RESOLUTION

Subject: Kentucky Medical Association Advocacy Awards Resolution

Submitted by: Kentucky Medical Association Board of Trustees

Referred to: Reference Committee

WHEREAS, each year KMA presents three awards at its Annual Meeting recognizing two physicians and one non-physician for outstanding work; and

WHEREAS, the KMA Distinguished Service Award is given to an individual physician who has a long outstanding record of service to organized medicine; the KMA Community Service Award is given to an individual physician who has provided outstanding service to his/her community; and the KMA Outstanding Layman Award is given to a non-physician who has promoted good health through his/her work; and

WHEREAS, four years ago the KMA went through a year-long strategic planning process that focused on advocacy, including political, public health, and public education; and

WHEREAS, KMA's new focus on advocacy has paid great dividends in the legislature, public health, and education; and

WHEREAS, due to the advocacy success KMA has enjoyed, presenting a specific award to honor those in elected positions who have assisted KMA with its priorities may further enhance KMA's advocacy efforts; and

WHEREAS, presenting up to two such advocacy awards each year could allow for the recognition of bipartisan or non-partisan activities each year; and

WHEREAS, while other KMA award recipients are chosen by the KMA Awards Committee, advocacy awards may best be decided by the KMA Board of Trustees given that body may be in the best position by being attuned to the political environment at any specific point in time; and

WHEREAS, creating such an award would require a change to the KMA bylaws since other awards are specified in the bylaws; now, therefore, be it

RESOLVED, the Kentucky Medical Association bylaws be amended as follows: "Chapter III, Section 18. It shall approve all Memorials and Resolutions issued in the name of the Association before the same shall become effective, except as provided in Chapter VI, Section 4, and except for the selection of the recipient of the Kentucky Medical Association Award (Outstanding Layman), Distinguished Service Award (Outstanding Physician), and Community Service Award (Outstanding Physician), which selections shall be made by the KMA Awards Committee<u>, and except for up to two Outstanding Advocacy Awards, which selections shall be made by the KMA Board of Trustees</u>."

KMA House of Delegates
August 2017

RESOLUTION

Subject: Kentucky Medical Association Audit Resolution

Submitted by: Kentucky Medical Association Board of Trustees

Referred to: Reference Committee

WHEREAS, each year at the KMA Annual Meeting, KMA makes available a copy of the annual KMA audit report; and

WHEREAS, in the past twenty-five years, KMA has gone through the auditing process and has never received audit results that have been other than unqualified (no issues); and

WHEREAS, KMA takes great pride in its financial controls, as well as its transparency, including making the audit available to the House of Delegates;

WHEREAS, in this day of instant communication, it would be very simple to make the audit available to the entire membership on the KMA website; and

WHEREAS, KMA's fiscal year ends on June 30 of each year, making it difficult to close books and accounts in time to have an audit in August, and have it completed by the time of the Annual Meeting; and

WHEREAS, there appears to be no need to rush having an annual audit done when it can be made available to the entire membership rather than simply made available at the Annual Meeting each year; and

WHEREAS, the KMA bylaws require that the audit be completed in time to be available at the Annual Meeting each year; and

WHEREAS, changing the timing of the audit and making it available to the entire membership promotes transparency and efficiency within the association; now, therefore, be it

RESOLVED, that the KMA bylaws be amended as follows: "Chapter V, Section 7: The Secretary-Treasurer shall advise the Executive Vice President in all administrative matters of this Association and shall act as the corporate secretary in so far as the execution of official documents or institution of official actions are required. He shall perform such duties as are placed upon him by the Constitution and Bylaws, and as may be prescribed by the Board of Trustees. The Secretary-Treasurer shall demand and receive all funds due the Association, including bequests and donations. He shall, if so directed by the House of Delegates, sell or lease any real estate belonging to the Association and execute the necessary papers and shall, subject to such direction, have the care and management of the fiscal affairs of the Association. All vouchers of the Association shall be signed by the Executive Vice President or his designee and shall be countersigned by the Secretary-Treasurer of the Association.

When one or more of the above-named officials are not readily available, four specifically designated representatives of the Executive Committee are authorized to countersign the vouchers, provided that in any event all vouchers of the Association shall bear a signature and a countersignature. The four members of the Executive Committee authorized to countersign vouchers shall be designated by the Board during their reorganizational meeting in September and, whenever possible should be easily accessible from the KMA Headquarters Office. All those authorized to countersign vouchers shall be required to give bond in an amount to be determined by the Board of Trustees. The Secretary-Treasurer shall report the operations of his office annually to the House of Delegates, via the Board of Trustees, and shall truly and accurately account for all funds belonging to the Association and coming into his hands during the year. His accounts shall be audited annually by a certified public accountant appointed by the Board of Trustees. The Association's annual audit shall be made available to the membership."; and be it further

RESOLVED, that the KMA bylaws be amended as follows: "Chapter VI, Section 2: The Board shall meet daily, or as required, during the Annual Meeting of the Association and at such other times as necessity may require, subject to the call of the Chairman or on petition of three Trustees. It shall meet on the last day of the Annual Meeting for reorganization and for the outlining of the work for the ensuing year. It shall, through its Chairman, make an annual report to the House of Delegates outlining the Association's activities for the previous year, including reports from each commission, along with a financial report. ~~at such time as may be provided, which report shall include an audit of the accounts of the Secretary-Treasurer and other agents of this Association and which shall also specify the character and cost of all the publications of the Association during the year, and the amounts of all other property belonging to the Association, or under its control, with such suggestions as it may deem necessary.~~ By accepting or rejecting this report, the House may approve or disapprove the action of the Board of Trustees in whole or in part, with respect to any matter reported upon therein In the event of a vacancy in any office other than that of President, the Board may fill the same until the annual election."; and be it further

RESOLVED, that the KMA bylaws be amended as follows: "Chapter VI, Section 9, Paragraph 4: He shall account for and promptly turn over to the Secretary-Treasurer all funds of the Association which come into his hands. It shall be his duty to receive all bills against the Association, to investigate their fairness and correctness, to prepare vouchers covering the same, and to forward them to the Secretary-Treasurer for appropriate action. He shall keep an account with the component societies of the amounts of their assessments, collect the same, and promptly turn over the proceeds to the Secretary-Treasurer. He shall~~, within thirty days preceding each Annual Meeting,~~ annually submit his financial books and records to a certified public accountant, approved by the Board, whose report shall be ~~submitted to the House of Delegates.~~ made available to the membership."

KMA House of Delegates
August 2017

RESOLUTION

Subject: A Summary of AMA Activities at the KMA Annual Meeting

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, Kentucky continues to see decreasing numbers of AMA membership; and

WHEREAS, Kentucky physicians need to be more informed about the formidable efforts carried out by the Kentucky delegation at the national level of organized medicine; and

WHEREAS, Kentucky has continued to place its physicians in numerous high-level AMA positions thereby vastly increasing Kentucky's influence on AMA national policy; now, therefore, be it

RESOLVED, that the American Medical Association (AMA) Delegation Chair annually provide a summary of AMA activities at the Kentucky Medical Association Annual Meeting.

RESOLUTION

Subject: Addiction and Pregnancy

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the Kentucky Medical Association (KMA) recognizes that drug addiction is a disease amenable to treatment rather than a criminal activity; and

WHEREAS, the KMA forewarns the Kentucky state government and the public at large that there are extremely serious implications of drug addiction during pregnancy and there is a pressing need for adequate maternal drug treatment and family supportive child protective services; and

WHEREAS, the KMA affirms the following statement: Pregnant patients with substance use disorders should be provided with physician-led care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation; now, therefore, be it

RESOLVED, that the Kentucky Medical Association oppose legislation which criminalizes maternal drug addiction or requires physicians to function as agents of law enforcement - gathering evidence for prosecution rather than provider of treatment; and be it further

RESOLVED, that the Kentucky Medical Association adopt the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability; and be it further

RESOLVED, that the Kentucky Medical Association, through its communication vehicles, encourage all physicians to increase their knowledge regarding the effects of drug and alcohol use during pregnancy and to routinely inquire about alcohol and drug use in the course of providing prenatal care.

RESOLUTION

Subject: Evidence Based Treatment and Harm Reduction

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the treatment of psychiatric and addictive diseases are best treated by physicians with biological, psychological, and social approaches; and

WHEREAS, the epidemic of drug abuse requires evidence based prevention, treatment, and harm reduction approaches; and

WHEREAS, training must be available so that an adequate number of physicians are prepared to provide treatment; and

WHEREAS, patients with these disorders require sensitivity to their faith traditions, and can benefit from engagement of their full support systems, including faith leaders; now, therefore, be it

RESOLVED, that the Kentucky Medical Association (1) encourage Kentucky policy-makers to pursue an approach to the problem of drug abuse aimed at preventing the initiation of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences of drug use, by embracing a medical and public health approach; (2) encourage the expansion of opioid maintenance medication programs so that opioid maintenance therapy can be available for any individual who applies and for whom the treatment is suitable; (3) support treatment that is driven by patient needs, medical judgment, and recovery concerns; (4) acknowledge the benefits of abstinence from or reduction of drug use with the 4 primary goals of chronic disease treatment of decreased related mortality, decreased related morbidity, decreased total cost of care, and improved functioning/quality of life; (5) encourage the extensive application of needle and syringe exchange and distribution programs; (6) supports mental health and faith community partnerships that foster improved education and understanding regarding culturally competent, medically accepted, and scientifically proven methods of care for psychiatric and substance use disorders; (7) supports efforts of mental health providers to create respectful, collaborative relationships with local religious leaders to improve access to scientifically sound mental health services; and be it further

RESOLVED, that the Kentucky Medical Association forms a task force to investigate and potentially carry out these actions.

RESOLUTION

Subject: Harm Reduction Programs

Submitted by: Benjamin Kutnicki, MD

Referred to: Reference Committee

WHEREAS, Kentucky is suffering from an epidemic of heroin and other injection drug use as evidenced by the increases in all of the following: drug overdoses and untimely deaths, emergency room visits and hospitalizations due to heroin and other drug use, babies born to women with drug addiction, rates of communicable diseases, and law enforcement arrests and incarceration due to heroin and other drug possession and associated criminal activity; and

WHEREAS, needles, syringes, and other equipment for injection drug use can become contaminated with blood that contains hepatitis C, hepatitis B, and HIV and these viruses can be transmitted when such equipment is shared among injection drug users; and

WHEREAS, contaminated drug injection equipment puts the public and first responders at risk for exposure through accidental needle sticks when such contaminated equipment is improperly discarded; and

WHEREAS, the Hepatitis C rates in Kentucky are among the highest in the nation; and

WHEREAS the cost of the medications for one course of treatment for Hepatitis C is $84,000 and left untreated, may progress to cirrhosis, liver cancer or liver failure requiring a liver transplant at a cost of $600,000; and

WHEREAS, sharing needles, syringes, and other drug injection equipment is the second highest cause of HIV infection in the United States; and

WHEREAS, the cost of treating HIV infection, a lifelong chronic disease, is $600,000, and for every $1 spent on a Syringe Access Exchange Program, $3-$7 is saved on costs associated with HIV infection; and

WHEREAS, the Center for Disease Control (CDC) has issued a health advisory recommending that health departments ensure persons actively injecting drugs have access to integrated prevention services, including but not limited to access to sterile injection equipment from a reliable source; and

WHEREAS, Kentucky health departments are statutorily mandated per KRS 211.180 to perform the duties of detection, prevention, and control of communicable diseases such as Hepatitis C and B and HIV and implementation of a Harm Reduction Program including Syringe Access Exchange helps fulfill this mandate; and

WHEREAS, Harm Reduction Programs including Syringe Access and Exchange have been operated in the United States since the 1980's; and

WHEREAS, researchers at the National Institutes of Health, the General Accounting Office, the CDC, and the National Academy of Sciences concur that Syringe Access Exchange Programs are an effective public health approach to reducing HIV and viral hepatitis infection; and

WHEREAS, Harm Reduction Programs including Syringe Access and Exchange have been supported as a harm reduction strategy by many health and governmental organizations including the CDC, the American Medical Association, the American Public Health Association, the American Pharmaceutical Association, the American Psychiatric Association, the American Bar Association, and the US Conference of Mayors; and

WHEREAS, research has also shown that Harm Reduction Programs including Syringe Access and Exchange advance public safety, including the safety of law enforcement officials, by taking contaminated syringes off the streets and out of parking lots, parks, school grounds and playgrounds; and

WHEREAS, Harm Reduction Programs including Syringe Access and Exchange are an important link to mental health and addiction treatment services, serve as an entry point for other health care services, such as testing for HIV. HCV, pregnancy, and sexually transmitted diseases, vaccinations, overdose prevention kits, and education and counseling, and are cost effective interventions compared to treating HIV and Hepatitis C; and

WHEREAS, Harm Reduction Programs including Syringe Access and Exchange have also been shown to NOT encourage individuals to begin using drugs, nor increase drug use among existing users, nor increase crime in neighborhoods in which such a program operates; and

WHEREAS, the Kentucky Medical Association is concerned about the public health risks associated with this epidemic of injection drug use due to the rapid increase in the rates of hepatitis C and B over the past several years, with a substantial portion of cases reporting a history of injection drug use; and

WHEREAS, the General Assembly of the Commonwealth of Kentucky passed Senate Bill 192 in the 2015 Regular Session which amends KRS 2]8A.500, adding sections (5) (a)-(c), enabling local health departments to operate a substance abuse treatment outreach program which allows participants to exchange hypodermic needles and syringes with the consent of the local board of health and the legislative body of the city and county in which the program would operate; now, therefore, be it

RESOLVED, that the Kentucky Medical Association publicly endorse Harm Reduction Programs including Syringe Access and Exchange through public media and educate physicians about their efficacy in reducing the risk of spreading infectious diseases through the availability of sterile drug injection equipment for the above stated reasons; and be it further

RESOLVED, that the Kentucky Medical Association encourage physicians to assist local health departments in obtaining approval to operate Harm Reduction Programs including Syringe Access and Exchange from local governing bodies.

RESOLUTION

Subject: Health Care Reform and Mental Health/Addiction Services

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the Kentucky Medical Association recognizes psychiatric and addictive diseases to be medical conditions; and

WHEREAS, the Kentucky Medical Association recognizes that attending to the treatment of mental illness and addiction is necessary for the health of our patients; now, therefore, be it

RESOLVED, that the Kentucky Medical Association supports health care reform that meets the needs of all Kentuckians, including people with mental illness and substance use/addiction disorders, and will advocate for the inclusion of full parity for the treatment of mental illness and substance use/addiction disorders in any Kentucky health care reform legislation or regulation.

RESOLUTION

Subject: Increasing Naloxone Availability

Submitted by: Courtney Collins; Michael J. Nisiewicz; Elizabeth A. Roney; Sherif Saleh; Carter Baughman; Robert Ramsey; Franklyn Wallace; Aisha Walton; Molly Whittaker; Lydia Livas; Neil B. Horsley, MPH (University of Kentucky College of Medicine)

Referred to: Reference Committee

WHEREAS, opioid injury and death have become a rapidly growing problem in Kentucky, particularly in rural populations [1]; and

WHEREAS, toxicology reports and autopsies showed that heroin was involved in 34% of overdose deaths in 2016, up from 24% in 2015, while morphine was the most commonly detected controlled substance in autopsy reports, present in 45% of all cases in 2016[2]; and

WHEREAS, data reveals that opioid related overdose deaths from 2014 to 2015 have increased at a statistically significant rate in the state of Kentucky, and the death rate (29.9 per 100,000) is one of the highest in the country according to the Centers for Disease Control and Prevention[5]; and,

WHEREAS, evidence indicates that from 2004 to 2013, use of treatments by those with opioid use disorders has remained low[3]; and

WHEREAS, opioid overdose is 45% higher in rural versus urban areas but naloxone administration is only 23% higher in rural areas due to restrictions on basic EMTs[4]; and

WHEREAS, in a nonrandomized intervention study, patients who received a naloxone prescription had 47% fewer opioid-related ED visits per month in the 6 months after receipt of the prescription[6]; and

WHEREAS, expanded provisioning of naloxone kits to laypersons has been associated with a significant increase in reports of overdose reversal[7]; and

WHEREAS, a study of 48 community-based opioid overdose prevention programs across the United States focusing on increased accessibility of naloxone concluded that providing access to 53,032 persons resulted in 10,171 overdose reversals[9]; and

WHEREAS, studies have shown that physicians are not informed well enough about the benefits of naloxone, preventing adequate patient screening and prescription of naloxone to those in need[8]; and

WHEREAS, as many as 53% of opioid overdose emergency room visits result in hospitalization and high expenses, which could be preventable with more readily available naloxone[10]; and

WHEREAS, current preferred dispensing methods of naloxone of 0.4-mg/0.4-mL auto-injector remains to be costly at $345 per unit and in Kentucky is only covered by some third-party plans, and often does not cover pharmacy counseling services necessary for take-home prescriptions[11-12]; and

WHEREAS, there has been a decline in the rates of drug overdose in states like Washington, California, North Carolina, and New York, after the expansion of Medicaid to reimburse take-home naloxone from the pharmacy[12]; and

WHEREAS, Senate Bill 192, signed into law by Gov. Steve Beshear in 2015, aimed to increase the use and ease of access of naloxone by allowing "the opiate overdose rescue medication naloxone to be prescribed to persons, agencies, or school employees capable of administering the medication in emergency situations; allow[ing] first responders to access and utilize the medication; allow[ing] pharmacists certified to do so to prescribe and dispense the medication"[13]; and

WHEREAS, in states with high levels of drug overdose deaths, the greatest barriers to the efficacy of naloxone distribution in preventing opioid overdose are resistance by the law enforcement community, public belief that naloxone access only enables further opioid abuse, and the overall cost of naloxone and the salary of the healthcare provider distributing the naloxone kits[14], and

WHEREAS, AMA policy states that "our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community based organization, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery", that "our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone", and that "our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients"; now, therefore be it

RESOLVED, that the Kentucky Medical Association supports American Medical Association policies on increasing the availability of naloxone through 1) collaborative practices to create standing orders at pharmacies, schools, business, and other community organizations 2) by encouraging law enforcement agencies to carry naloxone and 3) by encouraging physicians to co-prescribe naloxone to populations who are at-risk of opioid overdose; and be it further

RESOLVED, that the Kentucky Medical Association will work with appropriate state agencies to expand the coverage of Medicare and Medicaid to include all forms of naloxone as well as reimbursement for counseling services related to the dispensing of naloxone.

KMA House of Delegates
August 2017

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RESOLUTION

Subject: The Role of Self Help Groups in Addiction Treatment

Submitted by: Kelly Clark, MD

Referred to: Reference Committee

WHEREAS, the Kentucky Medical Association affirms that addiction is a chronic brain disease amenable to treatment overseen by a physician; and

WHEREAS, self-help and peer groups can be excellent sources of support for patients, but are not themselves treatment; now, therefore, be it

RESOLVED, that the Kentucky Medical Association recognizes that (a) patients in need of treatment for alcohol or other drug-related disorders should be treated for these medical conditions by qualified professionals in a manner consonant with accepted practice guidelines and patient placement criteria; and (b) self-help groups are valuable resources for many patients and their families and should be considered as adjuncts to a treatment plan; and be it further

RESOLVED, that the Kentucky Medical Association urges managed care organizations and insurers to consider self-help as a complement to, not a substitute for, treatment directed by professionals, and to refrain from using their patient's involvement in self-help activities as a basis for denying authorization for payment for professional treatment of patients and their families who need such care.

RESOLUTION

Subject: Opioid Epidemic and Non-Physician Practitioner Prescriptive Authority

Submitted by: Northern Kentucky Medical Society

Referred to: Reference Committee

WHEREAS, the Commonwealth of Kentucky continues to grapple with the overwhelming effects of the nation's latest and most severe opiate-related epidemic; and

WHEREAS, according to the Kentucky Office of Drug Control Policy's 2016 Overdose Fatality Report, there were 1,404 opiate-related overdose deaths in Kentucky during 2016, which represents a 7.4 percent increase versus the previous year; and

WHEREAS, in recent years, the Kentucky General Assembly and relevant state licensing boards have passed an array of legislation and regulations designed to increase oversight of the prescribing and dispensing of controlled substances, with a particular emphasis on opioids; and

WHEREAS, as the state attempts to find ways to curb the tide of the opioid crisis, non-physician practitioners simultaneously promote legislation that would allow them new or expanded authority to prescribe controlled substances; and

WHEREAS, the opening of new prescriber portals will dramatically increase the number of persons who can prescribe controlled substances, leading to higher rates of inappropriate prescribing; and

WHEREAS, a dramatic increase in the number of controlled substance prescribers will create additional opportunities for the abuse, misuse, and diversion of such medications, further exacerbating the state's current opioid epidemic; and

WHEREAS, at this particular moment in our state's history, health care provider organizations should be joining together to address the opioid scourge instead of proposing policies that could further complicate this significant public health issue; and

WHEREAS, in furtherance of providing high quality, patient-centered care and improving the health status of the Commonwealth's citizens, the Kentucky General Assembly should designate one authority to oversee the prescribing and dispensing of controlled substances; and

WHEREAS, the Kentucky Board of Medical Licensure has the most extensive knowledge and expertise in regulating the prescribing and dispensing of controlled substances; now, therefore be it

RESOLVED, that the Kentucky Medical Association continue to educate policymakers and the public regarding issues surrounding opioid abuse disorder and, when appropriate, offer policymakers evidenced-based solutions designed to curtail the opioid epidemic; and be it further

RESOLVED, that the Kentucky Medical Association oppose ongoing legislative and regulatory efforts by non-physician practitioners to establish or expand prescriptive authority related to Schedule II through Schedule V controlled substances; and be it further

RESOLVED, that the Kentucky Medical Association work with the Kentucky Academy of Family Physicians and other state specialty societies to develop specific strategies aimed at strengthening physicians' role in leading, supervising, or collaborating with non-physician practitioners who are currently authorized to prescribe Schedule II through Schedule V controlled substances; and be it further

RESOLVED, that the Kentucky Medical Association support statutory revisions conferring authority to the Kentucky Board of Medical Licensure to establish standards, investigate complaints and, when necessary, initiate disciplinary procedures related to the prescribing and dispensing of Schedule II through Schedule V controlled substances by all practitioners, including non-physician practitioners who are currently permitted to prescribe such drugs.

RESOLUTION

Subject: Physician Assistant “Optimal Team Practice”

Submitted by: Northern Kentucky Medical Society

Referred to: Reference Committee

WHEREAS, the American Academy of Physician Assistants (AAPA) is moving forward with its push to eliminate the formal supervisory relationship between physicians and PA’s; and

WHEREAS, in July 2016, AAPA’s Board of Directors appointed a Joint Task Force on the Future of PA Practice Authority (JTF); and

WHEREAS, AAPA’s Joint Task Force on the Future of Practice Authority makes the following recommendations:

- Emphasize continued commitment to team-based practice.
- Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice.
- Advocate for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs.
- Ensure that PAs are eligible to be reimbursed directly by public and private insurance; and

WHEREAS, the American Academy of Physician Assistants' House of Delegates unanimously approved this new policy termed “Optimal Team Practice” with the aim that aims to improve health care access for patients in hard-to-reach areas, lessen the burden on physicians, and help to protect the future of the profession; and

WHEREAS, Section 2. KRS 311.858 (5) currently reads: “A physician assistant shall not submit direct billing for medical services and procedures performed by the physician assistant”; and

WHEREAS, medical care is becoming more complex with increasing numbers of diagnostic studies and therapies, and the delivery of medical care with lower costs and improved quality is associated with physicians who have the clinical training and experience; now, therefore be it

RESOLVED, that the Kentucky Medical Association advocate against the elimination of provisions in laws and regulations that require a physician assistant to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice; and be it further

RESOLVED, that the Kentucky Medical Association advocate against the establishment of autonomous state boards, with a voting membership comprised of a majority physician assistants, to license, regulate, and discipline physician assistant’s; and be it further

RESOLVED, that the Kentucky Medical Association oppose reimbursement directly to physician assistants by public and private insurance.

RESOLUTION

Subject: KRS Change for Prescription Refills

Submitted by: Northern Kentucky Medical Society

Referred to: Reference Committee

WHEREAS, the AMA *Steps Forward* advocates at a dedicated annual comprehensive care visit renew all medications for chronic illness for the maximum duration allowed by state law; and

WHEREAS, consider a hypothetical scenario of an internal medicine practice that has not implemented a synchronized prescription renewal process. This practice has 1,000 patients with chronic illness with an average of five medications per patient. Every year, each patient makes an average of two calls per prescription. Each lasts about two minutes. These factors result in more than 300 hours of physician and staff time spent on prescription renewals per year; and

WHEREAS, implementing a synchronized prescription renewal process can help reduce the time spent on administrative task and restore the joy in practice; and

WHEREAS, Kentucky law prohibits refilling a prescription after one year from the date of issue of the original prescription (201 KAR 2:185); and

WHEREAS, Kentucky law prohibits refilling a prescription marked “PRN” or “Ad Lib” from one year from the date of issue of the original prescription (201 KAR 2:185); and

WHEREAS, insurance coverage rules limit annual comprehensive care visits to no more than once every 365 days; and

WHEREAS, a strict 12-month limit conflicts with these realities; now, therefore be it

RESOLVED, that the Kentucky Medical Association advocate for a change in Kentucky law prohibiting refilling a prescription from 12-months to 15-months from the date of issue of the original prescription.

RESOLUTION

Subject: Schedule II Prescriptions Total 90-Day Supply

Submitted by: Northern Kentucky Medical Society

Referred to: Reference Committee

WHEREAS, in Kentucky a Schedule II prescription is valid 60 days from the date written – KRS 218A.180; and

WHEREAS, 201 KAR 9:260 requires a KASPER review every 3 months at minimum, or more frequent, or immediately, if indicated; and

WHEREAS, 201 KAR 9:260 by virtue of KASPER requirements, encourage every 3-month visits for those on chronic CII prescription management; and

WHEREAS, DEA Schedule II Narcotic Prescriptions regulation allows that prescriptions may cover up to a 90-day supply: total of 90-day supply may be split over multiple prescriptions (e.g. 1 month each); each prescription must have the date today (not post-dated) and an earliest fill date; now, therefore, be it

RESOLVED, that the Kentucky Medical Association advocate for a revision of KRS 218A.180 to allow Schedule II controlled substance prescriptions to be valid 90 days from the date written: total of 90-day supply may be split over multiple prescriptions (e.g. 1 month each); each prescription must have the date today (not post-dated) and an earliest fill date.

RESOLUTION

Subject: Communication with Pharmacies

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, pharmaceutical prices have continually increased in the last few years, with projections of drug spending increasing by an average of 7.3 percent per year; and

WHEREAS, many of our patients in the state of KY have limited incomes which leaves them a budgeted amount of funds for their prescriptions; and

WHEREAS, retail pharmacies have a tendency to automatically refill a patient's prescription, regardless of whether or not a medication has been continued by the patient's physician, in some cases with patients ending up on two of the same class of medications; and

WHEREAS, our electronic health records systems physician offices should be able to better communicate with retail pharmacies to indicate that medications have been discontinued so the pharmacy does not fill a prescription that has been discontinued by a patient's physician; now, therefore, be it

RESOLVED, that the Kentucky Medical Association work with health systems and the electronic health records system to improve the medication process so the retail pharmacy receives a discontinuation notice when a patient's prescription has been stopped.

RESOLUTION

Subject: Physician Practice Administrative Simplification

Submitted by: John Johnstone, MD

Referred to: Reference Committee

WHEREAS, the physician-patient relationship is time-honored and sacrosanct; and

WHEREAS, despite the paramount nature of the physician-patient relationship, physicians and patients continue to experience significant disruptions when delivering or receiving health care; and

WHEREAS, these disruptions are the result of ever-increasing mandates from the state and federal government as well as onerous, non-essential administrative tasks such as needless preauthorization requirements, duplicative credentialing processes, and complicated payment systems; and

WHEREAS, physicians and their practice staff spend an inordinate amount of time and resources addressing administrative burdens; and

WHEREAS, there is no better example how such issues manifest themselves than the experience Kentucky physicians have had with the state-contracted Medicaid Managed Care Organizations; and

WHEREAS, Medicaid managed care contracting with for-profit companies throughout the Commonwealth of Kentucky has resulted in major disruptions in delivery of health care while these companies collectively have reaped a profit margin of four and one-half times higher than the national average profit margin among all managed care organizations; and

WHEREAS, that KMA continually explores ways to assist physicians with the myriad of administrative issues that have been encountered; and

WHEREAS, input from KMA membership was the impetus for passage of the 2017 Senate Bill 89, legislation providing for barrier-free access to smoking cessation treatments; and

WHEREAS, barriers to care that help make patients healthier drive up the costs of care in the long-term, such as barriers to smoking cessation treatments; now, therefore, be it

RESOLVED, that the Kentucky Medical Association encourage members to document administrative burdens that prevent care that would lead to better health and long-term cost savings for the health care system, and report such information to the Association for possible action.

RESOLUTION

Subject: Overcome Barriers to Volunteer Physicians Improving Access to Kentuckians

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, Kentucky has a major shortage of physicians, especially primary care; and

WHEREAS, residents of rural Kentucky have significantly higher case severity of certain diseases, such as cancer, heart disease, hypertension, asthma, and diabetes, and these individuals are also more likely to have inadequate health insurance (about 5.9% of Kentuckians are uninsured) and generally lack understanding of the healthcare systems; and

WHEREAS, inadequate health care access in Kentucky, especially rural areas and the low socioeconomic population, is a tremendous problem; and

WHEREAS, obligating volunteer physicians to purchase liability insurance for donating their time to provide uncompensated volunteer medical services to needy Kentuckians is an unnecessary barrier to combat Kentucky's health care access problem; now, therefore, be it

RESOLVED, that the Kentucky Medical Association support legislation to provide medical liability protection for physicians who provide uncompensated voluntary health care at free clinics.

2017-17

RESOLUTION

Subject: Restrictive Covenants

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, a restrictive covenant (also referred to as a non-compete agreement or a covenant not to compete) limits or prevents a physician's practice of medicine, usually within a defined geographic region for a specified amount of time with a particular business interest; and

WHEREAS, restrictive covenants are subject to state law, with some states wholly disallowing non-compete agreements in physician contracts and others placing limitations on what stipulations may be considered reasonable in non-compete agreements; and

WHEREAS, the American Medical Association, in a Medical Ethics Opinion, states that restrictive covenants have the potential to restrict competition, disrupt continuity of care, and deprive the public of medical services; and

WHEREAS, in a state such as Kentucky where physician shortages are common in large geographic areas, and a restrictive covenant could force a physician to leave an already underserved area in order to seek new employment, furthermore, the case of Charles T. Creech v. Brown from the KY Supreme Court case in 2014 further limited restrictive covenants; and

WHEREAS, with various health systems employing Kentucky physicians in an employment model, and the business uncertainty of those health systems coupled with a restrictive covenant should not restrict a physician from being able to practice in their community; now, therefore, be it

RESOLVED, that the Kentucky Medical Association develop a task force that looks at creating model legislation and alternative approaches to restrictive covenants.

RESOLUTION

Subject: Ergonomic Hazards

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, physicians face unique occupational hazards in the daily practice of medicine; and

WHEREAS, incidence of musculoskeletal disorders occur in up to 40-80% of surgeons and other physicians {80% of laparoscopic and microscopic surgeons (due to prolonged neck flexion)}; and

WHEREAS, little study has been devoted to the physical and ergonomic hazards and dangers to which physicians are exposed in the workplace; and

WHEREAS, repetitive injuries of all sorts and ergonomically related cervical and lumbar injuries can limit a Physician's productivity and in severe cases can result in career-ending disability and premature retirement; and

WHEREAS, cost of newly developed equipment has limited the acceptance and adoption of ergonomically appropriate devices (exam stools, endoscopes and heads-up microscope displays); now, therefore, be it

RESOLVED, that the Kentucky Medical Association recognize that physicians are at risk for ergonomic and repetitive injuries, educate physicians and health care systems (hospitals, ambulatory surgery centers, hospital administrators) on physical risks (the significance of prolonged neck flexion) and on the value of preventive measures; and be it further

RESOLVED, that the Kentucky Medical Association encourage the development and implementation of ergonomically friendly equipment and environments for physicians and other healthcare workers.

RESOLUTION

Subject: Telemedicine Encouragement, Promotion and Access

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, changing health care delivery systems and economic factors impact the availability of highly qualified physicians most notably in specialized fields; and

WHEREAS, Kentucky is currently facing a significant shortage of physicians in the rural and underserved areas of the state; and

WHEREAS, the need for efficient, cost-effective delivery of high quality medicine to rural and underserved patient populations in Kentucky is more important than ever; and

WHEREAS, the requirement for any currently licensed out-of-state physician rendering a physician-to-physician consultation via telemedicine to have a license to practice medicine in Kentucky could curtail these types of consultations and, thus, limit rural and underserved patients access to high-quality specialty care; and

WHEREAS, many states are now requiring physicians to have an interstate license, the Interstate Medical Licensure Compact, in order to practice telemedicine in their states; and

WHEREAS, telemedicine is seen as a possible solution to the access of care issues currently facing these patient populations; now, therefore, be it

RESOLVED, that the Kentucky Medical Association develops policy allowing licensed physicians from other states to render opinions and consultations to physicians and providers in Kentucky without the requirement of obtaining a Kentucky license or an Interstate Medical Licensure Compact; and be it further

RESOLVED, that the Kentucky Medical Association study and propose model legislation for the use of telemedicine to promote access to high quality health care and preserve the physician-patient relationship.

RESOLUTION

Subject: Health Care Coverage for the Medically Underserved

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, leaving citizens uninsured and underinsured causes them to delay prevention and care, thus presenting with costly advanced-stage diseases, which imposes enormous consequences of family suffering, preventable premature deaths (500-1000 per million persons per year), avoidable bankruptcies (20K per million families per year) and vastly increased uncompensated care costs ($4.4 billion per million uninsured per year) that are shifted to taxpayers, insured policyholders and providers; and

WHEREAS, Kentucky health needs are far above national averages for cancer, metabolic illness, nursing home needs, and substance abuse treatment/prevention, which are often greater in rural and medically underserved areas (83 of Kentucky's 120 counties) with substantial Medicaid-eligible populations; and

WHEREAS, Medicaid expansion, a component of the 2010 Affordable Care Act, greatly increases skilled chronic disease management, prevention measures and early treatment, which now protects over one-half million Kentuckians and their families from the above-cited harm, and brings substantial economic relief from uncompensated care costs shifted to providers and all taxpayers and insured policyholders; and

WHEREAS, currently considered national and State proposals (including the Kentucky HEALTH 1115 waiver application) reduce numbers of insured and thus raise total health care costs across America, and greatly more for Kentucky (most harmed of 50 states, ref: KY Center for Economic Policy), which brings proportionately greater harm to rural and safety-net hospitals, and to physician recruitment and retention in medically underserved areas; and

WHEREAS, the 10 Essential Health Benefits of 45 CFR 156.100 are: 1) ambulatory patient services; 2) emergency services; 3) hospitalization; 4) maternity and newborn care; 5) mental health and substance use disorder services including behavioral health treatment; 6) prescription drugs; 7) rehabilitative and habilitative services and devices; 8) laboratory services; 9) preventative and wellness services and chronic disease management; and 10) pediatric services, including oral and vision care. If these are eroded or eliminated from Medicaid, individual or small group policies, the uncovered care harms patients, and generates large costs that are shifted to taxpayers, insured policyholders and providers; now, therefore, be it

RESOLVED, that the Kentucky Medical Association (KMA) actively oppose U.S. and Kentucky proposals: 1) that increase the number of uninsured or underinsured citizens, 2) that erode Expanded Medicaid by funding decreases or imposing barriers to participation (including the Kentucky HEALTH 1115 waiver application), 3) that lessen or eliminate the 10 Essential Health Benefits [45 CFR 156.100], and 4) that allow policies which fall below standards set by the Affordable Care Act; and that the KMA actively support proposals that expand participation and quality of coverage; and be it further

RESOLVED, that the Kentucky Medical Association publicly communicate to policy-makers, legislators, and citizens these positions and supporting facts, including their substantial benefits for rural hospitals and rural physician recruitment/retention, for safety-net hospitals and physician services and for total humanitarian and economic benefit, with efforts at the State level, and at the national level through the American Medical Association; and be it further

RESOLVED, that the Kentucky Medical Association endorse the American Medical Association principles and initiatives for health care reform.

RESOLUTION

Subject: Gun Violence

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the Kentucky Medical Association recognizes that gun violence is a complex public health crisis in the United States; and

WHEREAS, while thousands of men, women, and children die each year due to gun violence, research into gun violence and its health implications has been an ongoing national struggle. Kentucky's physicians are at the forefront to play a critical role in intervening in this health crisis; now, therefore, be it

RESOLVED, that the Kentucky Medical Association advocate for increased research into gun violence and the psychological implications for susceptible patients; and be it further

RESOLVED, that the Kentucky Medical Association support full enforcement of penalties for crimes committed with the use of a firearm, be it legal or illegal possession.

2017-22

RESOLUTION

Subject: School Nutrition

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, childhood obesity is a strong predictor for lifetime obesity with its corresponding detrimental impact on health; and

WHEREAS Kentucky's high school students ranked third in the nation for obesity with nearly 20% of high school students qualifying as obese; and

WHEREAS according to the Robert Wood Johnson foundation, 34.6% of Kentucky adults are obese, ranking Kentucky fifth in the nation for obesity; and

WHEREAS under the current presidential administration, school lunch standards have been relaxed; and

WHEREAS school lunches serve as an opportunity to educate our youth on healthy nutrition; now, therefore, be it

RESOLVED, that the Kentucky Medical Association advocate for Kentucky's endorsement of higher K-12 nutritional standards than the current national standards.

RESOLUTION

Subject: Comprehensive Sexual Education in Schools

Submitted by: Franklyn Wallace, Aisha Walton, Courtney Collins
(University of Kentucky College of Medicine)

Referred to: Reference Committee

WHEREAS, 41.7% of high school students in Kentucky reported having sexual intercourse in 2015, and 10.4% reported having had sex with 4 or more people in their lifetime[1]; and

WHEREAS, only 53.9% of high school students in Kentucky reported using a condom during their last sexual intercourse, 22.4% reported using birth control, 5.2% reported using an IUD or implant, and 6.1% used some other form of birth control[1]; and

WHEREAS, Kentucky had the 8th highest teen pregnancy rate in the United States in 2014[2]; and

WHEREAS, adolescents receiving comprehensive sex education are 50 percent less likely to experience pregnancy than those who received abstinence-only education[3]; and

WHEREAS, the CDC estimates 1 in 4 females aged 15-19 has an STI, and almost half of all new STI diagnoses each year are amongst young people aged 15-24[4]; and

WHEREAS, young people aged 13-24 account for approximately 22% of new HIV diagnoses in the US[5]; and

WHEREAS, educational programs with a combination of emphasis on abstinence and use of protection have been shown to simultaneously delay sex, increase the use of condoms, and decrease behaviors that put adolescents at high risk for STDs and STIs[6]; and

WHEREAS, 10.1% of high school students in Kentucky (13.8% for female students) reported experiencing sexual dating violence, and 10.3% of students (14.1% for female students) reported being physically forced to have sexual intercourse[1]; and

WHEREAS, dating violence against adolescent girls is associated with higher rates of substance abuse, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality[7]; and

WHEREAS, our own KMA "is committed to continuing education for its members and the community on the resources available to victims of sexual assault and supports legislative efforts that provide additional protection and resources for these victims"; and

WHEREAS, numerous educational interventions, such as the Safe Dates school program in North Carolina, have shown that creative educational strategies can significantly reduce dating violence[8]; and

WHEREAS, less than 5% of LGBTQA students reported having health classes that portrayed positive representations of LGBT-related topics in 2013[9]; and

WHEREAS, a 2015 study showed that less than 12% of millennial students had health classes that covered same-sex relationships[10]; and

WHEREAS, it is well-established that homosexual men are at greater risk for a number of sexually transmitted diseases[11]; and

WHEREAS, AMA policy "opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act" and supports programs which "include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases"; and

WHEREAS, AMA policy "supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent" and states that sexuality education programs should "incorporate sexual violence prevention"; and

WHEREAS, AMA policy states that teachers or other professionals delivering sexual education in schools should "have received special training that includes addressing the needs of gay, lesbian, and bisexual youth"; and

WHEREAS, AMA policy states that sexuality education programs should be "developmentally appropriate," and "based on peer-reviewed science," and be managed " in each school by an education professional trained to implement the program" and include "periodic evaluations, updating, and improvement"; now, therefore be it

RESOLVED, that the Kentucky Medical Association supports the American Medical Association policy to oppose the sole use of abstinence only education by providing information about condoms, birth control, and other means of preventing pregnancy and sexually transmitted diseases; and be it further

RESOLVED, that the Kentucky Medical Association supports sexual education in schools to include information on sexual assault, consent communication, and dating violence prevention; and be it further

RESOLVED, that the Kentucky Medical Association supports sexual education in schools to include reference to non-traditional (LGBTQIA) practices for safe sex, in the interests of equality and prevention of sexually transmitted disease; and be it further

RESOLVED, that the Kentucky Medical Association will work with appropriate agencies, including but not limited to the public school system, to ensure that sex education is age-appropriate, evidence-based, led by well-trained individuals, and subject to periodic evaluation and improvement.

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RESOLUTION

Subject: CPR Training in High Schools

Submitted by: Kandice Roberts, Connor Appelman, Kayla King
(University of Kentucky College of Medicine)

Referred to: Reference Committee

WHEREAS, the rate of death due to heart disease in Kentucky is 200.5, which far exceeds the national rate of 168.2[1]; and

WHEREAS, approximately 4,600 Kentucky-resident deaths occur annually due to cardiac arrest that occurs away from medical assistance[2]; and

WHEREAS, a person is capable of achieving full neurological recovery after a cardiac arrest with quick administration of cardiopulmonary resuscitation, defibrillation, and efficient care[3]; and

WHEREAS, the administration of bystander CPR is associated with increased survival and less neurologic damage after cardiac arrest[3]; and

WHEREAS, bystander initiation of CPR has been found to be the biggest predictor of survival rates[4]; and

WHEREAS, prior knowledge and training is crucial for lay bystanders to initiate and sustain out of hospital CPR[5]; and

WHEREAS, it has been shown that bystanders will initiate CPR if they have had prior training, whether it certifies them or not[5]; and

WHEREAS, a wider use of automated external defibrillators (AEDs) has also been shown to increase survival rates of out of hospital cardiac arrests[6]; and

WHEREAS, the American Academy of Pediatrics has recommended CPR training and AED education for students[7]; and

WHEREAS, the World Health Organization (WHO) has endorsed training school children in cardiopulmonary resuscitation worldwide[8]; and

WHEREAS, Senate Bill 33, signed into law by Gov. Matt Bevin on April 6, 2016, mandates that all students in Kentucky receive CPR training once during enrollment in grades 7-12[9]; and

WHEREAS, current AMA policy supports the teaching of CPR in grades K-12 as well as concurrent education on the use of AEDs; and

WHEREAS, King County, Washington has more than doubled its survival rate for bystander-witnessed cardiac arrests by increasing access to CPR training and AEDs in the community[10]; now, therefore be it

RESOLVED, that the Kentucky Medical Association supports the American Medical Association policies on reducing the risk of death from cardiac arrest through 1) encouragement of CPR training in Kentucky for students enrolled in grades 7-12, 2) emphasis of the importance of Automated External Defibrillator (AED) education and instruction as part of CPR training, and 3) encouragement of increased AED availability in public spaces throughout the state.

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RESOLUTION

Subject: Neutral Policy Language on Abortion

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, Kentucky providers who do not wish to participate directly or indirectly in an abortion procedure are not required to do so; and are protected from discrimination in that decision; and

WHEREAS, pre- and post-abortion counseling are state-mandated and must include: alternatives to abortion, an in-person or a real-time visual telehealth meeting with the physician at least 24 hours prior to the procedure, and informed consent from the patient; and

WHEREAS, the standards of the medical profession ensure that health care practitioners provide patients with accurate and unbiased information regarding the risks and benefits of their various treatment options; and

WHEREAS, the issue of support of or opposition to abortion is a matter for members of the Kentucky Medical Association (KMA) to decide individually, based on personal values or beliefs. This should not influence the care they provide to patients or their role in providing accurate and unbiased information to their patients; and

WHEREAS, KMA already has in place a policy "to encourage physicians to strive to constantly improve their care of patients by the means they find most effective, within the standards of accepted and prevailing medical practices," making specific facility recommendations for termination of pregnancy - but not other outpatient surgeries - unnecessary and overly specific; now, therefore, be it

RESOLVED, that the Kentucky Medical Association rescind the policies found under the heading "Pregnancy, Termination of," within its Policy Manual and replace them with the following: "The Kentucky Medical Association (KMA) supports the right of physicians to practice medicine in a manner consistent with their conscience and the best interest of their patients. KMA opposes any policy that would compel a physician to practice in a way they believed to be unethical, or perform a service they believed to be immoral. KMA further opposes any policy, law or regulation that seeks to impede patient access to safe, appropriate, and legal medical care."

RESOLUTION

Subject: Encouraging Breastfeeding and Improving Access to Breastfeeding-Related Resources

Submitted by: Aisha Walton, Carter Baughman, Franklyn Wallace, Courtney Collins
(University of Kentucky College of Medicine)

Referred to: Reference Committee

WHEREAS, cumulative breastfeeding is associated with numerous health benefits for the mother, including lower weights postpartum[1], lower rates of: type 2 diabetes (if no prior history of gestational diabetes)[3], postpartum depression[4], breast and ovarian cancers[5,6,7], adult cardiovascular disease[8], and rheumatoid arthritis[9], when compared to non-breastfeeding women or those who wean early; and

WHEREAS, medical contraindications to breastfeeding are rare[1]; and

WHEREAS, mastitis, which occurs in about 10% of breastfeeding mothers, can be prevented by complete emptying of the breast[10], for which a breast pump may be essential; and

WHEREAS, preventing complications from improper infant latch on the breast may also lower incidence of mastitis and general discomfort, for which many women seek assistance from lactation consultants[10]; and

WHEREAS, breastfeeding has many well documented outcomes for the breastfed baby including lower risks of: asthma, childhood obesity, ear infections, eczema, lower respiratory infections, and SIDS, amongst many others[1]; and

WHEREAS, the AAP and WHO both recommend exclusive breastfeeding until the infant is 6 months old, continuing 1 year or longer[1], with the WHO recommending continuation to as close to 2 years old as possible[11]; and

WHEREAS, in the state of Kentucky, only 19.1% of mothers exclusively breastfeed their children up to 6 months, and only 32.4% still breastfeed children to any degree at 12 months; both of which are well below national averages[14]; and

WHEREAS, while 29 states have already met the CDC's HP2020 objective of 81.9% mothers ever breastfeeding, Kentucky remains far short of that objective at 66.9%[14]; and

WHEREAS, Kentucky has the 5th lowest breastfeeding rate in the United States[14]; and

WHEREAS, breastfeeding education and promotion interventions increase breastfeeding rates[12]; and

WHEREAS, current barriers exist that decrease breastfeeding rates, including lack of flexibility and privacy when returning to the workplace, lack of knowledge by the mothers and public, and poor social support[13]; and

WHEREAS, technical support and supportive workplace environment, including access to lactation rooms for onsite breastfeeding, is significantly associated with longer duration of exclusive breastfeeding[15]; and

WHEREAS, the CDC reported that Kentucky child care regulation does not support onsite breastfeeding[14]; and

WHEREAS, AMA policy endorses recommendations that "Full-term newborn infants should be breast-fed, except if there are specific contraindications or when breast-feeding is unsuccessful"; and

WHEREAS, AMA policy endorses recommendations for expansion of education about breastfeeding, stating "Education about breast-feeding should be provided in schools for all children and better education about breastfeeding and infant nutrition should be provided in the curriculum of physicians and nurses, [and] information about breastfeeding should also be presented in public communications media"; and

WHEREAS, AMA policy states "Attitudes and practices in prenatal clinics and in maternity wards should encourage a climate which favors breastfeeding, [and] the staff should include nurses and other personnel who are not only favorable (sic) disposed toward breastfeeding but also knowledgeable and skilled in the art"; and

WHEREAS, AMA policy endorses that, "consultation between maternity services and agencies committed to breastfeeding should be strengthened"; and

WHEREAS, current KMA policy "supports breast-feeding and its promotion in the state of Kentucky" but does not specifically address the barriers breast-feeding mothers face; now, therefore be it

RESOLVED, that the Kentucky Medical Association supports increasing public education on the benefits of breastfeeding to both baby and mother; and be it further

RESOLVED, that the Kentucky Medical Association supports post-partum access to lactation consultants and affordable breast pumps; and be it further

RESOLVED, that the Kentucky Medical Association supports providing mothers with adequate time and a private, hygienic space to express breast milk regardless of their employment or student status; and be it further

RESOLVED, the Kentucky Medical Association supports increasing and improving the follow-up with parents of newborns to ensure parents are aware of resources available to them, and to help remedy early issues in the breastfeeding process to increase breastfeeding rates and longevity.

KMA House of Delegates
August 2017

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RESOLUTION

Subject: Fireworks Safety

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the Kentucky Medical Association recognizes that fireworks annually cause thousands of eye injuries; and

WHEREAS, these injuries can result in chemical and thermal burns, and even injuries directly to the eyeball resulting in permanent vision loss; and

WHEREAS, Kentucky physicians are in the best position to provide increased awareness and education to fireworks distributors and purchasers to prevent irreversible vision loss; now, therefore, be it

RESOLVED, that the Kentucky Medical Association communicate to the public the American Academy of Ophthalmology's policies on eye safety for the general public which include that 1) children should not handle fireworks; 2) all individuals wear protective eyewear when handling fireworks; 3) leave all lighting of professional-grade fireworks to trained pyrotechnicians; and 4) that if an eye injury occurs seek medical attention immediately.