The following items have been approved as official business of the 2023 House of Delegates

### 100s – General Business

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RESOLUTION 101

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.
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

SUBJECT: Reaffirming Policies

INTRODUCED BY: Steen Trawick, MD, Speaker
              Reeces 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
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

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.

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

\section*{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.

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

\section*{120.06 Health Insurance - Pre-Admission Certification}

The LSMS opposes the concept of pre-admission certification.

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

\section*{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.

\textit{Authority Note: R206-03; reaffirmed sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18}

\section*{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.

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

\section*{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.

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

### 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: R408-01; reaffirmed R102-06; reaffirmed R101-11; reaffirmed R101-16; reaffirmed R103-21*

### 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 by 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.

Authority Note: R8-85; reaffirmed R101-95; reaffirmed R101-03 and sub R101-08; reaffirmed as amended R103-B-13; reaffirmed R101-18

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
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

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

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

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

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

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

SUBJECT: LDH collaboration

INTRODUCED BY: Debbie Fletcher, MD

1 RESOLVED, LSMS collaborate with LDH to publicize these programs
RESOLUTION 104

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 for medical decision-making performed by AI programs and AI-derived algorithms alone; thus, requiring a physician to endorse/sign-off/approve of any reimbursable action taken by an AI program or AI-derived algorithm.

Speakers Note: the first three resolve statements will create a new LSMS policy. Resolve statement #4 creates a directive for action.
RESOLUTION 105

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

Introduced by: Medical Student Section

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

2 RESOLVED, that our LSMS develop clinical use guidelines for artificial intelligence and related technologies; and be it further

3 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.
RESOLUTION 106

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

A. Qualifications

A medical/dental affiliate member

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

2. Must be licensed by the licensed by the Louisiana Board of Medical Examiners or any dentist licensed by the Louisiana State Board of Dentistry or licensed by the Louisiana Physical Therapy Board or 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. Need not be licensed to practice medicine in Louisiana.
RESOLUTION 107

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 nor the right to strike, consistent with applicable law.
RESOLUTION 108

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 Practice of Medicine based on the California Medical Board:

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

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

INTRODUCED BY: Jamie Kuo, MD

1 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 physician and non-physician healthcare practitioners, instead referring to them more accurately by the educational degree(s) and titles that they obtained.
RESOLUTION 110

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

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

Introduced by: Medical Student Section

RESOLVED, the LSMS collaborates with Louisiana medical schools to create a mentorship program to enhance the training of Louisiana medical students.
RESOLUTION 112

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 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.**

Speaker Note: the five (5) medical schools delineated in Article IV, Section 7 of the LSMS Bylaws includes: LSU New Orleans, Tulane, Ochsner Queensland, LSU Shreveport and the Edward Via College of Osteopathic Medicine in Monroe.
RESOLUTION 113

Subject: AMA Delegation of the LSMS

Introduced by: 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

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

1 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

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

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 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

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

SUBJECT: Non-Compete Covenants

INTRODUCED BY: Board of Governors

1 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

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

3 RESOLVED, that for the 2024 legislative session, the Council on Legislation is given the authority to individually review any legislation specific to these 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

4 RESOLVED, that LSMS takes no proactive action 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.

Speaker Note: LSMS Policy 213.18: the LSMS opposes non-compete and restrictive covenants in employer contracts for physicians and supports efforts to prohibit enforceability of existing physician non-compete agreements in Louisiana.
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RESOLUTION 201

SUBJECT: Physician Health Foundation requirement

INTRODUCED BY: Marc Pittman, MD

1 RESOLVED, that the Louisiana State Medical Society should seek and/or support legislation which
2 requires investigators and the chairperson for the Physicians' Health Foundation of Louisiana to have
3 never had an impairment issue.
RESOLUTION 202

SUBJECT: Nurse practitioner contracts

INTRODUCED BY: Marc Pittman, MD

1 RESOLVED, that in the interest of improving patient care and increasing access to health care, that the
2 Louisiana State Medical Society should seek and/or support legislation which requires nurse practitioners
3 to be solely contracted with the physician or physician group which provides their medical oversight and
4 their compensation.
RESOLUTION 204

SUBJECT: Prioritizing Legislation for Medicaid Physician Reimbursement Reform

INTRODUCED BY: Medical Student Section

1 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
2 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

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

SUBJECT: Expanding expedited partner therapy to include treatment for trichomoniasis

INTRODUCED: Medical Student Section

1 RESOLVED, that the LSMS seek and/or support legislation that expands expedited partner therapy to include treatment for Trichomoniasis.
RESOLUTION 207

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 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.
LOUISIANA STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

RESOLUTION 208

SUBJECT: Limit the Corporate Practice of Medicine

INTRODUCED BY: Jamie Kuo, MD

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

SUBJECT: Maternity Care Deserts

INTRODUCED BY: Medical Student Section

1 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.
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RESOLUTION 301

SUBJECT: Physician Education Regarding Firearm Safety & Storage for Patients

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

1 RESOLVED, that LSMS evaluate existing educational resources on firearm safety and storage
2 and develop new and/or promote existing continuing medical education for physicians to assist
3 them in their education of patients about effective firearm safety and storage strategies to reduce
4 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

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

1 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

1 RESOLVED, that the LSMS supports formal training on the use and access of naloxone for all medical students in Louisiana.
RESOLUTION 305

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

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

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

INTRODUCED BY: Medical Student Section

1 RESOLVED, the LSMS acknowledges that improved mental health outcomes are linked to gender affirming care; and be it further
2 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.
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RESOLUTION 401

SUBJECT: Support for Free and Charitable Clinics in Louisiana

INTRODUCED BY: Medical Student Section

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

2 RESOLVED, the LSMS work with Congress to qualify Louisiana-based free community clinics for funding benefits.
RESOLUTION 402

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 to create comprehensive, informative resources that promote a supportive culture for students 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 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 to formulate, and make readily available plans for each year of schooling such that parental leave may be flexibly incorporated into the curriculum; and be it further

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