

**2018 House of Delegates  
Resolution Index -200s**

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**RESOLUTION 201**

**SUBJECT:** Updating Louisiana Approval of EMS Protocols

**INTRODUCED BY:** Board of Governors

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1 **WHEREAS**, current Louisiana law related to emergency medical service protocols is outdated, and

2  
3 **WHEREAS**, current Louisiana law references a defunct LSMS committee, therefore be it

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

**RS 40:1133.14**

## §1133.14. Duties of emergency medical personnel

A.(1) A licensed emergency medical services practitioner may perform any of the following functions:

(a) Services, treatment, and procedures consistent with national EMS education standards that have been approved and adopted by the bureau, and to the extent that he has been trained to perform such services.

(b) Administration of other drugs or procedures for which the licensed emergency medical services practitioner has received training, license, and approval by the commission and which may be considered necessary by the ordering physician.

(2) The functions authorized by Paragraph (1) of this Subsection may be performed by the licensed emergency medical services practitioner while he is caring for a patient or at the scene of a medical or other emergency where voice contact is established with a physician and under the physician's order; or under a protocol that has been approved by the local parish medical society or the emergency medical services practitioner's medical director, until voice communication with the physician is established.

B. An emergency medical services practitioner student may, while he is enrolled in good standing in a state approved clinical or field internship program under the direct supervision of a physician, registered nurse, paramedic, or other preceptor recognized by the bureau:

(1) Perform services, treatments, and procedures consistent with national EMS education standards that have been approved and adopted by the bureau, and to the extent that he has been trained to perform such services.

(2) Administer automated cardiac defibrillation in accordance with rules and regulations promulgated by the bureau in accordance with the Administrative Procedure Act and a protocol that shall be approved by the local parish medical society, or its designee, and the local physician medical director.

C. In a case of a life-threatening situation as determined by a licensed emergency medical services practitioner, when voice contact with a physician is delayed, not possible, or when the delay in treatment could endanger the life of the patient, such a person may render services, in accordance with a protocol that shall be established by the emergency medical services committee or the executive committee of the parish or component medical society, or its designee, until voice communication can be established at the earliest possible time.

D. Any individual, education organization, organization, or other entity violating the provisions of this Section shall be guilty of a misdemeanor, conviction of which shall subject the offender to a fine of not less than five hundred dollars nor more than one thousand dollars for each separate offense.

E. In the event that there is no organized or functional local parish medical society in a parish of the state, the provisions of this Section which require the approval of an emergency medical service protocol by the local parish medical society or its designee may be performed by a parish or multiparish medical society which is adjacent or contiguous to the parish without an organized or functional local parish medical society. In the absence of such adjacent or contiguous parish or multiparish medical society, the district medical society shall approve an emergency medical service protocol for the parish without an organized or functional local parish medical society. In the event the district medical society does not approve an emergency medical service protocol for the parish without an organized or functional local parish medical society, the disaster and emergency medical services committee of the Louisiana State Medical Society shall approve an

emergency medical service protocol for the parish without an organized or functional local parish medical society.

F. The department shall promulgate rules and regulations establishing basic guidelines for statewide emergency medical service protocols. Such rules and regulations shall be based on the recommendations of the Louisiana State Medical Society's disaster and emergency medical services committee, which shall serve as an advisory committee to the department for this purpose.

Acts 1977, No. 626, §2; Amended by Acts 1978, No. 469, §1; Acts 1979, No. 688, §1; Acts 1984, No. 242, §1; Acts 1984, No. 243, §1; Acts 1986, No. 630, §1, eff. July 6, 1986; Acts 1987, No. 665, §1, eff. July 9, 1987; Acts 1988, No. 776, §1; Acts 1989, No. 195, §1, eff. June 26, 1989; Acts 1990, No. 211, §1, eff. Jan. 1, 1991; Acts 1991, No. 974, §1, eff. July 24, 1991; Acts 1997, No. 913, §§2, 3; Acts 1999, No. 427, §1; Acts 2001, No. 385, §1; Acts 2012, No. 789, §2, eff. June 13, 2012; Redesignated from R.S. 40:1234 by HCR 84 of 2015 R.S.

RESOLUTION 202

**SUBJECT:** Maintenance of Certification

**INTRODUCED BY:** Board of Governors

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1           **WHEREAS**, a Maintenance of Certification program is a voluntary continuing education  
2 program measuring core competencies in the practice of medicine and surgery as approved by a  
3 nationally-recognized accrediting organization, and  
4

5           **WHEREAS**, participation in a Maintenance of Certification program should not be a mandated  
6 requirement for licensure, reimbursement, employment or hospital admitting privileges, therefore be it  
7

8           **RESOLVED**, the LSMS opposes any efforts that would require a physician secure a  
9 Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or  
10 admitting privileges at a hospital, and be it further  
11

12           **RESOLVED**, LSMS seek and/or support legislation prohibiting the requirement that a physician  
13 secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or  
14 admitting privileges at a hospital.  
15

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17  
18 LSMS Policies

19  
20 212.09 Licensure and Discipline – Maintenance of Licensure  
21

22           The LSMS is opposed to any effort by the state of Louisiana, including but not limited to the Louisiana  
23 State Board of Medical Examiners, to require that a physician complete a “maintenance of licensure  
24 (MOL)” program similar to that proposed by the Federation of State Medical Boards (FSMB) as a  
25 condition of licensure.  
26

27           *Authority Note: R403-15*  
28

29 212.10 Licensure and Discipline – Maintenance of Certification  
30

31           The LSMS opposes mandatory maintenance of certification, and encourage physicians to strive  
32 constantly to improve their care of patients by the means they find most effective and encourages the  
33 continued use of state requirements for CME hours as a means of ensuring physicians remain up-to-date  
34 on patient care issues.  
35

36           *Authority Note: R402-15*  
37



**Resolution 203**

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

**INTRODUCED BY:** Orleans Parish Medical Society

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1 **WHEREAS**, tobacco use is a leading cause of preventable deaths in the United States, and

2  
3 **WHEREAS**, tobacco use refers to use of all forms of tobacco products, including but not limited to  
4 cigarettes, e-cigarettes and other electronic forms of nicotine delivery systems, hookah, and smokeless  
5 tobacco, and

6  
7 **WHEREAS**, the majority of current smokers are known to have started smoking before age 18, and

8  
9 **WHEREAS**, raising the age requirement to legally purchase tobacco to 21 years has been made law in  
10 five states (Hawaii, California, New Jersey, Maine, Oregon ), and in at least 220 U.S. towns and  
11 municipalities, and

12  
13 **WHEREAS**, in a study in 2006-2010 in Boston, Massachusetts suburbs by the MetroWest Health  
14 Foundation (an independent health philanthropy based in Massachusetts), the rates of tobacco use among  
15 teen agers living where the legal age to purchase tobacco products was raised to 21 years, decreased  
16 significantly greater compared to a small decrease in tobacco usage among teen agers living in  
17 neighboring communities where the legal age to purchase tobacco remained at the United States'  
18 prevailing age of 18 years, and

19  
20 **WHEREAS**, the results of the study cited above are attributed to "loss of social sources," i.e. raising  
21 access to purchasing tobacco products to age 21 years puts legal purchasers outside the social circle of  
22 most high school students, therefore be it

23  
24 **RESOLVED**, that the LSMS seek and/or support legislation that raises the legal age to purchase tobacco  
25 products, including but not limited to cigarettes, e-cigarettes and other electronic forms of nicotine  
26 delivery systems, hookah, and smokeless tobacco from 18 to 21.

27  
28 **Related LSMS Policy:**

29 280.01 Tobacco Free Society: The LSMS supports the goal of a tobacco-free society. (R41-88, amended  
30 R101-98, reaffirmed R101-06, reaffirmed R101-11)

31  
32 280.08 Opposition to the Tobacco Industry: The LSMS is opposed to the tobacco industry in its  
33 production, distribution, and advertising of the addictive tobacco products. The LSMS condemns the  
34 intense efforts of the tobacco industry to thwart any attempt to protect the public from tobacco and its  
35 related illnesses. (R403-94, reaffirmed R101-04, reaffirmed R101-10)

36

37 280.09 Sale of Tobacco Products to Minors: The sale of tobacco products to anyone under the age of  
38 twenty-one (21) should be prohibited by state law.

**RESOLUTION 204**

**SUBJECT:** PMP Reporting for Opioids

**INTRODUCED BY:** Jeff White, MD, 4<sup>th</sup> District Councilor  
John Carmody, MD, 4<sup>th</sup> District Alternate Councilor

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1 **WHEREAS**, Act 676 of the 2006 Louisiana Legislature authorized the development, implementation,  
2 operation, and evaluation of an electronic system for the monitoring of controlled substances and other  
3 drugs of concern that are dispensed within the state or dispensed by a licensed pharmacy outside the state  
4 to an address within the state, and  
5

6 **WHEREAS**, the Prescription Monitoring Program (PMP) was implemented by the Louisiana Board of  
7 Pharmacy in 2008, and  
8

9 **WHEREAS**, the Louisiana Board of Pharmacy in December 2008 notified all prescribers and dispensers  
10 wishing to acquire direct access privileges of the requirement to complete the web-based orientation  
11 program prior to receiving their access privileges, and  
12

13 **WHEREAS**, the web portal to the PMP database was opened to queries on January 1, 2009, and the  
14 program remains fully functional, with an audit trail function, and  
15

16 **WHEREAS**, Act 865 of the 2014 Louisiana Legislature amended the state controlled substance law to  
17 require that a prescriber shall access the PMP prior to initially prescribing any Schedule II controlled  
18 dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain, and,  
19

20 **WHEREAS**, Act 76 of the 2017 Louisiana Legislature amended the state controlled substance law to  
21 require the automatic issuance of PMP access privileges to all practitioners with prescriptive authority for  
22 controlled substances, except veterinarians, and  
23

24 **WHEREAS**, Act 76 of the 2017 Louisiana Legislature amended the PMP required-access provision of the  
25 state controlled substance law to require that a prescriber or his delegate shall access and review the  
26 patient's record in the PMP prior to initially prescribing any opioid to a patient, and shall access the PMP  
27 and review the patient's record at least every ninety days if the patient's course of treatment continues for  
28 more than ninety days, with exceptions for hospice, terminally ill, and hospitalized patients or those with  
29 cancer-related chronic or intractable pain, and  
30

31 **WHEREAS**, Act 76 of the 2017 Louisiana Legislature required that if a health profession licensing board  
32 becomes aware of a prescriber's failure to comply with the PMP required-access provision, the board shall  
33 treat the notification as a complaint against the licensee, and  
34

35 **WHEREAS**, the plain meaning of the current required-access and mandatory complaint provisions of Act  
36 76 of the 2017 Legislature as presently codified in La R. S. 40: 978(F)(2) require that notification of a  
37 single failure to comply with the PMP required-access provisions must generate a complaint against a  
38 licensee to the respective professional licensing board, and  
39

40 **WHEREAS**, the goal of the PMP is to improve the state's ability to identify and inhibit the diversion of  
41 controlled substances and drugs of concern in an efficient and cost-effective manner and in a manner that  
42 shall not impede the appropriate utilization of these drugs for legitimate medical purposes, and



1 **WHEREAS**, the 2017 Prescription Monitoring Program Annual Report records in operating year 2016  
2 over 6 million reported transactions, but only 1.7 million searches solicited by prescribers, therefore be it,  
3

4 **RESOLVED**, that the provisions of the Louisiana Uniform Controlled Substances Act La. R. S. 40:  
5 978(F)(2) should be amended to require that if a health profession licensing board becomes aware of a  
6 prescriber's initial failure to comply with this Subsection, as verified by the data of the Prescription  
7 Monitoring Program, the board shall notify the prescriber of the relevant statutory requirements and  
8 inform the prescriber of the need to correct or amend their prescribing practices, and that the Louisiana  
9 State Medical Society will seek and actively support legislation to accomplish this, and be it further  
10

11 **RESOLVED**, that the provisions of the Louisiana Uniform Controlled Substances Act La. R. S. 40:  
12 978(F)(2) should be amended to require that if a health profession licensing board becomes aware of a  
13 prescriber's pattern of continuing or repeated failure to comply with this Subsection, as verified by the  
14 data of the Prescription Monitoring Program, the board shall treat such notification as a complaint against  
15 the licensee, and that the Louisiana State Medical Society will seek and actively support legislation to  
16 accomplish this.