WHEREAS, the Louisiana State Board of Medical Examiners relies upon the Physicians' Health Foundation of Louisiana for investigation and recommendations in regard to Physician impairment, and...

WHEREAS, investigation of physician impairment needs to be exclusively objective, and...

WHEREAS, many Physicians involved in Addiction Medicine have had personal problems with addiction and drug abuse, and...

WHEREAS, that can create a conflict of interest and subjective prejudice for an investigation, such as if a law enforcement agent had been convicted of a felony and is allowed to investigate a crime, THEREFORE, BE IT...

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

SUBJECT: Nurse practitioner contracts

INTRODUCED BY: Marc Pittman, MD

WHEREAS, the Louisiana State legislator recognizes that Physicians and nurses are not equal through the establishment of separate boards, and...

WHEREAS, nurse practitioners are being employed by non-physician entities who profit through providing a lower standard of care and by creating a base for self referral, and...

WHEREAS, nurse practitioners are often practicing with no physician oversight, which puts patients at risk, therefore be it

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.
RESOLUTION 204

Subject: Prioritizing Legislation for Medicaid Physician Reimbursement Reform

Introduced by: Medical Student Section

WHEREAS, decreased funding for Medicaid directly threatens an estimated 1,948,068 million Louisianans who risk losing access to critical services or complete and total loss of access to all medical care; and

WHEREAS, 63 out of 64 Louisiana (LA) Parishes are designated Primary Care Health Professional Shortage Areas where utilization of Medicaid is the primary means to access medical care; and

WHEREAS, Due to LA state-directed Medicaid funding cuts, Louisiana hospital systems and clinics are under more pressure to be financially productive, exacerbating the number of providers and safety net clinics opting out of Medicaid plans, which may soon include major hospital systems and clinics, some potentially that fall within the state’s own Ochsner/LSU Health system; and

WHEREAS, The National Bureau of Economic Research (NBER) reports that children with special healthcare needs are 15% less likely to lack access to life saving care if Medicaid rates are increased to 90% of Medicare reimbursements; and

WHEREAS, NBER also reports closing the gap between reimbursement rates of Medicaid and private insurers is estimated to reduce more than two thirds of the disparities among adults and completely eliminate pediatric disparities in terms of access to care; and

WHEREAS, Research has documented that low quality of care is associated with low provider Medicaid participation rates and may exacerbate access to care problems; and

WHEREAS, The Kaiser Commission on Medicaid and the Uninsured found that among PCP’s who limit their participation in Medicaid, low payment, high administrative burden, and patients with complex clinical backgrounds requiring higher reimbursement rates to make provision of care tenable, were all cited as reasons for opting out; and

WHEREAS, State governments directly control third-party Medicaid reimbursement rates and physician eligibility; which in Louisiana, governance is dictated by the Louisiana Department of Insurance and Department of Health, the latter of which is well acquainted with the growing disparities and damaging impacts of defunding Medicaid in LA parishes, making legislative reform possible; and
WHEREAS, Current LSMS Medicaid Policy 150.01 states that the LSMS ensures Louisiana Medicaid programs provide robust quality of and access to care with reasonable physician compensation but does not address the evolving instability of the LA State Medicaid program and its growing need for active reform; and

WHEREAS, The number of physicians who do not accept Louisiana Medicaid programs continues to trend upwardly, suggesting a need for stronger intervention from the LSMS so that patient care is not hindered by the state payment system, therefore be it

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.

References:


**RELEVANT LSMS POLICY**

150.01 Medicaid - Medicaid Policy

The LSMS supports a Medicaid program which achieves the following:

1. Provides access to quality and robust care to Medicaid recipients.

2. Ensures there are viable and effective mechanisms to provide health insurance coverage to low-income individuals and the disabled.

3. Provides reasonable and timely payments to physicians providing Medicaid services.

4. Supports Medicaid payment parity with Medicare for primary care services.

5. Relies on funding sources which are dedicated and stable thereby allowing the program to remain fiscally sound and sustainable even in times where the state of Louisiana is facing budget deficits.

6. Supports state efforts to expand their Medicaid programs, including increased flexibility through the waiver process and/or block grants.

7. Empowers Medicaid recipients to own their own healthcare and make decisions about their healthcare needs by utilizing co-payments and deductibles which are commensurate with reimbursement allowed under federal and state law.

8. Supports allowing states the option to provide private sector coverage to their non-disabled and non elderly Medicaid beneficiaries, such as refundable and advanceable premium tax credits that can be used to purchase coverage with little to no cost-sharing.

9. Is privatized based on the principles contained in the LSMS Access to Better Care plan (ABC Plan) which calls for the following choices for patients; traditional insurance plans, managed care plans (HMO, PPO, etc) benefit payment schedule plans, and purchasing pools to enable individuals to achieve group rate premiums.

10. Does not discriminate against any physician specialty.

11. Provides incentives such as small business tax breaks, limited malpractice caps, or other non-reimbursement incentives for physicians who accept Medicaid patients.

12. Provides complete financial transparency so that it can easily be determined if taxpayer dollars are being used in a manner which maximizes access to quality and robust care.
Authority Note: R107-13, reaffirmed as amended R204-17; reaffirmed R101-22
RESOLUTION 205

SUBJECT: Dedicated On-Site Physician Requirement for Emergency Departments

INTRODUCED BY: Jamie Kuo, MD

WHEREAS, Emergency departments are the safety net of America.

WHEREAS, patients seeking emergency medical care should seek care at facilities prepared to offer evaluation and medical diagnosis of undifferentiated acute symptoms, recognition and stabilization of emergency conditions, appropriate emergency treatment when available and/or transfer to a higher level of care for emergency conditions when appropriate, and

WHEREAS, facility designations using the term “emergency” within their title may be assumed by laypersons or medical professionals to imply the ability to offer the above emergency duties and services, and

WHEREAS, in the state of Louisiana physicians are the only health professionals authorized to practice medicine without limitation, and

WHEREAS, non-physician practitioner collaboration with a physician, may imply a lower degree of physician involvement in the care of the patient than physician supervision, inasmuch as, collaboration may imply mere consultation of the physician only when deemed necessary by the non-physician practitioner which is inadequate in the setting of acute medical care because non-physician practitioners have not been trained in the great breadth of medicine, as have physicians, and cannot consistently recognize all acute emergency situations in which immediate physician care is required, and

WHEREAS, every patient presenting to a facility in Louisiana which holds itself out as a place where patients can seek emergency medical care should be under the direct real-time care of a licensed physician including the on-site and real-time supervision of non-physician practitioners,

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

Subject: Expanding expedited partner therapy to include treatment for trichomoniasis

Introduced by: Medical Student Section

WHEREAS, it is estimated over 3.7 million Americans and 248 million individuals worldwide are affected with Trichomoniasis per year\(^1\); and

WHEREAS, Trichomoniasis infection increases the risk of human immunodeficiency virus (HIV) acquisition, cervical cancer, preterm birth, and other adverse pregnancy outcomes in women \(^2\); and

WHEREAS, the American College of Obstetricians and Gynecologists recommends screening and partner treatment to prevent reinfection of trichomoniasis\(^3\); and

WHEREAS, the State of Louisiana currently provides expedited partner therapy for the treatment of gonorrhea and chlamydia only\(^4\); and

WHEREAS, the states of New York, Maryland, Nebraska, Michigan, New Mexico, Minnesota, Ohio, and the District of Columbia already include trichomoniasis in their expedited partner therapy legislation\(^5\); thereby be it

RESOLVED, that the LSMS seek and/or support legislation that expands expedited partner therapy to include treatment for Trichomoniasis.


\(^3\) https://www.acog.org/womens-health/faqs/vaginitis

\(^4\) http://legis.la.gov/legis/Law.aspx?d=964300

\(^5\) https://dchealth.dc.gov/page/expedited-partner-therapy

\(^6\) https://codes.ohio.gov/ohio-revised-code/section-4730.432

\(^7\) https://www.health.state.mn.us/diseases/STDs/stds/hcp/propguide.html

\(^8\) https://www.cdc.gov/std/eps/legal/nebraska.htm

\(^9\) https://www.michiganpa.org/page/FAQExpeditedPartnerTherapyEPT

\(^10\) https://nebraskalegislature.gov/laws/statutes.php?statute=71-503.02

\(^11\) https://www.health.ny.gov/diseases/communicable/std/eps/

\(^12\) https://health.maryland.gov/regs/Pages/10-06-07-Sexually-Transmitted-Infections-%E2%80%94-Expedited-Partner-Therapy-for-Chlamydia,-Gonorrhea,-and-Trichomoniasis-(PREVENTI.aspx
RESOLUTION 207

SUBJECT: State Ban of Five Direct Food Additives

INTRODUCED BY: Medical Student Section

WHEREAS, Disclosed information regarding the use of colorings, flavorings, and chemicals added directly to consumer food during processing establishes detrimental health effects with increased susceptibility in the pediatric population; and

WHEREAS, The American Academy of Pediatrics has persistently advocated for “urgent reforms” to the US Food and Drug Administration regulatory process’ current criteria for its use of the “generally recognized as safe” label to ensure the safety of direct and indirect food additives, and

WHEREAS, Strong health data shows adverse effects on child health, some states, including New York and California, have banned the following five direct food additives: red dye 3, titanium dioxide, brominated vegetable oil, potassium bromate, and propylparaben, and

WHEREAS, Red dye No. 3 is the most widely studied food coloring additive and has been identified as a carcinogen and shown adverse neurobehavioral outcomes including hyperactivity in children in previous animal studies, and

WHEREAS, Titanium dioxide nanoparticles (nano-TiO2) have been shown in animal models to have negative effects on the reproductive system, hormone synthesis disorders and dysfunction in organs such as the spleen, liver, pancreas, and gastrointestinal system, and

WHEREAS, the European Food and Safety Authority determined in March 2020 that titanium dioxide: E171 is no longer safe as a food additive, and

WHEREAS, Brominated vegetable oil (BVO) accumulates in heart, liver, and fatty tissue leading to additional toxic effects including thyroid gland hyperplasia, reproductive and neurodevelopmental impairment, and increased risk of breast cancer, and

WHEREAS, Brominated vegetable oil is banned as a food additive in Europe under Regulation (EC) No 1333/2008 and has been banned in Japan since 2010, and

WHEREAS, Potassium bromate has been demonstrated to cause oxidative stress, cytotoxicity, genotoxicity, mutagenicity, carcinogenicity and biochemical toxicity in animal models, and

WHEREAS, The United Kingdom, Canada, Argentina, Nigeria, China, Sri Lanka, and Korea have
banned the use of potassium bromate as a food additive;\textsuperscript{14,13} and

WHEREAS, Paraben have suggested to be estrogenic endocrine disruptors in experimental data demonstrating with diminished ovarian reserve\textsuperscript{15}, and therefore be it

RESOLVED, that the Louisiana State Medical Society seek and/or support legislation 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

References:


RESOLUTION 208

SUBJECT: Limit the Corporate Practice of Medicine

INTRODUCED BY: Jamie Kuo, MD

WHEREAS, A significant number of the nation’s hospitals, emergency departments, same-day surgery centers including anesthesiologists, psychiatric inpatient facilities, outpatient clinics, etcetera, are increasingly controlled by staffing companies with private equity backing or ownership,

WHEREAS, private equity ownership in healthcare is associated with increased healthcare costs and decreased quality of care.

WHEREAS, private equity should be restricted from influence the practice of medicine

WHEREAS, The Corporate Practice of Medicine (CPOM) doctrine exists in many states as a legal doctrine to keep the business interest out of the physician-patient relationship; and

WHEREAS, The CPOM doctrine has as its main purpose the protection of patients and the avoidance of the commercialization of the practice of medicine; and be it

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

Subject: Maternity Care Deserts

Introduced by: Medical Student Section

WHEREAS, maternal mortality has been an ongoing issue of concern in Louisiana and it is pertinent pregnant mothers receive both accessible and continuous, high-quality care during the duration of their pregnancy; and

WHEREAS, geographic availability and barriers to care perpetuate the existence of maternity care deserts, defined as “counties with no hospitals offering obstetric care and no OB/GYN or certified nurse midwife providers”, with maternity services being spares in rural communities; and

WHEREAS, delays initiating prenatal care and increased travel distance for pregnant patients to hospitals lead to poor health outcomes for the women and infants; and

WHEREAS, the crisis of maternal mortality has been exacerbated by the closure of rural hospitals, eliminating key access points for obstetric care, and hindering hospitals from improving maternal and neonatal outcomes; and

WHEREAS, risk of pregnancy-associated mortality up until the first-year postpartum is significantly increased amongst women who reside in a maternity care desert when compared to women with better access, and racial differences only magnify this matter with black mothers in particular being the most vulnerable; and

WHEREAS, the introduction of community-based care models such as child birthing centers (CBCs) and addressing workforce challenges can create a potential avenue to ameliorate this public health issue by reducing the need for cesarean deliveries, increasing support during labor, improving the Apgar score of infants, and ultimately raising patient satisfaction. Therefore be it

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.

References:


**RELEVANT LSMS POLICY**

240.06 Public Health Maternal Disparities