

2022-2023 KMA Policy Manual

ANNUAL MEETING

- 1) **Summary of AMA Activities:** The AMA Delegation Chair or designee will annually provide a summary of AMA activities at the KMA Annual Meeting. *(Res 2017-3, 2017 HOD)*

ATHLETICS

- 1) **Health and Safety Guidelines:** KMA 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)*
- 2) **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)*

BOARD CERTIFICATION

- 1) **Maintenance of Licensure:** KMA joins the AMA in advocating for an impact study that addresses the effect of maintenance of certification, osteopathic continuous certification, and maintenance of licensure principles on workforce, costs, access to care, and quality improvement in patient care.

KMA urges the Kentucky Board of Medical Licensure to reject any action that would implement any requirement of maintenance of certification, osteopathic continuous certification, or the Federation of State Medical Boards maintenance of licensure program as a condition of licensure until results of an impact study are known.

KMA works with the AMA and other organizations, hospitals/employers, and payers to make them aware of the onerous impact on Kentucky's physician workforce that could result from mandating maintenance of certification and osteopathic continuous certification as a condition of employment or of inclusion in health plans' provider panels.

KMA continues to encourage physicians to strive to constantly improve their care of patients by the means they find most effective, within the standards of accepted and prevailing medical practices. *(Res 2014-03, 2014 HOD, p 333)*

KMA opposes hospital systems, employers, insurers and other entities restricting a physician's right to practice medicine without interference due to lack of maintenance of certification or due to a lapse of time-limited board certification as long as the physician is in good standing with the Kentucky Board of Medical Licensure and has completed the required continuing medical education (CME) activities necessary for maintaining a license. *(Res 2016-13, 2016 HOD)*

- 2) **National Board of Physicians and Surgeons:** KMA request that the AMA consider recognizing the National Board of Physicians and Surgeons (NBPAS) as an alternative to the American Board of Medical Specialties (ABMS) re-certification. *(Res 2016-7, 2016 HOD)*
- 3) **Physician to Physician Opinions:** KMA supports allowing physicians licensed in Kentucky to obtain opinions from physicians licensed in other jurisdictions without requiring the opining physician to obtain a Kentucky license. *(Res 2017-19, 2017 HOD)*

CANCER SCREENING

- 1) **Cervical and Colorectal Cancer Screening:** KMA actively promotes activities that support colorectal cancer screening, including support for the National Colorectal Cancer Roundtable "80% by 2018" goal. *(Res 2015-2, 2015 HOD)*

- 2) **Skin Cancer Screening:** In an effort to detect skin cancer in the early stages, the KMA encourages physicians to follow their specialty's standards of acceptable and prevailing medical practice when performing skin examinations and educating patients regarding monthly skin self-examinations. *(Res 2021-7, 2021 HOD)*

CERTIFICATE OF NEED

- 1) **Certificate of Need Law:** KMA work with the Kentucky legislature and all interested parties to modify or eliminate the certificate of need as a requirement to build a health care facility in the Commonwealth of Kentucky. *(Res 2021-18, HOD 2021)*

CHILD HEALTH

- 1) **CPR Training in High Schools:** KMA supports the AMA policies on reducing the risk of death from cardiac arrest through:
 - 1) encouragement of CPR training in Kentucky for students enrolled in grades 7-12,
 - 2) emphasis of the importance of Automated External Defibrillator (AED) education and instruction as part of CPR training, and
 - 3) encouragement of increased AED availability in public spaces throughout the state. *(Res 2017-24, 2017 HOD)*

- 2) **Eye Health of Kentucky Children:** KMA supports the establishment of a state voucher program whereby children who are identified as in need of financial assistance for a state-mandated ophthalmologic examination shall receive care from a Kentucky-licensed ophthalmologist rather than the state contracting such services to out-of-state eye care providers. *(Res 2014-09, 2014 HOD, p 330)*

- 3) **Gender Dysphoria:** KMA advocate against any prohibition of physicians or other healthcare providers socially affirming gender identity or discussing evidence-based therapies for the management of gender dysphoria with their patients and their parents.

KMA support evidence-based standards of care for the treatment of gender dysphoria including behavioral health or medical non-surgical treatment provided to youth by appropriately trained and experienced healthcare providers. *(Res 2022-12, 2022 HOD)*

- 4) **Length of School Lunches:** KMA supports legislation requiring a minimum of 30 minutes for lunch for grades K-5 in public schools. *(Res 2015-11, 2015 HOD)*
- 5) **Pediatric Cancer Research Funding:** KMA supports the utilization of state budget appropriations to increase funding of childhood cancer research.

In an effort to raise awareness and expand knowledge during the 2020 legislative session, the KMA, through its communication vehicles, educate physician members and the public regarding the prevalence of childhood cancer in Kentucky and the current lack of necessary funding for childhood cancer research. *(Res 2019-31, 2019 HOD)*

- 6) **School Health Care Examinations:** KMA supports preventative health care examinations for initial school entry and sixth grade as outlined in the Kentucky Department of Education's regulations on school health services.

KMA seeks revisions to the Kentucky Department of Education's regulations on school health services which would require additional preventative health care examinations for students entering the third grade and ninth grade. *(Res 2015-14, 2015 HOD)*

- 7) **School Nutrition:** KMA advocates for Kentucky's endorsement for K-12 nutritional standards that are higher than the 2017 national standards. *(Res 2017-22, 2017 HOD)*

KMA supports measures that encourage all food items, especially those provided by schools, but also including food brought by families for celebration and extracurricular activities to meet the USDA Nutrition standards for foods that compete with healthy school lunches, as well as provide families with evidence-based nutritional education, and encourage its members to promote healthy nutritional choices based on the USDA Dietary Guidelines for America. (*Res 2019-7, 2019 HOD*)

- 8) **Sex Education:** KMA supports the AMA policy to oppose the sole use of abstinence only education by providing information about condoms, birth control, and other means of preventing pregnancy and sexually transmitted diseases.

KMA supports sexual education in schools to include information on sexual assault, consent communication, and dating violence prevention.

KMA supports sexual education in schools to include reference to non-traditional (LGBTQIA) practices for safe sex, in the interests of equality and prevention of sexually transmitted disease.

KMA will work with appropriate agencies, including but not limited to the public-school system, to ensure that sex education is age-appropriate, evidence-based, led by well-trained individuals, and subject to periodic evaluation and improvement. (*Res 2017-23, 2017 HOD*)

- 9) **Smoking in Cars with Children:** KMA supports efforts to research the effects of secondhand smoke on children and minors riding in cars with someone smoking.

KMA collaborates with state and local health care organizations to educate the public about the harmful effects of secondhand smoke in cars with minors.

KMA supports state and local provisions that prohibit smoking in cars with minors. (*Res 2016-26, 2016 HOD*)

- 10) **Sudden Infant Death Syndrome:** KMA supports promoting awareness and educating parents and/or caregivers, health care professionals, and childcare professionals regarding safe practices to reduce Sudden Infant Death Syndrome by eliminating the risk factors associated. (*Res 2021-5, 2021 HOD*)

- 11) **Sunscreen Use in Schools:** KMA supports allowing students to freely bring and apply sunscreen to sun exposed areas while at school without physician authorization or a permission slip from his or her parents. (*Res 2018-10, 2018 HOD*)

COMMUNITY HEALTH WORKERS

- 1) **Role of Community Health Workers:** KMA recognizes the role of Community Health Workers as non-clinical adjuncts to physician practices and educate on the use of Community Health Workers, when appropriate, by member physicians.

KMA supports efforts for the training of Community Health Workers in the Commonwealth of Kentucky and explore possible compensation models. (*Res 2018-25, 2018 HOD*)

CONTINUING MEDICAL EDUCATION

- 1) **House Bill 1 CME:** KMA engage with the Kentucky Board of Medical Licensure to develop procedures to approve and recognize out-of-state accredited *AMA PRA Category 1™* credit related to mandatory HB 1 CME. (*Res 2022-2, 2022 HOD*)

CONTRACTS – MANAGED CARE

- 1) **“Opt Out” Contracts:** KMA objects to any insurance company’s initiative to offer "opt out" contracts, and requests that they end their practice of "opt out" contracting.

KMA pursues legislation to end insurance company "opt out" contracting in Kentucky. (*Res 2013-11, 2013 HOD, p 384*)

DISASTER PREPAREDNESS

- 1) **Disruptions in Medical Care:** KMA advocates for contingency plans to ensure the medical community is prepared to address disruptions in medical care affecting health care delivery systems and to recommend safeguards to protect patient continuity of care if health care systems fail in the Commonwealth of Kentucky. (*Res 2018-22, 2018 HOD*)
- 2) **Personal Protective Equipment:** KMA advocate the Commonwealth of Kentucky and state-based hospitals maintain a strategic personal protective equipment supply, including N-95 masks, gowns, face masks, face shields, and gloves, for use by physicians and other health care personnel to sustain statewide hospital and pre-hospital operations during a declared emergency. (*Res 2021-19, HOD 2021*)

DISPARITIES IN HEALTH CARE

- 1) **Actualizing Health Equity:** KMA acknowledges that biases exist in the practice of medicine which can lead to inequities in healthcare.

KMA supports research that explores patient, student, physician, staff, or healthcare leadership perspectives on ways to improve access to equitable care for all individuals in the Commonwealth of Kentucky."

KMA encourages Kentucky medical schools and training programs to consider implementation of anti-racism programs, practices, and curriculum. (*Res 2021-4, 2021 HOD*)

- 2) **Equality Act:** KMA opposes unjust treatment on any basis (e.g., race, ethnicity, religion, national origin, disability, education, socioeconomic factors, sex, sexual orientation, and gender identity). (*Res 2019-29, 2019 HOD; Modified 2021-4, 2021 HOD*)

- 3) **Expungement of Criminal Records:** KMA recognizes criminal records as a negative determinant of health.

KMA support removing socioeconomic barriers from the process of expunging criminal records. (*Res 2021-14, 2021 HOD*)

- 4) **KMA Promotion of Equity, Inclusiveness, and Physician Leadership:** KMA study possible organizational changes to make the Association more inclusive of all physicians regardless of demographics, location, or practice setting.

KMA review lessons learned from the pandemic to enhance physician leadership skills in order to address and/or avoid future public health challenges.

KMA review lessons learned from the pandemic to enhance and focus KMA programs directed at the public, with a special emphasis on applying the success of reaching disparate populations, in order to improve public health for all Kentucky citizens and eliminate health inequities across the state. (*Res 2021-3, 2021 HOD*)

DRUG ABUSE

- 1) **Acquiring Gainful Employment:** KMA supports efforts to mitigate criminal legal barriers which are preventing Kentuckians who are struggling with substance use disorder (SUD) from acquiring gainful employment. (*Res 2019-21, 2019 HOD*)
- 2) **Correctional Facilities:** KMA advocate that Kentucky correctional facilities provide all inmates screening for substance use disorders and co-morbid psychiatric conditions to identify inmates who would be candidates for treatment.

KMA advocate that Kentucky correctional facilities provide inmates evidence-based treatment for substance use disorders and co-morbid psychiatric conditions, including evidence-based pharmacotherapy for opioid use disorder.

KMA support the inclusion of all FDA approved pharmacotherapeutic modalities as treatment options for substance use disorders in correctional facilities. *(Res 2019-20, 2019 HOD)*

- 3) **Drug Paraphernalia:** KMA support exempting materials distributed for the appropriate use in evidence-based harm reduction programs from being classified as “drug paraphernalia.” *(Res 2022-6, 2022 HOD)*
- 4) **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)*
- 5) **Methadone Maintenance Therapy:** KMA supports the use of Methadone Maintenance Therapy as a part of evidence-based addiction treatment that should be reimbursed by third-party payers. *(Res 2018-13, 2018 HOD)*
- 6) **Naloxone Availability:** KMA supports increasing the availability of naloxone through:
 - 1) collaborative practices to create standing orders at pharmacies, schools, business, and other community organizations
 - 2) encouraging law enforcement agencies to carry naloxone
 - 3) encouraging physicians to reconsider opioid management for at-risk populations and when absolutely unavoidable to co-prescribe naloxone. *(Res 2017-8, 2017 HOD)*
- 7) **Opioid Use Disorder, Education:** KMA supports increasing physician awareness that opioid use disorder is a chronic medical illness and destigmatizing the biases associated with it.

KMA supports increasing student and physician knowledge and education about opioid use disorder. *(Res 2018-15, 2018 HOD)*

- 8) **Opioid Use Disorder, Treatment:** KMA works with relevant organizations to identify best practices that are being used by hospitals and others to treat opioid use disorder as a chronic illness, including identifying patients with this condition; initiating or providing opioid agonist, partial agonist, or antagonist therapy in inpatient, obstetric and emergency department settings; providing cognitive and behavioral therapy as well as other counseling as appropriate; establishing appropriate discharge plans that incorporate education about opioid use disorder; and participating in community-wide systems of care for patients and families affected by this chronic medical illness.

KMA supports collaboration among state agencies and other relevant organizations to evaluate programs that coordinate care for patients with the chronic illness of opioid use disorder. *(Res 2018-16, 2018 HOD)*

- 9) **Overdose Prevention Centers:** KMA educate the public and legislators about the utility of overdose prevention centers in Kentucky and support the creation of these centers. *(Res 2022-5, 2022 HOD)*
- 10) **Prescription Drug Abuse Law (House Bill 1):** 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)*

KMA urges relevant state agencies, such as the Legislative Research Commission, to study the overall effects of 2012 House Bill 1 and its impact on access to quality care. *(Res 2016-28, 2016 HOD)*

- 11) **Physician Education and Resources in Treating Addiction:** KMA pursues a plan to help educate physicians and the public on evidence based ways to prevent and treat drug addiction and disseminate this information to all physicians across the state. *(Res 2016-6, 2016 HOD)*

KMA endorses Harm Reduction Programs including Syringe Access and Exchange and will educate physicians about their efficacy in reducing the risk of spreading infectious diseases through the availability of sterile drug injection equipment.

KMA encourages physicians to assist local health departments in obtaining approval to operate Harm Reduction Programs including Syringe Access and Exchange from local governing bodies. *(Res 2017-6, 2017 HOD)*

KMA support policies that expand access to evidence-based harm reduction programs. *(Res 2022-7, 2022 HOD)*

KMA recognizes that (a) patients in need of treatment for alcohol or other drug-related disorders should be treated for these medical conditions by qualified professionals in a manner consonant with accepted practice guidelines and patient placement criteria; and (b) self-help groups are valuable resources for many patients and their families and should be considered as adjuncts to a treatment plan.

KMA urges managed care organizations and insurers to consider self-help as a complement to, not a substitute for, treatment directed by professionals, and to refrain from using their patient's involvement in self-help activities as a basis for denying authorization for payment for professional treatment of patients and their families who need such care. *(Res 2017-9, 2017 HOD)*

- 12) **Physician Efforts:** KMA endorses the continued efforts of Kentucky physicians to reduce prescription drug abuse. *(Res 2012-13, 2012 HOD, p 524)*
- 13) **Physician Supervision and Authority:** KMA will continue to educate policymakers and the public regarding issues surrounding opioid abuse disorder and, when appropriate, offer policymakers evidenced-based solutions designed to curtail the opioid epidemic.

KMA will continue to oppose ongoing legislative and regulatory efforts by non-physician practitioners to establish or expand prescriptive authority related to Schedule II through Schedule V controlled substances.

KMA supports statutory revisions conferring authority to the Kentucky Board of Medical Licensure to establish standards, investigate complaints and, when necessary, initiate disciplinary procedures related to the prescribing and dispensing of Schedule II through Schedule V controlled substances by all practitioners, including non-physician practitioners who are currently permitted to prescribe such drugs. *(Res 2018-18, 2018 HOD)*

- 14) **Treatment and Education of Patients:** KMA will expand and intensify efforts to educate both health care providers and the lay population about the risks of opioid dependence or opioid addiction as well as their resultant adverse medical and socioeconomic effects.

Kentucky health care practitioners are encouraged to inform patients that in starting opioids for many chronic, non-malignant forms of pain that a physician will work with the patient toward an endpoint, where feasible, based on the treating physician's clinical opinion. *(Res 2013-05, 2013 HOD, p 382)*

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)

KMA will work with the appropriate state agencies to expand coverage and secure Medicaid funding for the treatment of substance abuse and addiction in the Commonwealth. (Res 2013-02, 2013 HOD, p 381)

KMA advocates for additional resources for prevention and treatment of addiction for individuals in all socioeconomic groups. (Res 2014-17, 2014 HOD, p 335)

KMA supports increasing access to multi-modality treatment for opioid addiction by qualified physicians and affiliated providers. (Res 2014-06, 2014 HOD, p 335)

KMA uses its influence to expand mental health and addiction treatment in all forms of drug abuse including evidence-based medical and non-medical addiction treatment modalities. (Res 2015-4, 2015 HOD)

KMA:

1. encourages Kentucky policymakers to pursue an approach to the problem of drug abuse aimed at preventing the initiation of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences of drug use, by embracing a medical and public health approach;
2. encourages the expansion of opioid maintenance medication programs so that opioid maintenance therapy can be available for any individual who applies and for whom the treatment is suitable;
3. supports treatment that is driven by patient needs, medical judgment, and recovery concerns;
4. acknowledges the benefits of abstinence from or reduction of drug use with the 4 primary goals of chronic disease treatment of decreased related mortality, decreased related morbidity, decreased total cost of care, and improved functioning/quality of life;
5. encourages the extensive application of needle and syringe exchange and distribution programs;
6. supports mental health and community partnerships that foster improved education and understanding regarding culturally competent, medically accepted, and scientifically proven methods of care for psychiatric and substance use disorders; and
7. supports efforts of mental health providers to create respectful, collaborative relationships with local community leaders to improve access to scientifically sound mental health services. (Res 2017-5, 2017 HOD)

DRUGS

- 1) **Medication Discontinuation Messaging:** KMA strongly encourages all software providers and those pharmaceutical dispensing organizations that create their own software to include the functionality to accept discontinuation message transmittals in their electronic prescribing software products.

KMA strongly encourages all dispensing pharmacies, accepting medication prescriptions electronically, to activate the discontinuation message transmittal functionality in their electronic prescribing support software. (Res 2016-29, 2016 HOD)

KMA will work with health systems and the electronic health records system to improve the medication process, so the retail pharmacy receives a discontinuation notice when a patient's prescription has been stopped. (Res 2017-14, 2017 HOD)

- 2) **Opioid Prescribing:** KMA promotes the Center for Disease Control's single page *Checklist for Prescribing Opioids*. (Res 2016-20, 2016 HOD)

KMA continues to educate policymakers and the public regarding issues surrounding opioid abuse disorder and, when appropriate, offer policymakers evidenced-based solutions designed to curtail the opioid epidemic.

KMA continues to oppose ongoing legislative and regulatory efforts by non-physician practitioners to establish or expand prescriptive authority related to Schedule II through Schedule V controlled substances.

KMA will work with the Kentucky Academy of Family Physicians and other state specialty societies to develop specific strategies aimed at strengthening physicians' role in leading, supervising, or collaborating with non-physician practitioners who are currently authorized to prescribe Schedule II through Schedule V controlled substances.

KMA supports statutory revisions conferring authority to the Kentucky Board of Medical Licensure to establish standards, investigate complaints and, when necessary, initiate disciplinary procedures related to the prescribing and dispensing of Schedule II through Schedule V controlled substances by all practitioners, including non-physician practitioners who are currently permitted to prescribe such drugs. (*Res 2017-10, 2017 HOD; Reaffirmed 2018*)

KMA advocates for a revision of KRS 218A.180 to allow Schedule II controlled substance prescriptions to be valid 90 days from the date written: total of 90-day supply may be split over multiple prescriptions (e.g., 1 month each); each prescription must have the date today (not post-dated) and an earliest fill date. (*Res 2017-13, 2017 HOD*)

- 3) **Prescription Drug Cost:** KMA seeks opportunities to advocate for more affordable prescription medications.

KMA, in cooperation with other key stakeholders (e.g., the Kentucky Pharmacists Association, the Kentucky Nurses Association, and the Kentucky Hospital Association), urge the Pharmaceutical Research and Manufacturers of America® and its member companies to reign in the cost of medications.

KMA educates state legislators and the state's congressional delegation on the severity and importance of rising prescription drug costs so that lawmakers can more effectively address the problem on behalf of Kentucky citizens.

KMA urges state policymakers to evaluate drug pricing and value to assess possible benefits for patients and physicians. (*Res 2016-9, 2016 HOD*)

- 4) **Prescription Refills:** KMA advocates revising all applicable state statutes and regulations to permit prescriptions to be refilled for a maximum period of 15-months from the date prescribed. (*Res 2017-12, 2017 HOD*)
- 5) **Prior Authorization:** KMA supports the prohibition of third-party payers from applying a prior authorization requirement for a prescription drug that contains methadone, buprenorphine, or naltrexone used for the treatment of an opioid use disorder. (*Res 2018-14, 2018 HOD*)
- 6) **Wholesale Importation of Prescription Drugs:** KMA supports the legalized importation of prescription drug products by wholesalers and pharmacies only if: (a) all drug products are Food and Drug Administration (FDA)-approved and meet all other FDA regulatory requirements, pursuant to United States laws and regulations; (b) the drug distribution chain is "closed," and all drug products are subject to reliable, "electronic" track and trace technology; and (c) the Congress grants necessary additional authority and resources to the FDA to ensure the authenticity and integrity of prescription drugs that are imported. (*Res 2019-16, 2019 HOD*)

e-HEALTH

- 1) **E-Health Network:** KMA advocates for interested parties to collaborate with Kentucky physicians on testing data transfer protocols of health information exchange. (*Res 2014-14, 2014 HOD, p 334*)

EMPLOYED PHYSICIANS

- 1) **Contractual Threats:** KMA mounts a vigorous program to educate physicians and physicians in-training on contract elements that may be interpreted to bar, impede or threaten physician advocacy for patient safety, quality care and cost efficiency including but not limited to: (1) Confidentiality; (2) Productivity incentives; (3)

“Leakage control”; (4) Termination without cause; (5) Non-compete clauses; (6) Over-restriction of outside activities; (7) Employee “Gags”; and (8) “Anti-poaching.”

KMA will facilitate legal remedies for physicians facing “whistleblower” reprisals and other adverse employer actions for advocating patient safety, care quality and cost efficiency.

If progress is not made on the use of restrictive contract terms by employers, KMA will pursue alternative means that may include public education, legislative or regulatory action, or advocacy through the AMA. *(Res 2016-12, 2016 HOD)*

- 2) **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)*

KMA study the barriers of employed physicians to make referrals based upon their expertise and best judgment with a report back at the 2019 KMA Annual Meeting. *(Res 2018-21, 2018 HOD)*

- 3) **Restrictive Covenants:** KMA works with the Kentucky Hospital Association, the individual hospitals and health care systems to eliminate restrictive covenants from their employed physician contracts.

If KMA’s efforts to eliminate restrictive covenants with employed physicians contracted by hospital and health care systems are unsuccessful, the KMA will then pursue legislative action. *(Res 2016-5, 2016 HOD)*

KMA will study how physician employment contract provisions - including restrictive covenants - may impact continuity, quality, and availability of care in Kentucky and report back to the House of Delegates at the 2018 Annual Meeting. *(Res 2017-17, 2017 HOD)*

GRADUATE MEDICAL EDUCATION

- 1) **Expansion:** KMA works with the Kentucky General Assembly to develop more graduate medical education positions in Kentucky.

KMA informs hospitals which have never had graduate medical education programs to consider starting such programs with funding from Medicare. *(Res 2016-15, 2016 HOD)*

HEALTH INSURANCE

- 1) **Chronic Care Management:** KMA supports the elimination of all cost sharing requirements for Chronic Care Management services. *(Res 2021-23, 2021 HOD)*

- 2) **Commercial Carriers:** KMA support a requirement that commercial carriers in Kentucky offer plans that synchronize the benefit terms and the premium contract durations. *(Res 2022-9, 2022 HOD)*

- 3) **Data Collection:** KMA encourages all health insurers offering insurance in the state of Kentucky to submit de-identified quality data to aggregators such as the Kentuckiana Health Collaborative.

KMA encourages all self-funded employers in Kentucky to require their third-party administrators to submit quality data to aggregators such as the Kentuckiana Health Collaborative. *(Res 2013-04, 2013 HOD, p 381)*

- 4) **Emergency Departments:** KMA continues to advocate that third-party payers recognize the importance and value of emergency departments, adhere to the prudent layperson standard, and fairly reimburse for care provided in emergency departments without retrospective denials or undervalued payments. *(Res 2018-27, 2018 HOD)*

- 5) **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)*

KMA support and collaborate with relevant parties to make PPO plans available through the KYNECT marketplace.

KMA support requiring geographic scope and a list of in-network providers be available on the health insurance exchange. *(Res 2022-8, 2022 HOD)*

- 6) **Language Interpretive Services:** KMA supports requiring that the Department for Medicaid Services, Medicaid Managed Care Organizations, and commercial health plans operating in the Commonwealth of Kentucky make language interpretive services a covered benefit. *(Res 2018-6, 2018 HOD)*

- 7) **Living Organ and Bone Marrow Donor Protection:** KMA supports providing organ donors with full access to the protections of the Family Medical Leave Act (FMLA) and to assure donors will be shielded from denial of insurance coverage or escalation of premiums. *(Res 2018-28, 2018 HOD)*

KMA supports removing financial barriers to organ donation and making organ donation financially neutral through methods including, but not limited to, paid leave and tax credits. *(Res 2021-15, 2021 HOD)*

- 8) **Modifier 25:** KMA advocates that separate services should be reimbursed appropriately and in accordance with established CPT coding conventions and guidelines, including modifier 25 and additional modifiers.

KMA supports legislation to establish that public and private payers operating in the Commonwealth must follow established CPT coding and reimbursement guidelines and may not reduce or deny reimbursement for medical services based on their own metrics. *(Res 2021-21, 2021 HOD)*

- 9) **Prior Authorization:** To reduce delays in patient care, the KMA reaffirms its support for regulatory and statutory requirements mandating that health plans provide timely prior authorization notification – 24-hour relating to urgent care and 5-day relating to non-urgent care - for medications, equipment and supplies, procedures, treatments, and all other health care services, including diagnostic testing and surgical services.

To reduce the administrative burden of prior authorization, the KMA reaffirms its support for regulatory and statutory requirements mandating that health plans – when denying prior authorization requests – provide correspondence to the requesting clinician that contains an explanation of denial and lists alternatives for the denied medications, equipment and supplies, procedures, treatments, and all other health care services, including diagnostic testing and surgical services.

KMA engage its membership and other relevant stakeholders to gather data that can be utilized in determining the extent to which commercial health plans are in compliance with the requirements of 2019 Senate Bill 54, a legislative enactment relating to prior authorizations, and based on such information, communicate the Association's concerns regarding the implementation of 2019 Senate Bill 54 to the appropriate state agency. *(Res 2021-22, 2021 HOD)*

- 10) **Reimbursement:** KMA advocates for physician reimbursement for time spent obtaining pre-certification and pre-authorization for designated services and prescriptions. *(Res 2015-19, 2015 HOD)*

- 11) **Third-party Payer Payments and kyhealthnow Initiatives:** KMA advocates for changes to the third-party reimbursement system that encourage achieving the health priorities established by Kentucky's *kyhealthnow* initiatives and similar future initiatives. *(Res 2015-10, 2015 HOD)*

HEALTHY LIFESTYLES

- 1) **Compassion:** KMA engage and support member physicians in the creative nurturing of acts of kindness, compassion, self-compassion, service and volunteerism for themselves, their co-workers, their staff, their patients, their families and their communities. *(Res 2018-23, 2018 HOD)*

- 2) **Ergonomic Hazards:** KMA recognizes that physicians are at risk for ergonomic and repetitive injuries, educate physicians and health care systems (hospitals, ambulatory surgery centers, hospital administrators) on physical risks (the significance of prolonged neck flexion) and on the value of preventive measures.

KMA encourages the use of ergonomically friendly equipment and environments for physicians and other healthcare workers. *(Res 2017-18, 2017 HOD)*

- 3) **Healthy Lifestyle Events:** KMA encourages and actively promotes communities to have free events promoting healthful lifestyles. *(Res 2015-6, 2015 HOD)*

KMA encourages Community Connectors and other physicians to establish programs in their local communities based on local needs and resources and designate a specific month, days of the week, or other times of the year to focus efforts on improving the health and fitness of the local population.

KMA encourages its members to promote efforts to improve the health of Kentucky by speaking at educational opportunities free to the public such as town hall meetings, social media campaigns, and presentations at local schools. *(Res 2015-12, 2015 HOD)*

- 4) **Healthy Living Among Physicians:** KMA calls upon its members as well as physicians and other health professionals across the Commonwealth to engage in positive health practices based on well-established public health data. *(Res 2015-13, 2015 HOD)*

- 5) **Physician Well-Being:** KMA support state and federal legislation that allocates sufficient financial resources for the education, training, development, recruitment, and retention of physicians to meet the medical needs of Kentucky's population, especially citizens who reside in underserved areas.

KMA continue to promote wellness programs, such as the KMA's Be Well Stay Well Physician Health Program that assist physicians in the management of physical, emotional, and psychological impacts associated with career fatigue, burnout, and other behavioral health issues.

KMA support state legislation that ensures strict confidentiality of a physician's participation in a wellness program that is designed to address issues related to physician career fatigue, burnout, and other behavioral health issues. *(Res 2021-13, 2021 HOD)*

KMA conduct a survey to investigate what factors cause stress in the physician population. *(Res 2022-16, 2022 HOD)*

HOSPITALS

- 1) **Adoption of Universal Transfer Form:** KMA actively encourages the adoption and use of the universal transfer form developed by the Greater Louisville Medical Society and Bluegrass Health Collaborative in Lexington by all long-term care facilities and hospitals throughout Kentucky. *(Res 2013-03, 2013 HOD, p 381)*
- 2) **Physician Owned Hospitals:** KMA will study available data and educate physicians about the benefits and consequences of legislation which would allow a pathway to physician owned hospitals. *(Res 2019-3, 2019 HOD)*

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

- 1) **Pre-exposure Prophylaxis to Prevent HIV Transmission:** KMA supports educating physicians and the public about the effective use of Pre-exposure Prophylaxis (PrEP) for human immunodeficiency virus prevention and encourages physicians to consider prescribing PrEP when clinically indicated.

KMA supports removing barriers to prescribing Pre-exposure Prophylaxis (PrEP) and advocating that individuals not be denied any insurance coverage on the basis of PrEP use. *(Res. 2018-3, 2018 HOD)*

KMA supports legislation permitting minors to consent for Pre-Exposure Prophylaxis under the supervision of a qualified medical professional. (*Res 2019-34, 2019 HOD*)

IMMUNIZATIONS

- 1) **Child Immunizations:** KMA supports actions to improve child immunization status in the state of Kentucky. (*Res 2014-11, 2014 HOD, p 334*)
- 2) **Hepatitis A Vaccination:** KMA work with the public health departments and relevant stakeholders to encourage and promote Hepatitis A vaccination. (*Res 2018-17, 2018 HOD*)
- 3) **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*)
- 4) **Nonmedical Exemptions:** KMA holds that nonmedical exemptions from immunizations endanger the health of the unvaccinated individual and the health of all people.

KMA (1) supports the immunization recommendations of the Advisory Committee on Immunization Practices (ACIP) for all individuals without medical contraindications; (2) supports legislation eliminating nonmedical exemptions and; (3) supports public education efforts to address vaccine hesitancy and refusal. (*Res 2019-8, 2019 HOD*)

- 5) **Refusal of Licensed Vaccines:** KMA shall continue to oppose legislation which would create a protected legal status or civil right for unvaccinated individuals.

KMA shall continue to oppose legislation which permits refusal of licensed vaccines solely on the basis of conscientious objection or conscientiously held beliefs. (*Res 2021-26, 2021 HOD*)

KAPER-1

- 1) **Photo Verification:** KMA urges the Kentucky Cabinet for Health and Family Services to include language on the KAPER-1 Part B form that will allow physicians and allied health professionals to verify photo identification for initial hospital privileges through an affidavit and release that has been signed in the presence of a notary instead of verifying photo ID in person. (*Res 2016-4, 2016 HOD*)

KENTUCKY BOARD OF MEDICAL LICENSURE (KBML)

- 1) **Appointments:** KMA seeks amendment of KRS 311.050 in order to once again require the Governor's use of names recommended by the KMA for appointment to the State Board of Medical Licensure in order to restore the professional vetting process for such nominations. (*Res 2012-02, 2012 HOD, p 523; Reaffirmed 2013*)
- 2) **Due Process Protections for Physicians:** KMA supports regulatory and/or legislative action that upholds due process protections for physicians

KMA supports due process protections for physicians that require regulatory boards and employers to demonstrate that proposed actions against physicians are least disruptive to the patients they serve and to their professional careers. (*Res 2016-24, 2016 HOD*)

- 3) **Medical License Renewal:** KMA work with the Kentucky Board of Medical Licensure to streamline the renewal process for medical licensure. (*Res 2016-10, 2016 HOD*)
- 4) **Officers and Panel Chairs:** KMA work with the Kentucky Board of Medical Licensure (KBML) to ensure that KBML officers and panel chairs be limited to MDs and DOs. (*Res 2021-10, 2021 HOD*)

LIABILITY REFORM POLICY

- 1) **Clear and Convincing Evidence:** KMA support the AMA's principles of increased liability protections for physicians who adhere to evidence-based medical guidelines, including the application of a "clear and convincing" evidentiary standard in such cases.

KMA work with the Partnership for Commonsense Justice, a coalition of business and healthcare organizations concerned about Kentucky's liability climate, in advocating for tort reform, including increased evidentiary standards, before the legislative and judicial branches of state government. (*Res 2021-12, 2021 HOD*)

- 2) **Expert Witness:** KMA supports requirements for physician expert witnesses, such as:

- Training and experience in the same discipline as the defendant, or specialty expertise in the disease process or procedure of subject in the case; and
- Recognition by the American Board of Medical Specialties or an equivalent board in the same discipline as the defendant or in the specialty generally considered to include the subject of liability; and
- A majority of professional time in the active practice of clinical medicine or substantial time teaching at an accredited medical school about the medical care at issue within two years of the alleged negligence. (*Res 2013-10, 2013 HOD, p 384; Reaffirmed 2014*)

KMA collaborate with the state's leading business and health care organizations to examine the political and legal feasibility of expert witness reform legislation. (*Res 2014-05, 2014 HOD, p 334*)

- 3) **Liability Protection for Volunteer Physicians:** KMA supports legislation to provide medical liability protection for physicians who provide uncompensated voluntary health care at free clinics. (*Res 2017-16, 2017 HOD*)
- 4) **Tort Reform:** Kentucky Medical Association work with the Kentucky General Assembly to implement tort reform in Kentucky. (*Res 2016-17, 2016 HOD*)

KMA formally advocates for a national cap on non-economic damages stemming from medical liability claims and solicit congressional support for such improvement in the medical practice environment. (*Res 2019-23, 2019 HOD*)

KMA continue to collaborate with relevant stakeholders to advocate for a national cap on provider liability and solicit congressional support for such improvement in the medical practice environment. (*Res 2022-11, 2022 HOD*)

MANAGED CARE REGULATIONS

- 1) **Association Health Plans:** KMA will explore options for their independent small business members to offer health insurance, including Association Health Plans as long as the plan is comprehensive (45 CFR 156 compliant) and prohibits discrimination based on pre-existing conditions and health status. (*Res 2019-25, 2019 HOD*)

KMA requests the AMA to develop and legislatively advance programs that allow small businesses to provide their employees with health insurance that is both comprehensive (45 CFR 156 compliant) and affordable, including options for Exchange Policies that receive graduated tax credits or increased deductions scaled according to resources and profitability of the small business. (*Res 2019-26, 2019 HOD*)

- 2) **Mental Health Parity:** KMA requests the state Department of Insurance and Commissioner to take action to determine if insurers are in compliance with the federal parity law through primary enforcement authority

including establishing reporting requirements for insurers to demonstrate how they design and apply their managed care tactics.

KMA requests the state Department of Insurance and Commissioner perform market conduct examinations of insurers and use of nonquantitative treatment limitations when addressing the matters of pre-existing conditions, length of treatment, insurance coverage, dosage limitations, network adequacy, and requirements for counseling frequency based on patient history and need.

KMA supports federal efforts to achieve mental health parity compliance through federal legislation and regulation. (*Res 2019-19, 2019 HOD*)

- 3) **Workers' Compensation Plans:** KMA supports applying the requirements of 2019 Senate Bill 54 to workers' compensation plans. (*Res 2019-27, 2019 HOD*)

MEDICAID

- 1) **Evaluation and Management Services:** KMA advocate for state regulatory or legislative action to eliminate the Medicaid reimbursement limits for Evaluation and Management (E&M) office visits with a Current Procedural Terminology (CPT®) code of 99214 or 99215 in order to increase access to high-level care for Medicaid patients, promote accurate coding and documentation for all E&M office visits, and ensure physician reimbursement appropriately reflects the level of care provided to patients. (*Res 2021-16, HOD 2021*)
- 2) **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*)
- 3) **Prescriber Only Participating Status:** KMA urges the Kentucky Cabinet for Health and Family Services to establish the "Prescriber Only" status for physicians and other providers throughout the Kentucky Medicaid program. (*Res 2015-7, 2015 HOD*)
- 4) **Reimbursement and Funding:** KMA supports the continuation of federal funding for the population covered under Medicaid to ensure that low-income patients are able to secure affordable and adequate coverage.

KMA continues to evaluate various proposals relating to coverage, access, delivery, and economic sustainability of health care in Kentucky.

KMA will advocate for a focus on preventative care as a means to decrease overall health care cost.

KMA supports the *AMA Vision on Health Reform* as stated in its document of November 15, 2016. (*Res 2017-20, 2017 HOD*)

MEDICAL CANNABIS

- 1) **Clinical Research:** KMA advocates for further clinical research of cannabis in the treatment of medical conditions. (*Res 2015-16, 2015 HOD*)

MEDICAL NECESSITY

- 1) **Durable Medical Equipment:** KMA supports the AMA's efforts to pursue legislation or regulations requiring direct-to-consumer advertising from Durable Medical Equipment (DME) advertisers to include a disclaimer stating that eligibility for and coverage of DME is subject to specific criteria and when feasible list the actual criteria. (*Res 2013-16, 2013 HOD, p 382*)

MEDICAL PRACTICE

- 1) **Administrative Simplification:** KMA encourages members to document administrative burdens that prevent care that they believe would lead to better health and long-term cost savings for the health care system, and develop mechanisms to report such information to the Association for possible action. *(Res 2017-15, 2017 HOD)*
- 2) **Ethics Committee Training:** KMA work with relevant stakeholders to encourage the availability of training, including the use of online modules, for members of Kentucky Clinical Ethics Committees (CECs) that cover basic medical ethics concepts including but not limited to familiarity with classic ethical theories, fundamental principles in medical ethics, familiarity with ethical reasoning and dialogue, familiarity with the processes of a CEC, and familiarity with relevant national law and policies pertaining to medical ethics. *(Res 2018-20, 2018 HOD)*
- 3) **Evidence-Based Care:** KMA affirms that the doctor-patient relationship is the bedrock on which safe and ethical medical care is provided, with decision-making between a physician and a patient private and specific to the patient's conditions.

KMA encourages the passage and implementation of laws, regulations, health codes, medical practice standards and institutional/corporate rules that are evidence-based with significant efficacy and value, as demonstrated by best available evidence, including peer-reviewed scientific literature.

KMA oppose criminal sanctions against physicians and other medical providers who deliver, and patients who receive, care that is evidence-based, and has significant efficacy and value, as demonstrated by the best available evidence, including peer-reviewed scientific literature. *(Res 2022-15, 2022 HOD)*

- 4) **Informed Consent Procurement:** KMA support allowing a treating physician to delegate aspects of the task, but not the responsibility nor liability, of obtaining informed consent from a patient to a qualified and supervised patient care team member consistent with accepted standards of medical practice. *(Res 2018-19, 2018 HOD)*

MEDICAL STUDENTS

- 1) **Engagement in Organized Medicine:** KMA works with the University of Louisville Medical School, the University of Kentucky College of Medicine, and the University of Pikeville Kentucky College of Osteopathic Medicine to develop more on-campus KMA Medical Student Section (MSS) activities, including regularly scheduled organizational meetings, and the mentoring of medical students by KMA members of the Commission on Young Physicians and Physicians in Training and the Resident & Fellow Section.

KMA provides funding for one medical student from each of the University of Louisville Medical School, the University of Kentucky College of Medicine, and the College of Osteopathic Medicine in Pikeville to attend the Annual and Interim meetings of the AMA Medical School Section, if said funding is matched one-to-one by the Medical Schools. *(Res 2014-07, 2014 HOD, p 330)*

MEDICARE

- 1) **Evaluation and Management Services:** KMA opposes the Centers for Medicare and Medicaid Services' proposed recommendation of a multiple procedure payment reduction for evaluation and management (E/M) visits when a procedure is performed on the same day as an office E/M.

KMA supports physician input to the Center for Medicare and Medicaid Services (CMS) regarding the complicated issues surrounding the appropriate coding, payment, and documentation requirements for different levels of evaluation and management services so that concrete solutions can be provided to CMS in time for implementation in the 2020 Medicare Physician Fee Schedule. *(Res 2018-31, 2018 HOD)*

- 2) **Pre-existing Conditions:** KMA support state legislation to prohibit Medicare supplement plans from denying coverage or determining premiums based on an applicant's pre-existing conditions. (*Res 2021-17, HOD 2021*)

MEMBERSHIP

- 1) **Networking Opportunities for Young Physicians:** KMA and the Kentucky Medical Association Alliance utilize the Lexington Medical Society Physician Wellness Program events as an example and explore more family friendly networking opportunities to encourage better membership and involvement for young physicians. (*Res 2019-2, 2019 HOD*)

MENTAL ILLNESS

- 1) **Mobile Response Teams:** KMA support state implementation of regional crisis call centers, mobile crisis team services, and crisis receiving and stabilizing services which follow best practice guidelines.

KMA supports law enforcement accompanying mobile crisis teams only if there is a significant risk of danger during the call response. (*Res 2022-4, 2022 HOD*)

- 2) **Parity for Mental Illness in Medical Benefits Programs:** KMA supports health care reform that meets the needs of Kentuckians, including people with mental illness and substance use/addiction disorders, and will advocate for the inclusion of full parity towards treatment equity of mental illness and substance use/addiction disorders in any Kentucky health care reform legislation or regulation. (*Res 2017-7, 2017 HOD; Reaffirmed 2017*)
- 3) **Physician Reimbursement:** KMA advocates for payment mechanisms that allow adequate funding of mental health care in order to assure its continued availability in the primary care physician office. (*Res 2015-3, 2015 HOD*)

MILITARY MEDICAL CARE

- 1) **Location of Louisville Regional VA Medical Center:** KMA opposes the selected Midlands location for construction of a new Louisville Region VA Medical Center.

KMA supports a location in close proximity to the University of Louisville Medical Center for the proposed VA Hospital. (*Res 2013-08, 2013 HOD, p 382*)

PAY FOR PERFORMANCE

- 1) **Measure Validation:** KMA supports efforts to require that ongoing access to a physician's performance data be provided by the measuring entities in a manner that ensures that the data is being received and is valid.

KMA encourages its members to become active in validating the receipt and accuracy of their performance data.

KMA supports efforts by state and federal legislators to enact legislation supporting the accurate collection and validation of physician performance data. (*Res 2016-23, 2016 HOD*)

PEER REVIEW

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

PHYSICIAN ASSISTANTS

1A) **Guidelines:** KMA reconfirms its support for the concept of Physicians Assistants with the following guidelines:

1. That a Physician Assistant must be a recognized graduate of a PA program of an accredited institution of higher learning;
2. That Physician Assistants must be certified or eligible for certification through the National Board of Certification for PAs;
3. That there be no more than four PAs working under the supervision of any one licensed physician, except those in training in an accredited institution, and that the practice of a PA shall be limited to the same area of practice as that in which the supervising physician is qualified. (*Res 2014-10, 2014 HOD, p 334*)

1B) **Guidelines:** KMA supports legislative action to:

1. Increase the physician to physician assistant ratio so that physicians may supervise up to four physician assistants at any one time. (*Res 2014-10, 2014 HOD, p 334*)
2. Reestablish the requirement that medical services or procedures delegated to a physician assistant (PA) be within the scope of practice of the supervising physician;
3. Forbid independent practice by physician assistants; and
4. Require the Kentucky Board of Medical Licensure to promulgate administrative regulations which:
 - A. Establish an application procedure whereby a physician seeking supervisory privileges regarding a PA must submit to the Board, for its approval, a utilization plan outlining the range and scope of services to be provided by the PA and demonstrating that these services or procedures are among those for which the PA received training in an accredited educational program or for which the physician assistant has acquired satisfactory knowledge and experience under physician supervision; and
 - B. Require, prior to the PA performing any service or procedure beyond those authorized under the utilization plan, that the supervising physician gain the Board's approval of a supplemental plan which delineates the additional service or procedure, stipulates the level of supervision involved, describes the education, training and experience of the PA, and identifies the location where the service or procedure will be provided (i.e., hospital, physician office, ambulatory surgery center, etc.). The credentialing approval by an accredited hospital medical staff (e.g., JCAHO) may be adequate documentation information for the supplemental utilization plan.

In addition, the ad hoc committee recommends the following principles concerning PA scope of practice become KMA policy and that the Association encourage the Kentucky Board of Medical Licensure to promulgate regulations for approving PA utilization and supplemental utilization plans using these principles as guidelines.

- 2) **Modification of Co-Signature Policy:** KMA supports working with the Kentucky Academy of Physician Assistants to provide for physician discretion on the need for co-signature. (*Res 2013-18, 2013 HOD, p 384*)
- 3) **Physician Assistants Certification:** KMA advocates against the establishment of autonomous state boards, with a voting membership comprised of a majority physician assistants, to license, regulate, and discipline physician assistants. (*Res 2017-11, 2017 HOD*)
- 4) **Physician Assistants Reimbursement:** KMA opposes reimbursement directly to physician assistants by public and private insurance. (*Res 2017-11, 2017 HOD*)
- 5) **Supervisory, Collaborating, or Other Specific Relationships:** KMA advocates against the elimination of provisions in laws and regulations that require a physician assistant to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice. (*Res 2017-11, 2017 HOD*)

PREGNANCY

- 1) **Addiction:** KMA opposes legislation that seeks to impose criminal liability related to maternal drug addiction during pregnancy or transplacental drug transfer.

KMA opposes legislation that requires physicians to gather and report private personal health information to law enforcement agencies in furtherance of investigations or prosecution related to maternal drug addiction during pregnancy or transplacental drug transfer.

KMA, through its communication vehicles, will provide information to increase knowledge regarding the effects of drug and alcohol use during pregnancy and the value of routinely inquiring about alcohol and drug use in the course of providing prenatal care. *(Res 2017-4, 2017 HOD)*

- 2) **Breastfeeding:** KMA supports increasing public education on the benefits of breastfeeding to both baby and mother.

KMA supports continuous post-partum access to and health insurance coverage for lactation consultants and affordable breast pumps.

KMA supports providing mothers with adequate time and a private, hygienic space to express breast milk regardless of their employment or student status.

KMA supports increasing and improving the follow-up with parents of newborns to ensure parents are aware of resources available to them, and to help remedy early issues in the breastfeeding process to increase breastfeeding rates and longevity. *(Res 2017-26, 2017 HOD)*

- 3) **Maternal Mortality Rates:** KMA will collaborate with relevant stakeholders to advocate for ways to reduce maternal mortality rates in the state of Kentucky in the context of state and federal laws. *(Res 2019-32, 2019 HOD)*

KMA recognize that maternal death and mental health illness are public health issues.

KMA advocate for improved reproductive healthcare and resources for women in Kentucky including preconception, prenatal and post-partum care. *(Res 2022-23, 2022 HOD)*

PROFESSIONAL SERVICES TAX

- 1) **Cosmetic Procedures:** KMA support legislation repealing the tax on cosmetic procedures, in order to prevent patient exodus to adjacent states for these services.

PROVIDER TAX

- 1) **Balanced Health Kentucky:** KMA determine the status of the hospital executive organization (Balanced Health Kentucky) proposal to enact a physician provider tax for funding Kentucky Expanded Medicaid, or any similar provider tax proposal, and report the findings to the KMA House of Delegates. *(Res 2019-28, 2019 HOD)*

- 2) **Legislation:** KMA opposes any health care financing plan that imposes a provider tax on physicians.

KMA inform physicians and legislators of harm to physician recruitment and retention (especially in Kentucky's medically underserved areas) of a provider tax on physicians. *(Res 2018-30, 2018 HOD)*

PUBLIC HEALTH

- 1) **Awareness of Public Health Issues:** In an effort to prevent disease and promote improved health for all citizens of the Commonwealth, the Kentucky Medical Association (KMA), in conjunction with other organizations when appropriate and feasible, will raise the awareness of a specific public health issue, as

chosen by the KMA Board of Trustees, to be introduced each year as a part of the annual *KMA Physicians Day at the Capitol*.

KMA will work with other health care organizations and non-governmental organizations, including private business and local communities, that express an interest in the specific public health issues annually chosen by the KMA. (*Res 2013-22, 2013 HOD, p 385*)

- 2) **Climate Change:** KMA will educate members and the public on the possible medical and health care aspects of climate change. (*Res 2019-14, 2019 HOD*)
- 3) **Conversion Therapy:** KMA opposes the use of “reparative” or “conversion” therapy for sexual orientation or gender identity. (*Res 2018-2, 2018 HOD*)
- 4) **Diabetes and Prediabetes:** KMA support efforts by state and federal legislators to enact legislation supporting prevention and treatment of diabetes. (*Res 2015-9, 2015 HOD*)
- 5) **Food Deserts:** KMA collaborate with local public health departments and other stakeholders to improve access to healthy foods and work to reduce food deserts in the Commonwealth of Kentucky. (*Res 2018-11, 2018 HOD*)
- 6) **Gun Violence:** KMA advocates for increased research into gun violence. (*Res 2017-21, 2017 HOD*)

KMA supports efforts that:

- Label violence caused by the use of guns as a public health epidemic;
- Fund appropriate research at the Centers for Disease Control and Prevention to evaluate the causes and evidence-based remedies of this epidemic;
- Increase funding for school-based mental health services related to trauma and violence prevention; and
- Evaluate in concert with law enforcement, educators and social services, the most appropriate responses to this epidemic. (*Res 2018-7, 2018 HOD*)

KMA address gun violence epidemic harm by supporting 2023 Kentucky legislation to establish and require American College of Surgeons *Stop the Bleed* training annually for all Kentucky school and college teachers and employees (every other year for educators who have completed 3 consecutive annual courses), and for students (voluntary for elementary school students).

Funding for such hemorrhage control courses and supplies come from the Kentucky General Fund, with partial or full replacement by federal funds, if the Prevent BLEEDing Act of 2022 or other funding is enacted. (*Res 2022-17, 2022 HOD*)

- 7) **Kentucky Lung Health Trust:** KMA strongly support President Neal Moser, MD’s focus on lung health, including lung and bronchial cancer.

KMA support legislation to establish a Kentucky Lung Health Trust that awards grants for cancer research, nicotine delivery epidemiology and environmental lung injury studies, funded by an increase on excise taxes on cigarettes and nicotine delivery agents to above the national average. (*Res 2021-20, HOD 2021*)

- 8) **Medication Education:** KMA partner with relevant stakeholders to promote a public health campaign to promote reliable sources of medical information. (*Res 2018-12, 2018 HOD*)
- 9) **Menstrual Poverty:** KMA support legislation exempting menstrual products from the state sales tax.

KMA support providing menstrual hygiene products free of charge in public facilities such as state prisons and public schools. (*Res 2022-13, 2022 HOD*)

- 10) **Mission Critical Public Health Activities:** KMA advocates that the Cabinet for Health and Family Services develop plans to maintain fundamental public health services. (*Res 2014-13, 2014 HOD, p 334*)

11) **Nickel Allergen Advisory:** KMA encourages promoting education and awareness about the medical implications of prolonged skin contact with nickel-containing products and the subsequent delayed hypersensitivity reaction that remains lifelong after initial sensitization. (*Res 2021-6, 2021 HOD*)

12) **Obesity:** KMA works with all relevant organizations to address the issue of obesity. (*Res 2014-19, 2014 HOD, p 331*)

KMA work with other organizations and government agencies to develop a public campaign targeted to prevent obesity.

KMA promote evidence-based guidelines regarding the treatment of obesity. (*Res 2021-8, 2021 HOD*)

13) **Stop the Bleed Campaign:** KMA will promote the national public health educational campaign *Stop the Bleed* within the Commonwealth of Kentucky.

KMA supports the increased availability of hemorrhage control supplies (including pressure bandages, hemostatic dressings, tourniquets and gloves) in schools, places of employment, and public buildings. (*Res 2019-6, 2019 HOD*)

14) **Sugar-Sweetened Beverages:** KMA urges physicians to educate their patients regarding the health effects of sugar-sweetened beverages and, if necessary, encourage patients to reduce consumption of such beverages. (*Res 2016-8, 2016 HOD*)

15) **Trauma Informed Care:** KMA supports educating physicians regarding the importance of trauma-informed care in the treatment of victims of physical and psychological trauma, including but not limited to the COVID-19 pandemic.

KMA supports the use of evidence-based trauma-informed care and safety practices in health care settings. (*Res 2021-9, 2021 HOD*)

KMA supports physicians collaborating with, including but not limited to, Medicare, Medicaid, private payers, nonprofit and nongovernmental entities that support survivors of physical and psychological trauma, trauma-informed care (TIC) researchers and advocates, as well as TIC educators, to further enhance desired multi-dimensional implementation of TIC in independent and academic healthcare settings.

KMA encourages patient access to resources including but not limited to Medicare, Medicaid and non-profit institutions that further support the victims and survivors of physical and psychological trauma and to further enhance a multi-dimensional care approach.

KMA provide education to physicians on the recognition of adverse childhood experiences-associated health conditions and the subsequent use of evidence-based trauma-informed care to create a patient-centered care experience.

KMA supports research into the best practice of utilizing adverse childhood experiences-screening tools in healthcare settings. (*Res 2022-3, 2022 HOD*)

RESIDENTS

1) **Resident and Fellow Engagement in Organized Medicine:** KMA and the Resident-Fellow Section (RFS) Governing Council work with the Graduate Medical Education Offices of each accredited post-graduate medical training program in the Commonwealth of Kentucky to develop more on-campus KMA Resident-Fellow Section activities, including regularly scheduled organizational meetings, and mentoring of residents and fellows by members of the KMA Commission on Young Physicians and Physicians in Training (*Res 2014-08, 2014 HOD, p 332*)

RETAIL CLINICS

- 1) **Limited Service Clinics:** KMA advocates to hold Limited Service Clinics to the same business practices as physician practices. *(Res 2016-2; 2016 HOD)*

SAFETY ISSUES

- 1) **Firearms:** KMA encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms. *(Res 2019-11, 2019 HOD)*

KMA work with the Kentucky medical schools and residency programs to support evidence-based training for medical students, resident physicians, and teaching physicians to reduce firearm-related morbidity and mortality.

KMA encourages physicians, when appropriate, to counsel patients on firearm safety. *(Res 2019-12, 2019 HOD)*

- 2) **Fireworks:** KMA will partner with Kentucky Department for Public Health to advocate for public education initiatives that promote awareness of the health risks associated with recreational firework use including physical injury and death, mental health disorders including Post-Traumatic Stress Disorder, as well as promote best practices for safer use of fireworks for those who choose to use recreational fireworks. *(Res 2018-9, 2018 HOD)*
- 3) **Helmets:** KMA supports and encourages the development of public education campaigns for helmet usage by children. *(Res 2019-9, 2019 HOD)*

SEXUAL ASSAULT VICTIMS

- 1) **Electronic Tracking Systems:** KMA supports the implementation of a secure and confidential electronic tracking system for sexual assault evidence kits. *(Res 2018-4, 2018 HOD)*

SOCIAL MEDIA

- 1) **Physician Usage:** KMA encourages physicians to use the KMA and other medical society social media platforms.

KMA's Commission on Public Health utilizes existing social media platforms to promote KMA's public health priorities and encourage Young Physician and Physician In-Training involvement. *(Res 2016-18, 2016 HOD)*

SUNSETTING POLICY:

- 1) KMA policy initially passed more than 10 years from the date of each KMA House of Delegates meeting will be automatically sunset each year, unless action is taken by the House of Delegates to reestablish the sunseting policies. *(Res 2022-15, 2022 HOD)*

SUPPLIES OVER SEAS

- 1) KMA commends Supplies Over Seas for 20 years of recovering surplus medical supplies and equipment from Kentucky hospitals and delivering it to save lives in impoverished communities worldwide.

KMA informs its members and their hospitals of the great benefits of the Supplies Over Seas (SOS) program, and KMA works with the Kentucky Hospital Association to encourage additional hospital participation, greater support for SOS from hospital and community sponsors, and increased use of SOS resources by physicians and health care workers on medical missions. *(Res 2014-02, 2014 HOD, p 330)*

TEAM-BASED MEDICAL CARE

- 1) **KAPA:** KMA supports the Kentucky Academy of Physician Assistants (KAPA) in their efforts to provide high quality, team-based, physician-led access to care for Kentuckians. *(Res 2013-18, 2013 HOD, p 384)*
- 2) **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)*

TELEMEDICINE

- 1) **Expansion:** KMA advocate to Congress for the loosening of federal telehealth regulations.

KMA continue to advocate for expanding telehealth infrastructure at both state and federal levels.

KMA work with the Kentucky Foundation for Medical Care and other appropriate health-related organizations to help Kentucky residents living in rural areas learn about telehealth and its benefits. *(Res 2022-16, 2022 HOD)*

- 2) **Payment Parity:** KMA advocates for a policy of telemedicine payment parity between virtual visits and in-office visits to Kentucky physicians, where a bona fide established and ongoing care relationship exists, such that, the reimbursement is equivalent for online care and face-to-face care. *(Res 2016-3, 2016 HOD)*

TOBACCO

- 1) **Electronic Nicotine Delivery Systems:** KMA supports regulation of marketing and packaging of electronic nicotine delivery systems, in a way that mirrors the regulation of traditional cigarettes.

KMA supports a ban on electronic nicotine delivery systems use in locations where tobacco use is prohibited.

KMA supports the extension of laws prohibiting tobacco advertising to electronic nicotine delivery systems.

KMA supports federal and state bans on flavoring for electronic nicotine delivery systems.

KMA supports legislation to tax electronic nicotine delivery systems and associated products at a minimum at rates similar to conventional, combustible cigarettes.

KMA educate the public, especially youth, of the dangers of using electronic nicotine delivery systems, and so discourage the use of them. *(Res 2019-15, 2019 HOD)*

- 2) **Excise Tax:** KMA seeks introduction and passage of legislation to increase the Kentucky state tax on all forms of smokeless tobacco to at least the national average. *(Res 2013-09, 2013 HOD, p 384)*

UNINSURED

- 1) **Universal Health Insurance Coverage:** KMA express its support for universal access to comprehensive, affordable, high-quality health care. *(Res 2021-24, 2021 HOD)*

VISION SCREENING

- 1) **Instrument-Based Vision Screening:** KMA advocates that Medicaid and all private insurers doing business in Kentucky compensate pediatricians and other primary care physicians appropriately for vision screening,

CPT code 99174 (2013 edition of CPT), when performed on children 6 months to 5 years of age and for those patients who are unable to cooperate for visual acuity screening by standard vision charts.

KMA works with the AMA to petition the FDA to approve equipment required to conduct instrument-based screening on patients unable to participate in visual acuity screening by standard vision charts.

KMA promotes the use of instrument-based vision screening by pediatricians and primary care physicians for patients 6 months to 5 years of age. (*Res 2013-06, 2013 HOD, p 382*)

- 2) **Vision Testing at Driver's License Renewal:** KMA works toward passage of legislation requiring the testing of vision at the time of driver's license renewal in Kentucky. (*Res 2015-8, 2015 HOD*)

WARDS OF STATE

- 1) **Do Not Resuscitate (DNR) Designation for Patients Under State Guardianship:** KMA seeks changes in the current regulations that would allow for ethics committees in hospitals at the local level to make reasonable recommendations on the end-of-life care of patients under state guardianship and that these recommendations be considered in the final decision by the Cabinet for Health and Family Services on a request for DNR status. (*Res 2014-18, 2014 HOD, p 330*)

WORKFORCE, PHYSICIAN

- 1) **J-1 Visa Waiver Program:** KMA supports federal and state legislation to support a revision of immigration policy to expedite the immigration process for international medical graduate physicians. (*Res 2019-30, 2019 HOD*)
- 2) **Maximizing the Physician Workforce:** KMA will work with the Kentucky Board of Medical Licensure and other organizations to study ways by which physicians previously licensed in the United States of America can most efficiently and safely re-enter the workforce after a period of absence from clinical care and educate the membership on the findings. (*Res 2016-11, 2016 HOD*)
- 3) **Medical Education Debt Repayment:** KMA advocates for the use of economic development funds to be used to provide debt relief in order to attract physicians to rural and underserved areas in Kentucky. (*Res 2012-14, 2012 HOD, p 522; Reaffirmed 2014, 2016*)

KMA works with the Kentucky General Assembly to develop debt relief for physicians willing to practice in rural and underserved areas. (*Res 2014-12, 2014 HOD, p 334*)

- 4) **Physicians Previously Licensed in USA:** KMA works with the Kentucky Board of Medical Licensure and other organizations to study ways by which physicians previously licensed in the United States of America can most efficiently and safely re-enter the workforce after a period of absence from clinical care and educate the membership on the findings. (*Res 2016-11, 2016 HOD*)
- 5) **Scholarships from County Education Foundations:** KMA encourages its membership in each county to promote and establish foundations to provide scholarships to students in each county.

KMA will provide information to county medical societies on issues regarding scholarships and other possible charitable activities undertaken by the societies, including basic tax issues to consider when conducting such activities. (*Res 2016-22, 2016 HOD*)

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