RESOLUTION

Subject: Protecting Physician-Led Interventional Pain Medicine, Ending Unsupervised Nonphysician Practice, and Ensuring Patient Transparency and Safety

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, interventional pain medicine is a physician specialty requiring completion of medical school, residency, and a dedicated fellowship year devoted specifically to the diagnosis, risk stratification, image-guided procedural technique, and longitudinal management of chronic pain, training that no nonphysician pathway currently requires or replicates; and

WHEREAS, chronic interventional pain management is fundamentally distinct from perioperative anesthesia-related pain care, and involves independent medical decision-making including differential diagnosis, patient selection, procedural planning, interpretation of advanced imaging, rehabilitation planning, complex medication management, and longitudinal follow-up that exceeds the scope of nurse anesthesia training; and

WHEREAS, certified registered nurse anesthetists are trained in the management of acute, procedural, and obstetric pain occurring in the intraoperative and immediate perioperative period, a skill set that is valuable and appropriate within its intended context, but is categorically distinct from, and does not include, the fellowship-level training required to independently diagnose, select, and perform invasive image-guided procedures for the longitudinal management of chronic pain; and

WHEREAS, the Kentucky General Assembly recognized the unique risks posed by pain management facilities when it enacted KRS 218A.175 (HB 1, 2012), which provides that only a physician with a full and active license to practice medicine in Kentucky may hold an ownership or investment interest in a pain management facility formed after April 24, 2012, and further requires that a physician owner or physician designee be physically present and practicing medicine in the facility for at least fifty percent (50%) of the time that patients are present, holding board certification in pain management, interventional pain, or hospice and palliative medicine; and

WHEREAS, under KRS 218A.175, a certified registered nurse anesthetist or nurse practitioner may work within a pain management facility but may not hold an ownership interest in, nor serve as the physician owner or required medical director of, such a facility, a statutory safeguard that is being circumvented in practice through nonphysician-operated "pain institutes" that either evade licensure as pain management facilities or operate in violation of these ownership and on-site supervision requirements; and

WHEREAS, interventional pain procedures are invasive, image-guided interventions performed in close proximity to the spinal cord, nerve roots, and major vascular structures, carrying serious risks including epidural hematoma, infection, nerve injury, and paralysis, and demand the judgment and complication-management expertise obtained only through physician residency and fellowship training; and

WHEREAS, certified registered nurse anesthetists (CRNAs) and other nonphysician practitioners in Kentucky and surrounding states are increasingly establishing and operating so-called "pain institutes" or freestanding pain clinics that independently diagnose, select, and perform complex interventional pain procedures without onsite physician supervision, in direct conflict with the training, credentialing, and safety standards required of physicians practicing in this specialty; and

WHEREAS, this unsupervised expansion of practice creates a two-tiered system of pain care in which patients may unknowingly receive physician-level diagnostic and procedural decisions from practitioners who have not completed physician residency or pain medicine fellowship training, thereby endangering patient safety and undermining public trust; and

WHEREAS, patients are frequently unable to determine, from clinic names, advertising, or signage alone, whether the professional diagnosing their pain condition, recommending a procedure, performing an invasive intervention, or managing their follow-up care is a physician, and deserve clear and enforceable transparency in this regard; and

WHEREAS, physician-led, team-based care remains fundamental to the safe and effective practice of interventional pain medicine, and this resolution affirms the valuable and appropriate contributions of certified registered nurse anesthetists, physician assistants, nurse practitioners, anesthesia assistants, and other nonphysician clinicians when practicing within, and under the active supervision of, a physician-led team; and

WHEREAS, payer, credentialing, and institutional policies too often fail to reflect meaningful differences in education, training, and demonstrated competency between physicians and nonphysician practitioners, resulting in reimbursement, privileging, and authorization structures that incentivize and enable unsupervised nonphysician practice in interventional pain medicine; and

WHEREAS, the unchecked proliferation of nonphysician-operated pain institutes, if left unaddressed by statute, regulation, and payer policy, threatens to establish independent nonphysician scope of practice in chronic pain management as a de facto standard, to the detriment of patients across the Commonwealth; now, therefore, be it

RESOLVED, that KMA affirm that the independent diagnosis, longitudinal management, procedural selection, and performance of chronic interventional pain procedures constitute the practice of medicine and must be directed and performed by physicians with appropriate specialty training and credentials; and be it further

RESOLVED, that KMA explicitly oppose the independent, unsupervised establishment and operation of pain clinics, pain institutes, or similar practices by certified registered nurse anesthetists or other nonphysician clinicians, and oppose any expansion of scope of practice permitting independent performance of complex interventional pain procedures absent active, onsite physician supervision; and be it further

RESOLVED, that KMA call upon the Kentucky Board of Medical Licensure, Kentucky Board of Nursing, and relevant state regulatory bodies to investigate and take appropriate enforcement action against nonphysician-operated pain practices that are functioning outside the bounds of their licensure and without required physician supervision; and be it further

RESOLVED, that KMA call upon the Cabinet for Health and Family Services, the Kentucky Board of Medical Licensure, and the Office of Inspector General to rigorously enforce the physician-ownership, on-site presence, and board-certified medical director requirements of KRS 218A.175 and its implementing regulations, and to investigate facilities operating as, or advertising, chronic pain management services that are not owned, directed, and staffed in compliance with that statute; and be it further

RESOLVED, that KMA advocate for statutory and regulatory clarification distinguishing chronic interventional pain medicine from perioperative anesthesia-related pain care, and ensuring that credentialing, privileging, licensure enforcement, and reimbursement structures reflect the education, training, competency, and patient-safety standards required for this specialty; and be it further

RESOLVED, that KMA require and support enforceable transparency in advertising, clinic naming, informed consent, and all patient-facing communications, such that no clinic, institute, or practice may imply, through name or marketing, physician-level care unless a physician is directly and actively involved in diagnosis, procedural performance, and management of the patient; and be it further

RESOLVED, that KMA advocate for the reduction of unnecessary prior authorization and administrative barriers that delay patient access to physician-led, evidence-based interventional pain care, while opposing any regulatory relief or streamlining that would facilitate unsupervised nonphysician procedural practice; and be it further

RESOLVED, that KMA collaborate with the American Society of Anesthesiologists, the American Society of Regional Anesthesia and Pain Medicine, other appropriate specialty societies, and state regulatory stakeholders to develop model legislation, credentialing standards, and enforcement mechanisms that preserve physician-led interventional pain care, protect patient safety, and ensure that scope of practice remains grounded in education, training, demonstrated competency, and documented clinical outcomes; and be it further

RESOLVED, that KMA direct its staff and legislative counsel to monitor and report annually to the House of Delegates on the prevalence of nonphysician-operated interventional pain practices in Kentucky and on the status of related legislative, regulatory, and enforcement efforts.