

RESOLUTION

Subject: Preservation of Physician-Led Patient Care

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

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WHEREAS, the Commonwealth of Kentucky currently grants autonomous prescribing authority to Advanced Practice Registered Nurses (APRNs) after a four-year "passive timer" (KRS 314.042), which fails to account for actual clinical hours, case complexity, or standardized competency; and

WHEREAS, the original legislative intent of the four-year collaborative period was publicly defended as "somewhat mimicking the concept of a medical residency period," yet the current statutory language permits part-time employment and unverified hours to satisfy the requirement; and

WHEREAS, there is a profound training disparity between physicians, who complete between 12,000 and 16,000 hours of residency and fellowship, and non-physician practitioners who may complete as few as 500 clinical hours before entry into practice; and

WHEREAS, peer states including Florida, Arkansas, and Delaware have already transitioned from passive timers to mandatory clinical hour requirements ranging from 3,000 to over 6,000 hours, establishing a national regulatory trend toward competency-based independence; now, therefore, be it

RESOLVED, that KMA advocate for the preservation of physician-led patient care, including diagnostic, therapeutic, prescribing, and invasive procedures; and be it further

RESOLVED, that KMA advocate for scope-of-practice laws and policies requiring all healthcare professionals to practice within the limits of their education, accredited training, supervised clinical experience, demonstrated competency, and licensure, with appropriate physician leadership and oversight; and be it further

RESOLVED, that KMA supports appropriate collection, analysis, and regulatory review of prescribing patterns by all healthcare professionals, including geographic trends and the prescribing of Schedule II controlled substances, to promote patient safety and identify potentially unsafe or inappropriate practices; and be it further

RESOLVED, that KMA seek state statutory definitions establishing that surgery is the practice of medicine, to be performed by physicians, practitioners acting strictly within legally established independent surgical scopes of practice, or under physician-delegated authority; and be it further

RESOLVED, that KMA use whatever means necessary to conduct a comprehensive legal and statutory analysis of proactive approaches to protect the practice of medicine and the patients of Kentucky

from inappropriate expansion in the scope of practice of non-physicians and present the finding and actionable recommendations to the 2027 House of Delegates.