

## Actions of the 2006 House of Delegates

### SUBSTITUTE RESOLUTION 101 – Adopted as amended 10/28/06

**SUBJECT:** Sunset Mechanism for Policies to be Sunsetting 2005

**INTRODUCED BY:** Committee on Rules and Order of Business

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**RESOLVED**, as per House of Delegates Action requiring review of existing policies after their five year anniversary or sooner, the following policies were scheduled for review by the 2005 House of Delegates, and they be abandoned:

- 15.99 All Terrain Vehicles
- 30.91 008% Blood Alcohol Definition of Driving While Intoxicated
- 60.97 State Children's Division
- 60.88 Louisiana Children's Health Insurance Program (LaCHIP)
- 60.86 Child Birth Defects Registry
- 120.95 Online Prescribing and Treatment
- 130.91 Statewide EMS Protocols
- 180.98 Use of the Term Policyholder
- 195.96 Enactment of HMO Liability Law
- 220.98 Improvement to Services
- 225.96 DRG Reimbursement Plan for Hospital-Based Physicians
- 265.99 Guidelines for Deposition of Treating Physician
- 290.84 Fees for Medicaid Application Centers
- 290.89 Medicare-Medicaid Patient Access to Physician Care
- 315.93 Access to Medical History and Medical Related Information by Court Appointed Examining Physician
- 330.96 Non-Participating Physicians as Patient's Advocate
- 370.99 Confidentiality in Peer Review
- 370.98 Confidentiality in Peer Review and Quality Assurance Committees
- 375.85 Opposition to PROs
- 375.90 LSMS Officers/Committee Members Participating in UQCPRO
- 385.91 Settlement of Claims for Health Care Services
- 390.99 MAAC (Maximum Allowable Actual Charge)
- 405.94 Collective Negotiations for Physicians
- 420.99 Teenage Pregnancy
- 460.99 Public Policy on Animal Research
- 435.99 Chair of Medical Review Panel

**RESOLVED**, the following policies be **retained** as policy of the LSMS:

- 5.98 Public Funding of Abortions
- 15.98 Eligibility for Automobile Driver's Licensure
- 20.95 AIDS Education

20.93	Prevention and Control of AIDS
20.92	HIV Education in Schools
20.91	HIV Patients and Smoking
20.82	HIV Testing of Pregnant Women
20.81	HIV Post Exposure Chemoprophylaxis
20.80	Guidelines for HIV/AIDS
30.96	Enforcement of Legal Drinking Age
30.95	Drunk Driving
35.99	Medical Supervision of Paramedics
35.96	LSMS Role in Expanding Scope of Practice
55.99	Funding for the Tumor Registry
60.98	Health Education
60.96	School Based Health Programs
60.89	Regional SIDS Centers
60.87	Funding for LaCHIP
60.84	Evaluation and Treatment of Handicapped Children
95.98	Drug Paraphernalia
95.97	Drug Abuse
120.98	Physician Dispensing
120.97	Internet Prescribing of Treatment Therapies
120.96	Patented Products for Compound Medications
125.98	Generic Substitution by Pharmacists
130.98	Liability Protection and Community Emergency Medical Services
130.97	Good Samaritan Laws
130.92	Bureau of Emergency Medical Services
135.98	Disposal of Hazardous Waste
135.97	Discharge of Carcinogens in Louisiana Waters
135.96	Disposal of Toxic Waste
135.92	Recycling
135.91	Patient Education for Home Disposal of Sharps
140.95	Guidelines for Rendering a Second Opinion
140.91	AMA Commercial Endorsements
150.96	Obesity Awareness, Prevention and Management
160.99	Physician Freedoms in Delivering Health Care
160.90	Health Care for the Indigent, Elderly, and Chronically Ill
160.83	Single-Payer Health Care System
165.77	Cost-Effective Health Care System
165.76	Individually Owned Health Coverage System
170.99	Sex Education in the Schools
180.97	Insurance Premiums
180.95	Reasonable and Customary Fee Schedule
180.94	Voluntary Health Insurance Purchasing Co-op
180.92	Disclosure of Utilization Review Criteria
185.98	Insurance Coverage
185.97	Standards of Coverage for Private Insurance
185.96	Insurance Coverage for Treatment of Chemical Dependency

185.91	Insurer Explanation of Benefit Forms
185.89	Determining Patient Eligibility for Medical Services
210.98	Home Health Care Referral Influence
210.97	Home Health Care Treatment
225.97	Linking of Medicare Reimbursements for Physicians to Hospitals
225.95	Disclosure of Hospital DRG Payments
230.97	Volume Indicators as Sole Criteria for Credentialing
235.95	Hospital Salary Payments to Medical Staff Officers
240.99	Restrictions on Medical Staff
270.99	Legislative Priorities and Implementation
275.99	Licensure Confidentiality
275.97	Licensure Fee Exemptions for Physicians Over the Age of 75
275.94	Regional Representation on Louisiana State Board of Medical Examiners (LSBME)
280.97	Certification/Recertification of Skilled Care or Therapy Services
285.99	Managed Care Consumer Protection Laws
285.98	Fee Schedules in Managed Care Contracts
285.97	Gag Orders
285.96	Regulation of Companies Managing Health Care in Louisiana
290.94	Co-Payments by Medicaid Beneficiaries
290.92	Medicaid Discrimination Against Specialties
290.91	Access to Medical Care for Non-Life Threatening Emergencies in Rural Areas
290.88	Medicaid Hospice Benefit
290.85	Reform of the Louisiana Medicaid Program
295.98	Substance Abuse Education of Medical Students
295.94	Maintaining Medical Training Access to the Charity Hospital System
300.98	Continuing Medical Education
310.98	Developing Physician Leadership
315.98	Disposition of Deceased Physicians' Medical Records
315.97	Retention of Medical Records
315.94	Release of Autopsy Report to Attending Physician
325.99	Cooperation with Specialty Societies
330.94	Restructuring of Medicare Program
330.92	Disclosure of Medicare HMO Policies
330.90	Due Process Rights Under the Medicare Post-payment Review Program
345.99	Mental Health Care in Louisiana
345.98	Limited Access to Medical Health Care
350.99	Mission Statement
355.99	Anesthesia Care
365.99	Patient Rights and Responsibilities
370.97	Peer Review Mechanisms
375.87	Patient Advocacy to Peer Review Organizations (PRO) and Third Party Payors

380.95	Regulation of Physician Charges
385.97	Usual, Customary, and Reasonable (UCR) Calculations
385.96	Payment of Claims by Health Insurers
385.95	Laws Affecting Insurers
385.94	Assignment of Medical Insurance Benefits
385.90	Retroactive Claims Denials
390.98	Reporting of Medicare Reimbursement Problems to the LSMS
390.96	Reimbursement for Multiple Nursing Home Visits
395.98	Direct Billing in Medicaid
395.97	Medicaid Reimbursement to Physicians for Care Provided to Hospitalized Patients
395.96	Medicaid Reimbursement for Multiple Physician Visits
405.94	Collective Negotiations for Physicians
405.93	Physician Negotiating Units
420.98	Hospital Discharge of Mothers and Newborns
420.97	Maternity Care
420.96	Human Immunodeficiency Virus (HIV) Screening in Pregnancy
435.91	Guidelines for Malpractice Case Review by Physicians
435.89	Physicians' Testimony in Malpractice Trials
440.94	Childhood Immunization Records
440.93	Vision and Hearing Screening and Therapy
440.92	Louisiana Poison Control Center
440.91	Tanning Parlors
440.90	Harmful Effects of UVA Light
440.81	Prevention of Sexually Transmitted Diseases
440.80	Varicella and Hepatitis A Vaccines
440.78	Child Death Review Panel
440.77	Childhood Immunizations
440.76	State Sanitary Code Relative to Human Rabies
460.98	Biomedical Research
475.98	Postoperative Care
490.98	Tobacco-Free Society
490.96	No Smoking in Health Facilities
490.94	Increased Tax on Cigarettes
495.98	Smoke-Free Work Environment
495.97	Smoking Policy for Public Elementary and Secondary Schools
525.99	Mammography Screening in Asymptomatic Women Forty Years and Older
525.98	Performance Standards for Mammography
525.94	Breastfeeding and Lactation Management
530.99	LSMS Policy Compliance
530.98	LSMS Leadership Conference
530.97	Refund of Dues
530.96	Redistricting
530.95	Component Society Leadership Forum
530.90	Procedure for Nominations to State Boards and Commissions

570.99 AMA Delegation Reimbursement Guidelines  
570.98 LSMS AMA Official Family

**RESOLVED**, the following policies be retained as amended:

- 20.97 Discrimination Against AIDS Patients:** LSMS policy is all patients should receive competent and humane medical care and discourages discrimination or denial of medical care on the basis of a known or suspected AIDS diagnosis. (R24-87, amended R101-97, amended R101-06)
- 140.98 Conflicts of Interest—Physician Ownership of Medical Facilities:** Physician ownership of medical facilities must always conform to existing state and federal laws and physician owners should follow applicable ethical guidelines. (R18-88, amended R101-98, amended R101-06)
- 165.96 National Health Insurance:** The LSMS opposes a national single payor health insurance system. (R7-77, amended R101-97, amended R101-06)
- 165.95 Health Care for the Uninsured:** The LSMS supports legislation to create a health insurance risk pool to offer coverage for the medically uninsured and those who are above the poverty level and are Medicaid ineligible who cannot afford rates for individual coverage but could buy coverage at a group rate and would include coverage for the mentally ill. (R12-89, reaffirmed 1999, amended R101-06)
- 210.97 Home Health Care Services:** LSMS policy is the attending physician should provide all initial orders for home health patient care, (to include medication, lab and ancillary services) and all requests/consults for an evaluation of unique home environmental concerns by an appropriately qualified individual (R409-97, amended R101-06)
- 275.95 Practice of Medicine in Louisiana:** LSMS policy is any physician making utilization review decisions on the medical necessity or appropriateness of care affecting the diagnosis or treatment of a patient in Louisiana must have a license to practice medicine in Louisiana. (R206-97, amended R101-06)
- 290.93 Medicaid Reform:** The LSMS supports legislation in the Louisiana Legislature and Congress to require health care expenditures be dedicated to patient care, and not to the direct funding of buildings, facilities, or the recruitment of physicians or allied health professionals to compete with those already serving rural communities and health manpower shortage areas that are not truly underserved. (R407-95, amended R101-06)
- 330.91 Medicare Evaluation & Management Documentation Guidelines:** The LSMS opposes the development of Medicare E&M Guidelines that employ quantitative formulas and/or assigns numeric values to elements documented in

the medical record to qualify as clinically appropriate medical record keeping. (R402-98, amended R101-06)

**375.86 Due Process Regarding Sanctions:** LSMS policy is a physician should not be officially sanctioned by any Third-Party Payor or governmental agency until he or she has had the opportunity of a fair hearing and full due process. (R21-88, R101-98, amended R101-06)

**SUBSTITUTE RESOLUTION 102 – Adopted as amended —10/28/06**

**SUBJECT:** Sunset Mechanism for Policies to be Sunsetting in 2006

**INTRODUCED BY:** Committee on Rules and Order of Business

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**RESOLVED**, as per House of Delegates Action requiring review of existing policies after their five year anniversary or sooner, the following policies be **abandoned** :

265.96 Expert Testimony and Medical Practice  
375.92 Government PROs

**RESOLVED**, the following policies be **retained** as policy of the LSMS:

5.99 Abortion  
20.88 Health Care Workers Safety  
20.87 HIV as a Communicable and a Sexually Transmitted Disease  
30.94 Warnings Against Abuse of Alcohol  
35.89 Practice of Medicine by Salon Personnel Without Appropriate Medical Supervision  
95.96 Anabolic Steroid Use by High School Students  
120.94 Atypical Antipsychotic Medications  
185.95 Third Party Coverage for Treatment of Morbid Obesity  
185.93 Health and Accident Coverage  
185.88 Publishing of Health Plan Rules  
185.87 Inclusion of Payment Schedule in Managed Care Contracts  
185.86 Health Plans Publish Explanation of Benefits (EOB)  
185.85 Health Care Coverage for All Americans  
190.97 Clarification and Standardization of Claims Handling Procedures  
240.97 Conflict of Interest of Employed Physicians Serving on Medical Staffs  
240.96 Drug Screening/Testing of Medical Staff Members  
265.97 Immunity for Expert Witnesses  
265.95 Guidelines for Rendering Opinions in Reports and Testimony to Third Parties  
265.94 Improper Collaboration Between Physicians and Attorneys  
290.82 Restoration of Funding for Medicare-Medicaid Crossover Payments

330.93 Durable Medical Equipment  
330.89 Medicare Denials  
385.89 Non-Timely Payment of Health Insurance Claims  
390.93 Medicare Reimbursement Reform  
435.99 Chair of Medical Review Panel  
440.75 Patient Safety  
445.98 Association Advocacy  
475.97 Laser Surgery  
490.89 Distribution of Free Cigarette Samples on Public Property  
495.96 Smoking in the Workplace  
495.94 Sale of Tobacco Products on All Charity Hospital Properties  
495.93 Sale of Tobacco Products to Minors  
525.97 Insurance Coverage for Screening Mammography  
525.96 Screening Mammography for Indigent Women  
530.99 LSMS Policy Compliance  
570.97 Member-in-Training as AMA Delegates  
570.96 Increase or Decrease in AMA Delegation

**RESOLVE**, the following policy be retained as amended:

**435.88 Limitations on Malpractice Recovery:** The Louisiana State Medical Society is committed to preserving a cap on medical professional liability damage awards paid by or on behalf of health care providers in Louisiana and is committed to other changes in the medical professional liability statutes that enhance affordability and availability of medical professional liability insurance. (R203-01, amended R102-06)

### **SUBSTITUTE RESOLUTION 103 – Adopted 10/28/06**

**SUBJECT:** Sunset Mechanism for Directives Scheduled for Sunsetting 2005

**INTRODUCED BY:** Committee on Rules and Order of Business

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**RESOLVED**, that in accordance with R102-01 the following directives be removed from the compendium:

Liaison, Communication and Educational Efforts with the Elderly  
Enforcement of Insurance Unfair Trade Practice Act  
LSMS Corporation to Provide Member Benefits and Services  
Influenza  
Obesity Awareness, Prevention and Management  
Billing for No-Show Appointments  
Release of Medical Records Guidelines

Tuberculosis as a Public Health Problem  
Assistance to Members in Adjudicating Health Insurance Claims  
Elections of the House of Delegates  
Increased Participation of Official Observers  
Medicaid Reimbursement  
Youth Violence Prevention  
Online Prescriptions and Promotion of Unconventional Treatment Therapies  
Adoption of RBRVs for Medicaid Reimbursement  
Verification of Verbal Order  
Reporting of Incapacitated or Unqualified Drivers  
Managed Care Plan's Responsibility to Pay  
Medicare Reason for Denial  
Joint Negotiations by Physicians with Health Benefit Issuers  
Osteoporosis Prevention  
Preventive Measures for Treatment of Disease  
Federal Reimbursement Differential  
Necessity to Have a License to Practice Medicine  
Payment Timeliness Survey  
Notification of Healthcare Provider Shortage Areas by the Carrier  
LSMS *Journal* President's Page  
Stewardship of the Environment  
Coordinated Communications Plan  
Council on Legislation/Specialty Societies  
Annual Washington DC Mardi Gras Event  
Osteoporosis Screening Legislation  
Right of Action for Negligent Institution of a Lawsuit  
Privatize the Louisiana Medicaid Program  
Reform of the Louisiana Medicaid Program  
Prescriptive Authority Policy  
Expert Testimony and Medical Practice  
Attracting Physicians to Underserved Areas  
Complaints/Abuses By Managed Care Plans  
Operating Standards for Managed Care Plans  
Access to Medical History and Medical Related Information  
Timely Notification of Physicians  
Enactment of HMO Liability Law  
Immunity for Physicians Seeing Patients Referred by Community Health Care Clinics  
Compliance with the Health Care Quality Improvement Act of 1986  
Post Claim Audits  
Managed Care Plans Medical Staff  
Alcohol Abuse Among Young People  
Medicare HMO Panels  
Medicaid HMO Panels  
Managed Care Consumer Protection Laws  
Insurance Summary Statement  
Disclosure-Home Care

Background Checks of Applicants for Medical License  
Louisiana Medicaid Reform  
Medicare-Medicaid Patient Access to Physician Care  
Mandated Early Discharge by Managed Care Plans  
Practice Expense Data  
Surveillance of Antibiotic-Resistant Micro-Organisms

**RESOLVED**, the following directives be **retained** in the compendium:

Automatic Substitution of Medications by Facilities  
Meetings with Area Legislators  
Prescriptive Contraceptive Equity  
LSMS Presence at Medicaid Budget Hearings  
Coordination of Legislative Efforts

**SUBSTITUTE RESOLUTION 104 – Adopted—10/28/06**

**SUBJECT:** Sunset Mechanism for Directives Scheduled for Sunsetting—**2006**

**INTRODUCED BY:** Committee on Rules and Order of Business

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**RESOLVED**, that in accordance with R102-01, the following directives be **removed** from the compendium:

Membership Recruitment and Retention Activities  
Management of Affairs of an Interdict  
Use of CMS Definition of Clean Claim for Louisiana  
Health Plans Publish Explanation of Benefits (EOB)  
LSMS Task Force to Evaluate Scope of Practice Legislation  
Qualifications and Criteria for a Physician Expert Witness  
Anabolic Steroid Use by High School Students  
Expert Testimony and Medical Practice  
Geriatric Development Program  
Prompt Payment Law  
Medical License Number on Application for Handicap License Plate and Disability Determinations

**RESOLVED**, the following directives be **retained** in the compendium:

Membership Recruiting  
House of Delegates Meetings  
Federal Issues Monitoring, Reporting and Advocacy  
Publish Health Plan Rules  
Mini-internship Programs for Legislators  
Public Information Project

Immunizations  
Preventive Medicine  
Domestic and Emergency Preparedness  
Resource Guide for LSMS Members

**RESOLUTION 105 – Adopted 10/27/06**

**SUBJECT:** Approval of Actions of the Board of Governors Since the Last Annual Meeting

**INTRODUCED BY:** Russell Klein, MD, Speaker  
K. Barton Farris, MD, Vice-Speaker

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**RESOLVED**, that the following interim policies or positions taken by the Board of Governors be approved:

1. **Re: CRNA’s scope of practice--Interventional pain management is considered to be the practice of medicine.**
2. **Re: health care coverage reform— The LSMS concurs with recommendations contained in the PricewaterhouseCoopers *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 eliminate 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.
3. **Adopt as policy the AMA Principles and Guidelines for Pay for Performance Programs approved by the AMA House of Delegates during the Interim 2005 meeting.**

AMA Policy Finder: H-450.947 [Pay- for-Performance Principles and Guidelines](#)

**4. Retail Health Clinics--** For retail health clinics operating in Louisiana, the medical providers of such health clinics should adhere to the same standard of medical care as other providers in the state and be subject to the licensure and oversight authority of the Louisiana State Board of Medical Examiners.

**RESOLUTION 106—Adopted 10/27/06**

**SUBJECT:** Hidden Administrative Costs of Large Insurers  
**INTRODUCED BY:** St. Bernard Parish Medical Society  
Physician/Patient Advocacy Committee

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**RESOLVED**, that our LSMS request that our AMA study the true administrative costs incurred by large health insurers and report to our HOD, and further be it

**RESOLVED**, that our LSMS request that our AMA convene a Summit meeting with national health insurers to discuss the relationship between insurers and physicians, as well as how enhancing that interaction could positively influence the delivery of cost efficient and high quality care for patients.

**SUBSTITUTE RESOLUTION 107 – Adopted 10/27/06**

**SUBJECT:** Use of Email as Official LSMS Means of Communication  
**INTRODUCED BY:** Board of Governors

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**RESOLVED**, the LSMS begin transition to the primary use of electronic technology for official LSMS business and communications with the membership.

**RESOLUTION 108—Adopted as amended 10/27/06**

**SUBJECT:** Expanded Representation on the Committee on Public Relations  
**INTRODUCED BY:** Committee on Public Relations

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**RESOLVED**, that each LSMS component society be encouraged to submit the name of one member to serve on the LSMS Committee on Public Relations, and be it further

**RESOLVED**, that members serving on the LSMS Committee on Public Relations nominated by a component society serve consecutively if re-nominated by the component society at the end of their terms.

**RESOLUTION 109—Adopted 10/27/06**

**SUBJECT:** Capitol First Aid Station

**INTRODUCED BY:** East Baton Rouge Parish Medical Society

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**RESOLVED**, the East Baton Rouge Parish Medical Society invites LSMS members from other component medical societies throughout the State to volunteer for coverage of the State Capitol first aid station during sessions of the Louisiana legislature.

**RESOLUTION 110 – Not adopted 10/27/06**

**SUBJECT:** Louisiana Health Care Reform

**INTRODUCED BY:** Shreveport Medical Society

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**RESOLVED**, the LSMS Board of Governors will ensure that a draft of all health care reform proposals received by the LSMS, including those derived from the Collaborative Group pilot project under consideration for implementation in Louisiana, will be provided to each component society in sufficient time to provide an opportunity to review the draft plan and submit inputs to the LSMS; and that a final decision to support any proposed statewide plan must be approved by the LSMS House of Delegates.

**RESOLUTION 111—Adopted 10/27/06**

**SUBJECT:** Sale of Physician Prescribing Data

**INTRODUCED BY:** Shreveport Medical Society

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**RESOLVED**, the LSMS provide its members with educational information regarding the AMA's Prescribing Data Restriction Program (PDRP) that includes background information on the data mining issue, the purpose of the PDRP, and the procedures for members to "opt out" of the PDRP by limiting access to their prescribing data.

**RESOLUTION 112—Adopted 10/27/06**

**SUBJECT:** Support for NCQA Standards Regarding Provisional Credentialing

**INTRODUCED BY:** Orleans Parish Medical Society

**RESOLVED**, that the Louisiana State Medical Society write a letter to the Commissioner of the Louisiana Department of Insurance requesting he strongly encourage all managed care companies operating in Louisiana to adopt the new NCQA standards for allowing provisional credentialing.

**RESOLUTION 113—Withdrawn 10/27/06**

**SUBJECT:** Use of AMA Influence for Support of Rebuilding Efforts

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, that the LSMS AMA Delegation introduce a resolution at the next possible AMA House of Delegates meeting which would call for an official visit to the affected areas by the entire AMA Board of Trustees and/or other appropriate Councils to assess the 2005 hurricane devastation first-hand and hold meetings with key healthcare stakeholders of the affected areas to develop an AMA plan of action, and be it further

**RESOLVED**, that the AMA plan of action, following the AMA's on-site review and study of the affected areas, include, but not be limited to: 1) development of a report and recommendations for action to appropriate divisions and councils within the AMA to enhance Medicine's disaster preparedness and response efforts; 2) development of an AMA member communications strategy to share the stories of the continuing challenges and progress made toward rebuilding the health care infrastructure in the affected areas to encourage AMA members to remain informed and support these efforts financially; and 3) development of a plan to work with LSMS in identifying key legislation and/or regulatory requests from DHH or other LA state agencies, etc. for funding and/or waivers which would enable redevelopment and innovation in the healthcare delivery system, and to lobby federal legislators on key committees to support these efforts.

**RESOLUTION 114—Withdrawn 10/27/06**

**SUBJECT:** Legislative Update for LSMS Members

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, that the Louisiana State Medical Society develop a brief, condensed, weekly legislative update of no more than two pages that will be written in layman's terms and be circulated to LSMS members by email to include 1) Last week's relevant legislative actions; 2) Anticipated relevant legislative actions in the coming week; and 3) LSMS directives, if any, to physicians and practice managers to take action to oppose or support relevant legislation, and which will also direct attention, using hyperlinks, to the more detailed and comprehensive legislative update posted on the LSMS website for more detailed information about the pending legislation.

**RESOLUTION 115 – Not adopted 10/27/06**

**SUBJECT:** Annual Dues Payment by Lump Sum or Monthly Bank Draft/Credit Card Charge

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, beginning as soon as possible, physicians who are applying for LSMS membership or renewing their membership in LSMS, be given the option to pay their annual dues in one lump sum as is now the case, or by monthly bank draft or credit card payment of twelve equal payments, and be it further

**RESOLVED**, that any member choosing to pay their membership dues by monthly credit card draft who then resigns and/or relocates will be charged the remaining monthly dues in one lump sum, and that this notification be included on the dues statement and application for membership, and be it further

**RESOLVED**, in the event that a physician changes credit cards and does not give prior notice to LSMS, the physician's membership and all membership benefits will automatically cease, until the physician member provides updated information.

**RESOLUTION 116 – Adopted as amended 10/27/06**

**SUBJECT:** Pre-Disaster Component Society Membership

**INTRODUCED BY:** Orleans Parish Medical Society  
/Jefferson Parish Medical Society

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**RESOLVED**, that LSMS bylaws be amended to allow members, in the event of an officially declared disaster which displaces physicians and/or patients, to retain their

primary membership in their pre-disaster component society if they choose for a time period determined by the BOG.

**RESOLUTION 117 – Adopted 10/27/06**

**SUBJECT:** Membership Enrollment Criteria Revisions

**INTRODUCED BY:** LSMS Membership Committee

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**RESOLVED**, that component societies notify the LSMS when they receive a new member application so that both societies are prepared to respond to the applicant's requests for assistance or information, and be it further

**RESOLVED**, that a processing period of thirty days be established to review and make a decision on an LSMS/Component Society new member application. Component societies may request an extension up to sixty days by contacting the LSMS and indicating the reasons or circumstances requiring additional time to complete the processing of the application.

**RESOLUTION 118—Adopted 10/27/06**

**SUBJECT:** AMA Vision for Comprehensive Healthcare System Reform

**INTRODUCED BY:** AMA Delegation

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**RESOLVED** that the LSMS request that the AMA, utilize the expertise of its Councils, established policy & reports on healthcare system issues, to develop a comprehensive document of recommendations and implementation strategy for addressing national healthcare system reform, to include but not be limited to: healthcare coverage for all; Medicare, Medicaid, Managed care & other forms of insurance; administrative costs; payment transparency & negotiation, Graduate Medical Education & its financing; medical liability; regulatory & administrative relief; anti-trust; Pharmaceutical costs & research, Public Health & disaster preparedness; healthy lifestyles; patient safety & quality improvement; quality measurement & best practices; long term care; programs & funding for the disabled & mentally challenged; workforce & scope of practice issues; research funding; science & technology , professionalism & ethics.

**RESOLUTION 119 – Not adopted 10/27/06**

**SUBJECT:** Automatic Membership Renewal

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, that the members who automatically renew their Parish and State membership through bank draft or credit card will be given a 5% discount, and be it further

**RESOLVED**, members who elect to automatically renew membership will be reminded of the transaction at least a month in advance so they may have a reasonable amount of time to update billing information.

**RESOLUTION 120 – Adopted as amended 10/27/06**

**SUBJECT:** Election of Councilors for the Board of Councilors and the Council on Legislation

**INTRODUCED BY:** Russell Klein, MD, Speaker of the House  
Richard Paddock, MD, Chair, Board of Councilors

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**RESOLVED**, the LSMS Charter and the LSMS Bylaws be changed to reflect annual election of councilors and alternates to the Board of Councilors and the Council on Legislation by the LSMS medical districts. The effective date of these changes be 2007, and be it further

**RESOLVED**, that prior to the annual meeting of the House of Delegates each LSMS medical district as delineated in Article XXII, paragraph F, Medical Districts, hold an election in such a time and manner as the district may choose for councilors and alternates to the Board of Councilors and the Council on Legislation whose terms expire at the end of the annual meeting of the House of Delegates. At the time on the agenda of the House of Delegates that elections are conducted each district will announce the results of its elections, and be it further

**RESOLVED**, the LSMS Secretary Treasurer shall send a Notice of Election to each component society within each District in which there is an election for the Board of Councilors and/or the Council on Legislation. This notification of election shall be sent to component societies on June 1<sup>st</sup> of each year, and be it further

**RESOLVED**, each LSMS medical district shall develop procedures for election of its councilors and alternates to the Board of Councilors and the Council on Legislation.

A copy of these election procedures shall be forwarded to the Board of Governors of the LSMS as well as changes to the election procedures should they occur from time to time. Each medical district is required to verify the eligibility of candidates for election to the Board of Councilors and the Council on Legislation in accordance with LSMS bylaws Article V, paragraph A and Article IX, and be it further

**RESOLVED**, should the medical districts fail to hold an election then the Board of Governors is empowered to fill the vacancy.

**RESOLUTION 121—Adopted 10/27/06**

**SUBJECT:** Physician-Patient Responsibilities and  
Physician Professionalism Campaign

**INTRODUCED BY:** Committee on Public Relations

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**RESOLVED** the LSMS Committee on Public Relations be directed to seek grant funding for a study and formulation of any appropriate changes for the LSMS “Your Physician-Patient Mutual Responsibilities” policy with any proposed wording change to be approved by the BOG or returned to 2007 HOD for final approval and/or additional funding for a campaign to disseminate the new policy.

**RESOLUTION 122-- Adopted as amended 10/27/06**

**SUBJECT:** LSMS Presidents Council

**INTRODUCED BY:** Richard Paddock, MD

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**RESOLVED**, that Article XIX, Para C Duties: 3. be amended as follows:  
*Perform such other duties or functions as may be requested by the President, Board of Governors or House of Delegates.*

**RESOLUTION 123 – Not adopted 10/27/06**

**SUBJECT:** Retired Physician Section Representation on the Board of  
Governors

**INTRODUCED BY:** Retired Physician Section

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**RESOLVED**, that the Louisiana State Medical Society create the position of Retired Physician member and alternate for the Board of Governors to be approved by the House of Delegates at its October, 2006 meeting.

**RESOLUTION 124 – Adopted as amended 10/27/06**

**SUBJECT:** Usage of Brand and Generic Name for Prescription Medications

**INTRODUCED BY:** St. Bernard Parish Medical Society  
Physician/Patient Advocacy CMTE

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**RESOLVED**, that in order to help avoid medication errors and enhance patient safety, our LSMS work with the Louisiana Board of Pharmacy to provide both the generic and brand name on prescription bottles, and be it further

**RESOLVED**, our LSMS request that our AMA work with appropriate national pharmaceutical organizations, as well as encouraging state medical societies to work with their state pharmaceutical associations to encourage pharmacists to provide both the generic and brand name on prescription bottles, and be it further

**RESOLVED**, our LSMS request that our AMA work with the American Hospital Association, National Nursing Home Association and encourage state medical societies to work with their state hospital and nursing home associations and county\parish hospital\nursing home associations to encourage their healthcare entities to provide both the generic and common brand name for medications utilized, and be it further

**RESOLVED**, our LSMS request that our AMA encourage medical education entities to utilize both the generic and common brand name for pharmaceuticals in their presentations\articles.

**RESOLUTION 125 – Adopted as amended 10/27/06**

**SUBJECT:** Physician Clinical Performance Assessments

**INTRODUCED BY:** Committee on Maternal, Child, and Adolescent Health

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**RESOLVED**, the 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

that the information and any further recommendations be published for LSMS membership prior to the 2007 House of Delegates meeting.

**RESOLUTION 126 – Adopted as amended 10/27/06**

**SUBJECT:** AMA Delegation Communication Strategy

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, that a communication strategy be developed by the LSMS AMA Delegation to include timely dissemination of AMA/LSMS Delegation activities and efforts via presentations to parish societies and or medical staffs, by email, existing LSMS publications, and on the LSMS website.

**RESOLUTION 127 – Adopted as amended 10/28/06**

**SUBJECT:** Expanded Charge of Medical Education Committee

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, the LSMS Board of Governors expand the charge of the Committee on Medical Education to include the responsibility of providing an annual report to the LSMS leadership on the status of graduate medical education in Louisiana, including challenges and opportunities, and be it further

**RESOLVED**, that it is the policy of the LSMS that the Committee on Medical Education include physician member representatives from ACGME accredited training programs in Louisiana.

**RESOLUTION 128—Adopted 10/27/06**

**SUBJECT:** Annual Resident Salary Increases

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, the LSMS communicate with DHH and strongly encourage them to include 1.2 - 1.5 % annual increases in resident salaries in the operating budget of DHH to maintain the southern regional average, and communicate the consequences, both short-term and long-term, if these annual increases are not maintained, including, but not limited to, ensuring a full complement in residency programs and guaranteeing an adequate physician workforce in the future.

**RESOLUTION 129 – Adopted 10/27/06**

**SUBJECT:** Streamlining of the Membership Application

**INTRODUCED BY:** LSMS Membership Committee

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**RESOLVED**, that a unified one page LSMS/component society membership application be developed for implementation with input from all interested component societies, and be it further

**RESOLVED**, the current membership application process be examined with input from all interested component societies to identify a “best practice” to streamline the approval of LSMS/component society membership applications.

**RESOLUTION 130—Adopted 10/27/06**

**SUBJECT:** LSMS Community Service Award

**INTRODUCED BY:** Board of Governors

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**RESOLVED**, the 2006 recipient of the LSMS Physician Award for Community Service is Joseph F. Uddo, Jr., MD of Metairie, Louisiana.

**RESOLUTION 131—Adopted 10/27/06**

**SUBJECT:** LSMS Continuing Medical Education Award

**INTRODUCED BY:** Committee on CME Accreditation

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**RESOLVED**, that Russell C. Klein, MD, be the recipient of the 2006 LSMS Continuing Medical Education Award.

**RESOLUTION 132 – Adopted 10/27/06**

**SUBJECT:** LSMS Hall of Fame

**INTRODUCED BY:** Past Presidents’ Advisory Council

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**RESOLVED**, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, Howard A Nelson, Jr., MD of Gretna, be elected to the Hall of Fame of the Louisiana State Medical Society.

**RESOLUTION 133 – Adopted 10/27/06**

**SUBJECT:** LSMS Hall of Fame

**INTRODUCED BY:** Past Presidents’ Advisory Council

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**RESOLVED**, that in recognition of his dedicated service in both elected and appointed positions that uniquely contributed to the welfare of the LSMS, Dudley M. Stewart, Jr., MD of New Orleans, be elected to the Hall of Fame of the Louisiana State Medical Society.

**RESOLUTION 134 – Adopted 10/27/06**

**SUBJECT:** Distinguished Service Award

**INTRODUCED BY:** Board of Governors

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**RESOLVED**, the Louisiana State Medical Society confer its Distinguished Service Award to Charles D. Belleau, MD of Baton Rouge, Louisiana for exceptional and meritorious service to the LSMS.

**RESOLUTION 135—Not adopted 10/27/06**

**SUBJECT:** LSMS Committees

**INTRODUCED BY:** William DiMattia, MD

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**RESOLVED**, that LSMS standing committee members be limited to two terms, and be it further,

**RESOLVED**, that annually the Chairs of LSMS standing committees be advised of Bylaws provisions Article IX, Section 1, (A) (4) paragraph regarding unexplained absences in order that each committee maintain a full and active roster of members to properly conduct business, and be it further,

**RESOLVED**, the LSMS Board of Governors conduct a complete review of the LSMS standing committee structure and make recommendations for revising the structure to make it more efficient and focused on the goals and purposes of the LSMS; and a report be submitted to the 2007 House of Delegates meeting.

**RESOLUTION 136—Adopted by acclimation 10/28/06**

**SUBJECT:** Secretary-Treasurer Emeritus

**INTRODUCED BY:** Board of Governors

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**RESOLVED**, the LSMS does hereby designate Wallace H. Dunlap, MD, LSMS Secretary-Treasurer Emeritus in recognition of his long and honorable service to the Louisiana State Medical Society.

**RESOLUTION 201 – Adopted 10/27/06**

**SUBJECT:** Sunset Mechanism for House of Delegates Generated Legislative Initiatives

**INTRODUCED BY:** Council on Legislation

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**RESOLVED**, the legislative initiatives of the House of Delegates be abandoned on the following matters, but the positions enunciated will remain LSMS policy:

2004: 113, 202, 203, 207, 2<sup>nd</sup> & 3<sup>rd</sup> Resolves, 209, 210, 211, 406

**RESOLVED**, the following legislative initiatives of the House of Delegates be renewed for the 2007 legislative session.

2003: 206

2004: 204, 207, 1<sup>st</sup> Resolve only

**RESOLUTION 202--Adopted 10/27/06**

**SUBJECT:** Any Willing Provider

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, the LSMS seek and/or or support legislation that would prohibit a health insurance issuer from refusing to allow a physician, who is located within the

coverage area of the health insurance issuer and is willing to accept the terms and conditions of participation, to join the panel of the issuer as a participating provider.

**RESOLUTION 203—Adopted 10/27/06**

**SUBJECT:** Assignment of Benefits to Physicians

**INTRODUCED BY:** East Baton Rouge Parish Medical Society

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**RESOLVED**, the LSMS seek and/or support legislation that requires private insurance companies accept assignment of benefits in the same manner as with hospitals.

**SUBSTITUTE RESOLUTION 204 – Adopted as amended 10/27/06**

**SUBJECT:** Direct Contact of Patients by Non-Physician Providers

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, the LSMS seek and/or support legislation or regulation that non-physicians appointed by insurance companies to give medical advice to patients be licensed by the appropriate Louisiana licensing authority and be it further

**RESOLVED**, the LSMS send a letter to the Louisiana State Board of Medical Examiners or the appropriate regulatory body requesting insurance companies be informed that only a Louisiana licensed physician may be appointed to manage the care of a patient and the patients treating physician should supervise or approve the care.

**RESOLUTION 205—Adopted 10/27/06**

**SUBJECT:** Medicaid Consultations and Follow-up Visits/Procedures

**INTRODUCED BY:** St. Bernard Parish Medical Society  
Physician/Patient Advocacy CMTE

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**RESOLVED**, that our 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 American Medical Association Current Procedural Terminology (CPT) guidelines.

**SUBSTITUTE RESOLUTION 206 – Adopted as amended 10/27/06**

**SUBJECT:** New Medicare Billing Codes

**INTRODUCED BY:** Committee on Chronic Diseases & Geriatrics

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**RESOLVED**, the LSMS request the Louisiana Medicaid Program to begin utilization of new codes approved by CMS for purposes of billing and reimbursement. DHH should instruct the claims processor to reprocess or recycle codes that were not processed due to a failure of timely application according to CMS regulations.

**RESOLUTION 207—Adopted 10/27/06**

**SUBJECT:** Naturopathic Physicians

**INTRODUCED BY:** Shreveport Medical Society

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**RESOLVED**, the LSMS oppose any state legislation that would authorize the licensing of Naturopathic Doctors to practice naturopathic medicine in Louisiana, and be it further

**RESOLVED**, in the event at some future time Naturopathic Doctors are authorized to be licensed in Louisiana the LSMS will strongly advocate they must be licensed and regulated by the Louisiana State Board of Medical Examiners, and the LSMS will strongly oppose all efforts to create a separate naturopathic board for these purposes.

**RESOLUTION 208—Referred to the BOG 10/27/06**

**SUBJECT:** POLST- Physician Order for Life Sustaining Treatment

**INTRODUCED BY:** Floyd A. Buras, Jr., MD, President

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**RESOLVED**, the LSMS endorse the implementation of the Physician Order for Life Sustaining Treatment (POLST) form as developed by the Oregon POLST Task Force as the appropriate advance care planning document in Louisiana.

**RESOLUTION 209—Withdrawn 10/27/06**

**SUBJECT:** Government Regulations and End-of-Life Care

**INTRODUCED BY:** Committee on Chronic Diseases & Geriatrics

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**RESOLVED**, the LSMS oppose any legislation that would seek to mandate end-of-life decisions for terminal patients, and be it further

**RESOLVED**, the LSMS adopt as policy that decisions regarding withdrawal of food and water through feeding tubes to terminal patients is a decision that should be made by the patient, the patient's family, or the patient's caregiver in coordination and discussion with the attending physician and with appropriate documentation provided in the medical record.

**RESOLUTION 210- Adopted as amended 10/27/06**

**SUBJECT:** Retail Health Clinics

**INTRODUCED BY:** Shreveport Medical Society

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**RESOLVED**, the LSMS adopt as policy the eight guidelines established by the AMA on June 13, 2006 for the operation of in-store Retail Health Clinics, and be it further

**RESOLVED**, for retail health clinics operating in Louisiana, the medical providers of such health clinics should adhere to the same standard of medical care as other licensed providers in the state and be subject to the licensure and oversight authority of the Louisiana State Board of Medical Examiners.

**SUBSTITUTE RESOLUTION 211 – Referred to BOG 10/27/06**

**SUBJECT:** Use of Physician Only Medical Equipment

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, the LSMS seek and/or support legislation or regulation that the use of devices labeled for sale only to physicians only used by only physicians or their

designated technicians in an office setting , with the exception of Emergency Medical Technicians acting under Medical Control, and be it further,

**RESOLVED**, the Louisiana State Board of Medical Examiners, in order to protect the patient, be requested to investigate all cases where devices labeled by the FDA for sale to only physicians only are employed without supervision of a physician or their designated technicians with the exception of Emergency Medical Technicians acting under Medical Control.

**RESOLUTION 212—Withdrawn 10/27/06**

**SUBJECT:** Direct Contact of Asthma Patients by Non-Physician  
Providers Appointed by Insurance Companies

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, that the Louisiana State Medical Society seek and/or support legislation or regulation that would ban direct contact of patients with asthma by non-physician providers appointed by insurance companies unless such contact is approved and supervised by the patient's individual physician, and be it further

**RESOLVED**, that the Louisiana State Medical Society send a letter to the Louisiana State Board of Medical Examiners or the appropriate regulatory body requesting that insurance companies be informed that only a Louisiana licensed physician may be appointed to manage the care of an asthma patient and that the patient's treating physician should supervise or approve the care.

**RESOLUTION 213 – Adopted as amended 10/27/06**

**SUBJECT:** Coverage for Mental Illness Diseases

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, the LSMS seek and/or support legislation and/or regulation that would abolish discrimination by third party payers against patients with substance use and psychiatric disorders in the provision of healthcare insurance and require these diseases be covered as other medical illnesses.

**RESOLUTION 214—Withdrawn 10/27/06**

**SUBJECT:** Pro Bono Physicals

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, physicians conducting pro bono student athletic physicals should only be held accountable for services provided in a routine physical, and be it further

**RESOLVED**, the LSMS seek and/or support legislation or regulation which would provide immunity to the physician conducting pro bono student athletic physicals that do not detect some rare congenital conditions that can only be detected with specialty testing and not in a routine physical exam.

**RESOLUTION 215 – Adopted as amended 10/27/06**

**SUBJECT:** Payment of Deductible Co-pays for Nursing Home Patients

**INTRODUCED BY:** Committee on Chronic Disease & Geriatrics

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**RESOLVED**, the LSMS work with the Louisiana DHH to establish a policy that the state of Louisiana reinstate payment of the deductible co-pay for dually eligible (Medicare/Medicaid) nursing home patients.

**RESOLUTION 216 – Adopted as amended 10/27/06**

**SUBJECT:** In-Office Diagnostic Imaging Services

**INTRODUCED BY:** Specialty Society Committee/Board of Governors

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**RESOLVED**, that the LSMS support the actions of the American Medical Association to encourage and support collaborative specialty development and review of any appropriateness criteria, practice guidelines, technical standards, and accreditation programs, particularly as Congress, federal agencies and third party payers consider their use as a condition of payment, and to use the AMA Code of Ethics as the guiding code of ethics in the development of such policy and be it further;

**RESOLVED**, the LSMS actively oppose efforts by private payers, hospitals, Congress, state legislatures, and federal and state agencies to impose policies designed to control utilization and costs of medical services unless those policies can be proven to

achieve cost savings and improve quality while not curtailing appropriate growth and without compromising patient access or quality of care and be it further;

**RESOLVED**, the LSMS actively oppose efforts to require patients to receive imaging services at imaging centers that are mandated to require specific medical specialty supervision and that the LSMS support patients receiving imaging services at facilities where appropriately trained medical specialists can perform and interpret imaging services regardless of medical specialty and be it further;

**RESOLVED**, the LSMS actively oppose any attempts by federal and state legislators, regulatory bodies, hospitals, private and government payers, and others to restrict reimbursement for imaging procedures based on physician specialty, and continue to support the reimbursement of imaging procedures being performed and interpreted by physicians based on the proper indications for the procedure and the qualifications and training of the imaging specialists in that specific imaging technique regardless of their medical specialty.

**RESOLVED**, that, in the interest of transparency, when a patient is referred to an imaging facility outside of the referring physician's office, any financial interest of the referring physician in that imaging facility should be disclosed to the patient.

**RESOLUTION 217 – Adopted as amended 10/27/06**

**SUBJECT:** Expanded Scope of Practice by CRNAs

**INTRODUCED BY:** East Baton Rouge Parish Medical Society

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**RESOLVED**, the LSMS seek and/or support legislation or regulations to exclude from the physician unsupervised scope of practice of CRNAs any procedures defined by the LSBME to be the practice of medicine.

**RESOLUTION 218 – Adopted as amended 10/27/06**

**SUBJECT:** Physician Involvement in Firearm Education & Safety

**INTRODUCED BY:** Jay Shames, MD, Past President

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**RESOLVED**, the LSMS express its concern and offer its assistance to the Governor and DHH to address the growing problem of firearm injuries and deaths in Louisiana; and be it further

**RESOLVED**, the LSMS seek and/or support legislation or regulation to establish educational programs in Louisiana schools which address the impact of firearms as public health issues, not just as a criminal issues, and be it further

**RESOLVED**, the LSMS seek and/or support legislation or regulations which will make firearms as safe as humanly possible, including but not limited to trigger controls and gun safety locks.

**RESOLUTION 219—Adopted 10/27/06**

**SUBJECT:** Emergency/Temporary Hospital Privileges During  
Declared Disasters

**INTRODUCED BY:** Board of Governors

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**RESOLVED**, the LSMS work with the Governor's Office of Homeland Security and Emergency Preparedness to establish regulations for the granting of temporary hospital staff privileges to duly licensed Louisiana physicians for up to 60 days to be included in the State's revised and updated emergency response plan for the provision of healthcare during a gubernatorially declared disaster or emergency, and be it further

**RESOLVED**, the LSMS ask the Governor's Office of Homeland Security and Emergency Preparedness to request the Louisiana State Board of Medical Examiners develop a minimal but acceptable credentials verification process that can be accessed electronically during a gubernatorial declared disaster or emergency to facilitate the granting of temporary staff privileges to duly licensed Louisiana physicians at Louisiana hospitals, and be it further

**RESOLVED**, Request the Louisiana Hospital Association work with the LSMS in addressing the issue of providing limited temporary privileges to displaced Louisiana licensed physicians during gubernatorial declared disasters or emergencies.

**RESOLUTION 220 – Not adopted 10/27/06**

**SUBJECT:** Unprofessional Conduct

**INTRODUCED BY:** Marcus L. Pittman, III, MD, Delegate  
St. Tammany Parish Medical Society

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**RESOLVED**, that, in order to preserve effective professional peer review, the Louisiana State Medical Society communicate with and urge action by the Louisiana State Board of Medical Examiners to consider physicians who are preferentially compensated by a hospital, or by a competing facility, to be limited to ex officio medical staff status, or be in violation of the Louisiana Medical Practice Act provision on unprofessional conduct.

**RESOLUTION 221 – Adopted as amended 10/27/06**

**SUBJECT:** Louisiana’s Medical Malpractice Cap

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, the LSMS take a proactive stand on medical malpractice legislation in Louisiana by immediately appointing an ad hoc committee to study alternatives that would address some of the weaknesses in the existing law with the goal of strengthening Louisiana’s Malpractice statutes, and the committee report to the LSMS Board of Governors in a timely manner, and the Board of Governors be given the authority to act on the information presented in time to seek and/or support legislation in the upcoming general session of the Legislature that will strengthen protections for physicians in Louisiana’s Medical Malpractice laws.

**RESOLUTION 222—Adopted as amended 10/27/06**

**SUBJECT:** Support for Dr. Anna Pou

**INTRODUCED BY:** St. Tammany Parish Medical Society

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**RESOLVED**, the LSMS House of Delegates reaffirm the press release issued by President Floyd A. Buras, Jr., MD on September 27, 2006 in support of Dr. Anna Maria Pou and the Board of Governors be empowered to give appropriate measures of support as this issue develops.

**RESOLUTION 223—Referred to BOG 10/28/06**

**SUBJECT:** Motor Vehicle Fine Increase

**INTRODUCED BY:** St. Tammany Parish Medical Society

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**RESOLVED**, that the Louisiana State Medical Society initiate and support legislation requiring the increase of moving violation and driving under the influence fines, and that these increased revenues be dedicated to the Department of Health and Hospitals to defray the costs of uncompensated trauma care in the State of Louisiana.

**RESOLUTION 224 – Not adopted 10/28/06**

**SUBJECT:** Medicare Urban Reimbursement Inequities

**INTRODUCED BY:** St. Tammany Parish Medical Society

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**RESOLVED**, that, in order to lessen the inequities of the Centers for Medicare and Medicaid reimbursement process, the Louisiana State Medical Society initiate and support regulation requiring CMS to reimburse physicians at the same scale when treating patients in the same community as the hospitals where they hold ~~active~~ staff privileges.

**RESOLUTION 225 – Adopted as amended 10/28/06**

**SUBJECT:** Patient Compensation Fund Settlements

**INTRODUCED BY:** St. Tammany Parish Medical Society

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**RESOLVED**, that the Louisiana State Medical Society supports the concept of a consent to settle policy for settlements negotiated by the Louisiana Patients' Compensation Fund.

**SUBSTITUTE RESOLUTION 226 – Adopted 10/28/06**

**SUBJECT:** Qualified Immunity for Health Care Professionals

**INTRODUCED BY:** Floyd Buras, MD, President

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**RESOLVED**, the LSMS request the AMA to study the issue of protection from accusations of civil or criminal liability arising from care rendered to patients during officially declared local, state, or national disasters.

**RESOLUTION 301—Adopted 10/27/06**

**SUBJECT:** Cost Impact of Direct-to-Consumer Marketing of Drugs

**INTRODUCED BY:** Shreveport Medical Society

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**RESOLVED**, the LSMS support the need for a study and publish data by the Federal Drug Administration (FDA) regarding the impact on patients and cost of health care resulting from direct-to-consumer marketing of drugs, and be it further

**RESOLVED**, the LSMS communicate by letter to the Governor of Louisiana its concern over the potential negative impact direct-to-consumer marketing of drugs can have on the physician-patient relationship and increasing the cost of health care; with a recommendation that Louisiana endorse the efforts of the Governors and Legislatures of Maine and Minnesota to have the FDA conduct a comprehensive study and analysis of the cost and impact on health care of direct-to-consumer marketing of drugs.

**RESOLUTION 302 – Not adopted 10/28/06**

**SUBJECT:** Coverage for Hospitalized Patients

**INTRODUCED BY:** East Baton Rouge Parish Medical Society

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**RESOLVED**, that all members of other component societies in the State provide and/or arrange coverage for their hospitalized patients and not use the emergency room as a referral source, therefore be it further

**RESOLVED**, that if a physician practices at one facility but not the other, that physician should make arrangements with another physician to provide coverage for his/her patient presenting to the E.R. Emphasis should be placed on educating the patient of the physician's name providing coverage for their physician.

**RESOLUTION 303—Adopted 10/27/06**

**SUBJECT:** Pharmacist Interaction with Patient and Physician

**INTRODUCED BY:** St. Bernard Parish Medical Society  
Physician/Patient Advocacy CMTE

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**RESOLVED**, that our LSMS discuss with the Louisiana Board of Pharmacy the possibility of recommending a protocol to be followed for informing patients and prescribing physicians when pharmacists detect a potential drug interaction for a prescribed medication.

**RESOLUTION 304—Adopted 10/27/06**

**SUBJECT:** Conversion to Healthcare Information Technology

**INTRODUCED BY:** Committee on Physician / Patient Advocacy  
Committee on Public Health

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**RESOLVED**, that our LSMS encourage all component societies to actively participate in local health information technology (HIT), electronic medical records (EMR), or e-prescribing (eRx) initiatives and seek public and/or private funding support for these efforts, and be it further

**RESOLVED**, that our LSMS actively participate in the development of the Louisiana Health Information Technology (LA HIT) Policy as a part of the strategic framework of Louisiana health care reform.

**RESOLUTION 305—Adopted 10/27/06**

**SUBJECT:** Smoking Cessation Programs in Health Care Institutions

**INTRODUCED BY:** Committee on Public Health

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**RESOLVED**, the LSMS encourage all health care institutions to promote smoking cessation programs, beginning with promotion to their staffs and patients.

**SUBSTITUTE RESOLUTION 306 – Adopted as amended 10/28/06**

**SUBJECT:** Charity Hospital and LSU Educational System

**INTRODUCED BY:** Michael Ellis, MD, Stormy Johnson, MD, and Keith DeSonier, MD

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**RESOLVED** that the following LSMS policy be amended:

**220.99 Support of Healthcare for the Indigent:** The LSMS is committed to the delivery and availability of high quality medical care to the indigent population of Louisiana in a cost-effective, efficient manner. The LSMS supports appropriate levels of funding for providers of health care to the indigent of Louisiana. The LSMS encourages the legislature to provide for ongoing health care services to the indigent in a fiscally sound and programmatically adequate system. (R42-86, amended 1996, reaffirmed R101-03, amended R101-06), and be it further

**RESOLVED**, that LSMS Policy 220.98 be rescinded

~~**220.98 — Improvement to Services LSU medical educational system:** The LSMS supports policies that guarantee the availability of quality medical care for the medically indigent of the state as provided in the Charity Hospital System. The LSMS believes that the Charity Hospital LSU Medical System should be continued as one of the educational resources necessary to assure adequate numbers and quality of health care professionals for the state. The LSMS encourages that every effort be made to modernize and streamline the system to make it as efficient as possible including consideration of privatization of selected management functions. (R40-87, amended R101-97) and be it further~~

**RESOLVED**, LSMS policy is the LSUHSC Medical System be continued as one of the educational resources necessary to assure adequate numbers and quality of health care professionals for the state, and the LSMS supports LSUHSC's need to have adequate public university facilities.

**SUBSTITUTE RESOLUTION 401—Referred to BOG 10/28/06**

**SUBJECT:** LSMS Mission Statement, LSMS

**INTRODUCED BY:** Irving Blatt, MD, Third District Councilor

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**RESOLVED**, that LSMS policy 350.99, LSMS Mission Statement be amended to wit:

The Louisiana State Medical Society is a voluntary association of physicians providing leadership the advancement of the health of the people of Louisiana serving as the premier advocate for patients and physicians; and for promoting programs of public and private institutions dedicated to health sciences and biomedical research.

**RESOLUTION 402—Adopted 10/27/06**

**SUBJECT:** Development of Bridge Income Strategies for Physicians Impacted By Officially Declared Disasters

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, the LSMS AMA delegation introduce a resolution at the next possible AMA meeting calling for the AMA to evaluate strategies to seek and/or support federal legislation or regulations which would provide “bridge” financial support to all physicians or physicians of particular specialties following disasters which result in significant displacement of residents to protect against a shortage of health care professionals to treat returning citizens.

**RESOLUTION 403 – Withdrawn 10/28/06**

**SUBJECT:** Encouragement of Community-Based Initiatives to Expand Health Care to the Working Uninsured

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, that LSMS support the development of community-based efforts to expand health care for the working uninsured, and be it further

**RESOLVED**, that LSMS encourage its component societies to work within the existing regional consortia established by the Governor, or in partnership with other local

safety-net organizations, to develop local solutions for expanding access to and care for the working uninsured.

**RESOLUTION 404 – adopted as amended 10/28/06**

**SUBJECT:** Individual Mandate for Health Care Coverage

**INTRODUCED BY:** Jefferson Parish Medical Society

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**RESOLVED**, the LSMS support a statewide mandate that requires individuals to have health care coverage as part of a market oriented approach to health system reform that is adopted by the state of Louisiana.

**RESOLUTION 405—Withdrawn 10/27/06**

**SUBJECT:** LSMS Role in Pay-for-Performance

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, that the LSMS determine which third-party payers in Louisiana are establishing Pay-for-Performance measures, evaluate the components of such programs to assess their compliance with the guidelines established by the AMA on Pay-for-Performance, and communicate directly with third-party payers that are not conforming with the established guidelines for Pay-for-Performance programs opening dialogue with them to resolve issues of noncompliance, and be it further

**RESOLVED**, that the LSMS communicate information to the membership about Pay-for-Performance programs initiated by third-party payers in Louisiana and their compliance or nonconformity with the established guidelines along with LSMS actions to advocate conformity where a third party payer is not in compliance with the AMA's guidelines for Pay-for-Performance programs.

**RESOLUTION 406 – Adopted as amended 10/28/06**

**SUBJECT:** Medicaid Reimbursement Funds

**INTRODUCED BY:** East Baton Rouge Parish Medical Society

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**RESOLVED**, the LSMS send a letter to Governor Kathleen Blanco and Dr. Fred Cerise, Secretary of the Louisiana Department of Health & Hospitals, recommending that payment for Medicaid services be increased to 100 % of Medicare

level reimbursement without reducing any existing Medicaid reimbursements that may be at or exceed that level by July 1, 2007.

**RESOLUTION 407 – Not adopted 10/28/06**

**SUBJECT:** Medicare Part B Reimbursement for East Baton Rouge Parish

**INTRODUCED BY:** East Baton Rouge Parish Medical Society

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**RESOLVED**, that the entire State of Louisiana be brought up to the Medicare/Part B reimbursement rate that is currently the New Orleans standard, and be it further

**RESOLVED**, to be fair in medical practice, that the entire State of Louisiana be brought up to the Medicare/Part B reimbursement rate that is currently the New Orleans Standard (Area 01, and be it

**RESOLVED**, that the LSMS be directed to contact CMS and any other parties necessary to accomplish this Resolution.

**RESOLUTION 408 – Adopted as amended 10/28/06**

**SUBJECT:** Physician Payment for Care Provided to Low-Income Uninsured Hospital Patients

**INTRODUCED BY:** Orleans Parish Medical Society

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**RESOLVED**, the LSMS strongly encourage the Louisiana Hospital Association to communicate with their member hospitals the importance of recognizing the integral role physicians play in providing care to the hospital's uninsured patients, and be it further

**RESOLVED**, the LSMS strongly encourage the Louisiana Hospital Association to develop and disseminate models to their member hospitals for sharing both federal and state funds with physicians on their medical staffs who are treating low-income uninsured patients in the hospital setting as a result of being on unreferral call and be it further

**RESOLVED**, the LSMS pursue the distribution of funds allocated by the federal government for care provided to the uninsured during the aftermath of Hurricanes Katrina and Rita.

**RESOLUTION 409 – Adopted as amended 10/28/06**

**SUBJECT:** Problems with Implementation of Medicare Part D Coverage/Bidding on a State Formulary/Medications not covered by Medicare Part D

**INTRODUCED BY:** CMTE on Chronic Diseases & Geriatrics

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**RESOLVED**, the American Medical Association and the President of the Louisiana State Medical Society write to the CMS and Dr. Fred Cerise, Secretary of DHH advising them that Medicare Part D drug plans for dually eligible beneficiaries should be required to use the States drug plan (preferred drug list) for Medicare D drug beneficiaries. and be it further

**RESOLVED**, that if any region is affected by another declared emergency all beneficiaries using Medicare D receive an automatic extension of prior authorization for their current medications for one year.