

**2019 House of Delegates  
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**RESOLUTION 201**

**SUBJECT:** Interstate Medical Licensure Compact

**INTRODUCED BY:** David Broussard, M.D.

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**WHEREAS**, according to the U.S. Health Resources and Services Agency, the state of Louisiana faces an overwhelming shortage of providers in the fields of primary care and mental health, where over 2.7 million residents live in a primary care provider shortage area and over 3.1 million residents live in a mental health provider shortage area; and

**WHEREAS**, with the implementation of the Affordable Care Act and the adoption of Medicaid expansion, Louisiana has experienced an influx of patients into the healthcare system who need treatment in all specialties, placing additional strain on our physician community; and

**WHEREAS**, our state has the capacity to alleviate the physician shortage and increase access to health care for individuals in underserved or rural areas through the use of telemedicine; and

**WHEREAS**, the Interstate Medical Licensure Compact (“the Compact”) was formed with the goal of expanding access to health care by creating a voluntary pathway to expedite the licensing of physicians already licensed to practice in a state, facilitating the use of telemedicine technologies in the delivery of health care; and

**WHEREAS**, the Compact will substantially reduce the time it takes for physicians to receive additional medical licenses, while at the same time uphold the prevailing standard for state medical licensure found in the Medical Practice Acts of each state, ensuring that physicians practicing under a license facilitated by the Compact are bound to comply with that state’s statutes, rules, and regulations; and

**WHEREAS**, according to the Compact, member states “have allied in a common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamline process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients”; and

**WHEREAS**, the Compact ensures the quality of participating physicians by requiring that they have graduated from an accredited medical school, that they have successfully completed an ACGME or AOA accredited residency program and that they hold a current specialty certification or time-unlimited certification by an ABMS or AOABOS board; and

**WHEREAS**, at least nineteen states have become members of the Compact, including our southern neighbors Mississippi and Alabama; therefore, be it

**RESOLVED** that the Louisiana State Medical Society supports the goals of the Interstate Medical Licensure Compact and supports any efforts that encourage or enable Louisiana’s membership in the Interstate Medical Licensure Compact; and be it further

**RESOLVED** that the Louisiana State Medical Society seek and/or support legislation that enables the state of Louisiana to become a member of the Interstate Medical Licensure Compact.

**RESOLUTION 202**

**SUBJECT:** Louisiana Malpractice Limit

**INTRODUCED BY:** Daniel Gallagher, M.D. and K. Barton Farris, M.D.

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**WHEREAS**, according to Louisiana Revised Statutes section 40:1231.2, the state limits total damages awards to \$500,000 in medical malpractice cases, with the exception that costs of future medical care and Judicial Interest are not subject to the cap, and

**WHEREAS**, this limit of liability only applies to providers that are members of the Patient Compensation Fund, and

**WHEREAS**, there are no commercial alternatives to the PCF, now therefore be it

**RESOLVED** that the Louisiana State Medical Society support efforts to include all providers under the malpractice limits, not only those participating in the patient compensation fund.

**RESOLUTION 203**

**SUBJECT:** Physician Non-Compete Clauses

**INTRODUCED BY:** Board of Governors

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**WHEREAS**, during the Louisiana State Medical Society's 2018 town hall meetings, several members expressed their frustration with current Louisiana law on physician non-compete agreements, and

**WHEREAS**, non-compete agreements prohibit an individual from competing in a designated geographical area for a specified duration of time; and

**WHEREAS**, such agreements are enforceable against Louisiana physicians; and

**WHEREAS**, enforcement of non-compete agreements relative to physicians limits the freedom of patients to choose their treating physician; and

**WHEREAS**, non-compete agreements exacerbate physician shortages in many parishes; and

**WHEREAS**, LSMS policy 213.18 clearly states the LSMS opposes non-compete and restrictive covenants in employer contracts for physicians; therefore be it

**RESOLVED**, the LSMS seek and/or support legislation to prohibit the enforceability of physician non-compete agreements in Louisiana.

**213.18 Physician Contracts & Payment - Non-Compete Clauses in Contracts**

The LSMS opposes non-compete and restrictive covenants in employer contracts for physicians.

*Authority Note: R409-03; reaffirmed sub R101-08; reaffirmed as amended R208-12; reaffirmed R103-17*

**RESOLUTION 204**

**SUBJECT:** Regulate and License Pharmacy Benefit Managers Who Serve Louisianans

**INTRODUCED BY:** Scott Zentner, M.D.

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**WHEREAS**, current prices for pharmaceuticals are rising more quickly than other health care costs, and

**WHEREAS**, rising insurance premiums, pharmaceutical copays, and out-of-pocket costs often result in the patient/consumer not being able to adhere to proposed treatment plans, and

**WHEREAS**, our state has the capacity to alleviate the physician shortage and increase access to health care for individuals in underserved or rural areas through the use of telemedicine; and

**WHEREAS**, Pharmacy Benefit Managers (PBMs) currently determine the content of most formularies for health care plans and companies providing health care within the State of Louisiana, and

**WHEREAS**, PBMs also provide the majority of all pharmacy claim processing services, including but not be limited to negotiating drug prices, processing and adjudicating prescription requests, contracting with pharmacists or pharmacies, maintain pharmacy benefits networks, receiving payments for pharmacist services, making payments to pharmacists, negotiating, disbursing or distributing rebates, and handling all appeals, and

**WHEREAS**, PBMs' use of restricted formularies, prior authorization, utilization review and step therapy protocols are resulting in the disruption of the physician-patient relationship and interference in the agreed upon individualized treatment care plans, and

**WHEREAS**, PBMs contracts with local pharmacies often result in limiting the pharmacist's scope of care or ability to provide pharmacist services, thereby frequently resulting in increased costs to patients/consumers, and

**WHEREAS**, all PBMs' activities are not currently licensed or regulated by the Louisiana Insurance Commissioner, therefore be it

**RESOLVED** that the Louisiana State Medical Society, in concert and collaboration with local and specialty physician organizations, pharmacist organizations, patient organizations and any other interested and affected parties work to ensure that the Louisiana Insurance Commissioner has authority to appropriately oversee the actions of PBMs providing services to Louisianans similar to the recently enacted Arkansas legislation (HB 1010) so PBMs are brought under oversight and held accountable for their actions in the pricing, management and dispensing of medications to Louisianans.