

PROCEEDINGS OF THE HOUSE OF DELEGATES

134th ANNUAL MEETING

January 30-31, 2015

Call to Order

Gregory Sossaman, MD, Speaker of the House called the opening session of the Annual Meeting to order at 2:00PM on Friday, January 30, 2015 in the Riverview Ballroom of the Hilton Capitol Center Hotel in Baton Rouge, Louisiana. Father Paul Counce, a priest associated with St. Joseph Cathedral in Baton Rouge, offered the invocation

Recognition of Deceased LSMS Members

Dr. Sossaman referred the Delegates to the list which was distributed that included the names of LSMS members deceased since the 2014 Annual Meeting. Those passing over the past year were:

William Mims Allums, MD; Stanley D. Bleich, MD; Donald Bradburn, MD; Edward G. Burleigh, Jr., MD; Don Burt, MD; Richard Calhoun, MD; David Carlton, MD; John Chidlow, MD; James R. Corcoran, MD; James John Corrigan, Jr., MD; Everett L. Drewes, MD; Adolphus W. Dunn, MD; David W. Euans, MD; James J. Fournet, MD; Jack Boyd Golson, MD; Stuart L. Haas, MD; Harold Harvey Harms, MD; R. Kelly Hill, Jr., MD; Jack Jackson, MD; Laxman S. Kewalramani, MD; Lazard Klinger, MD; Stephen Kuplesky, MD; Richard M. Landry, MD; Frederick A. Marx, MD; Rifat Nawas, MD; Le T. Nesbitt, Jr., MD; James C. Odom, MD; Venedict Osetinsky, MD; John B. Parmley, MD; Joseph M. Perret, Jr., MD; Morris Phillips, MD; Ran L. Phillips, MD; Madura J. Rangaraj, MD; Frank A. Riddick, Jr., MD; Harvey B. Rifkin, MD; Clarence Roberts, MD; Joseph A. Sabatier, Jr., MD; Daniel Scullin, MD; William E. Smith, MD; Warren Stassi, MD; Ruth Vingiello, MD; James W. Wilson, Jr., MD.

Recognition of New Delegates

Dr. Perkowski requested all new delegates stand and be recognized. He welcomed the new delegates to the annual meeting.

Remarks of the Speaker

Gregory Sossaman, MD, Speaker of the House began his remarks by welcoming all participants and thanking them for making the trip to Baton Rouge. He explained how the order of business would vary during this meeting. As a result of a resolution submitted last year, a special session of the House of Delegates to discuss the membership crisis would be conducted during this meeting. Dr. Sossaman stated several items of regular business would occur such as the invocation, pledge of allegiance, adoption of the proceedings of the 2014, and adoption of the actions of the Board of Governors. Any delegate has the right to extract any item from either the proceedings of the HOD or BOG to be debated. If anything was extracted from those proceedings, debate on those items only would occur immediately. If nothing was extracted, the honorary resolutions for Community Service and the LSMS Hall of Fame would follow. After the presentations were made, debate would halt and the open forum on membership would then begin. Dr. Sossaman noted that the membership discussion would continue at the will of the House. He also stated that any delegates submitting resolutions which might arise as a result of the membership discussion would be automatically accepted as late resolutions and recommended for business by the Committee on Rules and Order of Business on Saturday.

He reminded the delegates regarding the process by which resolutions are numbered and categorized. He reiterated the Speakers make only minor editorial changes to the resolve segment of resolutions to clarify their structure prior to publication and mailing to the House. He emphasized most are grammatical or procedural in nature and do not reflect any change to the intent of the resolution. He noted any portion of a

resolve can be amended during debate. Because the *whereas* portions of resolutions are dropped once resolves are adopted, each resolve should always be in a form which can stand alone after adoption.

Dr. Sossaman noted there would be a new procedure for handling of amendments this year in an effort to both streamline the process and make it easier for the delegates to follow. Amendments can be written on the amendment sheets which are on each table. All amendments should be taken to the back of the room where staff will type them up and give the author of the amendment a specific number for his or her amendment. When the author wishes to introduce an amendment, he will say so and provide the number of the amendment which will then be brought up on the screens.

Additionally, instead of multiple microphones, the Speakers are trying to use only two indicating pro and con. Delegates should stand at the appropriate microphone if they wish to support or oppose a resolution or a particular amendment.

The procedure for elections for offices elected by the House of Delegates will be outlined by the Committee on Rules and Order of Business. The Speakers have prepared election sheets for all elected offices and previously announced candidates for each office as a slate of candidates which will be presented to the House. As each position comes up for election, the Speakers will indicate the announced candidate(s) and call for any additional nominations from the floor. Elections for offices with more than one nominated candidate will be as follows: the ballot box will be in the back of the meeting room and after nominations are closed, staff will prepare ballots for distribution. Voting will take place for two hours.

Dr. Sossaman also noted the Committee on Charter and Bylaws had already provided recommendations on resolutions that if passed, will require bylaws changes. If any of those resolutions are adopted, a report will be presented confirming the revised bylaws changes have been approved by the Committee.

Dr. Sossaman stated Districts which conducted elections in 2014 for the Board of Governors and Council on Legislation are asked to notify the Speakers of the results of those elections. The Speakers will announce the election results to the House of Delegates at the conclusion of the elections voted on by the House.

Report of the Credentials Committee

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

Report of the Committee on Rules and Order of Business—NOT DONE

Dr. Anthony Blalock, Chair, presented the report of the Committee on Rules and Order of Business which met earlier that day. The Committee recommended the following rules for use by the 2015 House of Delegates:

1. Limitation of Debate: The tradition of previous meetings regarding limitation of debate be as follows: Each speaker addressing an item brought to the floor for a vote is limited to three minutes of debate. Each delegate may return to the floor for one minute for the purpose of rebuttal or to summarize his/her position.

2. Late Resolutions: The Committee reported the following late resolutions met the criteria for being duly considered by the House: L-3, *Medicaid Coverage in Louisiana*, L-4, *Two Year Pilot Study of Alternative Membership Models*, L-5, *Medicaid Access to Care*. NOTE: Following the membership discussion of Friday afternoon, the Committee also agreed the following late resolutions L-6, Strengthen LA GME and Physician Workforce, and L-7, *New Membership Model*.
3. Elections Procedures for a Single-Day Meeting: Elections for vacant offices and positions during a single-day meeting will be held and conducted in accordance with governing provisions of the Charter and Bylaws of the Louisiana State Medical Society, and the Procedures of the House of Delegates. The date and hour for nominations and elections are as designated on the official agenda of the annual meeting.

The ballot box will be declared open by the Speaker at a time consistent with the official agenda and will remain open for two hours. If no candidate receives a majority of the ballots cast, then a run-off will be held. The ballot box for a run-off will be opened at a time designated by the Speaker and will remain open for a time designated by the Speaker.

4. Procedure for Presentation of Proposed Bylaws and Charter Changes During a Single-Day Meeting: Presentation of proposed bylaws and charter changes during a single-day meeting will be conducted in accordance with the governing provisions of the Charter and Bylaws of the LSMS and the Procedures of the House of Delegates and as outlined by the Speaker earlier in the day. Some resolutions have proposed bylaws language changes included in the resolves. Those resolves will require a two-thirds vote in order to be adopted. The Speaker has indicated he will remind the House whenever resolutions affecting the bylaws will be considered.

The Bylaws may be amended on approval of two-thirds of the members of the House of Delegates present and voting.

All proposed amendments to the Charter and Bylaws will be referred to the Committee on Charter and Bylaws for review and perfection of language to implement the actions of the House of Delegates.

During a single-day meeting, the Committee on Charter and Bylaws will present its report on proposed bylaws amendments to the House of Delegates by privileged motion entitled to immediate consideration.

The Society may amend any article of the Charter by a two-thirds vote of the voting members registered at any annual meeting provided that such amendments have been presented at the previous meeting of the House of Delegates and subject to the requirements of Article IX of the Charter.

Proposed amendments to the Charter will be referred to the Committee on Charter and Bylaws but the report of the Committee containing the proposed amendments shall be sent officially to each member, district society and parish society at least two months before the meeting at which final action is to be taken.

5. Procedure for filling a Vacant Delegate or Alternate Delegate Position: The filling of all vacancies in the position of delegate or alternate delegate will be conducted in accordance with governing provisions of the Charter and Bylaws of the LSMS and the Procedures of the House of Delegates.

A member of the House of Delegates must be a member of the Louisiana State Medical Society, including fulfillment of the procedure outlined in Article III, Section B of the Bylaws:

B. Method of Selection—A member of a component society becomes a member of the Louisiana State Medical Society when

1. The Secretary of the component society has certified to the Secretary-Treasurer of the Louisiana State Medical Society that the applicant is indeed a member of the component society;
2. The application has been approved by the Board of Governors; and
3. Applicable dues have been received by the Secretary-Treasurer of the Louisiana State Medical Society.

A member must fill a delegate or alternate delegation positions apportioned consistent with their category of membership in the Louisiana State Medical Society.

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

Approval of the Proceedings of the 2014 House of Delegates

The Proceedings of the Annual Meeting of the 2014 House of Delegates were approved as published in the Delegates handbook.

Approval of the Actions of the Board of Governors during 2014

The actions taken by the Board of Governors during 2014 were approved as published in the Delegates handbook.

Elections

The following members were elected to serve for 2015-2016:

Board of Governors

President-Elect	Luis Alvarado, MD
Vice President	James Christopher, MD
Speaker, House of Delegates	Paul Perkowski, MD
Vice Speaker, House of Delegates	T. Steen Trawick, MD
Secretary- Treasurer	Richard Paddock, MD
Chairman, Council on Legislation	Robert Bass, MD
Second District Councilor	Robert McCord, MD
Fourth District Councilor	Frederick J. White, III, MD
Sixth District Councilor	Susan Bankston, MD
Eighth District Councilor	Lance Templeton, MD
Tenth District Councilor	Katherine Williams, MD
Resident Member	Courtney James, MD
Young Physician Member	Lawrence Simon, MD
Medical Student Member	Savan Shah
Senior Physician Member	Harold Ishler, MD

Alternate Second District Councilor	Robert Chugden , MD
Alternate Fourth District Councilor	Richard Michael, MD
Alternate Sixth District Councilor	David Fargason, MD
Eighth District Councilor	Vacant
Alternate Eighth District Councilor	Vacant
Tenth District Councilor	Katherine Williams, MD
Alternate Tenth District Councilor	Vacant (due to Dr. Christopher being elected VP)
Alternate Medical Student Member	James Hollier
Alternate Resident Member	Richard Robertson, MD
Alternate Young Physician Member	Jeremy Henderson, MD
Alternate Senior Physician Member	Trenton L. James, II, MD

AMA Delegation

Term—(January 1, 2015-December 31, 2016)

Delegates

Dolleen Licciardi, MD
Floyd Buras, Jr., MD

Alternate Delegates

Geoffrey Garrett, MD

Alternate Delegate Member-in-Training (January 1, 2015-December 31, 2015)

Jacob Quinton

Council on Legislation (Term 2 years)

Second District Councilor	David Broussard, MD
Second District Alternate	Dan Gallagher, MD
Fourth District Councilor	T. Steen Trawick, MD
Fourth District Alternate	Richard Michael, MD
Sixth District Councilor	Michael Hannemann, MD
Sixth District Alternate	Everett Bonner, MD
Eighth District Councilor	Sam Bledsoe, MD
Eighth District Alternate	Vacant

Council on Legislation (Term 1 year)

Young Physician Member	Zeke Wetzel, MD
Alternate Young Physician	Gary Agena, MD
Resident/Fellow Member	Kristin Lynch, MD
Alternate Resident/Fellow	Patrick Torres, MD
Medical Student Member	Jacob Quinton
Alternate Medical Student	Hans Bindner
LSMS Alliance Member	Rose Kuplesky
LSMS Alliance Alternate	

Report of the Budget and Finance Committee

T. Steen Trawick, MD, Chair of the Budget and Finance Committee presented the report of the Committee and the proposed 2015 budget on January 30, 2015. He reviewed the Committee's recommendations and answered questions. Following discussion, the proposed budget for 2015 of \$1, 581,000 in projected revenues and \$1,577,434 in projected expenses was adopted by the House and the accompanying recommendations in the Report of the Budget and Finance Committee. The approved budget is attached to these proceedings.

Approval of Bylaws Amendments 2015

The following Bylaws changes reflect resolutions adopted during the Houses of Delegates for 2015. New language is underlined and language deleted contains strike through marks.

RESOLUTION 106—Adopted as amended 1/30/15

SUBJECT: Minimum Criteria for Maintaining a Charter as a Component Medical Society of the LSMS

RESOLVED, that Article XXI of the bylaws of the Louisiana State Medical Society is hereby amended as follows:

ARTICLE XXI Component Societies

The Louisiana State Medical Society may charter parish medical societies as component units of the Louisiana State Medical Society.

A. Definition

* * *

B. Members

* * *

C. Organization

A Component Society shall adopt its own bylaws and other rules, which must be in accordance with the Charter, bylaws, and other rules of the Louisiana State Medical Society.

The bylaws and other rules of a Component Society are subject to review by the Louisiana State Medical Society. **Upon request of the LSMS Board of Governors, a component society shall submit a copy of its bylaws to the LSMS Charter and Bylaws Committee and updated copies shall be submitted if and when any amendments to those bylaws are adopted.**

A component society shall forward its proposed meeting dates for the upcoming year to the LSMS for inclusion into the LSMS meeting calendar no later than five days after the first

meeting of the new membership year. Additionally, any changes should be communicated to the LSMS.

The LSMS may request a copy of the component society's financial statements for review to determine whether membership dues are being collected and managed in accordance with the LSMS Charter, Bylaws, and policies. The LSMS may also request a copy of the current membership roster of the component society and meeting minutes; and vice versa, the component society may also request a copy of the current membership roster and meeting minutes of the LSMS.

A Component Society shall be bound by any resolutions or other actions of the House of Delegates.

A Component Society may be incorporated.

D. Charter

The Board of Governors may, on request, issue a charter to any group of 10 or more physicians organized according to this Article. **There shall be only one component society chartered within the geographic confines of a Parish.**

The charter of a Component Society shall remain in perpetuity unless revoked.

The charter of a Component Society **shall** be revoked for cause by the Board of Governors, after notice and hearings **before the LSMS Board of Governors. Cause shall include, but not be limited to, failure of a component medical society which collects dues to hold a minimum of two general membership meetings per year.**

Upon a determination by the LSMS Board of Governors that sufficient facts exist to determine that a component medical society may otherwise be subject to revocation of their charter for cause, the LSMS Board of Governors shall provide the component medical society a definite time, not to exceed one hundred eighty days, to correct the deficiency prior to initiating any hearing to determine whether the charter should be revoked.

In the event a component medical society charter is revoked by the LSMS for any reason, the members of that former component medical society shall be allowed to join another component medical society within the same LSMS district as their former component medical society.

E. Delegates to the House of Delegates of the LSMS

RESOLUTION 117 – Adopted 1/30/15

SUBJECT: Changing Renewal Date of Members to their Anniversary Date

RESOLVED, that our LSMS switch its renewal process from a “calendar year” renewal (everyone renews on Jan 1), to an “anniversary” renewal (everyone renews on their anniversary date of joining.)

ARTICLE XXIV Finances

A. Dues

2. Method of Payment – Annual dues renewal statements shall be sent to each member no less than two months prior to the annual due date. ~~Dues are due on January 1 and delinquent on March 1.~~

4. ~~Proration of dues—Active and academic members accepted into the Louisiana State Medical Society after the beginning of the calendar year shall pay dues on a prorated basis for the remainder of the year in which they were accepted. This proration shall be made quarterly.~~

Resolutions

The House considered resolutions accepted for regular business for the meeting. Resolutions acted on by the House are included as a part of these proceedings.

House of Delegates Special Awards

Hall of Fame—James White, III, MD of Alexandria and Patrick C. Breaux, MD of New Orleans.

LSMS Physician Award for Community Service—Juan Gershanik,, MD of New Orleans and Gazi Zibari, MD of Shreveport.

50-Year Physicians Recognition for Graduation Years of 1965

LSMS members were recognized by the House of Delegates with a standing ovation in honor of marking the 50th anniversary of receiving their medical degrees. Those physicians of the **Class of 1965** were:

Leona Bersadsky, MD; John H. Chidlow, MD; Stephen A. Cohen, MD; Ted Z. Collins, MD; John M. Daly, MD; Norman L. Davidson, MD; David A. Debessonet, MD; William J. Dimattia, MD; O’Neil J. Engeron, MD; Louis J. Escalada, MD; Edward E. Etheredge, MD; John Joseph Finn, Jr., MD; Reed A. Fontenot, Jr., MD; Lawrence R. Futrell, MD; Austin Gleason, III, MD; Richard H. Gold, MD; Stephen Goldware, MD; Forrest Dean Griffen, MD; Robert Charles Griffith, MD; James G. Hair, MD; Robert Haley, MD; Donald L. Hall, MD; Charles R. Hand, MD; Carolyn S. Hebert, MD; Leo Placide Hebert, Jr., MD; Sylvia Heidingsfelder, MD; Michel Y. Hirsch, MD; John E. Hull, MD; Frank M. Ingrish, MD; Thomas Irwin, Jr., MD; Alan Norman Jacobs, MD; Chandrakant M. Joshi, MD; Terry Dean King, MD; Juan Labadie, MD; Paul Lansing, II, MD; Louis Leggio, MD; Jimmy L. Mains, MD; David V. Maraist, MD; Ricardo Martinez, MD; Edna McLeod, MD; Lawrence James McManus, MD; Mary E. McWilliams, MD; John W. Melton, III, MD; Pedro Mora, MD; Harold R. Neitzschman, Jr., MD; James L. Nelson, MD; Andre Keath Perron, MD; William Pusateri, MD; Frederick G. Rodosta, MD; George Rucker, MD; William Rutherford, MD; Phillip Rye, MD; Paul J. Sabille, MD; Jerry R. Smith, MD; Patrick A. Sonnier, MD; John E. Sorrells, Jr., MD; Harold M. Stokes, MD; Alfredo Suaeaz, MD; Vithavas Tangpricha, MD; Janos I. Voros, MD; Roland S. Waguespack, Jr., MD; David J. Werner, MD; Margaret T. Wheat-Carter, MD; and Rodric Yeager, MD.

Installation of the President

The Presidential Oath of Office was administered to President-Elect Dolleen M. Licciardi, MD by Roberto E. Quintal, MD, President. Dr. Quintal presented the Presidential Medallion and President's Lapel Pin to Dr. Licciardi. Concluding the installation ceremonies Dr. Quintal presented the gavel to Dr. Licciardi symbolizing the transfer of the Presidency. Dr. Licciardi cited outlined her goals for the coming year in her address to members and guests. (A copy of the President's inaugural address is appended to these proceedings.)

Recognition of the Past President

Dr. Licciardi presented the President's Certificate of Appreciation to Dr. Quintal in recognition of his service as President of the LSMS during the 201-2015 Association Year.

Recognition of the Immediate Past President

Dr. Quintal was to have presented presented Immediate Past President Vincent J. Culotta, Jr., MD with a gift to thank him for his years on the Board. Unfortunately, Dr. Culotta was unable to attend the meeting. Arrangements will be made to get the gift to Dr. Culotta.

Adjournment

At approximately 12:30PM on Saturday, January 31, 2015 and with no additional business to consider, Dr. Sossaman gavelled the 2015 Annual Meeting of the House of Delegates closed and officially adjourned.

Inaugural Address 2015—Dolleen M. Licciardi, MD

I would like to thank all of you for being here tonight and for your vote of confidence in electing me your Louisiana State Medical Society president for 2015.

Ii would like to *especially* thank my "families"...who are here tonight... for their love and support through the years:

My sister Sharleen King and her husband, Dr. Maurice King Jr – a radiation oncologist at Mary Bird Perkins in Baton Rouge.

My nephews, Dr. Ryan King...who is pursuing a master's degree at Harvard, and Dr. Maurice King III who is unable to be here tonight since he is doing an internal medicine residency in Shreveport and is on call...

My niece Meghan, who has a master's degree in math education from Columbia University and is a teacher at Mount Carmel Academy in New Orleans.

My youngest nephew, Josh, who is completing a degree in Chemical Engineering at Tulane and has accepted a managerial position with COKE Industries, he is accompanied by his wife Leah, who is a nurse with Ochsner in New Orleans.

Obviously, I am very proud of my family!

I also have my office family here ... My partner, Dr. Thomas Babin who has been *very cooperative* covering for when I take off to do my organized medicine activities...*even when I have last minute schedule changes*. And my staff – *truly, they are the ones who keep the office running smoothly*.

Last but not least ... my Jefferson Parish Medical Society family who are here to celebrate with me tonight.

My journey to the LSMS presidency was not accomplished by my efforts alone. Many people ... and God's intervention ... have been instrumental to getting me where I am today.

I would like to thank Dr. Larry Braud and the Physician's Foundation for the opportunity to attend Deepak Chopra's "Soul of Leadership" seminar, which reaffirmed my belief that God gives us each talents and presents us with opportunities to use them.

I was very fortunate to be blessed with parents who recognized the importance of education and encouraged me to seek my professional calling of becoming a physician. Ironically, my mother tried repeatedly...and I mean repeatedly, to convince her adolescent daughter to be a leader despite her daughter's vehement resistance years ago....*and look at me now!*

I am confident that my parents are looking down from heaven tonight with pride... and *I am certain* my mama is telling me, "I told you so!" ... just goes to show that you should always listen to your mama.

I would like to share with you my story about how I first became an active member of the LSMS.

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Although I paid my dues for years, I didn't become involved until one of those “opportunities” presented itself.

I was extremely frustrated one day when I was refused a referral for care for my patient that I felt was needed. When I hung up with the insurance company I happened to notice a letter on my desk from JPMS calling for resolutions to the LSMS House of Delegates. I contacted them immediately.

Charlene Baudier, Bart Farris and other active JPMS members encouraged me to attend the LSMS HOD which was in Shreveport that year.

It was a great educational experience, but more importantly I realized that I wasn't alone in my concerns ... and *that together ... physicians could affect real changes for the betterment of **all** Louisiana physicians and their patients.*

That *was the moment when I became a true believer in organized medicine....**Together...**, we are stronger.*

In recent years, I have heard many physicians question the Rel –La vancy of organized medicine. This is clearly an existing attitude shared by many physicians as illustrated by decreasing membership rolls across the nation, as well as in our own state and parish societies.

My own involvement has enlightened me to the important role that organized medicine can play in health care ...

*I propose to you that **if ever** there was a necessity for organized medicine - **it is now!***

Every year, physicians are hit with a barrage of new reimbursement requirements,

quality measures,

treatment protocols,

EMR standards, and numerous other mandates ...*only resulting in less time...to do what we went to medical school to do... to spend time caring for our patients.*

This never-ending cycle of increased administrative tasks does IREP-PRA-BULL damage to the patient-physician relationship.

In addition to regulatory changes, the profession as a whole is changing.

Our society will need to adapt to meet the needs of employed physicians *while still protecting* the rights of private practice physicians. *Both groups will need information vital to the success of their practices.*

Employed physicians will need help with contracting issues and private practice physicians will need help understanding how to navigate the onset of ACO's and other clinically integrated systems.

Everything from physician roles to reimbursement to patient care **will be impacted**... *and we will need to provide our members clear, relevant and timely information* to support them.

Another notable step in my journey occurred after the devastation of Hurricane Katrina in 2005. As circumstance would have it, I became president of the Jefferson Parish Medical society after the storm. I was excited at the opportunity to help address the challenges our physicians and patients were facing in the Greater New Orleans Area. In order to become more knowledgeable and informed, I began attending LSMS meetings and became involved at the state level.

Even before I could become somewhat acclimated to the workings of the LSMS... Bart Farris comes up to me and asks me to consider being part of the AMA delegation...*here he was again trying to get me more involved in organized medicine.*

Although I was unsure of the exact duties of a LSMS delegate to the AMA, and certainly not sure of what possible value that I could add to the delegation... I realized that this was the time that the future of healthcare in America was being debated. *I knew I wanted to be present during this historic time for medicine*, so I agreed to also become involved at the AMA level.

*What an **amazing group** of knowledgeable and talented mentors I found!*

Doctors Stormy Johnson and Don Palmisano – both are past LSMS and AMA presidents – have been tremendous role models.

Each with their different leadership style – but each equally effective. Stormy with his quiet, venerable way - or as he says, long of tooth wisdom- and Don with his passion, persuasion and persistence... especially when he feels a wrong needs to be righted.

They helped me find my voice in the delegation and inspired me to become involved.

I have since become interested in the AMA Organized Medical Staff Section and have enjoyed serving as chair for Louisiana at Organized Medical Staff Section meetings. From OMSS Section meetings I have learned the importance of a well-organized medical staff and leadership.

With the increasing number of mergers and new joint commission conditions of participation, there is a growing need for organized medical staffs, especially in rural areas.

I firmly believe.. that the medical staff should maintain control

of patient care standards,

provider credentialing,

physician *due* process rights,

and peer review evaluations;

and *preferably* by physicians at the local level, ***not*** by corporate representatives.

These complicated issues require physicians who are dedicated to the task.

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Coding: Words which are ~~struck through~~ are deletions from existing policy;
words in **boldface type and underscored** are additions.

I commend those of you whom have stepped up and serve on your medical staffs...I hope you remain involved.

For those members whom have not yet become engaged I encourage **you**, ..., to *join* us in this important work.

This is just one of the many ways that **you** – *working through organized medicine* - can have a lasting impact on our profession.

In the last several years as a member of the LSMS AMA delegation, I have had the opportunity to work along side some of the all-stars of LSMS leadership....many of whom have served as past presidents of LSMS.

Dr Keith DeSonier, our chair until recently he resigned his position to pursue a seat in the LA House of Representatives...and when he wins, it will give us at least one physician in the legislature.

Dr.Floyd Buras, the delegation's new chair

Dr. Bart Farris,

Dr. Mike Ellis

Dr. Van Culotta,

Dr. Skip Ishler,

Dr. Jeff White,

Dr. Lee Stevens,

Dr. Pat Breaux

Dr. Roger Smith

AND, Dr. Roberto Quintal I thank all of you for your mentorship, and believe it has prepared me **well** ... for my new role as president.

I am very humbled that *so many of you* encouraged me to take this step, including our CEO Jeff Williams. You may not know, but Jeff and I are both Disney-holics and he promised me when he was trying to persuade me to run for president a Princess tiara...

Well Jeff... *here in front of witnesses*... I am declaring that I am holding you to that promise!

Being president of the LSMS is a **great** honor in itself... but tonight is particularly *special* to me since only one other woman has served as President – Dr. Pattie Van Hook from Shreveport in 1992.

Last year, Dr. Quintal quoted President Clinton. Tonight, I want to share with you a quote from **my** favorite president, **Ronald Reagan**:

“If not us... who? If not now... when?”

At that time in our country’s history, the state of our economy was precarious... Reagan asserted that **tough reforms** *were needed to ensure that our economy remained strong.*

I believe that this quote is appropriate considering the current state of the decreasing membership of our medical societies – *both at the state and parish levels.*

Our *Membership* is changing ...

How do we continue to support private practice physicians while offering **real** benefits to the growing number of employed physicians in our state?

Our *Society* is changing.

After more than 130 years, we must invest significant time and effort in re-structuring our organization to better serve the needs of all of Louisiana's physicians. These reforms are needed to bring our actions in line with our vision.

.....

If we want a robust organization that meets **and exceeds** the expectations of our members – now ***and in the future*** - then we need physician leaders to answer the call.

So, I ask you, "***If not us... who? If not now... when?***"

Earlier today we opened a dialogue to begin addressing these issues. This is an important first step in the right direction, and I hope to work with each of you and your parish societies to continue improving our organization in the coming year.

We all have the same goal ... to make our LSMS stronger and hence more effective

But, for this to happen it is imperative that we address the issue of declining membership.

Thankfully ... we have among our membership ... a wealth of talent and ideas to ensure success. With hard work *and a spirit of compromise*, we will come together to change our Society for the better...

*and physicians **and their patients** will reap the benefits of our efforts for generations to come.*

Our work is valuable to our members, as well as to physicians throughout the state – but it is **critical** to ensuring our patients in LA have access to the quality of care they deserve.....

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Coding: Words which are ~~struck through~~ are deletions from existing policy; words in **boldface type and underscored** are additions.

*And **that** is why we must answer this call.*

“If not us... who? If not now... when?”

On that note, I hope all of you took a moment to watch the slideshow tonight and perhaps caught glimpses of yourselves. It’s a tradition of our Jefferson Parish Medical Society’s annual installation that I wanted to share with you as a way to recognize the important work that we **all** do every day.

Please join me and the Jefferson Parish Medical Society for champagne and chocolates in the foyer immediately following tonight’s dinner.

Thank you and good night.

Actions of the 2015 House of Delegates

RESOLUTION 101—Adopted as amended 1/30/15

SUBJECT: Policies Subject to Sunset
INTRODUCED BY: Council on SocioEconomics

RESOLVED, the following recommendations on LSMS policies be adopted as recommended by the LSMS Council on Socioeconomics:

130.93 Expanded Emergency Medicine Training: The LSMS position is emergency medicine is an essential service and supports the growth of emergency medicine residency programs in the state in order to provide a continuing supply of well-trained emergency physicians to care for the people of Louisiana. (R203-94, reaffirmed R101-04, reaffirmed R101-10)

HOD ACTION: AMEND AND REAFFIRM as follows:

130.93 Expanded Emergency Medicine Training: The LSMS ~~position~~ **strongly believes that** is emergency medicine is an essential service and supports the growth of emergency medicine residency programs in the state in order to provide a continuing supply of well-trained emergency physicians to care for the people of Louisiana. (R203-94, reaffirmed R101-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

140.99 Advertising by Physicians: The LSMS opposes false, fraudulent, misleading, or deceptive statements of professional credentials by physicians. Advertising or other publicity by individual physicians, medical group practices, or professional medical corporations, including participation in public functions, should not contain self-laudatory statements of claims regarding the quality of their services which cannot be readily measured or accurately defined. A physician, medical group practice, or professional medical corporation should not offer compensation or give anything of value to representatives of the press, radio, television, or other communication mediums in anticipation of or in return for professional recognition in a public news item of any kind. A paid advertisement must be identified as such unless it is apparent from the content that it is a paid advertisement. (R9-84, reaffirmed R101-04, reaffirmed R101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM

160.97 Physicians Rights Under Health Coverage Plans: The LSMS position is:

- (1) Prohibit termination of physicians *without cause* and provide physician applicants with all reasons for denial of an application or nonrenewal of a contract. A due process appeal containing the precise mechanism outlined in the Health Quality Improvement Act of 1986 should be accorded. Procedures that ensure confidentiality of provider and individual medical records must also be followed.
- (2) Establish credentialing criteria to allow physicians within the plan's geographic service area to apply for credentials. Credentialing should be based on standards of quality with criteria and profiles available to physicians.
- (3) Establish a mechanism under which physicians can provide input into insurer's medical policies.
- (4) Allow for physician input regarding their participation in health care plans:
 - a. permit physicians to negotiate with insurers on the terms and conditions of their participation on provider panels

- b. disclose all participation requirements and selective contracting criteria to applying physicians
- c. expand the concept of physician autonomy in managed care entities by establishing self-governing medical staffs similar, if not identical, to those in hospitals that function under the principles of self-governance.
- d. appropriate utilization review criteria should be established and include but not be limited to:
 - (i) A model in which a medical director is responsible for all clinical decisions of the plan;
 - (ii) Screening criteria, weighting elements, and computer algorithms used in the review be based on sound scientific principles, developed with physicians having an essential role;
 - (iii) Only a physician of the same specialty as the practitioner who provided a service would be permitted to recommend denial of coverage or payment;
 - (iv) Provide to participating physicians the names and credentials of those who conduct medical necessity or appropriateness review. (R211-94, reaffirmed R101-04, reaffirmed R101-10)

HOD ACTION: AMEND AND REAFFIRM as follows:

160.97 Physicians Rights Under Health Coverage Plans: The LSMS ~~position~~ **believes that all physicians should enjoy the following rights with regard to health coverage plans** is:

(1) **Health coverage plans should be** ~~Prohibit termination~~ **prohibited from terminating contracts with** ~~of physicians without cause~~ and **should** provide physician applicants with all reasons for denial of an application or nonrenewal of a contract. ~~A~~ **Physicians should be accorded a** due process appeal ~~containing the precise mechanism~~ **which utilizes the procedure for appeal set forth** ~~outlined in the Healthcare Quality Improvement Act of 1986~~ ~~should be accorded~~. Procedures that ensure confidentiality of provider and individual medical records must also be followed.

(2) **Health coverage plans should** ~~Establish~~ **establish** credentialing criteria to allow physicians within the plan's geographic service area to apply for credentials. Credentialing should be based on standards of quality with criteria and profiles available to physicians.

(3) **Health coverage plans should** ~~Establish~~ **establish** a mechanism under which physicians can provide input into insurer's medical policies.

(4) **Health coverage plans should** ~~Allow~~ **allow** for physician **to provide** input regarding their participation in health ~~care~~ **coverage** plans **which includes, but is not limited to, the following:**

a. ~~permit~~ **Permitting** physicians to negotiate with insurers on the terms and conditions of their participation on provider panels.

b. ~~disclose~~ **Disclosing** all participation requirements and selective contracting criteria to ~~applying~~ physicians **interested in entering into a contractual relationship.**

c. ~~expand the concept of physician autonomy in managed care entities by establishing~~ **Establishing** self-governing medical staffs

similar, if not identical, to those in hospitals that function under the principles of self-governance.

d. **Establishing** appropriate utilization review criteria ~~should be established and~~ **which** includes but **is** not ~~be~~ limited to:

(i) A model in which a medical director is responsible for all clinical decisions of the plan;

(ii) Screening criteria, weighting elements, and computer algorithms used in the review be based on sound scientific principles, developed with physicians having an essential role;

(iii) Only a physician of the same specialty as the practitioner who provided a service ~~would~~ **should** be permitted to recommend denial of coverage or payment;

(iv) Provide to participating physicians the names and credentials of those who conduct medical necessity or appropriateness reviews. (R211-94, reaffirmed R101-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

165.86 Medical Education and Public Health Services: In any proposal for funding of health system reform in Louisiana, the LSMS seek to include appropriate funding for medical education, in order to maintain the highest standards for students of medicine and persons in graduate medical education. The LSMS seek to include basic public health services as a governmental responsibility in any proposal for implementation of health system reform 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. (R304-93, reaffirmed R101-03, reaffirmed sub R101-08)

HOD ACTION: AMEND and REAFFIRM as follows:

165.86 Medical Education and Public Health Services: ~~In any proposal for funding of health system reform in Louisiana, the~~ **The** LSMS seek to include **supports** appropriate funding for medical education, in order to maintain the highest standards for students of medicine and persons in graduate medical education. The LSMS ~~seek to include~~ **supports including** basic public health services as a governmental responsibility ~~in any proposal for implementation of health system reform~~ 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. (R304-93, reaffirmed R101-03, reaffirmed sub R101-08, **reaffirmed as amended R101-15**)

165.83 Parity of Benefits for Mental Illness: The LSMS affirms its support of health system reform which will guarantee parity of benefits for the mentally ill from its inception and opposes any reform which further stigmatizes our mentally ill patients by continuing to deprive them of the necessary access to affordable care. (**reaffirmed R101-15**)

HOD ACTION: REAFFIRM EXISTING POLICY ABOVE INSTEAD OF ACCEPTING COUNCIL RECOMMENDATION TO AMEND and REAFFIRM

165.79 Employer Mandate: The LSMS recognizes employer provided insurance as one of the important options for financing health care coverage but it should not be mandated. (R303-94, reaffirmed R101-04, reaffirmed R101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM

- 180.98 Health Savings Accounts:** The LSMS reaffirms its long-standing support for the option of Health Savings Accounts (HSAs) for patient health care coverage. (SR211-94, reaffirmed R101-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

- 180.98 Health Savings Accounts:** The LSMS ~~reaffirms its long-standing~~ **strongly** supports ~~for the option of~~ **the utilization of** Health Savings Accounts (HSAs) **as one option in a pluralistic system** for patient health care coverage. (SR211-94, reaffirmed R101-04, reaffirmed R101-10, reaffirmed as amended R101-15)
- 185.93 Health Insurance Reform:** The LSMS supports the following insurance benefit components: 1) the removal of pre-existing clauses as a mechanism to prevent the acquisition or affordability of health care insurance 2) the removal of the lifetime cap on health insurance policies that limit an individual's coverage to a pre-determined dollar amount and 3) the LSMS supports third party payers of all types providing coverage for appropriate preventive care based on evidence-based guidelines developed by nationally recognized medical specialty societies for patients at various stages of life. (R 110-10)

HOD ACTION: SUNSET and ADOPT the following three individual policies as follows:

XXX.XX Commercial Insurance; Pre-existing Conditions: The LSMS opposes the inclusion of any pre-existing condition clause in a health insurance contract as these clauses generally prevent the acquisition of affordable health care insurance. (R101-15)

XXX.XX Commercial Insurance; Lifetime Cap on Benefits: The LSMS opposes the inclusion of any lifetime cap on benefits in any health insurance contract. (R101-15)

XXX.XX Commercial Insurance; Preventative Care: The LSMS supports requiring all third party payers to include as a benefit of the health insurance coverage for appropriate preventive care based on evidence-based guidelines developed by nationally recognized medical specialty societies for patients at various stages of life. (R101-15)

- 230.98 Age Limits on Active Medical Staffs:** The LSMS opposes the practice of using age as a factor in determining hospital medical staff membership. (R504-94, reaffirmed R101-04, reaffirmed R101-10, reaffirmed R101-15)

HOD ACTION: REAFFIRM

- 230.97 Hospital Privileges and Limited Health Care Practitioners:** The LSMS recommends all medical staffs incorporate provisions in their bylaws for the voluntary sponsorship and agreement to supervise by a qualified member of the medical staff as a prerequisite for admission of limited licensed health care practitioners to the staff granting clinical privileges. The admission of patients for services provided by the limited licensed health care practitioners

should be processed through a qualified physician willing to sponsor and supervise the limited licensed health care practitioner. (R47-84, reaffirmed R sub 101-04, reaffirmed R 101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM

- 235.93 Medical Staff Leadership Positions:** A physician functioning in any licensed health care facility in Louisiana, as medical director or any other medical staff position, must have an unrestricted Louisiana license to practice medicine. (R113-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

- 235.93 Medical Staff Leadership Positions:** The LSMS supports as a requirement of a A physician functioning as medical director or any other medical staff position in any licensed health care facility in Louisiana, ~~as medical director or any other medical staff position, must have~~ to maintain an unrestricted Louisiana license to practice medicine. (R113-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

- 240.95 Medical Staff Self-Governance:** The LSMS supports laws which clearly establish the independent status of the medical staff and sets forth medical staff basic rights and responsibilities. (R211-04, reaffirmed R101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM

- 265.92 Proportionate Fault of a Tortfeasor:** In matters of tort litigation each tortfeasor shall pay only for the portion of the damage that he/she has caused, and the tortfeasor shall not be solidarily liable with any other person for damages attributable to the fault of that person. (R112-04, reaffirmed R101-10)

HOD ACTION: SUNSET and COMBINE WITH EXISTING POLICY 435.90 as follows:

435.90 Solidary Liability: The LSMS believes that in matters of tort litigation each tortfeasor shall pay only for the portion of the damage that he/she has caused, and the tortfeasor shall not be solidarily liable with any other person for damages attributable to the fault of that person. The LSMS opposes any attempt to reinstitute solidary liability in Louisiana. (**R101-15**)

- 267.01 Discounting of Care:** Hospitals and physicians should be allowed to discount care to the uninsured and to those with high deductible insurance with the payment not already established by the insurer as they deem appropriate based on the patient's economic conditions. (R203-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

- 267.01 Discounting of Cost of Care:** The LSMS supports allowing Hospitals hospitals and physicians and other healthcare providers ~~should be allowed to discount~~ the cost of care to the uninsured and to those individuals who have purchased ~~with high deductible insurance~~ plans ~~with the payment not already established by the insurer as they~~ the physician or

healthcare provider deems appropriate based on the patient's economic conditions. (R203-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

285.94 Managed Care Plan Credentialing and Application Process: The LSMS supports regulations which would require all managed care organizations to develop a uniform platform which would allow physician applicants the ability to immediately assess the status of his/her application for credentialing for an MCO panel. Fines should be implemented following 60 days after all documents are received that the managed care company is delayed in making a final decision on the physician's application. MCOs seeking recredentialing of physicians should require only that physicians note or report any changes from the initial application or prior recertification. (R207-04, reaffirmed R101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM

285.93 Managed Care Plan's Conditional Approval for Network: All managed care organizations (MCOs) operating in Louisiana should be required to reimburse physicians seeking final approval for participation on the MCOs panel for all care provided from the point they are required to care for MCO patients.

HOD ACTION: AMEND and REAFFIRM as follows:

285.93 Managed Care Plan's Conditional Approval for Network: The LSMS supports requiring All managed care organizations (MCOs) operating in Louisiana ~~should be required~~ to reimburse physicians **for all care provided to patients covered by the MCO during the time between when the physician applies for credentialing with the MCO and the time the physician is finally approved for participation in the MCO panel** ~~seeking final approval for participation on the MCOs panel for all care provided from the point they are required to care for MCO patients.~~ (R209-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

330.97 Linking Physician Reimbursement to Hospital Reimbursement Under Medicare: The LSMS opposes any attempt to bundle payment to hospitals (Part A) and payment to physicians (Part B) in the Medicare program. (R14-86, reaffirmed R101-03, reaffirmed sub R101-08)

HOD ACTION: SUNSET. LSMS has existing policy 385.87 which applies to all payors.

385.87 Bundled Payment Systems: The LSMS opposes mandatory bundling of reimbursement for episodes of care to hospitals that precludes independent billings by physicians.

365.98 Patient Protection Act: The LSMS supports the following patient protections:

(1) Health plans be required to provide prospective enrollees/patients with information regarding:

- (a) coverage provisions and exclusions;
- (b) prior authorization or other review requirements;
- (c) financial arrangements that would limit the services offered, restrict referral options, and establish incentives not to deliver certain services;
- (d) plan limitations and the impact of any limitations upon an enrollee; and
- (e) enrollee satisfaction statistics.

(2) Patients have a choice of physicians and different types of health plans

(3) Patients have the right to change physicians.

(4) Patients can submit an appeal on cases where they object to medical decisions made by third party payers regarding their health care.

(5) Patients who choose a plan that restricts access to physicians may purchase a point of service option to see any physician outside the plan.

(6) Patient or physician requests for prior authorization of a service must be answered within two business days, with personnel available for same day responses regarding questions of medical necessity.

The Patient Protection Act should require that medically indigent patients dependent on publicly funded programs be given a schedule of their entitlements including their right to select either a public or private sector physician for their health care. (SR211-94, reaffirmed R101-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows to remove references to the specific “Patient Protection Act” and ADOPT a new stand-alone policy for the second paragraph of the existing policy.

365.98 Health Insurance - Patient Protections Act: The LSMS supports the following patient protections **being included in contracts issued by health insurance issuers:**

(1) Health plans be required to provide prospective enrollees/patients with information regarding:

(a) coverage provisions and exclusions;

(b) prior authorization or other review requirements;

(c) financial arrangements that would limit the services offered, restrict referral options, and establish incentives not to deliver certain services;

(d) plan limitations and the impact of any limitations upon an enrollee; and

(e) enrollee satisfaction statistics.

(2) Patients have a choice of physicians and different types of health plans

(3) Patients have the right to change physicians.

(4) Patients can submit an appeal on cases where they object to medical decisions made by third party payers regarding their health care.

(5) Patients who choose a plan that restricts access to physicians may purchase a point of service option to see any physician outside the plan.

(6) Patient or physician requests for prior authorization of a service must be answered within two business days, with personnel available for same day responses regarding questions of medical necessity. (SR211-94, reaffirmed R101-04, reaffirmed R101-10, **reaffirmed as amended, R101-15**)

XXX.XX Publicly Funded Healthcare Programs – Patient Protections and Rights: ~~The Patient Protection Act should require~~ **LSMS supports policies and initiatives which would require that medically indigent patients dependent on publicly funded programs, providing healthcare services, to provide patients receiving services through these programs be given a schedule or list** of their particular entitlements, **benefits and patient rights** including their right to select either a public or private sector physician for their health care. (**reaffirmed as amended R101-15**)

385.87 Bundled Payment Systems: The LSMS opposes mandatory bundling of reimbursement for episodes of care to hospitals that precludes independent billings by physicians. (R113-10, reaffirmed R101-15)

HOD ACTION: REAFFIRM

390.91 Pharmaceutical Company Rebates for Nursing Home Pharmacies: Nursing home pharmacies should not be allowed to receive pharmaceutical company rebates for soliciting nursing home physicians to utilize specific drugs based on purely economic reasons while disregarding quality, or clinical effectiveness of other drugs. (R204-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

390.91 Pharmaceutical Company Rebates for Nursing Home Pharmacies: The LSMS opposes allowing Nursing nursing home pharmacies ~~should not be allowed to receive~~ from receiving pharmaceutical company rebates for soliciting nursing home physicians to utilize specific drugs based on purely economic reasons while disregarding quality, or clinical effectiveness of other drugs. (R204-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

405.92 Employing Ancillary Personnel: A physician should have the right to employ ancillary personnel that enhance and are a direct extension of physician's specialty and practice. (R406-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

405.92 Employing Ancillary Personnel: The LSMS believes it is a right for a A physician ~~should have the right~~ to employ ancillary personnel that enhance and are a direct extension of physician's specialty and practice. (R406-04, reaffirmed R101-10, **reaffirm as amended R101-15**)

435.94 Tort Reform: The LSMS supports meaningful and constructive legislation that will foster needed tort reforms to address the expanding burden of medical professional liability in Louisiana and across the nation.

HOD ACTION: AMEND and REAFFIRM as follows:

435.94 Tort Reform: The LSMS supports ~~meaningful and constructive legislation~~ the enactment of legislation that will foster needed tort reforms to address the expanding burden of the current tort system, particularly the high transaction costs of medical professional liability in Louisiana and across the nation. (R51-86, reaffirmed R101-03, reaffirmed sub R101-08, amended R114-10 last bullet, **reaffirm as amended R101-15**)

435.92 Criminalization of Medical Decisions: The LSMS opposes the criminalization of medical decisions and actions by physicians and other healthcare providers who in loyalty to their patients and who in proper exercise of their clinical judgment and for appropriate reasons depart from established medical care and resource allocation guidelines or standards, and that our LSMS shall seek and/or support legislation or rules/regulations preventing such criminalization. (R307-04; reaffirmed as amended R102-10)

HOD ACTION: AMEND and REAFFIRM as follows:

435.92 Criminalization of Medical Decisions: The LSMS opposes the criminalization of medical decisions and actions by physicians and other healthcare providers who in loyalty to their patients and who in proper exercise of their clinical judgment and for appropriate reasons depart from established medical care and resource allocation guidelines or standards, ~~and that our LSMS shall seek and/or support legislation or rules/regulations preventing such criminalization.~~ (R307-04; reaffirmed as amended R102-10, **reaffirm as amended R101-15**)

435.90 Solidary Liability: The LSMS opposes any attempt to reinstitute solidary liability in Louisiana. (R112-04, reaffirmed R101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM. See notes above for policy 265.92; recommendation to combine

435.87 Establish the Authority to Limit Damages: LSMS policy is to support and work for the passage of a state constitutional amendment to establish the authority of the legislature to limit damages for medical malpractice awards. (R207-08)

HOD ACTION: AMEND and REAFFIRM as follows:

435.87 Establish the Authority to Limit Damages: ~~The LSMS policy is to support and work for the passage of a state constitutional amendment~~ **appropriate legislative initiatives which seek to further solidify the** ~~to established the~~ authority of the legislature to limit damages for medical malpractice awards. (R207-08, **reaffirm as amended R101-15**)

435.86 Loser Pays Rule in Civil Litigation: The LSMS supports a loser pays rule in civil litigation. (R208-04, reaffirmed R101-10, **reaffirmed R101-15**)

HOD ACTION: REAFFIRM

450.99 Health Care Quality Assurance Act: The LSMS opposes all government and insurance efforts to take control of quality assurance programs, and supports all appropriate avenues to ensure that LSMS physicians be involved in all stages of development, review, and implementation of quality standards in the Medicaid program. (R206-94, amended R101-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

450.99 Health Care Quality Assurance Act Guidelines: The LSMS opposes all government and insurance efforts to take control of quality assurance programs, and supports all appropriate avenues to ensure that LSMS physicians be involved in all stages of development, review, and implementation of quality standards in the Medicaid program. R206-94, amended R101-04, reaffirmed R101-10, **reaffirmed as amended R101-15**)

475.07 Practice of Medicine by Cosmetologists: The statutes that govern the Louisiana Board of Cosmetology be amended to prevent cosmetologists from performing procedures, which constitute the practice of medicine. (R217-03, reaffirmed sub R101-08)

HOD ACTION: SUNSET. LSMS has broader policy regarding scope of practice for non-physicians. See 475.08

475.08 Expansion of Scope of Practice: It is the policy of the LSMS that the independent practice of medicine is to be reserved for licensed physicians and that non-physicians should only deliver care under the supervision and leadership of licensed physicians. In accordance with its Mission Statement when matters of treatment, diagnosis, patient safety, and quality of care regarding allied health professionals are introduced in the Louisiana legislature, the Council on Legislation is empowered to negotiate the best possible position for the citizens of Louisiana consistent with the following guidelines:

(1) Physicians licensed to practice medicine in the state of Louisiana should be the director of any health system team or team health approach to patient care and be immediately available for onsite consultation and held accountable for all actions thereof.

(2) Whenever prescriptive authority is involved, physicians licensed to practice medicine in the state of Louisiana are the controlling authority for said prescribing practices.

(3) As long as a bill remains active in a legislative session, the Council on Legislation may alter its initial position on the legislation taking into account the practical and political realities existing at any point in time in the legislative process, in consultation and agreement to an emergency vote of the majority of the Council on Legislation members.

(4) Expansion of the scope of practice by a non-physician practitioner should be regulated and controlled through the Louisiana State Board of Medical Examiners when such expansion of the scope of practice would otherwise constitute the practice of medicine.

(R205-04, reaffirmed R101-10; reaffirmed as amended 213-12; reaffirmed as amended R106-13/R202-13; **reaffirmed R101-15**)

RESOLUTION 102 – ADOPTED—1/30/15

SUBJECT: Directives to Sunset
INTRODUCED BY: Council on SocioEconomics

Directive—LA Financed GME--The LSMS create an ad hoc committee, to include medical students and residents, to study the feasibility of the state of Louisiana creating and funding additional graduate medical education opportunities separate and in addition to current GME funded through Medicare. The ad hoc committee will report on its findings to the House of Delegates no later than February 2015. (R114-14)

HOD ACTION: SUNSET. A committee was formed and has completed the charge.

Directive—Transparency in Health Care Costs--The LSMS seek and/or support legislation and/or rules and regulations to: 1) disclose physician payment (fee) scheduled in contracts and 2) make available, upon request of the physician of patient, the contracted discounts for medical provider (i.e. hospitals, imaging, lab, DME, medications). (R204-14 1st resolve). Also, our LSMS seek to assure that health plans be required to provide prospective enrollees/patients with information regarding: a. coverage provisions and exclusions; b. prior authorization or other review requirements; c. financial arrangements that would limit the services offered,

restrict referral options, and establish incentives not to deliver certain services; d. plan limitations and the impact of any limitations upon an enrollee; e. enrollee satisfaction statistics, and f. a simple comparison of health plans (perhaps similar to Medicare's MediGap plans). (R204-14, 2nd resolve)—**see existing policy 180.95—Fee Schedule Transparency and 185.98 Insurance Coverage Transparency, 185.87 Inclusion of Payment Schedule in Contracts, 285.98 Reimbursement in Managed Care Contracts**

The LSMS encourage DHH (Medicaid) to assume a leadership role in providing cost (and quality) information available to patients and physicians. (R204-14 3rd resolve)

The LSMS seek assistance by the La. Insurance Commissioner so that patients be provided incentives for economical choices in health care, i.e. via HSAs funded with Debit Cards provided on economic sliding scale, lower premiums for healthy lifestyle choices (weight, annual examinations and tests, regular exercise, etc.), and higher premiums for poor lifestyle choices (smoking, alcohol, obesity, vaccinations, poor compliance with prescriptive medications, etc.) (R204-14 4th resolve, **reaffirmed R102-15**)

HOD ACTION: REAFFIRM

Directive—Medicaid Managed Care: The LSMS seek and/or support legislation to mandate that the LA Department of Health and Hospitals continue to offer a Shared Savings Model in the Managed Care Medicaid Program known as Bayou Health. (R206-14)

HOD ACTION: SUNSET. Legislation introduced in the 2014 Regular Session of the Legislature but was not enacted. DHH has terminated the shared savings portion of the Bayou Health program.

~~**Directive—Violence in Health Care Facilities:** The LSMS will work with the Louisiana Hospital Association to affect sound integrated hospital security, policy and procedures and staff training. (R304-14)~~

HOD ACTION: SUNSET and ADOPT NEW POLICY as follows:

XXX.XX Hospital Violence and Security: The LSMS supports initiatives to develop sound integrated hospital security, policy and procedures and staff training to combat violence in hospitals. (R102-15)

Directive—Direct Primary Care: The LSMS shall seek and/or support legislation which would remove legal impediments which prevent physicians from practicing medicine utilizing a Direct Primary Care model. (R305-14 2nd resolve) **Legislation introduced in 2014 session and adopted**

HOD ACTION: SUNSET. Legislation enacted in the 2014 Regular Session.

Directive—Actual Allowable Reimbursement by Medicare--The LSMS request the AMA annually examine the methodology for determining “allowable” Medicaid and Medicare fee schedules (E&M and CPT code) to determine if the reimbursement is consistent with the government's stated amounts and alert its membership as to that consistency or lack thereof. (R402-14 2nd resolve, **reaffirmed R102-15**)

The LSMS request the AMA examine the reason that Medicaid and Medicare pay far more for “hospital-based” clinics/doctors than for private practice physicians. (R402-14 3rd resolve, **reaffirmed R102-15**)

HOD ACTION: REAFFIRM

Directive—The LSMS work with the Department of Insurance to promulgate regulations prohibiting commercial insurers from requiring mandatory participation in Medicaid products if the physician participates in other commercial insurance plans. (R404-3rd resolve)

HOD ACTION: REAFFIRM and ADOPT AS POLICY the following:

XXX.XX Commercial Insurance Tying: The LSMS opposes any law, policy, or contractual provision which seeks to require mandatory participation in the Medicaid program if the physician otherwise participates in commercial health insurance plans. (R404-3rd resolve; reaffirmed as amended and adopted as new policy R102-15)

Directive—ICD-10 Transparency and Conversion: The LSMS work with the Secretary of DHH and the Commissioner of Insurance to ensure that any health plan operating in LA whether in the commercial or Medicaid markets, provides to their provider network sufficient information which appraises providers of all planned changes to coverage guidelines, authorizations, certifications, claims adjudications, pricing, payment, reporting, incentives and other rules based on the conversion from ICD-9 to ICD-10 which shall include but not be limited to any “cross-walk” or “map” which will be used internally to achieve the conversion from ICD-9 to ICD-10. (R406-14 1st resolve). Additionally, the LSMS AMA Delegation submit a resolution to the AMA HOD requesting the AMA work with CMS and the Secretary of Health and Human Services to ensure that any health plan operating in the US whether in the Medicaid or Medicare markets provides sufficient information which appraises providers of all planned changes in their policies based on the conversion from ICD-9 to ICD-10. (R406-14 2nd resolve)

HOD ACTION: REAFFIRM. The AMA is expected to release a report on this issue at the next annual meeting of the AMA HOD. (R406-14 2nd resolve, **reaffirmed R102-15**)

Directive—Consolidated Medicaid Policy, 2nd resolve: The LSMS shall seek and/or support legislation or regulation to maintain resources for Medicaid and health care in Louisiana by unlocking dedicated funds and current statutory protections to funding cuts in other areas of the budget during budget shortfalls. (R107-13)

HOD ACTION: REAFFIRM and ADOPT AS POLICY the following:

XXX.XX State Funding. The LSMS supports any legislative initiative to remove dedications of public funding in an effort to mitigate budget reductions to healthcare when the state experiences budget shortfalls. (R107-13, **reaffirmed as amended and adopted as policy 102-15**)

Directive—Physician-Insurer Contracting: The Louisiana State Medical Society evaluate the successful efforts of the Colorado and Ohio state medical societies’ contracting reform models, and establish a statewide coalition of physician and provider advocacy groups for the purpose of introducing and/or supporting state legislation, or administrative action in the Louisiana Department of Insurance in 2010, and subsequent years, to achieve as many objectives as possible of the Colorado and Ohio models in reforming contracting between insurance companies and physicians. (R206-08; reaffirmed R103-A-13)

HOD ACTION: SUNSET

Directive—Medicaid Transparency: The LSMS shall seek and/or support legislation or regulation which requires the state of Louisiana to provide robust and timely reporting on the Louisiana Medicaid program which includes both financial and health measures. (R203-13)

HOD ACTION: SUNSET. Legislation enacted during the 2013 Regular Session of the Louisiana Legislature.

Directive—Emergency Health Insurance Preauthorization: The LSMS seek and/or support legislation and/or regulation to have health insurance companies which operate in Louisiana be required to have a mechanism in place for immediate determinations of both eligibility and preauthorization in circumstances when a treating physician determines a patient to have an urgent medical condition. (R208-07; reaffirmed R102-12, **reaffirmed R102-15**)

HOD ACTION: REAFFIRM

Directive—Louisiana Health Exchange Essential Health Benefit Package: The LSMS shall seek and/or support legislation or regulation to require Louisiana to include mental health and substance use disorder services, including behavioral health treatment, in the Louisiana Health Insurance Exchange Essential Health Benefits Package at parity in financial requirements and treatment limitations with benefits for other medical or surgical illness. (R215-12)

HOD ACTION: SUNSET. Mental health and substance abuse services are considered “covered services” under the Essential Health Benefits package selected by Louisiana. LSMS also has existing policy on the topic. See 165.83:

165.83 Parity of Benefits for Mental Illness: The LSMS affirms its support of health system reform which will guarantee parity of benefits for the mentally ill from its inception and opposes any reform which further stigmatizes our mentally ill patients by continuing to deprive them of the necessary access to affordable care.

Directive—Substitution of Biosimilar Medicines: The LSMS support any state legislative proposals that allow physicians to continue to be the primary health care professionals who determine the biologic therapies most appropriate for their patients based on their own review of the clinical data and their own clinical judgment. Additionally, the LSMS support legislation in Louisiana to clarify that substitution of drugs and biologics without treating physician consent be prohibited. (R213-11, 2nd and 3rd resolves, **reaffirmed 102-15**)

HOD ACTION: REAFFIRM

Directive—Physician Clinical Performance Assessments: LSMS legal counsel review the issue of the admissibility of physician clinical performance assessments by private and government payors as evidence into any level of proceedings relating to medical malpractice cases, state licensure boards, and hospital review committees and that once said review is completed, the information and any recommendations be published for LSMS membership prior to the 2007 House of Delegates. (R125-06, reaffirmed SubR102-11)

HOD ACTION: Referred to Legal Affairs but research has not yielded any case law on the subject. LSMS also discussed with AMA Advocacy Resource Center. **SUNSET and ADOPT AS POLICY as follows:**

XXX.XX Physician Clinical Performance Assessments: The LSMS opposes the use of any clinical performance assessments completed by private or government payors from being introduced into evidence during any medical malpractice, state licensure, or hospital peer review proceeding. **(R102-15)**

Directive—Medicaid Consultations and Follow-up Visits: The LSMS work with the Louisiana Medicaid program to bring its rules on reimbursement for in-patient and out-patient consultations and follow-up visits/procedures into conformity with our AMA Current Procedural Terminology (CPT) guidelines. (R 205-06, reaffirmed SubR102-11)

HOD ACTION: SUNSET

Directive—New Medicare Billing Codes: The LSMS request the Louisiana Medicaid program begin utilization of new codes approved by CMS for purposes of billing and reimbursement and that DHH should instruct claims processors to reprocess or recycle codes that were not processed due to a failure of timely application according to CMS regulations. (R206-06, reaffirmed SubR102-11)

HOD ACTION: SUNSET

Directive—Payment of Deductible Co-pays for Nursing Home Patients: The LSMS work with the Louisiana DHH to establish a policy that the state of Louisiana reinstates payment of the deductible co-pay for dually eligible (Medicare/Medicaid) nursing home patients. (R215-06, reaffirmed SubR102-11)

HOD ACTION: SUNSET and ADOPT AS POLICY as follows:

XXX.XX. Payment of Co-pays and Deductibles; Nursing Homes: The LSMS supports requiring that individuals who are dually eligible for Medicare and Medicaid to pay reasonable deductibles and copays for nursing home care. (R102-15)

Directive—Publish Health Plan Rules: The Louisiana State Medical Society will continue to inform its members of the Louisiana Department of Insurance rules governing compliance with the Louisiana timely payment statutes using its publications and website. (R217-2001, reaffirmed R104-06, reaffirmed SubR102-11)

HOD ACTION: SUNSET and ADOPT AS POLICY as follows:

XXX.XX Commercial Insurance; Prompt Pay: The LSMS supports requiring commercial health insurance issuers to pay physicians in a timely manner and will continue to inform its members of the law and rules regarding prompt pay in its publications and through its website. **(R102-15)**

Directive—Reporting of Medicare Reimbursement Problems: The LSMS encourages its members and component societies to forward complaints regarding Medicare reimbursement problems, along with copies of pertinent supporting documents, to the LSMS Council on SocioEconomics for evaluation. (R8-88, reaffirmed 1998, reaffirmed R101-06, reaffirmed SubR102-11, **reaffirmed R102-15**)

HOD ACTION: REAFFIRM

Directive—Prescriptive Contraceptive Equity: The LSMS support regulatory and legislative efforts to include prescriptive contraceptive coverage in the formulary of health plans that offer other prescriptive coverage to their members. (R204-99, reaffirmed R103-06, reaffirmed SubR102-11)

HOD ACTION: SUNSET

Directive—Sales and Use Tax (Municipal) Imposed on Non-Oncology Physicians for Infusion Treatments in the Office Based Setting: The Louisiana State Medical Society (LSMS) seek and or support legislation to have the collection of the parish sales and use tax suspended immediately, until the sales and use tax on prescription drugs stored in the physician's offices can be addressed by legislation, and that our Louisiana State Medical Society (LSMS) seek and or support legislation to amend current statutes so all physicians are exempted from the sales and use tax for prescription drugs, including vaccines, stocked in the physician's office. (R209-10)

HOD ACTION: SUNSET and AMEND EXISTING POLICY. Legislation has been introduced/supported over the past several sessions and has failed every year due to overwhelming opposition from local governments across the state.

160.95 Sales and Use Tax: No sales and/or use tax should be applied to any materials, **including but not limited to prescription drugs and vaccines,** that are provided to a patient in a physician's office relating directly to the treatment

of a patient. (R130-02; reaffirmed R101-07; reaffirmed R102-12, **reaffirmed as amended R102-15**)

Directive—Loser Pays Rule in Civil Litigation: The LSMS support loser pays legislation if the LSMS Board of Governors determines that such legislation is (1) fair, and (2) reasonably calculated to benefit LSMS membership by relieving the liability crisis. (R208-04; reaffirmed as amended SubR102-10)

HOD ACTION: SUNSET. LSMS has existing policy concerning this issue. See 435.86

435.86 Loser Pays Rule in Civil Litigation: The LSMS supports a loser pays rule in civil litigation. (R208-04, reaffirmed R101-10, **reaffirmed R102-15**))

RESOLUTION 103—Adopted as amended 1/30/15

SUBJECT: Policies and Directives Subject to Sunset
INTRODUCED BY: Council on Public Health

RESOLVED, that the following recommendations from the LSMS Council on Public Health related to policies and directives related to public health issues be adopted as indicated:

DIRECTIVE - Louisiana Immunization Network for Kids (LINK): The LSMS work with all interested stakeholders such as the Louisiana Chapter of the American Academy of Pediatrics, to develop and implement an initiative to improve the method of tracking and reporting of the vaccination status of Louisiana’s children through the Louisiana Immunization Network for Kids (LINK) (R204-12).

HOD ACTION: SUNSET and ADOPT AS POLICY as follows:

XXX.XX. Immunizations: The LSMS supports the Louisiana Immunization Networks for Kids Statewide (LINKS) and supports initiatives which seek to:

- (1) Achieve consistency between state and federal guidelines for the appropriate timing of vaccine administration.
- (2) Develop methods which are secure and simple to correct errors in patient records.
- (3) Expand reporting requirements for the LINKS system to include all entities that administer vaccines to children. **(R103-15)**

DIRECTIVE - Distribution of Condoms in Public Schools: The LSMS seek and or support a change in state law, Revised Statutes 17:281A. (3) which prohibits the distribution of condoms in public schools to one which allows the distribution of condoms in public schools at the option of the local school board. The LSMS emphasizes that abstinence is the only reliable method of preventing sexually transmitted diseases. (R210-94, reaffirmed R101-04; reaffirmed SubR102-10)

HOD ACTION: SUNSET and ADOPT AMENDED POLICY as follows:

XXX.XX. Public Health – Distribution of Condoms in Public Schools:
The LSMS supports local school boards to have the option as to whether

condoms can be distributed in public schools. The LSMS believes that the most reliable ways to avoid STD transmission ~~are~~ is to abstain from sexual activity. Furthermore, although condom use cannot provide absolute protection, we agree with the CDC that consistent and correct condom use does reduce the risk of STD and HIV transmission. (R210-94, reaffirmed R101-04; reaffirmed SubR102-10; **reaffirmed as amended R103-15**)

- 95.97 Drug Abuse:** The LSMS (1) Condemns the use of illicit drugs and the misuse of prescription drugs.
(2) Supports the establishment of drug treatment centers for addicts and the passage of stronger, mandatory sentences for multiple convictions of drug dealers;
(3) Supports drug education and anti-drug programs in the schools and in the work place;
(4) Urges its members and the members of the LSMS Alliance to be active volunteers locally in the war on drugs. (R36-90, amended R101-2000, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

95.97 Drug Abuse: The LSMS recognizes the deleterious effects that drug abuse has upon our patients and our communities. ~~(1) Condemns~~ **The LSMS condemns** the use of illicit drugs and the misuse of prescription drugs. ~~(2) Supports~~ **The LSMS** supports the establishment of drug treatment centers for **people battling drug addiction** addicts, and the passage of stronger, mandatory sentences for multiple convictions of drug dealers; ~~(3) Supports~~ drug education and anti-drug programs in the schools and in the work place; ~~(4) Urges~~ **The LSMS urges** its members and the members of the LSMS Alliance to be active volunteers locally ~~in the war on drugs~~ **to assist in any manner possible to stem this growing epidemic.** (R36-90, amended R101-2000, reaffirmed R101-10, **reaffirm as amended R103-15**)

- 440.88 Influenza Vaccine for Health Care Workers:** The LSMS supports the annual health care worker vaccination as a public health measure to protect patients and reduce the spread of disease, and whenever possible intranasal vaccine be encouraged for these personnel as per CDC Guidelines. (R308-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

- 440.88 Influenza Vaccine for Health Care Workers:** The LSMS supports the annual ~~health care worker~~ vaccination **of health care providers, per CDC Guidelines,** as a public health measure to protect patients and reduce the spread of disease, ~~and whenever possible intranasal vaccine be encouraged for these personnel as per CDC Guidelines.~~ (R308-04, reaffirmed R101-10, **reaffirmed as amended R103-15**)

HOD ACTION: AMEND, COMBINE AND REAFFIRM as follows:

- 440.86 MMR Revaccination:** The LSMS supports the ~~recommendations for a second Measles-Mumps-Rubella vaccination~~ **administration of vaccines recommended** as stated by the Centers for Disease Control and/or the American Academy of Pediatrics. The Secretary of the Louisiana Department of Health and Hospitals should arrange for adequate funding to administer the vaccine in public health clinics. ~~The LSMS supports legislation requiring an MMR immunization~~ **the requirement** for all students entering school ~~above the high school level in accordance with the state health department approved schedule.~~ (R7-90, reaffirmed R101-04, reaffirmed R101-10) **to have the required vaccines in accordance with State Health**

Department approved State Health Department approved schedule. (reaffirmed as amended R103-15)

490.91 Opposition to the Tobacco Industry: The LSMS is opposed to the tobacco industry in its production, distribution and advertising of addictive tobacco products. The LSMS condemns the intense efforts of the tobacco industry to thwart any attempt to protect the public from tobacco and its related illnesses. (R403-94, reaffirmed R101-04, reaffirmed R101-10, reaffirmed R103-15)

HOD ACTION: REAFFIRM

490.90 Nicotine Addiction: The LSMS educate its members on the need to appropriately diagnose nicotine addiction and ensure, through appropriate regulatory agencies, that third party payers provide payment for the treatment of nicotine abuse and/or addiction which is on parity with other mental and physical conditions. (R405-94, reaffirmed R101-04, reaffirmed R101-10)

HOD ACTION: AMEND and REAFFIRM as follows:

490.90 Nicotine Addiction: The LSMS **believes that it is imperative to** educate its members on the need to appropriately diagnose nicotine addiction and ensure, through appropriate regulatory agencies, that third party payers provide payment for the treatment of nicotine abuse and/or addiction which is on parity with other mental and physical conditions. (R405-94, reaffirmed R101-04, reaffirmed R101-10, **reaffirmed as amended R103-15**)

530.88 Smoking at LSMS Meetings: Smoking is prohibited at all LSMS meetings. (R25-1984, reaffirmed R101-03, reaffirmed sub R101-08, **reaffirmed R103-15**)

HOD ACTION: REAFFIRM

RESOLUTION 104—Withdrawn 1/30/15

SUBJECT: Charity Hospital System
INTRODUCED BY: Irving Blatt, MD, Delegate
Terrebonne Parish Medical Society

RESOLVED: SUNSET, POLICY, HOSPITALS, CHARITY HOSPITAL SYSTEM,
see 165.93, 165.97, and 290.95

165.93 Health System Reform in Louisiana: The LSMS concurs with recommendations contained in the Pricewaterhouse Coopers *Report on Louisiana Healthcare Delivery and Financing System* specifically concerning health system reform and adopts the following position statement:

- a) Health system reform in Louisiana must be statewide ensuring equitable access to quality care and elimination of the two-tiered delivery system.
- b) There must be adequate funding mechanisms to ensure the delivery of quality care, preferably systems in which the dollars follow the patient.
- c) Graduate medical education must be preserved as part of health system reform and should include academic medical centers as an integral part of the medical education system.

d) Health Access Louisiana is an effective vehicle to accomplish health system coverage reform, and would allow academic medical centers to compete in the health care marketplace. (R105-06, reaffirmed R101-11)

165.97 Health Access Louisiana: A proposal for health coverage reform in Louisiana. The proposal contains the following key elements.

Financing issues

The dislocation caused by the 2005 hurricanes revealed underlying weaknesses of Louisiana's (and by extension America's), over-reliance on employment-based insurance as the basic principle for organizing health care financing. The clear lesson, again for other states as well as Louisiana, is that subsidizing institutions to provide charity care is a decidedly inferior and inflexible alternative when compared with using those same funds to expand health insurance coverage.

Overview of proposed reforms

Element 1: Create a market mechanism for making health insurance truly personal and portable for all residents, and more readily available to workers with non-traditional employment situations.

Element 2: Create mechanisms for aggregating premium payments from multiple funding sources to pay for coverage offered through a Health Insurance Exchange that encourages a competitive market place where patients can choose among health insurance plans and providers (amended R114-10)

Element 3: Provide coverage for state and local government employees through the Louisiana Insurance Exchange.

Element 4: Create a new statewide health insurance risk transfer pool to ensure adequate and fair cross-subsidization of high-risk individuals.

Element 5: Redirect existing subsidies to cover low-income uninsured.

Element 6. Seek support for creating a federal health care financing demonstration project that builds on Louisiana's reform efforts.

Conclusion

Louisiana has been presented with a unique opportunity to convert the health care crisis imposed on the state by Hurricanes Katrina and Rita into significant and lasting improvements in the health care system. Health Access Louisiana also has significant implications beyond the state. Indeed it could become a model for positive health reform throughout the entire country. As such, Louisiana policymakers should seek the active support and cooperation of the federal government in the reform plan. (reaffirmed R101-11)

RESOLUTION 105—Referred as amended to the Board of Governors 1/30/15

SUBJECT: Young Physicians Section Delegates to the LSMS House of Delegates
INTRODUCED BY: Jefferson Parish Medical Society

RESOLVED, that the LSMS grant the Young Physicians Section additional delegates to the House of Delegates based on one (1) for each twenty-five (25) members of the section, and be it further

RESOLVED, that the members of the Young Physician Section must also maintain membership in a Component Medical Society (CMS) and can be counted along with other membership categories when determining the number of delegates and alternate delegates that a CMS can send to the LSMS House of Delegates.

ARTICLE XII House of Delegates

The House of Delegates is the legislative and policy-making body of the Society.

A. Members

The House of Delegates is composed of:

9. One delegate or one alternate delegate from the Young Physicians Section, as designated by the Young Physicians Section;

ARTICLE XV Young Physician Section

A section in the Louisiana State Medical Society is an organization of individuals identified and authorized in these bylaws for the purpose of providing representation to a group who have common interests, needs and/or backgrounds.

A. Members

A member of the Young Physician Section must be under 40 years of age or within the first five (5) years of professional practice after completion of residency and fellowship training programs.

B. Delegates to the House of Delegates of the LSMS

The Young Physician Section shall designate a delegate and alternate delegate from the Young Physician Section to serve in the House of Delegates of the Louisiana State Medical Society. The designated delegates or alternate delegates shall have the right to vote in the House of Delegates of the Louisiana State Medical Society.

A Young Physician delegate or alternate delegate of the House of Delegates shall be elected to a term of one (1) year.

RESOLUTION 106—Adopted as amended 1/30/15

SUBJECT: Minimum Criteria for Maintaining a Charter as a Component Medical Society of the LSMS
INTRODUCED BY: Council on Member Services

RESOLVED, that Article XXI of the bylaws of the Louisiana State Medical Society is hereby amended as follows:

ARTICLE XXI
Component Societies

The Louisiana State Medical Society may charter parish medical societies as component units of the Louisiana State Medical Society.

A. Definition

* * *

B. Members

* * *

C. Organization

A Component Society shall adopt its own bylaws and other rules, which must be in accordance with the Charter, bylaws, and other rules of the Louisiana State Medical Society.

The bylaws and other rules of a Component Society are subject to review by the Louisiana State Medical Society. **Upon request of the LSMS Board of Governors, a component society shall submit a copy of its bylaws to the LSMS Charter and Bylaws Committee and updated copies shall be submitted if and when any amendments to those bylaws are adopted.**

A component society shall forward its proposed meeting dates for the upcoming year to the LSMS for inclusion into the LSMS meeting calendar no later than five days after the first meeting of the new membership year. Additionally, any changes should be communicated to the LSMS.

The LSMS may request a copy of the component society's financial statements for review to determine whether membership dues are being collected and managed in accordance with the LSMS Charter, Bylaws, and policies. The LSMS may also request a copy of the current membership roster of the component society and meeting minutes.

A Component Society shall be bound by any resolutions or other actions of the House of Delegates.

A Component Society may be incorporated.

D. Charter

The Board of Governors may, on request, issue a charter to any group of 10 or more physicians organized according to this Article. **There shall be only one component society chartered within the geographic confines of a Parish.**

The charter of a Component Society shall remain in perpetuity unless revoked.

The charter of a Component Society ~~may shall~~ be revoked for cause by the Board of Governors, after notice and hearings **before the LSMS Board of Governors. Cause shall include, but not**

be limited to, failure of a component medical society which collects dues to hold a minimum of two general membership meetings per year.

Upon a determination by the LSMS Board of Governors that sufficient facts exist to determine that a component medical society may otherwise be subject to revocation of their charter for cause, the LSMS Board of Governors shall provide the component medical society a definite time, not to exceed one hundred eighty days, to correct the deficiency prior to initiating any hearing to determine whether the charter should be revoked.

In the event a component medical society charter is revoked by the LSMS for any reason, the members of that former component medical society shall be allowed to join another component medical society within the same LSMS district as their former component medical society.

E. Delegates to the House of Delegates of the LSMS

The LSMS may request a copy of the component society's financial statements for review to determine whether membership dues are being collected and managed in accordance with the LSMS Charter, Bylaws, and policies. The LSMS may also request a copy of the current membership roster of the component society and meeting minutes; and vice versa, the component society may also request a copy of the current membership roster and meeting minutes of the LSMS.

* * *

RESOLUTION 107—Adopted as amended 1/31/15

SUBJECT: Scientific Assembly
INTRODUCED BY: Irving Blatt, MD, Delegate
Terrebonne Parish Medical Society

RESOLVED that the LSMS study and consider implementing a Scientific and Technical Exhibit with CME credit for the 2016 LSMS House of Delegates to include considering inviting participation by Louisiana Medical Schools, and any specialty societies wishing to participate.

RESOLUTION 108—Withdrawn 1/31/15

SUBJECT: Medical Student Section Delegates to the LSMS House of Delegates
INTRODUCED BY: Jefferson Parish Medical Society

RESOLVED, that the Louisiana State Medical Society share the list of Medical Student Section members and their contact information with any component society that is interested in inviting their membership and participation, and be it further

RESOLVED, that the LSMS Committee on Charter and Bylaws or another more appropriate body develop an alternative to the current method of determining the representation the MSS has in the House of Delegates.

RESOLUTION 109—Adopted as amended 1/31/15

SUBJECT: Monthly or Quarterly Payment of Membership Dues for LSMS
INTRODUCED BY: Council on Member Services

RESOLVED, that the LSMS offer a monthly or quarterly electronic debit/payment option for dues payments. Be it further

RESOLVED that the LSMS work with component societies to offer a monthly or quarterly electronic debit/payment option for dues payments.

RESOLUTION 110—Adopted as amended 1/31/15

SUBJECT: Medical Student and Resident Business Relationship
INTRODUCED BY: Medical Student Section

RESOLVED, the LSMS create an ad hoc committee to develop a seminar series on the business of medicine to be taught by experienced persons to medical students, residents, fellows, and young physicians.

RESOLUTION 111—Adopted 1/30/15

SUBJECT: Medical Student Component Society Membership
INTRODUCED BY: Medical Student Section

RESOLVED, that MSS members are strongly encouraged to join their component parish society when they become members of the LSMS, including publication to component parish societies of LSMS MSS membership lists; and be it further

RESOLVED, that MSS members participating on the LSMS-MSS Governing Council are required to maintain a membership with the component parish society of their choosing.

RESOLUTION 112—Adopted 1/30/15

SUBJECT: Expanding Payment Options for LSMS Dues
INTRODUCED BY: Council on Member Services

RESOLVED, that the LSMS offer and/or expand its electronic/online payment process and market this option actively to its members.

RESOLUTION 113—Adopted as amended 1/31/15

SUBJECT: District Councilors
INTRODUCED BY: Irving Blatt, MD, Delegate
Terrebonne Parish Medical Society

RESOLVED, that the LSMS Board of Councilors conduct an annual thorough review of the current and future needs of all parish medical societies located within their respective LSMS districts and then develop new job descriptions, duties and responsibilities for themselves based on their individual findings by April of each year.

RESOLUTION 114—Adopted as amended 1/31/15

SUBJECT: Board of Councilors
INTRODUCED BY: St. Tammany and Washington Parishes Medical Societies

RESOLVED, that the Board of Councilors' duties in addition to the original duties will structure a set of meaningful goals at the beginning of the current year. These goals should be approved by the majority of the Board of Councilors, and be it further

RESOLVED, in addition the Board of Councilors shall serve as the primary contact to immediate challenges at the level of the component societies. These challenges will be reviewed and can be transformed into resolutions which will be reported to the Board of Governors.

RESOLUTION 115—Referred as amended to the Council on Socioeconomics with a directive to create a private practice sub-committee 1/31/15

SUBJECT: Preservation of the Private Practice of Medicine
INTRODUCED BY: St. Tammany and Washington Parishes Medical Societies

RESOLVED, that the LSMS will research and pursue substantial and meaningful initiatives which seek to assist physicians who have been affected by the recent changes in healthcare maintain an independent and private medical practice.

RESOLUTION 116—Adopted 1/30/15

SUBJECT: Autorenewal of Membership Dues for LSMS
INTRODUCED BY: Council on Member Services

RESOLVED, that the LSMS offer its members the option to auto-renew their membership without receiving yearly renewal form. And be it

RESOLVED, that the member be allowed to “opt out” of this auto-renewal process of annual dues if desired. Be it further

RESOLVED that the LSMS work with component societies to offer the feature of auto-renewal of membership.

RESOLUTION 117 – Adopted 1/30/15

SUBJECT: Changing Renewal Date of Members to their Anniversary Date
INTRODUCED BY: Council on Member Services

RESOLVED, that our LSMS switch its renewal process from a “calendar year” renewal (everyone renews on Jan 1), to an “anniversary” renewal (everyone renews on their anniversary date of joining.)

ARTICLE XXIV
Finances

A. Dues

2. Method of Payment – Annual dues renewal statements shall be sent to each member no less than two months prior to the annual due date. ~~Dues are due on January 1 and delinquent on March 1.~~

4. ~~Proration of dues – Active and academic members accepted into the Louisiana State Medical Society after the beginning of the calendar year shall pay dues on a prorated basis for the remainder of the year in which they were accepted. This proration shall be made quarterly.~~

RESOLUTION 118—Withdrawn 1/30/15

SUBJECT: Two Year Pilot Study on Alternative Membership Models
INTRODUCED BY: Orleans Parish Medical Society

RESOLVED, the Orleans Parish Medical Society along with the Louisiana State Medical Society are exempt from the individual membership model and structure outlined in the LSMS Bylaws for a period of approximately 2 years, beginning on February 1, 2015 and continuing through December 31, 2016 in order to conduct a pilot test on institutional membership models, and be it further,

RESOLVED, that any new membership category would adhere to the basic tenet that all members must hold membership in both the state and parish medical societies, and be it further,

RESOLVED, that component society membership will be based on the specific geographic location of the institutional member, with all current members grandfathered into their respective component societies, and be it further,

RESOLVED, that the pricing structure for any new membership model(s) during the time of the pilot study must be approved by the LSMS and the Orleans Parish Medical Society, and be it further,

RESOLVED, that delegate representation for the Orleans Parish Medical Society within the LSMS House of Delegates be frozen at the current level during the two years of this pilot study, and be it further,

RESOLVED, that a full report outlining all successes and failures from this pilot study will be presented by the president of OPMS at the 2017 LSMS House of Delegates meeting.

RESOLUTION 119 – Adopted as Amended 1/31/15

SUBJECT: Physician Resource Library
INTRODUCED BY: Jefferson Parish Medical Society

RESOLVED, that the Louisiana State Medical Society develop a resource library for members to include, but not limited to:

- (1) a regularly updated list of contacts for all state health insurance carriers where practices can direct questions or complaints;
- (2) the key points a physician should consider when reviewing a contract with
 - (a) an insurance company
 - (b) a managed care company
 - (c) when selling a medical practice,
 - (d) when becoming a hospital employee
 - (e) when joining a private practice
- (3) the key points a physician should consider when starting and maintaining a private practice
- (4) with the periodic updates by the legal staff of all of the information in the resource library.

RESOLUTION 201—Withdrawn 1/30/15

SUBJECT: Reproductive Health Surveys
INTRODUCED BY: Jacob Quinton
AMA Delegation Member-in-Training

RESOLVED, that the LSMS support legislative action to allow for appropriate public health surveys to be introduced in schools as a component of comprehensive reproductive health education; and be it further

RESOLVED, that the LSMS reaffirms that efforts to improve reproductive health education in schools should be physician led.

RESOLUTION 202—Adopted as amended 1/31/15

SUBJECT: Notification of Substitution of Biosimilar Medications
INTRODUCED BY: Orleans Parish Medical Society

RESOLVED, That the Louisiana State Medical Society take positive action to promote legislation or regulation addressing prescribing issues for biologics, including: 1.) requiring that both the patient and their prescribing physician be notified any time before a biosimilar medication

(interchangeable or not) is substituted for a biologic medication. 2.) Require that a written prescription show “Dispense as written” and “substitution permitted” allowing the prescriber to indicate their choice by signature.

RESOLUTION 203 – Referred to BOG 1/31/15

SUBJECT: LSMS Membership Requirement for Medical Licensure for Physicians
INTRODUCED BY: Marc Pittman, III, MD, Delegate
St. Tammany Parish Medical Society

RESOLVED, that the LOUISIANA STATE MEDICAL SOCIETY (LSMS) should initiate and support legislation requiring membership in the LSMS as a requirement for medical licensure in the State of Louisiana, and

RESOLVED, (if the above resolution is accepted) that, the mission statement of the LSMS be modified to read: *“The Louisiana State Medical Society is ~~a voluntary~~ an association of physicians providing leadership for the advancement of the health of the people of Louisiana and serving as the premier advocate for patients and physicians.”*

RESOLUTION 204 – Adopted 1/31/15

SUBJECT: Increase in Fees Currently Provided by the Louisiana State Board of Medical Examiners to be Directed to and for the Benefit of the Physicians’ Health Foundation of Louisiana
INTRODUCED BY: Jefferson Parish Medical Society

RESOLVED, the LSMS seek and support legislation in the 2015 session of the Louisiana legislature, establishing an increase in fees of an additional \$25 per year to the licensing fee currently assessed for physicians, podiatrists, medical psychologists, and physician assistants by the LSBME, to be directed to and for the benefit of the Physicians' Health Foundation of Louisiana, Physicians Health Program, which will continue to be used to assist physicians, podiatrists, medical psychologists, and physician assistants in the state of LA.

RESOLUTION 401—Adopted 1/30/15

SUBJECT: ICD-10 and ICD-11
INTRODUCED BY: Council on SocioEconomics

RESOLVED, that the LSMS reaffirms its opposition to the adoption of ICD-10 and requests that the LSMS Board of Governors to study or request the AMA to study the feasibility of waiting and adopting ICD-11 if it is found to be less burdensome upon providers.

RESOLUTION 402—Adopted as amended 1/31/15

SUBJECT: Opposition to Mandatory Maintenance of Certification (MOC)

INTRODUCED BY: Council on SocioEconomics

RESOLVED, that the Louisiana State Medical Society adopts the following policy:

XXX.XX Maintenance of Certification: The LSMS opposes mandatory maintenance of certification, and encourages physicians to strive constantly to improve their care of patients by the means they find most effective and encourages the continued use of state requirements for CME hours as a means of ensuring physicians remain up-to-date on patient care issues.

RESOLUTION 403—Adopted as amended 1/31/15

SUBJECT: Maintenance of Licensure
INTRODUCED BY: Council on Socioeconomics

RESOLVED, that the Louisiana State Medical Society hereby adopts the following policy:

XXX.XX. Maintenance of Licensure: The LSMS is opposed to any effort by the state of Louisiana, including but not limited to the Louisiana State Board of Medical Examiners, to require that a physician complete a “maintenance of licensure (MOL)” program similar to that proposed by the Federation of State Medical Boards (FSMB) as a condition of licensure.

RESOLUTION 404—Referred as amended to the BOG 1/31/15

SUBJECT: Interstate Licensure for Telemedicine Practice
INTRODUCED BY: Louisiana Delegation to the AMA

RESOLVED: that the LSMS work with interested parties to develop the concept of an interstate compact for telemedicine practice.

RESOLUTION 405 – Adopted 1/31/15

SUBJECT: Actual Allowable By Medicare
INTRODUCED BY: Council on Socioeconomics

RESOLVED: that our LSMS request that our American Medical Association (AMA) annually examine the “allowable” Medicare fee schedules (E&M and CPT codes) to determine if the reimbursement is consistent with the government’s stated increase or decrease based on the SGR and alert its membership as to that consistency or lack thereof.

RESOLUTION 406—Adopted as amended 1/31/15

SUBJECT: Exception to the use of electronic healthcare technology in rural areas of Louisiana.
INTRODUCED BY: St. Tammany and Washington Parishes Medical Societies

RESOLVED, that the LSMS shall adopt the following policy:

ELECTRONIC HEALTH RECORDS – MEANINGFUL USE: The LSMS supports an exception for physicians practicing in rural and HPSA areas of Louisiana from having to meet the requirement of meaningful use which mandates the use of secure electronic communication with patients, and direct the AMA Delegation submit a resolution to request the AMA seek changes in federal law to permit such an exception for Louisiana physicians in rural areas.

RESOLUTION 407 – Referred to the BOG 1/31/15

SUBJECT: Care Coordination
INTRODUCED BY: Medical Student Section

RESOLVED, That our Louisiana State Medical Society work with third party payers to assure that payment of physicians/healthcare systems includes enough money to assure that patients and their families have access to the care coordination support, in their patient-centered medical homes, that they need to assure optimal outcomes (Directive to Take Action); and be it further

RESOLVED, That our Louisiana State Medical Society work with state authorities to assure that funding is available and to guide decisions that third party payers make in their funding of care coordination services. (Directive to Take Action)

RESOLUTION L-3 – Adopted as Amended 1/31/15

SUBJECT: Medicaid Coverage Expansion in Louisiana
INTRODUCED BY: Philip Rozeman, MD, Delegate
Shreveport Medical Society

RESOLVED, consistent with existing LSMS policy, consideration should be given but not be limited to a range of political strategies including:

- Subsidizing employer coverage for a certain low income workers.
- Utilizing purchase pools, cooperatives and “health insurance exchanges” for small employers and individuals to increase health insurance competition.
- And where existing policy is deficient, expand Medicaid coverage to take advantage of federal funding for certain low-income individuals.
- Use of Health Savings Accounts as vehicles to increase choice of patients in healthcare.

RESOLUTION L-4—Adopted as amended 1/31/15

SUBJECT: Two Year Pilot Study – Alternative Membership Models
INTRODUCED BY: Capital Area Medical Society

RESOLVED, that any parish medical society may chooses to participate in a pilot study along with the Louisiana State Medical Society and would be exempt from the individual membership model and structure outlined in the LSMS Bylaws for a period of approximately 2 years, beginning on February 1, 2015 and continuing through December 31, 2016 in order to conduct a pilot test on institutional membership models, and be it further,

RESOLVED, that any new membership category would adhere to the basic tenet that all members must hold membership in both the state and parish medical societies, and be it further,

RESOLVED, that component society membership will be based on the specific geographic location of the institutional member, with all current members grandfathered into their respective component societies, and be it further,

RESOLVED, that the pricing structure for any new membership model(s) during the time of the pilot study must be approved by the LSMS and the participating parish medical society, and be it further,

RESOLVED, that delegate representation for all participating parish medical societies within the LSMS House of Delegates will not exceed the current level during the two years of this pilot study, and be it further,

RESOLVED, that a full report outlining all successes and failures from this pilot study will be presented by the president(s) of participating parish medical societies at the 2017 LSMS House of Delegates meeting.

RESOLUTION L-5 – Adopted 1/31/15

SUBJECT: Medicaid Access To Care
INTRODUCED BY: Mike Ellis, MD, Past President

RESOLVED, that our LSMS request the assistance of the La. Commissioner of Insurance to encourage DHH to provide its patients with adequate access to needed health care and preventive services to help raise Louisiana from the bottom of state health rankings, and further be it (DIRECTIVE)

RESOLVED that our LSMS utilize the information gathered by its study of the Medicaid budget and its effect on Medicaid patient's access to care to assist the public, our Louisiana legislature, DHH and the Louisiana Governor's administration of the need to provide adequate reimbursement to provide access to care for Medicaid patients in Louisiana, and further be it (DIRECTIVE)

RESOLVED, that our LSMS add its support to the *Armstrong v. Exceptional Child Center, Inc.*, lawsuit currently before the Supreme Court questioning under the **U.S. Constitution's Supremacy Clause** whether providers under a private "right of action" may challenge state-set payment rates so as to enforce Medicaid's "**equal access provision**," (DIRECTIVE)

RESOLUTION L-6 Adopted 1/31/15

Subject: Strengthen Louisiana GME and Physician Workforce
Introduced by: LSMS Ad Hoc Committee on GME,
Dolleen Licciardi, MD, Chair

RESOLVED, That the LSMS advocate for the recommendations outlined in the Strengthening Louisiana GME report, devising a comprehensive strategy in working with the state and other stakeholders to implement the most feasible options; and be it

RESOLVED, That, in addition the LSMS advocate specifically for creating a policymaking entity as outlined in the Strengthening Louisiana GME report.

RESOLUTION L-7 – Adopted as Amended 1/31/15

SUBJECT: New Membership Model
INTRODUCED BY: Phillip A. Rozeman, MD, Delegate, & Frederick J. White, MD, Delegate

RESOLVED, that the House of Delegates of the Louisiana Medical Society instructs the LSMS Board of Councilors to present a report to the Board of Governors to proceed with further review and comment upon the Option 2 model as outlined in the *Two Options Report* and to circulate the Option 2 model as outlined in the *Two Options Report* to the component medical societies for review and comment to be submitted to the LSMS by June 30, 2015, and be it further

RESOLVED, that a revision of the Option 2 model as outlined in the *Two Options Report* be prepared by the LSMS Board of Councilors to present a report to the Board of Governors for further

review and comment, and that such revision be circulated as an informational report to the component societies no later than November 1, 2015.

RESOLUTION L-8 Adopted as amended 1/31/15

SUBJECT: Modernizing LSMS, Bringing Us Into the 21st Century
INTRODUCED BY: Medical Student Section

RESOLVED, that the LSMS create a task force to develop modernizing structural changes to the LSMS with a report back to the 2016 HOD to focus on improving responsiveness to local and state demands, finding novel ways to conduct distributed decision-making, and using technology to streamline the policy-making process with each recommendation include implementation strategies worked out to be presented to the 2016 House of Delegates.

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RESOLUTION H-1 Adopted 1/30/15

SUBJECT: LSMS Community Service Award
INTRODUCED BY: Board of Governors

RESOLVED, the 2014 LSMS Physician Award for Community Service is presented to Gazi B Zibari, MD of Shreveport.

RESOLUTION H-2 Adopted 1/30/15

SUBJECT: LSMS Community Service Award
INTRODUCED BY: Board of Governors

RESOLVED, the 2014 LSMS Physician Award for Community Service is presented to Juan J. Gershanik, MD of New Orleans.

RESOLUTION H-3 Adopted 1/30/15

SUBJECT: LSMS Hall of Fame
INTRODUCED BY: Past Presidents' Advisory Council

RESOLVED, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, James A. White, III, MD of Alexandria, be elected to the Hall of Fame of the Louisiana State Medical Society.

RESOLUTION H-4 Adopted 1/30/15

SUBJECT: LSMS Hall of Fame
INTRODUCED BY: Past Presidents' Advisory Council

RESOLVED, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, Patrick C. Breaux, MD of New Orleans, be elected to the Hall of Fame of the Louisiana State Medical Society.