

RESOLUTION 101

SUBJECT: Policies to be Sunsetted

INTRODUCED BY: K. Barton Farris, MD, Speaker
Gregory Sossaman, MD, Vice Speaker

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

- 1 20.99 Aids and Children
- 2 20.98 Aids Education and Prevention
- 3 30.99 Banning of Open Containers of Alcoholic Beverages Within the Driving Compartment
- 4 of a Motor Vehicle
- 5 35.97 Practice of Medicine by Cosmetologists
- 6 60.99 Standards for Child Care Institutions
- 7 60.95 Standardization of Child Health Certificate
- 8 60.94 Support of School Based Health Centers
- 9 60.91 Day Care Licensing
- 10 95.99 Monitoring Prescription of Schedule II Drugs
- 11 125.97 Louisiana Critical Drug List
- 12 130.95 Code Situation in Health Care Facilities
- 13 130.94 Emergency Medical Services in Louisiana
- 14 135.99 Monitoring of Environmental Hazards
- 15 140.97 Physician Fee Splitting
- 16 140.96 Right-To-Die Documentation
- 17 140.94 Contracting and the Physician's Ethical Duty
- 18 140.92 Physician Self-Referral
- 19 140.90 Guidelines for Gifts to Physicians
- 20 150.97 Treatment of Obesity
- 21 160.96 Pre-Admission Certification
- 22 160.95 Access to Care for Indigent Patients
- 23 160.94 Fee for Service Medicine
- 24 160.93 Support of Private, Individualized Medical Care
- 25 165.98 National Health Insurance and Physician Payment
- 26 165.89 Health System Reform
- 27 165.88 Health System Reform, Choice
- 28 165.87 Price Controls
- 29 165.86 Health System Reform, Medical Education and Public Health Services
- 30 165.84 Federal Health Care Programs
- 31 170.98 Domestic Violence Educational Campaign
- 32 180.99 Clinical Decision-Making by Third Party Payers
- 33 180.96 The Louisiana State Employees Group Benefit Program
- 34 180.91 Standardized Credentialing Form
- 35 180.90 Health Plan Charges for Tracing Third-Party Checks
- 36 180.89 Any Willing Provider

37	180.88	Health Insurance Guaranty Fund
38	185.94	Cancellation of Group, Family or Blanket Health Insurance
39	185.84	Discrimination against Psychiatric Consultation
40	190.98	Truth in Insurance Benefits
41	190.96	Third Party Insurer Responsibilities
42	195.98	Fair Competition Between HMOs and Fee for Service
43	225.98	DRGs for Chronically Ill Beneficiaries
44	235.99	Guidelines for Hospital Medical Staffs
45	235.98	Legal Counsel for Hospital Medical Staffs
46	235.97	Infringement on the Practice of Medicine in Medical Staff Bylaws
47	235.96	Autonomy of Hospital Medical Staffs
48	235.94	Due Process Rights for Physicians
49	265.93	Non-Compete Clauses in Contracts
50	275.98	Multiyear Medical License
51	275.96	Separate Physician Licensing Boards
52	280.98	Nurse Home Aide Certification
53	290.99	One Medicaid Region
54	290.97	Medicaid Abuse
55	315.96	National Patient Medical Records System
56	320.99	Third Party Requests for Patient Information
57	330.99	Louisiana as One Medicare Region
58	330.98	CPT Codes and Medicare Fraud
59	330.97	Linking Physician Reimbursement to Hospital Reimbursement Under Medicare
60	330.88	Correct Coding Initiative (CCI) Edits for Medicare HMO Claims
61	380.97	Raising Professional Fees
62	380.96	Right of Physician and Patient to Privately Contract
63	380.94	Private Contracting
64	385.88	Reducing Payment for Previously-Adjudicated Claims
65	385.87	Corporate Compliance with Louisiana Workmen's Compensation Laws
66	390.92	RBRVS Payment Reductions
67	395.94	Medicaid/Medicare Dually Eligible Reimbursement for Physicians
68	395.91	Adequate Medicaid Reimbursement
69	395.90	State Budget Shortfalls
70	405.97	Definition of a Physician
71	405.96	Physician/Patient Relationship
72	405.95	Limitation of the Term Physician
73	435.97	The Report of the Governor's Commission on Medical Malpractice (1984)
74	435.95	Penalties for Frivolous Malpractice Suits
75	435.94	Tort Reform
76	435.93	Contingency Fee System
77	435.92	Rate Filings by Professional Liability Carriers
78	435.85	Medical Review Panel Act 817
79	440.85	Professional Immunity at Community Health Care Clinics
80	450.98	Public Reporting of Health Quality Indicators
81	490.95	No Smoking in Public Places
82	495.99	Smoking at LSMS Meetings
83	495.95	Smoking in Public Places and Public Meetings
84	530.93	Annual Dues Collection
85	530.92	LSMS Strategic Planning Sessions
86	530.91	LSMS Annual Meeting
87		

88 **Referenced policies:**

- 89 **20.99 AIDS and Children:** The LSMS supports the Centers for Disease Control guidelines on
90 AIDS in regard to children. (R28-86, reaffirmed R101-96 and R101-03)
- 91 **20.98 AIDS Education and Prevention:** The Department of Health and Hospitals should
92 budget funds through regional and local health units for AIDS educational and
93 preventive activities, and work with the local parish medical societies. (R29-86,
94 reaffirmed R101-96 and R101-03)
- 95 **30.99 Banning of Open Containers of Alcoholic Beverages Within the Driving**
96 **Compartment of a Motor Vehicle:** The LSMS supports the banning of all open
97 containers of alcohol within the driving compartment of any motor vehicle on Louisiana
98 highways, excluding licensed motor coaches which are chartered for the purpose of
99 group transportation. (R6-86, reaffirmed R101-03)
- 100 **35.97 Practice of Medicine by Cosmetologists:** The statutes that govern the Louisiana Board
101 of Cosmetology be amended to prevent cosmetologists from performing procedures,
102 which constitute the practice of medicine. (R217-03)
- 103 **60.99 Standards for Child Care Institutions:** The LSMS supports a mandate for child care
104 standards in all institutions and the empowerment by state and local law enforcement to
105 effect immediate closure on those child care institutions found to be in violation of the
106 law. (R54-84, reaffirmed R101-03)
- 107 **60.95 Standardization of Child Health Certificate:** The State of Louisiana Department of
108 Health & Hospitals develop a standardized Child Health Certificate for children
109 attending day care centers, elementary, middle or high schools be required, and a
110 process for updating the Certificate. All day care centers, elementary, middle or high
111 schools be required to use the most recent standardized Child Health Certificate, and all
112 previous versions be abandoned. (R207-03)
- 113 **60.94 Support of School-Based Health Centers:** The LSMS encourages representatives on
114 the Project: HEAL Schools task force to consider expanding the policies of school-based
115 health centers to allow them to address non-traditional services for school-based health
116 centers including but not limited to, obesity screening and education and physical
117 activity programs for school-age children. (R308-03)
- 118 **60.91 Day Care Licensing:** The LSMS endorses the concept of a single class of licensure for
119 Louisiana day care facilities, including church operated facilities, but only with regard to
120 health and safety issues and not curriculum or hiring preferences. (R405-93, reaffirmed
121 R101-03)
- 122 **95.99 Monitoring Prescription of Schedule II Drugs:** All prescriptions for Schedule II drugs
123 require verification of patient or prescription by personal knowledge and appropriate
124 identification by the pharmacist. (R44-85, reaffirmed R101-03)
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- 126 **125.97 Louisiana Critical Drug List:** The LSMS supports the creation of a Louisiana Critical
127 Drug List; a list of drugs which cannot be substituted without authorization of the
128 prescribing physician. (R302-03)
- 129 **130.95 Code Situation in Health Care Facilities:** The LSMS supports the inclusion of
130 coverage in Louisiana's Good Samaritan Laws of services rendered in a code situation
131 in a health care facility by physicians who are not attending or consulting physicians to
132 the patient. (R210-93, reaffirmed R101-03)
- 133 **130.94 Emergency Medical Services in Louisiana:** The LSMS recognizes and supports the
134 EMS Task Force as the advisory body directing the expansion and improvement of EMS
135 in Louisiana. The LSMS supports improvements and expansion of EMS medical
136 control, higher education standards, improved educational opportunities, pediatric EMS
137 standardization. The LSMS supports legislation which will authorize and provide

138 funding for the Bureau of EMS to perform the functions described above. (R211-93,
139 reaffirmed R101-03)

140 **135.99 Monitoring of Environmental Hazards:** The Office of Health Services and
141 Environmental Quality (OHSEQ) in the Department of Health and Human Resources is
142 the agency charged with the protection of human health and its capability to directly
143 assess environmental hazards is absolutely essential. The state should provide adequate
144 funding for a properly structured laboratory facility with necessary personnel and
145 equipment to assess the environment. The OHSEQ should make the results of its
146 investigation available to all other state agencies involved in the assessment of the
147 environment. (R11-83, reaffirmed R101-03)

148 **140.97 Physician Fee-Splitting:** The LSMS affirms its position in opposition to fee splitting.
149 (R8-85, reaffirmed R101-95, reaffirmed R101-03)

150 **140.96 Right-to-Die Documentation:** The documentation of right-to-die information should be
151 voluntary and used at the discretion of the physician. (R23-85, amended 1995,
152 reaffirmed R101-03)

153 **140.94 Contracting and the Physician's Ethical Duty:** The LSMS opposes agreements or
154 clauses in participating physician contracts which unreasonably restrain the physician
155 from providing information to the patient about policies and decisions of the insurer or
156 other contracting entity. These provisions constitute an unacceptable restriction on the
157 physician's ethical duty to act as the patient's advocate. (R511-93, reaffirmed R101-03)

158 **140.92 Physician Self-Referral:** The LSMS endorses the recommendations of Conflicts of
159 Interest: Physician Ownership of Medical Facilities, contained in Report C, December
160 1991, of the AMA Council on Ethical and Judicial Affairs. (R509-93, reaffirmed R101-
161 03)

162 **140.90 Guidelines for Gifts to Physicians:** The LSMS adopts the AMA CEJA opinion 8.061:
163 To avoid the acceptance of inappropriate gifts, physicians should observe the following
164 guidelines:

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

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

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

181 (4) Subsidies to underwrite the costs of continuing medical education conferences or
182 professional meetings can contribute to the improvement of patient care and therefore
183 are permissible. Since the giving of a subsidy directly to a physician by a company's
184 representative may create a relationship that could influence the use of the company's
185 products, any subsidy should be accepted by the conference's sponsor who in turn can
186 use the money to reduce the conference's registration fee. Payments to defray the costs
187 of a conference should not be accepted directly from the company by the physicians
188 attending the conference.

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

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

206 (7) No gifts should be accepted if there are strings attached. For example, physicians
207 should not accept gifts if they are given in relation to the physician's prescribing
208 practices. In addition, when companies underwrite medical conferences or lectures other
209 than their own, responsibility for and control over the selection of content, faculty,
210 educational methods, and materials should not belong to the organizers of the
211 conferences or lectures. (R115-03)

212 **150.97 Treatment of Obesity:** The LSMS supports the current rules and regulations of the
213 Louisiana State Board of Medical Examiners governing medications used in the
214 treatment of obesity. (R508-93, reaffirmed R101-03)

215 **160.96 Pre-Admission Certification:** The LSMS opposes the concept of pre-admission
216 certification as unacceptable rationing of medicine and hospital care as a danger to the
217 welfare of patients. (R17-84, reaffirmed R101-03)

218 **160.95 Access to Care for Indigent Patients:** The LSMS supports the intended use of state
219 hospital facilities for the treatment of indigent patients. (R33-84, amended R101-03)

220 **160.94 Fee-for-Service Medicine:** Fee-for-service medicine, with freedom of choice of
221 physicians by patients, is the best medical system, and alternatives of financing should
222 be retained as components of a pluralistic system of medical care. (R33-85, reaffirmed
223 1995, reaffirmed R101-03)

224 **160.93 Support of Private, Individualized Medical Care:** Efforts promoting the private
225 practice of medicine and the role of the personal physician should be ongoing by
226 component societies and individual physicians in their day-to-day practice. (R37-85,
227 amended 1995, reaffirmed R101-03)

228 **165.98 National Health Insurance and Physician Payment:** The LSMS opposes any
229 provision in any national health insurance bill which would preclude billing of patients
230 by physicians and encourages the AMA to take the same position. (R705-74, reaffirmed
231 R101-03)

232 **165.89 Health System Reform:** The LSMS advocates the term *health system reform* to
233 characterize needed changes to our health care delivery system. (R301-93, reaffirmed
234 R101-03)

235 **165.88 Health System Reform, Choice:** The LSMS supports a policy of pluralism in our
236 health care delivery system and the principles of security, simplicity, savings, choice,
237 quality, and responsibility for health system reform.

238 (1). The LSMS supports offering patients a Triple Option of managed care (including
239 prepaid care & contract fee-for-service); usual, customary and reasonable; and benefit
240 payment schedule plans.

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

243 (3). The LSMS supports the right of physicians to choose their own specialty of
244 practice and opposes any quota system to force physicians into a particular specialty or
245 mode of practice. The LSMS urges the American Medical Association and the specialty
246 societies to work together to preserve and expand the right of patients to choose their
247 physician, delivery setting and method of financing of health care and the right of
248 physicians to choose their specialty, practice setting and compensation arrangement.
249 (R302-93, reaffirmed R101-03)

250 **165.87 Price Controls:** The LSMS is opposed to the imposition of price controls in our health
251 care delivery system whether through fee controls, global budgets, expenditure targets,
252 premium caps, percentage of payroll caps or any other euphemism for price controls and
253 supports the establishment of a more effective medical market to achieve cost
254 effectiveness in our health care delivery system. The LSMS supports the position of
255 value and cost effectiveness instead of draconian cost containment, making all of the
256 players in our health care delivery system accountable to patients instead of to
257 government, insurance companies, employers, hospitals or physicians. (R303-93,
258 reaffirmed R101-03)

259 **165.86 Health System Reform, Medical Education and Public Health Services:** In any
260 proposal for funding of health system reform in Louisiana, the LSMS seek to include
261 appropriate funding for medical education, in order to maintain the highest standards for
262 students of medicine and persons in graduate medical education. The LSMS will seek
263 to include basic public health services as a governmental responsibility in any proposal
264 for implementation of health system reform in Louisiana; and that these basic services
265 are, as a minimum, health education, control of the spread of communicable diseases,
266 promotion of a clean and healthy environment, and outreach health clinics for the hard-
267 to-reach populations. (R304-93, reaffirmed R101-03)

268 **165.84 Federal Health Care Programs:** The LSMS affirms its belief in the superiority of
269 private medical care in a pluralistic system and supports continued efforts to correct
270 deficiencies in federal health programs and urges the AMA to also affirm this position.
271 Request the AMA to seek appropriate cases to challenge the legality and
272 constitutionality of Medicare restrictions on non-participating physicians' medical
273 practices and on patient freedom of choice by such mechanisms as limitations on
274 balance billing and prohibitions on private opt out arrangements between physicians and
275 patients. The LSMS also urges the AMA to strongly resist such restrictions being
276 extended to other payers in national health care reform legislation. (R308-93, reaffirmed
277 R101-03)

278 **170.98 Domestic Violence Educational Campaign:** The LSMS encourages component
279 medical societies and their members to be actively involved in community programs
280 focused on domestic violence. The LSMS offer its assistance to component medical
281 societies in developing educational programs for physicians and the public regarding the
282 issue of domestic violence. (R401-93, reaffirmed R101-03)

283 **180.99 Clinical Decision-Making by Third Party Payers:** The LSMS opposes the covert
284 regulation of health care via prospective evaluation by third party private insurance
285 carriers who seek to evaluate medical necessity of patient medical/surgical care and use
286 these determinations to limit their financial liability for medical treatment recommended
287 to the individual patient by his or her primary physician. (R43-85, reaffirmed R101-03)

288 **180.96 The Louisiana State Employees Group Benefit Program:** The LSMS supports the
289 placement of the Louisiana State Employees Group Benefits Program under the
290 authority of the state Insurance Commissioner. (R217-93, reaffirmed R101-03)

291 **180.91 Standardized Credentialing Form:** All health plans operating in Louisiana use the
292 DOI's Standardized Credentialing Form. (R205-03)

293 **180.90 Health Plan Charges for Tracing Third-Party Checks:** Insurance companies and/or
294 employer-sponsored plans and/or third-party administrators be prohibited from charging
295 a fee to trace a check which, according to them, has been sent to the physician
296 previously. Health insurance plans and/or employer-sponsored plans and/or third-party
297 administrators be required to issue a replacement check or submit for signature by the
298 physician, an acknowledgment of non-receipt of the check and/or request for reissue
299 after 60 days if the original check has not been processed by the physician. (R211-03)

300 **180.89 Any Willing Provider:** The LSMS supports laws and/or regulations that would
301 prohibit a health insurance issuer from refusing to allow a physician, who is located
302 within the coverage area of the health insurance issuer and is willing to accept the
303 contract terms and conditions of participation, to join the panel of the issuer as a
304 participating provider. (R206-03)

305 **180.88 Health Insurance Guaranty Fund:** The LSMS supports the establishment of a Health
306 Insurance Guaranty Fund. (R205-02)

307 **185.94 Cancellation of Group, Family or Blanket Health Insurance:** The LSMS supports
308 health insurance policy coverage which (1) prohibits cancellation of group, family, or
309 blanket health insurance policies after claims for terminal, incapacitating, or debilitating
310 conditions; (2) requires notified insurers to pay for certain claims for illnesses or
311 conditions occurring prior to cancellation of any health policy; (3) prohibits an increase
312 in rates unless the increase is actuarially justified and is based on community experience
313 and the experience and projections for the appropriate pool; and (4) prohibits a premium
314 increase based solely or primarily on the experience with the group which includes an
315 insured with a terminal, incapacitating, or debilitating condition. (R69-91, reaffirmed
316 R101-03)

317 **185.84 Discrimination against Psychiatric Consultation:** The LSMS condemns the policy of
318 insurers that treat consultation for patients with psychiatric symptoms in a
319 discriminatory manner. Primary insurers be held fully accountable for the policies and
320 performance of their subcontractors and be held fully responsible for the equitable
321 treatment of all patients and provide timely reimbursement for legitimate services under
322 their plans, whether subcontracted or not. Further, primary insurers be required to
323 cancel contracts with subcontractors no longer financially able to provide contracted
324 services without resorting to discriminatory practices. (R216-03)

325 **190.98 Truth in Insurance Benefits:** The LSMS opposes insurance companies and other third
326 party payers sending false information to their clients regarding physician fees and the
327 LSMS supports action to alleviate this problem. (R37-86, reaffirmed 1996, reaffirmed
328 R101-03)

329 **190.96 Third-Party Insurer Responsibilities:** Excluding Medicare and Medicaid, when third-
330 party coverage exists for a patient's medical conditions for which he/she is seeking care,
331 insureds and/or physicians have a contractual right to expect timely and accurate
332 payment from third-party insurers. (R410-03)

333 **195.98 Fair Competition Between HMOs and Fee-for-Service:** In order to assure true and
334 fair competition in the selection of health insurance programs, the LSMS supports
335 efforts to amend state law to require that when an employer is mandated by state or
336 federal law to offer any nontraditional health care service plan options to employees,
337 that such employer should also be mandated to offer a traditional fee-for-service plan to
338 employees. The offer to employees of a plan that restricts freedom of choice should be

339 accompanied by a statement prominently specifying that: *This option limits your*
340 *freedom of choice, and specifies from whom or what group of providers your health*
341 *care may be obtained.* (R37-87, reaffirmed R101-03)

342 **225.98 DRGs for Chronically Ill Beneficiaries:** There are many problems created by the
343 prospectively-determined payment system based on diagnosis related groups (DRGs) for
344 services provided to Medicare beneficiaries who suffer with chronic diseases because
345 such a system does not take into account the continued medical need of such patients for
346 acute dialysis and places an additional financial burden on the facilities currently caring
347 for these patients. (R14-84, reaffirmed R101-03)

348 **235.99 Guidelines for Hospital Medical Staffs:** The LSMS supports the following guidelines
349 characterizing the relationship between hospitals and their medical staffs:
350 (1) Hospital privileges should continue to be established according to the bylaws of the
351 medical staff, which includes the quality review concept peer review
352 (2) Physicians should continue to provide medical care based primarily on the traditional
353 patient-physician relationship.
354 (3) Consideration of continuation or renewal of hospital privileges should continue to be
355 based primarily on demonstrated competence and ethical behavior. (R15-84, reaffirmed
356 R101-03)

357 **235.98 Legal Counsel for Hospital Medical Staffs:** Hospital medical staffs should retain legal
358 counsel that is independent from the hospital's attorney, especially concerning such
359 matters as medical staff bylaws and contracts. (R39-85, reaffirmed 1995, amended
360 R101-03)

361 **235.97 Infringement on the Practice of Medicine in Medical Staff Bylaws:** Members should
362 periodically review hospital staff constitutions and bylaws and discuss and remove any
363 infringement on the practice of medicine included in these contracts. The LSMS urges
364 its members to be alert to any proposed changes in the hospital constitutions and bylaws
365 in the future which might hinder a physician's judgment and ability to practice
366 medicine. (R10-86, reaffirmed 1996, reaffirmed R101-03)

367 **235.96 Autonomy of Hospital Medical Staff:** Hospital medical staffs should have the freedom
368 of professional association and right of clinical practice among members of such
369 hospital medical staffs concurrent with an exclusive contract for physician specialty
370 services. (R43-86, reaffirmed 1996, reaffirmed R101-03)

371 **235.94 Due Process Rights for Physicians:** Physician members of hospital medical staffs
372 shall have the due process rights of a fair hearing and appellate review regardless of any
373 personal service contract whenever a hospital (1) denies reappointment to the medical
374 staff, (2) terminates the privileges of a physician, or (3) takes any adverse action against
375 a physician requiring a report to the National Practitioner Databank. (R121-03)

376 **265.93 Non-Compete Clauses in Contracts:** The LSMS opposes non-compete clauses that limit
377 the privilege of a physician to practice medicine. Any non-compete clause excessive in
378 geographic scope or duration, or any non-compete clause between a physician and non-
379 physician that restricts the physician's privilege to practice medicine is unacceptable. (R409-
380 03)

381 **275.98 Multiyear Medical License:** The LSMS encourages the Louisiana State Board of
382 Medical Examiners to consider increasing the licensing period for medical licenses to
383 years. (R214-03)

384 **275.96 Separate Physician Licensing Boards:** The LSMS opposes the creation of separate
385 physician licensing boards apart from the Louisiana State Board of Medical Examiners.
386 (R508-93, reaffirmed R101-03)

387 **280.98 Nurse Home Aide Certification:** The LSMS supports minimal training and
388 certification, but not licensure, for nursing home aides and requests that the Governor's

389 Office of Elderly Affairs give the LSMS representation in the planning of nursing home
390 aide certification. (R50-86, reaffirmed R101-03)

391 **290.99 One Medicaid Region:** The LSMS endorses the concept of making the state one region
392 for the purpose of reimbursement under Medicaid. (R28-84, reaffirmed R101-03)

393 **290.97 Medicaid Abuse:** Appropriate state agencies and elected officials should fully
394 investigate the allegations of impropriety by non-physician providers in the expenditure
395 of funds in the name of the delivery of medical care under Medicaid, so that such
396 impropriety can be eliminated. (R505-93, reaffirmed R101-03)

397 **315.96 National Patient Medical Records System:** The LSMS opposes any government or
398 corporate attempts, such as the Patient Medical Record Information System, to establish
399 mandatory codes and terminology to support a computerized patient medical record
400 system. (R301-03)

401 **320.99 Third Party Requests for Patient Information:** Third and fourth party insurance
402 administrators should be required to furnish the physician with a properly executed
403 release of information as required by law prior to the physician's release of any medical
404 reports, x-rays or other information regarding the patient's diagnosis and treatment.
405 (R10-89, referred to BOG for legal review 1999, reaffirmed R101-03)

406 **330.99 Louisiana as One Medicare Region:** The LSMS endorses designation of the whole
407 state one region for the purpose of reimbursement under Part B of Medicare. (R22-83;
408 reaffirmed 1988, reaffirmed 1998, reaffirmed R101-03)

409 **330.98 CPT Codes and Medicare Fraud:** The LSMS encourages its members to use the most
410 recently revised edition of Current Procedural Terminology (CPT) for Medicare claims
411 in an effort to improve the claims administration and intermediary response of the
412 Medicare program. The LSMS reaffirms its support for the discovery and prosecution of
413 those recipients and providers who fraudulently use or abuse the program. (R34-84,
414 reaffirmed R101-03)

415 **330.97 Linking Physician Reimbursement to Hospital Reimbursement Under Medicare:**
416 The LSMS opposes any attempt to link payment to hospitals (Part A of Medicare) and
417 payment to physicians (Part B of Medicare). The LSMS opposes the Health Care
418 Financing Administration instructions to intermediaries and carriers which may deny
419 payment under Part B of Medicare for physician's services linked with denial of
420 payment for hospitalization under Part A of Medicare. This discriminatory denial of
421 payments pertains only to those physicians who accept assignment. (R14-86, reaffirmed
422 R101-03)

423 **330.88 Correct Coding Initiative (CCI) Edits for Medicare HMO Claims:** All insurance
424 companies with Medicare HMO products operating in Louisiana should acquire and use
425 standardized Correct Coding Initiative (CCI) edits for processing physician claims and
426 implement a process which guarantees the use of the most updated version of such edits.
427 (R212-03)

428 **380.97 Raising Professional Fees:** The LSMS urges its members to continue to exercise
429 restraint in the escalation of professional fees, adjusting them only to account for actual
430 increased costs or to correct service fee inequities when circumstances warrant. (1974,
431 reaffirmed R101-03)

432 **380.96 Right of Physician and Patient to Privately Contract:** The LSMS holds inviolate the
433 constitutional right of citizens to enter into private contracts, such as between physician
434 and patient, and the right of the physician to directly bill the patient for services
435 rendered. The LSMS unalterably opposes any legislation that (1) interferes with the
436 right of private contract between citizens; (2) prohibits a private physician from billing a
437 private patient; (3) mandates physician acceptance of assignment; (4) pays the hospital
438 instead of the private physician for services of private physicians to hospitalize private
439 or public patients; and (5) treats private physician or medical staffs as virtual employees

440 of hospitals or government. The LSMS unalterably opposes the proposed Mandatory
441 Assignment and Hospital Enforcement amendment or any similar legislation which
442 would change Medicare into a second-rate, no choice welfare, Medicaid-type program
443 and thus force private hospitals and physicians to refuse Medicare patients. The LSMS
444 urges the AMA to take the same position. (R20-84, reaffirmed R101-03)

445 **380.94 Private Contracting:** The LSMS opposes any act or regulation which denies or restricts
446 a physician's right to bill for his or her services based on private contract. (R32-87,
447 amended R101-97, reaffirmed R101-03)

448 **385.88 Reducing Payment for Previously-Adjudicated Claims:** All third-party payors,
449 including employer-sponsored plans, DHH, and the state group benefits plan, be
450 prohibited from reducing or withholding payment on current or future claims to satisfy
451 corrections or alterations to unrelated previously-adjudicated claims, and instead require
452 third-party payors to notify physicians of the need to remit a separate payment for the
453 error which resulted in overpayment. (R210-03)

454 **385.87 Corporate Compliance with Louisiana Workmen's Compensation Laws:** All
455 corporations having employees working in Louisiana be required to comply with all
456 Louisiana laws and regulations governing workmen's compensation. (R213-03)

457 **390.92 RBRVS Payment Reductions:** The LSMS opposes discriminatory Medicare payment
458 reductions to new physicians. (R55-92, reaffirmed R101-03)

459 **395.94 Medicaid/Medicare Dually-Eligible Reimbursement for Physicians:** The Louisiana
460 Department of Health and Hospitals alter its existing rules concerning reimbursement of
461 physicians for care of dually eligible (Medicare/Medicaid) beneficiaries to allow for full
462 cost-sharing of co-payments and deductibles, as mandated by federal Medicare and
463 Medicaid laws. The LSMS supports legislation to achieve a fair level of reimbursement,
464 and that should litigation be necessary, the LSMS seek support of the AMA in the form
465 of an amicus curiae brief (a policy approved by the AMA House of Delegates in
466 Resolution 136, I-92) and the support of neighboring state medical associations that
467 could also benefit from a change in this reimbursement methodology. (R501-93,
468 reaffirmed R101-03)

469 **395.91 Adequate Medicaid Reimbursement:** The LSMS pursue all efforts, including a
470 demand letter followed by litigation if necessary, to achieve a fair level of
471 reimbursement from the Louisiana Medicaid program in accordance with the federal law
472 and as upheld in the case of Arkansas Medical Society v. Reynold. (R502-93, reaffirmed
473 R101-03)

474 **395.90 State Budget Shortfalls:** A constitutional amendment be adopted to spread budget
475 shortfalls across all parts of the state budget rather than single out health care and higher
476 education. (R215-03)

477 **405.97 Definition of a Physician:** A physician is a person who has been admitted to a medical
478 school or a school of osteopathic medicine, which school is approved by his or her state
479 licensing board, and has successfully completed the prescribed course of studies as
480 graduated and holds a diploma as a doctor of medicine or osteopathic medicine and has
481 acquired the requisite qualifications to be legally licensed to practice medicine or
482 osteopathic medicine. (R16-84, reaffirmed R101-03)

483 **405.96 Physician/Patient Relationship:** The LSMS principles of the physician/patient
484 relationship:

485 (1) Patients should seek a clear understanding of fees with their physician. Neither the
486 patient nor the physician should be embarrassed to talk about this important financial
487 consideration.

488 (2) If satisfied that the fee charged is fair, the patient should make every effort to pay the
489 physician's bill promptly. Because most physicians do not charge interest on unpaid

490 balances, delay in settling a bill translates into a direct increase in the cost of medical
491 practice which, like all other costs, is passed on to future patients.

492 (3) If a patient is in a hardship situation, the physician should be told. The physician's
493 first obligation is to provide good medical care. One of the most upsetting things about
494 government intrusion is the failure to recognize that physicians in this country are
495 traditionally willing to adjust to the needs of their individual patients on a case by case
496 basis when genuine hardship arises.

497 (4) Patients should be able to rely on their physicians as their advocate. Physicians
498 should explain to patients all costs of medical care (hospitals, tests, therapy, etc.).

499 (5) Patients should establish a relationship with a primary care physician (family
500 practitioner, internist, etc.) for their confidential, health maintenance, and emergency
501 needs.

502 (6) Physicians should encourage second opinions for those patients who are
503 uncomfortable with a diagnosis or treatment plan.

504 (7) Individual citizens should do everything possible to promote and maintain their well-
505 being such as: fastening seat belts and child restraints, abstaining from smoking,
506 maintaining good nutrition, practicing temperance in alcohol consumption. (R10-85,
507 reaffirmed R101-03)

508 **405.95 Limitation of the Term Physician:** The LSMS supports amending the Social Security
509 Act to limit the use of the term *physician* to its present meaning, to describe only doctors
510 of medicine or osteopathic medicine, not only in the act itself, but also in regulations
511 promulgated thereunder, without changing the current level of covered services
512 provided by Medicare. (R16-84, reaffirmed R101-03)

513 **435.97 The Report of Governor's Commission on Medical Malpractice (1984):** The LSMS
514 endorses the 17 recommendations contained in the Report of the Governor's
515 Commission on Medical Malpractice dated **March 11, 1984**. (R37-84, reaffirmed R101-
516 03)

517 **435.95 Penalties for Frivolous Malpractice Suits:** The LSMS supports the imposition of
518 penalties applied to an individual plaintiff or an attorney and his or her client who files a
519 medical malpractice action of no merit against a physician duly licensed to practice
520 medicine in Louisiana. (R34-86, reaffirmed R101-03)

521 **435.94 Tort Reform:** The LSMS join with business, government, and other appropriate
522 professions in addressing the liability coverage problem as a whole and not just as it
523 relates to physicians. The LSMS supports meaningful and constructive legislation that
524 would foster needed tort reforms to relieve the liability burden. (R51-86, reaffirmed
525 R101-03)

526 **435.93 Contingency Fee System:** The LSMS supports complete revision of the contingency
527 fee system in professional liability suits so that a graduated scale of attorney fees,
528 consistent with reforms passed in other states, be incorporated into any liability
529 settlement or award. (R31-86, reaffirmed R101-03)

530 **435.92 Rate Filings by Professional Liability Carriers:** All professional liability carriers
531 notify the LSMS Committee on Insurance of intended rate filings. If the chairman of the
532 Committee feels these filings are unjustified, the insurance carriers should be invited to
533 meet with the Committee and discuss their reasons for requesting a rate increase. When
534 an insurance company writing coverage in Louisiana files for a rate revision for their
535 professional liability policy, the LSMS should request a copy of their consultant's
536 actuarial report on the rate request from the Insurance Rating Commission. (R30-88,
537 reaffirmed R101-03)

538 **435.85 Medical Review Panel Act 817:** The LSMS supports the following changes to the
539 medical review process under Act 817: 1. Transition of the Medical Review Panel from

540 a winner pays model to a modified loser pays model 2. Incorporation of particularized
541 allegations against each defendant in a claim of malpractice. (R103-03)

542 **440.85 Professional Immunity at Community Health Care Clinics:** The LSMS supports
543 civil immunity for health care personnel rendering services without compensation in the
544 Lafayette Community Health Care Clinic. (R218-93, reaffirmed R101-03)

545 **450.98 Public Reporting of Health Quality Indicators:** The LSMS supports public reporting
546 of health quality measures sponsored by Department of Health and Human Services,
547 Centers Medicare and Medicaid Services, Agency for Healthcare Research and Quality,
548 Centers for Disease Control and Prevention, National Quality Forum, and supports the
549 collaboration with hospitals, through coordination with Department of Health and
550 Hospitals, Louisiana Hospital Association, and Medicare Quality Improvement
551 Organization, a task force to explore a mechanism of public reporting. (R303-03)

552 **490.95 No Smoking in Public Places:** The LSMS opposes smoking in public places or public
553 meetings except in designated smoking areas. In addition, the LSMS believes a public
554 place means the following enclosed indoor areas used by the general public: restaurants,
555 retail stores, public means of transportation, passenger elevators, health care institutions,
556 educational facilities, libraries, courtrooms, grocery stores, school buses, museums,
557 theaters, auditoriums, arenas, and recreational facilities, except in cases in which an
558 entire room or hall is used for a private social function and seating arrangements are
559 under the control of the sponsor of the function and not of the proprietor or person in
560 charge of the place. Smoking areas should not be designated in places prohibited by the
561 fire marshal or by other law, ordinance or regulation and smoking be restricted in all
562 Louisiana hospital and state office buildings, including the state Capitol. (R64-89,
563 reaffirmed 1999 and R25-1984, reaffirmed R101-03)

564 **495.99 Smoking at LSMS Meetings:** Smoking is prohibited at all LSMS meetings. (R25-1984,
565 reaffirmed R101-03)

566 **495.95 Smoking in Public Places and Public Meetings:** Persons in charge of a public place or
567 public meeting should be allowed to designate smoking areas, which areas shall not
568 exceed 25 percent of the public space. Public place means the following enclosed,
569 indoor areas used by the general public: restaurants, retail stores, public means of mass
570 transportation, passenger elevators, health care institutions, educational facilities,
571 libraries, courtrooms, grocery stores, school buses, museums, theaters, auditoriums,
572 arenas, and recreational facilities, except in cases in which an entire room or hall is used
573 for a private social function and seating arrangements are under the control of the
574 sponsor of the function and not of the person in charge of the place. (R5-91, reaffirmed
575 R101-03)

576 **530.93 Annual Dues Collection:** The electronic dues deposit project for collecting annual
577 membership dues be made a permanent program of the LSMS with participation by
578 individual component societies on a voluntary basis and with oversight by the Budget
579 and Finance Committee of the LSMS. (R109-03)

580 **530.92 LSMS Strategic Planning Sessions:** The LSMS invite Presidents and/or Presidents-
581 Elect of Component Medical Societies to attend any LSMS Strategic Planning Session,
582 at their own expense. The LSMS encourage component society leadership to invite the
583 President and/or President-Elect of LSMS, and other LSMS representatives if they
584 desire, to participate in any strategic planning sessions held by component societies.
585 (R118-03)

586 **530.91 LSMS Annual Meeting:** The Board of Governors establish the dates and location of
587 the annual House of Delegates meeting upon the recommendation of the Speakers of the
588 House of Delegates. (R125-03)

589

RESOLUTION 102

SUBJECT: Directives to be Sunsetting in 2008

INTRODUCED BY: K. Barton Farris, MD, Speaker
Gregory Sossaman, MD, Vice Speaker

RESOLVED, as per House of Delegates Action requiring review of existing directives after their five year anniversary or sooner, the following directives are scheduled to be **abandoned**.

- 1 Meetings with AARP Councils
- 2 Unauthorized Dispensing and Refilling of Prescriptions by Pharmacists
- 3 Due Process Rights Under the Medicare Post-payment Review Program
- 4 Mammography Screening in Asymptomatic Women Forty Years and Older
- 5 Public Policy on Animal Research
- 6 Centralized Database for LSMS/Components
- 7 Complimentary Membership for LSMS Member Recruiters
- 8 Statewide Specialty Organizations Priorities and Areas of Cooperation
- 9 Regulations/Laws Related to Access and Management of Confidential Patient Information
- 10 Gifts to Physicians from Industry
- 11 Membership Categories & Study of Membership Trends
- 12 Louisiana Health Quality Report
- 13 Any Willing Provider
- 14 Multiyear Medical License
- 15 AMA Foundation's Health Literacy Initiative
- 16 Louisiana Patient Compensation Fund Information
- 17 Annual Report of the Patients Compensation Fund
- 18 Pharmacy Assistance Programs
- 19 Patient Access to Medications
- 20 Unauthorized Dispensing and Refilling of Prescriptions by Pharmacists

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22 **Referenced LSMS Directives:**

23 **Meetings with AARP Councils:** The LSMS encourages component medical societies to become
24 actively involved in AARP activities, including providing speakers on health system reform and
25 general health and medical topics. The LSMS suggests offering to have a physician
26 representative, either from the LSMS or a component society, attend

27 meetings of AARP community councils whenever possible. (R516-93, reaffirmed R101-03)—

28 **Publication of resolution to component societies and reminders in Capsules. The LSMS**
29 **and AARP have worked together on numerous issues, most recently fighting the 2008**
30 **Medicare cuts.**

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32 **Unauthorized Dispensing and Refilling of Prescriptions by Pharmacists:** The LSMS advises
33 its members to monitor his or her prescriptions as to their quality and quantity as filled by the
34 pharmacies in his or her area, and to report all abuses to the State Board of Pharmacy. (R52-86,
35 reaffirmed R101-96, reaffirmed R101-03)—**Articles in Capsules and on the website.**

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Due Process Rights Under the Medicare Post-payment Review Program: The LSMS will monitor the practices of the Part B carrier to ensure that they conform with Medicare rules and regulations as published in the Federal Register. (R52-90, reaffirmed R102-03)—**Continual review of rules as published and Legal Department follow-up on member complaints.**

Mammography Screening in Asymptomatic Women Forty Years and Older: The LSMS resolves to take all necessary steps to educate physicians concerning the benefits of mammography in reducing cancer mortality and encourage the establishment of high quality, low-cost, low-dose mammography programs throughout the state. (1989, reaffirmed R102-03)—**Annual mammograms now widely accepted as preventive measure in asymptomatic women 40 years and older; articles in the Journal**

Public Policy on Animal Research: The LSMS provide educational efforts to all physicians, other health professionals and health-related organizations (such as associations working to support research on leukemia, muscular dystrophy, multiple sclerosis, etc.) about the overwhelming usefulness and need for continued approved medical research using animals. The LSMS will include, as a part of any public education efforts, information as to the contributions that animals have provided for the health and well-being of people, and reminder that advances will require continued use of animals, as well as reassuring the public that the LSMS supports the use of animals in present and future medical research which follow ethical guidelines. (1989, reaffirmed R102-03)—**Articles in Capsules; response to surveys received on the subject.**

Centralized Data Base for LSMS/Components: The Board of Governors of the Louisiana State Medical Society develop a written plan for the implementation of a centralized membership data base that is internet based and is shared by the Louisiana State Medical Society and its component medical societies as equal full users. The Board of Governors, in developing a written plan for a shared membership data base, consider issues of data confidentiality, issues of cost of development with sensitivity to the impact those costs will have on component societies, issues of the benefits of a centralized membership data base, issues on the uses of a centralized membership data base, as well as other issues that will become apparent as the plan is developed. Furthermore, the Board of Governors will present a plan of a centralized membership data base to the Components Societies for comment before presentation to the House of Delegates, and the plan for a centralized membership data base be presented to the 2004 House of Delegates for final action. (R108-03)—**Centralized database developed during 2003 by Ad Hoc Cmte chaired by Dr. Floyd Buras. Database proposal presented to 2004 HOD and approved for implementation. Database currently available to all component societies wishing to participate.**

Complimentary Membership for LSMS Member Recruiters: The LSMS waive annual membership dues for the next calendar year for any LSMS member identified with recruiting five or more new active members in the previous calendar year. The LSMS will encourage component medical societies to adopt a policy to waive component society dues for any component society member identified with recruiting five or more new members in the previous calendar year and the new members identify the recruiting member physician. (R111-03)—**A free LSMS membership is currently being used in LSMS recruitment activities.**

Statewide Specialty Organizations Priorities and Areas of Cooperation: The LSMS direct its Specialty Society Committee to ascertain the top priorities of each organized statewide specialty society which is a member of the LSMS Specialty Society Committee to determine areas in which cooperation could occur to enhance the effectiveness of all physician organizations. The LSMS

87 direct its Specialty Society Committee to generate a report annually to the Board of Governors
88 following its evaluation of each organized statewide specialty society represented on the
89 Specialty Society Committee which outlines opportunities for cooperation and recommendations
90 about ways in which these opportunities could be realized. (R112-03)— **Since adoption of the**
91 **resolution in 2003, Committee rarely met and did not produce regular reports. Specialty**
92 **Society Committee dissolved during 2007 standing committee restructuring into Councils.**
93

94 **Regulations/Laws Related to Access and Management of Confidential Patient Information:**

95 The LSMS publicize at least annually the most recent state and federal regulations and/or
96 legislation regarding medical records retention, ownership of medical records, and patients' rights
97 to copies of those records, and the process through which patients may obtain medical
98 information. The LSMS publicize at least annually the opinions of the AMA's Council on
99 Ethical and Judicial Affairs as they relate to the ethics of the physician's management of
100 confidential patient information. The LSMS publish annually examples of situations which
101 represent potential unethical or illegal circumstances under which records are withheld from
102 patients requesting a copy of such records. (R114-03)---**Records retention info available**
103 **through the Legal Department and on line request through the LSMS website.**
104

105 **Gifts to Physicians from Industry:** The LSMS post the AMA Guidelines from CEJA Opinion
106 8.061 or subsequent modifications to Gifts to Physicians from Industry, on its website or publish
107 it annually in either or both LSMS Capsules and The Journal of the LSMS. The LSMS post
108 information on the website or print in LSMS publications related to the four online continuing
109 medical education credits which are available through the AMA to physicians on the topic of
110 Gifts to Physicians from Industry. (R115-03, 2nd and 3rd resolves)—**The AMA regularly posts**
111 **information on this issue and the CME credits mentioned in the resolution are readily**
112 **available on the AMA website.**
113

114 **Membership Categories & Study of Membership Trends:** The LSMS ask its Membership
115 Committee to: 1)undertake a review of its membership categories as they compare to a sample of
116 other state medical associations and specialty societies which have experienced membership
117 growth in the last three years; 2)assess whether there are trends in membership approaches, such
118 as an issues-based membership, in other types of membership-based organizations which could be
119 considered for adoption by LSMS; 3) develop a report of its findings for the 2004 House of
120 Delegates, or sooner if a comprehensive strategic planning session is held, regarding its
121 assessment of membership categories and any new approaches or trends in membership
122 development, and include recommendations in the form of resolutions on which the House or
123 Board of Governors can act; and 4)conduct this assessment of its membership categories and new
124 approaches and trends in membership development every five years as a part of its overall
125 strategic planning process. (R120-03)—**Study of membership trends and categories conducted**
126 **during 2003 and 2004 and two resolutions presented to 2004 HOD. Res. 103-04 amended**
127 **the bylaws to allow former members wishing to rejoin the LSMS to pay back dues. Res.**
128 **104-04 created the Retired Physician Section. Also, 122-04 modified the requirements for**
129 **members of the Resident and Fellow Section so that anyone participating in a residency**
130 **program in LA with an intern permit as opposed to full licensure, can be members of the**
131 **Section. Additionally, contact with other state medical associations led to the practice of**
132 **sending dues notices directly to non-members as a new means of increasing membership.**
133 **Evaluation of membership categories is an ongoing process.**
134

135 **Louisiana Health Quality Report:** The House of Delegates receive at its annual meeting a
136 report reflecting pertinent aspects of the health care quality and health status of the population of
137 Louisiana. The data on the status of the health of the citizens of Louisiana from appropriate

138 sources shall be reviewed and selected by the Board of Governors and shall be presented to the
139 House of Delegates as directed by the Speaker of the House of Delegates. The intent and purpose
140 of the report from the Board of Governors to the House of Delegates on the health care quality
141 and health status of the Louisiana population shall be to guide the House in developing policy for
142 improvement in the quality of health of the citizens of Louisiana. (R123-03)—**DHH in
143 conjunction with the LA Health Care Review has prepared an annual health quality
144 evaluation, copies of which have been included in HOD handbooks each year. Additionally,
145 the legislature created the LA Health Care Quality Forum in 2006 and is charged with
146 monitoring and collecting health quality data.**

147
148 **Any Willing Provider:** The LSMS seek or support legislation that would prohibit a health
149 insurance issuer from refusing to allow a physician, who is located within the coverage area of the
150 health insurance issuer and is willing to accept the terms and conditions of participation, to join
151 the panel of the issuer as a participating provider. (R206-03)—**Legislation submitted several
152 times in the state legislature and defeated each time.**

153
154 **Multiyear Medical License:** The LSMS petition the Louisiana State Board of Medical
155 Examiners to grant medical licenses that are valid for a period of two years. If petitioning the
156 LSBME to increase licensure to two years is unsuccessful, then our LSMS will seek and/or
157 support legislation or regulation to increase the license period to two years. (R214-03)---**Letter
158 sent to LSBME requesting consideration of the change and not accepted by the LSBME.
159 Legislation opposed by LSBME and not moved.**

160
161 **AMA Foundation's Health Literacy Initiative:** The LSMS initiate an effort to enhance
162 Louisiana residents' health literacy focused on physician education, or actively participate in an
163 established effort to enhance health literacy by contributing physicians' perspectives. The LSMS
164 enhance physicians' awareness about the seriousness of low health literacy through development
165 of one or more articles in Capsules and/or The Journal. The LSMS encourage physicians to order
166 the AMA Foundation's Health Literacy Educational Kit by providing ordering information via
167 Capsules and/or The Journal. The LSMS pursue, or request the LSMS ERF to pursue the
168 availability of grants and/or awards from the AMA Foundation for the purpose of enhancing
169 health literacy through physician and/or patient education. (R306-03)—**Articles in Capsules**

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171 Louisiana Patient Compensation Fund Information: **Our LSMS request the Louisiana Patient
172 Compensation Fund (PCF) aid patient safety efforts by providing risk management statistical data
173 on claims by specialty to assist our medical organizations and insurers in developing methodology to
174 assist physicians in avoiding medical liability claims, and request the Louisiana Patient
175 Compensation Fund (PCF), evaluate its Louisiana claims data and if indicated, restructure its
176 classes of specialty groups based on their actual claims experience. (R402-03)—**

178 **and published in Capsules.**

179

180 **Annual Report of the Patients Compensation Fund:** The LSMS request by letter that the
181 Louisiana Patients Compensation Fund prepare each year an Annual Report which contains at a
182 minimum current and prior year Balance Sheets, Statements of Income, Statements of Changes in
183 Unassigned Surplus, and Statements of Cash Flows prepared on a Statutory Basis, with
184 appropriate Notes to the financial statements, a Report of the Auditors of the Fund, and a letter
185 from the Chairman of the Oversight Board to the enrolled providers, and the Annual Report of the

186 Patients Compensation Fund be distributed by written or electronic means each year to all

187 **ilable through PCF website.**

188

189 **Pharmacy Assistance Programs:** The LSMS develop a program to educate practicing
190 physicians on matters related to participating in Pharmacy Assistance Programs to help low

191 income patients obtain prescription medication and ask the LSBME to disseminate this

192 **apsules and on the website.**

193

194 The LSMS encourage the Pharmaceutical Research and Manufacturers of America (PhRMA) to
195 develop a universal application process and eligibility criteria to facilitate enrollment of patients
196 and physicians in all the programs providing pharmaceuticals to indigent patients that are

197 provided by pharmaceutical manufacturers. (R404-03)—**PHRMA not receptive to idea;**

198 **rams through media sources.**

199

200 **Patient Access to Medications:** The LSMS encourage its members, component societies and
201 Alliances to support and to participate in pharmacy assistance programs of the major
202 pharmaceutical companies that offer free or reduced-cost brand name medications to needy
203 patients of our practices and the LSMS commend those physicians, component societies and

204 Alliances that have been involved in patient assistance programs for those in need and meet the

205 06-03)—**Article in Capsules.**

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207 **Unauthorized Dispensing and Refilling of Prescriptions by Pharmacists:** The LSMS advises
208 its members to monitor his or her prescriptions as to their quality and quantity as filled by the

209 pharmacies in his or her area, and to report all abuses to the State Board of Pharmacy. (R52-86,

210 **title in Capsules.**

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RESOLUTION 103

SUBJECT: LSMS Alliance Member of Council on Legislation

INTRODUCED BY: Board of Governors

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2 **WHEREAS**, the duties of the Council on Legislation include directing all of the state and
3 federal legislative activities of the Society, and advise the Society as to the course deemed
4 desirable to obtain its legislative goals, and

5
6 **WHEREAS**, both federal and state legislation affecting the practice of medicine
7 intensifies in scope and impact with each meeting of the Congress and the state legislature, and

8
9 **WHEREAS**, the members of the LSMS Alliance have consistently shown interest in and
10 willingness to participate and assist the LSMS with its legislative efforts every year, and

11
12 **WHEREAS**, the LSMS Alliance has proven to be an extremely valuable resource in
13 promoting LSMS legislative initiatives and would be an important voice on the Council in
14 helping shape legislative strategy, therefore be it

15
16 **RESOLVED**, the LSMS Bylaws be changed as illustrated to allow for a representative
17 and an alternate representative from the LSMS Alliance to be a voting member of the Council on
18 Legislation.

19 **ARTICLE X**
20 **Councils of the Louisiana State Medical Society**

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25 **2. Council on Legislation**

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27 **A. Members**

28 The Council on Legislation shall be composed of one member from each medical district as
29 delimited in Article XXIII Subsection F of these bylaws, ~~and~~ one member from the Young
30 Physician Section-, **and one member from the LSMS Alliance.**

31
32 There shall be an alternate for each member of the Council on Legislation. The alternate is chosen
33 from the same medical district or section; must meet the same qualifications as the member; is
34 elected in the same manner as the member is seated only in the absence of the member; is entitled
35 to all of the rights of the member when seated; is entitled to reimbursement for travel expenses
36 while attending a Council on Legislation meeting; and shall be required to attend any meeting of
37 the Council on Legislation.

38
39 **B. Selection**

40 Members of the Council on Legislation and alternates shall be elected by the Medical Districts
41 prior to the LSMS House of Delegates Annual Meeting and at the time on the agenda of the House
42 of Delegates Meeting that elections are conducted, each district that was required to hold an
43 election will announce the results of its elections. If any Medical District fails to elect its
44 Councilor or Alternate Councilor, the LSMS Board of Governors shall appoint a member from

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that medical district to fill the vacancy. The Young Physician Section member and alternate are elected by the Young Physicians Section. **The LSMS Alliance member and alternate are selected by the LSMS Alliance.**

C. Term

A member of the Council on Legislation and alternates shall serve a term of three (3) years, except the young physician section member and alternate **and the LSMS Alliance member and alternate** shall serve a term of one (1) year. Terms are staggered so that approximately one-third of the members and alternates are elected each year. A member may serve a maximum of three terms, not necessarily consecutive, and not including terms as alternate.

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If a vacancy occurs **in a delegate or alternate delegate term** ~~due to death, disability severe enough to prevent fulfillment of duties, resignation, or removal, the member who fills the vacancy serves for the unexpired term of the delegate he replaces.~~ **it shall be filled by the Parish Society.**

~~If, at the time of a reapportionment a delegate or alternate delegate has begun, but not completed his term, he shall be permitted to complete the term for which he was elected.~~

RESOLUTION 110

SUBJECT: Change in Associate Membership

INTRODUCED BY: Council on Member Services

1 **WHEREAS**, the LSMS has not reviewed membership categories in several years, and

2
3 **WHEREAS**, the LSMS has 18 Corresponding members, 2 Associate members and 0
4 Affiliate members and,

5
6 **WHEREAS**, all of the above membership categories do not require a separate designation
7 and can be combined into a single membership category, and

8
9 **WHEREAS**, the LSMS does not have a mechanism for an out of state physician who has
10 not previously held membership in the LSMS or who is not licensed to practice in Louisiana, to
11 join the LSMS, therefore be it,

12
13 **RESOLVED**, that the Corresponding, Associate and Affiliate membership categories be
14 deleted and combined into a single category of membership in the LSMS Bylaws, and be it
15 further,

16
17 **RESOLVED**, that a new Associate Membership category be created as follows:

18
19 A. Qualifications—an associate member:

- 20 1. Must be a Doctor of Medicine or a Doctor of Osteopathy;
- 21 2. Must meet one of the following:
- 22 a. Currently hold an unrestricted medical license outside of Louisiana
- 23 and practices in the United States or one of its territories, or
- 24 b. Be a physician who has been a member of the LSMS and is now
- 25 residing and practicing in another state, or
- 26 c. Be a fully retired physician who has moved to Louisiana, and must
- 27 have held an unrestricted medical license outside of Louisiana before
- 28 retiring;
- 29 3. Need not be a member of a component society;
- 30 4. Need not be licensed to practice medicine in Louisiana.

31
32 B. Rights—an associate member is entitled to Societal Rights.

33
34 C. Obligations—an associate member;

- 35 1. Must comply with the bylaws and other rules of the Louisiana State Medical
- 36 Society;
- 37 2. Must comply with the principles of medical ethics adopted by the House of
- 38 Delegates of the Louisiana State Medical Society; and
- 39 3. Shall pay dues in an amount determined by the Board of Governors, but shall
- 40 pay no special assessments.

1 and be it further
2

3 **RESOLVED**, that the members currently classified as corresponding or associate be
4 transitioned into the new associate membership category and maintain membership in their
5 current component society if applicable, and be it further
6

7 **RESOLVED**, that the definition of Societal Rights in the Glossary of Appended
8 Documents to the LSMS Bylaws be amended by addition as follows:
9

- 10 • Right to be sent notices
- 11 • Right to attend meetings and
- 12 • Right to receive or have the right to inspect an up-to-date copy of the bylaws,
13 charter, rules, and minutes of the organization.

14
15 **ARTICLE IV**
16 **Members – Categories**

17
18 **Section 5—Affiliate Members**

19 **A. Qualifications**

20 An affiliate member

- 21 ~~1. Must be a physician who is a member of a chartered, national medical society of a foreign country~~
22 ~~or an American physician who is a Louisiana resident located in a foreign country or in a~~
23 ~~possession of the United States;~~
- 24 ~~2. Need not be licensed to practice medicine in Louisiana; and~~
- 25 ~~3. Need not be a member of a component society.~~

26
27 **B. Rights**

28 An affiliate member is entitled to full parliamentary and societal rights except for the right to vote,
29 the right to hold office, and the right to receive publications of the Louisiana State Medical Society
30 (except by subscription).
31

32 **C. Obligations**

33 An affiliate member

- 34 ~~1. Must fulfill the general obligations of membership as specified in Article III Subsection E of these~~
35 ~~bylaws; and~~
- 36 ~~2. Shall pay no dues or special assessments.~~

37
38
39 *****
40

41 **Section 9—Corresponding Members**

42
43 **A. Qualifications**

44 A corresponding member

- 45 ~~1. Must be a physician who has been a member of the LSMS; and is now residing in another state or~~
46 ~~in a possession of the United States;~~
- 47 ~~2. Must remain licensed to practice medicine in Louisiana; and~~
- 48 ~~3. Need not be a member of a component society.~~

49
50 **B. Rights**

51 A corresponding member is entitled to full parliamentary and societal rights except for the right to
52 vote or hold office, but who shall have the right to receive publications of the LSMS.

1
2 **C. Obligations**

3 ~~A corresponding member~~

- 4 1. ~~Must maintain a license to practice medicine as issued by the Louisiana State Board of Medical~~
5 ~~Examiners; and~~
6 2. ~~Must comply with the bylaws and other rules of the Louisiana State Medical Society; and~~
7 3. ~~Must comply with the principle of medical ethics adopted by the House of Delegates of the~~
8 ~~Louisiana State Medical Society; and~~
9 4. ~~Shall pay dues in an amount set by the Board of Governors annually but shall pay no special~~
10 ~~assessments.~~

11
12
13 **Section 5.10— Associate Members**

14
15 **A. Qualifications**

16 An associate member

- 17 1. **Must be a Doctor of Medicine or a Doctor of Osteopathy; and**
18 2. **Must meet one of the following requirements:**
19 **a. Currently hold an unrestricted license to practice medicine outside of Louisiana and**
20 **practices in the United States or one of its territories; or**
21 **b. Be a physician who has been a member of the LSMS and is now residing and practicing**
22 **in another state; or**
23 **c. Be a fully retired physician who has moved to Louisiana and must have held an**
24 **unrestricted medical license to practice medicine in the United States or one of its**
25 **territories before retiring;**
26 3. **Need not be a member of a component society;**
27 4. **Need not be licensed to practice medicine in Louisiana.**

28
29 **B. Rights**

30 An Associate member is entitled to full ~~parliamentary and societal rights, except for the right to vote~~
31 ~~or hold office.~~

32
33 **C. Obligations**

- 34 1. Must comply with the bylaws and other rules of the Louisiana State Medical Society; and
35 2. Must comply with the principles of medical ethics adopted by the House of Delegates of the
36 Louisiana State Medical Society; and
37 3. Shall pay dues in an amount determined by the Board of Governors, but shall pay no special
38 assessments.

39
40 *****

41
42 **APPENDED DOCUMENTS**

43
44 **GLOSSARY**

45
46 **Societal rights.** The societal (organizational) rights of a member, unless otherwise restricted in these
47 bylaws, include the right

- 48 1. To expect fair and equitable treatment from other members of the organization
49 2. To enjoy the social functions of the organization
50 3. To receive the publications of the organization
51 4. To receive any perquisites to which the general membership is entitle
52 **5. To be sent notices;**
53 **6. To attend meetings; and**
54 **7. To receive or have the right to inspect an up-to-date copy of the bylaws, charter, rules, and**
55 **minutes of the organization.**
56

RESOLUTION 111

SUBJECT: Bylaws Change RE: LSMS Community Service Award

INTRODUCED BY: Board of Governors

1
2 **WHEREAS**, it is laudable for physicians to be active members in their
3 community beyond the practice of medicine, and
4

5 **WHEREAS**, in recognition of community involvement by physicians the LSMS
6 has annually presented an award to an individual physician selected by the Board of
7 Governors from a list of submitted candidates, and
8

9 **WHEREAS**, the Board of Governors has found that the candidates nominated
10 each year by component societies are all equally worthy of the award making it difficult
11 to select a single physician, and
12

13 **WHEREAS**, the language of the LSMS Bylaws appears to limit the selection to
14 one individual physician, therefore be it
15

16 **RESOLVED**, the LSMS Bylaws be amended to permit the Board of Governors
17 the option to select more than one physician to receive the annual Community Service
18 Award.
19

20 **ARTICLE XXXI**
21 **Awards and Honors**

22 **Section 7 – Community Service Award**
23

24 The Society may honor **one or more** member(s) by awarding ~~him or her~~, the Community
25 Service Award of the Louisiana State Medical Society.
26

27 **A. The Candidate(s)**

28 A ~~e~~-Candidate(s) for the Community Service Award shall be a living member(s) of the
29 Society licensed to practice medicine in Louisiana who ~~has~~ **have** not received this award
30 previously and ~~has~~ **have** compiled an outstanding record of community service, which
31 reflects well on the profession, **and is** apart from his/her specific identification as a
32 physician.
33

34 **B. The Method of Selection**

35 Nominations for this award may be submitted by the component societies to the Board of
36 Governors, who will select the recipient(s).
37

38 **Each** ~~The~~ recipient **to receive the award** is presented to the House of Delegates at the
39 Annual Meeting in the form of a resolution.
40

41 The honor is conferred by a two-thirds vote of the House of Delegates.
42

43 **C. The Award**

44 The award shall be a suitable citation prepared by the Board of Governors.
45

46 **D. The Presentation**

47 The award shall be presented to the honoree(s) at the Annual Meeting of the House of Delegates.

RESOLUTION 113

SUBJECT: Reassignment of Public Relations Duties from the Council on
Member Services to the Council on Public Health

INTRODUCED BY: Council on Member Services
Council on Public Health

1 **WHEREAS**, the Committee on Public Relations has served loyally over many years
2 assisting in putting forward the ideals of the Louisiana State Medical Society and improving the
3 image of its members and all physicians before the public, and
4

5 **WHEREAS**, in 2007, a resolution was passed by the House of Delegates calling for the
6 duties of the Committee on Public Relations be folded into the Council on Member Services, and
7

8 **WHEREAS**, members of both Councils feel that the duties would be better utilized under
9 the Council on Public Health, where many public health initiatives could be better organized and
10 guided by the experienced members of the former Committee on Public Relations, and
11

12 **WHEREAS**, after deliberation, the Councils, along with its administrative staff, feel
13 strongly that to serve the best interest and duty of the entire Society, therefore be it
14

15 **RESOLVED**, that the public relations duties currently assigned to the Council on
16 Member Services be reassigned to the Council on Public Health in order to improve the
17 coordination and effectiveness of the Councils' work through the LSMS Department of Public
18 Affairs.
19
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22

23 *(Page 2 lists the duties of all committees and councils affected)*
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1 **DUTIES OF THE SUBCOMMITTEE ON PUBLIC RELATIONS, COUNCIL ON**
2 **MEMBER SERVICES:**

3 Serve as a research and planning body for the development of materials and programs
4 designed to foster a positive image of the medical profession in the health care community and
5 public at large.

6
7
8
9 **COUNCIL ON MEMBER SERVICES**

10 • Be a source of knowledge as to the expected future physician manpower needs in
11 the State of Louisiana. The Council advises the LSMS on in-state medical school curriculums and
12 CME programs regarding the changing educational needs of practicing physicians both in clinical
13 training and the socio-economic environment.

14 • The Council shall develop programs and activities to recruit and retain those
15 physicians and medical students residing in Louisiana into the unified structure (parish and state
16 society) of organized medicine in the state.

17 • Serve as a research and planning body for the development of materials and
18 programs designed to foster a positive image of the medical profession in the health care
19 community and public at large. *(This portion would be moved from CMS to CPH)*

20 • Promote coordination and improved communications between the LSMS and the
21 state-wide medical specialty societies on issues of mutual interest in an effort to unify and
22 strengthen physician advocacy and organized medicine in Louisiana.

23
24
25
26 **COUNCIL ON PUBLIC HEALTH**

27 • Advise the LSMS on all aspects of medical care and treatment related to major
28 chronic diseases and geriatric conditions affecting the people of Louisiana. .

29 • Provide planning, direction and coordination of LSMS activities relative to disaster
30 and emergency medical planning, and develop as appropriate, recommendations to the LSMS
31 relative to disaster or emergency medical services.

32 • Advise the LSMS on all aspects of medical care and treatment of maternal and
33 perinatal patients, children and adolescents in Louisiana.

34 • Monitor the incidence and prevalence of mental illness and substance abuse
35 problems within the state and make recommendations, when appropriate, to address major state-
36 wide problems.

37 • Advise the LSMS on the social issues and government policies that affect the
38 public health of the people of the state, and develop knowledge and information regarding the
39 importance of infectious disease control, accident prevention, environmental concerns, and
40 occupational illnesses.

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RESOLUTION 114

SUBJECT: Reform of Medicare Physician Reimbursement

INTRODUCED BY: Russell C. Klein, MD, President

1 **WHEREAS**, In 2008 Medicare patients across the nation faced the greatest threat ever to
2 their access to medical care in the form of an impending 10.6% cut in physician reimbursement
3 for Medicare services, and
4

5 **WHEREAS**, For five consecutive years the flawed SGR formula has produced cuts in
6 Medicare reimbursement for physicians in spite of documented annual increases in practice
7 overhead expenses which have compounded over that same time period, and
8

9 **WHEREAS**, The Congress has steadfastly refused to address the revision or replacement
10 of the SGR formula in favor of a mechanism that provides for fair and reasonable reimbursement
11 for physician services and put an end to the year-to-year uncertainty of the current system, and
12

13 **WHEREAS**, With an even greater crisis looming in 2010 based on a projected cut in
14 reimbursement of over 20%, the time has come for America's physicians to stand firm and send
15 the Congress a new message that we will no longer play their game, therefore be it
16

17 **RESOLVED**, The LSMS Board of Governors call upon the AMA Board of Trustees to
18 sound the message that America's physicians and senior citizens will no longer be held hostage
19 by a Congress that clearly does not respect our profession and will not hesitate to use Medicare
20 patients as pawns in resolving the annual physician reimbursement update. In keeping with the
21 AMA's campaign to Take Back The Profession it is time for physicians, with our AMA leading
22 the way, to change the dynamics of the game. We must have the courage to stand firm on what is
23 right and re-establish the rightful role of the physician as a true negotiator in the process of
24 determining fair Medicare reimbursement for our services and end this continuous game of
25 brinksmanship, and be it further
26

27 **RESOLVED**, LSMS policy is the annual Medicare physician payment update be revised
28 by eliminating the use of the Sustainable Growth Rate (SGR) spending target to adjust the
29 Medicare Economic Index (MEI) in order to determine the annual payment update. Replace the
30 SGR with a more realistic formula that utilizes accurate physician practice costs that reflect
31 inflationary trends over which the physician has no control. The new formula should take into
32 account the following, along with other important economic factors:

- 33 • Discontinue the use of the Gross Domestic Product (GDP) as the standard for
34 utilization growth because the utilization of physician services historically grows
35 more rapidly than the GDP causing the current SGR target to always be too low
- 36 • More accurately reflect the impact of the "law and regulation factor" as it relates
37 to new Medicare coverage policies enacted by the Congress or through the
38 promulgation of departmental rules

- 1 • Recognize the impact of Medicare spending due to technological advances, shifts
2 from care provided in hospitals to physician offices and other medical practice
3 trends. None of the factors in the SGR recognize these trends.
- 4 • Re-evaluate the Medicare expenditures for drugs administered in physician
5 offices which are improperly included in the SGR calculations. The cost of these
6 are not a physician service and should be excluded from the calculations.

7
8 **Related LSMS Policies:**

9 **165.84 Federal Health Care Programs:** The LSMS affirms its belief in the superiority of
10 private medical care in a pluralistic system and supports continued efforts to correct
11 deficiencies in federal health programs and urges the AMA to also affirm this position
12 and request the AMA to seek appropriate cases to challenge the legality and
13 constitutionality of Medicare restrictions on non-participating physicians' medical
14 practices and on patient freedom of choice by such mechanisms as limitations on
15 balance billing and prohibitions on private opt out arrangements between physicians and
16 patients. The LSMS also urges the AMA to strongly resist such restrictions being
17 extended to other payers in national health care reform legislation. (R308-93, reaffirmed
18 R101-03)

19 **225.97 Linking of Medicare Reimbursement for Physicians to Hospitals:** The LSMS
20 opposes any capricious attempts to link Medicare reimbursements to physicians with
21 payment to the hospital and believes that any change in the Medicare system should
22 reflect concern for the quality of health care as well as for the cost of care. (R3-87,
23 reaffirmed R101-97, reaffirmed R101-06)

24 **390.93 Medicare Reimbursement Reform:** In order to correct payment inequities contained in
25 the old Medicare UCR profile system and because of the broad and comprehensive
26 changes adopted by Congress for Medicare payment reform (RBRVS), the LSMS work
27 toward achieving the best possible reimbursement configuration for all physicians
28 within the Congressionally mandated reforms for national equalizations. (R40-91,
29 reaffirmed R101-01, reaffirmed R102-06)

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5 **RESOLUTION 115**

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7 **SUBJECT:** Medicare Reform

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9 **INTRODUCED BY:** Jefferson Parish Medical Society

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11
12 **WHEREAS**, the current system of payment for services rendered to patients on Medicare
13 threatens to limit access to care for senior citizens, and

14
15 **WHEREAS**, the evidence clearly shows that the current approach to payment for
16 Medicare services cannot continue and cannot be corrected, therefore be it

17
18 **RESOLVED**, that our LSMS support reform of the current Medicare payment system,
19 and be it further

20
21 **RESOLVED**, that our LSMS resume advocacy for Medicare payment reform that
22 includes pluralism, freedom of choice for patients and physicians, and balance billing, and be it
23 further

24
25 **RESOLVED**, that the LSMS delegation to the American Medical Association (AMA)
26 House of Delegates be instructed to bring a resolution to the AMA House of Delegates asking the
27 AMA to return to advocacy for Medicare reform established in policy back in the mid 1990s built
28 around the concepts of pluralism, freedom of choice and restoration of balance billing.
29

RESOLUTION 116

SUBJECT: Health Care Financing System

INTRODUCED BY: Jefferson Parish Medical Society

1 **WHEREAS**, the number of individuals who have health insurance far outweighs the
2 number of people without health insurance, and

3
4 **WHEREAS**, many who have health insurance are worried about losing that insurance as
5 more and more employers drop coverage or increase the employee cost sharing, and

6
7 **WHEREAS**, little progress has been made during regular sessions of the Louisiana
8 legislature to redesign health care by expanding health care coverage to include the components
9 of Health Access Louisiana (HAL), therefore be it

10
11 **RESOLVED**, that our LSMS reaffirm our support for Health Access Louisiana (HAL)
12 and seek to balance concern for the insured with concern for the uninsured by more strongly
13 advocating for LSMS policy on reforming the healthcare financing system, and be it further

14
15 **RESOLVED**, that the LSMS delegation to the American Medical Association (AMA)
16 House of Delegates be instructed to bring forth a resolution to the AMA House of Delegates
17 seeking to balance concern for the insured with that for the uninsured by advocating for AMA
18 policy on reform of the healthcare financing system.

19
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5 **RESOLUTION 117**

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7 **SUBJECT:** Payment for Performance Penalty Initiatives

8
9 **INTRODUCED BY:** St. Tammany Parish Medical Society

10
11
12 **WHEREAS**, it has long been accepted that Medicine is not an exact science, and

13
14 **WHEREAS**, United States Department of Health and Human Services (HHS) has a long
15 history of altering the delivery of patient care through reimbursement strategies since the
16 inception of Medicare, and

17
18 **WHEREAS**, most of the implemented changes were the result of cost containment
19 strategies which may, or may not, have benefited in the delivery of patient care, and

20
21 **WHEREAS**, the current cost containment strategies concerning non-payment for
22 complications may result in senior citizens and Medicare enrollees being denied health care or
23 treatments because of reimbursement concerns dealing with high-risk patients, be it therefore

24
25 **RESOLVED**, that the Louisiana State Medical Society, as the “premier advocate for
26 patients and physicians”, should communicate with and urge action by the United States
27 Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid
28 Services (CMS) to review their current “Payment for Performance” penalty initiatives, in that,
29 although well intentioned, these actions may actually result in the denial of health care or the
30 delivery of substandard health care, initially to elderly patients and eventually to the entire patient
31 population in general.

32
33
34

RESOLUTION 118

SUBJECT: Rescheduling the House of Delegates Annual Meeting

INTRODUCED BY: Russell C. Klein, MD, President
K. Barton Farris, MD, Speaker of the House

1 **WHEREAS**, annual meetings of the LSMS House of Delegates are currently scheduled in
2 the fall of each year and in the height of the hurricane season from the end of August to the end of
3 October , and
4

5 **WHEREAS**, for the second time in three years the LSMS was faced with a decision
6 whether or not to hold an annual meeting as scheduled because of the impact and/or threat of
7 multiple hurricanes, and
8

9 **WHEREAS**, the Executive Committee of the Board of Governors decided that the 2008
10 Annual Meeting should be held after assessing the damage from Hurricane Gustav and the threat
11 of Hurricane Ike. During that meeting the Executive Committee had extensive discussions about
12 future annual meetings and decided to recommend to the House of Delegates that the time frame
13 for selecting future dates of the LSMS Annual Meeting be changed, therefore be it
14

15 **RESOLVED**, that beginning in 2010 the LSMS Annual Meeting of the House of
16 Delegates be held in the first quarter of each year and that the meeting be scheduled within two
17 weeks after Mardi Gras. The 2009 Annual Meeting be cancelled.
18
19

20 Related LSMS policy:

21 **530.91 LSMS Annual Meeting:** The Board of Governors establish the dates and location of the annual
22 House of Delegates meeting upon the recommendation of the Speakers of the House of
23 Delegates. (R125-03)
24

25 **Future Mardi Gras Dates**

26
27 **Even Years**

Odd Years

28
29 **2010** February 16
30 **2012** February 21
31 **2014** March 4
32 **2016** February 9
33 **2018** February 13
34 **2020** February 25
35 **2022** March 1
36

2009 February 24
2011 March 8
2013 February 12
2015 February 17
2017 February 28
2019 March 5
2021 February 16

RESOLUTION 119

SUBJECT: LSMS Hall of Fame

INTRODUCED BY: Past Presidents' Advisory Council

1 **WHEREAS**, the Louisiana State Medical Society established a Hall of Fame to recognize
2 its members, both living and deceased, for their meritorious contributions and valuable leadership
3 to the LSMS, therefore be it
4

5 **RESOLVED**, that in recognition of his dedicated service in both elected and appointed
6 positions that uniquely contributed to the welfare of the LSMS, Jack P. Strong, MD of Metairie,
7 be elected to the Hall of Fame of the Louisiana State Medical Society.

Curriculum Vitae

Education

Undergraduate

University of Alabama
Bachelor of Science, 1948

Medical School

Louisiana State University
Doctor of Medicine, 1951

Military

United States Air Force, Medical Officer
and Pathologist, 1953-55

Professional Training

Internship (rotating)

Jefferson Hillman Hospital, Birmingham, AL, 1951-52

Academic/Professional Appointments

Assistant Professor in Pathology

Louisiana State University School of Medicine, 1952-53

Pathology Instructor

Louisiana State University School of Medicine, 1955-57

Assistant Professor

Louisiana State University School of Medicine, 1957-60

Associate Professor in Pathology

Louisiana State University School of Medicine, 1960-64

Assigned to Professor JN Morris

Social Medicine Research Unit, Medical Research Council,
London, England, 1962-63

Assigned to Professor P. Armitage
and DD Reid

London School of Hygiene and Tropical Medicine, 1963

Professor of Pathology

Louisiana State University School of Medicine, 1964-80

Department of Pathology Head

Louisiana State University School of Medicine, 1966-present

Boyd Professor

Louisiana State University, 1980- present

Director

Louisiana State University Medical Center Cardiovascular
Center, 1992- present

Medical Director

Dept. of Medical Technology, Louisiana State University

Medical Center, School of Allied Health Professions, 1993-present

Director of Laboratories

Louisiana State University Medical Center Health Care Services
Division, 1998-present

Board Certification

Diplomate, American Board of Pathology, Pathologic Anatomy, 1957; Clinical Pathology, 1958;

Pediatric Pathology, 1990
Fellow, Council on Arteriosclerosis of the American Heart Association
Fellow, Council on Epidemiology of the American Heart Association

Awards/Honors

Distinguished Service Award, American Medical Association, 1998
Alton Ochsner Award Relating Smoking and Health, 1991
International Academy of Pathology Gold Medal Award, 1997
Jefferson Parish Medical Society Distinguished Service Award
Order of the Rising Sun, Gold Rays w Neck Ribbons, presented by the Emperor of Japan, 2008
Jack Perry Strong, MD Professorship of Pathology Award established in his honor, 1992

Louisiana State Medical Society 1957- present

Jefferson Parish Medical Society
Founding Member 1959-present

Organized Medicine

American Medical Association	Delegate, International Academy of Pathology, US-Canadian Division, 1980-present Alternate Delegate, 1978-79 Pathology Section Council, 1978-present Residency Review Cmte for Pathology, 1977-79 House of Delegates Physician Outreach Program Winner of Special Society Delegates for Recruiting Membership, 1984-1994 Council on Scientific Affairs, 1985-1994
American Board of Pathology	Trustee, 1980-1992 Secretary, 1985-87 Vice President, 1988-1989 President, 1990-92 Residency Review Committee, 1980-84 Chairman, Subcommittee on Dermatopathology, 1982-84
International Academy of Pathology	President-Elect, 1986-88 President, 1988-90 Treasurer, 1992-present
International Academy of Pathology/ Japanese Division	Member
American Association of Pathologists	Member
International Atherosclerosis Society	Member
International Society of Cardiology	Member
Association of Pathology Chairmen	Vice President, 1969; President, 1970

Hospital Affiliations

Assisting Visiting Pathologist, Charity Hospital of Louisiana, New Orleans, 1952-53; 1955-58
Senior Visiting Pathologist/Pathologist-in-Chief, Medical Center of Louisiana New Orleans, 1966-present
Director, Department of Pathology, Medical Center of Louisiana New Orleans, 1975-present
President, Charity Hospital Medical Staff, 1977-78
Medical Staff, Kenner Regional Medical Center, 1995-present

LSU Medical Center Committee Appointments

Chairman, Medical Center Planning and Development, 1969-78

Chairman, Medical School Faculty Promotions Committee, 1969-71
Chairman, Public Health and Preventive Medicine Evaluation, 1973
First Vice President, Board of Directors Medical Alumni Association, 1992-93
Member, Advisory Committee, Medical Center Foundation, 1993-present

Community Activities

President, Bissonet Parent Teacher Association, 1961
Vice President, Jefferson Committee for Better Schools, 1964
Member, Executive Board, Grace King Parent Teachers Association, 1969
President, Japanese Garden Society of New Orleans, 1999-present
Board Member, Japan Society of New Orleans, 2000
Member, Japan Louisiana Association, 1975-present
Member, Japan Club, 2002-present

RESOLUTION 120

SUBJECT: LSMS Hall of Fame

INTRODUCED BY: Past Presidents' Advisory Council

1 **WHEREAS**, the Louisiana State Medical Society established a Hall of Fame to recognize
2 its members, both living and deceased, who have contributed long-term meritorious service and
3 valuable leadership to the LSMS, therefore be it
4

5 **RESOLVED**, that in recognition of his dedicated service in both elected and appointed
6 positions that uniquely contributed to the welfare of the LSMS, Floyd A. Buras, Jr., MD of New
7 Orleans, be elected to the Hall of Fame of the Louisiana State Medical Society.

Curriculum Vitae

Education

Undergraduate
Medical School

Tulane University, BS in Chemistry, 1972
Louisiana State University School of Medicine,
New Orleans, LA, MD, 1976

Professional Training

Residency (Pediatrics)

Charity Hospital, New Orleans, LA – 1976-1979, LSU
Service
Children's Hospital, New Orleans, LA , Pediatric Service
Moss Regional Hospital, Lake Charles, LA, Pediatric
Residency, LSU Service

Chief Resident (Pediatrics)

Charity Hospital/Children's Hospital , New Orleans, LA
LSU Service, 1978-1979

Public Service

Member

LSMS Representative, LA Health Care Design Collaborative,
2006-present
Medicaid Liaison Committee with State Government, Louisiana
Chapter, American Academy of Pediatrics, 1988-present
Advisory Board, LA Birth Defects Surveillance System,
2001-present
Advisory Committee on Implementation of Medicaid
Community Care LA Dept. of Health and Hospitals, 2001-
present
Medical Practice Advisory Board of LA Medicaid, LA Dept.
of Health and Hospitals, 2002-present
LA Birth Defects Registry Task Force, 1999-2001
Advisory Board , LA Birth Defects Surveillance System, 2001-
2003 and 2005-present
Coalition of Leaders of LA Health Care (COLLAH) 2007
present

Chairman

Member and Director

Professional Practice

Private Practice

Pediatrics, 1979-present

Interim Director Pediatric Intensive Care Unit, Charity Hospital, New Orleans, LA, 1978-1979
Board Certified Pediatrics, 1981-present

Academic/Clinical Appointments

Clinical Associate Professor, Pediatrics LSU School of Medicine, New Orleans, LA
Clinical Instructor, Community Medicine Tulane University School of Medicine, New Orleans, LA
Clinical Instructor, Family Medicine University of South Alabama
Nurse Practitioner Program
Preceptor, Family Nurse Practitioner Program School of Nursing, LA State University Medical Center, New Orleans, LA

Louisiana State Medical Society

Member, 1979 – Present
President, 2005-2006
Immediate Past President, 2006-2007
Chairman, Board of Socioeconomics, 2007-present
President-Elect, 2004-2005
Vice-President, 2003-2004
Councilor, District I, 2001-2003
Alternate Councilor, District I, 1999-2001
Delegate, House of Delegates, 1989-present
Chairman, Ad Hoc Cmte on Communication and Technology, 2003-2006
Chairman, Ad Hoc Cmte on Centralized Dues Collection, 1999-2003
Alternate Delegate, LA Delegation to the AMA, 2006-present
Recipient, LSMS Distinguished Service Award, 2007

Orleans Parish Medical Society

Member, 1979 - present
President, 1997-1998
Member, Board of Governors, 1989-present

Organized Medicine

Fellow, American Academy of Pediatrics, 1981-present
American Medical Association, 1979-present
LA Chapter, American Academy of Pediatrics, 1981-present
Greater New Orleans Pediatric Society, 1979-present
Southern Medical Association, 1980-present

Hospital Affiliations

Children's Hospital of New Orleans, President, Medical Staff, 1991-1993, Chairman, Dept of Pediatrics, 1983-1985
Touro Infirmary
Memorial Medical Center, Baptist Campus
Lakeland Hospital
East Jefferson General Hospital
Lakeside Hospital
University Hospital

RESOLUTION 121

SUBJECT: LSMS Community Service Award

INTRODUCED BY: Board of Governors

1 **WHEREAS**, the LSMS Physician Award for Community Service was established to
2 provide recognition to a member who is actively involved in community and civic activities
3 above and beyond their responsibilities in the practice of medicine and,
4

5 **WHEREAS**, the LSMS community service award is given in appreciation of the time and
6 personal investment given by physicians to the welfare of their respective communities and the
7 positive reflection this service brings to the medical profession, and
8

9 **WHEREAS**, the nominee for the award for 2008 has a long and distinguished record of
10 service to his community and surrounding area, and
11

12 **WHEREAS**, this record includes participation in numerous civic associations including
13 acting as Co-Chair of the financial campaign to build CHRISTUS Schumpert Sutton's Childrens
14 Hospital and to see it become a reality providing pediatric specialists and treatments which had
15 not previously been available in the community, acting as a member of the LSU-Shreveport
16 Foundation Board of Directors and spearheading the establishment of the Dr. Lacy and Edie
17 Williams Circle of Excellence Plaza to enhance alumni efforts for strengthening community
18 support for University development, and with his wife, was recognized as the 2006 Outstanding
19 Philanthropists of the North Louisiana Chapter of the Association of Fundraising Professional,
20 therefore be it
21

22 **RESOLVED**, the 2008 recipient of the LSMS Physician Award for Community Service
23 is Lacy H. Williams, MD of Shreveport, Louisiana.
24
25
26

RESOLUTION 122

SUBJECT: Nomination for AMA Medical Executive Lifetime Achievement Award

INTRODUCED BY: Board of Governors

1
2 **WHEREAS**, in 1982, the leadership of the Louisiana State Medical Society determined
3 the Society had grown to such an extent, it would be best served by having a full-time, executive
4 administrator to manage the business of running the day to day operations of the Society so that it
5 could continue to fulfill its mission, and
6

7 **WHEREAS**, after an extensive national search the LSMS was fortunate to hire as the
8 very first Executive Director, someone with Louisiana roots and experience in administering a
9 medical association of significant size, having worked as the Executive Director of the Fresno-
10 Madera Counties Medical Society in California for eleven years and,
11

12 **WHEREAS**, this person has distinguished himself in this position over the past 26 years
13 and has vigorously served the LSMS with loyalty to its members and an uncompromising ethical
14 determination to uphold its values of service to the physicians of Louisiana and the patients they
15 serve, and
16

17 **WHEREAS**, following the devastation to various forms of communication caused by
18 Hurricanes Katrina and Rita in 2005, his calm administration ensured the LSMS was up and
19 running in a very short time, acting as a steady conduit of information among its members,
20 emergency and relief agencies, and the public during a time of great chaos, and
21

22 **WHEREAS**, these efforts brought honor and great respect to the Society and were
23 rewarded in 2006 when he was nominated for and received the AMA Meritorious Service Award,
24 and
25

26 **WHEREAS**, the LSMS wishes to express its appreciation and admiration for someone
27 who has served the majority of his professional life ensuring the Louisiana State Medical Society
28 continues to prosper as it fulfills its mission, be it therefore
29

30 **RESOLVED**, the Louisiana State Medical Society nominates Dave Tarver, LSMS
31 Executive Vice President, for the 2009 AMA Lifetime Achievement Award.
32