Adopted

2023-1

RESOLUTION

Subject: Constitutional Amendment to Separate the Office of Secretary-Treasurer

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, the KMA Constitution sets out the officer positions for the KMA, including the office of Secretary/Treasurer; and

WHEREAS, the KMA Long Range Planning Commission conducted a thorough review of the Constitution and Bylaws, including the various officer positions within the KMA, and made a number of suggested changes to modernize the governance of the organization; and

WHEREAS, the position of Secretary-Treasurer has developed over the years into a very busy position with myriad responsibilities including financial, administrative, and advocacy activities that make it one that could easily be divided into two positions; and

WHEREAS, modern governance, financial and administrative responsibilities for corporate officers have become more burdensome than when the KMA's officer roles were first established nearly seventy years ago; and

WHEREAS, many non-profit associations, charities and for-profit companies have positions for both a Secretary and a Treasurer to conduct the various financial, administrative and compliance duties associated with modern governance responsibilities; and

WHEREAS, since the current Secretary-Treasurer position is set out in the KMA Constitution, that document must first be amended prior to the KMA bylaws being amended to separate the position into two—a Secretary and a Treasurer; and

WHEREAS, the KMA bylaws were updated in 2021 to make them gender-neutral and only one change to the Constitution would need to be made to make it gender-neutral as well; and

WHEREAS, according to Article XII of the KMA Constitution, any potential amendment of the Constitution must first be presented to the regular open meeting of the House of Delegates and voted upon at the next regular meeting of the House of Delegates; and

WHEREAS, the proposed changes to the Constitution set out in the Resolves below will be presented at the 2022 KMA House of Delegates meeting, but will not be acted upon until the 2023 House of Delegates open meeting to comply with the requirements of Article XII of the KMA Constitution; and

WHEREAS, if the Constitution is changed in 2023 to separate the Secretary/Treasurer position into two positions, further changes to match such a change in the Constitution can be made in the bylaws at that time; now, therefore, be it

RESOLVED, that Article V, Section 1 of the KMA Constitution be amended as follows: ”The officers of this Association shall be a President, a President-Elect, a Vice-President, a Secretary-~~Treasurer~~, a Treasurer, a Speaker and Vice-Speaker of the House of Delegates, a Trustee and an Alternate Trustee from each district that may be established; and such other officers as may be provided for in the Bylaws.”; and be it further

RESOLVED, that Article X of the KMA Constitution be amended as follows: “The membership of the Association, by written petition signed by not less than 10% of the active membership, may obtain a referendum on any question pending before the House of Delegates. The Secretary-~~Treasurer~~, upon the presentation of such a petition ~~to him~~ shall cause the question to be submitted to the active membership by mail, and if a majority of the active members shall signify its approval or disapproval of a certain policy or course of action with respect to the question thus submitted, the will of the majority shall determine the question and shall be binding upon the House of Delegates and the Association upon certification of the result of the vote by the Secretary-~~Treasurer~~ to the President and Board of Trustees.”

Adopted

2023-2

RESOLUTION

Subject: Bylaws Amendments to Separate the Duties of the Secretary-Treasurer

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, the KMA Constitution sets out the officer positions for the KMA, including the office of Secretary-Treasurer; and

WHEREAS, the KMA Bylaws outline the duties of the officers for the KMA, including the office of Secretary-Treasurer; and

WHEREAS, the KMA Board of Trustees has proposed amending the KMA Constitution to divide the office of Secretary-Treasurer into two positions; and

WHEREAS, if the proposed changes to the KMA Constitution are approved by the 2023 House of Delegates, further changes to the KMA Bylaws are needed to divide the duties between the Secretary and the Treasurer; and

WHEREAS, according to Chapter XII, Section 1 of the KMA Bylaws, the bylaws may be amended at the meeting of the regular session of the House of Delegates by a majority vote of the Delegates present if the amendment proposed is presented in writing to the Delegates thirty days prior to the meeting; now, therefore, be it

RESOLVED, that Chapter I, Section 1 of the bylaws be amended to read as follows: “Membership in this Association shall be coterminous with membership in a component county society. No physician shall be eligible for membership in this Association unless they are a member, in good standing of a component society, nor may they maintain membership in a component county society unless they are a member, in good standing of this Association.

When a physician who meets the qualifications hereinafter set forth, is certified to the Secretary~~-Treasurer~~ as a member in good standing of a component society, properly classified as to type of membership, and when the dues pertaining to their membership classification have been received by the ~~Secretary-~~Treasurer of the Association, the name of the member shall be included in the official roster of the Association and they shall be entitled to all the privileges of their class of membership. Provided, however, that members in good standing from other state societies may, if admitted to membership by a component society, be accepted by KMA for membership without paying dues for the remainder of the calendar year in which the transfer is made. Provided further, that the Board of Trustees shall have power, upon written application, approved annually by the county society of which the applicant is a member, to excuse any member from the payment of dues because of financial hardship.”; and be it further

RESOLVED, that Chapter III, Sections 3 and 8 of the bylaws be amended to read as follows:

"**Section 3**. When a special session is called, the Secretary ~~Treasurer~~ shall provide the appropriate notice of the time, place, and purpose of such meeting to the last known address of each delegate at least ten days before such session.

Section 8. Each Resolution introduced into the House shall be in writing and signed by the author and presented to the Secretary ~~Treasurer~~ following its introduction. If the author presenting the Resolution presents it as an individual member of the Kentucky Medical Association, the Resolution shall be signed by him. If the author be a group of members or component society, the Resolution shall be signed by the authorized spokesman for that group. Prior to the meeting of the regular session of the House of Delegates, it shall be referred to the proper Reference Committee before action thereon is taken."; and be it further

RESOLVED, that Chapter IV, Section 1 of the bylaws be amended to read as follows: "The President-Elect and the Vice President shall be elected from the state at large for a term of one year, the President-Elect succeeding to the presidency at the expiration of their term as President-Elect. A majority vote of those attending and voting shall be required for the election of the President-Elect and the Vice President and on any ballot where a majority is not obtained, the candidate with the least votes shall be dropped and further balloting held until such time as one candidate receives a majority of the votes cast. Delegates to the AMA and their alternates shall be elected from the state at large for terms of two years with the provision that no more than one delegate and no more than one alternate delegate shall be elected from one component society except in the instance that a member of the Kentucky delegation is elected to the office of Speaker or Vice-Speaker of the American Medical Association House of Delegates, in which case, no more than two delegates and two alternate delegates shall be elected from any component society. All delegate and alternate terms shall be coterminous; all positions shall expire at the same time and all candidates must run for office at the same time every two years. The Speaker of the House of Delegates, the Vice-Speaker, the Secretary and the ~~Secretary~~ Treasurer shall be elected for terms of three years. Trustees and their Alternates shall be elected for terms of three years and Trustees shall be limited to serving for not more than two consecutive full terms. The terms of the Trustees and their Alternates shall coincide and be so arranged that one-third of the terms expire each year, insofar as possible, provided, however, that nothing contained herein shall preclude an Alternate Trustee from serving two full terms as a Trustee. No member shall be eligible for the office of President, President-Elect, Vice-President, Secretary, ~~-~~Treasurer, Speaker or Vice-Speaker of the House of Delegates, Trustee or Alternate Trustee who has not been an active member of the Association for at least three years. Representatives of the KMA Resident and Fellows Section and the KMA Medical Student Section to the KMA Board of Trustees shall be elected for a term of one year."; and be it further

RESOLVED, that Chapter V, Section 7 of the bylaws be amended to read as follows: “The Secretary~~-Treasurer~~ shall advise the Executive Vice President in all administrative matters of this Association and shall act as the corporate secretary insofar as the execution of official documents or institution of official actions are required. They shall perform such duties as are placed upon them by the Constitution and Bylaws, and as may be prescribed by the Board of Trustees. The ~~Secretary-~~Treasurer shall demand and receive all funds due the Association, including bequests and donations. They shall, if so directed by the House of Delegates, sell or lease any real estate belonging to the Association and execute the necessary papers and shall, subject to such direction, have the care and management of the fiscal affairs of the Association. All vouchers of the Association shall be signed by the Executive Vice President or their designee and shall be countersigned by the ~~Secretary-~~Treasurer of the Association. If the ~~Secretary-~~Treasurer is unavailable to sign vouchers, the President shall perform that function. The ~~Secretary-~~Treasurer shall report the operations of their office annually to the House of Delegates, via the Board of Trustees, and shall truly and accurately account for all funds belonging to the Association and coming into their hands during the year. Their accounts shall be audited annually by a certified public accountant appointed by the Board of Trustees. The Association’s annual audit shall be made available to the membership.”; and be it further

RESOLVED, that Chapter VI, Sections 1, 5, and 8 of the bylaws be amended to read as follows:

“**Section 1**. The Board of Trustees shall be the executive body of the House of Delegates and between sessions of the House of Delegates shall exercise the powers conferred upon the House of Delegates by the Constitution and Bylaws. The Board of Trustees shall consist of the duly elected Trustees and the President, the President-Elect, the Vice-President, the immediate Past-President, the Speaker, and Vice-Speaker of the House of Delegates, the Secretary, the -Treasurer, the Delegates and Alternate Delegates to the American Medical Association, the President of the KMA Resident and Fellows Section, and the President of the KMA Medical Student Section. The Executive Committee of the Board of Trustees shall consist of the President, the Vice-President, the President-Elect, the Secretary, the -Treasurer, the Chairman of the Board of Trustees, the Vice Chairman of the Board of Trustees, and two Trustees to be elected annually by the Board of Trustees. A majority of the full Board, and a majority of the full Executive Committee shall constitute a quorum for the transaction of all business by either body. Between sessions of the Board, the Executive Committee shall exercise all the powers belonging to the Board except those powers specifically reserved by the Board to itself.

Section 5. The Journal of the Kentucky Medical Association shall be the official organ of the Association and shall be published under the supervision of the Board. The Editor of the Journal shall be elected by the Board. All money received by the Journal or by any member of its staff on its behalf, shall be paid to the ~~Secretary-~~Treasurer on the first of each month. The Board shall provide for and

superintend the publication and distribution of all proceedings, transactions, and memoirs of the Association, and shall have authority to appoint such assistants to the Editor as it deems necessary.

Section 8. The Board shall employ an Executive Vice President whose principal duty shall be to carry out and execute the policies established by the House of Delegates and the Board. Their compensation shall be fixed by the Board. The Executive Vice President shall act as general administrative officer and business manager of the Association and shall perform all administrative duties necessary and proper to the general management of the Headquarters Office, except those duties which are specifically imposed by the Constitution and Bylaws upon the officers, committees, councils and other representatives of the Association. They shall refer to the various elected officials all administrative questions which are properly within their jurisdiction.

They shall attend the Annual Meeting, the meetings of the House of Delegates, the meetings of the Board, as many of the committee and council meetings as possible, and shall keep separately the records of their respective proceedings. They shall, at all times, hold themself in readiness to advise and aid, so far as is possible and practicable, all officers, committees, and councils of the Association in the performance of their duties and in the furtherance of the Association. They shall be allowed traveling expenses to the extent approved by the Board.

They shall be the custodian of the general papers and records of the Association (including those of the Secretary and the ~~-~~Treasurer) and shall conduct the official correspondence of the Association. They shall notify all members of meetings, officers of their election, and committees and councils of their appointment and duties.

They shall account for and promptly turn over to the ~~Secretary-~~Treasurer all funds of the Association which come into their hands. It shall be their duty to receive all bills against the Association, to investigate their fairness and correctness, to prepare vouchers covering the same, and to forward them to the ~~Secretary-~~Treasurer for appropriate action. They shall keep an account with the component societies of the amounts of their assessments, collect the same, and promptly turn over the proceeds to the ~~Secretary-~~Treasurer. They shall annually submit their financial books and records to a certified public accountant, approved by the Board, whose report shall be made available to the membership.

They shall keep a record of all physicians in the State by counties, noting on each their status in relation to their county society, and upon request shall transmit a copy of this list to the American Medical Association.

They shall act as Managing Editor, or otherwise supervise the publication of The Journal of the Kentucky Medical Association and such other publications as may be authorized by the House of Delegates, under the guidance and direction of the Board.

They shall perform such additional duties as may be required by the House of Delegates, the Board, or the President, and shall employ such assistants as the Board may direct. They shall serve at

the pleasure of the Board, and in the event of their death, resignation, or removal, the Board shall have the power to fill the vacancy. From time to time, or as directed by the Board, they shall make written reports to the Board and House of Delegates concerning their activities and those of the Headquarters Office."; and be it further

RESOLVED, that Chapter VIII, Section 1 of the bylaws be amended to read as follows: "The annual dues for membership in this Association shall be as follows: (1) Active Members, $530, (except (a) those physicians elected to KMA membership within six months of the completion of their residency, fellowship or fulfillment of government-obligated service shall pay only one-half of the full active member rate their first full year of membership; (b) those physicians in their second year of practice shall pay only three-fourths of the full active member rate for their second full year of membership; and (c) those physicians who have reached the age of 70 and work 20 hours or less per week shall pay only one-half of the full active member rate per year for their KMA membership); (2) Life Members, no dues; (3) Associate Members, $100; (4) Physician In-training Members, $25 one-time fee for the duration of residency and fellowship in an approved residency program in Kentucky, except that physician In-training Members joining prior to September 10, 2003, shall not be liable for additional dues for the duration of residency and fellowship; (5) Inactive Members, $100; (6) Student Members, no dues; (7) Service Members, no dues; (8) Special Members, no dues. The dues during the first year for any active member shall be prorated on a quarterly basis as determined by the date of the application. Dues fixed by these Bylaws shall constitute assessments against the component societies. Unless otherwise instructed by the Board of Trustees (which may institute centralized billing) the Secretary of each component society shall forward its assessments, together with its properly classified roster of all officers and members, list of delegates, and list of nonaffiliated physicians of the county, to the Secretary~~-Treasurer~~ of this Association as of the first day of January each year."; and be it further

RESOLVED, that Chapter XI, Section 10 of the bylaws be amended to read as follows: "At the time of the annual election of officers, each component society shall elect a delegate or Delegates to represent it in the House of Delegates. The term of a delegate shall commence on the first day of the regular session of the House following their election, and shall end on the day before the first day of the next regular session, provided, however, that component societies may elect Delegates for more than one term at any election. Each component society may elect one delegate for each 25 voting members in good standing, plus one delegate for one or more voting members in excess of multiples of 25, provided, however that each component society shall be entitled to at least one delegate regardless of the number of voting members it may have and that each multi-county society shall be entitled to the same number of Delegates as its component societies would have had. The secretary of the society shall send a list of such Delegates to the Secretary~~-Treasurer~~ of this Association not later than 45 days before the next Annual Meeting. It shall be the obligation of a component society which elects Delegates

to serve more than one year, to provide the KMA Headquarters Office with a certified list of its Delegates each year.”

Adopted

2023-3

RESOLUTION

Subject: Bylaws Amendment to Update KMA's Parliamentary Authority

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, Chapter X of the KMA Bylaws states that the deliberations of the Association are governed by parliamentary usage as contained in the latest edition of Sturgis' *The Standard Code of Parliamentary Procedure* (Sturgis) unless otherwise determined by a vote of its respective bodies; and

WHEREAS, the latest edition of *The Standard Code of Parliamentary Procedure b*y Alice Sturgis was released in 2001 and is no longer being revised for the modern era; and

WHEREAS, in recent years, KMA has made changes to its governance structure to modernize the Association and the way it conducts business; and

WHEREAS, many similar organizations, such as the American Medical Association, the Texas Medical Association, and the American Dental Association have adopted the use of the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* (AIPSC) as their parliamentary authority due to its more current and updated approach; and

WHEREAS, the AIPSC is based upon the same principles of simplification, modernization, and ease of comprehension as Sturgis and is very similar in substance; and

WHEREAS, the American Institute of Parliamentarians offers resources and education on parliamentary procedure that may be beneficial to KMA officers, Board members, and staff; and

WHEREAS, delaying the implementation of a new parliamentary authority until after the conclusion 2023 Annual Meeting would allow time for the Speakers and members of the House to become familiar with the procedures outlined in the AIPSC; now, therefore, be it

RESOLVED, that Chapter X of the KMA Bylaws be amended after the conclusion of the 2023 KMA Annual Meeting to state: "The deliberations of this Association shall be governed by parliamentary usage as contained in the latest edition of the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*~~Sturgis's *Standard Code of Parliamentary Procedure,*~~ unless otherwise determined by a vote of its respective bodies."

Adopted as Amended

2023-4

RESOLUTION

Subject: Water Safety in Children

Submitted by: Maggie Stull (Medical Student Section)

Referred to: Reference Committee

WHEREAS, autism or autism spectrum disorder (ASD) is characterized by challenges with social skills, repetitive behaviors, speech, and nonverbal communication[1]; and

WHEREAS, autism/ASD affects an estimated 1 in 36 children in the United States (US) as of 2020[1]; and

WHEREAS, drowning is the #1 cause of death in children with autism/ASD[2]; and

WHEREAS, in the US more children ages 1-4 die from fatal drowning than any other cause of death[4]; and

WHEREAS, for children ages 5-14. Drowning is the second leading cause of unintentional injury death[4]; and

WHEREAS, African American children between the ages of 5-19 are six times more likely to drown in a pool compared to their White counterparts[3]; and

WHEREAS, children with autism/ASD are 160 times more likely to experience fatal and nonfatal drowning than their neurotypical peers[2]; and

WHEREAS, children with autism/ASD are at an increased risk of drowning because they are more susceptible to wandering/elopement behaviors, may enjoy the sensations of water more than their neurotypical peers, may lack the awareness of being in a dangerous situation, and experience a higher rate of epilepsy and seizures than the general population[2]; and

WHEREAS, the Centers for Disease Control (CDC) identifies Kentucky as having a higher-than-average rate of drownings compared to the national average[5]; and

WHEREAS, between 2018-2021, Kentucky's rate of drowning stood at 1.54 deaths per 100,000 people whereas the national average is 1.31 deaths per 100,000 people[5]; and

WHEREAS, children with autism/ASD have the capabilities to improve their water safety skills, which are important for prevention of drowning, after short bouts of aquatic training[6]; and

WHEREAS, legislation compliant pool fencing substantially reduces the risk of drowning and active supervision by a parent or caregiver is an effective drowning prevention strategy[7]; and

WHEREAS, the American Medical Association, or AMA, strongly supports barrier

fencing and pool covers for residential pools, early water safety, and water awareness programs and encourages swimming pool manufacturers and pool chemical suppliers to distribute educational materials that promote swimming and water safety[8]; now, therefore, be it

RESOLVED, that KMA encourages expanding water safety techniques, including but not limited to child(ren) engagement in swimming lessons, promotion of the use of fences around pools, and direct supervision of children around water by a responsible individual.

References:

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3 "Drowning Prevention: Autism Society of Florida: United States." Autism Society FL, www.autismfl.org/drowning-prevention. Accessed 23 June 2023.
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8 "Swimming Safety H-10.983." AMA, 2021, policysearch.ama-assn.org/policyfinder/detail/water?uri=%2FAMADoc%2FHOD.xml-0-22.xml.

Adopted as Amended

2023-5

RESOLUTION

Subject: Caution in Pediatric Use of Melatonin

Submitted by: Margo Nelis, Michael Nichols, Maggie Stull (Medical Student Section)

Referred to: Reference Committee

WHEREAS, up to 25% of healthy children and adolescents, as well as up to 75% of children and adolescents with neurodevelopmental and/or psychiatric conditions experience difficulty with sleep[1]; and

WHEREAS, melatonin is a naturally occurring hormone that regulates sleep[2]; and

WHEREAS, melatonin is sold as a prescription medication in European countries but as an over the counter (OTC) supplement in the United States (US)[3]; and

WHEREAS, melatonin is considered by the FDA to be a dietary supplement, so it adheres to looser regulations than other OTC and prescription medications[2,8]; and

WHEREAS, the use of melatonin in children has increased over the past decades, with a 2022 study indicating that sales of melatonin in the US have increased by approximately 150% from between 2016 and 2020, making melatonin the second most popular “natural” product parents give to their children after multivitamins[2, 4, 8]; and

WHEREAS, the greatest variation, ranging from less than ½ to more than 4 times the stated amount, in melatonin levels is found in chewable tablets or gummies, which children are most likely to take[2, 8]; and

WHEREAS, the use of pediatric melatonin may result in ingestion of unpredictable quantities of melatonin, which may lead to an overdose[5]; and

WHEREAS, the symptoms of a melatonin overdose include excessive sleepiness, headaches, nausea, and/or agitation[2]; and

WHEREAS, from 2012 to 2021, pediatric melatonin overdoses were responsible for 4,097 hospitalizations, 287 intensive care unit admissions, and 2 deaths[5]; and

WHEREAS, in 2020, melatonin became the most frequently ingested substance among children reported to national poison control centers[6]; and

WHEREAS, pediatric melatonin ingestion accounted for 4.9% of all pediatric ingestions reported to poison control centers in 2021, compared to 0.6% in 2012[6]; and

WHEREAS, the long-term effects of melatonin use in pediatric populations have not been studied, which gives rise to concerns about the effects of melatonin on growth and development, especially during puberty, and interactions with prescription medications[7]; now, therefore, be it

RESOLVED, that KMA encourage caution in consumption of melatonin in pediatric populations; and be it further

RESOLVED, that KMA promote physician-led education to caregivers regarding pediatric use of melatonin.

References:

[1] Janjua, Irvin, and Ran D Goldman. “Sleep-related melatonin use in healthy children.” Canadian family physician Medecin de famille canadien vol. 62,4 (2016): 315-7.

[2] McCarthy, Claire. “New Advice on Melatonin Use in Children.” Harvard Health, 6 Oct. 2022, www.health.harvard.edu/blog/new-advice-on-melatonin-use-in-children-202210062832.

[3] Skrzelowski, Michelle, et al. “Melatonin Use in Pediatrics: Evaluating the Discrepancy in Evidence Based on Country and Regulations Regarding Production.” The Journal of Pediatric Pharmacology and Therapeutics, vol. 26, no. 1, 2021, pp. 4–20, https://doi.org/10.5863/1551-6776-26.1.4.

[4] “Melatonin: What You Need to Know.” National Center for Complementary and Integrative Health, July 2022, www.nccih.nih.gov/health/melatonin-what-you-need-to-know.

[5] Faust, Jeremy. “Melatonin Gummy Labels Often Inaccurate. but That’s Not Why Thousands of Kids Have Been Hospitalized after Accidental Overdoses.” Melatonin Gummy Labels Often Inaccurate. But That’s Not Why Thousands of Kids Have Been Hospitalized after Accidental Overdoses., 28 Apr. 2023, insidemedicine.substack.com/p/melatonin- gummy-labels-often-inaccurate?utm_source=post-email-title&publication_id=1183526&post_id=117773076&isFreemail=true&ut m_medium=email.

[6] Lelak, Karima, et al. “Pediatric Melatonin Ingestions - United States, 2012–2021.” Centers for Disease Control and Prevention, 2 June 2022, www.cdc.gov/mmwr/volumes/71/wr/mm7122a1.htm.

[7] Esparham , Anna. “Melatonin for Kids: What Parents Should Know about This Sleep Aid.” HealthyChildren.Org, 27 Apr. 2023, www.healthychildren.org/English/healthy- living/sleep/Pages/melatonin-and-childrens-sleep.aspx#:~:text=Melatonin%20supplement%20dosages%20for%20kids&text=Start%20with%20the%20lowest%20dosage,to%206%20mg%20of%20melatonin.

[8] AASM Executive Committee. “Health Advisory: Melatonin Use in Children and Adolescents.” American Academy of Sleep Medicine – Association for Sleep Clinicians and Researchers, 13 Mar. 2023, aasm.org/advocacy/position-statements/melatonin-use-in- children-and-adolescents-health-advisory/.

Adopted as Amended

2023-6

RESOLUTION

Subject: Increasing Skin Cancer Prevention Through SPF 30+ UVA/UVB Utilization

Submitted by: Lisa Anakwenze, MPH, MS and Onajia Stubblefield, MS (Medical Student Section)

Referred to: Reference Committee

WHEREAS, skin cancer is the most commonly diagnosed cancer in the United States[1]; and

WHEREAS, there are an estimated 97,610 new cases of invasive and 89,070 cases of in situ melanoma to be diagnosed in the US and estimated 7,990 deaths from the disease in 2023[1]; and

WHEREAS, annual skin cancer treatment costs are estimated at $8.1 billion[2]; and

WHEREAS, Kentucky is written in literature as the one of the states with the highest disability adjusted life years and mortality rates from melanoma[3,4]; and

WHEREAS, from 2016 to 2020, Kentucky was in the top 10 states with incidence rates of melanoma[5,6]; and

WHEREAS, between the years of 2000 and 2019, Kentucky melanoma incidences have steadily increased[5]; and

WHEREAS, there will be an estimated 1,490 cases of melanoma of the skin in Kentucky in 2023[4-6]; and

WHEREAS, the majority of melanoma, and other skin cancers are attributable to UV exposure, which is a preventable risk factor [2,7-9]; and

WHEREAS, regular sunscreen use may reduce risk of melanoma by reflecting, absorbing, or scattering UV light[10-12]; and

WHEREAS, the American Academy of Dermatology Association, encourages patients to participate in regular skin self-exams especially if they have a strong personal or family history of skin cancer[2]; and

WHEREAS, the American Academy of Dermatology Association, reports that SPF15 is most likely insufficient for fair-skinned individuals[7]; and

WHEREAS, current evidence suggests individuals do not apply sunscreen to all sun exposed areas adequately[13]; now, therefore, be it

RESOLVED, that KMA encourages physicians to educate patients on how to conduct self-skin checks; and be it further

RESOLVED, that KMA encourages patients utilize waterproof, broad spectrum (UVA/UVB) sunscreen, with an SPF minimum of 30 on sun exposed areas; and be it further

RESOLVED, that KMA encourages patients wear long sleeves, pants, and hats with a wide brim to reduce sun exposure along with not using tanning beds; and be it further

RESOLVED, that KMA supports and encourages increased full body skin examinations and screenings; and be it further

RESOLVED, that KMA supports and advocates for programs that provide free sunscreen that are SPF minimum of 30, waterproof, and broad spectrum (UVA/UVB) coverage directly to physicians to distribute to patients.

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Adopted as Amended

2023-7

RESOLUTION

Subject: Eating Disorders and Weight Stigma in Kentucky

Submitted by: Zubi Suleman, MD, DFAPA, Hannah Fitterman-Harris PhD, and Cheri A. Levinson, PhD

Referred to: Reference Committee

WHEREAS, 2020 Senate Bill (SB) 82, sponsored by Senator Julie Raque Adams, was signed into law by Governor Andy Beshear on March 27, 2020, and established the Kentucky Eating Disorder Council; and

WHEREAS, SB82 was the first eating disorder focused legislation in Kentucky whose mission is to improve access to quality, affordable care for all who need this life saving treatment[1]; and

WHEREAS, estimates state that approximately nine percent of Kentuckians – 393,345 people – will have an eating disorder in their lifetime; and

WHEREAS, statistics show that 10,200 deaths occur each year in the United States that are the direct result of an eating disorder – equaling one death every fifty-two minutes[2]; and

WHEREAS, approximately twenty-six percent of people with an eating disorder attempts suicide[2]; and

WHEREAS, eating disorders are among the deadliest mental illnesses, second only to opioid overdose[2]; and

WHEREAS, there are limited treatment options in Kentucky due to inconsistent insurance coverage for both inpatient and outpatient services; and

WHEREAS, our society, including the healthcare community, lacks adequate knowledge regarding eating disorders and weight stigma; and

WHEREAS, medical professionals are one of the most likely sources of weight stigma[3]; which leads to suicide and eating disorders; and

WHEREAS, the American Medical Association acknowledges the dangers of overreliance on body mass index (BMI)[5]; and

WHEREAS, less than 6% of individuals with eating disorders are medically underweight (i.e., 94% are normal or overweight)[4]; and

WHEREAS, recent research indicates that less than 50 percent of healthcare providers are assessing for eating disorders, thereby requiring greater awareness and education of eating disorders by all medical professionals; and

WHEREAS, the American Medical Association supports the coverage of eating disorder treatment in all clinically appropriate circumstances; and

WHEREAS, the American Medical Association supports the removal of insurance-related barriers for eating disorders, including prior authorization, mandatory consultation, rehabilitation, criteria for hospital admission or discharge, and other barriers that are not clinically relevant[5]; now, therefore, be it

RESOLVED, that KMA support efforts to educate relevant healthcare professionals and the public regarding the frequency and severity of eating disorders and weight stigma; and be it further

RESOLVED, that KMA supports evidence-based treatment for eating disorders and the removal of insurance related barriers designed to deny or restrict that treatment.

References:

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Adopted as Amended

2023-8

RESOLUTION

Subject: Physicians' Moral Injury

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the World Health Organization recognizes burnout as a syndrome with three components. The three components of burnout are: emotional exhaustion, replacement of usual empathy with cynicism, negativity, and feeling emotionally numb, and having a low sense of professional effectiveness; and

WHEREAS, burnout is a measurement of chronic distress associated with one's job and 76% of health care workers reported burnout in September 2020; and

WHEREAS, physicians are experiencing burnout at an alarming rate. The top five work settings where physicians are experiencing burnout include large integrated systems; outpatient clinics; office based multispecialty group practice; non-hospital academic settings; and hospitals. Women physicians are experiencing burnout more than their male counterparts; and moral injury is being recognized as a top cause of physician burnout. Moral injury describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to a variety of constraints that are beyond a physician's control. Fifty-eight percent of physicians identify too many bureaucratic tasks as a cause for moral injury. Thirty-seven percent see too many hours spent at work and a lack of response from other staff as a cause of moral injury. Thirty-two percent have moral injury from insufficient compensation and 28% have moral injury from a feeling of lack of control/autonomy; and

WHEREAS, that the American Medical Association (AMA) is leading a movement to fight the system level drivers of physician burnout; now, therefore, be it

RESOLVED, that KMA promote technological solutions (such as streamlined EMRs), reduce administrative burdens (such as telemedicine to improve workflow, less clerical work, prior authorizations), support modified work schedules (flexible work schedules and time banking, residency work hour restrictions) and encourage self-care (supporting mental health services, instituting medical school self-care curriculum) to help stop moral injury amongst physicians; and be it further

RESOLVED, that KMA continue to study moral injury and partner with key stakeholders and the General Assembly to implement practices that will decrease the rate of physicians' moral injury in the Commonwealth.

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References:

1 National Institute for Health Care Management (NIHCM) Foundation. https://nihcm.org Physician Burnout and Moral Injury: The Hidden Health Care Crisis

Adopted as Amended in Lieu of Resolution 10

2023-9

RESOLUTION

Subject: Support for Education on Puberty and Menstruation

Submitted by: Danielle Graves and Juliana Cobb, MS (Medical Student Section)

Referred to: Reference Committee

Whereas, the passage of SB150, "An Act Relating to Children", has raised the question of whether teaching students human health-related curriculum, including puberty and menstrual health education, is permitted in Kentucky before 6th grade[1,2]; and

Whereas, current Kentucky state standards specify that fifth graders should learn the "physical, social and emotional changes that occur during puberty" but do not require the need to educate students on menstruation[3]; and

Whereas, 10% of female students experience menarche before age 10 and 53% by age 12, suggesting that a significant proportion of female students' experience menarche before teaching on puberty is required by Kentucky standards[4]; and

Whereas, ACOG standards recommend that pediatricians provide anticipatory guidance on puberty at ages 7 or 8, suggesting that these topics are appropriate for these age groups[5]; and

Whereas, a randomized controlled trial demonstrated that it is more effective to educate girls about puberty directly to improve attitudes, rather than solely educating their parents[6]; and

Whereas, qualitative research on menstrual education suggests that parents rely on the school system for help explaining menstruation and absence of menstrual education can lead to negative developmental experiences for girls relating to puberty and menstruation[7]; now, therefore be it

RESOLVED, to ensure that proper elementary school health education in schools should include teaching on the typical course of puberty in adolescents including education on menstruation, that our KMA amend current policy (resolution 2017-23) to the following:

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.

<u>KMA supports age-appropriate anticipatory education related to menstruation and puberty for elementary school students.</u>

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

KMA supports age-appropriate 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)*

References:

1 Kentucky General Assembly. SB150: An Act Relating to Children. Last modified 03/28/2023
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7 Schmitt ML, Gruer C, Hagstrom C, et al. "It always gets pushed aside:" Qualitative perspectives on puberty and menstruation education in U.S.A. schools. *Frontiers in Reproductive Health*. 2022;4. doi:https://doi.org/10.3389/frph.2022.101821

RELEVANT AMA AND AMA-MSS POLICY

Health Education Legislation H-170.988

Our AMA (1) reaffirms current policy which supports the establishment of a comprehensive health education program in the elementary and secondary schools; and (2) encourages state and specialty medical societies to consider the introduction of such model legislation in their state legislatures.

Adopted Amended Resolution 9 in Lieu of Resolution 10

2023-10

RESOLUTION

Subject: Health Education

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, the National Health Institute has documented that menarche (the initiation of menses) is occurring at an earlier age than previously documented[1]. Further, there are racial differences in the age of menarche[2]; and

WHEREAS, the children of the commonwealth including children of color, deserve education regarding sexual development prior to menarche, education regarding sexual development should occur prior to grade 5; now, therefore, be it

RESOLVED, that KMA supports legislation to remove age limits for health education in schools.

References:

1 Martinez GM. Trends and Patterns in Menarche in the United States: 1995 through 2013-2017. Natl Health Stat Report. 2020 Sep;(146):1-12. PMID: 33054923.

2 Biro FM, Pajak A, Wolff MS, Pinney SM, Windham GC, Galvez MP, Greenspan LC, Kushi LH, Teitelbaum SL. Age of Menarche in a Longitudinal US Cohort. J Pediatr Adolesc Gynecol. 2018 Aug;31(4):339-345. doi: 10.1016/j.jpag.2018.05.002. Epub 2018 May 24. PMID: 29758276; PMCID: PMC6121217.

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Adopted

2023-11

RESOLUTION

Subject: Improving Representation of Skin of Color (SoC) in Medical Education

Submitted by: Margo Nelis, Michael Nichols, Armin Razavi, and Maggie Stull (Medical Student Section)

Referred to: Reference Committee

WHEREAS, the racial distribution of the US population as of 2022 is 75.5% White only, 13.6% Black only, and 10.9% Other Race; of this population, 19.1% of individuals identify as being of Hispanic or Latino origin[1]; and

WHEREAS, the US is projected to become a majority-minority nation for the first time in 2043[2]; and

WHEREAS, the racial distribution of Kentucky as of 2022 is 86.9% White only, 8.7% Black only, 4.5% Other Race; of this population, 4.3% of individuals identify as being of Hispanic or Latino origin[1]; and

WHEREAS, in medical texts, the representation of race approximates the distribution of race in the general population, but the representation of skin tone does not approximate the distribution of skin tones in the general population[3]; and

WHEREAS, online resources typically have a greater representation of dark skin images than printed texts[4]; and

WHEREAS, the skin tones represented in medical textbooks was found to be 74.5% light, 21% medium, and 4.5% dark[3]; and

WHEREAS, a 2018 study of general medicine texts found that under 5% of images included dark skin tones in visual representations of dermatologic findings[5]; and

WHEREAS, studies have shown that popular USMLE study materials, such as FirstAid and UWorld, have an underrepresentation of SoC images, specifically in dermatologic conditions[6]; and

WHEREAS, there is an underrepresentation of medium and darker skin tones in medical textbooks[4]; and

WHEREAS, the lack of representation in dermatology medical education is a major concern as numerous diseases have cutaneous manifestations that differ in darker skin tones and thus can impact patient presentation and outcomes[6]; and

WHEREAS, Black children are more often seen for the diagnosis of Atopic Dermatitis

than White children[7]; and

WHEREAS, the most common melanoma subtype occurring in Black individuals is acral lentiginous melanoma which is diagnosed at a later stage in Blacks compared to non-Hispanic whites, resulting in a lower specific survival compared to cutaneous malignant[10]; and

WHEREAS, in a 2011 study, 47% of dermatologists and dermatology residents reported that their medical training (medical school/residency) was inadequate in training them on skin conditions in Black individuals[8]; and

WHEREAS, the American Medical Association (AMA) encourages "comprehensive, inclusive, and equitable representation of a diverse range of skin tones in all dermatologic and other relevant medical educational resources for medical students, physicians, non-physician healthcare providers, and patients"[9]; and

WHEREAS, the biases that underrepresentation of dark skin tone images create ultimately exacerbate disparities in dermatologic outcomes between patient populations with light and dark skin tones[5]; now, therefore, be it

RESOLVED, that KMA encourages and supports expanding representation of darker skin tones in medical education, especially in printed texts/textbooks.

References:

1 Population Censes. United States Census Bureu. Published online July 1, 2022. https://www.census.gov/quickfacts/fact/table/US/PST045222

2 US Census Bureau Public Information Office. "U.S. Census Bureau Projections Show a Slower Growing, Older, More Diverse Nation a Half Century from Now - Population - Newsroom - U.S. Census Bureau." United States Census Bureau, 12 Dec. 2012, www.census.gov/newsroom/releases/archives/population/cb12-243.html#:~:text=The%20number%20of%20people%20who,the%20first%20time%20in%20 204

3 Louie P, Wilkes R. Representations of race and skin tone in medical textbook imagery.

4 *Social Science & Medicine*. 2018;202. doi:10.1016

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Adopted

2023-12

RESOLUTION

Subject: Artificial Intelligence

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, artificial intelligence, which is the ability of a computer or robot to perform many of the tasks usually done by humans, is beginning to have a major impact on medical missions and transforming the way health care is being delivered; and

WHEREAS, artificial intelligence could be both beneficial and detrimental to education, training, physician practice and patient care; and

WHEREAS, a useful basis for understanding the impact of artificial intelligence in medicine is necessary for physicians of all disciplines; and

WHEREAS, artificial intelligence has the potential to reshape health care as we know it; now, therefore, be it

RESOLVED, that KMA monitors and informs health care providers on the development and use of artificial intelligence in the practice of medicine.

Adopted as Amended

2023-13

RESOLUTION

Subject: Protection of Comprehensive Training Opportunities in OB/GYN Resident Education

Submitted by: Margo Nelis and Armin Razavi (Medical Student Section)

Referred to: Reference Committee

WHEREAS, as of June 2022, nearly half of U.S. OB/GYN residency programs and more than 40% of OB/GYN residents are in states that have banned or are likely to ban abortion[3]; and

WHEREAS, lack of residency training in abortion care threatens to create a workforce without critical early pregnancy management knowledge and skills[2]; and

WHEREAS, residents are more likely to provide abortion care, whether elective or medically indicated, when they have scheduled routine training built into their curriculum[2]; and

WHEREAS, more than 90% of residency program directors report that training improved resident competence in abortion and contraception care[5]; and

WHEREAS, in a study, 16% of OB/GYN residents reported that elective abortion training was not available in their curriculum[7]; and

WHEREAS, there is a strong independent relationship between routine, integrated training and greater clinical experience for residents[7]; and

WHEREAS, 24% of US women will have an abortion by age 45[6]; and

WHEREAS, in 2017, there were 1,587 facilities providing abortion in the United States and only 3 facilities in KY, representing a large gap in providers in Kentucky[6]; and

WHEREAS, in Kentucky, 47% of all pregnancies are described as unplanned by pregnant people themselves, and approximately 270,000 women/people with uteruses live in a contraceptive desert[8]; and

WHEREAS, there are no current family planning fellowship training programs in Kentucky; and

WHEREAS, residents will compromise the future of OB/GYN healthcare and failure to incorporate abortion training in resident curriculum will lead to a generation of physicians ill equipped to fulfill their duty to care for patients; and

WHEREAS, research demonstrates how abortion-restrictions hamper physicians' skills needed to care for patients, particularly in emergent situations, putting patients at higher risk for complications[4]; and

WHEREAS, the American College of Obstetrics and Gynecology recognizes the

increase difficulty in abortion provision and training, including restrictions on public funding of abortion education and training[1]; and

WHEREAS, the American College of Obstetrics and Gynecology supports the education and clinical training in abortion[1]; and

WHEREAS, the American Medical Association advocates for "availability of abortion education and clinical exposure to medication and procedural abortion" as well as "supports funding for institutions that provide clinical training on reproductive health services"[9]; and

WHEREAS, the American Medical Association will "support pathways for medical students, residents and fellow physicians to receive medication and procedural abortion training at another location in the event that this training is limited or illegal in a home institution"[9]; now, therefore, be it

RESOLVED, that KMA supports the protection of OB/GYN residents in Kentucky to have comprehensive education and training in obstetrics and gynocology.

References:

1 Abortion Training and Education. *The American College of Obstetricians and Gynecologists*. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education

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8 Williams K. Abortion Access in Eastern Kentucky. https://powertodecide.org/news/abortion-access-eastern-kentucky

9 AMA announces new adopted policies related to reproductive health care. *American Medical Association*. https://www.ama-assn.org/press-center/press-releases/ama- announces-new-adopted-policies-related-reproductive-health-care

Adopted as Amended

2023-14

RESOLUTION

Subject: Access to Abortion-Inducing Medications for Women with Life-Threatening Pregnancies

Submitted by: Monalisa Tailor, MD

Referred to: Reference Committee

WHEREAS, during the 2022 Regular Session, the Kentucky General Assembly enacted House Bill (HB) 3, legislation that regulates the use of medication-induced abortions performed early in a pregnancy; and

WHEREAS, 2022 HB3 creates a registry of healthcare providers who provide patients with medication-assisted abortions; and

WHEREAS, 2022 HB3 prohibits physicians from supplying abortion-inducing medications to patients who present with the following:

- Absence of pregnancy;
- Being post-seventy (70) days gestation or post-ten (10) weeks of pregnancy; or
- Risk factors associated with abortion-inducing drugs, including but not limited to:
    - A history of ectopic pregnancies;
    - Problems with the adrenal glands near the kidneys;
    - Being treated with long-term corticosteroid therapy;
    - Allergic reactions to abortion-inducing drugs, mifepristone, misoprostol, or similar drugs;
    - Bleeding problems or taking anticoagulant drug products;
    - Inherited porphyria;
    - An intrauterine device in place; or
    - Being Rh negative, requiring treatment with the prevailing medical standard of care to prevent harmful fetal or child outcomes or Rh incompatibility in future pregnancies before providing abortion-inducing drugs; and

WHEREAS, the United States Supreme Court issued *Dobbs v. Jackson Women's Health Organization* on June 24, 2022, which overruled *Roe v. Wade* and *Planned Parenthood v. Casey* and eliminated the federal constitutional right to abortion; and

WHEREAS, upon the occurrence of *Dobbs*, Kentucky's previously enacted "trigger law" became effective, which prohibits abortions from being performed in the state except in certain limited circumstances; and

WHEREAS, the only abortions that can be performed in the Commonwealth of Kentucky are those that, in reasonable medical judgment, will prevent the death or substantial risk of death due to a physical condition, or to prevent the serious, permanent impairment of a life-sustaining organ of a pregnant woman; and

WHEREAS, the prohibitions codified by 2022 HB3 limit the ability of women to receive abortion-inducing medications during life-threatening circumstances simply because they may suffer from a rheumatological condition that requires a glucocorticoid medication, have a heart condition that necessitates a blood thinner, or have previously experienced an ectopic pregnancy; and

WHEREAS, the unintended consequence of 2022 HB3 could adversely impact women and risk their lives during a life-threatening pregnancy; now, therefore, be it

RESOLVED, that KMA advocate for revisions to relevant state statutes that restrict access to abortion-inducing medications for women who experience underlying medical conditions concurrently with life-threatening pregnancies.

Not Adopt in Lieu of Current KMA Policy
(2019-29, 2021-4, 2022-15, 2022-23)

2023-15

RESOLUTION

Subject: Reproductive Health

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, comprehensive reproductive health is necessary for the well-being of all women; and

WHEREAS, out of ranked states Kentucky has the 3th highest maternal mortality rate and Kentucky's Maternal Mortality Review has deemed 91% of maternal mortality cases are preventable[1,2]; and

WHEREAS, the risk of death is 14 times higher with pregnancy than abortion[3]; and

WHEREAS, black women are at increased risk of adverse outcomes and maternal death nationally and in Kentucky[1,3,5]; and

WHEREAS, women, in particular black women, are at risk for adverse pregnancy outcomes associated with restrictive abortion policies[6,7]; and

WHEREAS, Kentucky statute 311.772 makes it a crime to provide comprehensive reproductive health options to a woman; now, therefore, be it

RESOLVED, that KMA supports comprehensive reproductive healthcare for women, including the opportunity to choose a medical or surgical abortion; and be it further

RESOLVED, that KMA opposes criminalization of any appropriate medical care provided by a physician; and be it further

RESOLVED, that KMA opposes racial disparity in health care.

References:

1 Annual Report 2021, Public Health Maternal Mortality Review; https://www.chfs.ky.gov/agencies/dph/dmch/Documents/MMRAnnualReport.pdf

2 America's Health Rankings analysis of Federally Available Data, Maternal and Child Health Bureau, Health Resources and Services Administration, United Health Foundation, AmericasHealthRankings.org, accessed 2023.

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Adopted

2023-16

RESOLUTION

Subject: Improving Mental Health Care Services for Post-Partum Mothers

Submitted by: Margo Nelis, Morgan Sydnor, Maggie Stull (Medical Student Section)

Referred to: Reference Committee

WHEREAS, depression, the most common mood disorder in the general population, is approximately twice as common in women as in men, with its initial onset peaking during the reproductive-age years[4]; and

WHEREAS, 10% to 20% of mothers are believed to experience depressive symptoms during their postpartum course, making postpartum depression (PPD) the most common serious postpartum complication[3]; and

WHEREAS, postpartum depression is defined as a specific type of depressive mood disorder that follows pregnancy and affects the ability to care for the child[2]; and

WHEREAS, postpartum depression can be seen in all persons capable of bearing children, including non-binary and transgender men[7]; and

WHEREAS, the national average of postpartum depression is 13.4%, whereas Kentucky has an average of 13.9% of women who suffer from the disorder[2]; and

WHEREAS, the maternal risks of untreated postpartum depression include weight concerns, substance use disorders, social relationship complications, breastfeeding difficulty, or persistent depression compared to the women who seek treatment[1]; and

WHEREAS, the negative consequences of postpartum depression on infant health include poor cognitive function, behavioral inhibition, emotional maladjustment, violent behavior, and psychiatric and medical disorders in adolescence[1]; and

WHEREAS, research shows that improving screening for PPD increases diagnosis rates but, improvements in treatment and follow-up are needed to improve clinical outcomes[3]; and

WHEREAS, recommendations to promote postpartum health care include support groups and designing long-term educational programs for mothers, and conducting research focused on postpartum maternal health outcomes[5]; and

WHEREAS, The American College of Obstetricians and Gynecologist recommends that providers screen each patient for postpartum depression and anxiety during a postpartum care visit following delivery and provide treatment options for women diagnosed with PPD[2]; and

WHEREAS, the AMA supports advocating for enhanced mental health services for women during the postpartum period (H-420.953), now, therefore, be it

RESOLVED, that KMA supports improvements in mental health care services for the postpartum period to improve maternal and infant health outcomes; and be it further

RESOLVED, that KMA supports advocating for funding of programs that aid postpartum depression research.

References:

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3 Gjerdingen D, Yawn B. Postpartum Depression Screening: Importance, Methods, Barriers, and Recommendations for Practice. *The Journel of the American Board of Family Medicine*. Published online May 2007. doi:10.3122

4 Cheng C-Y, Fowles ER, Walker LO. Postpartum Maternal Health Care in the United States: A Critical Review. *J Perinat Educ*. 2006;15(3):34-42. doi:10.1624/105812406X119002

5 Screening for Perinatal Depression. Accessed July 24, 2022. https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening- for-perinatal-depression

6 Pregnant Transgender Men at Risk for Depression and Lack of Care, Rutgers Study Finds. Accessed July 27, 2022. https://www.rutgers.edu/news/pregnant-transgender-men-risk- depression-and-lack-care-rutgers-study-finds

Adopted as Amended

2023-17

RESOLUTION

Subject: Anti-Obesity Medications

Submitted by: Monalisa Tailor, MD

Referred to: Reference Committee

WHEREAS, in 2015, the American Medical Association recognized obesity as a chronic disease. Obesity is directly linked to 230 other diseases, and 13 specific types of cancer; and

WHEREAS, obesity rates continue to increase in the country and sadly, Kentucky ranks 1st in childhood obesity and 2nd in adult obesity; and

WHEREAS, with a 10% body weight loss, many of these conditions improve, and a 20% weight loss or more, they can resolve. However, this goal is quite difficult to achieve. With diet and exercise alone only about 5% of the population can achieve and maintain this level of weight loss; and

WHEREAS, when we combine lifestyle modifications with the newer class of GLP1 drugs, approximately 50% of patients can achieve at least 10% body weight loss with a smaller percentage achieving 20% weight loss or more; now, therefore, be it

RESOLVED, that KMA support the use of anti-obesity medications in treating patients with obesity if they are safe, effective and have a sustained impact with lifestyle modifications; and be it further

RESOLVED, that the KMA advocate for better access to anti-obesity medications for all patients appropriately prescribed those medications.

Adopted Amended Resolution 19 in Lieu of Resolution 18

2023-18

RESOLUTION

Subject: Support for Increased Research and Regulations for the Sale of Kratom

Submitted by: Margo Nelis, Michael Nichols, Armin Razavi, Maggie Stull (Medical Student Section)

Referred to: Reference Committee

WHEREAS, Mitragyna Speciosa, commonly known as Kratom, is an herb that is categorized as a botanic dietary supplement, with opioid and stimulant- like properties that is sold over the counter in gas stations, smoke shops, and online[2]; and

WHEREAS, there are no approved uses for Kratom by the U.S. Food and Drug Administration, however people report self-medicating with Kratom to manage drug withdrawal symptoms, depression, anxiety, and pain[4]; and

WHEREAS, Kratom has been gaining widespread popularity due to ease of availability and perceived benefits[5]; and

WHEREAS, Kratom is not controlled under the Food and Drug Administration and there are growing concerns for the purity of the herb sold in the retail space, such as contamination with heavy metals and bacteria[4]; and

WHEREAS, the Drug Enforcement Administration has listed Kratom as a "drug of concern"[1]; and

WHEREAS, a study of overdoses in the United States identified Kratom to be a cause of death for 91 of the 152 Kratom- positive decedents, including seven who only tested positive for Kratom on toxicology[2]; and

WHEREAS, addiction is a critical public health and safety issue in Kentucky, resulting in 2,250 deaths from overdoses in 2021[6]; and

WHEREAS, Kentucky has the fourth highest overdose death rate in the country, with 55.6 deaths per 100,000 persons[7]; and

WHEREAS, the opioid and stimulant properties of Kratom make it an option for treating opioid withdrawal, but subsequently comes with risk for abuse, addiction, and overdose[5]; and

WHEREAS, Kratom is currently legal to buy, sell, and own in Kentucky; and

WHEREAS, Kratom is currently illegal to buy, sell, possess or use in 6 states including Alabama, Arkansas, Indiana, Rhode Island, Vermont, and Wisconsin[1]; and

WHEREAS, the National Institute of Drug Abuse suggests increased research on Kratom related to safety and efficacy before its medicinal uses can be determined[4]; and

WHEREAS, the American Medical Association "supports legislative or regulatory efforts to prohibit the sale or distribution of Kratom in the US which do not inhibit proper scientific research"[3]; now, therefore, be it

RESOLVED, that KMA supports increased research on the safety and efficacy of Kratom; and be it further

RESOLVED, that KMA supports increased regulation on the sale and purchase of Kratom.

References:

1 Six States Ban Kratom over Concerns about Addiction Potential. *Partnership to End Addiction*. Published online May 2016. https://drugfree.org/drug-and-alcohol-news/six-states-ban-kratom- concerns-addiction-potential/

2 Olson E PhD, O'Donnell J PhD, Mattson C PhD, Schier J MD, Wilson N PhD. Unintentional Drug Overdose Deaths with Kratom Detected — 27 States, July 2016– December 2017. *Center for Disease Control and Prevention*. Published online April 2019. https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm

3 Kratom and its Growing Use Within the United States H-95.934. *American Medical Association*. Published online 2016. https://policysearch.ama- assn.org/policyfinder/detail/kratom?uri=%2FAMADoc%2FHOD-95.934.xml

4 Kratom. *National Institute on Drug Abuse*. Published online March 2022. https://nida.nih.gov/research-topics/kratom#safe

5 Patel P, Aknouk M, Keating S, et al. Cheating Death: A Rare Case Presentation of Kratom Toxicity. *Cureus*. 2021;13(7):e16582. Published 2021 Jul 23. doi:10.7759/cureus.16582

6 2021 Overdose Fatality Report. *Kentucky Office of Drug Control Policy*. https://odcp.ky.gov/Reports/2021%20Overdose%20Fatality%20Report%20(final).pdf

7 Drug Overdose Mortality by State. *Center for Disease Control and Prevention*. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Adopted as Amended in Lieu of Resolution 18

2023-19

RESOLUTION

Subject: Ban Over-the-Counter Kratom Sales

Submitted by: Monalisa Tailor, MD

Referred to: Reference Committee

WHEREAS, Kratom is a herbal supplement derived from a tropical tree, Mitragyna speciosa, that has been used for centuries in Southeast Asia to alleviate pain, fatigue, and enhance mood; and

WHEREAS, Kratom has been marketed in the US as an over-the-counter supplement for similar uses, but there is limited scientific evidence to support its safety and efficacy, and concerns have been raised about its potential for addiction, abuse, and adverse effects, including seizures, liver damage, and death; and

WHEREAS, Kratom has many medical implications, including QT prolongation which can interfere with the normal rhythm of the heart, those with arrhythmias, or certain medications; and

WHEREAS, Kratom is not currently regulated by the Food and Drug Administration (FDA) and has not undergone clinical trials to determine its safety and effectiveness; and

WHEREAS, as of June 2023, there are 6 states that have bans against kratom sales: Alabama, Arkansas, Indiana, Tennessee, Vermont, and Wisconsin; now, therefore, be it

RESOLVED, that KMA support a ban on over-the-counter sales of Kratom in the Commonwealth of Kentucky; and be it further

RESOLVED, that KMA support increased education regarding the misuse and negative health effects of Kratom.

Adopted as Amended

2023-20

RESOLUTION

Subject: Pharmacist Collaboration

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, medical providers have the right to prescribe medications for their patients and pharmacists have the right to refuse to fill prescriptions that violate their conscience; and

WHEREAS, communication between the 2 above parties to resolve any uncertainties regarding treatment goals and indications should there be concerns regarding the indication, dosing, or quantity dispensed of a medication; now, therefore, be it

RESOLVED, that KMA work with the Kentucky Board of Pharmacy encouraging communication between pharmacists and physicians to resolve concerns regarding the indication, dosing, or quantity dispensed of a particular medication.

Adopted

2023-21

RESOLUTION

Subject: National Tort Reform

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, the shortage of physicians in the United States can be related to the expenses of medical education and medical practice; and

WHEREAS, Kentucky and most other states have physicians with major expenses related to medical liability; and

WHEREAS, Kentucky continues to lose physicians to states which have malpractice damage caps; and

WHEREAS, 30 states have some form of malpractice damage caps, such as caps on pain and suffering, noneconomic damages, and absolute caps; and

WHEREAS, some states, such as Indiana, have a provider liability cap of $250,000, and the former governor of Indiana is currently Vice President of the United States; and

WHEREAS, major changes in tort reform in Kentucky will require a change in the state constitution and a referendum by the people; and

WHEREAS, a national approach to limiting medical liability expenses would be fairer and more consistent to physicians in all states; and

WHEREAS, the state and national political climate would likely support a more consistent approach to medical liability expenses; now, therefore, be it

RESOLVED, that 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.

Adopted

2023-22

RESOLUTION

Subject: Prior Authorization

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, prior authorization is a complicated, time-consuming, cost-control process utilized by health plans that require physicians to obtain advance approval from a health plan before a specific service or medication is delivered; and

WHEREAS, the overuse and misuse of prior authorizations negatively impacts patients and providers by leading to care delays for patients, administrative burdens for physicians, and increased cost to the healthcare system; and

WHEREAS, according to a recent KMA survey, 82 percent of physicians said that issues related to the prior authorization process sometimes, often, or always lead to care delays or changes to recommended course of treatment; and

WHEREAS, seven (7) in ten (10) physicians said that the amount of work associated with the prior authorization process has increased in recent years; and

WHEREAS, over half of physicians said that the burden associated with prior authorizations is extremely high or high; and

WHEREAS, 81 percent of physicians said the prior authorization process delays access to necessary care of patients sometimes, often, or always; and

WHEREAS, researchers with the Hamilton Project estimate waste, including administrative costs like prior authorization, amounts to $245 billion, or $2,497 per person, per year; and

WHEREAS, the Hamilton Project estimates that prior authorizations cost physicians between $10.92 and $14 each to obtain, which does not include costs to patients for time spent and missed work; and

WHEREAS, data recently received by KMA from the Kentucky Department of Medicaid Services reveals that some state Medicaid managed care organizations are not in compliance with state statutes, regulations, and contractual provisions, including the failure to submit complete data sets relating to prior authorization as required by the Department of Medicaid Services; and

WHEREAS, despite some noncompliance in reporting, data recently received by KMA from the Kentucky Department of Medicaid Services strongly supports the need for utilization management reforms since nearly 90% of prior authorizations are approved; now, therefore, be it

RESOLVED, that KMA utilize Department of Medicaid Services data that is received annually from Medicaid managed care organizations (MCOs) to:

- seek greater enforcement of current prior authorization statutes, regulations, and MCO contractual provisions by the appropriate state agencies; and
- support state and federal legislation that establishes a prior authorization exemption program designed to automatically waive prior authorization requirements for physicians who have historically been approved for a specific procedure, service, or medication most of the time.

Adopted

2023-23

RESOLUTION

Subject: Physician Workforce

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, Kentucky citizens suffer from lack of access to physicians; and

WHEREAS, physician recruitment is hampered by low reimbursement rates, high educational debt levels carried by physician recruits, and increasing levels of physician burnout and administrative burdens; and

WHEREAS, the federal Balanced Budget Act of 1997 capped the number of residents that each teaching hospital can claim for Medicare payment purposes based on how many resident physicians were included on the hospitals' 1996 cost reports; and

WHEREAS, because of caps imposed by the federal Balanced Budget Act of 1997, Kentucky lacks an adequate number of physician Graduate Medical Education or "residency" positions for their populations; and

WHEREAS, according to the 2022 Physician Report published by the Kentucky Office of Rural Health, the number of physicians in Kentucky decreased by 590 between 2019 and 2022; and

WHEREAS, using primary care as an example, the Robert Graham Center states that in order for Kentucky to maintain the status quo in primary care, the state will require an additional 415 primary care physicians by 2030 or a 15.2 percent increase; and

WHEREAS, the shortage of physicians also impacts the economies of local communities and the state as a whole; and

WHEREAS, according to a recent AMA study, physicians support 94,338 jobs in Kentucky, generate state and local tax revenue of $557.2M, and have a total of $15.4 billion in economic activity, with each one having an economic impact of $1.9M; now, therefore, be it

RESOLVED, that KMA supports medical education loan repayment programs as a physician recruitment tool and encourages the development of state and federal loan repayment initiatives to address the critical physician workforce and access to care issues plaguing the state; and be it further

RESOLVED, that KMA advocate for state budget appropriations designated to create new and expand existing Graduate Medical Education slots in Kentucky.

KMA House of Delegates
August 2023

Adopted as Amended

2023-24

RESOLUTION

Subject: Prevention of Medical Liability for Volunteer Physicians

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, public institutions, service organizations and non-profit agencies provide many occasions for physicians to engage in volunteer practice activities; and

WHEREAS, most of these groups serve low income or indigent patients; and

WHEREAS, Kentucky has a major shortage of physicians, especially primary care physicians; and

WHEREAS, federal health care reform is likely to exacerbate this shortage of physician services to indigent residents of Kentucky; and

WHEREAS, most voluntary practice activities require liability insurance; and

WHEREAS, other states provide immunity for uncompensated care of service/low income patients but such protection is not present in Kentucky; now, therefore, be it

RESOLVED, that KMA supports physicians volunteering their services to provide medical care within their communities; and be it further

RESOLVED, that KMA supports legislation to extend immunity to medical liability to physicians engaged in providing voluntary health care.

Referred to the Board of Trustees

2023-25

RESOLUTION

Subject: Support for Autonomy for People with Disabilities Under Conservatorship

Submitted by: Danielle Graves and Janki Naidugari (Medical Student Section)

Referred to: Reference Committee

Whereas, 1.3 million American adults with disabilities are estimated to be under active conservatorships wherein a court appointed adult assumes guardianship of the person with a disability[1]; and

Whereas, under guardianship a person with a disability may lose control of all finances and the right to vote and, where there is not a power of attorney, may also lose the right to make their own medical decisions[2]; and

Whereas, the most recent government reports on guardianship abuse revealed that, despite inadequate oversight from courts, hundreds of allegations of neglect and physical and financial abuse were reported between 1990 and 2010[3];and

Whereas, the AMA Code of Ethics 2.1.2 Supports ethical and shared decision making with patients who lack capacity and AMA Opinion 11.1.1 reiterates this commitment to ethical and informed decision especially for the most vulnerable patients and populations[4,5]; and

Whereas, Restoration of Rights is the process of removing a conservatorship or reinstating some personal control over assets and decision making in an effort to restore equality of opportunity, full participation, independent living, and economic self-sufficiency for persons with disabilities[6]; and

Whereas, though every state has a process for the Restoration of Rights for persons with disabilities, this process is considered underutilized by Florida and North Carolina studies analyzing the use of the Restoration of Rights process; their data suggested that persons under guardianship were not aware of their right to restoration and that this was the primary barrier to access[7]; and

Whereas, additional barriers identified for persons with disabilities seeking Restoration of Rights included poor access to courts and access to counsel due to the fact that they do not have personal control of their assets[1]; and

Whereas, where studied, Restoration of Rights petitions were usually submitted by the person under guardianship and were uncontested in the court, suggesting that access and awareness is the primary hurdle[1]; and

Whereas, 20 states have introduced laws allowing for informal petitions for Restoration of Rights and Utah, Texas, Michigan and Minnesota have bills of rights for persons under

guardianship informing them of the option of restoration with the most recent of these bills being passed last year, suggesting a state level movement to support the rights of adults under guardianship[7,8]; and

Whereas, Kentucky State Representative Patti Minter introduced the CARE Act in 2021, clarifying the rights of adults for whom a guardian appointment has been submitted and notifying them of their right to counsel and to respond to petitions for guardianship and also that emergency guardianship be limited in scope to ensure autonomy and safety of adults with disabilities[8]; now, therefore be it

RESOLVED, that KMA support (1) autonomy through least restrictive conservatorship options for adults with disabilities and (2) increasing access to guardianship hearings for persons under conservatorship including notifying persons under conservatorship of their option to pursue Restoration of Rights.

References:

1 Romano, N. et. al. Beyond Guardianship. Toward Alternatives That Promote Greater Self-Determination. National Council on Disability; 2018.
2 *Guardianship: Key concepts and resources* (2023) *The United States Department of Justice*. Available at: https://www.justice.gov/elderjustice/guardianship-key-concepts- and-resources (Accessed: March 8, 2023).
3 Government Accountability Office. The Extent of Abuse by Guardians Is Unknown, but Some Measures Exist to Help Protect Older Adults. GAO-17-33. Government Accountability Office Reports and Testimonies; November 30, 2016. https://www.gao.gov/assets/690/681877.pdf
4 AMA. Code of Ethics 2.1.2. Updated 2017. (Accessed: March 8, 2023).
5 AMA. Opinion 11.1.1. *Defining Basic Health Care.*
6 Center for Disability Rights. Americans with Disabilities Act Restoration Act.
7 Wood, E. et. al. Restoration of Rights in Adult Guardianship: Research and Recommendations. 2017
8 Kentucky General Assembly. AN ACT relating to guardians and conservators. House Bill 675; March 30, 2022.

Adopted

2023-26

RESOLUTION

Subject: Memorial to Ronald E. Waldridge, II, MD

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, Ronald E. Waldridge, II, MD, served Shelbyville, Kentucky, and the surrounding area as a board-certified family physician for over 25 years; and

WHEREAS, Dr. Waldridge was a loyal member of the Kentucky Medical Association (KMA) for his entire career; and

WHEREAS, Dr. Waldridge served on the KMA Board of Trustees as the Seventh (7^{th}) District Trustee; and

WHEREAS, Dr. Waldridge strongly believed that physicians should advocate for the interests of their profession and patients, and as a result, he served on the KMA's Commission on Legislative and Political Advocacy and was a regular visitor to the State Capitol in order to meet with legislators and testify before numerous legislative committees; and

WHEREAS, Dr. Waldridge was a longtime contributor to the Kentucky Physicians Political Action Committee (KPPAC) and faithfully served on the KPPAC Board of Directors, raising awareness regarding the importance of physician engagement in the political process; and

WHEREAS, Dr. Waldridge took great pride in being a family physician and achieved the honor of serving as the 2012-2013 President of the Kentucky Academy of Family Physicians; and

WHEREAS, Dr. Waldridge was a leader within the medical profession, which was exemplified by his service as the former president and chief medical officer of UofL Health – Jewish Hospital and board chair for UofL Health – Shelbyville Hospital; now, therefore, be it

RESOLVED, that the KMA House of Delegates recognize the outstanding contributions made by Ronald E. Waldridge, II, M.D. to the practice of medicine within the Commonwealth of Kentucky; and be it further

RESOLVED, that the KMA House of Delegates, individually and collectively, hereby extend their most profound sympathy upon the passing of Ronald E. Waldridge, II, M.D on November 15, 2022, and extend heartfelt condolences to his family, friends, and his esteemed colleagues; and be it further

RESOLVED, that in gratitude for Doctor Waldridge's contributions and extraordinary service to his patients, profession, and state, this resolution be made a permanent part of the records of this Association.

KMA House of Delegates
August 2023

Referred to the KMA Gun Violence and Firearm Safety Work Group for Further Consideration

2023-27

RESOLUTION

Subject: Gun Violence Prevention – Support Legislation That Requires Background Checks for the Purchase of Firearms in Kentucky

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, from 2022 to 2023, Kentucky has deteriorated from being the 15th highest to 14th highest state in the nation in firearm related deaths[1]; and

WHEREAS, from 2022 to 2023, guns are now the first leading cause of death in children (ages 1-17)[2]; and

WHEREAS, gun violence costs Kentucky $9.6 billion each year (includes medical, work-loss, police and criminal justice, employer, and quality-of life costs)[2], of which in 2023, the direct cost to Kentucky taxpayers of gun-related deaths and injuries was $183.4 million[3];and

WHEREAS, in an average year in Kentucky, 823 people die by guns[3], and

WHEREAS, 22% of U.S. gun owners acquired their most recent firearm without a background check and 45% of gun owners who acquired a gun online in the past two years did so without any background check[4]; and

WHEREAS, 80% of firearms obtained for criminal purposes are obtained through transfers from unlicensed sellers[4]; and

WHEREAS, 96% of inmates convicted of gun offenses and prohibited of possessing a firearm at the time of the offense obtained a firearm from an unlicensed seller[4]; and

WHEREAS, firearm background checks are found to be accurate greater than 99% of the time[4]; and

WHEREAS, 87% of voters favor requiring a criminal background check and 80% favor performing mental health checks on all firearm buyers[5]; and

WHEREAS, 77% of voters favor requiring a 30-day waiting period for all gun purchases[5]; now, therefore, be it

RESOLVED, that KMA supports legislation that requires background checks with every private firearm purchase in Kentucky to reduce firearm-related deaths.

References:

1 Murphy, A., Daniels, L. (2023). Kentucky Intentional Firearm Injury-Related Deaths, Emergency Department Visits, and Inpatient Hospitalizations, 2019–2022. Kentucky Injury Prevention and Research Center.(KIPRC)
2 https://everytownresearch.org/report/the-economic-cost-of-gun-violence/#costs-to-taxpayers-survivors-families-and-employers
3 https://everystat.org/wp-content/uploads/2019/10/Gun-Violence-in-Kentucky-2.pdf
4 https://giffords.org/lawcenter/gun-laws/policy-areas/background-checks/universal-background-checks/#footnote_0_4119
5 https://www.foxnews.com/official-polls/fox-news-poll-voters-favor-gun-limits-arming-citizens-reduce-gun-violence [Conducted April 21-24, 2023, under the joint direction of Beacon Research (D) and Shaw & Company Research (R), this Fox News Poll includes interviews with 1,004 registered voters nationwide who were randomly selected from a national voter file and spoke with live interviewers on both landlines and cellphones. The total sample has a margin of sampling error of plus or minus 3 percentage points.]

Adopted Amended KMA Gun Violence and Firearm Safety Work Group Report to the 2023 House of Delegates in Lieu of Resolution 28

2023-28

RESOLUTION

Subject: Gun Violence Prevention – Prevention of Suicide with Extreme Risk Protection Orders (Red Flag Laws)

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, in Kentucky, 68% of gun-related deaths are due to suicide[1]; and

WHEREAS, in Kentucky, the rate of gun deaths has increased 32% between 2009 and 2018[1]; and

WHEREAS, prevalence of suicide by race in Kentucky is 93% white and 5% Black, disproportionately involving white males[2]; and

WHEREAS, Extreme Risk Protection Orders (Red Flag Laws) prevent one suicide for every ten orders issued[3], and there is a 7.5% to 14% decrease in firearm suicides without a corresponding rise in non-firearm suicides in states where such legislation exists[3]; now, therefore, be it

RESOLVED, that KMA support legislation that promotes the implementation of extreme risk protection orders to reduce the impact of firearm-related deaths; and be it further

RESOLVED, that KMA collaborate with the Whitney Strong Organization in support of the bipartisan bill Crisis Aversion and Rights Retention (CARR), which allows for the temporary transfer of firearms away from people on the brink of crisis.[4]

References:

1 https://maps.everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Kentucky.pdf
2 Murphy, A., Daniels, L. (2023). Kentucky Intentional Firearm Injury-Related Deaths, Emergency Department Visits, and Inpatient Hospitalizations, 2019–2022. Kentucky Injury Prevention and Research Center. (KIPRC)
3 https://everytownresearch.org/rankings/law/extreme-risk-law/
4 https://www.whitneystrong.org/carr-2023

KMA House of Delegates
August 2023

Referred to the KMA Gun Violence and Firearm Safety Work Group for Further Consideration

2023-29

RESOLUTION

Subject: Gun Violence Prevention – Support Legislation that Addresses Ghost Guns in Kentucky

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the use of U.S. crimes involving ghost guns (unregistered and untraceable homemade weapons that can be made with a 3D printer or assembled from a kit) has risen more than 1,000% since 2017[1]; and

WHEREAS, ghost guns have been used in many mass shootings[2]; and

WHEREAS, ghost guns are manufactured and sold in a manner that allows them to escape the definition of a "firearm"[2]; and

WHEREAS, ghost guns are created (sold and assembled) without traceable serial numbers[2]; and

WHEREAS, ghost guns are sold anonymously bypassing background checks[2]; and

WHEREAS, many ghost guns are made of plastic and undetectable by traditional metal detectors or other security measures[2]; and

WHEREAS, the primary purpose of selling the frame or receiver in "unfinished" form is to circumvent key federal and state gun safety laws both for the industry that manufactures and sells these products and the buyers who purchase them[2]; and

WHEREAS, current gun safety laws have not kept up with the speed of technology[2]; now, therefore, be it

RESOLVED that KMA supports legislation that eliminates ghost gun loopholes (i.e., limits the sale of receiver component of a firearm to those that have been completed, marked, and serialized; requires background checks by sellers; and includes items in the legal definition of a firearm, if intended for the completion of a firearm) in Kentucky to reduce firearm-related deaths.

References:

1 National Firearms Commerce and Trafficking Assessment (NFCTA): Crime Guns - Volume Two https://www.atf.gov/firearms/national-firearms-commerce-and-trafficking-assessment-nfcta-crime-guns-volume-two

2 https://giffords.org/lawcenter/gun-laws/policy-areas/hardware-ammunition/ghost-guns/

Adopted Amended KMA Gun Violence and Firearm Safety Work Group Report to the 2023 House of Delegates in Lieu of Resolution 30

2023-30

RESOLUTION

Subject: Gun Violence Prevention – Prevention of Intimate Domestic Partner Homicides with Domestic Violence Prohibition Laws

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, in Kentucky**,** the percentage of Intimate Female Partner Homicides by firearms vs. by other means is 68.7% to 31.3% compared with national data of 55.9% vs. 44.1%[1]; and

WHEREAS, in Kentucky, 77% of intimate partner gun homicide victims were women[2]; and

WHEREAS gun-related intimate partner homicides are 12 times more common when there is the presence of a firearm in a domestic violence situation[3]; and

WHEREAS there is a 21% reduction in intimate partner homicide with a firearm in states where laws bar gun possession after volent misdemeanor convictions[4]; now, therefore, be it

RESOLVED, that KMA support legislation that promotes the implementation of Domestic Violence Prohibition Laws with enforcement of background checks to reduce the impact of firearm-related deaths; and be it further

RESOLVED, that KMA collaborate with the Whitney Strong Organization in support of the bipartisan bill Crisis Aversion and Rights Retention (CARR), which allows for the temporary transfer of firearms away from people on the brink of crisis.[5]

References:

1 https://giffords.org/lawcenter/gun-violence-statistics/
2 https://maps.everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Kentucky.pdf
3 https://www.rand.org/research/gun-policy/analysis/domestic-violence-prohibitions.html
4 https://everytownresearch.org/rankings/law/no-carry-after-violent-offense/
5 https://www.whitneystrong.org/carr-2023

KMA House of Delegates
August 2023

Referred to the KMA Gun Violence and Firearm Safety Work Group for Further Consideration

2023-31

RESOLUTION

Subject: Gun Violence Prevention – Support Legislation that Establishes a State-Wide Office of Gun Safety in Kentucky

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, from 2022 to 2023, Kentucky has deteriorated from being the 15th highest to 14th highest state in the nation in firearm related deaths[1]; and

WHEREAS, from 2022 to 2023, guns are now the first leading cause of death in children (ages 1-17)[2]; and

WHEREAS, gun violence costs Kentucky $9.6 billion each year (includes medical, work-loss, police and criminal justice, employer, and quality-of life costs)[3], of which in 2023, the direct cost to Kentucky taxpayers of gun-related deaths and injuries was $183.4 million[2]; and

WHEREAS, in an average year in Kentucky, 823 people die by guns[4]; and

WHEREAS, Kentucky has the 12th highest rate of gun suicides in the country[4]; and

WHEREAS in Kentucky, there is a gun suicide every 18 hours[4]; now, therefore, be it

RESOLVED, that KMA supports legislation that establishes a state-wide Office of Gun Safety in Kentucky to reduce firearm-related deaths.

References:

1 Murphy, A., Daniels, L. (2023). Kentucky Intentional Firearm Injury-Related Deaths, Emergency Department Visits, and Inpatient Hospitalizations, 2019–2022. Kentucky Injury Prevention and Research Center.(KIPRC)

2 https://everystat.org/wp-content/uploads/2019/10/Gun-Violence-in-Kentucky-2.pdf

3 https://everytownresearch.org/report/the-economic-cost-of-gun-violence/#costs-to-taxpayers-survivors-families-and-employers

4 CDC, Fatal Injury Reports, five-year average: 2014-2018.

Adopted as Amended

2023-32

RESOLUTION

Subject: Promote Screening and Patient Education for Gun Safety in the Home

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, firearm injury has become the leading cause of death in children and teens in the U.S., accounting for 19% of child and teen mortality in 2020[1]; and

WHEREAS, 54% of U.S. adults report at least one of the following experiences: being threatened with a gun, having a family member who died from firearm injury, witnessing someone being shot, firing a gun in self-defense, or being injured in a shooting themselves[2]; and

WHEREAS, an estimated 4.6 million American children live in a home where at least one gun is kept loaded and unlocked[3]; and

WHEREAS, of the 1,388 child suicides studied by Schnitzer et. al, nearly 70% used a firearm belonging to the child (9%) or to the child's parent or other relative (59%) and of suicides that occurred in the child's home with the known gun owner, nine times out of 10, the owner was either the child or a parent[4]; and

WHEREAS, most teenage school mass shooters obtain guns from inside the home[5], as mirrored by the Marshall County High School shooting in 2018 [6]; and

WHEREAS, medical settings provide an opportunity to provide screening and counseling for safer gun ownership as they include access to providers who can communicate (public) health risks and the presence of family members or caregivers; and

WHEREAS, screening tools and behavioral counseling have the potential to save lives by identifying patients at risk of firearm injury[7,8] and reducing the number of suicides and homicides committed by children; and

WHEREAS, the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, and American Public Health Association recommend that clinicians screen their patients for firearm injury prevention and safe storage [9,10]; and

WHEREAS, 14% of U.S. adults report that a health care provider has ever screened for the presence of firearms at home, that 26% of parents of minor children state that their child's pediatrician has screened for the presence of firearms at home, and that 5% of adults have reported receiving firearm safety counseling from a health care worker[2]; and

WHEREAS, completion of CME activities about firearm safety was associated with increased likelihood both of physicians providing firearm safety counseling to their patients and of physicians screening for the presence of firearms for patients with depression[11]; now, therefore be it

RESOLVED, that KMA advocates for screening during medical visits for presence of guns in the household and educate for safe storage of firearms.

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Adopted Amended KMA Gun Violence and Firearm Safety Work Group Report to the 2023 House of Delegates in Lieu of Resolution 33

2023-33

RESOLUTION

Subject: Addressing the Gun Violence Public Health Epidemic Through Education, Advocating for Evidence-Based Remedies, and Collaboration with Task Forces

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the prevalence of adult gun ownership in Kentucky is over 50%, placing Kentucky in the top 15 states with the highest adult gun ownership rates[1]; and

WHEREAS, Kentucky has the 14 highest rate of gun deaths in the U.S.[2]; and

WHEREAS, from 2012 to 2021, Kentucky had a 43% and 118% increase in gun suicide rates and gun death rates, respectively[2]; and

WHEREAS, the Centers for Disease Control and Prevention found that, in Kentucky, 61% of gun deaths were by firearm suicide, with an average of 502 deaths per year[2]; and

WHEREAS, suicide affects all age groups in Kentucky and is the second leading cause of death in individuals aged 25 - 34[3]; and

WHEREAS, child access prevention laws[4,5] and extreme risk protection laws[6,7] are effective measures in preventing gun-related deaths[8]; however, Kentucky has no such laws in place[9]; and

WHEREAS, in a recent WATE/Emerson College poll of 900 Kentuckian voters, 70.6% of respondents found Kentucky gun laws “just right” and 17.9% found them “too strict”[10], despite the increasing gun death rates in Kentucky[2]; and

WHEREAS, gun violence in the state of Kentucky costs $2,155 per person per year, which is the 17th highest in the nation[2]; and

WHEREAS, the Gun Violence Prevention Committee, a task force at the University of Louisville School of Medicine, has developed objectives to advance gun violence prevention and promote gun violence awareness in collaboration with state-level organizations such as the Kentucky Medical Association; now, therefore, be it

RESOLVED, that KMA amend its Gun Violence policy by addition and deletion as follows:

“KMA **acknowledges that violence by the use of guns is a public health epidemic, and** 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- **and workplace-**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*)"; and be it further

RESOLVED, that KMA advocate for an educational campaign on the public health crisis of gun violence in concert with educators, local public health departments, and other issue-specific advocacy groups to educate the Commonwealth of Kentucky and to promote more responsible use and storage of firearms; and be it further

RESOLVED, that KMA advocates for evidence-based solutions to reduce the impact of the gun violence epidemic.

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Referred to the KMA Gun Violence and Firearm Safety Work Group for Further Consideration

2023-34

RESOLUTION

Subject: Enact Legislation to Protect Kentucky Schoolchildren, Citizens, and Police Officers from Gun Violence and Mass Shootings

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, gun violence has now become the number one cause of death in American children, and mass shootings now number over 600 per year, and gun deaths exceed 40,000 per year (3 times American deaths from poliomyelitis over its peak decade of 1941-1950, and 3 times American deaths in the Iraq-Afghanistan wars), and American gun deaths far exceed other culturally similar nations (e.g. 100 times that of Great Britain, per capita); and

WHEREAS, assault (semi-automatic, rapid-fire) weapons (e.g. AR-15, AK-47, etc.), and enhanced killing features (e.g. high-capacity magazines), are increasingly involved in mass shootings, school invasions and gun violence, which raises casualties 6-fold; and

WHEREAS, the escalating epidemic of mass shootings, school invasions and gun violence is now a public health crisis in Kentucky and across America, leading the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, American Psychiatric Association, American Public Health Association and the International Association of Chiefs of Police to call for bans of assault weapons and enhanced killing features, loophole-free background checks, and “red flag” (Extreme Risk Protective Order) laws[1-4]; and

WHEREAS, the Kentucky legislature has denied protection of our schoolchildren, citizens and police officers by ignoring control measures for assault rifles and killing enhancements, by avoiding enactment of effective background checks and “red flag” laws; now, therefore, be it

RESOLVED, that to protect our schoolchildren, citizens and police officers from mass shootings and gun violence, the KMA join America’s principal medical, public health, and police organizations[1-4] in citing gun violence as a public health crisis, and calling for and supporting the following legislation:

1 A ban of assault (semi-automatic) weapons and killing enhancement features, including high-capacity magazines, rapid-fire increasers (e.g. “bump stocks”), silencers, and guns without serial numbers (e.g. “ghost” and 3-D printed guns).

2 Require background checks without loopholes, plus waiting periods and safety training on all firearm transfers (store, internet, gun-show purchases, lending and gifts).

3 Establish Extreme Risk Protective Orders ("Red Flag" laws) to disarm persons who pose risks of gun violence to self or others.

References:

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Referred to the KMA Gun Violence and Firearm Safety Work Group for Further Consideration

2023-35

RESOLUTION

Subject: Repeal Kentucky State Laws that Prohibit Prevention of Mass Shootings and Gun Violence, and Thus Endanger Our Schoolchildren, Citizens and Police

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the escalating epidemic of mass shootings, school invasions and gun violence is now a public health crisis in Kentucky and across America, leading the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, American Psychiatric Association, American Public Health Association and the International Association of Chiefs of Police to call for bans of assault weapons and enhanced killing features, loophole-free background checks, and "red flag" (Extreme Risk Protective Order) laws[1-4]; and

WHEREAS, many states are enacting commonsense gun violence control laws to protect their citizens. However, the Kentucky state legislature has not only failed to do so, but it has passed a law (KRS 85.870) prohibiting local community governments from enacting gun violence control laws to protect their local citizens. Furthermore, our legislature has passed another law (2023 HB 153—the so-called "2nd Amendment Sanctuary law") that prohibits enforcements of federal gun violence control measures in our state. These state laws substantially weaken protection of our schoolchildren, citizens and police officers from mass shootings and gun violence; now, therefore, be it

RESOLVED, that KMA join America's principal medical, public health, and police officer organizations[1-4] to protect the health and safety of our schoolchildren, citizens and police officers by calling for and supporting repeal of KRS 65.870, which prohibits local community governments from enacting gun violence control laws to protect their local citizens; and be it further

RESOLVED, that KMA calls for and supports repeal of 2023 HB 153 (the so-called "2nd Amendment Sanctuary law") that prohibits enforcements of federal gun violence control measures in our state.

References:

1 McLean RM, Harris P, Cullen J, et al. Firearm-related injury and death in the United States: a call to action from the nation's leading physician and public health professional organizations. Ann Intern Med. 2019;171(8):573-577. doi:10.7326/M19-2441

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KENTUCKY MEDICAL ASSOCIATION (KMA) GUN VIOLENCE AND FIREARM SAFETY WORK GROUP REPORT TO THE 2023 KMA HOUSE OF DELEGATES

Summary

The KMA Gun Violence and Firearm Safety Work Group was created at the direction of the 2022 KMA House of Delegates (HOD) and charged with:

- Review the medical literature pertaining to firearm-related death and injuries.
- Make evidence-based recommendations to the 2023 KMA HOD that might allow the KMA to a) influence public policy and b) educate patients, physicians, and other healthcare providers with the goal of mitigating firearm-related injury.

The Gun Violence and Firearm Safety Work Group consisted of a diverse group of thirteen physician volunteers from the KMA membership. Of the twelve physician members, nine were male and four, female. Members of the work group represented all areas of the Commonwealth, representing urban, suburban, and rural locations. Members of the work group were both gun owners and non-gun owners. Adding to the diverse makeup, members of the work group represented nine different medical and surgical subspeciality fields. The Work Group was chaired by Dr. John Roberts, a physician from Louisville and the current Chairman of the Board of Trustees.

The Work Group was tasked with identifying pertinent, evidence-based articles from medical literature. These were accumulated on a cloud-based storage site accessible to all members. Four virtual meetings were held during which the data, literature, and policy implications were debated and discussed. During one meeting the Work Group had the opportunity to hear a presentation by, and to interact with, Ms. Whitney Austin of the WhitneyStrong Organization. Ms. Austin, herself a gun owner, was shot twelve times during a mass shooting in Cincinnati, Ohio on September 6, 2018, and has since made it her life's mission to advocate for common sense reform that saves lives.

The following evidence-based facts underly the Work Group's recommendations to the 2023 KMA HOD:

- There is a limited, but growing, number of high-quality, evidence-based studies to inform the conversation regarding effective policies pertaining to gun ownership, and firearm use and safety. More high-quality studies are needed.
- The current Supreme Court of the United States has affirmed the Second Amendment "right to bear arms."
- Death and injury associated with firearms are public health issues affecting the citizens of Kentucky.
- Firearm-related death is now the leading cause of accidental death in the pediatric age group, age 1 to 17 years.
- In adults, sixty-one percent of all firearm-related deaths are suicides. According to CDC data, in Kentucky, one person dies of firearm-related suicide every 17 hours and suicide by firearm is 1.4 times higher in Kentucky rural areas than in the urban areas of Kentucky.
- Community interpersonal violence exerts significant morbidity and mortality across all of Kentucky's geographic regions.

- Homicides, and in particular, mass-shooting homicides, make the national news and have a psychological impact on the populace. There is moderate evidence that prohibitions of firearm possession associated with domestic violence and the surrender of firearms by prohibited possessors decreases violent crimes.

Therefore, the Gun Violence and Firearm Safety Work Group recommends the following actions be taken by the KMA:

Related to Policy:

- The KMA acknowledges that firearm related death and injury is a public health concern for the citizens of Kentucky, (Reaffirm KMA Resolution 2017-21, 2017 House of Delegates)
- The KMA and its members encourage, support, and promote high-quality, evidence-based research related to safe gun ownership and firearm use and safety practices.
- The KMA support and encourage collaborative evidence-based strategies and programming addressing community interpersonal violence.
- The KMA works with state and local legislators to establish evidence-based policies that promote safe firearm ownership and use.
- The KMA support legislation during 2024 Kentucky legislative session that would allow for the temporary transfer of firearms away from people on the brink of crisis, like that of the Crisis Aversion and Rights Retention Act introduced during the 2022 session.

Related to Education:

- The KMA works with the appropriate stakeholders to educate the public on the rate of accidental firearm-related injuries, deaths, and suicides in Kentucky's pediatric population.
- The KMA partner with relevant organizations to offer Continuing Medical Education regarding effective patient communication about gun violence and firearm safety.

Retainment of the KMA Gun Violence and Firearm Safety Work Group

- The KMA House of Delegates vote to reaffirm the work group for the 2024 annual year, to meet on a case-by-case basis, but no less than semi-annually, and provide support and insight, as the organization carries out the education and policy recommendations aforementioned.

Kentucky Medical Association (KMA)
Gun Violence and Firearm Safety Work Group
Report to the 2023 KMA House of Delegates

The Charge:
During the 2022 Annual Meeting of the House of Delegates of the Kentucky Medical Association the KMA was charged with the creation of a Work Group to review available data and literature surrounding firearm use and safety and to report back to the House of Delegates with recommendations at the 2023 Annual Meeting.

A Work Group Composition:
The Work Group consisted of the following volunteer members:

- Dr. Kandis Adkins, MD, Cardiovascular and Thoracic Surgery (Louisville, KY)
- Dr. Aneeta Bhatia, MD, Anesthesiology (Louisville, KY)
- Dr. Mark Brockman Jr., MD, Pediatrics (Louisville, KY)
- Dr. Lori Caloia, MD, Family Medicine (Louisville, KY)
- Dr. Greg Cooper, MD, Family Medicine (Cynthiana, KY)
- Dr. Coy Flowers, MD, Obstetrics and Gynecology (Lexington, KY)
- Dr. Rick Miles, MD, Family Medicine (Russell Springs, KY)
- Dr. Keith Miller, MD, General Surgery (Louisville, KY)
- Dr. Rejith Paily, MD, FACP, Internal Medicine (Louisville, KY)
- Dr. Melissa Platt, MD, Emergency Medicine (Louisville, KY)
- Dr. Khalil Rahman, MD, MBA, Nephrology (Lexington, KY)
- Dr. John Roberts, MD, Neonatal Medicine (Louisville, KY) - Chair
- Dr. Richard Rowe, MD, Emergency Medicine (Hardinsburg, KY)

The Approach:
The Work Group gathered pertinent data and collected relevant articles from the literature. These were posted on a cloud-based site making the information available to all members of the Work Group and are appended to this report. The work group focused primarily on articles that approached the subject in a scientific manner, believing that to be credible and convincing any policy or educational effort by the KMA would need to be evidence-based. The Work Group met virtually on Zoom on four occasions to discuss the data and accumulated articles:

- Meeting #1 April 20, 2023
- Meeting #2 May 18, 2023
- Meeting #3 June 15, 2023
- Meeting #4 July 20, 2023

During these meetings a broad range of topics relating to gun violence and firearm safety were discussed.

KENTUCKY MEDICAL ASSOCIATION (KMA) GUN VIOLENCE AND FIREARM SAFETY WORK GROUP REPORT TO THE 2023 KMA HOUSE OF DELEGATES

Baseline Facts and Data Accepted and Acknowledged:

The following facts were recognized and acknowledged by the Work Group:

- The current US Supreme Court has repeatedly upheld the individual's right to bear arms under the Second Amendment of the US Constitution.
- Kentucky is a conservative, predominantly rural state in which a large portion of citizens own firearms. Kentucky ranks 27th of the 50 states in the nation in gun ownership; An estimated 54.6% of adults have firearms in their homes. Kentucky citizens use firearms for hunting, competitive shooting, collecting and self-protection.
- Current Kentucky Law regarding firearms:
    - Allows Open Carry except in certain restricted areas.
    - Allows Concealed Carry:
        - Requirement for background check and license was repealed in 2019.
        - A Concealed Carry License is still available; however, it cost $60, is good for 5 years, and requires background check and training.
    - Allows purchase of most types of firearms by adult US citizens who are Kentucky residents
        - Machine guns allowed if registered.
        - Antique and Replica Firearms – allowed.
        - No bans on any NFA (National Firearms Act) items.
    - Allows minors (under 18 years of age) to use firearms for safety/hunting courses, target shooting in licensed range, shooting in official competitions, while hunting (with appropriate hunting license) and on private property of an adult with their permission. Minors cannot purchase a handgun in Kentucky from an FFL (Federal Firearms License holder), there is no minimum age requirement for rifles and shotguns, if the minor is supervised by an adult.
    - Individuals convicted of felony crimes cannot possess or purchase firearms.
    - It is legal to carry all types of firearms in vehicles throughout Kentucky.

- Current KMA policy regarding guns and firearms:
    - 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)

- 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)

Relevant Findings Forming the Basis for Recommendations:

Related to Policy:

- **The KMA acknowledges that firearm related death and injury is a public health concern for the citizens of Kentucky, (Reaffirm KMA Resolution 2017-21, 2017 House of Delegates)**

More Americans died of gun-related injuries in 2021 than in any other year on record, according to the latest available statistics from the Center for Disease Control and Prevention (CDC). That included record numbers of both gun murders and gun suicides. Despite the increase in the *number* of such fatalities, the *rate* of gun deaths – a statistic that accounts for the nation's growing population – remained below the levels of earlier decades.

648 - The number of mass shootings in 2022. It's the second-highest number on record, just behind 2021. At least 672 people have been killed in mass shootings, and more than 2,700 have been injured. In 2021, there were 690 mass shootings, with 705 deaths and 2,828 injuries. Though the number of mass shootings (four or more shot) declined slightly, the number of mass murders (four or more people killed) increased by 30 percent, from 28 in 2021 to 36 in 2022. Rifles – the category that includes guns sometimes referred to as "assault weapons" – were involved in 3% of firearm murders.

In 2021, 48,830 people died from gun-related injuries in the United States. Suicides accounted for 54% (26,328) and murders accounted for 43% (20,958) of gun related deaths. Accidental deaths (549), law

enforcement related deaths (537), and gun-related deaths of undetermined circumstances (458) accounted for the remaining 3% of gun related deaths. More than half (55%) of all suicides in 2021 (26,328 of 48,183) involved firearms. According to the CDC, 61% of all firearm-related deaths in Kentucky each year are suicides. In rural areas of Kentucky, suicide by firearm is 1.4 times higher than urban areas. In 2020 one Kentuckian died by firearm suicide every 17 hours.

There was an increase in the firearm suicide rate among Black teenagers over the last decade. From 2011 to 2020, the suicide rates among Black, Latino, and Asian teenagers each more than doubled, according to the Centers for Disease Control data. Historically, victims of firearm suicide have tended to be older, white males living in rural areas. That remains true, but those disparities are narrowing as suicide rates among young Black and brown people worsen.

With the biggest cause of firearm-related deaths in Kentucky being by suicide, the work group saw this issue as being important to address.

16 million - The number of guns Americans bought in 2022. It was the second yearly decline since 2020, when gun sales hit record highs amid concerns over COVID-19, protests against racial injustice, other social unrest, and the 2020 presidential election. Gun sales typically spike during presidential elections and major social events. However, gun sales have not declined uniformly. In Oregon, for example, gun sales hit record highs in November after voters approved a ballot referendum that will require permits to purchase any firearms and ban high-capacity magazines. There can be unintended consequences of implementing gun policy legislation.

In 2022 Kentucky ranked 38 out of 50 states in the number of deaths per 100,000 population due to firearm injury of any intent (unintentional, suicide, homicide or undetermined) with 20.3 deaths per 100,000 population. For those aged 15 to 24, Kentucky's rate was 31.2 deaths per 100,000 population compared to 22.2 per 100,000 nationally. Death related to firearms is now the leading cause of death nationally in the pediatric age group (age 1 to 19 years of age).

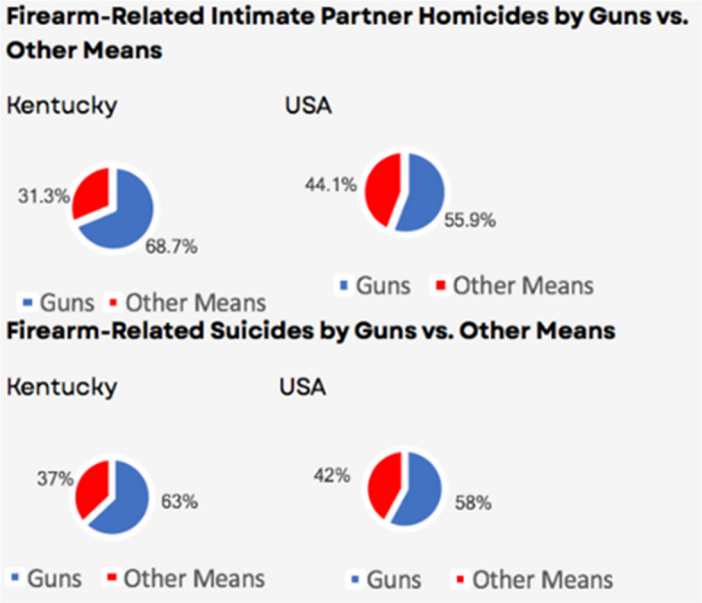
- **The KMA and its members encourage, support, and promote high-quality, evidence-based research related to safe gun ownership and firearm use and safety practices.**

The KMA, as an organization of physicians, recognizes the importance of an evidence-based approach to the diagnosis and treatment of medical conditions. If the KMA is to maintain credibility in the eyes of the public and Kentucky legislators, the KMA should adhere to that same principle in its approach to the current gun violence epidemic. Unfortunately, due to a prohibition of public funding for gun-related research by previous US legislation, there is a limited, but now growing body of evidence. More research is needed.

- **The KMA support and encourage collaborative evidence-based strategies and programming addressing community interpersonal violence.**

The KMA recognizes that family and domestic violence, including child abuse, and intimate partner abuse is a national public health problem, and a severe issue impacting Kentuckians across all regions of the

Commonwealth. 45.3% of Kentucky women and 35.5% of Kentucky men experience intimate partner physical violence in their lifetimes. Kentucky has the 11th highest femicide rate in the United States. In particular African American women experience a high rate of interpersonal violence, and more specifically are victims of gun violence at higher rates than Caucasian women. The gun violence hospitalization rate for African American women in Kentucky is 20.88 per 100,000 (or 1 in 4789), which is 7.5 times higher than that of Caucasian women, which is 2.8 per 100,000 (or 1 in 35,714). Additionally, gun-violence assault rates are 10 times higher for African American women versus Caucasian women in Kentucky. In one day in 2019, Kentucky domestic violence programs served 1,420 adult and child survivors; and another 128 requests for services went unmet due to lack of resources. This data point, and level of unmet need emphasizes the importance of further establishing and making more readily available the resources and programming that could help to curb this rate of interpersonal violence in the Commonwealth.



(KIPRC, 2023)

- **The KMA works with state and local legislators to establish effective, evidence-based policies that promote safe firearm ownership and use.**

The RAND Corporation, founded in 1946, is a politically centrist, global policy think tank and research organization whose mission is to improve policy and decision-making through research and analysis. The Rand Corporation has evaluated several thousand studies published since 2004 relating to gun policies that are frequently discussed in state legislatures. In January 2023 it assessed the strength of evidence of 18 gun-policies in affecting 8 gun-use outcomes. (See Table)

Table

Gun Policies	
Extreme Risk Protection Orders	Firearms Sales Reporting, Recording and Registration Requirements
Minimum Age Requirements	Licensing and Permitting Requirements
Prohibitions Associated with Domestic Violence	Lost or Stolen Firearm Reporting Requirements
Prohibitions Associated with Mental Illness	Waiting Periods
Surrender of Firearms by Prohibited Possessors	Child Access Prevention Laws
Background Checks	Concealed Carry Laws
Bans on Low Quality Handguns	Gun Free Zones
Bans on Sale of Assault Weapons and High-Capacity Magazines	Laws Allowing Armed Staff in K-12 Schools
Firearm Safety Training Requirements	Stand-Your-Ground Laws
Gun Use Outcomes	
Defensive Gun Use	Police Shootings
Gun Industry Outcomes	Suicide
Hunting and Recreation	Unintentional Injuries and Death
Mass Shootings	Violent Crime

The Rand Corporation authors categorized the evidence of effectiveness as LIMITED (one supportive study), MODERATE (two or more studies in support and no study with contradictory findings) and SUPPORTIVE (three or more studies, using independent data sets, with effect in the same direction).

The Rand Corporation determined there was SUPPORTIVE evidence that child-access prevention laws reduce firearm self-injuries (including suicides), firearm homicides or assault injuries, and unintentional firearm injuries and death among youth. There is also SUPPORTIVE evidence that stand-your-ground laws and shall-issue concealed carry laws increase firearm homicides.

The Rand Corporation determined there was MODERATE evidence that background checks reduce violent crimes. There was also MODERATE evidence that minimum-age-of-purchase laws reduce firearm suicides, waiting periods reduce rates of firearm suicide and homicide, and some gun possession prohibitions associated with domestic violence reduce intimate partner homicides.

The Rand Corporation determined there was LIMITED evidence that prohibitions associated with mental illness affected violent crime, bans on the sale of assault weapons and high-capacity magazine affected mass shootings, and licensing and permitting requirements affected suicide rates.

For most gun policies frequently discussed in today's legislatures, the Rand Corporation found no scientifically sound studies causally linking enacted Gun Policies to Gun Use Outcomes. In other studies, the data is

inconclusive. More scientifically designed studies investigating the impact of Gun Policies on Gun Use Outcomes are needed.

- **The KMA support legislation during 2024 Kentucky legislative session that would allow for the temporary transfer of firearms away from people on the brink of crisis, like that of the Crisis Aversion and Rights Retention Act introduced during the 2022 session.**

The Work Group had the pleasure of hosting Whitney Austin, founder of the WhitneyStrong Organization, at one of its meetings. Ms. Austin, herself a gun owner, was shot twelve times during a mass shooting in Cincinnati, Ohio on September 6, 2018, and has since made it her life's mission to advocate for common sense reform that saves lives. WhitneyStrong is a bipartisan, data-driven organization that is engaged both at the state and federal level in seeking legislation that will curb gun violence. In addition, WhitneyStrong is also engaged in local communities promoting education and safety. In Kentucky, WhitneyStrong is working on bipartisan legislation that would temporarily separate a person from their firearms in a moment of crisis. This policy is based on a number of different pieces of legislation that have been implemented across the country, but it would be unique to Kentucky, and would couple public safety with adequate due process. The Work Group believes that Ms. Austin's pragmatic approach could be a model for KMA physicians and lobbyists trying to foster legislation to address firearm safety. Based on the conversation with Ms. Austin and her approach, along with a review of the sources and the legislative proposal, the group recommends the KMA support legislation during the 2024 legislative session that would temporarily transfer firearms away from people who are on the brink of crisis.

Related to Education:

- **The KMA works with the appropriate stakeholders to educate the public on the rate of accidental firearm-related injuries, deaths, and suicides in Kentucky's pediatric population.**

Death related to firearms is now the leading cause of death nationally in the pediatric age group (age 1 to 19 years of age). Teen suicide rates are rising and the number of younger children committing suicide is increasing. There are many factors associated with teen suicide. It is imperative that parents, educators, and service providers from all systems of care that interact with children and youth are aware of the warning signs and are equipped to talk to children in crisis. Providers in both healthcare and behavioral healthcare should use the unique opportunities available to them to screen and assess for suicide risk and ensure that at-risk youth receive competent treatment to prevent suicide, and management within and across systems of care. Additionally, there is a high volume of accidental gun deaths amongst the pediatric population, thus it is imperative that the safe storage of firearms and education around the handling of firearms is presented to the public. The KMA, working with the relevant stakeholders, could be effective in drawing public attention to the rate of accidental firearm-related injuries, deaths, and suicides in Kentucky's pediatric population.

- **The KMA partner with relevant organizations to offer Continuing Medical Education regarding effective patient communication about gun violence and firearm safety.**

While two-thirds of 1658 medical students reported receiving any training on firearm safety counseling, only 12 percent considered the training "extensive." At the residency level, a survey of pediatric residency programs revealed that only one-third include formal training on firearm safety counseling.

Most physicians believe gun safety counseling is within a physician's scope of practice and that such counseling is effective at reducing rates of firearm-related suicides and homicides. While 65% of physicians report knowing how to counsel patients about gun safety, only 25% report having conversations with patients about firearms or firearm safety often or very often.

Increasing availability of and physician participation in firearm violence prevention CME could significantly increase physicians' knowledge of and engagement in firearm counseling.

- **Retainment of the KMA Gun Violence and Firearm Safety Work Group**

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