2026-27

RESOLUTION

Subject: Codifying Specialty Guardrails, Surgical Definitions, and Physician-Led Team Accountability

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, a 2022 National Bureau of Economic Research (NBER) study and the Hattiesburg Clinic study found that independent non-physician care resulted in significantly higher costs per member per month, increased emergency department utilization, and a 20% higher rate of 30-day preventable hospitalizations compared to physician-led care; and

WHEREAS, current "specialty switching" loopholes allow non-physician practitioners to move from primary care to high-risk specialties without residency-equivalent training, posing an immediate threat to patient safety; and

WHEREAS, patient safety requires a clear statutory distinction between a "Physician-Led Team" where the physician retains ultimate responsibility for diagnosis, and autonomous invasive practice; now, therefore, be it

RESOLVED, that KMA advocates for a statutory definition of surgery and establish that "surgery and invasive medical procedures" are the practice of medicine and should only be performed by physicians, healthcare practitioners acting strictly within their legally established, independent surgical scopes of practice, or appropriately supervised practitioners acting within physician-delegated authority and within the scope of their education, training, and demonstrated competency; and be it further

RESOLVED, that KMA actively partners with and calls upon state and national specialty societies to formally draft and codify specialty-specific guardrails and supplemental training pathways defining the minimum clinical competency required for any practitioner to perform complex or invasive diagnostic or surgical acts; and be it further

RESOLVED, that KMA advocates for specialty guardrails that mandate direct, on-site physician supervision for high-risk surgical acts, including but not limited to the surgical use of lasers, or any procedure involving the excision or thermal ablation of human tissue, while ensuring that the required level of physician supervision for invasive diagnostic, minor interventional, or delegated emergent procedures, including minor incisions, aspirations, and punctures, be determined by the recognized physician specialty societies representing the supervising physician's field of practice based on documented training and demonstrated competency; and be it further

RESOLVED, that KMA advocates for a non-delegable responsibility standard, ensuring that any physician supervising a non-physician practitioner or overseeing specialty guardrails maintains ultimate clinical and legal liability for the medical acts performed within that physician-led team; and be it further

RESOLVED, that KMA advocates that privileges to perform invasive or specialty procedures be based upon documented education, physician-defined standardized training, demonstrated competency, and ongoing quality assessment rather than professional title alone.