August 6, 2022

Call to Order
Thomas Trawick, Jr., MD, Speaker of the House called the opening session of the Annual Meeting to order at 9:00 AM on Saturday, August 6, 2022 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
Physician members passing August 2021 through August 2022 include: David Aiken, MD, Robert Albrecht, MD, James Ball, MD, Thomas Canale, MD, Charles Cefalu, MD, Milton Chapman, MD, Patricia Cook, MD, John Cooksey, MD, Erwin Engert, MD, David L. Glancy, MD, Henry Hollenberg, MD, Jill Lindberg, MD, and Patrick Unkel, MD.

Remarks of the Speaker
Thomas Trawick, Jr., MD, Speaker of the House began his remarks by welcoming all participants and thanking them for making the trip to Baton Rouge.

Dr. Trawick 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.

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 to the designated LSMS staff member in the back of the House. 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.
Remarks of the President
Dr. Trawick introduced William Freeman, MD to give him an opportunity to address the House.

“I want to start out by saying thank you! Thank you all for the support you have provided me over the past year. It has been an absolute pleasure and honor to serve as your President. I want to personally thank the Board of Governors, the other officers and especially the LSMS Staff for their support and guidance over the past year. Jeff, Maria, Lauren, Terri, Sarah and all the LSMS staff, you have been absolutely amazing in all you have accomplished and in your support for us as a board and for the membership of the LSMS.

I want to thank my wife, Marci Freeman, for her continued love and support during my tenure as your president. Thank you for being there, supporting me, and helping me be the best president and husband I can be.

Most of all I want to say thank you to all the physicians present here today and our members across the state. Last year, I put out a call to action declaring that the house of medicine was under attack. I challenged each of you to get out of you comfort zones, step up, and fight for the practice of medicine. And step up you did!

Legislatively our team of lobbyists have worked diligently this session on 6 scope bills, 38 antivaccine bills, 4 noncompete bills, 2 medical malpractice bills, and 1 antitrust bill along with supporting several other bills that we put forth. This list does not include the many other bills they followed and tracked during this session. They were also diligently involved in passing a package of bills aimed at relieving the administrative burden on our practices. It was a very busy and hectic session this year.

They worked to streamline the text and email messaging to our members to get us involved at the right time and with the right message to our legislators. This was extremely helpful in both passing and defeating several pieces of legislation this year. Thank you for responding when the texts and emails went out. Under LSMS leadership we continue to maintain our coalition of 21 specialty societies and their legislative efforts this past year.

If you have not read the latest edition of The Journal, I would strongly encourage you to read it and learn first-hand of the success stories of our Council on Legislation, the LSMS, our team of lobbyist, and most importantly the difference your individual contacts and contributions made in the process.

Through LAMPAC we have been able to raise money to support those legislators who most supported our causes. With your help and financial contributions this past year, we put on 2 extremely successful fundraisers for our candidates and definitely caught the attention of the legislature. Through your efforts we raised right at $100,000 for their campaigns. Thank you for your donations to LAMPAC and the candidates that support our efforts.

Thanks to you, White coat Wednesday and the legislative reception the night before were the largest attended in many years. We had over 100 doctors in attendance which is a huge increase from the 20 doctors we had present several years ago.

In February, LSMS put on its first “Boot Camp” - Candidate School for physicians. We brought in some of the most successful, brightest minds and instructors to teach physicians how to become a candidate, run, finance, and ethically manage a campaign. It was very well
attended, and we plan to continue this educational conference in the future. We expect great things as a result of this conference and can’t wait to celebrate when a physician once again walks the hallowed halls of our state legislature.

I leave you with one thought told to me by Maria, “In order to get politics out of medicine, doctors have to get involved in politics.”

While our recruiting efforts could have been better, we did increase our membership by a small percentage this past year. I challenge you to continue to recruit your colleagues and tell them the reasons why their participation is important to the practice of medicine. We need to continue to strengthen our recruiting efforts in the specialty organizations and encourage those physicians to join the LSMS as well. This way we can put forth a united front in the challenges we face.

It has been a very fast paced year on all fronts for your Board of Governors. Through the direction of the HOD, we added an employed physician and an independent practice physician to help us address the unique needs and problems that these providers face on a daily basis. We also addressed the issues sent to the board from the HOD last session.

Your board has been working on a peer-to-peer wellness program for its members. We continue to finalize the plans for a health insurance plan for the members through the Advantage Physicians Health Trust and should be available very soon. We formed two task forces to address scope of practice issues and the corporate practice of medicine in Louisiana.

We as your board have traveled to Lafayette and to Lake Charles for our board meetings and will be going to Monroe in September. We look forward to a reception the Tuesday night before our meeting and would welcome any member from the area to attend.

Jeff and I and other members of the LSMS staff have attended several parish society meetings to provide them with updates on the LSMS and on our legislative efforts. Fortunately, the majority of our meetings have been in person and not on Zoom! It has been great being able to travel and meet face to face once again. As you can see your BOG and LSMS Staff have been very busy on your behalf.

In conclusion, I would challenge each of you continue the fight for the house of medicine. Get involved. Join LAMPAC. Run for office. Be an active member. Run for the Board of Governors. Run for leadership positions of the LSMS. Do your part! Continue to fight for the house of medicine.”

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

Report of the Committee on Rules and Order of Business
Anthony Blalock, MD, Chair, presented the report of the Committee on Rules and Order of Business which met earlier in the day. The Committee recommended the following rules for use by the 2022 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 Resolutions L-1, L-2 and L-3 were submitted by the Board of Governors and do not need approval from this Committee.

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:

### Board of Governors

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term</th>
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<tr>
<td>President-Elect</td>
<td>Richard Paddock, MD</td>
<td>2022</td>
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<tr>
<td>Speaker, House of Delegates</td>
<td>Thomas Trawick, Jr., MD</td>
<td>2022</td>
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<td>Vice Speaker, House of Delegates</td>
<td>Robert Newsome, MD</td>
<td>2022</td>
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<tr>
<td>Secretary-Treasurer</td>
<td>Amberly Nunez, MD</td>
<td>2022</td>
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<tr>
<td>Chair, Council on Legislation</td>
<td>David Broussard, MD</td>
<td>2022</td>
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<tr>
<td>Medical Student Member</td>
<td>Shivani Jain</td>
<td>2022</td>
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<tr>
<td>Resident Member</td>
<td>Omar Leonards, MD</td>
<td>2022</td>
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<tr>
<td>Young Physician Member</td>
<td>Matthew Giglia, MD</td>
<td>2022</td>
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<tr>
<td>Employed Physician Member</td>
<td>John Bruchhaus, MD</td>
<td>2022</td>
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<tr>
<td>Private Practice Physician Section</td>
<td>Katherine Williams, MD</td>
<td>2022</td>
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### AMA Delegation

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<th>Term</th>
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<tr>
<td>Delegate</td>
<td>George Ellis, MD</td>
<td>2022-2024</td>
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<tr>
<td>Delegate</td>
<td>Donald Posner, MD</td>
<td>2022-2024</td>
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<tr>
<td>Alternate Member in Training</td>
<td>Daniel Harper, MD</td>
<td>2022-2023</td>
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### Council on Legislation

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<th>Name</th>
<th>Term</th>
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<tr>
<td>Medical Student Member</td>
<td>Paige Wilson</td>
<td>2022</td>
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<tr>
<td>Resident Member</td>
<td>Omar Leonards, MD</td>
<td>2022</td>
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<tr>
<td>Young Physician Member</td>
<td>Matthew Giglia, MD</td>
<td>2022</td>
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**Approval of the Proceedings of the 2021 House of Delegates**

The Proceedings of the Annual Meeting of the 2021 House of Delegates were approved as published in the Delegates handbook.
Approval of the Actions of the Board of Governors during 2021
The minutes of the Board of Governors and Executive Committee from May 2021 – March 2022 were presented. The following motion was extracted and discussed. Ultimately, this motion and all the minutes were approved by the House of Delegates.

**RECOMMENDATION (APPROVED)**


**Sponsor Presentations**
Mid-morning Thomas Trawick, Jr., MD introduced Kevin Rainwater with ACG Wealth/Mercer Advisors. Mr. Rainwater gave members an overview of the LSMS Employer 401k plan. After lunch, Kyle Gillman with APHT was introduced. Mr. Gillman gave a thorough presentation detailing the work that has been done to create the MEWA and how members can save money through this new health insurance plan.

**Awards Presentations**
Katherine Williams, MD, Chair of the LSMS Foundation, presented Ms. Caroline Sagrera with the 2022 PH Jones Scholarship award. Thomas Trawick, MD read a brief biography of her work during medical school and why she was selected. John Bruchhaus, MD was presented with his 2021 Healthcare Hero Award. Due to restrictions during the last House of Delegates, awards were not distributed to honorees at that time. Dr. Bruchhaus is from LSMS District V and was nominated by former Councilor, Adrienne Williams, MD.

**Installation Luncheon of the President**
The meeting was recessed at 11:45AM to direct the delegates upstairs for the installation luncheon. The Presidential Oath of Office was administered to President-Elect John Noble, Jr., MD by William Freeman, MD, President. Dr. Freeman presented the Presidential Medallion and President’s Lapel Pin to Dr. Noble. Concluding the installation ceremonies Dr. Freeman presented the gavel to Dr. Noble symbolizing the transfer of the Presidency. Dr. Noble gave an inaugural address, included below, which outlines his ideas on growth for the Society.

“Winston Churchill was known for his spry humor and his many quotes. Regarding speeches he said that a good speech should be like a woman's skirt: long enough to cover the topic and short enough to create interest. I will try to adhere to those principals today.

In a similar way, Heraclitus was a Greek philosopher who lived about 500 years before the birth of Christ. Two quotes attributed to him are as relevant today as they were then. He stated, "There is nothing permanent except change," This medical society was established in 1878. It would not be inaccurate to suggest that we have seen dramatic changes in our 144 years of existence. In what was known as the Golden Era of Medicine, we witnessed the invention of antibiotics and vaccines. We saved millions upon millions of lives for a relatively minimal investment. Years ago, patients were admitted to the hospital for weeks for relatively simple surgeries. Today, we can perform heart valve replacement and joint replacement as outpatient procedures-amazing technological advances that have dramatically changed people's lives. But, we now spend billions of dollars yearly on medications with questionable and marginal benefits. Many research projects conducted today are repetitious and of dubious value. Evidence-based guidelines are currently utilized and touted by so-
called experts as a way to ration care by subverting the physician's judgment, education, and intuition.

We have seen significant expansions in the scope of practice of non-physicians under the guise of improving access to rural healthcare and the fallacy of cost reduction. Our senior citizens and the physicians that treat them are locked into an anti-free market system called Medicare that fixes the fee schedule. Regretfully, even France has a better payment system more aligned with capitalism and the free market. Our reimbursement is dictated by insurance companies that have monopsonies across the country. The profession we love and honor is attacked daily by state legislatures around the country. Even in the halls of Congress, we see bills threatening physicians' livelihood. The greatest threat to our profession is legislation passed in state capitals around the country that permits the independent practice of medicine by unqualified providers. There is a stark difference in education between physicians and non-physicians. Some legislators have attempted to negate this argument, but we must never allow this fact to be circumvented or denied. The same medical schools educating our students must stand up for their mission and market their value; otherwise, they risk their existence. Education really does matter!

In many cases, we are learning that corporations and private equity groups initiate scope of practice battles to drive business to its stores solely for profit, often disregarding safety and best practices. They employ allied health professionals, pharmacists, and mid-level providers and shockingly offer no oversight. Harrison's Textbook of Internal Medicine was the Bible of our profession for generations. Today the Excel spreadsheet is the guide for corporate healthcare. We should urge the Louisiana Department of Health and our State Board of Medical Examiners to look into these arrangements. Quite simply, this state should forbid the corporate practice of healthcare.

In the mid-1970s, we expanded the physician team to include mid-level providers. This strategy works relatively well when deployed correctly. Most mid-level providers are happy to be part of a physician-led team. From a personal perspective, I am fortunate to work with mid-level providers who are an essential part of my team and provide excellent service to my patients.

Recently we have seen various groups of practitioners attempt to practice medicine independently. Only a tiny minority, however, is lobbying for complete independence. In some cases, today, we see mid-level providers practicing in a different field of medicine than their collaborating or supervising physician. The most absurd example I have seen is a cardiologist collaborating with a nurse practitioner who performs facial cosmetic injections. We now see mid-level providers advertising specialty services without reference to a supervising or collaborating physician. The collaborative practice agreement is broken and must be reformed. We must continue to improve the standards that govern these agreements. Admittedly, some of our colleagues who collaborate must also do better.

We must call on our boards and agencies to resolve this impasse. Legislators are not qualified to determine who should be practicing medicine. I know this because they say so. I have also heard them say they would love to resolve this issue permanently so that collectively we can focus on matters crucial to our state. We must emulate other states that have been successful in resolving this issue. Once and for all, we must end the scope of practice battles in our state legislature.

Most physicians didn’t go to medical school to fight political battles. Many of us feel it is undignified to be involved in the political process. However, this attitude and lack of interest and engagement have allowed many groups to chip away at privileges previously felt to be sacrosanct. We must be courageous and do everything in our power to fight the push to diminish the physician’s role as the
team leader. Our opponents are outraising us and outspending us, particularly when adjusted for per capita earnings. Our members must engage in political dialogue and fundraising. We must never, ever give up the fight for patient safety.

Our medical society has indeed changed, which is necessary and inevitable. In years past, we had the luxury of being an organization that could be all things to everyone. But over generations, we have seen the development of specialty societies that have sometimes fractured our unity. As with all organizations today, we struggle with limited resources. We can no longer be a social organization or one consumed by frivolous tasks and objectives. We must solely focus our attention on preserving our profession so that we may better care for patients and improve the quality of life for society. How can we provide the best care for our patients if we constantly look over our shoulders?

There are many political sensibilities amongst physicians, particularly those of different generations. Some organizations spend time and resources on issues that don't affect the day-to-day business of physicians. I prefer alignment with national and regional organizations that care less about climate change and more about economic fairness for the most educated of our society. Inflation has had a devastating impact on physician earnings over the years. We've seen our fees reduced dramatically when compared to inflation adjusted dollars over the last 40 years. Where are our national leaders? Why are they not yelling from the rooftops to fix this travesty?

In the first few weeks of medical school, I had a professor who said something which has remained with me forever. He said, "You are here because you are the best society has to offer." So to the physicians here today, I echo that you are the best society offers. By far and away, you are some of the most educated and dedicated people in our country. So, the best and brightest of society attend college, four years of medical school, and complete a three-year residency in primary care but might earn a lower starting salary than a community college graduate with a process technology degree. Why does this occur? It happens because of soaring overhead and ridiculous reimbursement policies. This is not economic justice.

But behind every storm cloud is a silver lining. I have great hope and optimism for the future. Despite the problems we face today, there is no greater privilege than that of a healer. It is an incredible honor that patients trust us enough to treat them and to share their most personal secrets. They trust us enough to perform potentially life-threatening procedures on them. There is no greater sense of accomplishment than curing a life-threatening infection or a patient's cancer. There is exhilaration when we fix a patient's hip or open a clotted vessel.

Heraclitus also said, "big results require big ambitions." Our staff and our physician leaders have grand ambitions. We envision a modern medical society focused on growing its membership. We will do this by providing value-added services such as affordable health insurance and improved 401k plans for our members. We will foster an improved business environment for our colleagues. It is my desire for us to partner with new regional and national associations focused on improving business fundamentals to support the independent practice of medicine for those who desire to remain independent. Our executive director and staff have catalyzed the growth of the physician coalition. We will continue to grow this coalition and work collaboratively with specialty societies. There are many other initiatives underway, some too premature to announce, but suffice it to say that we will work very hard for our state's physicians.

It has been an absolute honor to address such a distinguished audience this afternoon. I want to thank the House of Delegates for selecting me as the next president of our esteemed organization. I
am honored and humbled. I am fortunately the beneficiary of an excellent executive director and supporting staff. I would be remiss, however, if I failed to acknowledge my family for enduring my absences over the years. Of course, this is not unique to me and is something virtually all physician families go through. My wife has tolerated my overflowing schedule for 27 years. This sacrifice has allowed my practice to flourish, allowing me to help many patients along the way and has allowed me to participate in such things as organized medicine.

May God bless all of you, and may God bless and protect our great profession.”

Resolutions to the House of Delegates
The following actions were adopted during the Houses of Delegates for 2022. New language is bold and underlined and language deleted contains strike through marks.

RESOLUTION 101 - ADOPTED AS AMENDED
SUBJECT: Sunset Policies to Reaffirm

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

01.02 Vision Statement
To promote excellence in the practice of medicine.

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

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

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

71.02 End of Life – Advanced Care Planning
The LSMS supports education for all health care providers, including physicians, and students in all of the health care provider professions, regarding the importance of developing advanced care plans, using resources available in the schools of all of the health professions in Louisiana, the Louisiana state health professional licensing boards, and all Louisiana health professional associations, which are offering continuing health professional education.

71.04  
End of Life - Do Not Resuscitate Orders  
The LSMS supports the following positions regarding Do Not Resuscitate orders:  
(1) A decision by a health care provider regarding the application of a previously placed Do Not Resuscitate (DNR) order is within the context of the physician-patient relationship or the scope of activities which a hospital is licensed to perform.  
(2) A decision by a health care provider regarding the application of a previously placed Do Not Resuscitate (DNR) order is a health care or professional service rendered, or which should be rendered, by the health care provider, to the patient.  
(3) A decision by a health care provider regarding the application of a previously placed Do Not Resuscitate (DNR) order is a matter of professional skill exercised by the health care provider, and involves an assessment of the patient’s condition  
(4) Judgments regarding the patient’s condition, the appropriate medical treatment, the existence, validity, and applicability of previously expressed wishes of the patient or the patient’s surrogate, and whether the current circumstances cast ambiguity upon the validity and application of the DNR order; and that such judgments fall exclusively within the purview and authority of the law of medical malpractice.  
(5) Any action concerning a decision regarding the applicability of a previously placed Do Not Resuscitate (DNR) order should not be considered as a matter of intentional tort, strict liability, or general negligence; but rather should be a matter subject to the Louisiana Medical Malpractice Act or the Malpractice Liability for State Services Act, and subject to review by the medical review panel.

91.03  
Hospitals; Organized Medical Staff - Physician Credentialing  
Credentialing of a physician should be determined solely on professional competence based on relevant clinical training and skills, practice experience, and malpractice history; not economic performance factors such as physician Medicare prospective pricing profiles, physician costs to hospital revenue streams, physician hospital charge information, DRG profiles, volume indicators or any other such criteria.  
Absence of certification by a member Board of the American Board of Medical Specialties should not be taken as de facto evidence of lack of requisite professional competence and skill for membership in the organized medical staff of a hospital or health care facility.

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

100.16  
Health Care Reform – Benefit Payment Schedule Plan  
The LSMS supports the inclusion of the Benefit Payment Schedule Plan as one option in a pluralistic system of health care financing. The LSMS defines a Benefit Payment Schedule Plan as a type of health insurance in which the insurer makes a payment for covered services according to a schedule of benefits; the physician, hospital or other providers charge a fee for those services and it is up to the patient and the provider to determine what to do about any difference between the fee and the payment.

100.17  
Health Care Reform – Network Adequacy  
The LSMS supports the following principals related to network adequacy.  
1. State regulators should serve as the primary enforcer of network adequacy requirements.  
2. Any provider terminations without cause should be handled prior to the enrollment period, thereby allowing enrollees to have continued access throughout the coverage year to the network they
reasonably relied upon when purchasing the product. However, new physicians may be added to the network at any time.

3. Requiring health insurers to submit and make publicly available reports to state regulators that provide data on several measures of network adequacy, including the number and type of providers that have joined or left the network; the number and type of specialists and subspecialists that have left or joined the network; the number and types of providers who have filed an in network claim within the calendar year; total number of claims by provider type made on an out-of-network basis; and consumer complaints received.

4. Requiring health insurers to indemnify patients for any covered medical expenses provided by out-of-network providers incurred over the co-payments and deductibles that would apply to in-network providers, in the case that a provider network is deemed inadequate by the health plan or appropriate regulatory authorities.

5. Regulation and legislation to require that out-of-network expenses count toward a participant's annual deductible and out-of-pocket maximums when a patient is enrolled in a plan with out-of-network benefits, or forced to go out-of-network due to network inadequacies.

6. Development of a mechanism by which health insurance enrollees are able to file formal complaints about network adequacy with appropriate state regulatory authorities.

7. Legislation that prohibits health insurers from falsely advertising that enrollees in their plans have access to physicians of their choosing if the health insurer's network is limited.

121.02 Eligibility, Benefits & Coverage - Insurance Coverage Transparency
Health insurance plans and managed care plans should make clearly known to patients the extent of coverage available under their policies. The LSMS position is that health plans should be required to provide prospective enrollees/patients with information regarding: a) coverage provisions and exclusions b) prior authorization or other review requirements c) any financial arrangements that would limit services by restricting referral options or any incentives to deliver certain services d) plan limitations and the impact of any limitations on the enrollee e) and a simple comparison of health plans.

121.10 Eligibility, Benefits & Coverage - Policy on LA Health Exchange Essential Health Benefit Package
The LSMS supports the position that any Louisiana Health Insurance Exchange Essential Health Benefits Package should be required to include mental health and substance abuse disorder services including behavioral health treatment at parity in financial requirements and treatment limitations with benefits for other medical or surgical illness.

121.17 Eligibility, Benefits & Coverage - Commercial Insurance: Medical Loss Ratio
The LSMS encourages commercial insurance companies to change the term “medical loss ratio” to “Medical Benefits Ratio” and that insurance companies define the elements comprising the medical benefits ratio. Additionally, in the interest of full transparency, health financing plans, including insurance, prepaid care and value-based payment models, be required to publish their Medical Benefits Ratio.

140.04 LSMS: Administration and Organization - Confidentiality Agreement
The President has the authority to remove any council or committee member appointed by the President for breach of confidentiality imposed on council or committee business. All LSMS councils and committees must follow the same confidentiality standards adopted for the Board of Governors including the signing of a confidentiality agreement.

143.03 Legislation and Regulation - Medical Malpractice Laws
Authority is conferred to act swiftly and decisively on any legislation introduced that improves or gives stability to the medical malpractice laws of Louisiana to the Council on Legislation and the Department of Governmental Affairs in concert with the LSMS Executive Committee and the LSMS Executive Vice President.

150.01 Medicaid - Medicaid Policy
The LSMS supports a Medicaid program which achieves the following:
1. Provides access to quality and robust care to Medicaid recipients.
2. Ensures there are viable and effective mechanisms to provide health insurance coverage to low-income individuals and the disabled.
3. Provides reasonable and timely payments to physicians providing Medicaid services.
4. Supports Medicaid payment parity with Medicare for primary care services.
5. Relies on funding sources which are dedicated and stable thereby allowing the program to remain fiscally sound and sustainable even in times where the state of Louisiana is facing budget deficits.
6. Supports state efforts to expand their Medicaid programs, including increased flexibility through the waiver process and/or block grants.
7. Empowers Medicaid recipients to own their own healthcare and make decisions about their healthcare needs by utilizing co-payments and deductibles which are commensurate with reimbursement allowed under federal and state law.
8. Supports allowing states the option to provide private sector coverage to their non-disabled and non elderly Medicaid beneficiaries, such as refundable and advanceable premium tax credits that can be used to purchase coverage with little to no cost-sharing.
9. Is privatized based on the principles contained in the LSMS Access to Better Care plan (ABC Plan) which calls for the following choices for patients; traditional insurance plans, managed care plans (HMO, PPO, etc) benefit payment schedule plans, and purchasing pools to enable individuals to achieve group rate premiums.
10. Does not discriminate against any physician specialty.
11. Provides incentives such as small business tax breaks, limited malpractice caps, or other non-reimbursement incentives for physicians who accept Medicaid patients.
12. Provides complete financial transparency so that it can easily be determined if taxpayer dollars are being used in a manner which maximizes access to quality and robust care.

160.02 Medical Education - Medical Education and Public Health Services
The LSMS will support measures that mitigate the expense medical students incur for medical education without compromising the quality of education. The LSMS supports maintaining the highest standards for students of medicine and persons in graduate medical education. The LSMS supports including basic public health services as a governmental responsibility in Louisiana; and that these basic services are, as a minimum, health education, control of the spread of communicable diseases, promotion of a clean and healthy environment, and outreach health clinics for the hard-to-reach populations.

160.03 Medical Education – Cost Transparency
The LSMS supports transparency and requests that justification be provided for any institutional or legislative action that increases the cost of medical education.

160.04 Medical Education – Abolition of USMLE Step 2 Clinical Skills
The LSMS supports the abolition of USMLE Step 2 CS for US medical students.

190.02 Medicare - Restructuring of Medicare Program
The LSMS supports a Medicare program which achieves the following:
1. Supports reforms to the Medicare program to ensure that it is a viable and effective mechanism to provide health insurance coverage to seniors.
2. Supports the restructuring of Medicare’s age-eligibility requirements and incentives to match the Social Security schedule of benefits.
3. Supports a Medicare defined contribution program that would enable beneficiaries to purchase coverage of their choice from competing health plans.
4. Supports preserving traditional Medicare as an option.

212.04 Licensure and Discipline - Federally Established National Licensing Board
The LSMS opposes all efforts by the federal government to establish a National Licensing Board for medical doctors.

213.06 Physician Contracts & Payment - Fee Schedule Transparency
Insurers should be required to file reimbursement methodologies with the Department of Insurance and place on the insured’s benefit card specific information including, but not limited to, co-pay amounts, plan hospitals, and plan differentiation if the company has more than one product in the area. The LSMS position is that insurance companies should disclose physician payment (fee) schedules in contracts and make available upon request of the physician or patient, the contracted discounts for medical providers (i.e. hospitals, imaging lab, medications, etc.)

213.07 Physician Contracts & Payment - Pay for Performance versus Quality of Care
The LSMS opposes any pay-for-performance program that does not meet all the principles set forth in the AMA’s Initial Principles and Guidelines for Pay-for-Performance and adopted by the LSMS House of Delegates.

The LSMS supports the development of quality review initiatives that respect patient choice, use accurate data and fair reporting to produce evidence based guidelines and provide meaningful information for patients to use in their health care decisions. Quality review programs should not impose financial requirements that interfere with the clinical decisions made between a patient and his or her physician and used to educate and assist physicians in providing the most effective care to their patients.

213.08 **Physician Contracts & Payment - Pay for Performance Guidelines**
The LSMS supports the AMA Principles and Guidelines for Pay for Performance Programs and will take all appropriate steps to actively oppose efforts by third party payers to rank, profile or otherwise score physicians purely for corporate cost containment purposes. Additionally, the LSMS will publicize the insurance industry’s economic profiling practices and how they impact patient care and access.

213.14 **Physician Contracts & Payment - Physician Reimbursement in Government Programs**
The LSMS supports increases in physician reimbursement rates of all existing federal and state medical programs, and opposes all federal and state efforts to establish any new medical reimbursement programs that are supported by provider fees.

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

217.02 **Standard of Care - Inappropriate Use of Payment and Coverage Decisions**
The LSMS opposes payment and coverage decisions of governmental and commercial health insurance entities to be considered as evidence in determining the standard of care for medical practice.

221.02 **Prescribing & Dispensing – Physician Compounding**
The LSMS supports the protection of individualized compounding in a physician’s office.

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

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

231.01 **Duty to Warn - Amendments to the Louisiana Sanitary Code**
The LSMS supports the position that it is the responsibility of any individual having a reportable disease or condition diagnosed or reported by an attending, examining or prescribing physician to take reasonable measures to prevent spreading of the disease to others. A physician who has complied with the duty to report a case of a reportable disease or condition to the State Health Officer as specified in the Louisiana Sanitary Code should not be obligated to identify or warn unidentified cases or susceptible contacts of the patient. Additionally, complying with the duties of reporting a reportable disease or condition should not constitute a breach of patient confidentiality.

232.02 Medical Expert Testimony - Qualifications of a Medical Expert Witness

The LSMS supports a legislative definition of the appropriate qualifications for a medical expert witness in actions for damages involving a claim of negligence against a physician. Such legislation should specify that in any claim of professional negligence against a physician, the court shall admit expert medical testimony as to the standard of care only from physicians who have actually practiced in the appropriate specialty on at least a half-time basis during the past two years.

241.04 Children and Youth - Exposure of Pornography to Children and Adolescents

The LSMS opposes the exposure to children and teens of pornography in print and visual media and encourages component societies and specialty societies to educate and warn the public of the dangers of exposing children and teens to pornography.

244.03 Obesity – Intervention Funding

The LSMS encourages professional, business and the private sector to assist in the creation of a funding source for the state of Louisiana to pay for medications and other nonsurgical interventions in the management of obesity.

280.02 Tobacco - Statewide Smoking Ban

The LSMS supports a statewide ban on smoking in all restaurants, bars and casinos.

290.06 Women’s Health - Safety and Performance Standards for Mammography

All physicians in the state who are performing mammography follow the basic requirements and guidelines as set forth by the American College of Radiology.

RESOLUTION 102 - ADOPTED AS AMENDED

SUBJECT: Directives to Sunset

RESOLVED, that the following LSMS directives be sunset.

R104-20: Physician Non-Compete Contracts

Directs the LSMS seek and/or support legislation to limit or prohibit the enforceability of physician non-compete agreements in Louisiana. Four bills relative to non-compete agreements were filed in the 2022 Regular Legislative Session including one requested by LSMS. Unfortunately, legislative leadership did not have an interest in seeing any noncompetition legislation debated and none received a hearing in their originating committee.

- SB 385 by Sen. Jay Morris was requested by LSMS and was specific to physicians.
- SB 238 by Sen. Cleo Fields addressed a full spectrum of employee contracts.
- SB 427 by Sen. Franklin Foil was specific to physician employed by state entities.
- HB 1037 by Rep. Mandie Landry also addressed all noncompete clauses.

R201-20: 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 consumers’ consent. This resolution was amended and passed by the AMA House of Delegates in June 2022 as follows: Resolved, that our
American Medical Association strengthen patient data privacy protections by advocating for legislation that reflects the AMA’s Privacy Principles with particular focus on mobile health apps and other digital health tools.

**R202-20: 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. LSMS staff continues to work with LDH to address formulary and prior authorization issues.

**L2-20: 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. HB507 (now ACT 645) by Representative Joseph Marino passed the 2022 legislative session and reads as follows: In any case provided for in this Subsection, if the mother or the man whose surname may be given to the child possesses both a paternal and maternal surname according to national custom or practice, the surname of the child may be consistent with the national custom or practice of the mother or man.

**RESOLUTION 103 - ADOPTED**
**SUBJECT: House of Delegates Apportionment Date**

RESOLVED, that Article XIX, Section E of the LSMS Bylaws be amended as follows:

* * * * *

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 seventy-five (75) days prior to the opening session of a meeting of the House of Delegates.

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**RESOLUTION 104- ADOPTED AS AMENDED**
**SUBJECT: Revisions to Medical School Faculty in the House of Delegates**

RESOLVED, that Article XII of the LSMS Bylaws be amended by addition as follows:

A. Members

The House of Delegates is composed of:

* * * * *

8. One delegate from the faculty of each Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA) accredited medical school in the state, as designated by that school;
RESOLUTION 105 - ADOPTED
SUBJECT: Compliance to the Directives of the LSMS House by the LSMS Delegation to the American Medical Association

RESOLVED, that upon the passage of a resolution by the Louisiana State Medical Society (LSMS) House of Delegates directing the LSMS Delegation to the House of Delegates of the American Medical Association (AMA) to introduce a resolution in the AMA House of Delegates, the LSMS Delegation to the House of Delegates of the AMA shall timely introduce the resolution in compliance with the LSMS House of Delegates directive at the next meeting of the AMA House of Delegates at which such resolution could be introduced, and be it further

RESOLVED, that the Chair of the LSMS Delegation to the House of Delegates of the AMA may, for good cause shown, petition the Board of Governors of the LSMS for a prospective exception to LSMS House of Delegates directed requirements for timely AMA resolution introduction, and be it further

RESOLVED, that willful failure to comply with LSMS House of Delegates directed requirements for timely AMA resolution introduction, absent a prospective exception granted by the LSMS Board of Governors, shall constitute a breach of the duties of the LSMS Delegation to the House of Delegates of the AMA.

RESOLUTION 106 - ADOPTED
SUBJECT: Duties of Individual Members of the Louisiana State Medical Society Delegation to the American Medical Association

RESOLVED, that Article XVI of the LSMS Bylaws be amended via addition as follows:

ARTICLE XVI - AMA Delegation

D. Duties
1. To attend meetings of the House of Delegates of the American Medical Association.
2. To represent the Louisiana State Medical Society at the meetings of the House of Delegates of the American Medical Association or at special interest section meetings, where they shall faithfully represent the LSMS and its official policies, and faithfully execute the directives of the Louisiana State Medical Society to the Delegation; and
3. To serve as a member of the House of Delegates of the Louisiana State Medical Society.
RESOLUTION 107 - ADOPTED

SUBJECT: Duties of the Louisiana State Medical Society Delegation to the American Medical Association

RESOLVED, that Article XVI of the LSMS Bylaws be amended by addition as follows:

ARTICLE XVI - AMA Delegation

The Louisiana State Medical Society is a constituent of the American Medical Association, a federation of state medical societies. The Louisiana State Medical Society shall send a delegation to the House of Delegates of the American Medical Association, and to the AMA Section meetings of Young Physicians, Resident Physicians, and Medical Students. **It shall be the collective duty of the Louisiana State Medical Society Delegation to the House of Delegates of the American Medical Association to faithfully represent the Louisiana State Medical Society and its official policies at the meetings of the House of Delegates of the American Medical Association or at special interest section meetings, and to faithfully execute the directives of the Louisiana State Medical Society to the Delegation.**

RESOLUTION 108 – ADOPTEP AS AMENDED

SUBJECT: Revisions to the Membership of the LSMS Delegation to the House of Delegates and the special interest section meetings of the AMA

RESOLVED, that Article XVI of the LSMS Bylaws be amended by deletion and addition as follows:

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.

* * * * *

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. Delegates and Alternate Delegates to the American Medical Association House of Delegates, **except for those delegates from the Medical Student Section and the Resident and Fellow Section,** shall have been an active, emeritus, retired licensed, academic, or service member of the Society for at least 3 years immediately prior to their election, and shall be a member in good standing of the Louisiana State Medical Society. **Delegates and Alternate Delegates to the American Medical Association House of Delegates from the Medical Student Section and the Resident and Fellow Section shall have been an active member of the Society for at least 1 year and shall be a member in good standing of the Louisiana State Medical Society.**

Delegates to the AMA Section meetings of Young Physicians, Resident and Fellow Physicians, and Medical Students shall be a member of the corresponding LSMS Section as specified in Article XV of these Bylaws and shall be a member in good standing of the Louisiana State Medical Society for at least one year.

* * * * *
Delegates and Alternate Delegates, except medical student and resident delegates (members in training), shall serve terms of two years staggered so that approximately one half are elected each year. Medical students and resident delegates (members in training) Delegates to the AMA Section meetings of Young Physicians, Resident and Fellow Physicians, and Medical Students shall serve terms of one year. All terms commence January 1 immediately upon of the year of election.

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RESOLUTION 109 - ADOPTED
SUBJECT: Update to LSMS Bylaws on Confidentiality

RESOLVED, that Article XXXI of the LSMS Bylaws be amended by addition and deletion as follows:

ARTICLE XXXI - Confidentiality

The members of the Board of Governors, and the members of all Louisiana State Medical Society Councils or Committees, and the members of the Louisiana State Medical Society Delegations to the House of Delegates of the American Medical Association, and to the AMA Section meetings of Young Physicians, Resident Physicians, and Medical Students shall be required to sign a confidentiality agreement with the Louisiana State Medical Society. The confidentiality agreement was adopted by and can only be modified by the House of Delegates and reads as follows:

“I, the undersigned member of the (insert applicable Board, Council, or Committee, or Delegation,) of the Louisiana State Medical Society, hereby acknowledge and affirm that I have read, understand, and will observe and abide by the policies of the Society regarding confidential and privileged information as adopted by the Board of Governors and as set forth in the manual on Procedures of the Board of Governors.”

Louisiana State Medical Society Council or Committee members and members of the Louisiana State Medical Society Delegations to the House of Delegates of the American Medical Association, and to the AMA Section meetings of Young Physicians, Resident Physicians, and Medical Students who are removed by the President for violations of the confidentiality agreement shall have the right of appeal to the Louisiana State Medical Society Board of Councilors. The decision of the Board of Councilors shall be final and not subject to further appeal. If the Council or Committee member or the member of the Louisiana State Medical Society Delegation to the House of Delegates of the American Medical Association or the AMA Section meetings of Young Physicians, Resident Physicians, and Medical Students who has been removed is also a member of the Board of Councilors, he or she shall recuse themselves from voting on their appeal.

RESOLUTION 110 - ADOPTED
SUBJECT: Dissolution of LSMS Standing Councils

RESOLVED, that the LSMS Standing Councils be dissolved, and be it further

RESOLVED, that Article IX of the LSMS Bylaws be amended by addition and deletion as follows:

ARTICLE IX - Councils of the Louisiana State Medical Society on Legislation

All members of any LSMS standing councils and the Council on Legislation must be members of the Louisiana State Medical Society.
1. Standing Councils:
   a. Council on Member Services
   b. Council on SocioEconomics
   c. Council on Public Health

A. Members
Each council shall be composed of not less than nine members and not more than eighteen members, including the chair. The number of members of a council shall be divisible by three. All members of any LSMS standing council must be members of the Louisiana State Medical Society. Members of councils shall be appointed by the President.

B. Term Council members shall be appointed for a term of three years. The terms of one-third of the council members shall expire each year. A council member with more than two unexplained absences during his or her term shall be dropped from the council roster.

B. Organization
The Chair of a council shall be appointed by the President. A Vice Chair shall be elected by the council. Both the Chair and Vice Chair shall serve terms of one year.

C. Meetings
Each council shall meet at least once a year at the call of the chair. One third of the members of a council shall constitute a quorum.

E. Duties and Purposes
1. Those duties specified in the LSMS Bylaws and/or those contained in the LSMS Council Functions Handbook.
2. Those other duties as required by the President, the Board of Governors, or the House of Delegates.

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 each LSMS Section as delimited in Article XV, Subsection A of these bylaws, 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.

B. Selection
District members of the Council 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 Councillor, 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. The LSMS Alliance member 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 shall serve terms of two (2) years. The Section members, the LSMS Alliance member, and the specialty medical society members shall serve a term of one (1) year. Terms are staggered so that Councilors representing even-numbered districts shall be elected in even numbered years and Councilors representing odd-numbered districts shall be elected in odd-numbered years. A member may serve a maximum of four terms, not necessarily consecutive. 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.

D. Organization
The council shall annually select its own vice-chair.

E. Meetings
Meetings shall be held at the call of the chair.

F. Duties
1. To direct all of the state and federal legislative activities of the Society provided such directions are not in conflict with the actions and policies of the House of Delegates;
2. To advise the Society as to the course of action deemed desirable to obtain its legislative goals; and
To present in writing at each Annual Meeting of the House of Delegates a detailed report of its activities during the preceding year.

RESOLUTION 111 - ADOPTED

SUBJECT: Addition of LAMPAC Chairman as ex-officio member of BOG

RESOLVED, that Article VIII Section A of the LSMS Bylaws be amended by addition as follows:

ARTICLE VIII

Board of Governors

A. Members
The Board of Governors shall be composed of the general officers of the Society plus and one representative from each LSMS Section as defined in Article XV Subsection A of these bylaws Section representatives shall be nominated by the Section and elected by the House of Delegates and shall serve one (1) year terms. The chair of LAMPAC shall serve as a non-voting ex-officio member.
RESOLUTION 112 – ADOPTED AS AMENDED
SUBJECT: Composition of the Council on Legislation

RESOLVED, the LSMS Bylaws Article IX, Section 2 be amended by deletion and addition as follows:

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 each LSMS Section as delimited in Article XV, Subsection A of these bylaws, 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, and one member from each specialty society represented by a physician member during the most recent LSMS House of Delegates. The chairperson of LAMPAC shall serve as a non-voting ex-officio member.

B. Selection
District members of the Council 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, 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. The LSMS Alliance member 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 member of the specialty medical society and an active member in good standing of the Louisiana State Medical Society.

RESOLUTION 113 - ADOPTED
SUBJECT: Dissolution of the Senior Physician Section

RESOLVED, that the LSMS Senior Physician Section be dissolved, and be it further

RESOLVED, that Article XV of the LSMS Bylaws be amended by deletion as follows:

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
RESOLUTION 114 - ADOPTED
SUBJECT: Dissolution of the LSMS Continuing Medical Education Accreditation Committee

RESOLVED, that the LSMS Continuing Medical Education Accreditation Committee be dissolved, and be it further

RESOLVED, that Article X of the LSMS Bylaws be amended by addition and deletion as follows:

ARTICLE X - Committees of the Louisiana State Medical Society

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

Section 1—Standing Committees

A. Listing
   1. CME Accreditation
   2. A. Medical/Legal Interprofessional

B. 1. Members

Each committee shall be composed of not less than 6 nor more than 18 members including the chair. The number of members of a committee shall be divisible by three. The members of a committee are appointed by the President.

C. 2. Term

Committee members are appointed for a term of three years, beginning on January 1st, serving from the time of their appointment until the appointment of their successor. A committee member may be reappointed for succeeding terms at the discretion of the President. One third of the members of a committee are appointed each year. A committee member with more than two unexplained absences during his or her term will be dropped from the committee roster. A vacancy, whether due to death, disability severe enough to prevent fulfillment of duties, resignation, or removal, shall be filled by an appointee of the President.

D. 3. Organization

The President designates the chair of each standing committee. The chair is appointed for a term of one year, serving from the time of his or her appointment until the appointment of his successor. The chair may be reappointed for succeeding terms at the discretion of the President.

E. 4. Meetings

Each committee shall meet at least once a year at the call of the chair. One third of the members of a committee, but not less than three members, shall constitute a quorum.

F. 5. Duties

1. Those duties specified in the Committee Functions Handbook; and
2. Those other duties required of the committee by the President, the Board of Governors, or the House of Delegates.

G. 6. Reports
Minutes shall be developed and maintained for each committee meeting. A copy of these minutes shall be submitted to the Board of Governors. Recommendations from the committee to the House of Delegates shall be submitted in the form of resolutions.

Section 2—Special Committees

A. B. Committee on Budget and Finance

1. Members
The Committee on Budget and Finance shall be composed of the following seven members:
a. Three members appointed by the Speaker of the House;
b. Two members appointed by the President of the Society;
c. The Secretary-Treasurer of the Society; and
d. The Chair of the Council on Legislation shall have all rights except the right to vote and the right to serve as Chair of the Committee on Budget and Finance.

2. Term
The members appointed by the Speaker of the House serve terms of three years, staggered so that one member is appointed each year. The member appointed by the President of the Society serves terms of two years, staggered so that one member is appointed each year. The term of member begins on January 1st. A committee member with more than two unexplained absences during his term will be dropped from the committee roster.

3. Organization
The committee shall select its own chair. The term of the chair is one year. The chair may serve more than one term but no more than three terms consecutively. The committee shall formulate its own rules of procedure. These rules must not conflict with the rules of the House of Delegates or with the rules of the Louisiana State Medical Society.

4. Meetings
The committee shall meet at least once a year at the call of the chair.

5. Duties
a. To present to the Board of Governors a budget of income and expense for the ensuing year;
b. To review the audit of the books of the Secretary-Treasurer and of all committee funds;
c. To perform such advisory duties as may be of financial benefit to the Society;
d. To recommend the employment of a certified public accountant; and
e. To review proposed fiscal notes attached to resolutions and to make recommendations regarding funding.

B. C. Committee on Charter and Bylaws

1. Members
The Committee on Charter and Bylaws shall be composed of six members, who must be delegates to the House of Delegates. The members of the committee are appointed by the President. The
Speaker and Vice-Speaker of the House of Delegates shall serve ex-officio without the power to vote.

2. Term
Committee members are appointed for a term of three years, serving from the time of their appointment until the appointment of their successor. A committee member may be reappointed for succeeding terms at the discretion of the President. One third of the members of the committee are appointed each year. The chair is appointed for a term of one year, serving from the time of his or her appointment until the appointment of his successor. The chair may be reappointed for succeeding terms at the discretion of the President. A committee member with more than two unexplained absences during his or her term will be dropped from the committee roster. A committee member not in attendance at the HOD will be presumed to have resigned unless he or she has a valid excuse, subject to the approval of the committee. A vacancy, whether due to death, disability severe enough to prevent fulfillment of duties, resignation, or removal, shall be filled by an appointee of the President.

3. Organization
The President designates the chair of the committee.

4. Meetings
The committee shall meet at the call of the chair. Three members shall constitute a quorum.

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

C. D. 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.

D. E. Ad Hoc Committees
From time to time ad hoc committees may be created by the President, the Board of Governors, or the House of Delegates.

1. Organization
The creating body shall specify the members of the committee, the Chair of the committee, and the charge to the committee.

2. Meetings
Ad Hoc committees meet at the call of the Chair.

3. Duties
An ad hoc committee reports in writing to the creating body.

4. Term
An ad hoc committee stands discharged when its assignment has been completed.

**RESOLUTION 201 – ADOPTED AS AMENDED**

**SUBJECT:** Transitional Licenses for Unmatched Medical Graduated

**RESOLVED**, the LSMS supports the development of programs and laws that allow unmatched medical graduates to obtain training licenses, associate physician licenses or other form of restricted licenses in the State of Louisiana to allow for practicing in a collaborative agreement with fully licensed physicians; and be it further

**RESOLVED**, the LSMS support the creation of additional physician graduate medical education residency positions within the state.

**RESOLUTION 301 - FAILED**

**SUBJECT:** Support of Integrating the Electronic Case Reporting System (eCR) for Healthcare Providers in the State of Louisiana
RESOLVED, the LSMS support the implementation of the Center for Disease Control and Prevention’s electronic case reporting system for healthcare facilities throughout the state of Louisiana.

RESOLUTION 302 - ADOPTED
SUBJECT: Supporting Continuation of Reimbursement of Telemedicine

RESOLVED, our LSMS supports the continuation of reimbursement for telehealth medicine.

RESOLUTION 303 - ADOPTED AS AMENDED
SUBJECT: Burnout and Mental Health Status of Louisiana Medical Students and Physicians

RESOLVED, the LSMS recognize burnout and mental health illnesses in medical students and physicians as significant issues requiring attention, and be it further

RESOLVED, the LSMS encourage medical schools and teaching hospitals in Louisiana to increase research on mental health statistics of medical students and physicians; and be it further

RESOLVED, the LSMS encourage public funding for research into mental health issues of medical students and physicians; and be it further

RESOLVED, the LSMS encourage public funding and collaborate with the Louisiana Department of Health in providing resources to aid medical schools and hospitals in the process of for increasing research on burnout & mental health issues, and statistics of medical student and physicians, performing research specific to the aforementioned request.

RESOLUTION 304 - FAILED
SUBJECT: Establishing State Jurisdiction of Needle Exchange Programs

RESOLVED, our LSMS advocate for the creation of state-wide needle exchange programs in Louisiana to aid underserved populations.

RESOLUTION 401 – ADOPTED AS AMENDED
SUBJECT: Expanding Representation of Diverse Patient Groups in Precision Medicine Research in Louisiana

RESOLVED, the LSMS will encourage providers, physicians, and medical students to cultivate long-term trusting relationships with patients, address cultural values and barriers in communication, which will facilitate successful participation in precision medicine research programs, and be it further

RESOLVED, the LSMS will support efforts to improve diversity in precision medicine research, and be it further
RESOLVED that for purposes of LSMS policy, Precision Medicine is as defined by the National Academy of Medicine in 2011:
“Precision medicine” refers to the tailoring of medical treatment to the individual characteristics of each patient. It does not literally mean the creation of drugs or medical devices that are unique to a patient, but rather the ability to classify individuals into subpopulations that differ in their susceptibility to a particular disease, in the biology and/or prognosis of those diseases they may develop, or in their response to a specific treatment.

RESOLUTION 402 - ADOPTED AS AMENDED
SUBJECT: Acknowledging and Addressing the Black Maternal Health Crisis

RESOLVED, our LSMS acknowledge the trend in black maternal health as a public health crisis; and it be further

RESOLVED, our LSMS encourage research that addresses these racial disparities in maternal health and encourage recommendations to correct the underlying factors or causes of social determinants of health that impact these disparities; and it be further

RESOLVED, our LSMS advocates for policy that addresses social determinants of health and seeks to eliminate its adverse consequences on maternal morbidity and mortality.

RESOLUTION 403 – REFERRED TO BOARD OF GOVERNORS
SUBJECT: Expand Healthcare Access for Sex Workers Without Criminalization or Discrimination

RESOLVED, that our LSMS recognize that difficulty in real life differentiation between voluntary and involuntary sex work causes harm to both groups by preventing proper health access; and be it further

RESOLVED, our LSMS support equal health access for both voluntary and involuntary sex workers; and be it further

RESOLVED, our LSMS support expanding healthcare access for all types sex workers without legal penalization or discrimination from healthcare professionals.

RESOLUTION 404 - FAILED
SUBJECT: Support of the Implementation of Two-Interval, or Pass/Fail Grading in Pre-clinical Curriculum of Louisiana Medical Schools

RESOLVED, the LSMS acknowledges the benefits of two-interval, pass/fail curriculum in pre-clinical medical education and supports its adaptation by Louisiana medical colleges and universities.
**RESOLUTION 405 - FAILED**

**SUBJECT:** Improving Health Literacy of Socioeconomically Disadvantaged Populations

**RESOLVED,** that our LSMS support legislation and statewide programs targeted at providing resources to increase the health literacy of socioeconomically disadvantaged populations in the State of Louisiana.

**RESOLUTION 406 – REFERRED TO BOARD OF GOVERNORS**

**SUBJECT:** Support of Evidence-Based Policies and Programs to Protect Children from Gun Violence

**RESOLVED,** the LSMS supports the development and enactment of Child Access Prevention (CAP) Laws that reduce youth’s easy access to firearms; and be it further

**RESOLVED,** the LSMS support the development and implementation of Extreme Risk Protection Orders that maintain an individual’s right to due process and require a medical provider’s opinion prior to execution of a temporary order to remove firearms from individuals who pose a threat to themselves or others; and be it further

**RESOLVED,** the LSMS support increased state funding for evidence-based-local-level strategies that aim to implement programs with known benefits, specifically for the adoption of successful Community Violence Intervention programs that are designed to identify at-risk youth and provide mental health and/or social support while bolstering access to community resources; and be it further

**RESOLVED,** the LSMS support an immediate call-to-action for the funding and undertaking of research initiatives that focus on further identifying the multi-modal causes of youth-mediated gun violence in Louisiana communities and the development of dynamic, interdisciplinary interventional strategies to expeditiously increase firearm safety measures that protect our children.

**RESOLUTION L1 – ADOPTED**

**SUBJECT:** Abortion Policies to Sunset

**RESOLVED,** that LSMS Policy 10.01 – Abortion (General) and 10.02 – Abortion (Public Funding) be sunset, and be it further

**10.01 Abortion - General Policy**
The LSMS affirms the physician oath to preserve life. LSMS general policy on abortion includes the following guidelines:

(1) Elective abortion is a medical procedure and should be performed only by a duly licensed physician and surgeon in conformance with standards of good medical practice and the Medical Practice Act of the state of Louisiana.

(2) No physician or other licensed medical professionals should be required to perform an act violative of good medical judgment. Neither physician, nor licensed medical professionals should be required to perform any act that violates personally held moral principles. In these circumstances, good medical practice requires only that the physician or other licensed medical professionals withdraw from the case, so long as the withdrawal is consistent with good medical practice.

(3) The LSMS encourages its physician members to offer counseling to expectant mothers in accepting and coping with the stresses of pregnancy to assure their patients have access to appropriate information regarding alternatives to abortion.
10.02 Abortion - Public Funding
The LSMS opposes Medicaid and the Louisiana Department of Health and Hospitals funding of abortions.

RESOLUTION L2 – ADOPTED AS AMENDED
SUBJECT: Updated Abortion Policies

RESOLVED, that the LSMS adopt the 2018 World Medical Association principles on medically-indicated termination of pregnancy as follows:

Preamble
Medically-indicated termination of pregnancy refers only to interruption of pregnancy due to health reasons, in accordance with principles of evidence-based medicine and good clinical practice. This Declaration does not include or imply any views on termination of pregnancy carried out for any reason other than medical indication.

Termination of pregnancy is a medical matter between the patient and the physician. Attitudes toward termination of pregnancy are a matter of individual conviction and conscience that should be respected.

A circumstance where the patient may be harmed by carrying the pregnancy to term presents a conflict between the life of the foetus and the health of the pregnant woman. Diverse responses to resolve this dilemma reflect the diverse cultural, legal, traditional, and regional standards of medical care throughout the world.

Recommendations
Physicians should be aware of local termination of pregnancy laws, regulations and reporting requirements. National laws, norms, standards, and clinical practice related to termination of pregnancy should promote and protect women’s health, dignity and their human rights, voluntary informed consent, and autonomy in decision-making, confidentiality and privacy. National medical associations should advocate that national health policy upholds these principles.

Where the law allows medically-indicated termination of pregnancy to be performed, the procedure should be performed by a competent physician and only in extreme cases by another qualified health care worker, in accordance with evidence-based medicine principles and good medical practice in an approved facility that meets required medical standards.

The convictions of both the physician and the patient should be respected.

Patients must be supported appropriately and provided with necessary medical and psychological treatment along with appropriate counselling if desired.
Physicians have a right to conscientious objection to performing an abortion; therefore, they may withdraw while ensuring the continuity of medical care by a qualified colleague. In all cases, physician must perform those procedures necessary to save the woman’s life and to prevent serious injury to her health.

Physicians must work with relevant institutions and authorities to ensure that no woman is harmed because medically-indicated termination of pregnancy services are unavailable.

And be it further RESOLVED, that our Louisiana State Medical Society oppose criminal and civil penalties on doctors for providing medical care to their patients.

RESOLUTION L3 – ADOPTED AS AMENDED
SUBJECT: Revocation Statement

RESOLVED, that it is the policy of the Louisiana State Medical Society that revocation of a physician’s board certification by the member boards of the American Board of Medical Specialties on accusations of alleged professional misconduct for the dissemination of misinformation or disinformation that may threaten public health or the health of patients should be based on a clear and convincing evidentiary standard. Furthermore, revocation should not be considered as effective for purposes of limitation of medical staff membership or privileges, insurance panel membership or participation, reporting to the National Practitioner Data Bank, or discipline by the Louisiana State Board of Medical Examiners.

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 2022 budget on August 6, 2022. She reviewed the Committee’s 4 recommendations, which included a dues increase for FY2023. Following discussion, the proposed budget for 2022 of $1,394,500 in projected revenues and $1,394,300 in projected expenses was adopted by the House along with the accompanying recommendations in the Report of the Budget and Finance Committee.

Attendee List
The following LSMS members attended the 2022 LSMS House of Delegates:

Edmund Anudu
Luis Arencibia, MD
Susan Bankston, MD
Donnie Batie, MD
Carol Becker, MD
James Bennett, MD
Eric Bicknell, MD

Destin Black, MD
Andy Blalock, MD
Elizabeth Bollinger, MD
Jonathan Boraski, MD, DMD
Andrew Bradberry, MD
David Broussard, MD
John Bruchhaus, MD

Floyd Buras, MD
Brent Campanella, MD
Lily Chen
Alexandra Chetty
Robert Chugden, MD
Roderick Clark, MD
Jon Cuba, MD
Hunter Currie  Myra Kleinpeter, MD  Aleksandar Stoller
William Daly, MD  Jamie Kuo, MD  Mark Trahan, MD
Charles DeDeaux, MD  Omar Leonards, MD  Thomas Trawick, Jr., MD
Keith DeSonier, MD  Christina Lord, MD  Allen Vander, MD
Michael Ellis, MD  Justin Magrath  John VanHoose, MD
Barton Farris, MD  Matthew McClanahan, MD  Heidi Ventresca
Lindsey Fauveau, MD  Robert McCord, MD  Nicholas Viviano, MD
Stephen Fischer, MD  Richard Michael, MD  Carlisle Washburne
Ann Marie Flannery, MD  Harold Miller, MD  Michael Wheelis, MD
Deborah Fletcher, MD  Edward Morgan, MD  Ashley White, MD
Codey Fontenot, MD  Kat Morris  Frederick White, MD
Christopher Foret, MD  Celeste Newby, MD  Randall White, Jr., MD
Vince Forte, MD  Robert Newsome, MD  Katherine Williams, MD
Nicole Freehill, MD  John Noble, Jr., MD  Matthew Williams, MD
William Freeman, MD  Amberly Nunez, MD  Paige Wilson
Caitlyn Gallaspy  Charles Nunez, MD  Thomas Wilson
Brian Gamborg, MD  Mark Olivier, MD  Xena Zheng
Dee Garrett, MD  Adam Olsan, MD  Abdul Zi
Matthew Giglia, MD  Richard Paddock, MD
Stewart Gordon, MD  Carol Patin, MD
Rachel Gruner, MD  Paul Perkowski, MD
Steven Hale, MD  Marcus Pittman, MD
Karl Hanson, MD  Donald Posner, MD
Daniel Harper, MD  Smita Prasad, MD
Jeremy Henderson, MD  Mark Rice, MD
Donald Higgins, MD  Michael Roppolo, MD
Ashley Ingolia, MD  Clayton Runfalo, MD
Gwenn Jackson, MD  Jay Shames, MD
Shivani Jain  Audrey Shawley
Trenton James, MD  Sidney Smith, MD
Daniel H. Johnson, Jr., MD  Roger Smith, MD
Maria Kerrigan  Deidre Stelly, MD