SUNSETTING POLICIES AND SUGGESTED RECOMMENDATIONS FOR ACTION
2019 KMA ANNUAL MEETING

ANY WILLING PROVIDER

- Current Policy:
  Discrimination: Health care benefit plans should not discriminate against any provider, located within the geographic coverage area of the health benefit plan, willing to meet the terms and conditions for participation established by the health benefit plan. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  ERISA: KMA supports a change in the federal ERISA law to allow any willing provider statutes and other patient protections to apply to all self-insured health benefit plans. *(Res 2009-19; 2009 HOD, p 533)*
- Recommendation: Retain

- Current Policy:
  Freedom of Choice of Physicians: Enrollees must have adequate choice among accessible and qualified participating primary care physicians. Patients should be permitted to choose their primary care physician from a list of current physicians and the list must be updated as physicians are added or removed from the plan. Women should be permitted to choose a qualified physician for routine and preventative women's medical services. Access to a consultation with participating physicians for second opinions should be available. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

AUDITS – RECOVERY AUDIT CONTRACTORS *(Res 2009-07, 2009 HOD, p 532)*

- Current Policy:
  Oversight: Federal oversight of private recovery audit contractors should specifically be designed to stop, and prevent further occurrences of, misrepresentation, harassment, and intimidation of physicians by these private contractors.
- Recommendation: Retain

CANCER SCREENING

- Current Policy:
  Cancer Screening: KMA recognizes the necessity for and supports expansion of cancer screening and full development of a screening registry as acknowledged by the KMA Cancer Committee. KMA supports all appropriate efforts by affected agencies to direct actions and to obtain and coordinate necessary resources to develop an effective comprehensive screening registry. (*Res 129, 1999 HOD; Reaffirmed 2009*)
- Recommendation: Retain

- Current Policy:
  Cervical and Colorectal Cancer Screening: All entities that serve as payers for medical services should be required to include cervical and colorectal screening, in accordance with nationally accepted standards, as covered services to get reimbursed at a rate that reflects the cost of the procedure and the professional service provided. (*Res 134, 1999 HOD; Reaffirmed 2009*)
- Recommendation: Retain

COMMUNICATIONS *(Res 2009-01, 2009 HOD, p 533)*

- Current Policy:
  KMA encourages members to provide current e-mail addresses in order to effectively and quickly relay critical advisories concerning pandemic and other public health issues.
- Recommendation: Retain

CONFIDENTIALITY *(COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  Health insurers must protect patients' rights of privacy regarding medical records and communications between patients and physicians. Clear and definitive action should be taken by the insurer during enrollment to inform the insured that under specific circumstances, especially when seeking approval for a service or billing for reimbursement, transfer of the patient's medical record information will take place between the physician and insurer. No third party to whom disclosure of patient records is made may re-disclose or otherwise reveal the mental health and chemical dependency records of a patient without first obtaining the patient's specific written consent to the re-disclosure. Procedures should be established to safeguard the privacy of individually identifiable patient information and to maintain accurate and timely records for patients.
- Recommendation: Retain

CONTINUITY OF CARE *(COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  Carriers should maintain a plan for providing continuity of care in the event of contract termination with the participating physician or in the event of insolvency or other inability to continue operations. Insurance and managed care plans must provide coverage for enrollees undergoing a course of treatment with a participating physician who has been terminated. That treatment should be covered for the remainder of the course of treatment or for 90 days after termination of the contract.
- Recommendation: Retain

CONTRACTS – MANAGED CARE

- Current Policy:
  Contractual Agreements between Physicians and Insurers: KMA endorses a "Standard Physician Service Agreement" that can be used statewide on a voluntary basis by Kentucky physicians in their contractual arrangements with third-party payers. The agreement should set forth rights and obligations of the physician and payer in a consistent and uniform fashion. The agreement should include standard provisions for licensure and certification; liability insurance coverage; maintenance of and access to records; credentialing and profiling information; provisions for termination and dispute resolution. Fees should not be set. The contract should refer to a blank fee schedule of CPT codes to be negotiated by each individual physician. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Most Favored Nation Clause: KMA opposes the insertion of "most favored nation" (MFN) clauses in contracts between physicians and health insurance plans, or managed care organizations. MFNs require physicians to afford the insurance or managed care organization the same rates provided to other payers if such rates are more favorable. MFNs require physicians to charge the insurer or managed care organization the lowest rate paid to the physician by other health plans. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

CREDENTIALING

- Current Policy:

  Economic Credentialing: KMA opposes health plans' ranking of physicians based on claims-based cost per diagnosis criteria, particularly when such rankings are used to exclude from their networks those physicians falling outside an arbitrarily-selected percentile. KMA supports legislation that would ban economically-based tiering programs in order to dispel the confusion of employers and patients resulting from health plans' implications that economic profiling of physicians is in any way related to the physicians' quality of patient care. Legislation supported by KMA would prohibit health plans from notifying affected physicians' patients of their impending exclusion or making any such public announcement until all due process rights of appeal are exhausted and a final determination is reached. *(Res 2009-06, 2009 HOD, p 532)*
- Recommendation: Retain

- Current Policy:

  Physician Credentialing: Insurance and managed care plans must establish minimum professional requirements for participating physicians. Plans must have a process for the selection of physicians, with written policies, procedures, and approvals used by the plan. The selection process should include verification of each health care physician's license, history of license suspension or revocation, and liability claims history. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

DISPARITIES IN HEALTH CARE *(COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:

  Equality and Fairness in Delivery of Medical Care: Disparities in the delivery and rendering of medical care, whether based upon race, gender, income, education, social, cultural or geographic factors, are unjustifiable and must be eliminated. Physicians should examine their practices to ensure that prejudices and biases do not inadvertently affect clinical judgment in medical care. KMA supports the position that resources for medical research should be distributed in a manner, which promotes the health of all individuals without regard to race, sex, or gender to the greatest extent possible.
- Recommendation: Retain

DRUG ABUSE

- Current Policy:

  Enhancement of KASPER: KMA encourages state government to enhance the KASPER system so that information can be obtained in "real time" and that additional state and federal funding be supported for treatment programs for those addicted to prescription drugs. *(Res 2009-03, 2009 HOD, p 530)*
- Recommendation: Retain

- Current Policy:

  Use of KASPER: KMA encourages its members to continue using the state's KASPER system. *(Res 2009-03, 2009 HOD, p 530)*
- Recommendation: Retain

DRUGS (*Res 121, Ref Comm A, 1999; COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:

  Physician Prescribed and Administered Drugs: KMA supports an amendment to regulations or statutes stating that drugs directly administered by physicians or their staffs to patients should be exempted from the sales tax in the exact manner as "pharmacist dispensed" medications.
- Recommendation: Retain

EMPLOYED PHYSICIANS *(Res 104, Ref Comm B, 1999; COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:

  Hospitalist Programs: KMA opposes all mandatory hospitalist programs as an infringement on the physician/patient relationship and supports legislation that prohibits mandatory hospitalist programs.
- Recommendation: Retain

HEALTH INSURANCE

- Current Policy:

  Availability: Every insurer should be required to offer a "basic" plan, on a guaranteed-issue basis, as a condition of doing business in Kentucky. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Claim Filings/Standard Claim Form/Electronic Claim Submission: KMA supports a standard, mandatory, and common claim form for all insurers. Insurance companies should be required to adopt a standardized or open electronic claims submission protocol. Physicians should be provided incentives to switch to a uniform electronic billing in a uniform format within a designated period of time. Physicians should not be penalized for failure to adopt electronic billing systems. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Consumption of Benefits: Rising medical costs require patients and physicians to use appropriate restraint in utilizing health insurance. Healthy lifestyles, preventive health measures, and proper restraint in the use of drugs, alcohol, and tobacco can dramatically restrain health costs. Patients have an individual responsibility to be aware of the benefits and limitations of their health care coverage. Patients should exercise autonomy by participation in the formulation of benefit packages and by prudent selection of health care coverage that best suits their needs. The U.S. Congress and the Kentucky General Assembly should actively promote health and medical education in schools and to the public. In addition, KMA supports Medical Savings Accounts, various deductible type insurance plans, and other insurance incentive plans as alternatives to contemporary health insurance and managed care policies. KMA opposes any financial incentives that directly compensate physicians for ordering or providing less medically necessary or appropriate medical care. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Data Collection: Insurers, including ERISA-exempt plan contractors, should be required to provide health insurance data as identified by the Commissioner of Insurance. Data may include total premiums, enrollment statistics, costs, claims paid and policies cancelled. Physician data is submitted routinely to carriers on a claim-by-claim basis and

reports related to patients can be easily obtained from claims submitted. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:
  Deductibles for Colorectal Screening: KMA advocates for insurance companies and other commercial payers to eliminate co-insurance and deductibles for all colorectal screening, regardless of findings of the exam. *(Res 2009-11, 2009 HOD, p 532)*
- Recommendation: Retain

- Current Policy:
  Out-of-Network Benefits: KMA supports appropriate reimbursement for procedures ordered by nonparticipating physicians when medically appropriate. (*Res 132, Ref Comm C, 1999; COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Out-of-Network Care: When coverage from the insurer or managed care plan is not possible, the primary care physician and insurer must refer the patient to an appropriate out-of-network physician within a reasonable time and proximity to the enrollee's home. The out-of-network physician should be reimbursed either the UCR fee or the agreed upon fee between the insurer and the out-of-network physician. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Point-of-Service: A point-of-service option should be required in all non-ERISA managed health care plans. Insurers should offer a benefit plan with a point-of-service option to obtain out-of-network benefits without having to obtain a referral. Plans may require enrollees to pre-certify selected services, pay a higher deductible, co-payment, or higher premium. Insurers should provide each enrollee the opportunity to enroll in an out-of-network option, and provide written notice of out-of-network benefits and financial costs. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Portability: Once an individual obtains health insurance, they may use evidence of that insurance to reduce or eliminate any preexisting medical condition exclusion period imposed upon them by joining another group plan or transferring to an individual policy. Portability is defined simply as maintaining coverage and given credit for having been insured when changing health plans. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Pre-Existing Conditions: When an individual applies during open enrollment in a health plan, health insurance policies or contracts relating to pre-existing conditions on diseases or health conditions should not extend beyond 9 months for maternity benefits and 12 months for all other conditions. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Provider-Sponsored Networks: KMA supports Provider-Sponsored Network (PSN) provisions, and the lesser requirements of PSNs to maintain reserve levels. Provider-sponsored integrated health delivery network means an organization wholly owned, governed, and managed by health care providers, and which provides through arrangements with others, a health benefit plan to consumers voluntarily enrolled in the organization on a per capita or a predetermine, fixed prepayment basis. PSNs' authority

allows providers to assume risk for coverage but does not require them to fund and maintain the reserve levels required of insurers. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:
  Reimbursement for Smoking Cessation Treatment: KMA supports reimbursement from third-party payers to physicians for smoking cessation treatment. *(Res 2009-10, 2009 HOD, p 533)*
- Recommendation: Retain

- Current Policy:
  Renewability: Health plans should be required to renew contracts except for nonpayment of premium, fraud, misrepresentation, noncompliance with plan provisions, or if the insurer ceases doing business in Kentucky. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Screening: Screening should be defined in managed care and insurance contracts as health care services or products provided to an individual without apparent signs or symptoms of an illness, injury or disease for the purpose of identifying or excluding an undiagnosed illness, disease, or condition. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Tax Subsidization of Insurance Spending: KMA recognizes federal and state tax inequities governing health insurance, and supports tax policies that are equally fair to employer, employee, self-insured, and non-group private purchasers. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

LONG-TERM CARE INSURANCE *(COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  KMA supports the purchase of long-term care (LTC) insurance with the ability to deduct the LTC premiums from taxes.
- Recommendation: Retain

MANAGED CARE REGULATIONS

- Current Policy:
  Consumer Assistance Program: Insurance and managed care plans should establish a Consumer Assistance Office to respond to consumer questions and concerns, assist patients in exercising their rights, and protect their interests. The establishment of a Consumer Advisory Board is appropriate to advise the insurer. The Commissioner of Insurance should establish and staff a managed care Ombudsman Office to assist patients and protect their interest. Appropriate complaint procedures should be established and enforced. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Emergency Care: Health plans should educate their insured about the use of emergency services, and availability of other more appropriate medical services. Plans must cover emergency department screening and stabilization without prior authorization for use consistent with the “prudent layperson” standard. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Experimental Treatment: Clinical research is important to the development of more effective and often more cost-effective treatments. Patients should have access to, when appropriate, and be encouraged to participate in clinical trials. Physicians, not insurers, should determine whether various treatments are consistent with the standard of care or considered experimental. Insurers should provide coverage for patient care in the context of clinical trials, which do not increase significantly the cost of care. Plans that limit coverage of experimental treatment must define the limitation and disclose the limits. Plans should note and disclose who is authorized to make determination and the criteria the plan uses to determine whether a treatment, procedure, drug or device is experimental. Once a health plan receives a request for prior authorization of an experimental procedure, and required information is received, the plan should issue a coverage decision within five working days. If the insured is diagnosed as terminal, the plan must provide a letter of denial setting forth the specific medical and scientific reasons for denying coverage and notice of the insured's right to appeal and a description of the appeal process. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  External Appeals: Independent external appeals programs should be established to provide an independent medical necessity or appropriateness of service review of final decisions by insurers to deny, reduce, or terminate benefits. Appeals should be determined by physicians practicing in the same state as the insured who is appealing. Physicians involved in the review process should be independent of the carrier. Physicians, who act without malice or fraud, and within the scope and function of the review process, should be immune from liability for decisions rendered. The cost of external appeals should be borne by the carriers. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Genetic Testing: An insurer should be prohibited from denying, canceling, refusing to renew, or varying terms and premiums based upon results of genetic testing. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Grievance and Appeal Procedures: Any insured denied a covered service or whose claim for services is denied, may pursue an established review process. Each insurer must include with the insured's policy, evidence of coverage and a separate information packet regarding their appeal process. Several review mechanisms should be included in an appropriate grievance and appeal process. An Expedited Review process should be available when an insured has been denied a covered service. When this occurs, the treating physician must certify in writing and provide supporting documentation to the utilization review agent that the time period for a lengthy reconsideration could cause significant negative change in the insured's medical condition. Under the Expedited Review process, the review agent must respond in one working day by mail to the insured and the treating physician. A final Independent External Review process should be available for patients denied a medical service or for cases involving an issue of coverage. The External Independent Review Committee should be composed of physicians practicing in the same specialty and preferably in the same state as the treating physician and the insured. Procedural guidelines should be established for cases involving medical necessity and issue of coverage, and information relating to these guidelines should be made available to both the patient and physician. The physician reviewers should be independent of the carrier, the treating physician, and the patient. Internal appeal processes and informal reconsideration for denial of claims or

services for elective, non-emergency, or routine conditions should also be made available to the insured and the treating physician. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:

  Managed Care Protection: Protections should be enacted to monitor managed care and assure patient safety and decreased costs, along with quality care. Protections should include patient rights, physician fairness standards, and physician advocacy for patients to enhance patient safety and quality of care. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Managed Care Liability: Patients who suffer injury or death resulting from a decision to delay or deny care by a managed care plan employee or plan medical director, should be permitted to bring action against the plan to recover damages. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Plan Certification: The Commissioner of Insurance should promulgate rules to certify managed care plans and utilization reviews programs, and identify procedures for periodic review and re-certification. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  State Patient Protections vs. Federal Patient Rights Bills: Federal patient protection enactments should become a floor and not a ceiling for state managed care fairness reforms. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Utilization Review: Utilization Review (UR) programs should be based on open and consistent review criteria that are acceptable to, and have been developed in conjunction with, the medical profession. Physicians participating in the UR process should be actively practicing physicians in direct patient care, in the same specialty as that of the physician or service under review. Physicians reviewing medical necessity, appropriateness of services, or site of services should be licensed in Kentucky. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

MEDICAL NECESSITY (*Res 99-109, 1999 HOD; Reaffirmed 2009)*

- Current Policy:

  KMA supports the position that only physicians may determine medical necessity. Medical necessity is clearly defined as health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, disease or its symptoms:

  1. In accordance with generally accepted standards of medical practice
  2. Clinically appropriate in terms of type, frequency, extent, site and duration
  3. Not primarily for the convenience of the patient, physician, or other health care provider
- Recommendation: Retain

MEDICAL PRACTICE

- Current Policy:

  Physician Fairness:

  - Plans should provide enrollees and participating physicians with the opportunity to complete a "report card" at regular intervals regarding quality of service.
  - There should be no payment differentials to physicians based on geographic location. Reimbursement methodologies should not discriminate against any class or specialty of physicians. In the process of instituting single, equitable statewide reimbursement schedules, insurance companies should not diminish existing reimbursement schedules.
  - In accordance with the principles of medical ethics, except in emergencies, physicians are free to choose whom to serve, with whom to associate, and the environment in which to provide medical service. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:

  Quality of Patient Care: AMA defines quality of care as "the degree to which care services influence the probability of optimal patient outcomes." Physicians are uniquely qualified and positioned to provide quality measurement. The present managed care and health insurance market is driven by cost and there is the potential for price competition that may negatively affect quality care in very significant ways. Physicians must reclaim their role in determining the clinical configuration of the emerging managed care and health insurance system. Through various organizations, including IPAs, large practices, physician management enterprises, medical societies, and other ventures with hospitals and providers, physicians now have the ability and opportunity to evaluate the content of care. The KMA believes that physicians and patients must be aggressive in retaining their rightful place in the emerging delivery system. The medical association, legislative bodies, and patient consumer groups must position physicians to serve the legislative purpose of our medical care system – assuring appropriate access to quality care. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:

  Reduction of Regulations: The burden of government and third-party regulation on medical practice and health insurance should be reduced. Its intrusion and "hassle factor" into the physician-patient relationship and doctor-patient time is costly and delays treatment of patients. The Association vigorously opposes uncompensated regulatory requirements for physicians and supports economic impact statement requirements for all legislation and regulation affecting the delivery of medical care and increased cost. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:

  Unnecessary Clerical and Documentation Requirements: KMA opposes clerical and related requirements imposed by insurance or managed care entities that are disruptive to the physician-patient relationship, jeopardize quality of care, and result in cost shifting, rather than long-term cost savings. Physicians spend an inordinate amount of patient care time documenting records to comply with reimbursement, fraud and abuse, and professional liability requirements. Government, health insurers, and other entities should be required to provide economic impact statement requirements for all legislation, regulation, and imposition of clerical and documentation requirements upon providers of medical care. Further, insurers requiring pre-authorizations, pre-certifications, referrals, or other tools for directing or managing a patient's care, must provide these services through a centralized mechanism which is easily accessible by network providers (i.e., no

lengthy telephone delays, additional paperwork outside the original medical record, etc.) (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

MENU LABELING *(Res 2009-09, 2009 HOD, p 533)*

- Current Policy:
  KMA supports the requirement that restaurants provide nutritional information, including calorie count, carbohydrate count, salt content, and fat grams, for their menu selections.
- Recommendation: Retain

NURSING *(COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  Scope of Practice: Advanced Registered Nurse Practitioners, Physician Assistants, and Pharmacists should be able to provide professional services under their scope of practice so long as the services provided are pursuant to protocols by a medical doctor with whom the patient has established a physician-patient relationship. Plans should not be required to reimburse nonphysician practitioners directly.
- Recommendation: Retain

PATIENT ADVOCACY *(COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  Physician Responsibility for Patient Advocacy:
  - The duty of patient advocacy is a fundamental element of the physician/patient relationship that should not be altered by the system of health care delivery in which physicians practice. Physicians must continue to place the interest of their patients first.
  - Physicians must advocate for appropriate care they believe will materially benefit their patients.
  - Physicians should be given an active role in contributing their expertise to any allocation process and should advocate guidelines that are sensitive to differences among patients.
  - Strong appellate mechanisms, including independent external appeals processes, for both patients and physicians, should be in place to address disputes regarding medically necessary care.
  - Health insurance and managed care plans must adhere to the requirement of informed consent that patients be given full disclosure of material information, including limitations or restrictions on benefits before entering a plan.
  - Physicians should not participate in any plan that encourages or requires care at or below minimum professional standards.
  - Financial incentives are permissible only if they promote cost-effective delivery of health care and not withholding of necessary medical care.
- Recommendation: Retain

PAY FOR PERFORMANCE

- Current Policy:
  KMA supports these principles:
  a. KMA opposes physician profiling, tiering, or pay-for-performance programs based solely on economic criteria.

b. Physicians who meet quality standards should be identified separately from their economic standards.

c. Such programs should be designed to improve quality of care using nationally accepted standards.

d. Measurements and guidelines used in such programs should be evidence-based and not based solely upon economic criteria.

e. Physician rankings must provide complete transparency and a mechanism for physicians to appeal their classification.

f. Any such programs instituted by third-party payers should be reviewed by a nationally recognized, independent health care quality standard-setting organization, retained at their own expense.

g. KMA should support legislation based on these principles regarding pay-for-performance, physician profiling, and tiering programs established by third-party payers. *(Report of the Comm on Medical Business Advocacy, 2009 HOD, p 531)*

- Recommendation: Retain

- Current Policy:

  Information Systems to Judge Quality and Cost-Effectiveness: Quality is defined by the AMA Council on Medical Service as the degree to which care services influence the probability of optimal patient outcomes. Adequate levels of government and private funding should be budgeted to finance outcomes research, practice parameters development, and similar approaches, provided they have appropriate physician input. The results of such mechanisms should be educational and not punitive. Third party payers should be prohibited from releasing information except to the individual physician or within a formal peer review process. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

PEER REVIEW (*COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:

  Medical Review Committee: A Medical Review Committee is composed of physicians under the auspices or requirements of medical associations or societies, hospitals, clinics, nursing homes, private insurers, government, or other entities which require or generate review of medical care. A Medical Review Committee evaluates the quality, cost, and necessity of medical services, including credentialing. Members who act without malice or fraud should not be subject to liability for damages on account of any act, statement, or proceeding performed within the scope and functions of the committee. Proceedings of the medical review committee, records and the materials it produces, and materials it reviews should be confidential and not considered public records.

- Recommendation: Retain

PHYSICIAN NETWORKS

- Current Policy:

  Access to Specialty Care and Referral: Insurance and managed care plans should be required to demonstrate that there are adequate physicians for enrollees to have an appropriate choice of physicians and access to services. Each insurance or managed care plan should develop appropriate plans to ensure proper access to specialty care including: referral to a nonparticipating specialist in instances where the network does not have a specialist in the appropriate area; the provision of standing referrals to a particular specialist in necessary instances; the coordination of care by a specialist for enrollees with life-threatening or degenerative/disabling conditions and/or referral to a specialty care center if care would be most appropriately provided. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:
  Network Adequacy: Managed care plans must have sufficient number and type of primary care physicians, specialists and subspecialists throughout the plan area. The network should be available to enrollees within 30 miles or 30 minutes, and access to urgent and emergency care should be well defined. Telephone access to the plan during business hours should be available, and reasonable standards for waiting times to obtain appointments should be present. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

PREGNANCY

- Current Policy:
  Folic Acid: KMA recommends women of childbearing age to take folic acid. (*Report of the Committee on Maternal and Neonatal Health, 1999; COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Smoking: KMA recognizes the importance of perinatal smoking cessation. (*Report of the Committee on Maternal and Neonatal Health, 1999; COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

PUBLIC HEALTH (*COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  Health Promotion/Disease and Violence Prevention: Physicians and patients should become more active participants in health promotion and disease and violence prevention. Physicians should play an active part in emphasizing healthy lifestyles. Such activities can improve the extent and quality of life and reduce health spending. Physicians, health insurance companies, and private and government agencies should promote health promotion and disease prevention measures. Programs include: smoking cessation, treatment/prevention of alcohol and drug abuse, appropriate and healthy diet, adolescent health measures, enforcement of traffic and boating safety laws, regular exercise programs; recognizing and reporting family violence; cancer screening; and other appropriate measures. Health insurance companies should encourage health promotion and disease prevention by reducing premiums for enrollees who exhibit healthy lifestyles.
- Recommendation: Retain

SEXUAL ASSAULT VICTIMS (*Res 2009-15, 2009 HOD, p 534)*

- Current Policy:
  Resources for Victims: 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.
- Recommendation: Retain

SUNSET PROVISION (*Res 120, Ref Comm A, 1999; COSLA HOD 1999; Reaffirmed 2009)*

- Current Policy:
  KMA adopts the following regarding a sunset provision:
    - A sunset mechanism with a ten-year time horizon shall exist for all KMA policy positions established by the House of Delegates

- Under this sunset mechanism, a policy will cease to be KMA policy after ten years and the House will be informed annually of those policies being "unsettled," unless action is taken by the House of Delegates to reestablish them
- Any action of the House of Delegates that reaffirms or modifies an existing policy position shall reset the sunset "clock," making the Reaffirmed policy viable for ten years from the date of its reaffirmation unless subsequent House of Delegates action amends, deletes or alters existing policy

- Recommendation: Retain

TOBACCO

- Current Policy:
  KMA supports increased fines for those who sell tobacco to minors. (*Res 2009-10, 2009 HOD, p 533)*
- Recommendation: Retain

- Current Policy:
  Sale of Tobacco: KMA reaffirms support for local municipalities and counties to adopt more stringent laws and regulations governing the sale and use of tobacco in local facilities; that smoking restrictions in state facilities used by the public in local communities be governed by the same local laws or regulations affecting other local businesses and privately owned facilities. KMA continues to support both additional state taxation on tobacco products to discourage use of tobacco products by minors and public funding of the development of agricultural alternatives to growing and processing of tobacco and tobacco products. (*Res 97-135, 1997 HOD, p 578; Reaffirmed 2007, 2009)*
- Recommendation: Retain

- Current Policy:
  Statewide Ban on Smoking: Any statewide ban on smoking that KMA supports would not preempt local initiatives. *(Res 2009-10, 2009 HOD, p 533)*
- Recommendation: Retain

- Current Policy:
  Tobacco Use Prevention and Cessation Program: KMA endorses the efforts of the Kentucky Department for Public Health to prevent and reduce the use of tobacco products in Kentucky. (*Res 2001-121, 2001 HOD, p 622; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:
  Workplace Wellness Smoking Cessation Incentives: KMA supports legislation to create an exemption to state law allowing employers to offer workplace wellness smoking cessation incentive programs. *(Res 2009-05, 2009 HOD, p 533)*
- Recommendation: Retain

UNINSURED

- Current Policy:
  High-Risk Individuals: KMA supports state operated plans that provide health insurance to high-risk individuals under private or group policies. Insurance companies which market in this state should either participate in the insuring of high-risk individuals or assist in the funding of such plans. The Insurance Commissioner should define those conditions classified as "high-risk" in consultation with appropriate medical and insurance professionals. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

Provision of Insurance for Uninsured: KMA recommends risk pools and voluntary programs to provide insurance for the uninsured indigent. Specific incentives to employers who provide group health insurance should be advocated, and enactment of tax and employment practices that encourage employers to include dependents is supported. KMA supports the Child Health Insurance Program (K-CHIP), and Medicaid expansion, provided it is appropriately funded to provide health insurance for Kentucky children. (*COSLA HOD 1999; Reaffirmed 2009)*

- Recommendation: Retain

- Current Policy:

  Treatment of Uninsured/Indigent: In accordance with ethical principles, each physician has an obligation to share in providing care to the indigent. KMA supports the establishment of free medical clinics and programs to treat the poor. Several county medical societies are operating free clinics and other indigent care programs. KMA has been recognized nationally for founding the Kentucky Physicians Care program, which was established in 1985. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain

- Current Policy:

  Universal Health Insurance Coverage: KMA affirms its support for a pluralistic approach to health care delivery systems and financing mechanisms in achieving universal health insurance coverage. We recommend a plan that provides a standard set of benefits and includes a fee-for-service option. There are a variety of approaches to Universal Coverage, including employer mandate, individual mandate, or Medical Savings Accounts. KMA strongly supports the patient's freedom and responsibility to choose his/her physician, insurance carrier, and health insurance. Nationalized or socialized health care plans, or single payer systems are not in the best interest of the patient, physician, or the nation and should be opposed. (*COSLA HOD 1999; Reaffirmed 2009)*
- Recommendation: Retain