

# Kentucky Medical Association

*Physicians Caring for Kentucky*

## 2026 LEGISLATIVE PRIORITIES



### Ask Lawmakers to Support - KMA Legislative Priorities

#### **SUPPORT House Bill 176 (Prior Auth Reform) – Passed the House, Awaiting Action in the Senate**

KMA supports HB 176 which would establish a prior authorization exemption program designed to automatically waive prior authorization requirements if a physician has historically been approved for a specific procedure/service (not more than) 93% of the time.

This prior authorization exemption program would ensure patients have timely access to the care they need, reduce administrative burdens for physicians, and lower healthcare costs.

This legislation has passed the House of Representatives, so in your visits with House members, thank them for their vote. HB 176 is now awaiting action in the Senate.



#### **SUPPORT Senate Bill 78 (Improving Physician Wellness) – Awaiting Action in the Senate**

KMA supports the provisions in SB 78 related to physician wellness within the credentialing process. While SB 78 is a broader credentialing bill, parts of section 1 and section 4 reflect a targeted effort to modernize credentialing practices in a way that supports physician well-being without compromising patient safety.

This language grew directly out of a resolution adopted by the Kentucky Medical Association House of Delegates in 2025 and was developed in close collaboration with Senator Douglas.

The goal is straightforward: to eliminate stigmatizing or intrusive questions on credentialing forms that are unrelated to a physician's ability to practice safely and competently.

Under the bill, insurers and facilities may still verify licensure, disciplinary history, malpractice claims, and any condition that negatively affects a physician's ability to provide care. What the bill appropriately prohibits are blanket questions about past health conditions or current conditions that are being treated and do not affect clinical performance. That distinction is critical.

As one of the most consistent barriers physicians cite to seeking help is fear that doing so will jeopardize their credentialing, licensure, or employment, even when their condition is well-managed and poses no risk to patients.

This bill addresses that barrier directly. It sends a clear message that seeking care is not a professional liability, and that Kentucky supports evidence-based, stigma-free approaches to physician health—while still preserving all existing patient safety safeguards.



# Ask Lawmakers to Oppose Non Physician Scope of Practice Expansion

## **OPPOSE [House Bill 444 \(Audiologist Scope Expansion\)](#) – Awaiting Action in the House**

HB 444 would significantly expand the scope of practice for audiologists by authorizing independent diagnosis, management, and treatment of auditory and vestibular conditions. The bill would allow audiologists to order laboratory tests and imaging, prescribe certain medications, and perform invasive procedures, including cerumen and foreign body removal from the inner third of the ear canal.



KMA strongly opposes HB 444 due to serious patient safety concerns. Expanding non-physician scope into diagnosis, prescribing, and procedural care risks delayed or missed diagnoses and undermines established physician-led referral and oversight models. These concerns are shared by national and state physician organizations, including the American Academy of Otolaryngology–Head and Neck Surgery and the Kentucky Society of Otolaryngology.

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## **OPPOSE [Senate Bill 12 \(Removes the Requirement for Level IV Trauma Centers to be Led by an Onsite Physician 24/7\)](#) – Passed the Senate, Awaiting Action in the House**

SB 12 would allow hospitals with a Level IV trauma center designation to staff their emergency departments with an APRN or physician assistant, supervised by either an on-site or off-site physician. Emergency care is defined by uncertainty, rapidly evolving clinical situations, and time-sensitive decision-making. In these environments, the immediate availability of an on-site emergency physician is critical. Remote supervision cannot fully replicate bedside assessment, procedural readiness, or the ability to respond instantly when a patient's condition deteriorates.



Patients across Kentucky reasonably expect that care delivered in a Level IV trauma center is led by a physician, and SB 12 would dramatically change that, particularly in rural and underserved communities. KMA opposes SB 12 and urges lawmakers to maintain clear, patient-centered requirements for on-site physician leadership in Level IV trauma centers to protect patient safety and ensure high-quality emergency care. This legislation has passed the Senate, and currently sits in the House awaiting action.

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## **OPPOSE [Senate Bill 116 \(Physician Assistant Scope Expansion\)](#) – Awaiting Action in the Senate**

SB 116 would significantly alter the physician-physician assistant (PA) relationship by replacing the longstanding supervision model with a loosely defined collaboration framework throughout the PA Practice Act. SB 116 would also expand PA prescribing authority to include Schedule II controlled substances.



Physician Assistants are essential members of the physician-led healthcare team. However, SB 116 represents a significant departure from the proven model by:

- Undermining physician-led care by diminishing the physician's role in directing and overseeing patient care.
- Increasing patient safety risks by reducing physician oversight, increasing the potential for missed diagnoses, treatment errors, and fragmented care.
- Opening the door to future scope expansions, such as proposals to remove collaborative agreements with physicians, establish an independent PA licensing board, allow direct billing without physician involvement, and change the PA title in a way that obscures training differences.

KMA strongly opposes SB 116 due to patient safety concerns and the further erosion of physician-led care.