

# SUNSETTING POLICIES AND SUGGESTED RECOMMENDATIONS FOR ACTION 2022 KMA ANNUAL MEETING

## 2022: ANTI-TRUST

- Current Policy:

**Relief:** If physicians are to be successful advocates for patients to ensure high quality and affordable insurance, Congress, the Department of Justice, and the Federal Trade Commission must enact federal legislation and appropriate regulations to permit physicians to negotiate with health insurance plans without fear of anti-trust implications. Anti-trust relief should be designed to facilitate physician negotiation with managed care plans and require managed care plans to allow participating physicians to organize for the purpose of commenting on the medical review criteria. That review should include the development of information and networks of consultants necessary to assist physicians in their interaction with managed care plans. (*COSLA Report HOD 1999, p 628; Reaffirmed 2002, 2012*)
- Recommendation: **Retain**

## 2022: ATHLETICS - A

- Current Policy:

**Health & Safety Guidelines:** Kentucky Medical Association communicates to the Kentucky Department of Education its support for extending the Kentucky High School Athletic Association health and safety guidelines to all school-aged athletes. (*Res 2012-12, 2012 HOD, p 521*)
- Recommendation: **Retain**

## 2022: ATHLETICS - B

- Current Policy:

**Sports Physicals:** KMA urges that a preparticipation history and physical examination be completed on every Kentucky student involved in organized sports, and that this evaluation should include a thorough family history to inquire regarding cardiomyopathy and life-threatening arrhythmias. (*Res 2012-12, 2012 HOD, p 521*)
- Recommendation: **Retain**

## 2022: DRUG ABUSE - A

- Current Policy:

**KASPER, Enhancement of:** KMA continues to strongly advocate for improvements in the Kentucky All Schedule Prescription Electronic Reporting system (KASPER) including the incorporation of real-time and multi-state prescription data. (*Res 2012-03, 2012 HOD, p 523*)
- Recommendation: **Retain**

## 2022: DRUG ABUSE - B

- Current Policy:

**Prescription Drug Abuse Law (House Bill 1):** KMA seeks amendment of HB 1 so that the law will reflect appropriate consideration of the exigencies of various practice settings, medical procedures, and patients and achieve the proper balance between patient needs and the interest of the state to address the prescription drug abuse issue. (*Res 2012-01, 2012 HOD, p 523*)

## 2021-22 KMA Sunsetting Policies

KMA reaffirms its understanding that there is a significant prescription drug abuse problem in Kentucky and reaffirm its commitment to work with any other interested party to combat prescription drug abuse, also understanding that the undertreatment of pain is a serious public health problem that may be attributed to a myriad of social, economic, political, legal, and educational factors, including inconsistencies and restrictions in state pain policies.

KMA acknowledges that by borrowing flexible language from The Federation of State Medical Boards' The Model Policy for the Use of Controlled Substances for the Treatment of Pain, designed to allow for physicians' clinical judgment, and then rewriting this language as unequivocal regulations bearing the weight of law, and further by necessitating the Kentucky Board of Medical Licensure's promulgation of numerous emergency regulations with inflexible standards, HB 1 is inconsistent with The Model Policy.

KMA acknowledges that HB 1 burdens patients, physicians and physician-owned facilities; inconsistently exempts optometrists and dentists; and most importantly, sets inflexible legal standards that are impossible to always meet.

KMA will offer support and encouragement to the state medical societies of Kentucky's border states in drafting consistent and collaborative policies in order to effectively combat drug abuse while maintaining and promoting the quality of, and access to, appropriate pain management, psychiatric care, and substance abuse treatment. (Res 2012-04, 2012 HOD, p 523)

- Recommendation: **Retain**

### 2022: DRUG ABUSE - C

- Current Policy:  
**Physician Efforts:** KMA endorses the continued efforts of Kentucky physicians to reduce prescription drug abuse. (Res 2012-13, 2012 HOD, p 524)
- Recommendation: **Retain**

### 2022: DRUG ABUSE - D

- Current Policy:  
**Treatment & Education of Patients:** KMA reaffirms its support and actively seek adequate reimbursement for psychiatric therapies for narcotic and polysubstance addiction, including office-based opioid treatment. (Res 2012-23, 2012 HOD, p 523)
- Recommendation: **Retain**

### 2022: DRUGS - A

- Current Policy:  
**Generic Drugs:** Third-party payers should provide accurate information regarding the effectiveness, costs, and benefits, if any, of using generic brand drugs. (Res 2002-121, 2002 HOD, p 620; Reaffirmed 2012)
- Recommendation: **Retain**

## 2021-22 KMA Sunsetting Policies

### 2022: DRUGS - B

- Current Policy:

**Prescription Drugs:** When a drug is approved by the FDA, as well as other federal and state regulatory bodies, and the drug is properly prescribed by a licensed physician for treatment for a medical condition, additional restrictions on physicians' ability to properly prescribe such medication should not be imposed by judicial decisions. (*Res 2002-119, 2002 HOD, p 598, Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: DRUGS - C

- Current Policy:

**Prescription Opioid Anti-Tampering Legislation:** KMA work with Congressman Hal Rogers (KY-5) and other national and state legislative leaders to consider national and state legislation that prohibits dispensing non-tamper-resistant sustained release opioid preparations in Kentucky, and potentially other scheduled drugs when cost-effective, tamper-resistant formulations are available. (*Res 2012-05, 2012 HOD, p 524*)

- Recommendation: **Retain**

### 2022: DRUGS - D

- Current Policy:

**Promotion of Alternate Medications:** KMA opposes pharmaceutical industry financed communication by pharmacists recommending to patients alternate medications to health care provider prescribed medications. (*Res 2002-111, 2002 HOD, p 597; Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: EMPLOYED PHYSICIANS

- Current Policy:

**Employed Physician's Ability to Refer Patients:** KMA reaffirms that all physicians should be free to refer patients to physicians and facilities they believe will best serve their patients without enticement or penalty from any employing or contracting hospital system or other corporation.

KMA opposes efforts to close medical staffs in ways that restrict open referral at the discretion of the requesting physician. (*Res 2012-07, 2012 HOD, p 521*)

- Recommendation: **Retain**

### 2022: HEALTH CARE FUNDING - A

- Current Policy:

**Funding of Health Care in Kentucky:** KMA will work strenuously in concert with other interested parties to achieve a funding plan for health care that is broad-based among Kentucky citizens and involves contribution from multiple segments of society according to their ability to pay; and KMA opposes any kind of funding plan that singles out physicians as a discrete element within society and places upon physicians a unique and

## 2021-22 KMA Sunsetting Policies

disproportionate responsibility for the funding of health care for the citizens of Kentucky. (*Res A, 1992 HOD, p 641; Reaffirmed, Special Report on Policy Sunset, 2002 HOD, p 576; Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: HEALTH CARE FUNDING - B

- Current Policy:

**Health Insurance Exchange:** KMA advocates that Kentucky's Health Benefits Exchange offer all interested persons in the Commonwealth the opportunity to enroll in a health care savings account. (*Res 2012-17, 2012 HOD, p 522*)

- Recommendation: **Retain**

### 2022: HEALTH CARE FUNDING - C

- Current Policy:

**Payment for Screening:** Third-party payers should reimburse physicians for tests and office visits for ruling out disease processes. (*Res 2002-109, 2002 HOD, p 597; Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: IMMUNIZATIONS

- Current Policy:

**HPV Vaccination:** KMA seeks a regulation or legislation by the General Assembly of the Commonwealth of Kentucky to add the HPV vaccination for males and females (according to the recommended age groups in the CDC Committee on Immunization Practices for HPV administration) to the current list of school-based required vaccinations. (*Res 2012-18, 2012 HOD, p 522*)

- Recommendation: **Retain**

### 2022: LIABILITY REFORM POLICY - A

- Current Policy:

**Electoral Reform:** As part of regular judicial gubernatorial legislative and congressional activity evaluations, KMA shall consider candidate positions on tort reform. (*Report of the Ad Hoc Committee on Professional Liability Insurance, 2002, p 608; Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: LIABILITY REFORM POLICY - B

- Current Policy:

**Medical Professional Liability Insurance:** Resolution of the problems of availability and cost of liability insurance is a necessary element of medical liability reform. KMA supports insurance market operation considerations such as requiring the public reporting of underwriting loss ratio statements, required publication of carrier underwriting guidelines, requiring Department of Insurance approval for rate increases more than

## 2021-22 KMA Sunsetting Policies

10%. (*Report of the Ad Hoc Committee on Professional Liability Insurance, 2002, p 608; Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: LIABILITY REFORM POLICY - C

- Current Policy:

**Professional Liability Process Reforms:** KMA supports the establishment of regulatory and administrative processes that would equitably streamline the resolution of liability questions, to include: alternatives dispute resolution processes, peer review confidentiality, ethical sheltering of assets. Mechanisms to exclude elements of claims not associated with hands-on care such as drawing blood as an action for battery. (*Report of the Ad Hoc Committee on Professional Liability Insurance, 2002, p 608; Reaffirmed 2012*)

- Recommendation: **Retain**

### 2022: MEDICAID

- Current Policy:

**Managed Care:** KMA advocate for Kentucky's Department of Medicaid Services to adopt the long-term goal that Medicaid managed care plans use the model of provider-sponsored, community-based, not-for-profit managed care to more effectively deliver Medicaid services in Region 3 of Kentucky and to assist in avoiding the significant administrative and implementation failures which occurred in 2012 as Medicaid managed care was initiated outside of Region 3. (*Res 2012-06, 2012 HOD, p 521*)

- Recommendation: **Retain**

### 2022: PEER REVIEW

- Current Policy:

**Confidentiality:** KMA seeks relief from the lack of confidentiality of peer review. (*Res 2012-21, 2012 HOD, p 522*)

- Recommendation: **Retain**

### 2022: PREGNANCY

- Current Policy:

**High-Risk Newborns:** KMA recommends that all high-risk newborns be followed by their physicians and their designates to insure PKU testing, infant immunizations, preventive care, and repeat pregnancy education. The importance of preventive health measures, including immunization, is recognized for all infants and children in the Commonwealth. (*Comm on Maternal and Child Health, 1992 HOD, p 671; Reaffirmed, Special Report on Policy Sunset, 2002 HOD, p 576; Reaffirmed 2012*)

- Recommendation: **Retain**

## 2021-22 KMA Sunsetting Policies

### 2022: RESIDENTS - A

- Current Policy:  
**Family Practice Residency Program:** KMA encourages and supports the strengthening of existing family practice residency programs in the state of Kentucky with regard to funding, faculty, and clinical experience. (*Res T, 1992 HOD, p 650; Reaffirmed, Special Report on Policy Sunset, 2002 HOD, p 576; Reaffirmed 2012*)
- Recommendation: **Retain**

### 2022: RESIDENTS - B

- Current Policy:  
**Service Requirement for Kentucky-Trained Physicians:** KMA opposes any legislative proposals that institute an involuntary service requirement for physicians trained in Kentucky. (*Res L, 1992 HOD, p 656; Reaffirmed, Special Report on Policy Sunset, 2002 HOD, p 576; Reaffirmed 2012*)
- Recommendation: **Retain**

### 2022: RETAIL CLINICS

- Current Policy:  
**Identification of Employed Health Providers:** KMA advocates requiring corporate entities known as "retail clinics" to properly identify their employed health care providers' credentials (*Res 2012-09, 2012 HOD, p 519*)
- Recommendation: **Retain**

### 2022: SAFETY ISSUES

- Current Policy:  
**Helmets:** KMA supports the use of approved helmets, at all times, while riding motorcycles, motor scooters, bicycles, skateboards, ATVs, or in-line skates. (*Res 2002-101, 2002 HOD, p 613; Reaffirmed 2012*)
- Recommendation: **Retain**

### 2022: TEAM-BASED MEDICAL CARE

- Current Policy:  
**Team-Based Medical Care:** KMA work with the AMA and other state medical associations, as appropriate, to develop a proposal for physician-led, patient-centered, team-based medical care in Kentucky.  
  
KMA, in the interest of patient health and safety, seeks and actively supports legislation to require that all medical care teams are led by physicians in Kentucky. (*Res 2012-10, 2012 HOD, p 519*)
- Recommendation: **Retain**

## 2021-22 KMA Sunsetting Policies

### 2022: TOBACCO - A

- Current Policy:  
**Deleterious Effects of Tobacco Use:** KMA encourages physicians to continue educational efforts directed to patients on the deleterious effects of tobacco use and encourages the Kentucky General Assembly to increase its attention to the serious health problem of tobacco product use and the trend of teenage smoking. (*Res D, 1992 HOD, p 648; Amended and Reaffirmed, Special Report on Policy Sunset, 2002 HOD, p 576; Reaffirmed 2012*)
- Recommendation: **Retain**

### 2022: TOBACCO - B

- Current Policy:  
**Excise Tax: A:** New revenues raised by increasing tobacco excise taxes should be applied to Kentucky Medicaid. (*Res 2002-116, p 597; Reaffirmed 2012*)
- Recommendation: **Retain**

### 2022: TRAUMA SYSTEM

- Current Policy:  
**Data Collection & Trauma:** KMA supports the collection of trauma system data and the development of a trauma system in Kentucky. (*Report of the EMS Committee, 2002 HOD, p 619; Reaffirmed 2012*)
- Recommendation: **Retain**