

SUNSETTING POLICIES AND SUGGESTED RECOMMENDATIONS FOR ACTION 2021 KMA ANNUAL MEETING

2021: ALCOHOL

- Current Policy:
Enforcement of DUI Laws: KMA supports the stricter enforcement of penalties provided in current Kentucky laws concerning driving under the influence of alcohol. (*Res K, 1988 HOD, p 728; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: ANIMAL RESEARCH

- Current Policy:
Ethical Animal Research: KMA affirms its support of ethical research on animals to further the goals of providing optimal care to our patients. (*Res 2001-103, 2001 HOD, p 597; Reaffirmed 2011*)
- Recommendation: **Retain**

2021: ANTI-TRUST

- Current Policy:
Collective Negotiations: KMA explores other means that might be legally implemented at the (Kentucky) state level that would allow separate medical practices to act jointly in negotiations along the same lines of quality of care and compensation as new models of physician assessment and payment continue to evolve. (*Res 2011-24, 2011 HOD, p 415*)
- Recommendation: **Retain**

2021: ATHLETICS

- Current Policy:
Use of Creatine (Monohydrate): KMA opposes the use of performance enhancing drugs. (*Res 2000-108, 2000 HOD, p 607; Reaffirmed 2010*)
- Recommendation: **Retain**

2021: AUDIOLOGY

- Current Policy:
Scope of Practice: KMA strongly opposes any legislation that would expand the scope of practice of audiologists or other non-physician providers to independently diagnose, treat, or manage hearing or balance disorders. (*Res 2011-19, 2011 HOD, p 413*)
- Recommendation: **Retain**

2021: CHILD HEALTH - A

- Current Policy:
Health Education and Physical Fitness Testing: KMA supports uniform health education and physical fitness proficiency testing in all schools. (*Res Q, 1991 HOD, p 682; amended and Reaffirmed, Special Report on Policy Sunset, 2001 HOD, p 578; Reaffirmed 2011*)
- Recommendation: **Retain**

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2021: CHILD HEALTH - B

- Current Policy:
Sex Education: KMA supports sex education in schools beginning in grades 5-7. (*Report of the Committee on Maternal and Child Health, 1986 HOD, p 769; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: CONTINUING MEDICAL EDUCATION (CME)

- Current Policy:
Systematic Participation: KMA reaffirms its deep commitment to its educational responsibility on behalf of the profession, and encourages all hospitals in Kentucky to expand their implicit educational partnership with physicians by actively supporting and participating in the process of accredited CME activities. (*Res C, 1990 HOD, p 713; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: CONTRACTS – MANAGED CARE - A

- Current Policy:
Termination of Contracts: Physicians should have the option of terminating contracts with third-party payers immediately if such payers unilaterally amend their contracts in a manner unacceptable to the contracting physicians. In such a case, to ensure continuity of care for the patient, the third-party payer should continue to fulfill its obligations under the original terms of the agreement until the patient has sufficient time to engage the services of a new physician. (*Report of the Committee on Managed Care, Recommendation 3, as amended by Ref Com C, 2001 HOD, p 612; Reaffirmed 2011*)
- Recommendation: **Retain**

2021: CONTRACTS – MANAGED CARE - B

- Current Policy:
Termination of Contracts: Should the contracting physician find the proposed contract changes unacceptable he/she will have the option of terminating the contract before the changes take effect. (*Res 2001-128, 2001 HOD, p 614; Reaffirmed 2011*)
- Recommendation: **Retain**

2021: CONTRACTS – MANAGED CARE - C

- Current Policy:
Third-Party Payers: KMA will seek to require all third-party payers to make their fee schedules available to physicians at the time a contract is presented to a physician for consideration or when changes are proposed to the fee schedules. (*Report of the Committee on Managed Care, Recommendation 1, 2001 HOD, p 612; Reaffirmed 2011*)
- Recommendation: **Retain**

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2021: CONTRACTS – MANAGED CARE - D

- Current Policy:
Third-Party Payers: Third-party payers must notify contracting physicians prior to any contract changes. (*Res 2001-128, 2001 HOD, p 614; Reaffirmed 2011*)
- Recommendation: **Retain**

2021: CREDENTIALING

- Current Policy:
Physician Credentialing: KMA strongly opposes political interference in the physician credentialing process. (*Res AA, 1989 HOD, p 727; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: DEATH - A

- Current Policy:
Brain Death: A physician in the exercise of his professional judgment may declare an individual dead in accordance with accepted medical standards. Such declaration may be based solely on an irreversible cessation of brain function including the function of the brain stem. (*Res I, 1979 HOD, p 723; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: DEATH - B

- Current Policy:
Definition of Death: Legislative and judicial intrusion into circumstances surrounding the possible death of critically or terminally ill patients should be kept at an absolute minimum, and decisions concerning the care of such patients should be left to the patient and his doctor and the patient's relatives in accordance with time-honored customs. The patient's wishes in these matters should be of utmost importance and should be respected whenever possible. This policy of the KMA concerning death and dying is totally opposed to any form of "active euthanasia." KMA endorses the use of criteria of the AMA's position on death to assist physicians in their determination of death. Death shall be determined by the clinical judgment of the physician using the necessary available and currently accepted criteria. (*Res G, 1976 HOD; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: DEATH - C

- Current Policy:
Electronic Death Registration System: KMA supports the implementation of the Kentucky Electronic Death Registration System and encourages participation by the medical community. (*Res 2010-02, 2010 HOD, p 422*)
- Recommendation: **Retain**

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2021: DEATH - D

- Current Policy:

Physician Certification of Cause of Natural Death: When the coroner determines that death was due to natural causes, the cause should be determined by a physician after appropriate investigation. This physician should be the pathologist if an autopsy was performed. Otherwise, the physician should be one familiar with the patient's condition. If no such physician is available, the coroner's office should utilize the services of one employed to evaluate those cases not under the care of any physician. KMA should work for changes in Kentucky law to require physician certification on the cause of natural deaths. (*Res P, 1998 HOD, p 729; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: DEATH - E

- Current Policy:

Timely Signing of Death Certificates: KMA encourages physicians to establish procedures to assure death certificates are signed and returned within five business days of receipt. (*Res 2001-101, 2001 HOD, p 591; Reaffirmed 2011*)

- Recommendation: **Retain**

2021: DRUG ABUSE - A

- Current Policy:

KASPER: KMA strongly supports the intent and efforts of the Kentucky All Schedule Prescription Electronic Program (KASPER) and supports expansion of KASPER with the necessary financial and human resources to accomplish mandatory and timely reporting by all dispensing agents, and the capability by physicians to retrieve data quickly based on a unique identifier such as the medical license number. (*Res 2001-115, 2001 HOD, p 608; Reaffirmed 2011*)

- Recommendation: **Retain**

2021: DRUG ABUSE - B

- Current Policy:

Prescription Monitoring System: KMA supports the adoption of a regional and/or nationwide shared prescription monitoring system that provides for state-level control. (*Res 2010-04, 2010 HOD, p 419*)

- Recommendation: **Retain**

2021: DRUG ABUSE - C

- Current Policy:

Treatment and Education of Patients: KMA encourages its members to participate in the treatment of patients addicted to illegal drugs and in the education of their patients as to the harmful nature of these drugs. (*Res S, 1989 HOD, p 690; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

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2021: DRUGS - A

- Current Policy:
Drug Formulary: KMA opposes the provision of drugs under (Title XIX) by generic prescription. KMA will inform the Governor and the State Department of Health that usual and customary fees should be the foundation upon which payments to physicians should be made. (*Technical Advisory Comm on Indigent Medical Care, 1967 HOD; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: DRUGS - B

- Current Policy:
Pseudoephedrine by Prescription: KMA supports legislative efforts that would require pseudoephedrine by prescription in the Commonwealth. (*Res 2010-17, 2010 HOD, p 420*)
- Recommendation: **Retain**

2021: FRAUD AND ABUSE

- Current Policy:
Legal Process for Alleged Fraud: It is the policy of KMA that no duly authorized law enforcement or legal agency conduct any unannounced search of physicians' offices or seizure of records without observance of legal due process procedures. Should unannounced search and seizure procedures be warranted in emergency situations based on clear and immediate threats to lives or physical well-being of patients or the general public, such searches/seizures be conducted within the following parameters:
 - The search and/or seizure shall be conducted in a non-threatening and thoroughly professional manner
 - The search and/or seizure shall not disrupt patient care
 - The search and/or seizure shall be conducted in a manner to avoid publicity injurious to a physician's practice and professional reputation until all facts are known and culpability, if any, can be proven. (*Res 2001-130, 2001 HOD, p 615; Reaffirmed 2011*)
- Recommendation: **Retain**

2021: HEALTH DEPARTMENTS/BOARDS OF HEALTH

- Current Policy:
Physician Representation on Boards of Health: KMA urges that the current membership of local boards of health with regard to physician membership not be changed. (*Res O, 1977 HOD; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: HEALTH INSURANCE - A

- Current Policy:
Bundling: KMA opposes the inappropriate bundling practices of insurance carriers doing business in Kentucky. (*Res 127, 2001 HOD, p 613; Reaffirmed 2011*)
- Recommendation: **Retain**

2020-21 KMA Sunsetting Policies

2021: HEALTH INSURANCE - B

- Current Policy:

Health Insurance Exchange: KMA House of Delegates confirms the policy on health insurance exchanges established by the KMA Executive Committee that:

- The Commonwealth should operate a state-based exchange.
- The exchange should function as an easily understood portal of information for consumers, health care providers, employers, insurers, and others.
- It should be transparent and provide a comparison tool for consumers to determine their insurance options.
- The exchange's oversight body should include physicians.
- Kentucky's patient protection and provider fairness laws should apply to plans in the exchange.
- Insurance plans operating in the exchange should be subject to fair premium rate standards.
- The long-term economic sustainability should be carefully considered and operational expenses should be kept to a minimum.
- Considering the current financial strain on physicians' offices to continue providing care to patients, physicians should not be asked to help fund a state-based exchange.

The exchange should consider regional differences in the provision of health care. (*Res 2011-02, 2011 HOD, p 412*)

- Recommendation: **Retain**

2021: HEALTH INSURANCE - C

- Current Policy:

Health Insurer Code of Conduct: KMA urges Kentucky health insurers to commit to abide by the Principles contained in the AMA Health Insurer Code of Conduct. (*Res 2010-12, 2010 HOD, p 421*)

- Recommendation: **Retain**

2021: HEALTH INSURANCE - D

- Current Policy:

National Health Insurance: KMA opposes any form of compulsory national health insurance. (*Final Reports of BOT & AMA Delegates, 1969 HOD; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: HEALTH INSURANCE - E

- Current Policy:

Reimbursement: KMA supports a requirement that reimbursement to participating hospitals, laboratories, and ancillary service providers should be the same whether or not the ordering physician participates in the patient's plan. (*Res 118, 2000 HOD, p 603; Reaffirmed 2010*)

- Recommendation: **Retain**

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2021: HUMAN IMMUNODEFICIENCY VIRUS (HIV)

- Current Policy:
HIV Testing of Pregnant Women: KMA supports universal HIV testing of all prenatal patients. (*Res. 96-113, 1996 HOD, p 597; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: IMMUNIZATIONS

- Current Policy:
Immunization Registry: KMA encourages participation in the Immunization Registry by the medical community. (*Res 2010-03, 2010 HOD, p 422*)
- Recommendation: **Retain**

2021: LIABILITY INSURANCE

- Current Policy:
Extended Premium Payments: KMA encourages professional liability insurers to make more widely available extended premium payment options, including level monthly premium payments for all Kentucky physicians' professional liability insurance. (*Res 2010-11, 2010 HOD, p 421*)
- Recommendation: **Retain**

2021: LIABILITY REFORM POLICY - A

- Current Policy:
Clear and Convincing Evidence: KMA supports the application of a clear and convincing evidence standard to medical liability cases to help stabilize medical liability insurance premiums. (*Res 2011-07, 2011 HOD, p 414*)
- Recommendation: **Retain**

2021: LIABILITY REFORM POLICY - B

- Current Policy:
Liability Protection for Volunteer Physicians: KMA supports legislation providing liability protection for physicians who provide uncompensated voluntary health care. (*Res 2010-15, 2010 HOD, p 421*)
- Recommendation: **Retain**

2021: LIABILITY REFORM POLICY - C

- Current Policy:
Limited License and Liability Protection: KMA supports legislation in the Kentucky General Assembly that provides for limited licensure and civil immunity for retired physician providing uncompensated care for low-income or indigent individuals through public or nonprofit institutions. (*Res 2010-11, 2010 HOD, p 421*)
- Recommendation: **Retain**

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2021: MEDICAID - A

- Current Policy:

Reimbursement and Funding: Reimbursement methods should not discriminate against any class or specialty of physicians. KMA urges the Cabinet for Health Services to examine the Medicaid reimbursement policy, and this policy should reflect reimbursement levels proportionate to charges and level of skill and training, regardless of physician location or specialty. (*Res V, 1990 HOD, p 742; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: MEDICAID - B

- Current Policy:

Reimbursement and Funding: KMA will pursue all reasonable channels to promote adequate financing of the Medicaid Program for the provision of vital primary medical services. KMA will pursue all reasonable channels to preserve and promote full funding for primary medical services prior to expansion through new or nonmedical services. (*Res L, 1983 HOD, p 992; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: MEDICAL STAFF - A

- Current Policy:

Hospital Patient Care Activities: Recommend to hospital medical staffs that a mechanism be developed whereby the hospital provides timely notice to the medical staff when business ventures, contracts, letters of intent, and all other legal tying arrangements that affect patient care are considered, including additional new services or elimination of existing services; and further recommend that all ventures and legal tying arrangements that affect patient care and the medical staff's inherent responsibility for the adequacy and quality of medical care be reviewed through these mechanisms for comment and recommendation before rejection or implementation by the hospital. (*Res B, 1986 HOD; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: MEDICAL STAFF - B

- Current Policy:

Legal Representation: KMA encourages organized self-governing medical staffs to make arrangements for separate legal representation. (*Res Z, 1983 HOD, p 959; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: MEDICAL STAFF - C

- Current Policy:

Medical Staff Representation on the Hospital Governing Board: KMA supports the JCAHO standards requiring the hospital governing body to accept medical staff representation on all governing bodies. (*Res X, 1983 HOD, p 958; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

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2021: MEDICAL STAFF - D

- Current Policy:

Medical Staff Self Governance: KMA adopted the following statement regarding medical staff governance:

1. The medical staff bylaws, rules and regulations shall be initiated and adopted by the medical staff and shall establish a framework of self-government
2. The medical staff shall govern itself by these bylaws, rules and regulations which shall:
 - a. Be approved by the governing body whose approval shall not be unreasonably withheld
 - b. Be reviewed and revised as necessary to reflect current medical staff practices
 - c. Define the Executive Committee of the medical staff whose members are selected in accordance with criteria and standards established by the medical staff
3. The medical staff shall have authority to approve or disapprove all amendments to medical staff bylaws, rules and regulations.

KMA endorses the position of the AMA with respect to the responsibilities and functions of the hospital, its governing board, and the medical staff, that:

1. The hospital has corporate responsibility for maintaining the necessary facilities, a safe environment, and a mechanism for the prudent selection of those who treat patients within the institution
2. The governing board is responsible for the operation and management of the hospital and fulfilling its corporate responsibilities
3. The organized medical staff and its members have a contractual obligation entered into with the hospital, to carry out their professional medical responsibilities through:
 - a. The efficient operation of medical staff committees
 - b. The objective selection of professionally qualified members of the organized medical staff and disciplinary functions relative to their competent performance
 - c. Functioning as a self-governing body in promoting quality patient care within the hospital
4. Members of the organized medical staff may likewise deal collectively, as an entity, with the hospital and its governing board with respect to professional matters involving their own interests, as distinguished from the functions the organized medical staff performs on behalf of the hospital. (*Res O, 1984 HOD, p 710; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: MEDICAL WASTE

- Current Policy:

Disposal of Medical Waste: KMA condemns the disposal of hazardous medical waste in any fashion which might be harmful or dangerous to humans, animals, or the environment. (*Res V, 1988 HOD, p 753; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

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2021: MENTAL ILLNESS

- Current Policy:

Physician Reimbursement: KMA adopted the policy that physicians treating depression and depression-related symptoms should be compensated by health insurance plans without regard to the physician's specialty. (*Res 120, 2000 HOD, p 603; Reaffirmed 2010*)
- Recommendation: **Retain**

2021: NURSING - A

- Current Policy:

Advanced Registered Nurse Practitioners (ARNP): KMA encourages physicians who are contemplating or who have entered into a written collaborative agreement with an ARNP familiarize themselves with the content of the Kentucky Board of Medical Licensure's advisory opinion regarding Acceptable and Prevailing Medical Practice for Physicians Involved in Collaborative Agreements with ARNPs. (*Res 2010-20, 2010 HOD, p 420*)
- Recommendation: **Retain**

2021: NURSING - B

- Current Policy:

Advanced Registered Nurse Practitioners (ARNP): KMA supports the maintenance of the collaborative agreement requirement between nurse practitioners and supervising physicians. (*Res 2011-20, 2011 HOD, p 413*)
- Recommendation: **Retain**

2021: NURSING - C

- Current Policy:

Nurse Workforce: KMA reemphasizes its support for the necessary improved conditions to attract and maintain an adequate supply of nurses to assure the continued availability of quality medical care. KMA continues to emphasize the importance of good professional relationships between physicians and nurses. (*Res W, 1988 HOD, p 742; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: NURSING - D

- Current Policy:

Scope of Practice: KMA continues to study the role of physicians in their relationship to mid-level practitioners, with particular regard to oncoming changes of payment systems that may shift the organization of health care delivery in the future. (*Res 2010-20, 2010 HOD, p 420*)
- Recommendation: **Retain**

2021: NURSING - E

- Current Policy:

Scope of Practice: KMA endorses existing AMA policies H-160.947 and H-160.950 that present guidelines for the integrated practice of physicians with nurse practitioners and physician assistants and support legislation consistent with these guidelines. (*Res 2011-20, 2011 HOD, p 413*)

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- Recommendation: **Retain**

2021: OPTOMETRY

- Current Policy:

Optometric Surgery Law: KMA will pursue all necessary legal and legislative options to repeal Kentucky's optometric surgery law. (*Res 2011-01, 2011 HOD, p 412*)

- Recommendation: **Retain**

2021: PHYSICIAN ASSISTANTS - A

- Current Policy:

Guidelines: KMA reconfirms its support for the concept of Physicians Assistants with the following guidelines:

4. Jurisdiction over PAs should be maintained by the Board of Medical Licensure;
5. That the physician's supervision be required in a reasonable manner at the time of service provided and in a manner acceptable to the Board of Medical Licensure;
6. The PAs must document their services in acute care and/or long-term care facilities, and any orders written must be countersigned by the responsible physician. (*Res P, 1979 HOD, p 695; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: PHYSICIAN ASSISTANTS - B

- Current Policy:

Principles and Policy for Physician Assistant Scope of Practice:

1. Supervising physicians may delegate to a physician assistant medical services or procedures that are:
 - a. Within the scope of training received in an accredited educational program for physician assistants, or within the scope of such additional training and experience as gained in practice under a supervising physician, and
 - b. Within the supervising physician's scope of practice, and
 - c. Part of a utilization plan approved by the Board of Medical Licensure.
2. Supervising physicians may delegate additional medical services or procedures to physician assistants that are outside their initial scope of training if:
 - a. The additional medical services or procedures delegated are within the supervising physician's scope, and
 - b. The physician assistant's capability to perform the additional medical service or procedure is competently gained through extensive training and experience in practice, and
 - c. The additional medical service or procedure is part of a supplemental utilization plan approved by the Kentucky Board of Medical Licensure. The KBML may consider training received from a supervising physician and experience acquired during supervised practice as equivalent to formal education and instructional courses, or may require the supervising physician to certify that the physician assistant has completed a formal course or courses of education and instruction that pertain to the additional medical service or procedure.
3. Medical services or procedures may require varying levels of supervision. The different levels of supervision are defined as follows:

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- a. Direct Supervision – The highest level of supervision is “direct supervision.” This means the supervising physician is actually in sight of the physician assistant when the physician assistant is performing the function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician is physically present in the same room, so that the supervising physician may immediately provide direction or assume the performance of the task if difficulties arise. This does not require that the physician is watching “over the shoulder” of the physician assistant as would be required during the training period to ensure that the physician assistant is competent to perform the task. The term “immediate presence” means that direct supervision is being provided.
 - b. On-site Supervision – The next level of supervision is “on-site supervision.” On-site supervision requires the physical presence of the supervising physician in the same location (i.e., the physician’s office suite) as the physician assistant, but does not require the physical presence in the same room.
 - c. Off-site Supervision – The remaining level of supervision is “off-site supervision.” When providing off-site supervision, the supervising physician must be continuously available for direct communication with the physician assistant and must be in a location that, under normal conditions, is not more than sixty minutes travel time from the physician assistant’s location.
4. The physician is responsible for the supervision of the physician assistant in all settings.
 5. The physician is responsible for managing the health care of patients in all settings.
 6. The relationship of the supervising physician and physician assistant must involve frequent consultations and frequent review of practice patterns. The relationships must always be complementary to the supervising physician’s overall care of the patient and must never be independent or in place of the supervising physician.
 7. The supervising physician must be available for consultation with physician assistant at all times, either in person or through electronic communications, and must be in a location that, under normal conditions, is not more than sixty minutes travel time from the physician assistant’s location.
 8. The extent of the involvement by the physician assistant in the assessment and implementation of treatment will depend on the complexity and activity of the patient’s condition and the training, experience, and preparation of the physician assistant, as determined by the supervising physician.
 9. Patients should be made clearly aware at all times whether they are being cared for by a physician or a physician assistant.
 10. A physician assistant scope of practice should not be of a type that cannot be performed safely and effectively.
 11. 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. (*Report of the Ad Hoc Committee on Physician Assistant Scope of Practice, 2001 HOD, p 605 607; Reaffirmed 2011*)
- Recommendation: **Retain**

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2021: PHYSICIAN, TITLE OF

- Current Policy:
Legislation: KMA seeks legislation that limits the use of the title “Physician” to individuals who have completed the requirements for an MD or DO degree. (*Res 2011-17, 2011 HOD, p 417*)
- Recommendation: **Retain**

2021: PREGNANCY

- Current Policy:
Breastfeeding: KMA fully supports breastfeeding and its promotion in the state of Kentucky. (*Res Z, 1990 HOD, p 741; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: PREGNANCY, TERMINATION OF - A

- Current Policy:

After the stage of viability, termination of pregnancy must be limited to those situations in which the life of the mother is jeopardized or a proven fatal anomaly exists;

Abortion on demand be discouraged at any time;

Any live infant must be accorded the same rights and the same care that would be given to an infant delivered by more traditional means;

The practice of using fetuses as experimental material is condemned;

No hospital, clinic, institution, or any other facility in this state should be required to admit any patient for the purpose of performing an abortion, nor required to allow the performance of an abortion;

No person should be required to perform or participate directly or indirectly in an abortion procedure. No hospital, governing board, or any other person, firm, association, or group should terminate the employment or alter the position of, prevent or impair the practice or occupation of, or impose any other sanction or otherwise discriminate against any person who refuses to participate in an abortion procedure; and

We recommend that the Bureau of Vital Statistics, Department of Health, establish an abortion reporting form, which shall be used for the reporting of every abortion performed or prescribed in this state. Such forms shall include the following items in addition to such other information as may be necessary to complete the form:

 1. The age of the pregnant woman;
 2. The marital status of the pregnant woman;
 3. The location of the facility where the abortion was performed or prescribed;
 4. The type of procedure performed or prescribed;
 5. Complication, if any;
 6. The pregnant woman’s obstetrical history regarding previous pregnancies, abortion, and live births;
 7. The stated reason or reasons for which the abortion was requested;

The state and county of the pregnant woman’s legal residence. (*Ref Comm Sub Res, 1973 HOD, p 882; Reaffirmed 2000, 2010*)

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- Recommendation: **Retain**

2021: PREGNANCY, TERMINATION OF - B

- Current Policy:

KMA Recommendations on Guidelines for Facilities: Criteria laid down by the Board of Certificate of Need and Licensure, or any other agency determining where abortions may be performed on an out-patient basis, must meet the following standards:

1. A permanent record must be kept for each patient.
2. It should include a preoperative history and physical examination which is particularly directed to the identification of preexisting or concurrent illnesses or drug sensitivities that may have a bearing on operative procedures or anesthesia.
3. A hematocrit and/or hemoglobin and Rh typing should be done on all patients and any other further laboratory work that would be indicated by the patient's medical history.
4. In the case of an unmarried pregnant minor seeking an abortion, the same rules should be applied in requiring the consent to the abortion of the person legally responsible for the minor as are followed in obtaining such consent for any medical operation.
5. Analgesia and anesthesia should accompany the procedure in accordance with generally established good medical practice.
6. There should be means to resuscitate and treat the unconscious patient and the patient with cardiovascular collapse.
7. It shall be the responsibility of the licensed physician performing an abortion to provide pre- and post-operative care in a traditional and continuing manner. This physician should operate under a transfer agreement ensuring that any patient in whom complications develop will be accepted by a licensed hospital on an around-the-clock basis for emergency care.
8. Abortions should be done by standard and approved methods and recorded in the patient's record. Histologic examination of the tissues is necessary.
9. The presence of pregnancy should be confirmed by an appropriate and recognized test for gonadotropin by either immuno-assay methods. The pregnancy must also be confirmed by examination by a licensed physician.
10. Pre- and post-abortion counseling should be a part of the services offered. Counseling should include alternatives to abortion, possible psychological evaluation, and contraceptive and sterilization information.
11. Each facility must offer (but not require) tests for cervical carcinoma and venereal disease to each patient.
12. All Rh-negative patients should be given Rh immune globulin following the surgical procedure in order to prevent Rh sensitization.
13. No hospital, physician, or employee should be compelled to participate in abortion.
14. For the sake of clarity, the following definitions were agreed upon by the committee:
 - a. Abortion – Termination of pregnancy prior to the 20th week, or before viability
 - b. Viability is the ability of the fetus to sustain life outside the uterus with usual measures after the 20th week of pregnancy.
 - c. First trimester begins with the first day of the last menstrual period and ends 12 weeks later.

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- d. Second trimester begins at the 13th week after the onset of the last menstrual period and goes through the 24th week.
- e. Third trimester is from the 25th week until delivery. (*Report of the Ad Hoc Comm on Abortion Guidelines, Addendum to the Report of the Chairman, Board of Trustees, 1973 HOD, p 879; Reaffirmed 2000, 2010*)

- Recommendation: **Retain**

2021: SAFETY ISSUES

- Current Policy:

Helmets: KMA reaffirm its support for enactment of legislation requiring individuals to wear helmets while riding bicycles. (*Res 2000-114, 2000 HOD, p 599; Reaffirmed 2010*)

- Recommendation: **Retain**

2021: TOBACCO - A

- Current Policy:

Access to Tobacco by Children: KMA is to use every means at its disposal to support legislation that would contain the following elements:

- A. Opposition to the use of billboards or other mediums which advertise tobacco products visible from school property (K-12);
- B. Tobacco vending machine usage be restricted to persons over 18 years of age;
- C. In those areas where free smoking cessation clinics are unavailable, local health departments make available free smoking cessation clinics to children under the age of 18; and
- D. No person, except adult employees of the school system who smoke in a designated room for that purpose, shall smoke on school property during school hours; outside sporting events are excluded. (*Res E as amended, 1991 HOD, p 652; Reaffirmed, Special Report on Policy Sunset, 2001 HOD, p 578; Reaffirmed 2011*)

- Recommendation: **Retain**

2021: TOBACCO - B

- Current Policy:

Access to Tobacco by Children: KMA supports the 100% Tobacco-Free School Campaign calling for all school districts to prohibit tobacco use by staff, students, and visitors 24 hours a day, seven days a week, inside school board-owned buildings or vehicles, on school-owned property, and during school-sponsored student trips and activities. (*Res 2010-06, 2010 HOD, p 422*)

- Recommendation: **Retain**

2021: TOBACCO - C

- Current Policy:

Secondhand Smoke: KMA works with others to increase awareness of the dangers of radon and secondhand smoke as a health risk to Kentuckians. (*Res 2010-05, 2010 HOD, p 422*)

- Recommendation: **Retain**

2020-21 KMA Sunsetting Policies

2021: VISION SCREENING

- Current Policy:
Vision Retesting: KMA supports periodic retesting of vision, preferably at the time of each quadrennial driver's license renewal, and will carefully consider any legislation regarding the requirement for such retesting and take action as appropriate. (*Res B, 1983 HOD, p 964; Reaffirmed 2000, 2010*)
- Recommendation: **Retain**

2021: WARDS OF STATE

- Current Policy:
Medical Decisions: KMA supports changes in the state guardianship medical care approval procedures in order to ensure that urgent medical decisions can be made on a timely basis for wards of the state. (*Res 2010-19, 2010 HOD, p 422*)
- Recommendation: **Retain**

2021: WORKFORCE, PHYSICIAN - A

- Current Policy:
Encouraging a Career in Medicine: KMA supports the development of new programs and/or the use of existing programs to encourage young people, especially those from underserved areas, to consider medicine as an attainable career option. (*Res 2010-01, 2010 HOD, p 419*)
- Recommendation: **Retain**

2021: WORKFORCE, PHYSICIAN - B

- Current Policy:
Funding for Medical Education and Trauma Care: KMA opposes funding cuts to medical school physician residency education programs and trauma centers and works to ensure adequate ongoing state funding for medical school education programs and trauma centers in order to meet future medical care needs. (*Res 2010-08, 2010 HOD, p 419*)
- Recommendation: **Retain**

2021: WORKFORCE, PHYSICIAN - C

- Current Policy:
Medical Education Debt Repayment: KMA supports the principle of medical education debt loan repayment as useful in physician recruitment to medically underserved areas. (*Res 2011-10, 2011 HOD, p 414*)
- Recommendation: **Retain**