

RESOLUTION

Subject: Encourage the Use of Peer-Reviewed Research and Evidence-Based Practices as the Foundation of Health Care Policy

Submitted by: Juliana Cobb, MS, Danielle Graves, Katelyn Rice, and Shruti Wadhwa (University of Louisville School of Medicine)

Referred to: Reference Committee

WHEREAS, prior KMA resolutions called for a reduction in “the burden of government and third-party regulation on medical practice and health insurance” to minimize intrusion into the physician-patient relationship, decrease costs and delays in the treatment of patients, and that “only physicians may determine medical necessity”¹; and

WHEREAS, where legislation regarding medical practice is not based on peer-reviewed evidence, it hinders the ability of physicians to “uphold professional autonomy and clinical independence and advocate for the freedom to exercise professional judgment in the care and treatment of patients without undue influence by individuals, governments or third parties” as outlined by the AMA Medical Code of Ethics²; and

WHEREAS, legislation has been passed in many states including Florida, Colorado, Pennsylvania, and New York that hinder physician ability to provide high quality care to patients³; and

WHEREAS, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Surgeons have agreed that legislative interference in medicine weakens the patient-physician relationship and undermines patient autonomy⁴; now, therefore, be it

RESOLVED, that KMA encourages that (1) laws imposed on health care practice, institutions, and providers be evidence-based with significant efficacy and value, as demonstrated by best available evidence; and that (2) appropriate citations(s) from the peer-reviewed scientific literature be appended to the drafts of policy regarding healthcare.

References:

- ¹ Kentucky Medical Association House of Delegates. *KMA Policy Manual*. 2019; 31-32.
- ² American Medical Association. *AMA Code of Ethics*; 2016. 6.
- ³ Cairney P, Oliver K. Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? *Health Research Policy and Systems*. 2017;15(1). doi:10.1186/s12961-017-0192-x
- ⁴ Weinberger SE, Lawrence HC, Henley DE, Alden ER, Hoyt DB. Legislative interference with the patient–physician relationship. *New England Journal of Medicine*. 2012;367(16):1557-1559. doi:10.1056/nejmsb1209858
- ⁵ Crowley DM, Scott JT, Long EC, et al. Lawmakers' use of scientific evidence can be improved. *Proceedings of the National Academy of Sciences*. 2021;118(9). doi:10.1073/pnas.2012955118

RELEVANT AMA AND AMA-MSS POLICY

Regulatory Standards Should be Evidence-Based H-220.930

Our AMA will work through its representatives on the Joint Commission and with other deeming authorities and the Centers for Medicare & Medicaid Services to: (1) ensure that clinical standards imposed on health care institutions and providers be evidence-based with significant efficacy and value, as demonstrated by best available evidence; and (2) require that appropriate citations(s) from the peer reviewed scientific literature be appended to the documentation for every clinical standard imposed on health care institutions and providers.