

RESOLUTION

Subject: Adverse Effects to Rural Areas from 2012 House Bill 1

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Referred to: Reference Committee

WHEREAS, 2012 House Bill 1 (HB1) has helped reduce prevalence of clinics that over prescribe opioids; and

WHEREAS, there is a shortage of pain specialist experienced in treating pain while weaning opioids; and

WHEREAS, recruiting pain specialists to rural Kentucky is a great challenge for a variety of reasons (low health literacy rates, chronic normalization of opioid over reliance, high prevalence of disability, resource deficits); and

WHEREAS, certain HB1 restrictions disproportionately effect patient access to pain clinics in rural Kentucky; and

WHEREAS, recent closing of large pain practices in rural Kentucky poses the risk of forcing sizeable populations into abstinence or illicit opioid markets; and

WHEREAS, KMA policy handbook already states: "KMA seeks amendment of HB1 so that the law will reflect appropriate consideration of the exigencies of various practice settings, medical procedures, and patients and achieve the proper balance between patient needs and the interest of the state to address the prescription drug abuse issue. (Res 2012-01, 2012 HOD, p. 523)"; and

WHEREAS, HB1 regulations can be addressed and modified by the Kentucky Board of Medical Licensure; now, therefore, be it

RESOLVED, that the Kentucky Medical Association urge relevant state agencies, such as the Legislative Research Commission, to study the overall effects of 2012 House Bill 1 and its impact on access to quality care.