

SUNSETTING POLICIES AND SUGGESTED RECOMMENDATIONS FOR ACTION

2018 KMA ANNUAL MEETING

ANNUAL MEETING (Res 98-105, 1998 HOD, p 539; Reaffirmed 2008)

- Current Policy:
KMA Annual Meeting Dates: KMA will not schedule future KMA Annual Meetings on the Jewish High Holy Days.
- Recommendation: Retain

ANTI-TRUST (Res 98-104, 1998 HOD, p 553; Reaffirmed 2008)

- Current Policy:
Collective Negotiations: KMA endorses and supports efforts of the AMA to develop the formation of organizations affiliated with organized medicine to assist physicians in collective negotiations.
- Recommendation: Retain

CANCER SCREENING (Res 2008-07, 2008 HOD, p 624)

- Current Policy:
Colon Cancer Screening: KMA supports funding the colon cancer screening program.
- Recommendation: Retain

CHILD HEALTH (Res 98-112, 1998 HOD, p 565; Reaffirmed 2008)

- Current Policy:
Vaccine for Children (VFC): KMA supports legislation that would allow states operating a State Children's Health Insurance Program to provide subsidized immunization as a benefit to children.
- Recommendation: Retain

CREDENTIALING (Res 98-106, 1998 HOD, p 544; Reaffirmed 2008)

- Current Policy:
Credentialing of Nuclear Medicine Technologists: KMA endorses the state credentialing of nuclear medicine technologists by the Cabinet for Health Services.
- Recommendation: Retain

DISASTER PREPAREDNESS (Res 2008-21, 2008 HOD, p 625)

- Current Policy:
Liability Protection During Disasters: KMA supports a constitutional amendment that would provide liability protection for physicians and other medical practitioners who provide services during the event of a declared national or state disaster.
- Recommendation: Retain

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e-HEALTH (Res 2008-06, 2008 HOD, p 619)

- Current Policy:
E-Health Network: KMA should work with government agencies, insurers, the health care industry, and others to overcome barriers to e-health adoption and assist in the formation of e-health networks throughout the state. State and other entities working to establish an e-health network in Kentucky inform the public of efforts to make medical information more readily accessible through electronic means and the benefits of doing so. Efforts to establish an e-health network in Kentucky address not only medical information, but administrative information as well, in order to reduce hassles for patients and physicians. Efforts to establish an e-health network in Kentucky address the issue of systems being unable to transfer data easily to other systems, which is the promise around e-health adoption.
- Recommendation: Retain
- Current Policy:
Formation of e-Health Center of Excellence: KMA supports the Kentucky e-Health Network Action Plan recommendation that the state form an “e-Health Center of Excellence” that would provide information, education, and assistance to practices interested in adopting e-health, whether in the form of electronic medical records, access to high speed Internet, or administrative systems.
- Recommendation: Retain
- Current Policy:
Opposition to Mandated Participation: KMA opposes any attempts to mandate the implementation of costly systems or impose costs on physicians for using or accessing such systems.
- Recommendation: Retain
- Current Policy:
Privacy of Data: KMA supports the highest level of privacy, security, and control available regarding any e-health data.
- Recommendation: Retain

FRAUD AND ABUSE (Res 98-118, 1998 HOD, p 554; Reaffirmed 2008)

- Current Policy:
Fraud and Abuse: KMA opposes all bounty systems in the investigation and prosecution of fraud and abuse.
- Recommendation: Retain

PATIENT ADVOCACY (Res 2008-18, 2008 HOD, p 625)

- Current Policy:
Physician Responsibility for Patient Advocacy: Health/medical care facility processes or procedures or payment system rules should not interfere with the counsel of patients by physicians and should not subject physicians to any reprisals that would restrain, suppress, or prevent them from providing information to patients and their families regarding cost and quality issues.
- Recommendation: Retain

PATIENT/PHYSICIAN RELATIONSHIP (Res 98-108, 1998 HOD, p 559; Reaffirmed 2008)

- Current Policy:
Patient/Physician Relationship: KMA endorses the position that the physician should be in the focal position of directing medical care to produce an outcome in the best interest of the patient, appropriate to the patient's situation, in the most timely and cost-effective manner possible, adhering to established principles of ethics, and for fair and reasonable compensation.
- Recommendation: Retain

PHYSICIAN ASSISTANTS

- Current Policy:
Physician Assistants Certification: KMA reaffirms support for certification of Physician Assistants by the Kentucky Board of Medical Licensure. The KMA believes that medical institution policies for purposes of staff privileges for practitioners be established by the local institution in conjunction with medical staff. The KMA believes that institutional staff privileges be determined commensurate with an applicant's education, training, experience, and demonstrated current competence; JCAHO standards; and federal, state, and other government laws and regulations. (Res 98-124, 1998 HOD, p 545; Reaffirmed 2008)
- Recommendation: Retain
- Current Policy:
Physician Assistants Reimbursement: KMA endorses legislation, regulations, and agency and institutional policies that authorize that health care services provided by Physician Assistants be reimbursed to the physician who supervises the Physician Assistant. (Res 98-109, 1998 HOD, p 545; Reaffirmed 2008)
- Recommendation: Retain

TOBACCO (Res 2008-14, 2008 HOD, p 625)

- Current Policy:
Excise Tax: KMA supports a substantial increase in the cigarette tax with additional revenues generated to be used to fund health-related initiatives including, but not limited to, tobacco cessation, expansion of insurance coverage for children, nutritional supplements for dialysis patients, and the colon cancer screening and treatment program.
- Recommendation: Retain

UNINSURED (Res 2008-22, 2008 HOD, p. 620)

- Current Policy:
Principles for Reducing the Number of Uninsured Individuals: KMA will consider the following principles when developing or determining policy on initiatives that purport to reduce the number of uninsured:
 - Universal access to care and coverage for that care must be made available to citizens through a pluralistic approach
 - Efforts to reform healthcare to achieve universal access and coverage should include a physician-centered oversight authority insulated from both political and commercial interests
 - Health insurers, health-related manufacturers, and pharmaceutical companies should either make concessions to reduce burdens or receive additional

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oversight that reduces overhead, maximizes efficiency, and increases the proportion of premium and product dollars that are applied to the delivery of healthcare. Such oversight would mandate that health insurers make public the percentage of premiums used to pay administrative costs and stockholder profit

- Cost effective and medically appropriate resource initiatives for patients, insurers, physicians, non-physicians, and other healthcare-related organizations are imperative
 - Regionalizing healthcare to meet a population's health needs is important to eliminate risks specific to the area as well as to provide regions with the ability to determine how health dollars are spent
 - Patient choice and preservation of the patient-physician relationship are essential; and
 - A progressive financing system should be based on personal responsibility and, in part an individual's ability to pay.
- Recommendation: Retain

WOMEN'S HEALTH (Res 98-107, 1998 HOD, p 544; Reaffirmed 2008)

- Current Policy:
Pap Smears: KMA endorses the official College of American Pathologists "Guidelines for Review of Pap Smears in the context of Litigation or potential Litigation."
- Recommendation: Retain