizing health care financing. The clear lesson, again for other states as well as Louisiana, is that subsidizing institutions to provide charity care is a decidedly inferior and inflexible alternative when compared with using those same funds to expand health insurance coverage.

Overview of proposed reforms
   Element 1: Create a market mechanism for making health insurance truly personal and portable for all residents, and more readily available to workers with non-traditional employment situations.
   Element 2: Create mechanisms for aggregating premium payments from multiple funding sources to pay for coverage offered through a Health Insurance Exchange that encourages a competitive marketplace where patients can choose among health insurance plans and providers (amended R114-10)
Element 3: Provide coverage for state and local government employees through the Louisiana Insurance Exchange.
Element 4: Create a new statewide health insurance risk transfer pool to ensure adequate and fair cross-subsidization of high-risk individuals.
Element 5: Redirect existing subsidies to cover low-income uninsured.
Element 6: Seek support for creating a federal health care financing demonstration project that builds on Louisiana’s reform efforts.

Conclusion
Louisiana has been presented with a unique opportunity to convert the health care crisis imposed on the state by Hurricanes Katrina and Rita into significant and lasting improvements in the health care system. Health Access Louisiana also has significant implications beyond the state. Indeed it could become a model for positive health reform throughout the entire country. As such, Louisiana policymakers should seek the active support and cooperation of the federal government in the reform plan.

100.07 Health Care Reform - Pluralistic Delivery System
REAFFIRMED
The LSMS supports all individuals having healthcare coverage/financing in the maintenance of a pluralistic delivery, coverage and financing system in the public and private sectors and the adoption of reform measures that build on the strengths of these separate but inter-related delivery systems.

100.08 Health Care Reform - Federal Health Care Programs
REAFFIRMED
The LSMS affirms its belief in the superiority of private medical care in a pluralistic system and supports continued efforts to correct deficiencies in federal health programs. The LSMS opposes restrictions on non-participating physicians' medical practices and on patient freedom of choice by such mechanisms as limitations on balance billing and prohibitions on private opt out arrangements between physicians and patients.

100.12 Health Care Reform - Individually Owned Health Coverage System
REAFFIRMED
The LSMS supports the creation of an employee-based health coverage system which provides freedom of choice to employees and their families in selecting and changing healthcare coverage. The LSMS supports the elimination of the current tax bias against individually owned and individually chosen health coverage plans and supports federal-state legislation and AMA proposals/resolutions to help create an economic market for family owned plans with a fair premium rating system independent of employer or government mandates.

100.13 Health Care Reform - Medical Home
REAFFIRMED
The LSMS opposes any health system reform that includes the concept of a medical home that is clearly not physician directed and does not maintain the physician as the primary health care provider.

110.03 Health Information - Funding of Health Information Exchanges
REAFFIRMED
The LSMS opposes physician funding to operate health information exchange systems.

111.01 Medical Records - Retention of Medical Records
REAFFIRMED
In conformity with Louisiana Revised Statue 40:1299.96 A. (3)(a) Medical and dental records shall be retained by a physician or dentist in the original, microfilmed, or similarly reproduced form for a minimum period of six years from the date a patient is last treated by a physician or dentist. (b) Graphic matter, images, X-ray films, and like matter that were necessary to produce a diagnostic or therapeutic report shall be retained, preserved and properly stored by a physician or dentist in the original, microfilmed or similarly reproduced form for a minimum period of three years from the date a patient is last treated by the physician or dentist. Such graphic matter, images, X-ray film, and like matter shall be retained for a longer period when requested in writing by the patient.

111.02 Medical Records - Disposition of Deceased Physicians’ Medical Records
REAFFIRMED
Upon the death of a physician, all medical records shall be retained in the original, microfilmed or similarly reproduced form for a minimum period of 6 years from the date the patient was last treated by the physician, as stated in L.A. R. S. 40:1299.96. Graphic matter, images, x-ray films and like matter shall be retained in the original, microfilmed or similarly reproduced form for a minimum of three years from the date the patient is last treated by the physician, as stated in L.A.R.S. 40:1299.96. After six years or three years as the case may be, the records may be destroyed, in an appropriate manner. A copy of this statute can be obtained from the LSMS Legal Affairs Department. A sample letter that the succession of the deceased physician may send to patients relative to transferring records to a new treating physician and/or destroying records can be obtained from the LSMS Legal Affairs Department.

111.03 Medical Records - Release of Autopsy Report to Attending Physician
REAFFIRMED
Coroner’s statements and autopsy reports are considered an integral part of the deceased patient’s medical record and copies should be provided to the deceased patient’s family designated physicians of record.

120.01 Health Insurance - Health Care Coverage for All Americans
REAFFIRMED
The LSMS supports the concept of health care coverage for all Americans.

120.02 Health Insurance - Standardization of Claims Handling Procedures
REAFFIRMED
Claims handling procedures should be standardized to ensure that claims are appropriately entered into the system and/or logged as received. Significant penalties should be imposed for inappropriate handling of claims by health plans that failed to document receipt of claims whether or not eligible for immediate payment.

120.03 Health Insurance - Physician Utilization Review Decisions
REAFFIRMED
Any physician making utilization review decisions on the medical necessity or appropriateness of care affecting the diagnosis or treatment of a patient in Louisiana must have a license to practice medicine in Louisiana.

120.04 **Health Insurance - Clinical Decision-Making by Third Party Payors**

REAFFIRMED

The LSMS opposes the regulation of health care via prospective evaluation by third party private insurance carriers who seek to evaluate medical necessity of patient medical/surgical care and use these determinations to limit their financial liability for medical treatment recommended to the individual patient by his or her treating physician. The LSMS policy is that non-physicians appointed by insurance companies to give medical advice to patients be appropriately licensed by the appropriate licensing agency.

120.05 **Health Insurance - Voluntary Health Insurance Purchasing Co-Op**

REAFFIRMED

The LSMS supports the establishment of a health insurance co-op to improve access to insurance for small business employees.

121.03 **Eligibility, Benefits & Coverage - Maternity Care**

REAFFIRMED

The LSMS supports insurance coverage that will:

1. require insurers offering maternity benefits to provide for minimum of forty-eight (48) hours of inpatient care for normal vaginal delivery and for a minimum ninety-six (96) hours or inpatient care for a mother and infant following a cesarean delivery;
2. acknowledge that the discharge of mother and newborn allow for the discretion of their physician’s judgment according to the prevailing standard of care rather than according to economic consideration mandated by commercial entities.
3. If, at the discretion of the physician, a mother and newborn are discharged at less than forty-eight (48) hours postnatal the insurers provide suitable coverage for follow-up care within forty-eight (48) hours of discharge; and
4. prohibit insurers from penalizing, harassing or otherwise providing for financial disincentives to any attending provider who orders care consistent with the above positions.

121.06 **Eligibility, Benefits & Coverage - Reimbursement in Managed Care Contracts**

REAFFIRMED

The LSMS supports efforts to ensure that patients, or their designee, have disclosed upon their request the dollar amounts of allowed coverage reimbursement, when considering undergoing medical services that may result in an obligation for a copayment based on those coverage amounts.

121.08 **Eligibility, Benefits & Coverage - Usual, Customary, and Reasonable (UCR) Calculations**

REAFFIRMED

The Usual, Customary, and Reasonable (UCR) method of determining health insurance reimbursement has been demonstrated to be terribly flawed. The LSMS favors the indemnity method of determining health insurance benefits (a defined schedule of procedures along with a matching schedule of payment benefits). The LSMS holds that fair and equitable treatment of the private patient demands that a schedule of medical


procedures and a schedule of matching insurance payments are essential and should be provided to the patient prior to the purchase of health care coverage.

121.09 Eligibility, Benefits & Coverage - Coverage for Children and Adolescents
REAFFIRMED
The standard for private insurance in Louisiana should include coverage of medical care needed by infants, children and adolescents, including prenatal consultations, newborn care, preventive care, health supervision and treatment services through age 21 years and that such services should encourage continuity of care by private care physicians.

121.11 Eligibility, Benefits & Coverage - Patient Eligibility for Medical Services
REAFFIRMED
The LSMS encourages all managed health care companies in Louisiana to provide reasonable and adequate 24 hour a day access to determine eligibility of patients, names or approved network hospitals and names of approved physicians. The LSMS believes that managed health care companies should be required to pay for any appropriate services rendered to patients when hospitals or physicians have made reasonable efforts to determine eligibility.

122.01 Health Care Quality Initiatives - Disclosure of Utilization Review Criteria
REAFFIRMED
Third party payors should be required, upon request, to disclose to physicians the utilization review criteria used to determine treatment reimbursement.

123.01 Managed Care - Gag Orders
REAFFIRMED
The LSMS opposes managed care companies imposing any form of gag clause that prevents a physician from discussing quality of care issues and treatment options with their patients. The LSMS is opposed to managed care companies terminating physicians without cause and provide physician applicants with all reasons for denial of an application or renewal of a contract. A due process appeal containing the precise mechanism outlined in the Health Care Quality Improvement Act of 1986 must be accorded.

123.02 Managed Care - Peer Review Mechanisms
REAFFIRMED
The LSMS opposes managed care organizations/plans as acceptable peer review mechanisms so long as they do not have autonomous medical staff sections with separate bylaws and due process rights for physicians.

123.04 Managed Care - Regulation of Managed Care Companies
REAFFIRMED
All managed care companies in Louisiana should be regulated by the same laws and standards which regulate health insurance companies except for different solvency standards for provider sponsored organizations as established by the state insurance commissioner and/or state law. The LSMS strongly supports the AMA’s efforts to change ERISA laws that exempt self-insured plans from state laws or regulations.
130.01 **Indigent and Uninsured - Support of Healthcare for the Indigent**
REAFFIRMED

The LSMS is committed to the delivery and availability of high quality medical care to the indigent population of Louisiana in a cost-effective, efficient manner. The LSMS supports appropriate levels of funding for providers of healthcare to the indigent of Louisiana. The LSMS encourages the legislature to provide for ongoing health care services to the indigent in a fiscally sound and programmatically adequate system.

130.02 **Indigent and Uninsured - Health Care for the Indigent, Elderly and Chronically Ill**
REAFFIRMED

The LSMS opposes any plan or effort that would establish a two-tiered system of health care, and contravene physician services to the elderly, the poor, and the chronically ill, including replacing these services with nurse-centered programs.

130.04 **Indigent and Uninsured - Reimbursement for Care Provided to Hospitalized Patient**
REAFFIRMED

Physicians should be reimbursed for uncompensated care when care is provided in a hospital setting and the hospital is eligible for uncompensated care reimbursement.

130.05 **Indigent and Uninsured - Health Care for the Uninsured**
REAFFIRMED

The LSMS supports the creation of a health insurance risk pool to offer coverage for the medically uninsured and those who are above the poverty level and are Medicaid ineligible who cannot afford rates for individual coverage but could buy coverage at a group rate and would include coverage for the mentally ill.

140.01 **LSMS: Administration and Organization - LSMS Policy Compliance**
REAFFIRMED

The LSMS Board of Governors, LSMS Councils and Committees, and LSMS staff shall uphold the policies established by the LSMS House of Delegates.

140.05 **LSMS: Presidential Communications**
REAFFIRMED

The LSMS President will transmit, no less than quarterly, a personal email communication to all members of the society informing them on recent, current and future LSMS activities and providing an opportunity for input and feedback.

141.01 **American Medical Association - LSMS AMA Official Family**
REAFFIRMED

Any former AMA President from Louisiana may be included as a member of the LSMS Official Family to the AMA in attending interim meetings of the AMA House of Delegates if approved by the Board of Governors.

141.02 **American Medical Association - Member-In-Training as AMA Delegates**
REAFFIRMED

The LSMS House of Delegates policy is that at least one alternate delegate position be reserved for members-in-training in the AMA Delegation. If a member-in-training is elected to a delegate position, then the number of alternate delegate positions reserved for members-in-training be reduced by one. Such positions, as specifically designated by the House of Delegates, will be filled by election as described in the LSMS bylaws. A
member-in-training is a Fellow, Resident, or Medical Student. If no member-in-training is nominated for either position, then that position will be open to any member of the society, the election being conducted by such method as described in the LSMS bylaws.

141.03  **American Medical Association - Increase or Decrease in AMA Delegation**

**REAFFIRMED**

In the event the LSMS AMA Delegation is either increased or decreased in the number of delegates or alternate delegates when the LSMS House of Delegates is not in session, the LSMS Board of Governors is empowered to adjust the size of the LSMS AMA Delegation in the manner it feels is most equitable.

142.01  **Boards and Commissions - Procedure for Nominations to State Boards and Commissions**

**REAFFIRMED**

The LSMS establishes the following mechanism for determining nominees to state boards and commissions. The Board of Governors will define the details for implementing the process.

1. Publish vacancies on boards and commissions to component societies and the Board of Governors when the need to fill a vacancy is imminent. Incumbents eligible for renomination will be contacted as to their willingness to serve.
2. Receive the names of nominees according to published deadlines with the additional requirement of a curriculum vitae which would be indicated in the notice of the vacancy.
3. The President has the responsibility to appoint all positions pending advice and consent of the Board of Governors. If an immediate response is necessary on a vacancy the President should consult with the Executive Committee of the Board to determine the appropriate response.
4. The Board of Governors will select the nominees to the Louisiana State Board of Medical Examiners and the Patients Compensation Fund Oversight Board. Candidates for nomination will be invited for interview by the Board of Governors.
5. Component societies, state specialty societies, the Council on Legislation, LSMS committees and LSMS staff serve as a resource to the Board and the President regarding potential nominees.

143.01  **Legislation and Regulation - LSMS Legislative Agenda**

**REAFFIRMED**

The Council on Legislation, in consultation with the Executive Committee of the Board of Governors, shall prioritize the LSMS state legislative effort on an ongoing, as needed, basis predicated upon the practical and political realities existing at the time. The Council on Legislation, on occasion, may exercise appropriate legislative discretion within the LSMS priority system and, in accordance with existing LSMS policy, during unpredictable legislative circumstances calling for immediate action.

143.02  **Legislation and Regulation - Coordination of Legislative Efforts**

**REAFFIRMED**

The LSMS, with input from and in close cooperation with component societies, will develop a formal plan of action for both fiscal and regular sessions of the legislature to most effectively use staff and financial resources on a state and local level to initiate strategies prior to and during each legislative session aimed at communicating Medicine’s message to key legislators and other interested organizations. This will include an
assessment of the communication efforts and the use of the most appropriate medium and technology to ensure responsiveness to members’ questions.

143.04 *Legislation and Regulation - Meetings with Area Legislators*

**REAFFIRMED**

The LSMS will promote regular dialogue between individual legislators and LSMS members living in the legislators’ districts by encouraging societies to have meetings at least annually with individual legislators and LSMS members living in those districts. When requested by component societies, the LSMS will assist in coordinating the meetings with individual legislators.

150.03 *Medicaid - Medicaid Reimbursement for Multiple Physician Visits*

**REAFFIRMED**

Medicaid reimbursement should be allowed for concurrent care by physicians providing care to a patient on a single day. The LSMS supports DHH rules to allow Medicaid reimbursement to all physicians providing care to patients for all medical services and/or office visits in excess of the 12 visit per calendar year limit.

150.04 *Medicaid - Medicare-Medicaid Crossover Payments*

**REAFFIRMED**

The Louisiana Department of Health and Hospitals alter its existing rules concerning reimbursement of physicians for care of dually eligible (Medicare/Medicaid) beneficiaries to allow for full cost-sharing of co-payments and deductibles, as mandated by federal Medicare and Medicaid laws. The LSMS, together with component societies, join with existing statewide patient advocacy coalitions, to encourage the Louisiana Department of Health & Hospitals to restore funding for Medicare-Medicaid crossover payments.

151.01 *Medicaid Funding - Funding of LaCHIP*

**REAFFIRMED**

The LSMS supports full matching funds for the state child health insurance program (LaCHIP).

180.01 *Medical Research - Enhanced Health Care Research Initiatives*

**REAFFIRMED**

The policy of the LSMS is the following: (1) to advocate for the establishment of a new social compact for health research that provides government funding, assures evidence-based setting of priorities and engages public support of increased government resources dedicated to healthcare research, (2) to advocate for renewal of a partnership in health research that seeks the public good among government, industry, universities, clinicians and researchers, and (3) to support national efforts to encourage Congress to adopt a five year gradually increasing, annually extending commitment to health research.

180.02 *Medical Research - Biomedical Research*

**REAFFIRMED**

The LSMS supports the concept of humanely performed animal-based biomedical research.
190.04  **Medicare - Due Process Rights Under Medicare**  
REAFFIRMED  
Physicians’ due process rights should be guaranteed in any dealings with the Medicare Part B carrier.

190.05  **Medicare - Medicare Evaluation & Management Documentation Guidelines**  
REAFFIRMED  
The LSMS opposes the development of Medicare E&M Guidelines that employ quantitative formulas and/or assigns numeric values to elements documented in the medical record to qualify as clinically appropriate medical record keeping.

190.06  **Medicare - Disclosure of Medicare HMO Policies**  
REAFFIRMED  
The LSMS supports regulations which require Medicare HMOs operating in Louisiana to establish truth in selling policies which require full disclosure of the limitations for covered services and incentives under which Medicare HMOs operate.

200.01  **Mental Health - Mental Health Care**  
REAFFIRMED  
The LSMS endorses the concept that the state of Louisiana provide mental health treatment and programs for the medically indigent under the supervision of a licensed physician. The LSMS encourages its members to be more aware of the limitations and restrictions on obtaining access to medical treatment for mental illnesses and/or substance abuse disorders and encourage its members to become proactive in resolving these access problems in coordination with civic organizations addressing the problem.

200.04  **Mental Health - Mental Health Centers in Louisiana**  
REAFFIRMED  
The LSMS opposes psychologists and inadequately trained social workers treating psychiatric patients in mental health centers without physician supervision.

210.03  **Physicians - Physician Freedoms in Delivering Health Care**  
REAFFIRMED  
The LSMS supports the following:  
(1) Freedom to decide whom he or she will treat, except in emergencies.  
(2) Freedom to determine the method of treatment of his or her patients compatible with good medical practice and the consent of the patient.  
(3) Freedom to determine the method of receiving payment for his or her services.  
(4) Freedom to practice in the geographical location of his or her choice.  
(5) Freedom to admit a patient to a hospital for treatment as being his or her sole prerogative, consistent with official policy of the hospital medical staff.

210.05  **Physicians - Guidelines for Rendering a Second Opinion**  
REAFFIRMED  
The LSMS guidelines for physician conduct during the rendering of a second opinion are as follows:  
(1) When a physician refers a patient for a second opinion, it is the ethical responsibility of the physician rendering the second opinion to release the patient back to the referring physician.
(2) The physician selected by a patient for the purpose of obtaining a second opinion is not obligated to advise the patient’s primary physician of the finding or recommendations. 
(3) It is considered unethical for the physician rendering a second opinion to undermine the relationship between a patient and his or her primary physician for self-serving purposes.

210.06  **Physicians - Home Health Care Services**  
**REAFFIRMED**  
The attending physician should provide all initial orders for home health patient care, (to include medication, lab and ancillary services) and all requests/consults for an evaluation of unique home environmental concerns by an appropriately qualified individual.

212.02  **Licensure and Discipline - Due Process Regarding Sanctions**  
**REAFFIRMED**  
A physician should not be officially sanctioned by any Third-Party Payor or governmental agency until he or she has had the opportunity of a fair hearing and full due process.

212.03  **Licensure and Discipline - Licensure Confidentiality**  
**REAFFIRMED**  
The LSMS is committed to the fundamental principle of confidentiality as a basic tenet of the physician-patient relationship and urges that the type of information available to the State Board of Medical Examiners be limited to information which is reasonably related to the physician’s ability to practice medicine.

212.05  **Licensure and Discipline - Prevent Linking Medical Licensure to Any Public or Private Health Plan**  
**REAFFIRMED**  
The LSMS supports legislation and/or regulation to prevent linking a physician’s license to practice medicine with mandatory participation in any public or private health care insurance or health care payment product.

212.06  **Licensure and Discipline - Multyear Medical License**  
**REAFFIRMED**  
The LSMS encourages the Louisiana State Board of Medical Examiners to consider increasing the licensing period for medical licenses from one to multiple years. The fees for a multi-year license should equal to no more than the current one year fee times the number of years the license is valid.

212.07  **Licensure and Discipline - Licensure Fee Exemption for Physicians Over the Age of 75**  
**REAFFIRMED**  
The LSMS endorses the concept of a license fee exempt status for physicians beyond the age of 75 who wish to maintain a practice.

212.08  **Licensure and Discipline - Representation on Louisiana State Board of Medical Examiners**  
**REAFFIRMED**  
The composition of members selected to serve on the Louisiana State Board of Medical Examiners should include regional representation in the state.

213.03  **Physician Contracts & Payment - Regulation of Physician Fees**
Attempts to regulate the fees of physicians who do not accept assignment, but who bill their patients directly, is a violation of the constitutional right of the physician to contract for services with his or her private patients.

Insurers should make timely payments to physicians, and other health care providers, as well as to the patients (insured) in accordance with laws related to payment of benefits after receiving proof of a clean claim or be subject to penalties as specified in statutes.

The LSMS opposes efforts by private payers, hospitals, Congress, state legislatures, and federal and state agencies to impose policies designed to control utilization and costs of medical services unless those policies can be proven to achieve cost savings and improve quality while not curtailing appropriate growth and without compromising patient access.

Insurance carriers should provide an explanation of medical benefits (EOMB) to health care providers whenever the carrier’s reimbursement differs from the amount billed by the provider. The EOMB must be provided with the reimbursement check.

(1) The EOMB must contain appropriate identifying information so the provider can relate a specific reimbursement to the applicable claimant, the procedure billed, and the date of service.

(2) The carrier shall use the provider’s listed EOMB CPT codes and descriptors to demonstrate how each charge has been reduced or disallowed.

(3) The EOMB shall specify what underlying managed care organization’s contractual fee schedule is used for determining reimbursement and/or applicable discounts.

(4) The EOMB shall clearly identify the insured’s remaining financial responsibility under the contract.

There should be a statute of limitations of twelve months for previously approved and paid claims to be reconsidered and request for refund to be made after which time payments are final and cannot be recouped against future claims.

The LSMS supports the right for all physicians to form local and/or regional negotiating units consistent with our medical ethics and professionalism for the purpose of
collectively bargaining with managed care plans, insurers, and employers on issues related to health care quality, patient rights, and physician rights, and to oppose the affiliation of physician negotiating units with labor unions and of the negotiating units without the right to strike.

213.17 *Physician Contracts & Payment - Inclusion of Payment Schedule in Contracts*

**REAFFIRMED**

Each third-party payor attach a complete payment schedule which is updated whenever the payment schedule is altered but at least yearly to the physician contract.

213.19 *Physician Contracts & Payment - Assignment of Medical Insurance Benefits*

**REAFFIRMED**

Insurance companies providing health care insurance in Louisiana should be required to send payment directly to any health care provider designated by a valid act of assignment of the subscriber; said payments shall be made in a timely fashion, and in accordance with all laws governing health insurance payments.

214.02 *Physician Patient Relationship – Patient Rights and Responsibilities*

**REAFFIRMED**

The LSMS considers the following patients’ rights and responsibilities to be fundamental in fostering the trusting patient-physician relationship which is essential to successful outcomes.

1. the right to receive complete and easily understood information from a treating physician about his or her medical care and to have his/her questions answered;
2. the right to appropriate informed consent regarding the benefits, risks, and costs of diagnostic and treatment alternatives, including the physician’s counsel as to the optimal course of action;
3. the right to make decisions regarding the health care recommended by a treating physician. Patients may accept or refuse any recommended medical treatment;
4. the right to be advised of any potential conflicts of interests their treating physician may have involving care to be provided or recommended;
5. the right to select the physician of his or her choice (unless the patient has contracted otherwise with a third party), to change physicians as warranted, to request second opinions, and to expect the physician to function as the primary advocate for his or her health and well being;
6. the right to confidentiality of medical records, communications, and information shared with his or her physicians, which should not be revealed to any third party without current consent of the patient unless otherwise provided for by law or by the need to protect the welfare of the individual or the public interest;
7. the responsibility to be a partner in his or her health care by maintaining a healthy lifestyle and avoiding behaviors that are detrimental to good health;
8. the responsibility to establish a relationship with a physician of his or her choice and to provide accurate information regarding personal and health histories essential to his or her care;
9. the responsibility to actively participate in decisions about his or her health care, to ask questions and seek information about his or her medical condition and the treatment recommended, and to cooperate on mutually accepted courses of treatment;
10. the responsibility to make arrangements for the payment of his or her medical care to the extent possible. Patients should seek a clear understanding of the costs of their care
by talking to their physician, discussing possible financial hardships, and becoming knowledgeable about the terms, coverage provisions, rules and restrictions of their health care plans.

214.03 *Physician Patient Relationship – Home Health Care Referral Influence*

**REAFFIRMED**
The LSMS opposes pressure from hospitals, employers, or other interest groups on physicians to refer patients to a particular home health care agency. The patient’s individual physician and patient should determine the choice of agency and the physician should determine the medical necessity of all treatments including the various allied health providers, number of visits, and equipment provided.

214.04 *Physician Patient Relationship – Diagnostic Imaging Services*

**REAFFIRMED**
The LSMS supports patients receiving imaging services at facilities where appropriately trained medical specialists can perform and interpret imaging services regardless of medical specialty. The LSMS opposes any attempts by federal and state legislators, regulatory bodies, hospitals, private and government payers and others to restrict reimbursement for imaging procedures being performed and interpreted by physicians based on the proper indications for the specific imagine technique regardless of their medical specialty. In the interest of transparency, when a patient is referred to an imaging facility outside of the referring physician’s office, any financial interest of the referring physician in that imaging facility should be disclosed to the patient.

216.01 *Quality of Care - Third-Party Payor Determinations*

**REAFFIRMED**
LSMS members have an ethical responsibility not only to treat their patients skillfully but also to act as their patients’ advocates. A physician may be obliged to object to requests and challenge any PRO or Third-Party Payor determination that is contrary to the patient’s medical interest. A decision to discharge a patient from hospitalization based on the recommendation of a PRO or Third-Party Payor should be critically evaluated by the physician. A physician’s determination with respect to discharge from hospitalization and a physician’s objection to discharge should be made a matter of record in the patient’s progress notes.

216.02 *Quality of Care - Patient Safety*

**REAFFIRMED**
The LSMS supports patient safety initiatives and education in Louisiana of both health care providers and the public by working with Louisiana physicians, Louisiana Hospitals, the Louisiana Department of Health and Hospitals, and the Louisiana Health Care Review (eqHealth Solutions) to work toward an overall reduction in medical errors.

217.03 *Standard of Care - Comparative Effectiveness Research*

**REAFFIRMED**
While the LSMS supports quality research and quality guidelines, we oppose the use of these guidelines as a justification for the rationing of patient care, the calculation of physician reimbursement, or the establishment of a standard of medical care. Additionally, the LSMS supports repeal of the authorization and funding of the Federal
Coordinating Council for Comparative Effectiveness Research and the National Coordinator for Health Information Technology based on their violation of LSMS policy 217.03.

220.01 *Prescription Medications - Atypical Antipsychotic Medications*
**REAFFIRMED**
The LSMS supports efforts to include second or third generation antipsychotic medications on restricted formularies.

221.01 *Prescribing & Dispensing - Physician Dispensing*
**REAFFIRMED**
The LSMS supports the physician’s right to dispense drugs and devices when it benefits the patient and is consistent with AMA ethical guidelines.

221.03 *Prescribing & Dispensing - Usage of Brand and Generic Name for Prescription Medications*
**REAFFIRMED**
It is LSMS policy to support pharmacists and pharmaceutical companies provide both the generic and brand name on all prescription bottles.

222.01 *Substitution - Generic Substitution by Pharmacists*
**REAFFIRMED**
The LSMS opposes the practice of generic substitution of drugs by a pharmacist except where the substitution has been authorized by the prescribing physician.

222.02 *Substitution - Substitution of Biosimilar Medicines*
**REAFFIRMED**
The LSMS position is that physicians retain the authority to select the specific products their patients will receive and that automatic substitution of biosimilar medicines without the consent of the patient’s treating physician should be prohibited. Also, the LSMS supports any state legislative proposal that allows physicians to continue to be the primary health care professionals who determine the biologic therapies most appropriate for their patients based on their own review of the clinical data and their own clinical judgment. Additionally, the LSMS opposes reimbursement restrictions that have the effect of forcing patients to switch from their physician-prescribed biologic therapies and supports legislation in Louisiana to clarify that substitution of drugs and biologics without treating physician consent should be prohibited.

230.01 *Professional Liability - Current Automobile Driver’s Licensure*
**REAFFIRMED**
Physicians should be protected from civil liability for reporting, on medical grounds, potentially unsafe automobile drivers to the Louisiana State Department of Public Safety.

232.01 *Medical Expert Testimony - Rendering Opinions for Reports and Testimony to Third Parties*
**REAFFIRMED**
Preamble
The LSMS is dedicated to the highest standards of medical care for the patients of Louisiana. The LSMS recognizes there are appropriate requests made to members of the LSMS to comment to third parties about the cause of a disease process in a patient, the limitations that a disease process imposes on the patient, the care given to a patient by another health care provider, or other appropriate questions duly requested by authorized individuals. In these circumstances, the LSMS believes that the opinions rendered should comply with following The Professional Standards and Guidelines of Conduct and Accountability for Rendering Opinions in Reports and Testimony to Third Parties.

The physician who is called upon to render opinions to third parties has an ethical obligation to proceed with cautious deliberation. It is often difficult to judge the performance of another colleague, health care provider, or health care facility unless the physician approaches the evaluation in an honest and objective manner, and reviews relevant information.

The physician should avoid rendering opinions prior to reviewing relevant information and should not make implied agreements with third parties prior to a full examination of the relevant materials. Whenever possible the physician should require a written request by the third party outlining the scope and purpose of the evaluation and extent of opinions requested.

The physician should be mindful of the inherent bias in reviewing materials only provided by the requesting third party. The physician should request additional relevant information as necessary before rendering an expert opinion.

Advocacy and partisanship should be discouraged. While the physician may advocate a position which is supported by collateral sources of information after reviewing the available medical literature and scientific evidence, the physician should avoid taking on the role of the third party in advocating positions not supported in the medical literature or the available records.

It is ethical for a physician to charge an hourly fee to provide services to third parties. It is considered unethical to render opinions for a fee contingent on the outcome of the matter at issue.

The physician should avoid testifying in areas that are clearly outside of the physicians’ area of expertise.

When rendering opinions concerning the standard of care the physician must be mindful that the standard applies to the time of the incident in question. Retrospective application of the present standard of care is not acceptable. The physician should also be mindful of the inherent hindsight bias which is pervasive in retrospective evaluations.

The physician should be mindful that many approaches to the provision of care are acceptable standards of practice. The care provided by a physician should be reasonable under the circumstances of the case under review. That
physicians commonly have different but acceptable practice patterns must be taken into consideration when the physician analyzes information for third parties.

The physician must be mindful of the potential conflicts of interest in rendering opinions to third parties. If these conflicts could unduly bias the physician, then an opinion should not be rendered.

The physician should be mindful that purely self-serving, arbitrary and capricious opinions and testimony and failure to adhere to the guidelines set forth above may result in reprimands and/or sanctions by peer review organizations, professional societies, the LSMS, and the Board of Medical Examiners, as applicable. Physicians have an ethical obligation to report such behavior to the appropriate organization or board.

232.03 Medical Expert Testimony - Immunity for Expert Witnesses
REAFFIRMED
Louisiana statutes should provide immunity from civil and criminal liability for all physicians who provide expert testimony according to the ethical guidelines of the American Medical Association and the LSMS.

232.04 Medical Expert Testimony - Physicians’ Testimony in Malpractice Trials
REAFFIRMED
The LSMS opposes any state law which allows attorneys to mandate physicians to testify as to the standard of care in a medical malpractice case.

233.06 Medical Malpractice - Guidelines for Malpractice Case Review by Physicians
REAFFIRMED
LA. R. S. 40:1299.47 details the procedure physicians must follow during participation in a medical review panel. Appropriate opinions and decisions rendered shall be based upon objective medical information and clinical experience. Physicians must participate in an open minded and conscientious manner.

240.01 Public Health - Louisiana Poison Control Center
REAFFIRMED
The LSMS endorses funding for a poison control center within the state or contract with a regional national center which allows access to vital public safety information by hospitals, physicians and the public.

241.01 Children and Youth - Child Death Review Panel
REAFFIRMED
The LSMS supports the Child Death Review Panel and mandated funding for and access to the services of Forensic Pathologists where necessary for the death scene investigation and autopsies for unexpected deaths in infants and children. The LSMS supports appropriate and timely exchange of information concerning child deaths between medical, social services and law enforcement agencies, supports the Child Death Review Panel having access to the Office of Community Service files and recommendations, through the amendment of Louisiana’s Children’s Code, Article 615, if necessary, and supports the establishment of DHH regional Child Death Review Panels in order to expedite the timely investigation of unexpected child deaths.
241.02  Children and Youth - School-Based Health Programs
REAFFIRMED
The LSMS recognizes the need for and urges the development of comprehensive school based health clinics to address the health needs of our youth including, but not limited to, the prevention of drug abuse, AIDS, sexually transmitted diseases, and unintended pregnancy. The LSMS supports enhanced funding of health clinics in junior/senior high schools specifically to provide resource information upon student request.

241.03  Children and Youth - Evaluation and Treatment of Handicapped Children
REAFFIRMED
Child and adolescent psychiatrists should be included by the State Department of Education and made part of the Competent Authority Team for program planning, evaluation and treatment of handicapped youngsters under PL 94-142 and PL 99-457.

241.06  Children and Youth - Regional SIDS Centers
REAFFIRMED
The LSMS supports the development of research, management, and support services for apnea/SIDS cases in Louisiana.

242.02  Environmental Health – Recycling
REAFFIRMED
The LSMS supports safe and healthy recycling techniques in the management of municipal and personal waste and encourages component medical societies and individual physicians to become informed and participate in the establishment of community recycling programs.

242.03  Environmental Health - Disposal of Toxic Waste
REAFFIRMED
The LSMS urges the Louisiana Department of Environmental Quality (DEQ), in evaluating applications for discharge permits, to undertake a full analysis of the health effects of potential toxic discharges and subject it to public review as a part of the decision-making process. The LSMS supports the principle of interagency technical review, information sharing, and negotiation as embodied in the DEQ Gypsum Task Force process.

The LSMS supports the elimination of toxic waste products being disseminated into the environment and, through a system of fines for offenders, begin to reduce unacceptable high levels of pollution and toxic waste which pose a significant health hazard to Louisiana residents.

243.01  Immunizations - Childhood Immunizations
REAFFIRMED
The LSMS endorses the continued immunization of all children as recommended by the medically-accepted guidelines of the American Academy of Pediatrics, and/or the Advisory Committee on Immunization Practices and opposes any state or federal
legislation which may eliminate and/or alter the schedule of immunization of children as recommended by these guidelines.

243.04 **Immunizations - Varicella and Hepatitis A Vaccines**  
**REAFFIRMED**  
The LSMS supports efforts to make the vaccines for varicella and hepatitis A available to the population of the state for whom receipt of the vaccines are medically recommended and indicated.

244.02 **Obesity - Nutritional Labeling**  
**REAFFIRMED**  
It is LSMS policy to seek and/or support legislation or regulation to require restaurants with 50 or more locations nationally to provide nutritional and calorie information for their standard menu items offered on a regular or ongoing basis.

245.01 **Public Health Education - Patient Education for Home Disposal of Sharps**  
**REAFFIRMED**  
The LSMS urges physician education of their patients, who use syringes and needles in their homes for self-treatment of illnesses such as diabetes mellitus, about the proper use of safe, puncture-resistant containers for disposal of used injection devices and the disaffection of those sharps.

245.02 **Public Health Education - Sex Education in the Schools**  
**REAFFIRMED**  
The LSMS supports age-appropriate sex education in schools.

250.01 **Scope of Practice - Expansion of Scope of Practice**  
**REAFFIRMED**  
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.
250.04  **Scope of Practice - Unsupervised Non-Health Care Personnel**
**REAFFIRMED**
The LSMS supports the establishment of standards to protect the public against potential harm from the performance of medical procedures in salons, health clubs and spas including but not limited to chemical peels, microdermabrasion and/or laser treatments by unsupervised non-health care personnel.

250.06  **Scope of Practice - Certification/Recertification of Skilled Care or Therapy Services**
**REAFFIRMED**
CMS policy should prohibit any physician, other than the attending physician or consulting physician, from certifying or recertifying either skilled level of care and/or therapy services, except in an emergency.

250.07  **Scope of Practice - Naturopathic Physicians**
**REAFFIRMED**
The LSMS opposes the licensing of Naturopathic Doctors to practice naturopathic medicine in Louisiana. In the event Naturopathic Doctors are authorized to be licensed in Louisiana the LSMS advocates they be licensed and regulated by the Louisiana State Board of Medical Examiners.

250.08  **Scope of Practice - Laser Surgery**
**REAFFIRMED**
Laser surgery should be performed only by individuals licensed to practice medicine and surgery.

250.09  **Scope of Practice - Pain Management**
**REAFFIRMED**
Interventional pain management is considered to be the practice of medicine.

250.10  **Scope of Practice - Anesthesia Care**
**REAFFIRMED**
Anesthesia care administered to patients by nurse anesthetists in state-accredited hospitals, ambulatory care centers, and other health care facilities should be supervised by anesthesiologists when one is available.

260.01  **Surgery - Postoperative Care**
**REAFFIRMED**
The surgeon performing the surgery, or another MD with appropriate skills, should provide the surgical postoperative care.

280.04  **Tobacco - Smoke-Free Work Environment**
**REAFFIRMED**
Employers should be required to provide a work environment reasonably free of recognizable hazards and to protect employees from avoidable perils, specifically with respect to smoking and the work environment.

280.05  **Tobacco - No Smoking in Health Facilities**
**REAFFIRMED**
There should be no cigarette machines in any health facility in Louisiana and no smoking signs be installed in all health facilities and physicians’ offices of the state.

280.06 Tobacco - Smoking Policy for Public Elementary and Secondary Schools
REAFFIRMED
The LSMS supports the prohibition of the use of tobacco products by students in public elementary and secondary schools. Public school officials should allow smoking by teachers and staff in designated smoking areas only. The LSMS urges the Louisiana State Department of Education to adopt a statewide curriculum which would include instruction in the health hazards inherent in smoking as well as the use of smokeless tobacco.

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

280.10 Tobacco - Sale of Tobacco Products on all Charity Hospital Properties
REAFFIRMED
The Department of Health and Hospitals should prohibit the sale of tobacco products on all Louisiana Charity acute care general hospital properties. The LSMS urges each Charity Hospital Administrator and Medical Director and local Louisiana Health Care Authority Board to adopt new agreements with the Randolph Sheppard Vending Program to prohibit the sale of tobacco products on hospital property.

290.02 Women’s Health - Performance Standards for Mammography
REAFFIRMED
No mammogram should be performed without a concurrent history and physical breast examination by a licensed physician.

290.03 Women’s Health - Screening Mammography for Indigent Women
REAFFIRMED
The LSMS supports the acquisition of dedicated mammogram machines and sufficient staff for the state hospitals.

290.04 Women’s Health - Insurance Coverage for Screening Mammography
REAFFIRMED
The insurance industry should be required to provide insurance coverage to their individual and group policyholders for routine mammography examination in accordance with the recommendations of the American Cancer Society.

290.05 Women’s Health - Mammography Screening in Asymptomatic Women
REAFFIRMED
The LSMS endorses the position of the AMA and other medical organizations to recommend mammograms and clinical breast examinations at one year intervals in asymptomatic women, age 40 and older. The LSMS encourages quality control efforts to assure high quality, low-dose mammography, evidenced by accreditation of each facility by organizations such as the American College of Radiology or others with comparable programs.
RESOLUTION 104 - ADOPTED
SUBJECT: Elimination of the office of LSMS Vice President from the Bylaws

RESOLVED, that our LSMS House of Delegates delete the position and associated duties of the office of Vice President from our bylaws; and be it further

RESOLVED, that to facilitate this change, the LSMS Bylaws be amended 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.

C. Term
3. The Vice President, the Immediate Past President, the Secretary-Treasurer, the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates and the Chair of the Council on Legislation serve terms of one year. These officers take office at the close of the Annual Meeting.

D. Vacancies
2. Filling a Vacancy
   a. A vacancy in the office of President shall be temporarily filled by the Vice President-elect, who shall then succeed to the office of Immediate Past President at the conclusion of his term as President as originally scheduled.

   b. A vacancy in the office of President-elect shall remain vacant for the duration of be filled by an appointee of the Board of Governors. This appointee shall serve for the unexpired portion of the term. only; he or she shall not automatically succeed to the office of President at the conclusion of his or her term as President-elect. The resulting vacancy in the office of President shall be filled by election at an annual or special meeting of the House of Delegates.

ARTICLE VI Officers – Duties

Section 3 — Vice President The duties of the Vice President shall include the following:
1. To officiate for the President during his or her absence or at his or her request;
2. To assume the office of President for the unexpired portion of the term, if there is a vacancy in that office;
3. To serve as a member of the Board of Governors;
4. To serve as a member of the Executive Committee of the Board of Governors;
5. To serve as a member of the House of Delegates;
6. To serve as Chair of the Scientific Assembly;
7. 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
8. 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.

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Article VIII – Board of Governors

F. Executive Committee of the Board of Governors Members

The Executive Committee of the Board of Governors shall be composed of the President, the President-elect, the President, the Immediate Past President, the Secretary-Treasurer, the Speaker of the House of Delegates, the Chair of the Board of Councilors, and the Chair of the Council on Legislation.

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Article XIII – Scientific Assembly

C. Organization

The Vice President of the Society shall serve as appoint a Chair of the Scientific Assembly. In collaboration with the Board of Governors, the chair shall be responsible for appointment of other officers and committees of the Scientific Assembly, for arranging for meeting areas, for arranging for programs, and for arranging for social events. Financial arrangements shall be made in consultation with the Committee on Budget and Finance.

RESOLUTION 105 – ADOPTED AS AMENDED
SUBJECT: Medical Student Membership Dues

RESOLVED, that beginning in 2021, LSMS membership dues for Medical Students will be assessed at $40 for a four-year membership, and residents will be assessed at $150 for a three-year membership, and be it further

RESOLVED, that medical students already enrolled in medical school with less than four years remaining will be assessed prorated dues based on the number of years they have remaining in medical school, and be it further

RESOLVED, that residents already in a training program with less than three years remaining will be assessed prorated dues based on the number of years remaining in their training program provided that its less than three years. If a resident is enrolled in a training program that is longer
than three years or enrolled in a fellowship program, they will be assessed dues at $50 per year after the initial three year membership has expired until they have completed their training.

Fiscal Note – passage could increase dues revenue as follows:  
Medical Students - $7,200 to $28,000

**RESOLVED**, that beginning in 2021, Medical Students will receive their first year of membership in the LSMS free to encourage participation and growth of the organization, followed by renewal dues of $30 for three years of membership, unless they have fewer than three years remaining in medical school, in which case their dues shall be prorated to the number of years remaining, and be it further

**RESOLVED**, that beginning in 2021, residents will be assessed at $150 for a three-year membership.

**RESOLUTION 106 - WITHDRAWN**  
**SUBJECT:** Elimination of Medical Student Membership

**RESOLVED**, that our LSMS House of Delegates delete the Medical Student Membership category, and be it further

**RESOLVED**, that to facilitate this change the LSMS Bylaws be amended as follows:

**ARTICLE VIII**  
**Board of Governors**

A. Members  
The Board of Governors shall be composed of the general officers of the Society plus one medical student member, one resident physician member, one young physician section member, and, one senior physician section member all of whom are elected annually by the House of Delegates. The medical student, resident physician, young physician, and senior physician section members of the Board of Governors shall serve one (1) year terms.

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**ARTICLE IX**  
**Councils of the Louisiana State Medical Society**

2. **Council on Legislation**

A. Members  
The Council on Legislation shall be composed of one member from each medical district as delimited in Article XXII Subsection F of these bylaws, one member from the Young Physician Section, one member from the Resident Section, one member from the Medical Student Section, one member from the LSMS Alliance, and one member from each specialty medical society that was represented in the most recent LSMS House of Delegates. The number of specialty medical society council members shall not exceed three and will be nominated by the three specialty medical societies with the greatest number of active LSMS members. There shall be an alternate for each member of the
Council. The alternate is chosen from the same medical district, section or specialty society; must meet the same qualifications as the member; is elected in the same manner as the member; is seated only in the absence of the member; is entitled to all of the rights of the member when seated; and is entitled to reimbursement for travel expenses while attending a Council meeting; and may attend any meeting of the Council.

B. Selection

District members of the Council and alternates shall be elected by the Medical Districts prior to the LSMS Annual Meeting. At the time on the agenda of the House of Delegates Meeting that elections are conducted, each district that was required to hold an election will announce the results of its elections. If any Medical District fails to elect its District Councilor or Alternate District Councilor, the LSMS Board of Governors shall appoint a member from that medical district to fill the vacancy. The Young Physician Section member and alternate are elected by the House of Delegates. The Resident Section Member and alternate are nominated by the Resident Section and elected by the House of Delegates. The Medical Student Section member and alternate are nominated by the Medical Student Section and elected by the House of Delegates. The LSMS Alliance member and alternate are selected by the LSMS Alliance. Specialty medical societies are represented by the current president of the society or his designee provided that the designee is a current officer of the specialty medical society and an active member in good standing of the Louisiana State Medical Society.

C. Term

District members of the council and alternates shall serve terms of two (2) years. The Young Physician Section member and alternate, the Resident Section member and alternate, the Medical Student Section member and alternate, the LSMS Alliance member and alternate, and the specialty medical society members and alternates shall serve a term of one (1) year. Terms are staggered so that Councilors and Alternate Councilors representing even-numbered districts shall be elected in even-numbered years and Councilors and Alternate Councilors representing odd-numbered districts shall be elected in odd-numbered years. A member may serve a maximum of four terms, not necessarily consecutive, and not including terms as alternate.

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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:

41. A total of sixteen delegates and alternates delegates from the LCME accredited medical schools in the state and the University of Queensland in Australia and training at Ochsner Health System and who are members of and designated by the Medical Student Section;

42. 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

43. One delegate or alternate delegate from the Senior Physician Section, as designated by the Senior Physician Section.

44. 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

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H. Method of Doing Business

2. Introduction of Resolutions—Resolutions may be presented by a delegate, an alternate delegate, a Chartered Parish Society, an Affiliated 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, Senior Physician Section, Young Physician Section, or the Resident and Fellow Section, or the Medical Student Section.

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ARTICLE XVII
Medical Student Section

A section in the Louisiana State Medical Society is an organization of individuals identified and authorized in these bylaws for the purpose of providing representation to a group who have common interests, needs and/or backgrounds.

A. Members
A member of the Medical Student Section must be a medical student member of the Louisiana State Medical Society.

A. B. Delegates to the House of Delegates of the LSMS
The Medical Student Section shall designate delegates and alternate delegates from the Medical Student Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society.

A medical student member or alternate medical student member of the House of Delegates shall be elected to a term of one year.

B. C. Medical Student Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Medical Student Section members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one year.

The alternate shall serve in the absence of the medical student member of the Board of Governors. The alternate shall assume all the duties and rights of the medical student member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.

D. Medical Student Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Medical Student Section to serve as members of the Council on Legislation. The term of the member and alternate member shall be for one (1) year.

The alternate shall serve in the absence of the medical student section member of the Council on Legislation. The alternate shall assume all duties and rights of the medical student section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

E. Organization
The Medical Student Section shall be organized in accordance with the bylaws adopted by the
Medical Student Section. These bylaws and other rules must be approved by the Board of Governors of the Louisiana State Medical Society and must not be in conflict with the rules, policies, or adopted resolutions of the Louisiana State Medical Society.

E. Meetings
The Medical Student Section should hold an annual meeting at the time and place of the Annual Meeting of the House of Delegates of the Louisiana State Medical Society.

Other meetings may be held in accordance with the bylaws of the Medical Student Section.

C. G. ______ Duties
Duties shall be to represent the views and carry out the activities of the medical student members.

D. H. ______ Reports
The Medical Student Section shall submit a report to the House of Delegates annually.

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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, and 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 delegates or 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 for those delegates from the Medical Student Section and the Resident Section, 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.

RESOLUTION 107 - ADOPTED
SUBJECT: Consolidation of “Section” Bylaws

ESOLVED, that our LSMS House of Delegates consolidate Article XV – Young Physician Section, Article XVI – Resident Section, Article XVII – Medical Student Section, and Article XVIII – Senior Physician Section of the LSMS Bylaws into a single bylaws provision; and be it further
RESOLVED, that to facilitate this change, the LSMS Bylaws be amended as follows:

Article VIII – Board of Governors

A. Members
The Board of Governors shall be composed of the general officers of the Society plus one representative from each LSMS Section as defined in Article XV Subsection A of these bylaws. The Section representatives shall be nominated by the Section and elected by the House of Delegates. The medical student, resident physician, young physician, and senior physician section members of the Board of Governors shall serve one (1) year terms.

B. Selection
District members of the Council and alternates shall be elected by the Medical Districts prior to the LSMS Annual Meeting. At the time on the agenda of the House of Delegates Meeting that elections are conducted, each district that was required to hold an election will announce the results of its elections. If any Medical District fails to elect its District Councilor or Alternate District Councilor, the LSMS Board of Governors shall appoint a member from that medical district to fill the vacancy. The Section members and alternates are nominated by the section and elected by the House of Delegates. Young Physician Section member and alternate are elected by the House of Delegates. The Resident Section Member and alternate are nominated by the Resident Section and elected by the House of Delegates. The Medical Student Section member and alternate are nominated by the Medical Student Section and elected by the House of Delegates. The LSMS Alliance member and alternate are selected by the LSMS Alliance. Specialty medical societies are represented by the current president of the society or his designee provided that the designee is a current officer of the specialty medical society and an active member in good standing of the Louisiana State Medical Society.

C. Term
District members of the council and alternates shall serve terms of two (2) years. The Young Physician Section The section members and alternates, member and alternate, the Resident Section member and alternate, the Medical Student Section member and alternate, the LSMS Alliance member and alternate, and the specialty medical society members and alternates shall
serve a term of one (1) year. Terms are staggered so that Councilors and Alternate Councilors representing even-numbered districts shall be elected in even-numbered years and Councilors and Alternate Councilors representing odd-numbered districts shall be elected in odd numbered years. A member may serve a maximum of four terms, not necessarily consecutive, and not including terms as alternate. The term of a member begins at the time of his election. A district and/or section vacancy shall be filled for the unexpired portion of the term by the Board of Governors, except during the Annual Meeting. If a district and/or section vacancy becomes apparent during the Annual Meeting, it will be filled by election by the Medical District or Section during that meeting. LSMS Alliance and/or specialty medical society’s vacancies will be filled by the representative organization for the remainder of the unexpired term. These appointees must be confirmed by the Board of Governors. A council member with more than two unexplained absences during his term will be dropped from the council roster.

Article XV - Sections

A Section is a formal group of physicians or medical students identified and authorized in these bylaws for the purpose of directly providing representation to a group who have common interests and/or needs related to professional lifecycle, practice setting, or demographics. Sections are defined in the Glossary and shall be established by the House of Delegates.

A. Listing
   1. Senior Physician Section
   2. Young Physician Section
   3. Resident and Fellow Section
   4. Medical Student Section

B. Members
   A member of a section must meet the eligibility requirements for the Section as defined in the Glossary and be a member of the Louisiana State Medical Society as outlined in Article III of these bylaws. Potential members will be notified regarding eligibility criteria as defined in the Glossary and will have the ability to opt into the appropriate Section.

C. Duties
   Sections provide a direct means for membership segments to:
   1. Participate in the policymaking efforts of the Society,
   2. Enhance LSMS outreach and communication,
   3. Promote membership in the LSMS
   4. Facilitate the development of information and educational activities on topics of interest, which must be approved by the Board of Governors.

D. Delegates to the House of Delegates of the LSMS
   Each section shall receive delegate representation in the LSMS House of Delegates as delineated in Article XII of these bylaws. Each delegate shall have the right to vote and shall be elected to a term of one (1) year.

E. Organization
   Sections shall be organized in accordance with the bylaws adopted by each Section. These bylaws and other rules must be approved by the Board of Governors of the Louisiana State Medical Society and must not conflict with the rules, policies, or procedures of the LSMS.
F. Officers
Each Section shall elect a Governing Council to direct any programs and/or activities of
the section, which shall require approval of the Board of Governors. The Governing
Council shall consist of a chair, vice-chair, chair-elect, secretary and other appropriate
officers deemed necessary by the section.

G. Meetings
Sections shall meet at least once a year to conduct the business of the Section. The
purposes of the business meeting shall be:

1. to hear such reports as may be appropriate.
2. to consider other business and vote upon such matters as may come before the section.
3. to discuss resolutions.
4. to hold elections for officers and discuss nominations for LSMS Board of Governors
   and Council on Legislation.

H. Reports
Each Section may submit at the Annual Meeting an informational report detailing the
activities and programs of the Section during the previous year.

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Glossary

Senior Physician Section – members must be sixty-five years of age or older.

Young Physician Section – members must be under 40 years of age or within the first five (5)
years of professional practice after completion of residency and fellowship training programs.

Resident and Fellow Section – members must be a resident member as defined in Article IV,
Subsection 5 of these bylaws.

Medical Student Section – members must be a medical student member as defined in Article
IV, Subsection 7 of these bylaws.

ARTICLE XV Young Physician Section
A section in the Louisiana State Medical Society is an organization of individuals identified and
authorized in these bylaws for the purpose of providing representation to a group who have
common interests, needs and/or backgrounds.

A. Members
A member of the Young Physician Section must be under 40 years of age or within the first five
(5) years of professional practice after completion of residency and fellowship training programs.

B. Delegates to the House of Delegates of the LSMS
The Young Physician Section shall designate a delegate and alternate delegate from the Young
Physician Section to serve in the House of Delegates of the Louisiana State Medical Society. The
designated delegates or alternate delegates shall have the right to vote in the House of Delegates of
the Louisiana State Medical Society. A Young Physician delegate or alternate delegate of the House of Delegates shall be elected to a term of one (1) year.

C. Delegates to the AMA Young Physician Section Business Meeting
The Young Physician Section shall elect two delegates for each thousand (1,000) or fraction thereof, members of the AMA Young Physician Section in Louisiana, to attend the Business Meeting of the AMA Young Physicians Section. The delegates chosen must be members of the AMA.

D. Organization
The Young Physician Section shall be organized in accordance with the bylaws adopted by the Young Physicians Section. These bylaws and other rules must be approved by the Board of Governors of the Louisiana State Medical Society and must not be in conflict with the rules, policies, or adopted resolutions of the Louisiana State Medical Society.

E. Meetings
The Young Physician Section should hold an annual meeting at the time and place of the Annual Meeting of the House of Delegates of the Louisiana State Medical Society. Other meetings may be held in accordance with the bylaws of the Young Physician Section.

F. Duties
Duties shall be to represent the views and carry out the activities of the Young Physician Section.

G. Reports
The Young Physician Section shall submit a report to the House of Delegates annually.

H. Young Physician Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Young Physician Section Members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one (1) year. The alternate shall serve in the absence of the young physician member of the Board of Governors. The alternate shall assume all the duties and rights of the young physician member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.

I. Young Physician Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Young Physician Section to serve as members of the Council on Legislation. The term for the member and alternate member shall be for one (1) year.

The alternate shall serve in the absence of the young physician member of the Council on Legislation. The alternate shall assume all duties and rights of the young physician member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

ARTICLE XVI Resident Section
A section in the Louisiana State Medical Society is an organization of individuals identified and authorized in these bylaws for the purpose of providing representation to a group who have common interests, needs and/or backgrounds.

A. Members
A member of the Resident Section must be a resident member of the Louisiana State Medical Society.

B. Delegates to the House of Delegates of the LSMS
The Resident Section shall designate delegates and alternate delegates from the Resident Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society. A resident delegate or alternate resident delegate of the House of Delegates shall be elected to a term of one year.

C. Resident Member on the Board of Governors
The House of Delegates shall elect one resident member and one alternate from the resident members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one year. The alternate shall serve in the absence of the resident member of the Board of Governors. The alternate shall assume all duties and rights of the resident member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting and may attend any meeting of the Board of Governors.

D. Resident Section Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Residents Section to serve as members of the Council on Legislation. The term of the member and alternate member shall be for one (1) year. The alternate shall serve in the absence of the resident section member of the Council on Legislation. The alternate shall assume all duties and rights of the resident section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

E. Organization
The Resident Section shall be organized in accordance with the bylaws adopted by the Resident Section. These bylaws and other rules must be approved by the Board of Governors of the Louisiana State Medical Society and must not be in conflict with the rules, policies, or adopted resolutions of the Louisiana State Medical Society.

F. Meetings
The Resident Section should hold an annual meeting at the time and place of the Annual Meeting of the House of Delegates of the Louisiana State Medical Society. Other meetings may be held in accordance with the bylaws of the Resident Section.

G. Duties
Duties shall be to represent the views and carry out the activities of the resident members. H. Reports The Resident Section shall submit a report to the House of Delegates annually.

ARTICLE XVII Medical Student Section
A section in the Louisiana State Medical Society is an organization of individuals identified and authorized in these bylaws for the purpose of providing representation to a group who have common interests, needs and/or backgrounds.

A. Members
A member of the Medical Student Section must be a medical student member of the Louisiana State Medical Society.

B. Delegates to the House of Delegates of the LSMS
The Medical Student Section shall designate delegates and alternate delegates from the Medical Student Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society. A medical student member or alternate medical student member of the House of Delegates shall be elected to a term of one year.

C. Medical Student Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Medical Student Section members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one year. The alternate shall serve in the absence of the medical student member of the Board of Governors. The alternate shall assume all the duties and rights of the medical student member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.

D. Medical Student Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Medical Student Section to serve as members of the Council on Legislation. The term of the member and alternate member shall be for one (1) year. The alternate shall serve in the absence of the medical student section member of the Council on Legislation. The alternate shall assume all duties and rights of the medical student section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

E. Organization
The Medical Student Section shall be organized in accordance with the bylaws adopted by the Medical Student Section. These bylaws and other rules must be approved by the Board of Governors of the Louisiana State Medical Society and must not be in conflict with the rules, policies, or adopted resolutions of the Louisiana State Medical Society.

F. Meetings
The Medical Student Section should hold an annual meeting at the time and place of the Annual Meeting of the House of Delegates of the Louisiana State Medical Society. Other meetings may be held in accordance with the bylaws of the Medical Student Section.

G. Duties
Duties shall be to represent the views and carry out the activities of the medical student members.

H. Reports
The Medical Student Section shall submit a report to the House of Delegates annually.

ARTICLE XVIII Senior Physician Section
A section in the Louisiana State Medical Society is an organization of individuals identified and authorized in these bylaws for the purpose of providing representation to a group who have common interests, needs and/or backgrounds.

A. Members
A member of the Senior Physician Section must be sixty-five years of age or older and request membership in the Senior Physician Section.

B. Delegates to the House of Delegates of the LSMS
The Senior Physician Section shall designate a delegate and alternate delegate from the Senior Physician Section to serve in the House of Delegates of the Louisiana State Medical Society.

C. Senior Physician Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Senior Physician Section Members of the House of Delegates to serve on the Board of Governors. The alternate shall serve in the absence of the senior physician section member of the Board of Governors. The alternate shall assume all the duties and rights of the senior physician section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.

D. Organization
The Senior Physician Section shall be organized in accordance with the bylaws adopted by the Senior Physician Section. These bylaws and other rules must be approved by the Board of Governors of the Louisiana State Medical Society and must not be in conflict with the rules, policies, or adopted resolutions of the Louisiana State Medical Society.

E. Meetings
The Senior Physician Section should hold an annual meeting at the time and place of the Annual Meeting of the House of Delegates of the Louisiana State Medical Society. Other meetings may be held in accordance with the bylaws of the Senior Physician Section.

F. Duties
Duties shall be to represent the views and carry out the activities of the senior physician members.

G. Reports
The Senior Physician Section shall submit a report to the House of Delegates annually.

RESOLUTION 108 - ADOPTED
SUBJECT: LSMS Private Practice Physician Section & Employed Physician Section

ESOLVED, that our LSMS create a Private Practice Physician Section and an Employed Physician Section, and be it further

RESOLVED, that the chairmen of the ad hoc committees serve as the representative of such Section on the Board of Governors during the initial term; and be it further

RESOLVED, that to facilitate this change, Articles XII and XV of the LSMS Bylaws be amended by addition and deletion as follows:
Article XII
House of Delegates

The House of Delegates is the legislative and policymaking body of the Society.

A. Members
The House of Delegates is composed of:

15. One delegate or alternate delegate from the Private Practice Physician Section as designated by the Private Practice Physician Section; and
16. One delegate or alternate delegate from the Employed Physician Section as designated by the Employed Physician Section.

H.2. – Introduction of Resolutions
Resolutions may be presented by a delegate, an alternate delegate, a Chartered Parish Society, an Affiliated Parish Society, a general officer of the Society, the Board of Governors, a Council or Standing Committee of the LSMS, a Standing Committee of the House of Delegates, Senior Physician Section, Young Physician Section, Resident and Fellow Section, or the Medical Student Section or any Section as delineated in Article XV of the Bylaws.

Article XV - Sections

A Section is a formal group of physicians or medical students identified and authorized in these bylaws for the purpose of directly providing representation to a group who have common interests and/or needs related to professional lifecycle, practice setting, or demographics. Sections are defined in the Glossary and shall be established by the House of Delegates.

I. Listing
1. Senior Physician Section
2. Young Physician Section
3. Resident and Fellow Section
4. Medical Student Section
5. Private Practice Physician Section
6. Employed Physician Section

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Glossary

Private Practice Physician Section – members practice medicine in a setting in which the practice and the physician are independent of external control other than medical ethics and the state licensing board.

Employed Physician Section – members practice medicine in a setting in which the practice and the physician are controlled externally versus by the practice or the physician other than medical ethics and the state licensing board.

RESOLUTION 109 - ADOPTED
APPORTIONMENT OF DELEGATES REFERRED TO BOARD OF GOVERNORS
SUBJECT: The Edward Via College of Osteopathic Medicine (VCOM) Medical Student Membership

RESOLVED, that Article IV, Section 7 of the LSMS Bylaws be amended to allow medical students from the Edward Via College of Osteopathic Medicine (VCOM) to join the Louisiana State Medical Society, and be it further

RESOLVED, that to facilitate this change, the LSMS Bylaws be amended by addition and deletion as follows:

Article IV
Section 7- Medical Student Members

A. Qualifications - a medical student member

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 the Commission on Osteopathic College Accreditation; or a medical student, in good standing, at the University of Queensland in Australia and training at Ochsner Health;
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.

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“11. A total of sixteen delegates and alternates delegates from the LCME accredited medical schools in the state and the University of Queensland in Australia and training at Ochsner Health System and who are members of and designated by the Medical Student Section, as designated by the Medical Student Section;”

RESOLUTION 110 - ADOPTED
SUBJECT: Eliminating Alternates from the House of Delegates, Board of Governors and Council on Legislation

RESOLVED, that our LSMS House of Delegates eliminate alternate delegates to the House of Delegates, on the Board of Governors and the Council on Legislation; and be it further

RESOLVED, that to facilitate this change, the LSMS Bylaws be amended as follows:

Article V
Officers

C. Term
4. The District Councilors and Alternate District Councilors serve terms of two years, staggered so that approximately one half of the Councilors and Alternate District Councilors are elected each year. A District Councilor and Alternate District Councillor may be elected for no more than four full terms. Time served as an appointee to fill a vacancy shall not be counted against time of elected terms.
Article IX
Councils of the LSMS

2. Council on Legislation
A. Members
The Council on Legislation shall be composed of one member from each medical district as delimited in Article XXII Subsection F of these bylaws, one member from the Young Physician Section, one member from the Resident Section, one member from the Medical Student Section, one member from the LSMS Alliance, and one member from each specialty medical society that was represented in the most recent LSMS House of Delegates. The number of specialty medical society council members shall not exceed three and will be nominated by the three specialty medical societies with the greatest number of active LSMS members. There shall be an alternate for each member of the Council. The alternate is chosen from the same medical district, section or specialty society; must meet the same qualifications as the member; is elected in the same manner as the member; is seated only in the absence of the member; is entitled to all of the rights of the member when seated; and, is entitled to reimbursement for travel expenses while attending a Council meeting; and may attend any meeting of the Council.

B. Selection
District members of the Council and alternates shall be elected by the Medical Districts prior to the LSMS Annual Meeting. At the time on the agenda of the House of Delegates Meeting that elections are conducted, each district that was required to hold an election will announce the results of its elections. If any Medical District fails to elect its District Councilor or Alternate District Councilor, the LSMS Board of Governors shall appoint a member from that medical district to fill the vacancy. The Young Physician Section member and alternate are is elected by the House of Delegates. The Resident Section Member and alternate are is nominated by the Resident Section and elected by the House of Delegates. The Medical Student Section member and alternate are is nominated by the Medical Student Section and elected by the House of Delegates. The LSMS Alliance member and alternate are is selected by the LSMS Alliance. Specialty medical societies are represented by the current president of the society or his designee provided that the designee is a current officer of the specialty medical society and an active member in good standing of the Louisiana State Medical Society.

C. Term
District members of the council and alternates shall serve terms of two (2) years. The Young Physician Section member and alternate, the Resident Section member and alternate, the Medical Student Section member and alternate, the LSMS Alliance member and alternate, and the specialty medical society members and alternates shall serve a term of one (1) year. Terms are staggered so that Councilors and Alternate Councilors representing even-numbered districts shall be elected in even-numbered years and Councilors and Alternate Councilors representing odd-numbered districts shall be elected in odd numbered years. A member may serve a maximum of four terms, not necessarily consecutive, and not including terms as alternate.

The term of a member begins at the time of his election.
A district and/or section vacancy shall be filled for the unexpired portion of the term by the Board of Governors, except during the Annual Meeting. If a district and/or section vacancy becomes apparent during the Annual Meeting, it will be filled by election by the Medical District or Section during that meeting. LSMS Alliance and/or specialty medical society’s vacancies will be filled by the representative organization for the remainder of the unexpired term. These appointees must be confirmed by the Board of Governors. A council member with more than two unexplained absences during his term will be dropped from the council roster.

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Article XII
House of Delegates

A. Members

1. Delegates, or alternate delegates, selected by 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;

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 sixteen delegates and alternates delegates from the LCME accredited medical schools in the state and the University of Queensland in Australia and training at Ochsner Health System and 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.

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 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 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.

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, or a Standing Committee of the House of Delegates, Young Physician Section, Resident Section, Medical Student Section, Senior Physicians Section, or an Affiliated Parish Medical Society.

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Article XIV
Board of Councilors

A. Members
The Board of Councilors shall be composed of the District Councilors; one from each medical district as delimited in Article XXII Subsection F of these Bylaws. There shall be an alternate for each District Councilor. The alternate is chosen from the same district as the District Councilor; must meet the same qualifications as the District Councilor; assumes all of the duties and rights of the District Councilor in the absence of the District Councilor; is entitled to reimbursement for travel expenses while attending a Board of Councilors meeting; and may attend any meeting of the Board of Councilors or of the Board of Governors.

B. Selection
The Councilors and the Alternate Councilors on the Board of Councilors are elected by the Medical Districts prior to the LSMS House of Delegates Annual Meeting. At the time on the House of Delegates agenda that elections are conducted, each district that was required to hold an election will announce the results of its elections. If any Medical District fails to elect its Councilor and/or its Alternate Councilor, then the LSMS Board of Governors shall appoint a member from that Medical District to fill the office.

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Article XV
Young Physician Section

B. Delegates to the House of Delegates
The Young Physician Section shall designate a delegate and alternate delegate from the Young Physician Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society.
A Young Physician delegate or alternate delegate of the House of Delegates shall be elected to a term of one (1) year.

H. Young Physician Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Young Physician Section Members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one (1) year. The alternate shall serve in the absence of the young physician member of the Board of Governors.

The alternate shall assume all the duties and rights of the young physician member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.

I. Young Physician Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Young Physician Section to serve as members of on the Council on Legislation. The term for the member and alternate member shall be for one (1) year. The alternate shall serve in the absence of the young physician member of the Council on Legislation. The alternate shall assume all duties and rights of the young physician member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

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Article XVI
Resident Section

B. Delegates to the House of Delegates
The Resident Section shall designate delegates and alternate delegates from the Resident Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society.

A resident delegate or alternate resident delegate of the House of Delegates shall be elected to a term of one year.

C. Resident Member on the Board of Governors
The House of Delegates shall elect one resident member and one alternate from the resident members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one year. The alternate shall serve in the absence of the resident member of the Board of Governors. The alternate shall assume all duties and rights of the resident member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting and may attend any meeting of the Board of Governors.

D. Resident Section Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Residents Section to serve as members of on the Council on Legislation. The term of the member and alternate member shall be for one (1) year. The alternate shall serve in the absence of the resident section member of the Council on Legislation. The alternate shall assume all duties and rights of the
resident section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

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Article XVII
Medical Student Section

B. Delegates to the House of Delegates of the LSMS
The Medical Student Section shall designate delegates and alternate delegates from the Medical Student Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society. A medical student member or alternate medical student member of the House of Delegates shall be elected to a term of one year.

C. Medical Student Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Medical Student Section members of the House of Delegates to serve on the Board of Governors. The term of the member and alternate shall be for one year. The alternate shall serve in the absence of the medical student member of the Board of Governors. The alternate shall assume all the duties and rights of the medical student member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.

D. Medical Student Member on the Council on Legislation
The House of Delegates shall elect one member and one alternate from the LSMS Medical Student Section to serve as members of on the Council on Legislation. The term of the member and alternate member shall be for one (1) year. The alternate shall serve in the absence of the medical student section member of the Council on Legislation. The alternate shall assume all duties and rights of the medical student section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Council on Legislation meeting; and may attend any meeting of the Council on Legislation.

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Article XVIII
Senior Physician Section

B. Delegates to the House of Delegates of the LSMS
The Senior Physician Section shall designate a delegate and alternate delegate from the Senior Physician Section to serve in the House of Delegates of the Louisiana State Medical Society.

C. Senior Physician Member on the Board of Governors
The House of Delegates shall elect one member and one alternate from the Senior Physician Section Members of the House of Delegates to serve on the Board of Governors. The alternate shall serve in the absence of the senior physician section member of the Board of Governors. The alternate shall assume all the duties and rights of the senior physician section member in the absence of the member and is entitled to reimbursement for travel expenses while attending a Board of Governors meeting; and may attend any meeting of the Board.
C. Organization
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. Full Dues Equivalent
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
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: Medical Districts receive 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:

1. A Chartered Parish Society will receive one delegate and one alternate delegate for each 25 Full Dues Equivalent LSMS members or a portion thereof as defined in Subsection D of this Article XXII.

2. An Affiliated Parish Society will receive one delegate and one alternate delegate for each 25 Full Dues Equivalent LSMS members or a portion thereof as defined in Subsection D of this Article XXII.

3. For both Chartered and Affiliated Parish societies, one delegate and one alternate delegate position should be filled by an eligible officer of the Society, chosen by the Societies’ bylaws.

4. 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.

5. The remainder of the Medical Districts apportioned delegates, which includes those LSMS members who are not members of a Chartered or Affiliated Society will be nominated and elected by the Medical District. Nominations may be made by any member of that Medical District.
RESOLUTION 111 - ADOPTED
SUBJECT: LSMS Committee on Nominating and Leadership Development Nominations

RESOLVED, that the LSMS House of Delegates create a committee on nominating and leadership development to consult with members of the Society to seek out nominees for various positions to be filled, then hold at least one meeting when nominees, for all positions, to be reviewed and discussed so that the best interests of the Society can be served. The committee shall evaluate candidates for general officers, certain members of the Board of Governors, and our delegation to the American Medical Association and shall then present its slate of candidates for consideration by the membership at the annual meeting of the Society; and be it further

RESOLVED, that to facilitate this change, the LSMS Bylaws be amended by addition and subtraction as follows:

Article V Officers
General

B. Method of Selection
1. Nominations—Nominations for general officers, except for the District Councilors, shall be made by the LSMS Committee on Nominating and Leadership Development a member of the House of Delegates at no less than 45 days prior to the Annual Meeting of the House of Delegates. Additional nominations may be made from the floor by any delegate during the annual membership meeting.

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Article X

Section 2 Special Committees of the Louisiana State Medical Society

A. Committee on Budget and Finance
B. Committee on Charter and Bylaws

C. Committee on Nominating and Leadership Development
The purpose of the committee is to consult with members of the Society to seek out and vet potential nominees for various elected positions so that the best interests of the Society can be served by nominating candidates for the positions described in Article V, Section B of the Bylaws.

1. Members
The committee shall consist of five members. The Immediate Past President of the Society shall serve as Chair. If the Immediate Past President is unable to serve, the
President shall appoint a Chair from among the members of the committee. The remaining members of the committee shall be the President-Elect, Chair of the AMA Delegation or designee, one past president of the Society in reverse chronology of their term of office and the executive vice president.

2. Duties
The committee shall select nominees for the following positions: officers of the Society, except for district councilors; delegates and alternate delegates to the American Medical Association to which the LSMS is entitled; and certain other members of the Board of Governors as delineated per these Bylaws.

3. Meetings
The committee shall meet at the call of the chair.

4. Nominations
The committee shall make its report to the Secretary-Treasurer not less than forty-five (45) days before the first day of the annual membership meeting.

5. Elections
All offices, positions, and/or vacancies will be filled as provided for throughout these bylaws.

C. Ad Hoc Committees

RESOLUTION 112 - ADOPTED
SUBJECT: Emergency Bylaws

RESOLVED, that the LSMS Bylaws be amended by the addition of Article XXXVI to enact emergency powers of the Board of Governors in the event of a man-made or natural disaster, as follows:

Article XXXVI
Emergency Bylaws

In the event the House of Delegates cannot readily be convened due to an attack on the United States or on a locality in which the LSMS conducts its business or holds its meetings, or upon any disaster, catastrophe, or other similar emergency condition, the following Bylaws may become operative upon the discretion of the Board of Governors as defined in Section I.

B. Meetings
Regular meetings of the House of Delegates may be suspended by the Board of Governors during an emergency condition.

C. Quorum
If a meeting is not suspended, a majority of the delegates present at the commencement of the meeting shall constitute a quorum for the meeting.
D. Elections
Any elections to be held at a meeting during an emergency condition shall be suspended.

E. Office of the President
The President, President-Elect, and Immediate Past President in office immediately prior to the commencement of the emergency condition shall remain in their respective offices until the first meeting of the House of Delegates following the end of the emergency condition.

F. Vacancy
If the office of President becomes vacant during the emergency condition, the President-elect shall immediately become President and serve the remainder of the unexpired term in accordance with Article V of these Bylaws. If both the Office of the President and the President-elect become vacant during the emergency condition, the Speaker shall immediately become President and serve until the first meeting of the House of Delegates following the end of the emergency condition.

G. Continuation in Office
All other officers and elected council members in office immediately prior to commencement of the emergency condition shall remain in their respective offices until the first meeting of the House of Delegates following the end of the emergency condition.

H. Term Limits
Term limitations on tenure of officers and council members shall not apply during an emergency condition.

I. Quorum - Board of Governors
The Board of Governors may be composed of a minimum of 5 officers during an emergency condition.

J. Designation of Emergency Officers
If there are fewer than 5 duly elected officers, the Chairs of the Council on Socio Economics, Member Services and Public Health shall be added as Emergency Officers. If there are fewer than 5 officers following such designation of Emergency Officers, General Officers shall appoint sufficient Emergency Officers to comprise the minimum of 5.

K. Duties and Privileges
Emergency Officers shall have all duties and privileges of officers and shall serve as such until the first meeting of the House of Delegates following the end of the emergency condition or until a minimum of 5 duly elected officers are available, whichever comes first.

L. Authority
The primary duty of the Board of Governors during an emergency condition shall be the operations and financial management of the LSMS. The Board of Governors may adopt additional emergency bylaws as may be necessary for such continuation and management of the LSMS during and beyond the emergency declaration.

M. Meetings
A meeting of the Board of Governors may be called by any officer. Notice of any meeting shall be given to such officers as may be feasible to reach at the time and by such means as may be feasible at the time.

N. Quorum
A majority of the members of the Board of Governors shall constitute a quorum.

O. Effect of Action
Any action taken in accordance with these emergency Bylaws shall bind the LSMS. No Officer acting in accordance with these Emergency Bylaws shall be liable for such action, except for willful misconduct.

P. Dues
The Board of Governors may increase dues to accommodate any unforeseen increase in operating expenses or decrease in revenue resulting from an emergency condition as defined in Section A. The Board of Governors may only implement one such dues increase during any given emergency condition and the amount of the increase shall not exceed fifteen percent (15%) of the annual membership dues being charged to the class of membership subject to the increase. The increase shall be added to the dues payable for a member on their regular membership renewal date.

Q. Duration
Upon the end of the emergency condition, as determined by the Board of Governors, the emergency Bylaws shall cease to be operative.

RESOLUTION 113 - ADOPTED
SUBJECT: Membership category designation to access LSMS Health Insurance Plans

RESOLVED, that the House of Delegates of the LSMS creates a new LSMS membership category that shall be known as Medical/Dental Affiliates. This new LSMS membership category shall be defined as any medical professional licensed by the LSBME or any dentist licensed by the LSBD, and be it further

RESOLVED, that the Medical/Dental Affiliate membership category shall include all medical professionals not already eligible to be members of the LSMS, but who are licensed by the LSBME or the LSBD, and be it further

RESOLVED, that to become a Medical/Dental Affiliate of the LSMS, applicants must pay an annual fee to be determined by the Board of Governors. Said annual fee must be paid in full and a Medical/Dental Affiliate must be recognized as a member of the LSMS before they can obtain insurance coverage of any type through the MEWA. Medical/Dental Affiliate membership status specifically does not need to be conferred upon an insurance coverage applicant before they receive a quote for insurance coverage, but only after they have received an acceptable insurance coverage quote and they have decided to secure insurance through the MEWA, and be it further
RESOLVED, that the LSMS shall be responsible for validating LSMS participation to the MEWA prior to the MEWA accepting payment for insurance coverage from any member of the LSMS, including new Medical/Dental Affiliates, and be it further

RESOLVED, that to facilitate this change, Article IV of the LSMS Bylaws be amended to add the following:

Article IV

“Section 10 – Medical/Dental Affiliates

A. Qualifications

A medical/dental affiliate member

1. A person not eligible for any other LSMS membership section however, is a member of a health-related organization. Affiliate membership may be granted upon subscription to certain Society products and/or services.

2. Must be licensed by the Louisiana State Board of Medical Examiners or any dentist licensed by the Louisiana State Board of Dentistry; and

3. Need not be licensed to practice medicine in Louisiana.

B. Rights

A medical/dental affiliate member

1. Shall have access to the multiple employer welfare arrangement offered through the Louisiana State Medical Society.

2. Shall be eligible to participate in LSMS educational programs and the physicians buying group; and

3. Has no parliamentary or societal rights.

C. Obligations

A medical/dental affiliate member

1. Must remain in good standing with the LSBME or LSBD and have an unencumbered license to practice in Louisiana.

2. Shall pay dues in an amount determined by the Board of Governors but shall pay no special assessments.

3. May be expelled from membership at the sole discretion of the Board of Governors.

RESOLUTION 114 – ADOPTED AS AMENDED

SUBJECT: Change in LSMS Mission Statement

RESOLVED, that the mission statement for the LSMS should be changed to indicate that the LSMS is “the trusted advocate for patients and physicians in the State of Louisiana.” and we have promoted excellence in the practice of medicine since 1878.”

RESOLUTION 115 - ADOPTED

SUBJECT: Oral History of Medicine Endowment

RESOLVED that the LSMS establish a supporting endowment within the LSMS Foundation for the transcription of the oral history interviews recorded or collected of past presidents, officers, and those in leadership roles within the LSMS, past and present, to maintain the history of the medical profession in Louisiana, and be it further
RESOLVED that this endowment will be made possible by donated funds from the LSMS membership and other parties interested in recording the history of medicine and surgery, past and present, and be it further

RESOLVED that the LSMS Foundation Board of Directors determine the best practices for managing the endowment to include but not limited to the collection and disbursement of funds, selecting of interviewees, determining which interviews to transcribe, and all other prudent management practices.

**RESOLUTION 116 – ADOPTED AS AMENDED**

**SUBJECT: Free Speech and Civil Discourse in the Louisiana State Medical Society**

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**BE IT RESOLVED,** that is the policy of the Louisiana State Medical Society that:

The Louisiana State Medical Society unequivocally commits to truly open discourse, debate, exchange of ideas, and argument;

The Louisiana State Medical Society unequivocally commits to a culture which recognizes the inherent dignity and worth of all its members, which resolves that freedom of expression and civility must coexist, and where those who disagree will do so without enmity;

The Louisiana State Medical Society unequivocally commits to the principle that dissenting and unpopular voices must be afforded the opportunity to be heard;

The Louisiana State Medical Society unequivocally commits that members of the Louisiana State Medical Society of different faiths, philosophies, and persuasions may speak their minds and honor their deepest convictions without fear of punishment or retaliation;

The Louisiana State Medical Society unequivocally commits that the mere exposure to ideas that some may find offensive is not an act of violence or hatred, nor is the expression of opposition to any such ideas an act of violence or hatred;

The Louisiana State Medical Society unequivocally commits that ideological demonization of opponents to block debate and to silence disagreement in the proceedings of the Louisiana State Medical Society is unprofessional conduct subject to appropriate disciplinary action;

The Louisiana State Medical Society unequivocally commits that defamation, obscenity, intimidation, threats, and incitement to violence, have no place in the proceedings of the Louisiana State Medical Society, and if exhibited are unprofessional conduct subject to appropriate disciplinary action, and be it further

**RESOLVED,** that the Louisiana State Medical Society shall formally communicate to the Speakers of the AMA House of Delegates and to the Chair of the AMA Board of Trustees our concern regarding the deteriorating climate of civility and professionalism characterizing policy debate and discussion at the American Medical Association.

**RESOLVED,** that the LSMS Board of Governors invite an officer of the AMA to meet with the BOG and AMA delegation to discuss the concerns of the strategic plan.
RESOLVED, that our LSMS has concerns with AMA’s Equity Policy Statement. The LSMS shall invite a representative of the AMA to speak at a general meeting of the LSMS to explain their position and language in communicating their concerns.

RESOLUTION 117 – ADOPTED AS AMENDED
SUBJECT: Prohibition of Racist Characterization Based on Personal Attributes

RESOLVED, that it is the policy of the Louisiana State Medical Society that no person or group of persons shall be considered or characterized as racist based on personal attributes of race, ethnicity, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, or genetic information.

RESOLUTION 118 – FAILED TO PASS
SUBJECT: Amendments to the Bylaws of the Louisiana State Medical Society regarding the American Medical Association

RESOLVED, that the Bylaws of the Louisiana State Medical Society shall be and hereby are amended 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 may 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. The attendance and financial support of such delegations shall require annual authorization by the Board of Governors of the Louisiana State Medical Society. The authorization of such delegations may be withheld by the Board of Governors if that body deems it contrary to the best interests of the membership or violative of the dignity and honor of the profession.

A. Members

*   *   *

A vacancy shall may 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 may be filled by election during that meeting, subject to a determination by the House of Delegates that such election should occur.
D. Duties
1. To attend meetings of the House of Delegates of the American Medical Association as annually authorized by the Board of Governors;
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, as annually authorized by the Board of Governors, 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 119 – FAILED TO PASS
SUBJECT: Censure of the American Medical Association

RESOLVED, that the Louisiana State Medical Society formally censures:

The Board of Trustees of the American Medical Association, for supporting approving the AMA Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity and allowing its public release without consultation with the legislative and policy-making body of the Association, the AMA House of Delegates, and

James L. Madara, American Medical Association CEO and Executive Vice President, for allowing presentation of the AMA Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, with its racially characterizing statements and its racially exclusive definition of racism, to the AMA Board of Trustees, and

The House of Delegates of the American Medical Association, for failure to address either the lack of consultation with the House of Delegates in the development and promulgation of the AMA Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity or the racially characterizing and racially exclusive content contained in that document.

RESOLUTION 120 – NO ACTION TAKEN
SUBJECT: Amendments to the Charter of the Louisiana State Medical Society regarding the American Medical Association

RESOLVED, that the Charter of the Louisiana State Medical Society shall be amended as follows:

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 provisionally unite as a constituent association 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.

RESOLUTION 121 – ADOPTED AS AMENDED
SUBJECT: Repudiation of the American Medical Association Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity

RESOLVED, that the Louisiana State Medical Society formally repudiates the American Medical Association Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity and finds that report to have no validity as to the character, reputation, and professional standing of the physicians of Louisiana, and be it further

RESOLVED, that the Louisiana State Medical Society shall formally communicate to the Speakers of the AMA House of Delegates and the Chair of the AMA Board of Trustees, that the Louisiana State Medical Society has repudiated the American Medical Association Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity and finds that report to have no validity as to the character, reputation, and professional standing of the physicians of Louisiana, and be it further

RESOLVED, that the public promulgation by the American Medical Association of racially exclusive and racially characterizing policy statements contained within the American Medical Association Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity constitutes defamation, in a permanent medium, of a group of Louisiana physicians based on their race and skin color, and is injurious to their character, reputation, and professional standing, exposing them to public hatred, contempt or ridicule, and to injury in their business or profession, and be it further

RESOLVED, that the Louisiana State Medical Society shall formally communicate to the Speakers of the AMA House of Delegates and the Chair of the AMA Board of Trustees that the Louisiana State Medical Society formally holds that the public promulgation by the American Medical Association of racially exclusive and racially characterizing policy statements contained within the American Medical Association Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity constitutes defamation, in a permanent medium, of a group of Louisiana physicians based on their race and skin color, and is injurious to their character, reputation, and professional standing, exposing them to public hatred, contempt or ridicule, and to injury in their business or profession.

RESOLVED, that the LSMS AMA Delegation submit the following resolution to the AMA House of Delegates.
RESOLVED, that our AMA withdraw its Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity (Equity Strategic Plan), and rewrite the recommendations for correcting its past support for racially discriminating behavior with removal of the inflammatory rhetoric.

RESOLUTION 201 – REFERRED TO THE BOARD OF GOVERNORS
SUBJECT: APRN Independent Practice

RESOLVED, that the LSMS work with other physician groups to introduce legislation that strengthen the collaborative practice agreement and utilize best practices to define a true collaborative process, and be it further

RESOLVED, that the LSMS work with other impacted physician groups to establish a minimum acceptable criteria related to education, work experience, collaboration and standardized examinations required of any advanced practice registered nurse before agreeing to a limited scope of practice increase that would include licensure moving to the Louisiana State Board of Medical Examiners.

RESOLUTION 202 - FAILED
SUBJECT: Support Legalization of Recreational Cannabis

RESOLVED, that our LSMS support the legalization of recreational cannabis to decrease the harmful impacts of mass incarceration.

RESOLUTION 203 - ADOPTED
SUBJECT: Supporting Universal Internet Access and Telehealth Equity

RESOLVED, that our LSMS recognize broadband Internet access as a social determinant of health; and be it further

RESOLVED, that our LSMS support universal access to broadband Internet; and be it further

RESOLVED, that our LSMS support state legislation to reduce barriers and increase access to broadband Internet, including direct funding of Internet services and benefits; especially for underserved populations in our state; and be it further
RESOLVED, that our LSMS support research and screening for disparities in access to telehealth services, and measures to eliminate such disparities.

RESOLUTION 204 – ADOPTED AS AMENDED
SUBJECT: Louisiana Primary Care Enhancement

RESOLVED, that the Louisiana State Medical Society will work with the Louisiana Legislature, LSU Health Sciences Center, LSU Medical Schools, Tulane Medical School, Edward Via College of Osteopathic Medicine and University of Queensland Health System training program to develop a system that encourages Louisiana medical students to train in Louisiana primary care residencies; and be it further
RESOLVED, that the Louisiana State Medical Society reaffirms its current policy as it relates to will continue to aggressively oppose any legislation extending the ability to limiting the practice of medicine independently to individuals who have not received a degree in medicine or osteopathy.
RESOLVED, that our LSMS advocate for payment equity for primary care physicians.

RESOLUTION 205 - FAILED
SUBJECT : Review of all medical malpractice settlements by the Louisiana State Board of Medical Examiners

RESOLVED, that to protect the public from incompetent practitioners, the LSMS shall seek and/or support legislation requiring the Louisiana State Board of Medical Examiners (LSBME) to conduct an independent professional analysis of all medical malpractice settlements.

RESOLUTION 206 – ADOPTED AS AMENDED
SUBJECT: Supporting Patient Access to Medical Records

RESOLVED, that our LSMS recognize the health benefit that patients experience with access to their health record; and be it further
RESOLVED, that our LSMS support patient access to their individual health record; and be it further
RESOLVED, that our LSMS support federal and state legislation, including the ONC’s Cure Act Rule, that facilitates patient access to their medical record in accordance with advancing information technology and accessibility of electronic interfaces.
RESOLVED, that LSMS will seek or support legislation or action that would improve access to records in a way that is fair to patients and physicians without risk of increased burden to the healthcare system.
RESOLUTION 301 - ADOPTED  
SUBJECT: Acknowledging and Addressing the Opioid Epidemic

RESOLVED, that our LSMS acknowledges that the opioid use epidemic is a nationwide public health crisis; and be it further

RESOLVED, that our LSMS will advocate for addressing barriers to treatment, especially in rural communities, and using appropriate pharmacotherapy to treat OUD.

RESOLUTION 302 - ADOPTED  
SUBJECT: Medically Tailored Meals

RESOLVED, our LSMS recognizes that medically tailored meals improve health outcomes and reduce health care costs; and be it further

RESOLVED, our LSMS supports public policy efforts, such as but not limited to, reimbursement for medically tailored meals via Medicaid, Medicare, and private insurance, in order to improve access to food and nutrition services for individuals with complex chronic conditions and ensure every physician may connect patients with these critical services.

RESOLUTION 401 - WITHDRAWN  
SUBJECT: Reassess the Corporate Practice of Medicine by the Louisiana State Board of Medical Examiners

RESOLVED, that to protect the public from the corporate practice of Medicine and re-establish physician hierarchy in medical decision making, the LSMS requests that the Louisiana State Board of Medical Examiners (LSBME) re-examine their position statement on Employment of Physician by Corporation Other Than a Professional Medical Corporation.

RESOLUTION 402 – REFERRED TO BOARD OF GOVERNORS  
SUBJECT: Movement Away from Employer-Sponsored Health Insurance

RESOLVED, that our LSMS recognize the inefficiencies and complexity of the employer-sponsored health insurance system and the existence of alternative models that better align incentives to facilitate access to high quality healthcare; and be it further

RESOLVED, that our LSMS support movement toward a healthcare system that does not rely on employer-sponsored health insurance and enables universal access to high quality healthcare.
LATE RESOLUTION 1 – REFERRED TO BOARD OF GOVERNORS
SUBJECT: Malpractice Coverage for Locum Tenens or Substitute Physicians

RESOLVED, that LSMS communicate by letter to the Louisiana Hospital Association about hospitals’ requiring locum tenens or substitute physicians to have their own malpractice coverage as opposed to being covered under a Locum Tenens Endorsement noting that this practice adds unnecessary requirements and cost without additional benefit; and be further

RESOLVED, that LSMS’ letter to the Louisiana Hospital Association regarding concerns in the change of practice requiring locum tenens or substitute physicians to have their own malpractice coverage as opposed to being covered under a Locum Tenens Endorsement, request an official response to the physicians’ concerns raised about cost and no added benefit; and be it further

RESOLVED, upon receipt of the response of the Louisiana Hospital Association to the concerns raised in LSMS’ letter regarding the change of practice requiring locum tenens or substitute physicians to have their own malpractice coverage as opposed to being covered under a Locum Tenens Endorsement, if the LSMS Board of Governors finds that the response to the concerns is not acceptable to the physician concerns, that it consider initiating and/or amending legislation to require hospitals in Louisiana to allow locum tenens or substitute physicians to be covered under a Locum Tenens Endorsement when working on behalf of and contracted by a physician and/or medical group which has satisfied the conditions of medical staff privileges by having their own malpractice coverage.

Attendee List
The following LSMS members attended the 2021 LSMS House of Delegates:

David Abdehou, MD  Stewart Gordon, MD  Charles Nunes, Jr., MD
Susan Bankston, MD  Rachel Gruner, MD  Richard Paddock, MD
Daniel Barr  Jeffrey Gruner, MD  Paul Perkowski, MD
Donnie Batie, MD  Karl Hanson, MD  Marcus Pittman, III, MD
Will Beatty  Daniel Harper, MD  Donald Posner, MD
Summer Black, MD  Mark Hebert, MD  Jennifer Prime, MD
Destin Black, MD  Jeremy Henderson, MD  Mark Rice, MD
Kamel Brakta, MD  Donald Higgins, MD  Michael Robinson, MD
Patrick Breaux, MD  Samir Hussani  Michael Roppolo, MD
Floyd Buras, MD  Ashley Ingolia, MD  Phillip Rozeman, MD
Brent Campanella, MD  P. Gwenn Jackson, MD  Clay Runfalo, MD
John Carmody, MD  Trenton James, MD  Marideli Scanlan, MD
William “Beau” Clark, MD  Daniel Johnson, MD  Roger Smith, MD
Jay Cliffe  Anatole Karpovs, MD  Sidney Smith, MD
James Connolly, MD  Myra Kleinpeter, MD  Deidre Stelly, MD
Michele Cooper, MD  Laila Koduri  Stephen Taylor, MD
Ralph Corsetti, MD  Thomas Latiolais, MD  Lance Templeton, MD
Jon Michael Cuba, MD  Christian Lee  Mark Trahan, MD
William Daly, MD  Christina Lord, MD  T. Steen Trawick, MD
Meaghan Davis, MD  Justin Magrath  Derrick Umansky, MD
Blake Denley, MD  Jake Majors, MD  Allen Vander, MD
Edwin Dennard, MD  Robert McCord, MD  Nick Viviano, MD
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<th>Michael Ellis, MD</th>
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