Adopted

2016-4

RESOLUTION

Subject: KAPER-1

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the Kentucky Application for Provider Evaluation and Re-evaluation (KAPER-1) (04/2009), Part B form was developed in collaboration with health care providers, insurers and the Kentucky Cabinet for Health and Family Services. The KAPER-1 Part B is for use by Kentucky hospitals and health care facilities and consists of two (2) sections. Form KAPER-1 (04/2009), Part B, Section 1 is for initial evaluation (credentialing) of a physician or allied health professional and form KAPER-1 (04/2009), Part B, Section 2 is for re-evaluation (re-credentialing) of a physician or allied health professional; and

WHEREAS, the KAPER-1 Part B form requires that physicians or allied health professionals "present photo ID in person at the hospital or health care organizations where participation is desired" ahead of issuance of initial hospital privileges; and

WHEREAS, the KAPER-1 Part A form, used by all health insurers offering managed care plans in Kentucky, does not have the KAPER-1 Part B form photo ID requirement; and

WHEREAS, institutions such as the Kentucky Board of Medical Licensure (KBML) and the Federation of State Medical Boards (FSMB) use an affidavit and release policy in verifying photo identification in the presence of a notary; and

WHEREAS, doctors and allied health professionals complain about delays in the credentialing process and the hassle of presenting photo IDs in person; now, therefore, be it

RESOLVED, that the Kentucky Medical Association urge the Kentucky Cabinet for Health and Family Services to include language on the KAPER-1 Part B form that will allow physicians and allied health professionals to verify photo identification for initial hospital privileges through an affidavit and release that has been signed in the presence of a notary instead of verifying photo ID in person.

Adopted

2016-5

RESOLUTION

Subject: Restrictive Covenants

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, a restrictive covenant (also referred to as a non-compete agreement or a covenant not to compete) limits or prevents a physician's practice of medicine, usually within a defined geographic region for a specified amount of time with a particular business interest; and

WHEREAS, restrictive covenants are subject to state law, with some states wholly disallowing non-compete agreements in physician contracts and others placing limitations on what stipulations may be considered reasonable in non-compete agreements; and

WHEREAS, the American Medical Association, in a Medical Ethics Opinion, states that restrictive covenants have the potential to restrict competition, disrupt continuity of care, and deprive the public of medical services; and

WHEREAS, in a state such as Kentucky where physician shortages are common in large geographic areas, and a restrictive covenant could force a physician to leave an already underserved area in order to seek new employment, furthermore, the case of Charles T. Creech v. Brown from the KY Supreme Court case in 2014 further limited restrictive covenants; now, therefore, be it

RESOLVED, that the Kentucky Medical Association work with the Kentucky Hospital Association, the individual hospitals and health care systems to eliminate restrictive covenants from their employed physician contracts; and be it further

RESOLVED, that if the Kentucky Medical Association’s efforts to eliminate restrictive covenants with employed physicians contracted by hospital and health care systems are unsuccessful, the Kentucky Medical Association will then pursue legislative action.

Adopted as Amended

2016-6

RESOLUTION

Subject: Plan for Physician Education and Resources in Treating Addiction

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, opiate overdose and drug abuse is an epidemic problem causing more deaths than any other cause; and

WHEREAS drug abuse is causing increasing rates of Hepatitis C and HIV at alarming rates; and

WHEREAS, there are not currently enough resources to help all of those in need; and

WHEREAS, treating opioid and other addictions appropriately requires some additional training and knowledge beyond what is offered in medical school curriculum; and

WHEREAS, treating addiction without sufficient knowledge can lead to more problems and unintended consequences; and

WHEREAS, physicians represent the front line of medicine and are already present in adequate numbers; and

WHEREAS, physicians are being confronted by patients with addiction; now, therefore, be it

RESOLVED, that the Kentucky Medical Association pursue a plan to help educate physicians and the public on evidence based ways to prevent and treat drug addiction and disseminate this information to all physicians across the state.

Adopted as Amended

2016-7

RESOLUTION

Subject: Recognition of the National Board of Physicians and Surgeons as an Alternative for Board Certification

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the National Board of Physicians and Surgeons (NBPAS) was formed in 2015 as an alternative to the American Board of Medical Specialties (ABMS) for maintaining board certification; and

WHEREAS, the NBPAS is less costly and requires a fraction of the time required by the Maintenance of Certification (MOC) programs offered through ABMS; and

WHEREAS, there is currently significant controversy surrounding the requirements for continued certification in a medical specialty and many physicians believe recent changes in the requirements such as patient-safety activities and recertification exams do not provide optimal use of physician time; and

WHEREAS, NBPAS candidates must have previously been certified by an ABMS member board and must have a valid unrestricted license to practice medicine in at least one US State; and

WHEREAS, NBPAS candidates must have completed a minimum of 50 hours of continuing medical education (CME) within the past 24 months, provided by a recognized provider of the Accreditation Council for Continuing Medical Education (ACCME); and

WHEREAS, organizations providing CME programs are regulated by a rigorous accreditation body (ACCME) requiring each CME offering provide an educational gap analysis, “needs assessment,” speaker conflict of interest, course evaluation, and many other performance standards; and

WHEREAS, most states require CME activities to maintain licensure and, therefore, using CME to fulfill lifelong learning requirements provides efficiency and minimizing redundant activities; and

WHEREAS, the NBPAS advisory board members are physicians who value patient care, research and lifelong learning and all board members (all unpaid) believe continuous physician education is required for excellence in patient care; and

WHEREAS, as of 06/22/16 a total of 40 hospitals across the US now accept NBPAS as an alternative certification for hospital privileges; now, therefore, be it

RESOLVED, that the Kentucky Medical Association request that the American Medical Association consider recognizing the National Board of Physicians and Surgeons (NBPAS) as an alternative to the American Board of Medical Specialties (ABMS) re-certification.

Adopted as Amended

2016-8

RESOLUTION

Subject: Reduce Consumption of Sugar-Sweetened Beverages in Kentucky

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, Kentucky ranks #6 in the country of number of people with Type 2 Diabetes: 12.5% of the population. It ranks 12th nationally (31.6%) in adult obesity, 6th nationally in obesity in 2-4 year olds, 8th nationally in 10-17 year olds, and 3rd nationally in obesity in high-school students; and

WHEREAS, in the past year, diabetes increased 18% from 10.6% to 12.5% of adults (1). The prevalence of diabetes has more than tripled since 1995 when an estimated 3.5% of adults had diabetes, compared to 10% in 2010, an increase of 158%. The current rate of diabetes nationally is 6.9%. If current trends continue, 1 in every 3 children born in the United States in 2000 is expected to develop diabetes in his or her lifetime, and for African American and Latino children, this figure is 1 in 2 (2); and

WHEREAS, research by the CDC has shown that approximately 27% of people with diabetes have not been tested and diagnosed. For Kentucky, this would mean that in addition to the 370,000 patients diagnosed with diabetes, another 137,000 have undiagnosed diabetes, for a total of 507,000 adults living with diabetes in our state; and

WHEREAS, in addition to the above, 233,000 Kentucky adults have been diagnosed with pre-diabetes and will progress to a diagnosis of diabetes if they do not receive proper medical care and take actions to halt the progress of the disease; and

WHEREAS, ten percent (10%) or 22,039 members of the Kentucky Employees Health Plan (2010) have diabetes. Medicaid members experience a very high rate of diabetes at 18% or 82,048 adults. In parts of eastern Kentucky, the rate of diabetes among Medicaid adults exceeds 20%; and

WHEREAS, nearly 30% of women who already have diabetes (not gestational diabetes) and become pregnant will be hospitalized prior to delivery. Over 60% of pregnant women with pre-existing diabetes (not gestational diabetes) will deliver by Cesarean section compared to 36% of pregnant women without diabetes; and

WHEREAS, emergency department visits for diabetes resulted in charges of $23,709,718 in 2011. Hospitalizations for diabetes resulted in charges of $183,000,000 in 2011; and

WHEREAS, a study conducted by the California Center for Public Health Advocacy, with UCLA, found that "...regardless of income or ethnicity, adults who drink one or more sodas a day are 27 percent more likely to be overweight or obese." There is a clear link between obesity and diabetes; and

WHEREAS, "Public health experts working to end the obesity epidemic have identified taxes on sugary drinks as the most cost-effective approach. The rational is strong. The obesity epidemic has occurred in parallel with a 4-fold increase in soda consumption between 1950 and 2004. Sugar-sweetened beverages are the largest source of added sugars in the American diet and have been linked to obesity, diabetes, and heart disease" - "The Philadelphia Story: Attacking Behavioral and Social Determinants of Health"- Ann Intern Med. Published online 19 July 2016 doi:10.7326/M16-1570. "Tax on sugar sweetened beverages was associated with reductions in purchases of taxed beverages and increases in purchases of untaxed beverages"- BMJ 2016;352:h6704. In one study, a 0.04 cent per-calorie tax on sugar-sweetened beverages "soda tax" has been shown to reduce consumption by 5,800 calories per person annually and could do so at a lower cost to consumers than an ounce-based tax, according to a study published online by the American Journal of Agricultural Economics; now, therefore, be it

RESOLVED, that the Kentucky Medical Association urge physicians to educate their patients regarding the health effects of sugar-sweetened beverages and, if necessary, encourage patients to reduce consumptions of such beverages.

Adopted as Amended

2016-9

RESOLUTION

Subject: Cost of Prescription Medications

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, a recent publication (March 2016) from the Department of Health and Family Services [1] notes that the rising cost of prescription medicines is putting pressure on public and family budgets and a representative poll found that the affordability of prescription drugs tops the public's list of priorities for the President and Congress; and

WHEREAS, medications confer enormous clinical benefit to patients, but the cost associated with some of these therapies place a financial strain on patients who face high out-of-pocket costs even if they are insured [2], making some patients choose to not take their prescribed therapy; and

WHEREAS, from 2008 through 2014, average prices for the most widely used brand-name drugs jumped 128% [3] and It is expected that overall prescription drug spending will increase at a rate greater than 7% annually (greater than the rate of inflation) [4] and this phenomenon is even more marked for some specialty medications such as cancer drugs [5], medications for Hepatitis C, and Multiple Sclerosis [6] where some rare disorders treatments can exceed $100,000 per year; and

WHEREAS, the pharmaceutical industry is one of the most profitable sectors with profit margins exceeding 15% [7], however because of multiple reasons this industry has so far been able to avoid outside pressure directed at cost-control, and has no societal imperative to do so [8]; now, therefore, be it

RESOLVED, that the Kentucky Medical Association seek opportunities to advocate for more affordable prescription medications; and be it further

RESOLVED, that the Kentucky Medical Association, in cooperation with other key stakeholders (e.g. the Kentucky Pharmacists Association, the Kentucky Nurses Association, and the Kentucky Hospital Association), urge the Pharmaceutical Research and Manufacturers of America® and its member companies to reign in the cost of medications; and be it further

RESOLVED, that the Kentucky Medical Association educate state legislators and the state's congressional delegation on the severity and importance of rising prescription drug costs

so that lawmakers can more effectively address the problem on behalf of Kentucky citizens; and be it further.

RESOLVED, that the Kentucky Medical Association urge state policymakers to evaluate drug pricing and value to assess possible benefits for patients and physicians.

Adopted as Amended

2016-10

RESOLUTION

Subject: Medical License Renewal

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, physicians in the Commonwealth of Kentucky are required to renew their licenses to practice medicine on an annual basis; and

WHEREAS, the renewal application process requires physician time, or the time of office staff, (estimated to be 30 minutes per physician per year); and

WHEREAS, there are over 10,000 active physicians in the Commonwealth of Kentucky, resulting in 5000 physician/staff hours per year (one quarter million dollars at $50 per hour; one half million dollars at $100 per hour); and

WHEREAS, the Kentucky Board of Medical Licensure (KBML) must review and process over 10,000 new or renewal licenses each year causing stress on KBML staff and volunteer committee members; and

WHEREAS, the Continuing Medical Education (CME) requirement for physicians in Kentucky is 60 hours of CME every three years; and

WHEREAS, more than half the states have two-year license cycles and some states have three-year license cycles without evidence of public harm; now, therefore, be it

RESOLVED, that the Kentucky Medical Association work with the Kentucky Board of Medical Licensure to streamline the renewal process for medical licensure.

Adopted as Amended

2016-11

RESOLUTION

Subject: Maximizing the Physician Workforce

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, it is projected that Kentucky will experience a significant shortfall in the number of physicians in the coming years; and

WHEREAS, retired physicians may wish to reenter the physician workforce after their licenses have lapsed and they have been out of clinical practice for some time; and

WHEREAS, physicians who have undertaken an administrative or research path in their career, and have been out of clinical practice for some time, and now wish to re-enter the physician workforce; now, therefore, be it

RESOLVED, that the Kentucky Medical Association work with the Kentucky Board of Medical Licensure and other organizations to study ways by which physicians previously licensed in the United States of America can most efficiently and safely re-enter the workforce after a period of absence from clinical care and educate the membership on the findings.

Adopted as Amended

2016-12

RESOLUTION

Subject: Opposing Contractual Threats to Patients and Professionalism

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, physicians are increasingly employed by large organizations, many of which have leadership schooled and oriented to business tactics that primarily serve the organization, rather than patients, physician professionalism and principles of medical ethics; and

WHEREAS, some such organizations design employment contracts that bar, impede or threaten physicians who voice concerns about safety, overtreatment incentives, over testing practices, excessive costs and other threats to patients. Such contracts include forms of: (1) Confidentiality (Hides quality/safety concerns and contract problems); (2) Productivity incentives (Encourages overtreatment and excessive employer revenue); (3) "Leakage control" (Discourages appropriate referrals outside employer's system); (4) Termination without cause (Discourages physician quality/safety complaints. Reduces their patient's access); (5) Non-compete clauses (Restricts physicians leaving unsatisfactory positions); (6) Outside activity over-restriction (Restricts unrelated work, teaching, research, or academic freedom); (7) Employee "Gags" (Hides quality/safety problems and unethical practices); and (8) "Anti-poaching" (Restricts physicians leaving unsatisfactory positions); and

WHEREAS, to preserve our leadership in healthcare, the Kentucky Medical Association and organized medicine must continue highest priorities for patient protection and physician professionalism, including opposing unjust contract elements; now, therefore, be it

RESOLVED, that the Kentucky Medical Association mount a vigorous program to educate physicians and physicians in-training on contract elements that may be interpreted to bar, impede or threaten physician advocacy for patient safety, quality care and cost efficiency including but not limited to: (1) Confidentiality; (2) Productivity incentives; (3) "Leakage control"; (4) Termination without cause; (5) Non-compete clauses; (6) Over-restriction of outside activities; (7) Employee "Gags"; and (8) "Anti-poaching"; and be it further

RESOLVED, that the Kentucky Medical Association facilitate legal remedies for physicians facing "whistleblower" reprisals and other adverse employer actions for advocating patient safety, care quality and cost efficiency; and be it further

RESOLVED, that if progress is not made on the use of restrictive contract terms by employers, the Kentucky Medical Association pursue alternative means that may include public education, legislative or regulatory action, or advocacy through the American Medical Association.

Adopted

2016-13

RESOLUTION

Subject: Maintenance of Certification Requirements for Insurance Plans

Submitted by: Greater Louisville Medical Society and McCracken County Medical Society

Referred to: Reference Committee

WHEREAS, the American Board of Medical Specialties (ABMS) and the Federation of State Medical Boards (FSMB) have been making an effort to pass legislation requiring physicians to participate in Maintenance of Certification (MOC) and Maintenance of Licensure (MOL) nationwide; and

WHEREAS, many hospital systems, employers, insurers and other entities now require physicians to participate in MOC and/or MOC activities in order to keep their board certification up-to-date or they will lose hospital staff privileges and/or be unable to remain on insurance panels; and

WHEREAS, MOC and MOL activities have never been proven to improve patient care, but decrease the number of physicians that are actively practicing if they do not continue to maintain these re-certification activities; and

WHEREAS, MOC and MOL activities are onerous, expensive and disrupt the patient-physician relationship by causing the physician to take time away from his/her practice to participate in the required activities and testing; and

WHEREAS, the Kentucky legislature passed legislation in the past general session to prevent MOC and/or MOL activities to be required to maintain a license to practice medicine in the Commonwealth; now, therefore, be it

RESOLVED, that the Kentucky Medical Association oppose hospital systems, employers, insurers and other entities restricting a physician's right to practice medicine without interference due to lack of maintenance of certification or due to a lapse of time-limited board certification as long as the physician is in good standing with the Kentucky Board of Medical Licensure and has completed the required Continuing Medical Education activities necessary for maintaining a license.