

PROCEEDINGS OF THE HOUSE OF DELEGATES

137th ANNUAL MEETING

January 26-27, 2018

Call to Order

Paul E. Perkowski, MD, Speaker of the House called the opening session of the Annual Meeting to order at 2:00PM on Friday, January 26, 2018 at the Hilton Capitol Center Hotel in Baton Rouge, Louisiana.

Father Joe D. Reynolds, Interim Rector, St. James Episcopal Church in Baton Rouge, offered the invocation. The Pledge of Allegiance was recited.

Recognition of Deceased LSMS Members

Dr. Perkowski referred the Delegates to the list which was distributed that included the names of LSMS members deceased since the 2017 Annual Meeting. Those passing over the past year were:

Thomas M. Smith, MD; Raghavendra R. Narra, MD; Charles Geron Hargon, MD; Thomas H. Fields, Jr., MD; Harold Robert Neitzschman, MD; Vernon L. McCord, MD; Robert L. DiBenedetto, MD; Carl B. Luikart, MD; Robert G. Jarrell, MD; Palmer J. Texada, MD; Jack Coussons, MD; Leonard Goldman, MD; Eugene C. St. Martin, MD; James Standford Shelby, MD; Robert Charles Griffith, MD; Donald R. Blocker, MD; Kenneth L. Fournet, MD; and Leonard Kancher, MD.

Recognition of 50 Year Anniversary Physicians

Dr. Perkowski referred the Delegates to the list distributed within their packets and asked that those 50 Year Anniversary Physicians present to stand and be recognized. The 50 Year Physicians include: Kenneth N. Adatto, MD; Robert L. Barrett, MD; Maurice L. Bercier, MD; Lawrence L. Braud, MD; Douglas C. Brown, MD; Charles R. Byrd, MD; John M. Church, MD; James M. Ciaravella, MD; William C. Coney, MD; Francis Gerard Daly, MD; Philip J. Daroca, MD; Herschel B. Dean, MD; Fortune A. Dugan, MD; Quentin D. Falgoust, MD; Gary D. Frenz, MD; Paul T. Gaudet, MD; Marvin Girod, MD; William T. Hall, MD; Richard Haydel, MD; Larry H. Hollier, MD; Paul A. Jordan, MD; Frederick Randall Kirchner, MD; Walter P. Ledet, MD; Harvey Long, MD; John R. Macgregor, MD; Herbert Wendt Marks, MD; A. Wayne Martin, MD; Michael McAlvanah, MD; Donal B. McBurney, MD; Jack P. Murphy, MD; Charles L. Neal, MD; Franklin G. Noles, MD; Charles A. Olivier, MD; S. K. Purohit, MD; Ronald Rabin, MD; William F. Rachal, MD; Raoult C. Ratard, MD; Jack S. Resneck, MD; Gerald M. Robertson, MD; Anthony J. Saleme, MD; Gregory M. Savoy, MD; Grant P. Simmons, MD; Roger D. Smith, MD; Onita Lynn Speight, MD; Larry D. Stewart, MD; Jerry Sullivan, MD; Michael J. Torma, MD; James M. Tubb, MD; Michael C. Turner, MD; and Merlin R. Wilson, MD.

Remarks of the Speaker

Paul E. Perkowski, MD, Speaker of the House began his remarks by welcoming all participants and thanking them for making the trip to Baton Rouge. He thanked the Capital Area Medical Society for hosting the meeting once again. He thanked the sponsors of meeting. Dr. Perkowski explained that the meeting would follow the rules of Sturgis.

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.

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.

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. Perkowski noted the procedure for handling of amendments. Amendments can be written on the amendment sheets which are on each table. All amendments should be taken to the side 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.

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

Dr. James Christopher, 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 2018 House of Delegates:

1. Late Resolutions: The Committee reported the following late resolutions met the criteria for being duly considered by the House:
 - a. L-1, *Increase in Louisiana Medicaid Professional Service Fee Schedule*
 - b. L-2, *Transitioning of Dues Exempt Members*
 - c. L-3, *Health Care in Prisons and Jails in the State of Louisiana*
2. 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.
3. Elections packet was approved as presented.

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

Elections

The following members were elected to serve for 2018-2019:

Board of Governors

President-Elect	Lee Stevens, MD
Vice President	Katherine Williams, 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	David Broussard, MD
First District Councilor	Vacant
Third District Councilor	Allan Vander, MD
Fifth District Councilor	Vacant
Seventh District Councilor	Brian Gamborg, MD
Ninth District Councilor	Vacant
Medical Student Member	Carl Sabottke
Resident Member	Emily Davis, MD
Young Physician Member	Amberly Nunez, MD
Senior Physician Member	Lynn Tucker, MD

Alternate First District Councilor	Vacant
Alternate Third District Councilor	Mark Hebert, MD
Alternate Fifth District Councilor	Vacant
Alternate Seventh District Councilor	Yoko Broussard, MD
Alternate Ninth District Councilor	Vacant
Alternate Medical Student Member	Riley Santiago
Alternate Resident Member	Ezekiel Wetzels, MD
Alternate Young Physician Member	Alicia Kober, MD
Alternate Senior Physician Member	Pamela Parra, MD

AMA Delegation

Term—(January 1, 2018-December 31, 2019)

Delegates

Luis Alvarado, MD
Lee Stevens, MD

Alternate Delegate

Term—(January 1, 2018-December 31, 2019)

William “Beau” Clark, MD

Term—(January 1, 2018-December 31, 2018)

Myo Myint, MD

Alternate Delegate Member-in-Training (January 1, 2018-December 31, 2018)

Rachel Spann

Council on Legislation (Term 2 years)

First District Councilor	Vacant
First District Alternate	Vacant
Third District Councilor	Irving Blatt, MD
Third District Alternate	Vacant

Fifth District Councilor	Vacant
Fifth District Alternate	Vacant
Seventh District Councilor	John VanHoose, II, MD
Seventh District Alternate	John Noble, Jr., MD
Ninth District Councilor	Vacant
Ninth District Alternate	Vacant

Council on Legislation (Term 1 year)

Young Physician Member	James Bishara, MD
Alternate Young Physician	Vacant
Resident/Fellow Member	Valerie Lockhart, MD
Alternate Resident/Fellow	Vacant
Medical Student Member	Vacant
Alternate Medical Student	Vacant
LSMS Alliance Member	Rose Kuplesky
LSMS Alliance Alternate	Vacant

Approval of the Proceedings of the 2017 House of Delegates

The Proceedings of the Annual Meeting of the 2017 House of Delegates were approved as published in the Delegates handbook.

Approval of the Actions of the Board of Governors during 2017

The actions taken by the Board of Governors during 2017 were approved as published in the Delegates handbook.

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 2018 budget on January 36, 2018. He reviewed the Committee’s recommendations and answered questions. Following discussion, the proposed budget for 2018 of \$1,918,500 in projected revenues and \$1,918,334 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.

Installation of the President

The Presidential Oath of Office was administered to President-Elect Susan Bankston, MD by William “Beau” Clark, MD, President. Dr. Clark presented the Presidential Medallion and President’s Lapel Pin to Dr. Bankston. Concluding the installation ceremonies Dr. Clark presented the gavel to Dr. Bankston symbolizing the transfer of the Presidency. Dr. Bankston gave an inaugural address outlining her goals for the LSMS for 2018.

Resolutions to the House of Delegates

The following Bylaws changes reflect resolutions adopted during the Houses of Delegates for 2018. New language is underlined and language deleted contains strike through marks.

2018 LSMS House of Delegates – Baton Rouge, Louisiana

RESOLUTION 101 – ADOPTED AS AMENDED

SUBJECT: Speaker Recommendations Regarding Sunset Policies

RESOLVED, that the following recommendations on sunset policies be adopted as recommended by the LSMS Speakers

60.01 Emergency Medical Services General Policy

The LSMS recognizes and supports the EMS Task Force as the advisory body directing the expansion and improvement of EMS in Louisiana. The LSMS supports improvements and expansion of EMS medical control, higher education standards, improved educational opportunities, pediatric EMS standardization. The LSMS supports legislative provisions which will authorize and provide funding for the Bureau of EMS to perform the functions described above.

Speakers Recommendation: Reaffirm

71.03 End-of-Life Documentation

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

Speakers Recommendation: Reaffirm

72.01 Guidelines for Gifts to Physicians

The LSMS adopts the AMA CEJA opinion 8.061: To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines:

(1) Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.

(2) Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (eg, pens and notepads).

(3) The AMA Council on Ethical and Judicial Affairs defines a legitimate conference or meeting as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

(4) Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be

accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

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

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

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

Speakers Recommendation: Reaffirm

90.03 Code Situation in Health Care Facilities

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

Speakers Recommendation: Reaffirm

91.01 Guidelines for Hospital Medical Staffs

The LSMS supports the following guidelines characterizing the relationship between hospitals and their medical staffs:

(1) Hospital privileges should be established according to the bylaws of the medical staff, which includes the concept of quality peer review

(2) Physicians should provide medical care based on the traditional patient-physician relationship.

(3) Renewal of hospital privileges should be based on demonstrated competence and ethical behavior.

(4) Physician members of hospital medical staffs shall have the due process rights of a fair hearing and appellate review regardless of any personal service contract whenever a hospital denies reappointment to the medical staff, terminates the privileges of a physician, or takes any adverse action against a physician.

Speakers Recommendation: Reaffirm

100.07 Federal Health Care Programs

The LSMS affirms its belief in the superiority of private medical care in a pluralistic system and supports continued efforts to correct deficiencies in federal health programs. The LSMS opposes restrictions on non-participating physicians' medical practices and on patient freedom of choice by such mechanisms as limitations on balance billing and prohibitions on private opt out arrangements between physicians and patients.

Speakers Recommendation: Reaffirm

100.08 Health System Reform

The LSMS supports a policy of pluralism in our health care delivery system and includes the principles of security, simplicity, savings, choice, quality, and responsibility for health system reform.

(1). The LSMS supports a pluralistic system of health care delivery wherein patients have multiple choices of health care financing mechanisms in an open market setting free of government approved advantages created to favor any one or more mechanisms. ~~Fee for service medicine, with freedom of choice of physicians by patients, is the best financing system.~~

(2). The LSMS supports freedom of choice of health and medical care delivery settings for patients and physicians.

(3). The LSMS supports the right of physicians to choose their own specialty of practice and opposes any quota system to force physicians into a particular specialty or mode of practice.

(4). The LSMS urges the American Medical Association and the specialty societies to work together to preserve and expand the right of patients to choose their physician, delivery setting and method of financing of health care and the right of physicians to choose their practice setting and compensation arrangement.

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

The LSMS advocates the term health system reform to characterize needed changes to our health care delivery system.

Speakers Recommendation: Reaffirm as Amended

100.09 Fee-for-Service Medicine

Fee-for-service medicine, with freedom of choice of physicians by patients, is the best financing system, and other alternatives of financing should be retained as components of a pluralistic system of health care delivery.

Speakers Recommendation: ~~Reaffirm~~ Sunset

100.10 Price Controls

The LSMS is opposed to the imposition of price controls in our health care delivery system whether through fee controls, global budgets, expenditure targets, premium caps, percentage of payroll caps or any other method of price controls and supports the establishment of a more effective medical market to achieve cost effectiveness in our health care delivery system.

Speakers Recommendation: Reaffirm

110.02 Third Party Requests for Patient Information

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

Speakers Recommendation: Reaffirm

120.06 Pre-Admission Certification

The LSMS opposes the concept of pre-admission certification.

Speakers Recommendation: Reaffirm

120.08 Any Willing Provider

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

Speakers Recommendation: Reaffirm

Cancellation of Group, Family or Blanket Health Insurance

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

Speakers Recommendation: Reaffirm

122.02 Public Reporting of Health Quality Indicators

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

Speakers Recommendation: Reaffirm

130.03 Reforming Care for the Uninsured

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

Speakers Recommendation: Reaffirm

140.02 LSMS Annual Meeting

The Board of Governors establish the dates and location of the annual House of Delegates meeting upon the recommendation of the Speakers of the House of Delegates.

Speakers Recommendation: Reaffirm

140.03 Annual Dues Collection

The electronic dues deposit for collecting annual membership dues be made a permanent program of the LSMS with participation by individual component societies on a voluntary basis and with oversight by the Budget and Finance Committee of the LSMS.

Speakers Recommendation: Sunset

140.06 LSMS Strategic Planning Sessions

The LSMS invite Presidents and/or Presidents-Elect of Component Medical Societies to attend any LSMS Strategic Planning Session, at their own expense. The LSMS encourage component society leadership to invite the President and/or President-Elect of LSMS, and other LSMS representatives if they desire, to participate in any strategic planning sessions held by component societies.

Speakers Recommendation: Sunset

160.01 Medical Education Policy

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

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

Speakers Recommendation: Reaffirm

190.01 Sustainable Growth Rate (SGR) Formula

The annual Medicare physician payment update be revised by eliminating the use of the sustainable growth rate (SGR) spending target to adjust the Medicare Economic Index (MEI) in order to determine the annual payment update. Replace the SGR with a more realistic formula that utilizes accurate physician practice costs that reflect inflationary trends over which the physician has no control.

Speakers Recommendation: Sunset

190.02 Louisiana as One Medicare Region

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

Speakers Recommendation: Reaffirm

190.04 Medicare Payments to New Physicians

The LSMS opposes discriminatory Medicare payment reductions to new physicians.

Speakers Recommendation: Reaffirm

200.02 Discrimination against Psychiatric Consultation

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

Speakers Recommendation: Reaffirm

210.01 Definition of a Physician

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

Speakers Recommendation: Reaffirm

212.01 Separate Physician Licensing Boards

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

Speakers Recommendation: Reaffirm

213.02 Right of Physician and Patient to Privately Contract

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

Speakers Recommendation: Reaffirm

213.11 Reducing Payment for Previously-Adjudicated Claims

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

Speakers Recommendation: Reaffirm

213.13 Health Plan Charges for Tracing Third-Party Checks

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

Speakers Recommendation: Reaffirm

213.15 Contracts and Ethical Duty

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

Speakers Recommendation: Reaffirm

213.21 National Health Insurance and Physician Payment

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

Speakers Recommendation: Reaffirm

214.01 Physician Patient Relationship General Policy

The LSMS principles of the physician/patient relationship:

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

Speakers Recommendation: Reaffirm

215.01 Incentives

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

Speakers Recommendation: Reaffirm

215.02 Self-Referral

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

- (1) Ensure that referrals are based on objective, medically relevant criteria.
- (2) Ensure that the arrangement:
 - (a) is structured to enhance access to appropriate, high quality health care services or products; and
 - (b) within the constraints of applicable law:
 - (i) Does not require physician-owners/investors to make referrals to the entity or otherwise generate revenues as a condition of participation;

- (ii) Does not prohibit physician-owners/investors from participating in or referring patients to competing facilities or services, and
 - (iii) Adheres to fair business practices vis-à-vis the medical professional community—for example, by ensuring that the arrangement does not prohibit investment by nonreferring physicians.
- (3) Take steps to mitigate conflicts of interest, including:
- (a) ensuring that financial benefit is not dependent on the physician-owner/investor’s volume of referrals for services or sales of products;
 - (b) establishing mechanisms for utilization review to monitor referral practices; and
 - (c) identifying or if possible making alternate arrangements for care of the patient when conflicts cannot be appropriately managed/mitigated.
- (4) Disclose their financial interest in the facility, product, or equipment to patients; inform them of available alternatives for referral; and assure them that their ongoing care is not conditioned on accepting the recommended referral.

Speakers Recommendation: Reaffirm

233.03 Limitations on Malpractice Recovery

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

Speakers Recommendation: Reaffirm

233.05 Opposition to Safe Harbor Defense in Medical Professional Liability

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

Speakers Recommendation: Reaffirm

233.08 Penalties for Frivolous Malpractice Suits

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

Speakers Recommendation: Reaffirm

233.09 Contingency Fee System

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

Speakers Recommendation: Reaffirm

241.05 Standards for Child Care Institutions

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

Speakers Recommendation: Reaffirm

241.07 Standardization of Child Health Certificate

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

Speakers Recommendation: Reaffirm

250.02 Scope of Practice for PhD Nurse Practitioners (Nurse Doctors)

The LSMS opposes the use of the title of “doctor” by people holding a doctoral degree in any nursing related field of nurse practitioners in both an out-patient and in-patient setting as it may be confused by patients to mean or be equivalent of “physician.” It is also the policy of the LSMS to advocate strongly against any proposed legislative or administrative expansion of the scope of practice by people holding a doctoral degree in any nursing related field of nurse practitioners to practice medicine independently that is not approved by the Louisiana State Board of Medical Examiners and not in accordance with LSMS Policy 250.01.

Speakers Recommendation: Reaffirm

280.03 No Smoking in Public Places

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

Speakers Recommendation: Reaffirm

290.01 Elective Deliveries Prior to 39 Weeks

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

Speakers Recommendation: Reaffirm

RESOLUTION 102 -ADOPTED AS AMENDED

SUBJECT: Bylaws Updates/Corrections from 2017 R106B

RESOLVED, that the LSMS Bylaws be amended as follows:

Article XXI - Parish Societies

A. Definitions

1. A Chartered Parish Society is registered with the Louisiana Secretary of State's Office as a non-profit corporation to legally conduct business in the state and is a unified component of the Louisiana State Medical Society. ~~Individuals who are not members of a Chartered Parish Society may apply to join the Louisiana State Medical Society directly per the membership qualifications as defined in Article III, subsection A.~~ **A member of a Chartered Parish Society is not required to be a member of the Louisiana State Medical Society.**

2. An Affiliated Parish Society is registered with the Louisiana Secretary of State's Office as a non-profit corporation to legally conduct business in the state and is not a unified component of the Louisiana State Medical Society. A member of an Affiliated Parish Society is not required to be a member of the Louisiana State Medical Society.

C. Organization

1. A Chartered Parish Society ~~shall~~ **may** adopt its own bylaws and other rules, which cannot conflict **and** must be in accordance with the Charter, Bylaws and other rules of the Louisiana State Medical Society or they may choose to copy the bylaws and other rules of the Louisiana State Medical Society.

* * *

Article XXIV – Finances

4. Failure to pay dues - If dues have not been received from a member by the LSMS delinquency date, the member shall be notified that unless their dues are paid by the date specified in the delinquency notice they will be deemed to have resigned and their name shall be removed automatically from the rolls of the Louisiana State Medical Society. ~~and, if applicable, their chartered Parish Society.~~

* * *

Glossary

Chartered Parish Societies. A Chartered Parish Society is a medical society registered with the Secretary of State's Office as a non-profit corporation to legally conduct business in the state and is a chartered component of the Louisiana State Medical Society, and must follow the charter, bylaws, and rules of the LSMS, ~~except those that pertain to joint membership.~~

RESOLUTION 103 – ADOPTED AS AMENDED

SUBJECT: Delegates to the House of Delegates

RESOLVED that the selection of Delegates to the Louisiana State Medical Society House of Delegates differs between a Chartered and Affiliated Parish Society in that a Chartered

Parish Society elects its own delegates and an Affiliated Parish Society Delegates are elected by the Medical District, therefore be it

RESOLVED, Article XXII Section E, be amended to read as follows:

E. Delegates to the House of Delegates of the LSMS

Delegates to the House of Delegates of the Louisiana State Medical Society are apportioned based on the recorded membership in the office of the LSMS Secretary-Treasurer on November 1 of each year.

Delegate apportionment is calculated as follows:

- Medical District receives one delegate and one alternate for every 25 Full Dues Equivalent LSMS members as defined in Subsection D of this Article XXII. Each Medical District will annually elect its delegates and alternate delegates with voting rights based on the Full Dues Equivalent method as defined in Subsection D of this Article XXII.
- Within the delegates apportioned to each Medical District:
 - A Chartered Parish Society will receive one delegate and one alternate delegate for each 25 Full Dues Equivalent LSMS members as defined in Subsection D of this Article XXII. ~~which will be elected by the Parish Society.~~
 - An Affiliated Parish Society will receive nominate one delegate and one alternate delegate for each 25 Full Dues Equivalent LSMS members as defined in Subsection D of this Article XXII. ~~which will be elected by the Medical District.~~
 - The remainder of the Medical Districts apportioned delegates which includes those LSMS members who are not members of a Chartered or Affiliated Society will be nominated and elected by the Medical District. Nominations may be made by any member of that Medical District.
 - For both Chartered and Affiliated Parish societies, two delegates and two alternate delegates positions should be filled by eligible officers of the Society, chosen by the Societies' bylaws.

The President of a Chartered or Affiliated Parish Medical Society will submit a letter to the LSMS Secretary-Treasurer by January 1st each year reporting the number and names of officers and elected Parish Medical Society delegates.

RESOLUTION 104 – TABLED/NO ACTION

SUBJECT: Ex-Officio Members of the House of Delegates

RESOLVED, that Article XII (House of Delegates) of the LSMS Bylaws be amended by addition as follows:

A. Members

The House of Delegates is composed of:

1. Delegates, or alternate delegates, selected by Medical Districts as delimited in Article XXII subsection F of these bylaws and by Chartered and Affiliated Parish Societies in accordance with Article XII subsection E of these bylaws;
2. The General Officers of the Louisiana State Medical Society;
3. Delegates, and alternate delegates, to the American Medical Association;
4. All Past Presidents of the Louisiana State Medical Society;
5. All Past Speakers of the House of Delegates;
6. The Editor of the Journal;
7. Emeritus Officers;
8. One delegate, or alternate delegate, from the faculty of each Liaison Committee on Medical Education (LCME) accredited medical school in the state, as designated by that school;
9. One delegate or one alternate delegate from the Young Physicians Section, as designated by the Young Physicians Section;
10. One delegate or one alternate delegate, per 100 resident and fellow members of the LSMS, or fraction thereof;
11. A total of fifteen delegates and alternates delegates from the LCME accredited medical schools in the state, who are members of and designated by the Medical Student Section;
12. One delegate or one alternate from each active statewide specialty society organization with: an established constitution and bylaws; a slate of periodically elected officers; that holds periodic meetings; and, represents a medical specialty for which there is a national examining board, as listed in the Directory of Graduate Medical Education Programs accredited by the Accreditation Council for Graduate Medical Education. These specialty society delegates and alternates must be confirmed by the Board of Governors on an annual basis; and
13. One delegate or alternate delegate from the Senior Physician Section, as designated by the Senior Physician Section.
14. One delegate or alternate delegate selected by each statewide physician association/society of specific ethnic origin whose members are licensed by the Louisiana State Board of Medical Examiners to practice medicine in the state of Louisiana. For inclusion into the LSMS House of Delegates to be proper, such statewide physician association/society of ethnic origin shall meet all of the following criteria: a) have an established constitution and bylaws; b) periodically elect a slate of officers; c) hold periodic meetings as an organization; d) have in the membership a minimum of twenty-five (25) LSMS members.

A member of the House of Delegates must be a member of the Louisiana State Medical Society.

All members of the House listed in this subsection have the right to vote when seated in the House of Delegates except for the current General Officers, Past Presidents of the LSMS, Past Speakers of the House of Delegates, the Editor of the Journal and Emeritus Officers, who are not otherwise seated as a delegate, shall be ex officio members of the House of Delegates.

B. Rights and Privileges.

Ex officio members have the right to speak and debate on the floor of the House of Delegates, but do not have the right to introduce business, introduce an amendment, make a motion, or vote.

BC. Organization

CD. Meetings

DE. Sessions

EF. Registration and Seating

FG. Privilege of the Floor

GH. Official Observers to the House of Delegates

HI. Method of Doing Business

2. Introduction of Resolutions – Resolutions may be presented by a delegate, and alternate delegate, a Chartered Parish Society, ~~a general officer of the society~~, the Board of Governors, a Council or Standing Committee of the Louisiana State Medical Society, or a Standing Committee of the House of Delegates.

Resolutions presented later than 45 days before the opening session of a meeting of the House of Delegates will be considered as new business only if:

~~a. Presented by the President of the Society~~

b. Presented by the Board of Governors;

c. Decreed to be of an emergency nature by a committee composed of the President, the Speaker of the House, and the Vice Speaker of the House; or

d. Accepted by a two-thirds vote of the House of Delegates, provided that, before any such resolution shall come before the House of Delegates for action toward acceptance as a late resolution, the resolution must have been presented to the Committee on Rules and Order of Business for their consideration and recommendation.

e.

IJ. Committees of the House of Delegates

And it further be

RESOLVED, that ARTICLE XII House of Delegates H. Method of Doing Business be amended to read:

3. *Quorum*—A majority of the registered **AND IN ATTENDANCE** voting members of the House of Delegates shall constitute a quorum, ~~provided at least two thirds of the regularly elected delegates are registered for the opening session.~~

RESOLUTION 105 – ADOPTED AS AMENDED

SUBJECT: Reforming Medicaid

RESOLVED, that our LSMS reaffirm our support for the principles of our Access to Better Care proposal for reforming Medicaid, and be it further

RESOLVED, that a renewed effort be conducted to see the principles of Access to Better Care implemented in Louisiana and, be it further

RESOLVED, that our LSMS Delegation to our American Medical Association House of Delegates craft a resolution asking our AMA to support reform of the Medicaid program using the principles of expanded choice, individual opportunity and responsibility to make choices and the additional opportunity for the disadvantaged to share in cost savings when using Medicaid wisely, and further be it

RESOLVED, to support equitable and adequate reimbursement to physicians to increase access to care.

RESOLUTION 106 –ADOPTED

SUBJECT: Opposition to Mandated Proficiency in EHR for Licensure

RESOLVED, that it is the policy of the Louisiana State Medical Society that no physician should be denied a medical license solely on the grounds of failure to use an electronic health record, or failure to demonstrate proficiency in use of an electronic health record, and be it further,

RESOLVED, that the Louisiana Delegation to the American Medical Association will seek adoption of a policy by the AMA that provides that no physician should be denied a medical license on the grounds of failure to use an electronic health record or failure to demonstrate proficiency in use of an electronic health record.

RESOLUTION 107 - ADOPTED

SUBJECT: UQ/Ochsner students as Delegates

RESOLVED, the Medical Student Section requests the following change to the LSMS bylaws:
Section XII

House of Delegates

11. A total of ~~fifteen~~ **sixteen** delegates and alternates delegates from the LCME accredited medical schools in the state and the University of Queensland in Australia and training at Ochsner Health System and, who are members of and designated by the Medical Student Section;

RESOLUTION 201 – ADOPTED AS AMENDED

SUBJECT: Updating Louisiana Approval of EMS Protocols

RESOLVED, the LSMS seek legislation to amend Louisiana Revised Statute 40:1133.14, which requires, as a last resort, the Emergency Medical Services Committee of the LSMS to approve an emergency medical service protocol for a parish without an organized or functional local parish medical society. ~~in the event that a protocol does not exist and voice contact with a physician cannot be established.~~

RESOLUTION 202 – ADOPTED AS AMENDED

SUBJECT: Maintenance of Certification

RESOLVED, the LSMS opposes any efforts that would require a physician secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital, and be it further

RESOLVED, LSMS ask LSBME to develop policy ~~seek~~ and/or support legislation prohibiting the requirement that a physician secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital.

RESOLUTION 203 - ADOPTED

SUBJECT: Increasing the Minimum Legal Age to Purchase Tobacco Products to 21

RESOLVED, that the LSMS seek and/or support legislation that raises the legal age to purchase tobacco products, including but not limited to cigarettes, e-cigarettes and other electronic forms of nicotine delivery systems, hookah, and smokeless tobacco from 18 to 21.

RESOLUTION 204 – ADOPTED AS AMENDED

SUBJECT: PMP Reporting for Opioids

RESOLVED, that the provisions of the Louisiana Uniform Controlled Substances Act La. R. S. 40: 978(F)(2) should be amended to require that if a health profession licensing board becomes aware of a prescriber's initial failure to comply with this Subsection, as verified by the data of the Prescription Monitoring Program, the board shall notify the prescriber of the relevant statutory requirements and inform the prescriber of the need to correct or amend their prescribing practices, and that the Louisiana State Medical Society will seek and actively support legislation to accomplish this, and be it further

RESOLVED, that the provisions of the Louisiana Uniform Controlled Substances Act La. R. S. 40: 978(F)(2) should be amended to require that if a health profession licensing board becomes

aware of a prescriber's pattern of continuing or repeated failure to comply with this Subsection, as verified by the data of the Prescription Monitoring Program, the board shall treat such notification as a complaint against the licensee, and that the Louisiana State Medical Society will seek and actively support legislation to accomplish this, and be it further

RESOLVED, that the query of a patient record in the prescription monitoring program, including its audit trail, shall only be made by a licensed health care professional directly involved in care of that patient or their delegate, or by that professional's licensing board and that they should be made actionable by Statute or rule and determined by the LSMS.

RESOLUTION 301 - ADOPTED

SUBJECT: Nutritional alternatives in clinic and hospital systems

RESOLVED, that the Louisiana State Medical Society encourages clinic and hospital systems and all medical and/or health facilities that offer and/or serve food to offer known nutritious alternatives through their food services to visitors, patients, staff personnel and volunteers, with special attention to the needs of the diabetic population, as traditionally would be offered to patients only and when medically ordered.

RESOLUTION 302 - ADOPTED

SUBJECT: Update current Obesity Policy

RESOLVED, that the current LSMS policy on Obesity read as:

Obesity (244)

244.01 Obesity - Contending with ~~Childhood~~ Obesity

The LSMS supports school-based and community programs targeting control of ~~childhood~~ obesity, such as the use of Body Mass Index (BMI) measurements **or the use of other generally medically accepted parameters** at appropriate ages, with results of the BMI **and/or other generally medically accepted parameter** be made known **to patients and/or** to the parents or guardians of ~~the~~ children with recommendations for referral to **medical specialists** ~~their physician~~ when **and if** appropriate.

RESOLUTION L-1 – ADOPTED AS AMENDED

SUBJECT: Increase the Louisiana Medicaid Professional Services Fee Schedule

RESOLVED, that the Louisiana State Medical Society submit a written request to the Secretary of the State of Louisiana's Department of Health, Medicaid Program Director and appropriate committees and members of the Louisiana State Legislature (if necessary) requesting an increase in the Louisiana Medicaid Professional Services Fee Schedule (LMPSFS) **up** to 120% of the Medicare fee schedule, and be it further

RESOLVED, that the Louisiana State Medical Society partner with other like-minded societies and/or organizations to co-sign the written request.

RESOLUTION L-2 – REFERRED TO BOG

SUBJECT: Transitioning of Dues Exempt Members

RESOLVED, that upon adjournment of this meeting the LSMS Dues Exempt membership category will be renamed as Lifetime Membership, and be it further

RESOLVED, that on September 1, 2018 the Lifetime membership category will be closed to future members and all current members, as of this date, will be grandfathered in place until there are no more remaining Lifetime members at which time the membership category will be sunset, and be it further

RESOLVED, that on September 1, 2018 the LSMS Bylaws, Article IV, be amended by addition to create a new Legacy Membership category as follows:

Section 3 - Legacy Members

A. Qualifications

A legacy member

1. Must fulfill the general qualifications of membership as specified in Article III Subsection A of these bylaws;

2. Must have been an active, academic, or service member of the Louisiana State Medical Society for at least the 5 consecutive years immediately prior to his or her application for legacy membership;

3. Must be fully retired from the practice of medicine;

4. Need not be licensed by the Louisiana State Board of Medical Examiners

B. Rights

A legacy member is entitled to full parliamentary and societal rights, including the right to vote and the right to hold office.

C. Obligations

A legacy member

1. Must fulfill the general obligations of membership as specified in Article III Subsection E of these bylaws; and

2. Shall pay 20% of dues assessment if they still maintain a medical license in Louisiana or 10% of dues assessment if they are no longer licensed in the state.

And be it further,

RESOLVED, that Article XXII, Section D be amended by deletion as follows:

Any non-discounted member in the following membership categories will receive a Unit Count of 1.0 – Active, Academic, ~~Dues Exempt~~.

And be it further,

RESOLVED, that nothing herein prohibits a Lifetime member from transitioning into a Legacy membership category.

RESOLUTION L-3 – REFERRED TO BOG

SUBJECT: Health Care in Prisons and Jails in the State of Louisiana

RESOLVED, that our LSMS oppose the Louisiana State Medical Board’s practice of allowing medical personnel with suspended licenses to work in prisons and jails in Louisiana as health care providers.

RESOLUTION H-1 - ADOPTED

SUBJECT: LSMS Community Service Award

RESOLVED, the 2018 LSMS Physician Award for Community Service is presented to Donna Breen, MD of Marksville, Louisiana.

RESOLUTION H-2 - ADOPTED

SUBJECT: LSMS Hall of Fame

RESOLVED, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, F. Dean Griffen, MD of Shreveport, be elected to the Hall of Fame of the Louisiana State Medical Society.

RESOLUTION H-3 - ADOPTED

SUBJECT: LSMS Hall of Fame

RESOLVED, that in recognition of her dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, Dolleen M. Licciardi, MD of River Ridge, be elected to the Hall of Fame of the Louisiana State Medical Society.

RESOLUTION H-4 - ADOPTED

SUBJECT: LSMS Citation of a Layman for Distinguished Service

RESOLVED, that on January 26, 2018, the LSMS Citation of a Layman for Distinguished Service is presented to Mrs. Linda Wranosky.