August 5, 2023

Call to Order
Thomas Trawick, Jr., MD, Speaker of the House called the opening session of the Annual Meeting to order at 8:30AM on Saturday, August 5, 2023 at the Renaissance Hotel in Baton Rouge, Louisiana. The Reverend Andrew Rollins offered the invocation then the Pledge of Allegiance was recited.

Recognition of Deceased LSMS Members
Physician members passing August 2022 through August 2023 include:
Walter Asseff, MD, James Bergeron, MD, Richard Dickey, MD, William Haynie, MD, Kenneth Mauterer, Jr., MD, Donald J. Palmisano, MD, Russell Pavich, MD, James Robinson, MD, Stanely Smith, MD, Daniel Strain, MD, and John T. Wilson, MD.

Recognition of 50-year Physicians
Physician members who graduated medical school in 1973 include:
Brian Barnes, MD, David Boudreaux, MD, Chester C. Coles, MD, Clifford G. Crafton, MD, Chris J. DiGrado, MD, William Eddleman, MD, Edwgid Eugene, MD, Jeffrey Fritter, MD, Robert Freeman, Jr., MD, Gordon Gidman, MD, Gary Guidry, MD, Akshey Gupta, MD, Timothy Hart, Sr., MD, Bruce Iteld, MD, Mark Juneau, Jr., MD, Michael Kudla, MD, Edwin Lin, MD, William M. Long, MD, Edward Lyons, MD, Laurence M. May, MD, Gordon Mead, MD, Charles Mitchell, II, MD, Ricardo Mora, MD, Barbara Morgan, MD, Linda Nall, MD, John Naponick, MD, Gordan Nutik, MD, Carter Paddock, MD, Fred Reid, MD, Alton Romero, MD, Richard Sabatier, MD, Carlton Sheely, MD, Mohammed Suleman, MD, Henry Taliaferro, MD, Lance Turkish, MD, Willard Washburne, MD, and Charles Woodard, 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 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.

**Report of the Credentials Committee**

Paul Perkowski, 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 2023 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. Late Resolutions L-1 was submitted by Rod Clark, MD and accepted to be introduced, however it needs a two-thirds vote by the House to include in the order of business.

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

**Remarks of the President**

Dr. Trawick introduced John Noble, Jr., MD to give him an opportunity to address the House.

“Mr. Speaker, thank you for this privilege. Good morning and welcome to all. Thank you for attending and being a committed member of your state medical society. This year has been eventful, productive, and enlightening. I am incredibly proud of the accomplishments of our staff, The Council on Legislation, and the Board of Governors. I want to update you on many of our achievements this year.

We began 2023 by representing our Society at the Mystic Krewe of Louisianians' Washington Mardi Gras, strengthening many relationships along the way. DC Mardi Gras is a remarkable networking experience, and I encourage you to consider attending this spectacle at least once in your lifetime.

In February 2023, we launched the Advantage Physician's Healthcare Trust, offering group health coverage to our members and their office staff. The plan allows us to provide our members with
high-quality health coverage at reasonable rates. This self-funded health plan can do many things, but, most importantly, it will enable small groups of individuals to secure pricing at large group rates. In the industry, a plan of this type is called a Multiple-Employer Welfare Arrangement (or MEWA). I encourage anyone struggling to remain independent while still trying to provide health insurance for your staff to consider obtaining a quote from this plan.

The LSMS continues to work with the Louisiana Board of Pharmacy relative to automatic prescription refills and the ownership of prescriptions. Due to our Society's tireless efforts, we arrived at the revised language "The prescription may be refilled when requested by the patient or his caregiver." This action prevents the inadvertent refill of medications previously discontinued but remaining on an automated refill protocol. The Board of Pharmacy has agreed that the prescription belongs to the patient, and they can fill it anywhere they choose. Suppose it is sent electronically to one pharmacy. In that case, the patient can request to have the prescription transferred to the pharmacy of their choice without contacting the physician's office, and "any Transferring pharmacy shall comply with that request as soon as possible but no later than the end of the next business day."

Now on to Legislative Wins
We had an outstanding session. Both pieces of prior authorization legislation requested by the Society were passed and signed by the Governor. Thank you to all who invested your time and resources to help us succeed!

ACT 312 creates an infrastructure and minimum standards for health insurance issuers. It requires health insurance issuers to do many things related to prior authorization and puts us on par with our regional neighbors. This is one of the most significant Legislative Acts to benefit physicians in years. I won't go into all the details, but one of the most exciting components of the bill is that it requires a specialty peer-to-peer review with few exceptions.

ACT 333 closely tracks transparency requirements proposed by the Centers for Medicare and Medicaid Services relative to Medicare Advantage organizations expected to go into effect on January 1, 2026. This is also a vital Legislative Act and requires health plans to report specific prior authorization metrics annually to the Department of Insurance. This will now give us data to track whether or not our state's commercial insurance companies are acting in good faith.

Scope of practice remains one of our Society's top priorities. This year saw two significant scope of practice bills filed. Both dealt with specific issues we've seen before.

Rep. Barbara Freiberg filed HB 471 at the request of corporate pharmacies. If passed, it would have allowed any licensees of the Louisiana State Board of Pharmacy to give any vaccination to any child aged seven and older. This would include pharmacists, pharmacy techs, and their interns. Proponents of the legislation touted this as an improvement in access to care, but our stance is that children are best treated in a pediatric medical home. This bill died in the House. We also effectively beat back a bill regarding Global signature authority and another bill regarding the standard of care under emergency declarations.
Podcast Partnership
The LSMS has partnered with the law firm of Chehardy Sherman Williams to promote the LSMS agenda and policies. The Health Law Talk podcast focuses on the expansive area of healthcare law. Each episode addresses various legal issues and current events surrounding healthcare topics.

I'm also thrilled to announce that we are very close to making our health information exchange, HealthSync, even more valuable, with hopefully some exciting news this weekend.

During this meeting, there will be much discussion about the modernization of this Society. For us to continue to grow, we must change with the times. Technology and transportation afford us opportunities that were never possible decades ago.

The independent physician is endangered. The latest statistics suggest 75% of us are employed. Whether employed or independent, we must support and preserve independent practice everywhere. Once we lose our option of practicing independently, we lose tremendous bargaining power as a profession. As physicians, we must do everything we can to support one another.

I caution against trying to be all things to all people. We cannot and should not try to solve all of the world's problems. As the tattoo artist in the ATT commercial says, "Stay in your lane, bro." We must reject the distraction of esoteric issues and commit to fixing kitchen table issues that affect every physician in the state. We must tirelessly fight and advocate for two things: patient safety and the preservation of our profession. We must never, ever give up.

Finally, I want to thank our staff for being so supportive over the past several years. We are blessed to have such a highly talented and productive team. I would also like to thank my colleagues on the board of governors for their support over the past year. I would also like to thank my two wingmen, Past President Will Freeman and incoming President Richard Paddock. I would also like to thank Dr. Katherine Williams for encouraging me to accept this role. And most importantly, I must thank my wife and family for their support.

May God bless everyone here, this state, and our great profession.

Now let's have a great meeting and continue the work of this historic Society.”

Approval of the Proceedings of the 2022 House of Delegates
The Proceedings of the Annual Meeting of the 2022 House of Delegates were approved as published in the Delegates handbook.

Approval of the Actions of the Board of Governors
The minutes of the Board of Governors and Executive Committee from June 2023 – March 2023 were presented. The following motions were extracted and discussed.

MOTION (PASSED)
THE LSMS BOARD OF GOVERNORS DIRECTS STAFF TO DEVELOP AN ALTERNATIVE HONORARIUM AND/OR OUT OF
OFFICE REIMBURSEMENT POLICY FOR OFFICERS AND OTHERS EXTERNALLY REPRESENTING THE SOCIETY AND PRESENT IT AT THE REGULARLY SCHEDULED JUNE 7, 2023 MEETING.

MOTION (PASSED)
THE LSMS BOARD OF GOVERNORS WILL INTERVIEW THREE IDENTIFIED CANDIDATES AT ITS SEPTEMBER MEETING IN BATON ROUGE FOR POSSIBLE APPOINTMENT TO PHYSICIANS FOUNDATION BOARD IN 2024.

MOTION (FAILED)
THE LSMS BOARD OF GOVERNORS DIRECTS STAFF TO SOLICIT INTEREST FROM THE LSMS PAST PRESIDENTS ADVISORY COUNCIL REGARDING AN OPEN SEAT ON THE PHYSICIANS FOUNDATION BOARD IN 2024 AND REPORT BACK IN MARCH 2023.

Ultimately, these amended motions and all the minutes were approved by the House of Delegates.

MOTION (PASSED)
ANY CHANGE TO LSMS PRESIDENTIAL HONORARIUM AND/OR OUT OF OFFICE REIMBURSEMENT POLICY FOR OFFICERS ENACTED AND/OR RECOMMENDED AT ANY BOG MEETING BE BROUGHT TO THE 2024 HOD FOR RATIFICATION.

MOTION (PASSED)
IN ADDITION TO THE THREE CANDIDATES IDENTIFIED BY THE BOG FROM THE LSMS PAST PRESIDENTS ADVISORY COUNCIL, THE BOG ISSU AN OFFICIAL CALL TO THE MEMBERSHIP FOR INTERESTED PARTIES TO APPLY AND BE INTERVIEWED BY APPOINTMENT AS LOUISIANA’S DELEGATE TO THE PHYSICIANS FOUNDATION BOARD.

Opening Session Guest Speaker
Mid-morning Thomas Trawick, Jr., MD introduced Steve Udvarhelyi, MD with BlueCross BlueShield of Louisiana (BCBSLA). Dr. Udvarhelyi gave members an overview of the proposed partnership with Elevation Health. He explained that there would be no immediate changes to the operations of BCBSLA. He stated that access to the current contacts which are being utilized would not change. He also expressed that one of the benefits of the transaction would include increased technology and a monetary payment made to eligible policyholders.
Installation Luncheon of the President

The meeting was recessed at 11:55 AM to direct the delegates next door for the installation luncheon. The Presidential Oath of Office was administered to President-Elect Richard Paddock, MD by John Noble, Jr., MD, President. Dr. Noble presented the Presidential Medallion and President’s Lapel Pin to Dr. Paddock. Dr. Paddock also signed the official presidential ledger. Afterwards, Dr. Paddock gave an inaugural address, included below, which outlines the focus for his term.

“Thank you Dr Noble,
I am truly honored to stand before you as your 143rd president of the Louisiana State Medical Society. In our audience as you have seen are many of our past presidents who have helped lead the society in our mission to be the trusted advocates for patients and physicians in the state of Louisiana. From Dr. Noble to Dr James Egan in 1878, I have some big shoes to fill and some great acts to follow.

I may be taking the helm, however, I come aboard a ship that already has a steady course chartered with an excellent chief navigator, Mr. Williams and a phenomenal crew with the staff at the Louisiana State Medical Society. This team has had many successes regarding major medical legislation and deserves our thanks for their hard work.

As we are all aware, the practice of medicine has been under constant challenges. Physician scope of practice, prescriptive rights, lessening the educational requirements to independently practice medicine, unauthorized practice of medicine, prior authorizations and denial of care and payment of needed medications and procedures are just a few. At LSMS, we will continue to be your advocates on a local and national level. However, the latest growing challenge and exciting new medical frontier is the introduction of the use of artificial intelligence in medicine.

A quick story.
Has anyone gone to a quest lab lately? The reason I ask is because I recently went to have some labs drawn. I walked in, it was early, and I was the only person in the room. There was no one there but myself and a wall with four kiosks with gray TV screens looking at me. I walked up to one of the screens and it flashed touch here and I did, hoping that some sort of candy or reward would come out of a slot. It didn’t. It then flashed scan in your driver’s license which I did and then the screen read hello Richard. Then I replied hello back not realizing I was talking to a computer screen. It asked me to verify my address and date of birth then scan in my insurance cards which I did and pressed finish. It then asked me to have a seat. A TV in the waiting room area quickly displayed my name and the time I registered. Almost immediately the phlebotomist opened the door, called my name and I had my blood drawn. The whole episode took about 20 minutes. I left realizing that I had briefly seen only one human during this exchange. Most of you who know me know that I am very afraid of needles. I missed the receptionist checking me in and assuring me that it wasn’t going to hurt and that I was going to be fine. Sitting in the car I thought this was efficient and quick but very impersonal. Is this what we want for our patients and the future of medicine? Sacrificing compassion and reassurance of the human experience for the sake of efficiency? Or, do we want a blend of both to deliver the best healthcare we can.

Artificial intelligence is the ability of machines to perform tasks that normally require human intelligence such as reasoning, learning, decision making and problem solving. AI uses computer software to simulate human cognition that drives machine learning algorithms that can teach the machine how to perform a
specific task and provide accurate results by identifying patterns. It does so by developing its own algorithms from massive amounts of downloaded data. We see this in Google, Siri, Alexa, IBM Watson, directional maps and more which have permeated our daily lives such that we are absolutely in need and are dependent on them.

Already, the use of AI has affected the labor force. One survey reported that 75% of the companies questioned said they expect AI technology to eliminate up to 26 million jobs over the next five years. The medical community is no different and jobs have been lost and more will or be modified in many sectors.

The use of AI is also moving from hospital administrative tasks to actual clinical decision making. AI is being used in pathology, radiology, cardiology, gastroenterology and primary care. Algorithms for diagnosis and treatment of various disease entities and emergencies are already being used and more are being formulated and tested. Amazon, last fall, launched a virtual clinic in 50 states staffed by “licensed providers.” Licensed by whom and where? The recent Covid pandemic helped accelerate AI development. Globally, AI in the healthcare market accounted for $14 billion dollars in 2020, but it is projected to reach $119.8 billion dollars by the year 2027.

AI is a wonderfully exciting complex innovation that will no doubt help but will also change the landscape of the practice of medicine to come.

But, not without serious concerns about its ability to overtake and stifle the human art of medicine. The president of the artificial intelligence society stated that the medical community and society will have difficulty moving through this “transitional phase” where machines will be doing better and more efficiently than humans. There is that word again, efficient. The FDA and the AMA are taking steps to develop a model for evaluating, standardizing and regulating the use of AI but it is still in its early days and essentially AI is unregulated. Big tech is already fighting some minor regulations.

There are some phenomenal assets that AI can bring as an adjunct to the practice of medicine. AI can provide real time data for a quicker diagnosis and decision making allowing for earlier and more personalized therapies. AI can streamline tasks such as scheduling, coding, reviewing insurance claims and even generating care paths. By maximizing productivity and cutting healthcare costs, it can reduce the estimated $750 billion that is wasted annually. It can help monitor patient progress and alert patients and providers if a condition worsens. Recently a woman was awakened in the middle of the night by her smartwatch alerting her that she had gone into atrial fibrillation and her risk for stroke.

AI can advance medical research by analyzing massive amounts of data to discover new insights patterns and correlations from large and complex datasets that would be otherwise difficult for humans to process.

With limited or nonexistent healthcare access in impoverished communities exacerbated by the shortage of health care professionals, AI can improve health care by enhancing remote access to these areas. It is estimated by the year 2035, there will be a global deficit of 12.9 million skilled healthcare workers in the workforce.
Although I've touched on a few of the phenomenal things that artificial intelligence can do to enhance the practice of medicine, there are concerns about the implementation of artificial intelligence in the healthcare arena. It comes with significant risks to the delivery of medical care, the patient doctor human relationship and the future educational experience and training of doctors and other medical allied professionals.

There are major ethical concerns with the development and use of AI in health care. AI can make decisions that can have significant impacts on human lives, health and well-being. Interestingly a recent poll showed that 67% of patients do not trust AI as being a total driving force in their healthcare. The information from portable healthcare monitoring devices is not subject to privacy laws and is used in AI databases. The data from smartphones and watches about our lifestyles, eating habits, exercise and everything we do can go directly to our insurance companies which could be used to adjust future coverage and premiums.

Conglomerates like Google and Microsoft are already partnering with large healthcare providers to download massive amounts of medical data to enhance machine learning of artificial intelligence. With these partnerships between large private equities and large healthcare delivery systems one would think that there should be a moral responsibility to share these algorithms with smaller institutions, however this may not be the case in the future. With the influx of massive amounts of private equity money, will we see a point where all major healthcare systems will be owned and operated on a for profit model and cause healthcare costs to rise? Will the new healthcare delivery team be the hospital CEO, the chief digital officer and the AI computer?

Cybersecurity is paramount. With increasing amounts of patient data being stored and transmitted electronically, healthcare providers are facing growing security risks. Cyber-attacks can compromise patient data, disrupt scheduling healthcare services and potentially interrupt the delivery of healthcare altogether. A recent survey showed that in 2020 security breaches had jumped 42%. Investments in cybersecurity is expected to reach $24.1 billion by the year 2026.

AI is not infallible and can be prone to mistakes or fail to perform as expected. Data shows that AI error rates are almost equal to the human error rate in medicine at present. However, when used as an adjunct to diagnose, human accuracy improves dramatically.

Bias issues are another concern. Unless they are corrected, the data introduced into its algorithms may prejudice the decisions made by AI.

A major discussion occurring right now is where will the impact fall for accountability and responsibility? Who is liable for the outcomes and consequences of AI's decisions or actions. Who is responsible for the oversight and regulation and who is entitled to the benefits and risks of AI in healthcare. International medical groups are calling for the establishment of oversight of how algorithms behave in real world scenarios.
It is imperative that we ensure that doctors oversee the development of the health algorithms and their implementation.

These are some of the questions that need to be addressed before increasing dependence on AI in healthcare. Also, what effect will it have on the autonomy of caregivers to independently decide on
treatments for their patients? The Stakes are very high if things go wrong with our development and legislation of this phenomenal revolutionary new technology.

To quote Dr. Deepak Chopra,

The basic nature of being is to react to unpredictability and the infinite possibilities, whereas artificial intelligence reacts on previous predictability and draws conclusions from that. Humans have the power of awareness which a computer cannot and will never develop nor possess.

This freight train silently coming down the track at full speed cannot be left unchecked. There needs to be significant in-depth studies on its impact on the practice of medicine, the delivery of healthcare, training of future doctors as well as the present and future health care labor force. We will, as before, continue this coming year to stay focused on immediate issues that affect the practice of medicine and health care in Louisiana, however the main focus of my year will be to explore AI’s impact on our practice of medicine. To create an awareness and bring it to the forefront of discussion with doctors and legislators to recognize the obvious need for standardization and regulation before full implementation. We need to avoid the chaos we have already seen in the unregulated development of electronic medical records.

I will do my best to help our society form policies and guidelines to help enhance our physician’s ability to practice better and more accurate medicine. But clinicians need to understand that these tools are to augment clinical decision making and should not be used to replace it. Yes, the landscape of medicine is changing and will continue to do so for more generations of physicians to come. Let’s not abdicate our responsibility of training the next generation of doctors to artificial intelligence. We must encourage our future doctors to continue to practice the human aspect of the Art of Medicine and to teach it for generations to come. Anyone or anything can learn the science of medicine, but it takes a human to teach how to live our oath to give compassion, empathy and your whole life and essence to another person for their well-being and healing. A computer cannot and will not ever learn how to do this. The handshake, encouragement, the touch and sometimes just your presence are all as necessary for healing as being correct with the diagnosis and treatment. As Carl Jung said.” Medicine cures diseases, doctors cure patients”. We cannot let the quest for efficiency and accuracy in medicine overshadow the human art of medicine.

I will continue to advocate for the physicians of Louisiana. I hope to help us balance the delivery of efficient, accurate medicine with the extraordinarily valuable art of medicine. To quote Hypocrates, “Where the art of medicine is loved there is also a love of humanity.”

I wish to thank my lovely wife Shelia and my family for years of unwavering love and support and thank you for your confidence entrusting me with the responsibilities and duties of president of the Louisiana State Medical Society.
Elections
The following members were elected to serve:

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<tr>
<th>Board of Governors</th>
<th>Name</th>
<th>Term</th>
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<tr>
<td>President-Elect</td>
<td>Roderick Clark, MD</td>
<td>2023</td>
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<tr>
<td>Speaker, House of Delegates</td>
<td>Thomas Trawick, Jr., MD</td>
<td>2023</td>
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<td>Vice Speaker, House of Delegates</td>
<td>Robert Newsome, MD</td>
<td>2023</td>
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<tr>
<td>Secretary- Treasurer</td>
<td>Amberly Nunez, MD</td>
<td>2023</td>
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<tr>
<td>Chair, Council on Legislation</td>
<td>Matthew Giglia, MD</td>
<td>2023</td>
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<tr>
<td>Medical Student Member</td>
<td>Madison Thornton</td>
<td>2023</td>
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<td>Resident Member</td>
<td>Omar Leonards, MD</td>
<td>2023</td>
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<tr>
<td>Young Physician Member</td>
<td>Ken Ehrhardt, MD</td>
<td>2023</td>
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<tr>
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<td>John Bruchhaus, MD</td>
<td>2023</td>
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<tr>
<td>Private Practice Physician Section</td>
<td>Katherine Williams, MD</td>
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<th>AMA Delegation</th>
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<tr>
<td>Delegate</td>
<td>William Freeman, MD</td>
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<td>Delegate</td>
<td>Luis Alvarado, MD</td>
<td>2023-2025</td>
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<td>Delegate</td>
<td>Kamel Brakta, MD</td>
<td>2023-2025</td>
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<td>Alternate Delegate</td>
<td>Deborah Fletcher, MD</td>
<td>2023-2025</td>
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<td>Alternate Delegate</td>
<td>Clay Runfalo, MD</td>
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<th>Council on Legislation</th>
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<tr>
<td>Medical Student Member</td>
<td>Paige Wilson</td>
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<td>Lindsey Fauveau, MD</td>
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<tr>
<td>Private Practice Physician Member</td>
<td>Matthew Bernard, MD</td>
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<th>Afternoon Session Guest Speaker</th>
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<td>Thomas Trawick, Jr., MD introduced Vincent Culotta, Jr., MD with the Louisiana State Board of Medical Examiners (LSBME). Dr. Culotta provided members with an update relative to the recent and ongoing activities at the LSBME. He described the progress made relative to the renewal process as well as the improved functionality of the website.</td>
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Resolutions to the House of Delegates
The following actions were adopted during the Houses of Delegates for 2023. New language is bold and underlined and language deleted contains strike through marks.

RESOLUTION 101
Adopted – 304, 403 & 206 Extracted

SUBJECT: Sunset Directives

INTRODUCED BY: Board of Governors

RESOLVED, that the following LSMS directives originally approved in 2020 and 2021 be sunset per LSMS policy.

R107-20: 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. The directive could not be conducted in the manner stated in the resolution due to the COVID19 pandemic. However, in 2020, the LSMS Board of Governors held several meetings related to strategic planning related to the House of Delegates and the Speakers have implemented some of those recommendations such as the meeting continuing to occur in August, moving the presidential inauguration to lunch, and streamlining overall operations. However, the HOD still needs to be modernized and that process should continue and will via new directives offered as resolution R116-23 and R117-23.

R304-20: 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.

Once an employee or healthcare provider of a qualified healthcare institution has been onboarded with a negative TB test of any kind, or has a negative TB screening questionnaire, it is the policy of the LSMS to not require annual rescreening of that healthcare provider in the absence of known exposure to tuberculosis disease.

Before any action could be taken on this resolution the COVID19 pandemic occurred. Afterwards, there was no appetite by either the LSMS, LDH, hospitals, nursing homes, etc. to lessen any screening requirements post pandemic. This resolution could not be completed due to the politics, anti-vaccine, and overall anti-medicine movement that occurred throughout the state during and after the pandemic. No action was taken.

R402-20: 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. Multiple conversations were held with LDH, but no action was taken during and/or after the pandemic. Currently, LDH does not have a secretary and a full-time replacement will not be appointed until 2024 after a new governor is elected.

R403-20: Decreasing the demand for illicit drugs
Directs the LSMS to seek 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. At the state level, the LSMS did not file any legislation nor has there been any to support. However, at the federal level, the Medication Access and Training Expansion (MATE) Act passed in December 2022, requiring physicians complete a total of eight hours of training on the treatment and management of patients with opioid or other substance use disorders.

R121-21: AMA Strategic Plan to Embed Racial Justice and Advance Health Equity
Directs the Louisiana Delegation to the AMA to submit a resolution asking the AMA to 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. A resolution was filed at the June 2022 AMA Annual meeting. An overwhelming amount of testimony against the resolution was provided in the reference committee, who ultimately recommended the resolution not be adopted by the House.

R201-21: APRN Independent Practice
Directs the LSMS to work with other impacted physician organizations to strengthen collaborative practice agreements and establish a minimum acceptable criterion related to education, work experience, collaboration, and standard 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. The majority of the statewide specialty medical societies and the LSMS remain vigilant in our opposition to scope of practice expansion. Multiple requests, both formal and informal, have been made to the LSBME to strengthen collaborative practice agreements.
R206-21: Supporting Patient Access to Medical Records
Directs the LSMS to seek and/or support legislation or action that would improve access to medical records in a way that is fair to patients and physicians without risk of increased burden to the health care system. *No legislation has been filed related to this issue.*

RESOLUTION 102
Adopted

**SUBJECT:** Reaffirming Policies

**INTRODUCED BY:** Steen Trawick, MD, Speaker
Reece Newsome, MD, Vice Speaker

RESOLVED, that the following LSMS policies be reaffirmed.

**71.03 End of Life - End-of-Life Documentation**

The documentation of End-of-Life information should be voluntary and used at the discretion of the physician.

*Authority Note: R23-85; amended 1995; reaffirmed R101-03 and sub R101-08; reaffirmed as amended R102-13; reaffirmed R101-18*

**72.01 Physicians Gifts - Guidelines for Gifts to Physicians**

The LSMS adopts the AMA CEJA opinion 8.061: To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines:
(1) Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.
(2) Individual gifts of minimal value are permissible as long as the gifts are related to the physician’s work (eg, pens and notepads).
(3) The AMA Council on Ethical and Judicial Affairs defines a legitimate *conference* or *meeting* as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together
is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

(4) Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company’s representative may create a relationship that could influence the use of the company’s products, any subsidy should be accepted by the conference’s sponsor who in turn can use the money to reduce the conference’s registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

(5) Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians’ time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

(6) Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional, or specialty medical associations.

(7) No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician’s prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should not belong to the organizers of the conferences or lectures.

Authority Note: R115-03, reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

90.03 Health Care Facilities - Code Situation in Health Care Facilities

The LSMS supports the inclusion of coverage in Louisiana’s Good Samaritan Laws of services rendered in a code situation in a health care facility by physicians who are not the attending or consulting physicians to the patient.

Authority Note: R210-93, reaffirmed R101-03, reaffirmed sub R101-08; reaffirmed R102-13; reaffirmed R101-18
91.01 Hospitals; Organized Medical Staff - Guidelines for Hospital Medical Staffs

The LSMS supports the following guidelines characterizing the relationship between hospitals and their medical staffs:
(1) Hospital privileges should be established according to the bylaws of the medical staff, which includes the concept of quality peer review
(2) Physicians should provide medical care based on the traditional patient-physician relationship.
(3) Renewal of hospital privileges should be based on demonstrated competence and ethical behavior.
(4) Physician members of hospital medical staffs shall have the due process rights of a fair hearing and appellate review regardless of any personal service contract whenever a hospital denies reappointment to the medical staff, terminates the privileges of a physician, or takes any adverse action against a physician.

Authority Note: R15-84; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18

100.04 LSMS Access to Better Care Plan

The LSMS supports the principals of our Access to Better Care proposal for reforming Medicaid, which includes pluralistic options including but not limited to: defined contribution plans, Medicaid Advantage plans, vouchers, and Medicaid medical savings accounts.

Authority Note: R105-18

100.09 Health Care Reform - Health System Reform

The LSMS supports a policy of pluralism in our health care delivery system and includes the principles of security, simplicity, savings, choice, quality, and responsibility for health system reform.
(1). The LSMS supports a pluralistic system of health care delivery wherein patients have multiple choices of health care financing mechanisms in an open market setting free of government approved advantages created to favor any one or more mechanisms.
(2). The LSMS supports freedom of choice of health and medical care delivery settings for patients and physicians.
(3). The LSMS supports the right of physicians to choose their own specialty of practice and opposes any quota system to force physicians into a particular specialty or mode of practice. (4). The LSMS urges the American Medical Association and the specialty societies to work together to preserve and expand the right of patients to choose their
physician, delivery setting and method of financing of health care and the right of physicians to choose their practice setting and compensation arrangement.

(5) The LSMS supports the position of value and cost effectiveness instead of draconian cost containments, making our health care delivery system accountable to patients instead of to government, insurance companies, employers, hospitals or physicians. The LSMS advocates the term health system reform to characterize needed changes to our health care delivery system.

Authority Note: R301/302-93; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed as amended R103-B-13; reaffirmed as amended R101-18

100.11 Health Care Reform - Cost Effective Health Care System

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

a. Greater reliance on market forces, with patients empowered with understandable fee/price information and incentives to make prudent choices, and with the medical profession empowered to enforce ethical and clinical standards which continue to place patients' interests first, is clearly a more effective and preferable approach to cost containment than is a government-run, budget-driven, centrally controlled health care system.

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

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

d. Federal and/or state legislation should authorize medical societies to operate programs for the review of patient complaints about fees, services, etc. Such programs would be specifically authorized to arbitrate a fee or portion thereof as appropriate and to mediate voluntary agreements and could include the input of the state medical society and the AMA Council on Ethical and Judicial Affairs.
e. Physicians are the patient advocates in the current health system reform debate. Efforts should continue to seek development of a plan that will effectively provide universal access to an affordable and adequate spectrum of health care services, maintain the quality of such services, and preserve patients' freedom to select physicians and/or health plans of their choice.

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

Authority Note: R406-97, reaffirmed R101-06, reaffirmed R101-11; reaffirmed R101-16; amended R107-17; reaffirmed R101-18

110.02 Health Information - Third Party Requests for Patient Information

Third party insurance administrators should be required to furnish the physician with a properly executed release of information as required by law prior to the physician’s release of any medical reports, x-rays or other information regarding the patient’s diagnosis and treatment.

Authority Note: R10-89; referred to BOG 1999; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R102-13; reaffirmed R101-18

120.06 Health Insurance - Pre-Admission Certification

The LSMS opposes the concept of pre-admission certification.

Authority Note: R17-84; reaffirmed R101-03 and sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

120.08 Health Insurance - Any Willing Provider

The LSMS supports laws and/or regulations that would prohibit a health insurance issuer from refusing to allow a doctor of medicine or osteopathic medicine, who is located within the coverage area of the health insurance issuer and is willing to accept the contract terms and conditions of participation, to join the panel of the issuer as a participating provider.

Authority Note: R206-03; reaffirmed sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18
121.05  Eligibility, Benefits & Coverage - Cancellation of Group, Family or Blanket Health Insurance

The LSMS supports health insurance policy coverage which (1) prohibits cancellation of group, family, or blanket health insurance policies after claims for terminal, incapacitating, or debilitating conditions; (2) requires notified insurers to pay for certain claims for illnesses or conditions occurring prior to cancellation of any health policy; (3) prohibits an increase in rates unless the increase is actuarially justified and is based on community experience and the experience and projections for the appropriate pool; and (4) prohibits a premium increase based solely or primarily on the experience with the group which includes an insured with a terminal, incapacitating, or debilitating condition.

Authority Note: R69-91; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

122.02  Health Care Quality Initiatives - Public Reporting of Health Quality Indicators

The LSMS supports public reporting of health quality measures including those by Department of Health and Human Services, Centers Medicare and Medicaid Services, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and National Quality Forum.

Authority Note: R303-03; reaffirmed sub R101-08; reaffirmed as amended R102-13; reaffirmed R101-18

130.03  Indigent and Uninsured - Reforming Care for the Uninsured

The LSMS work with the Louisiana Department of Health and Hospitals and the Louisiana Legislature to develop and implement a fiscally sound, quality plan to address the need for access to quality medical care for indigent and uninsured populations in the state.

Editorial Note: All see Health Care Reform (100)
Authority Note: R214-94; reaffirmed R101-04; reaffirmed R101-10; reaffirmed as amended R107-13; reaffirmed R101-18

140.02  LSMS: Administration and Organization - LSMS Annual Meeting

The Board of Governors establish the dates and location of the annual House of Delegates meeting upon the recommendation of the Speakers of the House of Delegates.
150.04 Medicaid - Medicare-Medicaid Crossover Payments

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.

Editorial Note: Also see Medicare (190)

Authority Note: R125-03; reaffirmed sub R101-08; reaffirmed R101-13; reaffirmed R101-18

160.01 Medical Education - Medical Education Policy

The LSMS believes the ultimate purpose of medical education—including basic medical education for medical students and provisionally registered doctors, postgraduate training and continuing medical education (CME)—is to train the very best physicians, which in turn can improve the health and the health care of the population and ensure the vibrant and robust future of the practice of medicine. The LSMS endorses all efforts and initiatives which further the pursuit of medical education. These efforts include but are not limited to the following:

1) Ensuring appropriate funding exists and is dedicated to supporting the medical schools located in Louisiana.
2) Making available sufficient and appropriate financial aid, whether through grant or loan programs, which encourages Louisiana citizens to enter into medical school and begin their journey into the practice of medicine.
3) Ensuring that residency programs in the state are well supported both from a financial standpoint and an educational standpoint ensuring that Louisiana physicians are educated not only to handle the challenges of real-life medical practice but also to prepare for an ever-changing health care system.
4) Encouraging physicians in Louisiana to continue their medical education and to earn, on a voluntary basis, the AMA’s Physician Recognition Award or comparable awards given my medical specialty organizations.
5) Ensuring the appropriate governance and leadership autonomy for the public medical schools in Louisiana by continuing the current governance practice of direct reporting of the chancellors at LSUHSC-New Orleans and LSUHSC-Shreveport to the LSU System President.
6) Ensuring public-private partnerships created with teaching hospitals connected with GME Programs in Louisiana medical schools are structured in a way that supports adequate financial and academic resources with the goal of preserving and improving the GME system in Louisiana.

*Authority Note: R108-13; reaffirmed R101-18*

**190.01 Medicare - Louisiana as One Medicare Region**

The LSMS endorses designation of the entire state one region for the purpose of reimbursement under Part B of Medicare.

*Authority Note: R22-83; reaffirmed 1988; reaffirmed 1998; reaffirmed R101-03; referred to the Board of Governors sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18*

**190.03 Medicare - Medicare Payments to New Physicians**

The LSMS opposes discriminatory Medicare payment reductions to new physicians.

*Authority Note: R55-92, reaffirmed R101-03, reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18*

**200.02 Mental Health - Discrimination against Psychiatric Consultation**

The LSMS opposes the policy of insurers that treat consultation for patients with psychiatric symptoms in a discriminatory manner. Primary insurers be held fully accountable for the policies and performance of their subcontractors and be held fully responsible for the equitable treatment of all patients and provide timely reimbursement for legitimate services under their plans, whether subcontracted or not. Further, primary insurers be required to cancel contracts with subcontractors no longer financially able to provide contracted services without resorting to discriminatory practices.

*Authority Note: R216-03; reaffirmed sub R101-08; reaffirmed R102-13; reaffirmed R101-18*

**210.01 Physicians - Definition of a Physician**

A physician is a person who has been admitted to a medical school or a school of osteopathic medicine, which school is approved by his or her state licensing board, and has successfully completed the prescribed course of studies, has graduated and holds a diploma as a doctor of medicine or osteopathic medicine and has completed the requisite qualifications to be licensed to practice medicine or osteopathic medicine. The LSMS
supports limiting the use of the term *physician* to describe only doctors of medicine or osteopathic medicine.

*Authority Note:* R16-84; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

### 212.01 Licensure and Discipline - Separate Physician Licensing Boards

The LSMS opposes the creation of separate physician licensing boards apart from the Louisiana State Board of Medical Examiners.

*Authority Note:* R508-93; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

### 212.12 Licensure and Discipline - Licensure Should not be Tied to EHR Proficiency

The LSMS opposes the denial of a medical license to any physician based solely on the grounds of failure to use an electronic health record (EHR), or failure to demonstrate proficiency in use of an electronic health record.

*Authority Note:* R106-18

### 213.02 Physician Contracts & Payment - Right of Physician and Patient to Privately Contract

The LSMS holds inviolate the constitutional right of citizens to enter into private contracts, such as between physician and patient, and the right of the parties to determine the arrangements under which services are rendered. The LSMS unalterably opposes any legislation that (1) interferes with the right of private contract between citizens; (2) prohibits a physician from directly billing a private patient; (3) mandates physician acceptance of patient coverage benefits.

*Authority Note:* R20-84; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

### 213.11 Physician Contracts & Payment - Reducing Payment for Previously-Adjudicated Claims

The LSMS supports policies which prohibit third-party payors, including government plans, from reducing or withholding payment on current or future claims to satisfy corrections or alterations to unrelated previously-adjudicated claims. The LSMS
supports policies which instead require third-party payors to notify physicians of the need to remit a separate payment for the error which resulted in overpayment.

*Editorial Note: Also See Health Insurance (120), Medicare (190) & Medicaid (150)  
Authority Note: R210-03; reaffirmed sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18*

### 213.13 Physician Contracts & Payment - Health Plan Charges for Tracing Third-Party Checks

The LSMS opposes any business practice by an insurance company, employer-sponsored plans, or third-party administrators which requires payment of a fee to trace a check which, according to them, has been sent to the physician previously. The LSMS supports policies which require health insurance plans and/or employer-sponsored plans and/or third-party administrators to issue a replacement check or submit for signature by the physician, an acknowledgment of non-receipt of the check and/or request for reissue after 60 days if the original check has not been processed by the physician.

*Authority Note: R211-03; reaffirmed sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18*

### 213.15 Physician Contracts & Payment - Contracts and Ethical Duty

The LSMS opposes agreements or clauses in participating physician contracts which unreasonably restrain the physician from providing information to the patient about policies and decisions of an insurer or other contracting entity. These provisions constitute an unacceptable restriction on the physician's ethical duty to act as the patient's advocate.

*Authority Note: R511-93; reaffirmed R101-03; and sub R101-08; reaffirmed R102-13; reaffirmed R101-18*

### 213.21 Physician Contracts & Payment - National Health Insurance and Physician Payment

The LSMS opposes any provision in any national health insurance legislation which would preclude billing of patients by physicians and encourages the AMA to take the same position.

*Authority Note: R705-74; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18*
213.22 **Physician Contracts & Payment - Equitable and Adequate Reimbursement**

The LSMS supports equitable and adequate reimbursement to physicians in order to increase access to care.

*Authority Note: R105-18*

214.01 **Physician Patient Relationship – General Policy**

The LSMS principles of the physician/patient relationship:

1. Patients should seek a clear understanding of fees with their physician. Neither the patient nor the physician should be hesitant to talk about this important financial consideration.
2. The patient should make every effort to pay the physician’s bill promptly. Because most physicians do not charge interest on unpaid balances, delay in settling a bill translates into an increase in the cost of medical practice which, like all other costs, is passed on to future patients.
3. The physician should be told if a patient is in a hardship situation. A physician’s first obligation is to provide good medical care. One of the most disturbing things about government intrusion is the failure to acknowledge that physicians in this country are traditionally willing to adjust to the needs of their patients on a case by case basis when genuine hardship occurs.
4. Patients should be able to rely on their physicians as their advocate. Physicians should explain to patients all known costs of medical care (hospitals, tests, therapy, etc.).
5. Patients should establish a relationship with a primary care physician for their confidential health maintenance and emergency needs.
6. Physicians should accommodate second opinions for those patients who are uncomfortable with a diagnosis or treatment plan.
7. Patients should do everything possible to promote and maintain their well-being such as: fastening seat belts and child restraints, abstaining from smoking, maintaining good nutrition, exercise and practicing temperance in alcohol consumption.

*Authority Note: R10-85; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R102-13; reaffirmed R101-18*

215.01 **Physician Referral – Incentives**

The LSMS opposes business practices whereby payments by or to a physician are made solely for the referral of a patient. A physician should not accept payments for prescribing or referring a patient to said source. Referrals and prescriptions must be based on the skill and quality of the physician to whom the patient has been referred or the quality and efficacy of the drug or product prescribed.
215.02 Physician Referral - Self-Referral

The LSMS believes that in general, physicians should not refer patients to a health care facility that is outside their office practice and at which they do not directly provide care or services when they have a financial interest in that facility. Physicians who enter into legally permissible contractual relationships—including acquisition of ownership or investment interests in health facilities, products, or equipment; or contracts for service in group practices—are expected to uphold their responsibilities to patients first. When physicians enter into arrangements that provide opportunities for self-referral they must:

(1) Ensure that referrals are based on objective, medically relevant criteria.
(2) Ensure that the arrangement:
   (a) is structured to enhance access to appropriate, high quality health care services or products; and
   (b) within the constraints of applicable law:
      (i) Does not require physician-owners/investors to make referrals to the entity or otherwise generate revenues as a condition of participation;
      (ii) Does not prohibit physician-owners/investors from participating in or referring patients to competing facilities or services, and
      (iii) Adheres to fair business practices vis-à-vis the medical professional community—for example, by ensuring that the arrangement does not prohibit investment by nonreferring physicians.

(3) Take steps to mitigate conflicts of interest, including:
   (a) ensuring that financial benefit is not dependent on the physician-owner/investor’s volume of referrals for services or sales of products;
   (b) establishing mechanisms for utilization review to monitor referral practices; and
   (c) identifying or if possible, making alternate arrangements for care of the patient when conflicts cannot be appropriately managed/mitigated.

(4) Disclose their financial interest in the facility, product, or equipment to patients; inform them of available alternatives for referral; and assure them that their ongoing care is not conditioned on accepting the recommended referral.

Authority Note: R509-93; reaffirmed R101-03; sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18

233.03 Medical Malpractice - Limitations on Malpractice Recovery

The LSMS is committed to preserving a total cap on medical professional liability damage awards paid by or on behalf of health care providers in Louisiana and supports
other changes in the medical professional liability statutes that enhance affordability and availability of medical professional liability insurance.

Authority Note: R203-01; amended R102-06; amended R207-08; reaffirmed R201-13; reaffirmed R101-18

233.05 Medical Malpractice - Opposition to Safe Harbor Defense in Medical Professional Liability

The LSMS is opposed to the use of safe harbor defenses, wherein guidelines are purported to be accepted as the standard of care, in matters pertaining to medical professional liability.

Authority Note: R112-13; reaffirmed R101-18

233.08 Medical Malpractice - Penalties for Frivolous Malpractice Suits

The LSMS supports the imposition of penalties applied to an individual plaintiff or an attorney and his or her client who files a medical malpractice action without merit against a physician licensed to practice medicine in Louisiana.

Authority Note: R34-86; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

233.09 Medical Malpractice - Contingency Fee System

The LSMS supports revision of the contingency fee system in medical professional liability suits so that a graduated scale of attorney fees, consistent with reforms passed in other states, be applied to any liability settlements or awards.

Authority Note: R31-86; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R103-A-13; reaffirmed R101-18

241.05 Children and Youth - Standards for Child Care Institutions

The LSMS supports a mandate for child care standards in all child care institutions and the immediate closure of those institutions found to be in violation of these standards.

Authority Note: R54-84; reaffirmed R101-03; and sub R101-08; reaffirmed R102-13; reaffirmed R101-18
241.07 Children and Youth - Standardization of Child Health Certificate

The LSMS supports the development of a standardized Child Health Certificate for children attending day care centers, elementary, middle or high schools and a process for updating the Certificate. All day care centers, elementary, middle or high schools be required to use the most recent standardized Child Health Certificate, and all previous versions be abandoned.

Authority Note: R207-03; reaffirmed sub R101-08; reaffirmed R102-13; reaffirmed R101-18

280.03 Tobacco - No Smoking in Public Places

The LSMS opposes smoking in public places or public meetings except in designated smoking areas. Smoking areas should not be designated in places prohibited by the fire marshal or by other law, ordinance or regulation and smoking be restricted in all Louisiana hospital and state office buildings, including the state Capitol.

Authority Note: R64-89; reaffirmed 1999 and R25-1984; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed R102-13; reaffirmed R101-18

290.01 Women’s Health - Elective Deliveries Prior to 39 Weeks

The LSMS supports the policy of ending elective non-medically indicated inductions and elective non-medically indicated C-sections prior to 39 weeks in physician practice and community settings.

Authority Note: R301-11; reaffirmed as amended R201-13; reaffirmed R101-18

RESOLUTION 103
Adopted as Amended

SUBJECT: LDH collaboration

INTRODUCED BY: Debbie Fletcher, MD

RESOLVED, LSMS collaborate with LDH and the rural health coalition to publicize loan repayment and rural health these programs.
RESOLUTION 104
Adopted as Amended

SUBJECT: Artificial Intelligence in Medicine

INTRODUCED BY: Richard Paddock, MD, President-Elect

RESOLVED, that artificial intelligence (AI) programs and AI-derived algorithms should not be or become the sole determinants of clinical decision-making; and be it further

RESOLVED, that healthcare entities should not receive reimbursement for medical decision-making performed by AI programs and AI-derived algorithms alone; and be it further

RESOLVED, that a physician should be required to endorse/sign-off/approve any reimbursable action taken by an AI program or AI-derived algorithm; and be it further

RESOLVED, that the LSMS seek and/or support legislation that prevents artificial intelligence (AI) programs and AI-derived algorithms from becoming the sole determinants of clinical decision-making; and prevents healthcare entities from being reimbursed paid for medical decision-making performed by AI programs and AI-derived algorithms alone; thus, requiring a physician to endorse/sign-off/approve of any clinical reimbursable action derived from or taken by an AI program or AI-derived algorithm.

RESOLVED, that the LSMS request that the AMA develop CME materials on “Artificial Intelligence in Medicine.”

RESOLUTION 105
Adopted as Amended

SUBJECT: Regulation of Artificial Intelligence and Increase in Evidence Based Research to Guide Related Emerging Technologies in Clinical Practice

INTRODUCED BY: Medical Student Section

RESOLVED, that our LSMS support physician oversight regarding the clinical uses of artificial intelligence and related technologies; and be it further

RESOLVED, that our LSMS develop review clinical use guidelines for artificial intelligence and related technologies; and be it further
RESOLVED, that our LSMS advocate for an increase in availability for educational programs and resources that strengthen familiarity with clinically relevant artificial intelligence applications and related technologies in state medical education institutions.

RESOLVED, that the Louisiana delegation to the AMA request the AMA to study the development of clinical use guidelines for artificial intelligence and related technologies.

RESOLUTION 106
Adopted as Amended

SUBJECT: Updating the Medical Affiliate Membership Category

INTRODUCED BY: Board of Governors

RESOLVED, that the Medical/Dental Affiliates membership category be expanded to include other allied health professionals licensed by the Louisiana Physical Therapy Board (LPTB), the Louisiana State Board of Examiners of Psychologists (LSBEP) and employees of vendors that primarily serve the Louisiana medical community, 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 Affiliate Membership

A. Qualifications

An medical/dental affiliate member

1. **Is a** 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. **Non-physician practitioners** Must be licensed by the Louisiana Board of Medical Examiners or any dentist licensed by the Louisiana State Board of Dentistry; or any physical therapist licensed by the Louisiana Physical Therapy Board; or any psychologist licensed by the Louisiana State Board of Psychologists; or employed on a full-time basis by a vendor that primarily serves the Louisiana Medical Community.

3. **Vendor employees need not** Be licensed to practice medicine in Louisiana.

B. Rights

An medical/dental affiliate member

1. Shall have access to the multiple employer welfare arrangement offered through the Louisiana State Medical Society.
A medical/dental **Affiliate Member**

1. If licensed, must remain in good standing with the LSBME or SLBD relevant licensing board 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 107
Adopted

SUBJECT: Amendment of LSMS Policy 213.16

INTRODUCED BY: F. Jeff White, MD

RESOLVED,

That Policy 213.16 of the Louisiana State Medical Society be amended as follows:

213.16 Physician Contracts & Payment - Physician Negotiating Units 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 **does not oppose** the affiliation of physician negotiating units with labor unions and of the negotiating units without **not** the right to strike, consistent with applicable law.

RESOLUTION 108
Tabled – not returned to

SUBJECT: Policy Statement on the Corporate Practice of Medicine

INTRODUCED BY: Jamie Kuo, MD

RESOLVED, That LSMS adopt the following policy statement on the Corporate
LSMS Policy Statement on the Corporate Practice of Medicine

LSMS strongly believes that the physician-patient relationship should be free of commercialization and undue influence by business interests. The corporate practice of medicine prohibition is intended to prevent unlicensed persons from interfering with or influencing the physician’s professional judgment. The decisions described below are examples of some of the types of behaviors and subtle controls that the corporate practice doctrine is intended to prevent. The following health care decisions should be made by a licensed physician and would constitute the unlicensed practice of medicine if performed by an unlicensed person:

• Determining what diagnostic tests are appropriate for a particular condition.
• Determining the need for referrals to, or consultation with, another physician/specialist.
• Responsibility for the ultimate overall care of the patient, including treatment options available to the patient.
• Determining how many patients a physician must see in a given period of time or how many hours a physician must work.

In addition, the following “business” or “management” decisions and activities, resulting in control over the physician’s practice of medicine, should be made by a licensed physician and not by an unlicensed person or entity:

• Ownership is an indicator of control of a patient’s medical records, including determining the contents thereof, and should be retained by a licensed physician.
• Selection, hiring/firing (as it relates to clinical competency or proficiency) of physicians, allied health staff and medical assistants.
• Setting the parameters under which the physician will enter into contractual relationships with third-party payers.
• Decisions regarding coding and billing procedures for patient care services.
• Approving of the selection of medical equipment and medical supplies for the medical practice.

The types of decisions and activities described above cannot be delegated to an unlicensed person, including (for example) management service organizations. While a physician may consult with unlicensed persons in making the “business” or “management” decisions described above, the physician must retain the ultimate responsibility for, or approval of, those decisions.

The following types of medical practice ownership and operating structures also are prohibited:

• Non-physicians owning or operating a business that offers patient evaluation, diagnosis, care, or treatment.
• Management service organizations arranging for or providing medical services rather than only providing administrative staff and services for a physician’s medical practice (non-physician exercising controls over a physician’s medical practice, even where physicians own and operate the business).
RESOLUTION 109  
Adopted as Amended  

SUBJECT: Eliminating Use of the Word “Provider” in All LSMS Communications  

INTRODUCED BY: Jamie Kuo, MD

RESOLVED. That LSMS, in its official publications, discussions, announcements, communications, and documents, etc., will work to eliminate the use of the word “provider” when referring to physicians and non-physician healthcare practitioners, instead referring to them more accurately by the educational degree(s) and titles that they obtained.

RESOLUTION 110  
Referred to Board of Governors for action and report back to House of Delegates  

SUBJECT: Adopt and publish a position statement on the use of the term “provider”  

INTRODUCED BY: Jamie Kuo, MD

RESOLVED, the LSMS will adopt a position statement on the use of the term provider including guidelines and suggestions for term usage.

RESOLVED, the adopted position statement will be published under “LSMS Position Statements” on the official public-facing website and in the next issue of the Journal of the LSMS.

RESOLUTION 111  
Adopted as Amended  

SUBJECT: Mentor-Mentee Programs for First-Year Medical Students  

INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS collaborates supports current programs of with Louisiana medical schools to create a of mentorship programs to enhance the training of Louisiana medical students.

RESOLVED, that our LSMS annually solicit its members to establish and publicize a list of mentors for medical students.
RESOLUTION 112
Adopted as Amended

SUBJECT: Medical Student Apportionment of Delegates

INTRODUCED BY: Board of Governors

RESOLVED, that Article XII, Section A.11 of the LSMS Bylaws be amended to decrease adjust the number of medical student delegates to the House of Delegates so that representation is aligned with membership, and be it further

RESOLVED, that the bylaws changes read as follows:

11. A total of sixteen Five delegates from the Medical Student Section, as designated by the Medical Student Section; with one delegate representing each of the approved medical schools as delineated in Article IX (Membership Sections), Section 7 and one additional delegate for each 100 medical student members of the LSMS, or fraction thereof.

RESOLUTION 113
Failed to Pass

SUBJECT: AMA Delegation of the LSMS

INTRODUCED: Medical Student Section

RESOLVED, the LSMS Bylaws article XVI titled “AMA Delegation” Section B. “Selection” be amended by addition as follows:

ARTICLE XVI:AMA Delegation
B. Selection
Members of the AMA Delegation shall be elected in the same manner as specified for the election of officers in Article V Subsection B of these bylaws, except that if more than one vacancy is to be filled, those nominees in a number equal to the vacancies receiving the greatest number of votes would be elected.

One of the Alternate Delegate positions on the AMA Delegation shall be filled by the current LSMS President, and one of the Alternate Delegate positions on the AMA Delegation shall be filled by a member of the Medical Student Section as nominated by the section.
RESOLUTION 114
Adopted

SUBJECT: To commend Louisiana State Medical Society Medical Student Section for their attention and contribution to the future of medicine in the State of Louisiana

INTRODUCED BY: Jamie Kuo, MD

RESOLVED, that the Louisiana State Medical Society does hereby commend the Medical Student Section for their efforts to create the health care system they will inherit and for their tenacity at the annual House of Delegates.

RESOLUTION 115
Adopted

SUBJECT: Changing Important Dates Relative to the House of Delegates

INTRODUCED BY: Board of Governors

RESOLVED, that the resolution deadline be moved up from 45 to 75 days prior to the meeting of the House of Delegates, and be it further

RESOLVED, that Article XII, Section H(2) of the LSMS Bylaws be amended as follows to facilitate this change. To be considered as regular business, resolutions must be presented in writing to the Speaker of the House of Delegates not later than 75 45 days before the opening session of a meeting of the House of Delegates. Resolutions presented later than 75 45 days before the opening session of a meeting of the House will be considered as new business only if:

a. Presented by the President of the Society;
b. Presented by the Board of Governors;
c. Decreed to be of an emergency nature by a committee composed of the President, the Speaker of the House, and the Vice Speaker of the House; or
d. Accepted by a two-thirds vote of the House of Delegates, provided that, before any such resolution shall come before the House of Delegates for action toward acceptance as a late resolution, the resolution must have been presented to the Committee on Rules and Order of Business for their consideration and recommendation.

Only the resolved portion of a resolution becomes official policy of the Society if the resolution is adopted; and be it further
RESOLVED, that the apportionment date for calculating delegate representation be moved from 75 to 180 days prior to the opening date of the House of Delegates, and be it further

RESOLVED, that Article XIX, Section E of the LSMS Bylaws be amended as follows. 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 seventy-five (75) one hundred eighty (180) days prior to the opening session of a meeting of the House of Delegates.

*   *   *   *

RESOLUTION 116
Withdrawn

SUBJECT: Modernization of the House of Delegates #1

INTRODUCED BY: Board of Governors

RESOLVED, that all resolutions and/or actions of the LSMS House of Delegates, Board of Governors, Officers, District Councilors, Sections, Councils, and Committees, that facilitate a Bylaws change will become the business of the LSMS Charter and Bylaws Committee, and be it further

RESOLVED, that the Charter and Bylaws Committee will present draft bylaw changes to the House of Delegates via a consent calendar, requiring two-thirds vote by the House for approval, and be it further

RESOLVED, that any recommendation from the Charter and Bylaws Committee may be extracted from the consent calendar by a delegate to the House of Delegates for debate and an up or down vote but the language from the committee may not be amended, and be it further

RESOLVED, any extracted bylaw change will require a two-thirds vote to reject, and the rejected language will be returned to the Charter and Bylaws Committee, who may reintroduce the proposed changes, with or without, additional edits at a subsequent meeting of the House of Delegates, and be it further

RESOLVED, that Article X, Section C “Committees of the Louisiana State Medical Society” of the Bylaws be amended as follows to facilitate these changes.

1. Members
The Committee on Charter and Bylaws shall be composed of six seven members, who must be delegates to the House of Delegates. The members of the committee are appointed elected by the
House of Delegates 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 elected appointed for a term of three two years, staggered so that approximately one half of the committee is elected each year. A member may serve a maximum of four terms, 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 approved by the Board of Governors, of the President.

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. The President designates the chair of the committee.

4. Meetings
The committee shall meet at the call of the chair. Four 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 submit draft bylaw changes to the House of Delegates for approval in the form of a consent calendar.
f. 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.

g. To review the bylaws of Chartered Parish Societies as to compliance with the Charter, Bylaws, or other adopted rules of the LSMS, and be it further

RESOLVED, that Article XXX of the LSMS Bylaws “Amendments” be amended as follows:

These Bylaws may be amended by the LSMS Charter and Bylaws Committee upon approval of two-thirds of the members of the House of Delegates present and voting.

RESOLUTION 117
Adopted

SUBJECT: Modernization of the House of Delegates

INTRODUCED BY: Board of Governors

RESOLVED, that beginning in 2024, the House of Delegates shall function as a smaller break out session(s) within a larger annual meeting of the society, and be it further

RESOLVED, that the annual meeting will host the House of Delegates in addition to other events such as educational seminars, speakers of interest, panel discussions, section meetings, etc., and be it further

RESOLVED, that a registration fee will be collected to attend the Annual Meeting of the LSMS but not for delegates who choose only to attend the House of Delegates section(s) of the meeting. However, individual tickets to social functions may be purchased outside of annual meeting registration fees, by delegates and other guests, and be it further

RESOLVED, that the LSMS President create an ad hoc committee who shall work in tandem with staff to develop the budget, cost, content, schedule, etc. for the 2024 annual meeting.

RESOLUTION 118
Adopted as Amended

SUBJECT: Non-Compete Covenants

INTRODUCED BY: Board of Governors
RESOLVED, that LSMS policy 213.18 be sunset, and that LSMS convene an ad hoc committee comprised of independent physicians, employed physicians, and medical group managers to better shape our policy regarding non-compete covenants with a report back to the House of Delegates at the 2024 meeting, and be it further

RESOLVED, that the LSMS adopt interim policy generally opposing unreasonable non-compete and restrictive covenants in physician contracts, and be it further

RESOLVED, that for the 2024 legislative session, the Council on Legislation is given the authority to individually review any legislation specific to these non-compete and restrictive covenant contract clauses and make a determination on each instrument until such time that a final decision has been rendered by the FTC, and our House has received a final report from our ad hoc committee at the 2024 annual HOD, and be it further

RESOLVED, that LSMS takes no proactive action will file no legislative instrument regarding non-compete covenants until such time that a final decision on these covenants has been rendered by the FTC, and our House has received a final report from our ad hoc committee at the 2024 annual HOD.

RESOLUTION 201
Withdrawn

SUBJECT: Physician Health Foundation requirement

INTRODUCED BY: Marc Pittman, MD

RESOLVED, that the Louisiana State Medical Society should seek and/or support legislation which requires investigators and the chairperson for the Physicians' Health Foundation of Louisiana to have never had an impairment issue.

RESOLUTION 202
Substitute Adopted

SUBJECT: Nurse practitioner contracts

INTRODUCED BY: Marc Pittman, MD

RESOLVED, that in the interest of improving patient care and increasing access to health care, that the Louisiana State Medical Society should seek and/or support legislation which requires nurse practitioners to be solely contracted with the physician or physician group which provides their medical oversight and their compensation.
RESOLVED, that our LSMS reaffirm current policy numbers 250.01 and 250.05.

RESOLUTION 203
Withdrawn

SUBJECT: Removing Barriers to Patient Care through Limitation of Health Benefit Plan Prior Authorization Processes

INTRODUCED BY: Jefferson Parish Medical Society
Orleans Parish Medical Society

RESOLVED, that LSMS seek and/or support legislation similar to Texas’ Gold Card Legislation (based on HB 3459) as part of its legislative strategy for 2024 and beyond which addresses the following aspects of prior authorization:

- Encourages review of medical services and prescription drugs requiring prior authorization on at least an annual basis with the input of physicians and clinicians with whom the payor contracts for care;
- Supports continuity of care for medical services and prescription medications for patients on appropriate, chronic, stable therapy through minimizing repetitive prior authorization requirements;
- Requires health benefit plan issuers to “gold card” certain physicians from prior authorization (i.e., create an automatic approval or exemption, on a physician-by-physician basis, that waives prior authorization requirements if that physician is approved for a specific procedure/service the vast majority – e.g., 80% - of the time);
- Requires the Louisiana Insurance Commissioner to audit health plan compliance with statutory prior authorization timelines for approvals and denials.
- Requires payors to reduce or eliminate denials once patient care has been approved;
- Prohibits prior authorization for health care services that are state-mandated benefits;
- Heightens enforcement and penalties when a health benefit plan issue or its agent (1) knowingly violates the prudent layperson standard for emergency care; (2) deters enrollees from seeking care consistent with the prudent layperson standard for emergency care; or (3) engages in a pattern of wrongful denials of claims for emergency care, including a pattern of wrongful denials of claims for emergency care, including denials related to application of the prudent layperson standard;
- Requires health benefit plan issuers and benefit managers that require prior authorizations to have staff available to process approvals 24 hours a day, 365 days per year, including holidays and weekends.; and be it further
RESOLVED, that LSMS provide an annual report to the House of Delegates and to the LSMS membership of the progress made each legislative session to remove barriers associated with prior authorization processes imposed by health benefit plans.

RESOLUTION 204
Adopted

SUBJECT: Prioritizing Legislation for Medicaid Physician Reimbursement Reform

INTRODUCED BY: Medical Student Section

RESOLVED, The LSMS supports Louisiana State Medicaid Physician Payment Reform, viewing it as a legislative priority that requires urgent intervention and advocacy; and further be it

RESOLVED, The LSMS supports the annual review of state Medicaid policy to ensure that physician reimbursement rates remain competitive, thereby securing access to high-quality care for our state’s most vulnerable patients.

RESOLUTION 205
Adopted

SUBJECT: Dedicated On-Site Physician Requirement for Emergency Departments

INTRODUCED BY: Jamie Kuo, MD

RESOLVED that LSMS, in order to promote truth and transparency in the services available to patients seeking emergency medical care, pursue the enactment of legislation or regulation requiring that all facilities in the state of Louisiana that bear the designation of Emergency Department, ED, Emergency Room, ER, or other title, facility logo or design implying provision of emergency medical care must have the real-time, on-site presence of, and supervision of non-physician practitioners by, a licensed physician with training and experience in emergency medical care, preferably a board-eligible/board-certified residency trained Emergency physician, 24 hours a day, 7 days a week whose primary duty is dedicated to patients who seek emergency medical care in that specific ED, whether it serves the general population or a special population. Physician collaboration with a non-physician practitioner will not fulfill this requirement, and further be it

RESOLVED, that LSMS advocate for similar legislation or regulation, promoting truth and transparency for patients in regard to availability and scope of emergency medical services at all
health care facilities and seeking appropriate designations, at a Federal level with the American Medical Association.

RESOLUTION 206
Adopted as Amended

SUBJECT: Expanding expedited partner therapy to include treatment for trichomoniasis

INTRODUCED: Medical Student Section

RESOLVED, that the LSMS seek and/or support legislation that expands request that the Louisiana Department of Health expand expedited partner therapy to include treatment for Trichomoniasis.

RESOLUTION 207
Adopted as Amended

SUBJECT: State Ban of Five Direct Food Additives
INTRODUCED BY: Medical Student Section

RESOLVED, that the Louisiana State Medical Society seek and/or support legislation communicate with the FDA to consider banning that bans the manufacture, sale, delivery, distribution, hold, or offer for sale, in commerce of a food product for human consumption that contains any of the following substances: (1) Red dye 3, (2) Titanium dioxide, (3) Brominated vegetable oil, (4) Potassium bromate, and, (5) Propylparaben.

RESOLUTION 208
Referred to Board of Governors for Action

SUBJECT: Limit the Corporate Practice of Medicine

INTRODUCED BY: Jamie Kuo, MD

RESOLVED, LSMS will support any law or rule introduced or mandated in the legislature that will limit or ban current or future Corporate Practice of Medicine.
RESOLUTION 209
Adopted

SUBJECT: Maternity Care Deserts

INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS seek and/or support legislation for the expansion of community-based models of perinatal care in rural areas of Louisiana to reduce the number of maternity care deserts.

RESOLUTION 301
Adopted

SUBJECT: Physician Education Regarding Firearm Safety & Storage for Patients

INTRODUCED BY: Orleans Parish Medical Society & Jefferson Parish Medical Society

RESOLVED, that LSMS evaluate existing educational resources on firearm safety and storage and develop new and/or promote existing continuing medical education for physicians to assist them in their education of patients about effective firearm safety and storage strategies to reduce injuries, homicides and suicides.

RESOLUTION 302
Adopted

SUBJECT: Importance of Medicaid Funding for Counseling for Children Injured by Firearms or Who Witness Firearm Injury and/or Death

INTRODUCED BY: Orleans Parish Medical Society

RESOLVED, that LSMS encourage the Louisiana Department of Health to include financial resources in the annual Medicaid budget for mental health counseling for children who are injured by firearms or who have witnessed firearm injury or death within six months.

RESOLUTION 303
Referred to Board of Governors

SUBJECT: Rural Physicians

INTRODUCED BY: Debbie Fletcher, MD
RESOLVED, LSMS will establish a rural physician coalition to specifically address rural issues.

RESOLUTION 304
Adopted

SUBJECT: Naloxone Training for Medical Students

INTRODUCED BY: Medical Student Section

RESOLVED, that the LSMS supports formal training on the use and access of naloxone for all medical students in Louisiana.

RESOLUTION 305
Adopted

SUBJECT: Mental Health Access for Women of Reproductive Age

INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS supports continued mental health management throughout pregnancy and postpartum, and be it further

RESOLVED, the LSMS acknowledge and affirm the provider's ability to manage care for pregnant women, including the prescription of psychiatric medication when indicated if they are operating within their licensure and scope of practice, and be it further

RESOLVED, the LSMS supports the redesign of perinatal and interconception care to integrate management of mental health disorders with screening and ensuring access to appropriate medication during pregnancy.

RESOLUTION 306
Failed to Pass - Was Not Moved

SUBJECT: Improving Cultural Sensitivity in the Emergency Department

INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS supports multifactorial solutions that address cultural, socioeconomic, and geographical contexts for reducing preventable Emergency Department visits; and further be it
RESOLVED, the LSMS supports the adoption of health information technology patient engagement (HIT-PE) functionality in all Louisiana care centers; and be it further

RESOLVED, the LSMS seek and/or support legislation that decreases racial disparities in unnecessary ED utilizations through individual, community, and state-wide perspectives.

RESOLUTION 307
Referred to Board of Governors

SUBJECT: Improving LGBTQ+ Healthcare for At-Risk Youth in Louisiana

INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS acknowledges that improved mental health outcomes are linked to gender affirming care; and be it further

RESOLVED, the LSMS supports the use of evidence-based, gender affirming care when performed under the direction of physicians who are trained to manage the unique medical needs of at-risk LGBTQ+ patients.

RESOLUTION 401
Adopted

SUBJECT: Support for Free and Charitable Clinics in Louisiana

INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS encourages research and development for Free and Charitable Clinics across the state; and be it further

RESOLVED, the LSMS work with Congress to qualify Louisiana-based free community clinics for funding benefits.

RESOLUTION 402
Adopted as Amended

SUBJECT: Inclusion of Transparent Parenthood/Parental Leave Policy for Louisiana Medical Schools

INTRODUCED BY: Medical Student Section
RESOLVED, that the LSMS encourage Louisiana medical schools and graduate medical programs to create comprehensive, informative resources that promote a supportive culture for students and residents who are parents, including providing information and policies on parental leave and relevant make-up work, options to preserve fertility, breastfeeding, accommodations during pregnancy, and resources for childcare that span the institution and the surrounding area; and be it further

RESOLVED, that the LSMS encourage Louisiana medical schools and graduate medical education programs to give students a minimum of 6 weeks of parental leave without academic or disciplinary penalties that would delay anticipated graduation based on time of matriculation; and be it further

RESOLVED, that the LSMS encourage Louisiana medical schools and graduate medical education programs to formulate, and make readily available plans for each year of schooling such that parental or sick leave may be flexibly incorporated into the curriculum; and be it further

RESOLVED, that the LSMS advocate for Louisiana medical schools and graduate medical education programs to make resources and policies regarding family leave and parenthood transparent and openly accessible to prospective and current students.

RESOLUTION L1
Adopted as Amended

SUBJECT: LSBME Disciplinary Actions

INTRODUCED BY: Rod Clark, MD

RESOLVED, the LSMS adopts the policy that, except in the case of a summary suspension, or LSBME mandated restrictions, necessary to protect patients from imminent harm, no adverse action should be taken against the privileges of a physician by a hospital, managed care organization or insurer based on an action taken by the Louisiana State Board of Medical Examiners.

RESOLVED, the LSMS work with Louisiana Department of Health to remove automatic suspension and/or expulsion policies from the credentialing committees of member hospitals in cases where a credentialed physician has action taken on his/her license; except in the case in which LSBME action has deemed a physician impaired and/or the actions of said physician would represent a danger to patients, staff, or other physicians.
Report of the Budget and Finance Committee
James Christopher, MD, Chair of the Budget and Finance Committee presented the report of the Committee and the proposed 2023 budget on August 5, 2023. He reviewed the Committee’s 3 recommendations. Following discussion, the proposed budget for 2023 of $1,516,500 in projected revenues and $1,511,835 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 2023 LSMS House of Delegates:

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<tr>
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<td>Luis Alvarado, MD</td>
<td>Federico DePuy, MD</td>
<td>Omar Leonards, MD</td>
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<td>Daniel Ashley</td>
<td>Ken Ehrhardt, MD</td>
<td>William Long, MD</td>
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<td>Susan Bankston, MD</td>
<td>Michael Ellis, MD</td>
<td>J. Erick Bicknell, MD</td>
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<td>Donnie Batie, MD</td>
<td>K. Barton Farris, MD</td>
<td>Robert McCord, MD</td>
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<td>James Bennett, MD</td>
<td>Lindsey Fauveau, MD</td>
<td>Patrick McCrossen, MD</td>
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<td>Matthew Bernard, MD</td>
<td>Debbie Fletcher, MD</td>
<td>Harold Miller, MD</td>
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<td>Cathi Fontenot, MD</td>
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<td>Destin Black, MD</td>
<td>Nicole Freehill, MD</td>
<td>Celeste Newby, MD</td>
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<td>Eileen Black, MD</td>
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<td>R. Reece Newsome, MD</td>
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<td>Deiadra Garrett, MD</td>
<td>John Noble, MD</td>
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<td>Jonathan Boraski, MD</td>
<td>Stewart Gordon, MD</td>
<td>Christina Notarianni, MD</td>
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<td>Karl Hanson, MD</td>
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<td>Maria Haupt</td>
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<td>Jeremy Henderson, MD</td>
<td>Carol Patin, MD</td>
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<td>Julie Broussard, MD</td>
<td>Donald Higgins, MD</td>
<td>Paul Perkowski, MD</td>
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<td>John Bruchhaus, MD</td>
<td>Ashley Ingolia, MD, FACP</td>
<td>Marc Pittman, MD</td>
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<td>Ashlynn Calk</td>
<td>Gwenn Jackson, MD</td>
<td>Donald Posner, MD</td>
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<td>Brant Casford, MD</td>
<td>Trenton James, MD</td>
<td>Smita Prasad, MD</td>
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<td>James Christopher, MD</td>
<td>Daniel Johnson, MD</td>
<td>Gabriella Pridjian, MD</td>
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<td>Robert Chugden, MD</td>
<td>Emily Jones</td>
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<td>Kali Kingsley</td>
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<td>Tina Benoit Clark, MD</td>
<td>Myra Kleinpeter, MD</td>
<td>Michael Roppolo, MD</td>
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<td>Vincent Culotta, Jr., MD</td>
<td>Laila Koduri</td>
<td>Philip Rozeman, MD</td>
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<td>Hunter Currie</td>
<td>Jamie Kuo, MD</td>
<td>Clay Runfalo, MD</td>
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Gyanendra Sharma, MD
Audrey Shawley
Roger Smith, MD
Lyle Stephenson, MD
Jim Taylor, MD
Lance Templeton, MD
Madison Thorton
T. Steen Trawick, MD
Nathaniel Untch
Allen Vander, MD
John VanHoose, MD
Nic Viviano, MD
Michael Wheelis, MD
F. Jeff White, MD
Randall White, MD
Ashley White, MD
Katherine Williams, MD
Paige Wilson