REPORT OF THE REFERENCE COMMITTEE

The Reference Committee presents the following items as a Consent Calendar:

2016-2017 Annual Report to the Membership

Resolution 2017-1 Kentucky Medical Association Advocacy Awards Resolution
(KMA Board of Trustees)

Resolution 2017-2 Kentucky Medical Association Audit Resolution
(KMA Board of Trustees)

Resolution 2017-3 A Summary of AMA Activities at the KMA Annual Meeting
(Greater Louisville Medical Society)

Resolution 2017-4 Addiction and Pregnancy
(Greater Louisville Medical Society)

Resolution 2017-5 Evidence Based Treatment and Harm Reduction
(Greater Louisville Medical Society)

Resolution 2017-6 Harm Reduction Programs
(Benjamin Kutnicki, MD)

Resolution 2017-7 Health Care Reform and Mental Health/Addiction Services
(Greater Louisville Medical Society)

Resolution 2017-8 Increasing Naloxone Availability
(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 - UK College of Medicine)

Resolution 2017-9 The Role of Self Help Groups in Addiction Treatment
(Kelly Clark, MD)

Resolution 2017-10 Opioid Epidemic and Non-Physician Practitioner Prescriptive Authority
(Northern Kentucky Medical Society)

Resolution 2017-11 Physician Assistant “Optimal Team Practice”
(Northern Kentucky Medical Society)

Resolution 2017-12 KRS Change for Prescription Refills
(Northern Kentucky Medical Society)

Resolution 2017-13 Schedule II Prescriptions Total 90-Day Supply
(Northern Kentucky Medical Society)

Resolution 2017-14 Communication with Pharmacies
(Greater Louisville Medical Society)

Resolution 2017-15 Physician Practice Administrative Simplification
(John Johnstone, MD)

Resolution 2017-16 Overcome Barriers to Volunteer Physicians Improving Access to Kentuckians
(Lexington Medical Society)

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### 2016-2017 Annual Report to the Membership

The Reference Committee considered the 2016-2017 Annual Report to the Membership. The Reference Committee recommends that the 2016-2017 Annual Report to the Membership be filed.

Mr. Speaker, the Reference Committee would like to express its appreciation to the officers and members of the commissions and committees for their efforts throughout the year, as summarized in this annual report to the House of Delegates.

- **Resolution 1 – Kentucky Medical Association Advocacy Awards Resolution (Kentucky Medical Association Board of Trustees)**

  The Reference Committee considered Resolution 1, Kentucky Medical Association Advocacy Awards Resolution, submitted by the Kentucky Medical Association Board of Trustees.

  The Reference Committee recommends that Resolution 1 be adopted.

- **Resolution 2 – Kentucky Medical Association Audit Resolution (Kentucky Medical Association Board of Trustees)**
The Reference Committee considered Resolution 2, Kentucky Medical Association Audit Resolution, submitted by the Kentucky Medical Association Board of Trustees.

The Reference Committee recommends that Resolution 2 be adopted.

Resolution 3 – A Summary of AMA Activities at the KMA Annual Meeting (Greater Louisville Medical Society)

The Reference Committee considered Resolution 3, A Summary of AMA Activities at the KMA Annual Meeting, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 3 be amended to read:

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

The Reference Committee recommends that Resolution 3 be adopted as amended.

Resolution 4 – Addiction and Pregnancy (Greater Louisville Medical Society)

The Reference Committee considered Resolution 4, Addiction and Pregnancy, by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 4 be amended to read:

RESOLVED, that the Kentucky Medical Association oppose legislation that seeks to impose criminal liability related to which criminalizes maternal drug addiction during pregnancy or transplacental drug transfer, 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 oppose legislation that requires physicians to gather and report private personal health information to law enforcement agencies in furtherance of investigations or prosecution related to maternal drug addiction during pregnancy or transplacental drug transfer, 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, provide
information encourage all physicians to increase their knowledge regarding the effects of drug and alcohol
use during pregnancy and to the value of routinely inquiring about alcohol and drug use in the course of
providing prenatal care.

The Reference Committee recommends that Resolution 4 be adopted as amended.

Resolution 5 – Evidence Based Treatment and Harm Reduction (Greater Louisville Medical Society)

The Reference Committee considered Resolution 5, Evidence Based Treatment and Harm Reduction, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 5 be amended by striking the second resolved and removing the words, “and be it further,” from the first resolved.

The Reference Committee recommends that Resolution 5 be adopted as amended.

Resolution 6 – Harm Reduction Programs (Benjamin Kutnicki, MD)

The Reference Committee considered Resolution 6, Harm Reduction Programs, submitted by the Benjamin Kutnicki, MD.

The Reference Committee recommends that Resolution 6 be amended by revising the first resolved to read:

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

The Reference Committee recommends that Resolution 6 be adopted as amended.

Resolution 7 – Health Care Reform and Mental Health/Addiction Services (Greater Louisville Medical Society)

The Reference Committee considered Resolution 7, Health Care Reform and Mental Health/Addiction Services, submitted by the Greater Louisville Medical Society.
The Reference Committee recommends that Resolution 7 be amended to read:

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 towards for the treatment equity of mental illness and substance use/addiction disorders in any Kentucky health care reform legislation or regulation.

The Reference Committee recommends that Resolution 7 be adopted as amended.

Resolution 8 – Increasing Naloxone Availability (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)

The Reference Committee considered Resolution 8, 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.

The Reference Committee recommends that Resolution 8 be amended by striking the second resolved and revising the first resolved to read:

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 reconsider opioid management for co-prescribe naloxone to at-risk populations and when absolutely unavoidable to co-prescribe naloxone, who are at-risk of opioid overdose; and be it further

The Reference Committee recommends that Resolution 8 be adopted as amended.

Resolution 9 – The Role of Self Help Groups in Addiction Treatment (Kelly Clark, MD)

The Reference Committee considered Resolution 9, The Role of Self Help Groups in Addiction Treatment, submitted by Kelly Clark, MD.
The Reference Committee recommends that Resolution 9 be adopted.

Resolution 10 – Opioid Epidemic and Non-Physician Practitioner Prescriptive Authority (Northern Kentucky Medical Society)

The Reference Committee considered Resolution 10, Opioid Epidemic and Non-Physician Practitioner Prescriptive Authority, submitted by the Northern Kentucky Medical Society.

The Reference Committee recommends that Resolution 10 be amended by revising the second resolved to read:

RESOLVED, that the Kentucky Medical Association continue to 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

The Reference Committee recommends that Resolution 10 be adopted as amended.

Resolution 11 – Physician Assistant “Optimal Team Practice” (Northern Kentucky Medical Society)

The Reference Committee considered Resolution 11, Physician Assistant “Optimal Team Practice,” submitted by the Northern Kentucky Medical Society.

The Reference Committee recommends that Resolution 11 be adopted.

Resolution 12 – KRS Change for Prescription Refills (Northern Kentucky Medical Society)

The Reference Committee considered Resolution 12, KRS Change for Prescription Refills, submitted by the Northern Kentucky Medical Society.

The Reference Committee recommends that Resolution 12 be amended to read:

RESOLVED, that the Kentucky Medical Association advocate for a change in Kentucky law prohibiting refilling a prescription from 12-months to advocate revising all applicable state statutes and regulations to permit prescriptions to be refilled for a maximum period of 15-months from the date prescribed of issue of the original prescription.

The Reference Committee recommends that Resolution 12 be adopted as amended.
Resolution 13 – Schedule II Prescriptions Total 90-Day Supply (Northern Kentucky Medical Society)

The Reference Committee considered Resolution 13, Schedule II Prescriptions Total 90-Day Supply, submitted by the Northern Kentucky Medical Society.

The Reference Committee recommends that Resolution 13 be referred to the Board for further study.

Resolution 14 – Communication with Pharmacies (Greater Louisville Medical Society)

The Reference Committee considered Resolution 14, Communication with Pharmacies, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 14 be adopted.

Resolution 15 – Physician Practice Administrative Simplification (John Johnstone, MD)

The Reference Committee considered Resolution 15, Physician Practice Administrative Simplification, submitted by John Johnstone, MD.

The Reference Committee recommends that Resolution 15 be amended to read:

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

The Reference Committee recommends that Resolution 15 be adopted as amended.

Resolution 16 – Overcome Barriers to Volunteer Physicians Improving Access to Kentuckians (Lexington Medical Society)

The Reference Committee considered Resolution 16, Overcome Barriers to Volunteer Physicians Improving Access to Kentuckians, submitted by the Lexington Medical Society.

The Reference Committee recommends that Resolution 16 be adopted.

Resolution 17 – Restrictive Covenants (Greater Louisville Medical Society)
The Reference Committee considered Resolution 17, Restrictive Covenants, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 17 be amended to read:

RESOLVED, that the Kentucky Medical Association study how physician employment contract provisions-including restrictive covenants-may impact continuity, quality, and availability of care in Kentucky and report back to the House of Delegates at the 2018 Annual Meeting develop a task force that looks at creating model legislation and alternative approaches to restrictive covenants.

The Reference Committee recommends that Resolution 17 be adopted as amended.

Resolution 18 – Ergonomic Hazards (Greater Louisville Medical Society)

The Reference Committee considered Resolution 18, Ergonomic Hazards, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 18 be amended by revising the second resolved to read:

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

The Reference Committee recommends that Resolution 18 be adopted as amended.

Resolution 19 – Telemedicine Encouragement, Promotion and Access (Greater Louisville Medical Society)

The Reference Committee considered Resolution 19, Telemedicine Encouragement, Promotion and Access, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 19 be amended by striking the second resolved and revising the first resolved to read:

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

The Reference Committee further recommends that the title be changed to “Physician to Physician
Consultations Telemedicine Encouragement, Promotion and Access.”

The Reference Committee recommends that Resolution 19 be adopted as amended.

Resolution 20 – Health Care Coverage for the Medically Underserved (Greater Louisville Medical Society)

The Reference Committee considered Resolution 20, Health Care Coverage for the Medically
Underserved, submitted by Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 20 be amended to read:

RESOLVED, that the Kentucky Medical Association support the continuation of federal funding for
the population covered under the ACA’s Medicaid expansion provisions to ensure that low-income patients
are able to secure affordable and adequate coverage (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 support changes to the state Medicaid program
that would ensure expansion costs are affordable for the Commonwealth of Kentucky 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 continue to evaluate various proposals relating to coverage, access, delivery and sustainability of health care in Kentucky endorse the American Medical Association principles and initiatives for health care reform; and be it further

RESOLVED, that the Kentucky Medical Association will advocate for a focus on preventive care as a means to decrease overall health care cost.

The Reference Committee recommends that Resolution 20 be adopted as amended.

**Resolution 21 – Gun Violence (Greater Louisville Medical Society)**

The Reference Committee considered Resolution 21, Gun Violence, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 21 be amended by striking the second resolved and revising the first resolved to read:

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

The Reference Committee recommends that Resolution 21 be adopted as amended.

**Resolution 22 – School Nutrition (Lexington Medical Society)**

The Reference Committee considered Resolution 22, School Nutrition, submitted by the Lexington Medical Society.

The Reference Committee recommends that Resolution 22 be amended to read:

RESOLVED, that the Kentucky Medical Association advocate for Kentucky’s endorsement of higher for K-12 nutritional standards that are higher than the 2017 than the current national standards.

The Reference Committee recommends that Resolution 22 be adopted as amended.

**Resolution 23 – Comprehensive Sexual Education in Schools (Franklyn Wallace, Aisha Walton, Courtney Collins – UK College of Medicine)**
The Reference Committee considered Resolution 23, Comprehensive Sexual Education in Schools, submitted by Franklyn Wallace, Aisha Walton, Courtney Collins – UK College of Medicine.

The Reference Committee recommends that Resolution 23 be adopted.

Resolution 24 – CPR Training in High Schools (Kandice Roberts, Connor Appelman, Kayla King - UK College of Medicine)

The Reference Committee considered Resolution 24, CPR Training in High Schools, submitted by Kandice Roberts, Connor Appelman, Kayla King - UK College of Medicine.

The Reference Committee recommends that Resolution 24 be adopted.

Resolution 25 – Neutral Policy Language on Abortion (Greater Louisville Medical Society)

The Reference Committee considered Resolution 25, Neutral Policy Language on Abortion, submitted by Greater Louisville Medical Society.

The Reference Committee recommends that Resolution 25 be referred to the Board for Action.

Resolution 26 – Encouraging Breastfeeding and Improving Access to Breastfeeding-Related Resources (Aisha Walton, Carter Baughman, Franklyn Wallace, Courtney Collins - UK College of Medicine)


The Reference Committee recommends that Resolution 26 be amended by revising the second resolved to read:

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

The Reference Committee recommends that Resolution 26 be adopted as amended.

Resolution 27 – Fireworks Safety (Greater Louisville Medical Society)
The Reference Committee considered Resolution 27, Fireworks Safety, submitted by the Greater Louisville Medical Society.

The Reference Committee recommends reaffirmation of current policy in-lieu-of the proposed resolution.

Mr. Speaker, the Reference Committee recommends the adoption of the report of the Reference Committee as a whole.

Mr. Speaker, I want to personally thank the other members of the Reference Committee for their assistance to the House of Delegates in formulating policies on some very worthwhile issues. Members of the committee were Robert H. Couch, MD, MBA, Louisville; John M. Johnstone, MD, FACP, Richmond; Michael K. Kuduk, MD, Winchester; Donald J. Swikert, MD, Union; and William C. Thornbury, Jr, MD, Glasgow. I also wish to thank Ms. Laura Hartz for her help and guidance in the preparation of this report.
Respectfully submitted,

REFERENCE COMMITTEE

Danesh Mazloomdoost, MD, Lexington, Chair

Robert H. Couch, MD, MBA, Louisville

John M. Johnstone, MD, FACP, Richmond

Michael K. Kuduk, MD, Winchester

Donald J. Swiker, MD, Union

William C. Thornbury, Jr, MD, Glasgow