RESOLUTION 301

SUBJECT: Physician Education Regarding Firearm Safety & Storage for Patients

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

WHEREAS, the CDC reported in 2021 1,314 deaths in Louisiana due to firearms which is 29.1/1,000 population;

WHEREAS, almost 3,000 people in Louisiana are wounded by guns each year; and

WHEREAS, Louisiana has the third highest rate of gun violence in the U.S.; and

WHEREAS, according to everystat.org, in Louisiana, the rate of gun deaths increased 39% from 2011 to 2020, compared to a 33% increase nationwide; the rate of gun suicides increased 4% and gun homicides increased 81% compared to a 12% increase and 70% increase nationwide, respectively; and

WHEREAS, physicians see the human and health system cost of firearm violence every day; and

WHEREAS, physicians see the toll of firearm violence on the physical, emotional, behavioral health, and emotional health of their patients and families;

WHEREAS, physicians are in a unique position to have trusting relationships with their patients and their families; and

WHEREAS, educational intervention when shared by a trusted professional has shown to be effective; and

WHEREAS, there are many existing resources focused on the physician’s role in patient firearm safety to diminish both suicides and homicides which include patient education materials and strategies, including the American Medical Association, Bullet Points Project, Lock to Live, Fire Arm Life Plan, the American Academy of Pediatricians, The Educational Fund to Stop Gun Violence, and Scrubs Addressing Firearm Epidemic (SAFE), be it therefore

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

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

WHEREAS, the CDC reported in 2021 1,314 deaths in Louisiana due to firearms which is 29.1/1,000 population;

WHEREAS, almost 3,000 people in Louisiana are wounded by guns each year; and

WHEREAS, Louisiana has the third highest rate of gun violence in the U.S.; and

WHEREAS, a study published in *Pediatrics* found that only 37% of children on Medicaid received mental health services within six months of experiencing a firearm injury (adding that children were more likely to seek mental health services after a firearm injury if they previously received mental health care), and

WHEREAS, this study’s findings were based on over 2,600 kids ages 5 to 17; and

WHEREAS, black children were less likely to have any mental health follow-up than white children; and

WHEREAS, witnessing gun violence can lead to adverse effect on the mental health and well-being of children. According to the Kaiser Family Foundation, this exposure may lead to post-traumatic stress disorder and anxiety, in addition to other mental health concerns. Survivors or witnesses to firearm violence are at greater risk of mental health conditions and substance use disorders, therefore be it

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

SUBJECT: Rural Physicians

INTRODUCED BY: Debbie Fletcher, MD

WHEREAS, Louisiana has a shortage of rural physicians,

RESOLVED, LSMS will establish a rural physician coalition to specifically address rural issues
RESOLUTION 304

Subject: Naloxone Training for Medical Students

Introduced by: Medical Student Section

WHEREAS, the use of prescription opioids has often been a treatment for chronic pain, but there has been a significant increase in opioid prescription rates, and the repeated use of opioids can cause changes in the chemical and mechanical functions of the brain, causing addiction and symptoms of withdrawal upon ceasing use\textsuperscript{1,2}; and

WHEREAS, the U.S Centers for Disease Control and Prevention (CDC) declared overdoses from prescription painkillers an “epidemic” in 2011\textsuperscript{1}; and

WHEREAS, the state of Louisiana has seen an increasing number of opioid overdose-related deaths over the last decade\textsuperscript{1,3}; and

WHEREAS, the increasing need for naloxone, the primary treatment of opioid overdose, is apparent to be able to reverse an overdose at the appropriate time\textsuperscript{4}; and

WHEREAS, Naloxone is available over the counter, and formal naloxone training is proven to reduce harm due to opioids\textsuperscript{5,6}; and

WHEREAS, medical students and providers play a key role in educating the general public, and peer-to-peer distribution is effective for naloxone education\textsuperscript{6,7}; therefore be it

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

References:


RELEVANT LSMS POLICY

240.03 Public Health – Opioid Epidemic
The LSMS recognizes that the opioid use epidemic is a nationwide public health crisis.

Authority Note: R301-21

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

Authority Note: R304-93; reaffirmed R101-03; reaffirmed sub R101-08; reaffirmed as amended R101-15; reaffirmed as amended R403-17; reaffirmed R101-22
RESOLUTION 305

Subject: Mental Health Access for Women of Reproductive Age

Introduced by: Medical Student Section

WHEREAS, according to the World Health Organization, 1 in 5 pregnant women worldwide have a pre-existing mental health diagnosis and up to 20% of women will experience new mood or anxiety disorders during pregnancy \(^1,2\); and

WHEREAS, women who did not continue their psychiatric medication during pregnancy were six times as likely to experience relapses in mental illness \(^3\); and

WHEREAS, 1 in 7 women experience perinatal depression with the prevalence of depression being as high as 7.4% in the first trimester of pregnancy, 12-12.8% in the second and third trimesters, and even higher in the first year postpartum \(^4-5\); and

WHEREAS, approximately 20-25% of women suffer with anxiety during the perinatal period, with 10-20% experiencing depressive episodes as a result since the risk of depression is increased in pregnant women with anxiety\(^6\); and

WHEREAS, the effects of anxiety and depression on pregnancy are deleterious and include but are not limited to, fetal growth restriction, low birth weight, preterm birth, and postnatal cognitive complications\(^7\); and

WHEREAS, the population of women of childbearing age in Louisiana is estimated to be 922,449\(^8\); and

WHEREAS, additionally, while pregnant women in urban parishes may utilize the Louisiana Mental Health Perinatal Partnership (LAMHPP) to access mental health consultations, few resources exist for pregnant women with schizophrenia and depression in rural areas \(^9-10\); and

WHEREAS, improvements in perinatal and postpartum counseling is needed. During pregnancy, psychotropic medications are either discontinued or reduced for the following reasons: 1) risk of fetal maldevelopment, 2) lack of sufficient data or conflicting information about certain medications, 3) poorly understood safety literature and 4) failure to diagnose mental health diagnoses \(^12-15\); and

WHEREAS, some mental health medications have the potential to cause adverse effects for the fetus, pharmacologic interventions may be safely implemented with strict and continual clinical surveillance, as some agents are permitted during pregnancy \(^15,16\); and
WHEREAS, the current American College of Obstetricians & Gynaecology (ACOG) encourages the continued management and prescription of mental health diagnoses and pregnant women are not excluded from this guideline\textsuperscript{17}; therefore be it

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 inter conception care to integrate management of mental health disorders with screening and ensuring access to appropriate medication during pregnancy.

References

WHEREAS, emergency Department utilization in America is costly. An estimated 13-27% of ED visits in the USA could be managed in physician offices, clinics, and urgent care centers, saving $4.4 billion annually.¹

WHEREAS, Medicaid beneficiaries are more likely to use the ED as their primary form of health care ²; and

WHEREAS, current research on improving healthcare access for minorities exists because non-white patients have higher rates of preventable ED visits than their white counterparts, which provided the evidence base for study; ²-⁴ Given the racially and ethnically diverse population in the state of Louisiana, it is crucial that our ED reflect pertinent racial and cultural context; ⁵ and

WHEREAS, solutions to prevent unnecessary ED visits have been explored by following frequent or recurrent patient visits to the ED and research has shown that in order to be effective, community intervention programs must be sensitive to numerous socioeconomic issues, including cost of and access to primary care.¹⁰, and

WHEREAS, research also suggests that there is a cultural component of Black and Hispanic populations in particular, preferring ED visits over primary care visits due a perceived better experience with ED care, limited insurance and network coverage, and lack of a primary care provider when compared to their white counterparts,⁶,¹⁰ and

WHEREAS, on a community level, expanding access to primary care and preventative services has been touted as a player in reducing healthcare disparities in ED visits; studies have shown that the expansion of primary care access produced a significant reduction in ED utilization amongst high ED users, even amongst those who are uninsured ⁷, and

WHEREAS, in Louisiana specifically, Baton Rouge has successfully reduced ED visits through MedLine Baton Rouge, a free 24/7 triage hotline operated by local nurses to answer medical questions and route individuals to appropriate sources of care. The city’s collaboration with the Louisiana Dental Association Mission of Mercy has also been regularly hosting free dental care days that have decreased dental pain presentations in the Emergency Department. It is
controversial whether primary care clinics specifically targeting ‘high-volume’ ED visitors have worked;\textsuperscript{1,7,8} and

**WHEREAS**, states that had undergone Medicaid expansions under the Affordable Care Act (ACA) were shown to have improved access to care for non-Hispanic Black and White nonelderly adults by reducing preventable ED visits by 13.5%, demonstrating a correlation between insurance coverage, preventable hospitalizations, and emergency department visits,\textsuperscript{2} and

**WHEREAS**, the implementation of intensive case management programs that make use of registered nurses and social workers can be used to assist patients by providing them with socioeconomic support through social services and public health programs, like medication education sessions, and

**WHEREAS**, the utilization of case management demonstrated a significant reduction in ED visits amongst African American patients and an accompanied reduction of hospitalization costs.

**WHEREAS**, case management not only reduces ED utilization, but it has also been shown to increase primary care follow-up visits,\textsuperscript{9} and

**WHEREAS**, other solutions for reducing health disparities include hospital-wide adoption of health information technology patient engagement (HIT-PE) functionality that improves patient-physician access to medical records from other organizations and scheduling appointments online,\textsuperscript{3} similar programs have been started in Louisiana such as the creation of the Health Information Exchange by the Mayor’s Healthy City Initiative in Baton Rouge, LA for this reason, but remain under utilized in our state, and

**WHEREAS**, while patient portal access exists in almost every healthcare organization in Louisiana, the ability for patients to share this information between facilities and organizations remained extremely segmented, timely, and disjointed. When patients have the ability to manage their health and care options, as such with the use of HIT-PE, preventable emergency department visits are reduced, therefore be it

**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.

**References**


RESOLUTION 307

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

Introduced by: Medical Student Section

WHEREAS, the American Medical Association currently opposes government intrusion into the practice of medicine, many states have prohibited physicians from providing medically necessary treatment for gender dysphoria to young patients; and

WHEREAS, 40% of respondents in the trans community have attempted suicide, compared to 4.6% in the US population overall; and

WHEREAS, 1.4% of the US population ages 13-17 have gender dysphoria, 1.3% of Louisiana’s youth population ages 13 - 17 have gender dysphoria; and

WHEREAS, transgender adolescents ages [14 - 18] have higher odds of suicidal ideation and attempt compared to their cisgender peers; and

WHEREAS, transgender youth have seriously considered suicide in the past year with 13% having attempted suicide; and

WHEREAS, 71% of LGBTQ youth living in Louisiana report anxiety; and

WHEREAS, gender affirming care for youth involves counseling and medications. Improved body satisfaction and self-esteem following the receipt of gender-affirming care is protective against poorer mental health; and

WHEREAS, suicidal ideation amongst those receiving hormonal treatment was found to be 14.6% less than those not receiving hormonal treatment; and

WHEREAS, youth ages 13 -20 receiving puberty blockers and gender affirming hormones had 60% less odds of moderate to severe depression and 73% lower odds of suicidality at a 12 month followup; and

WHEREAS, 9% of transgender Americans turn to nonprescription hormones from an unregulated “grey market” upon denial of treatment increases the risk of adverse outcomes; therefore be it

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.

References: