

chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

Newsletter, February 2005, Vol. 108, No. 2

RENEWING THE CAMPAIGN

Loud call for strong litigation reform



Scott Warner, CMIS

"We urge the General Assembly to pass this bipartisan legislation and bring relief to the citizens of Illinois" ISMS President Kenneth J. Printen, MD, announced at a press conference, Feb. 1, in the James R. Thompson Center.

"Doctors continue to give up high-risk procedures, move their practices to other states and leave medicine altogether. Patients are finding it harder and harder to access needed medical care. This is not just a rural problem, it is one that is impacting Chicago and other urban parts of Illinois as well."

-Kenneth J. Printen, MD, President, ISMS

BOTH THE ILLINOIS STATE MEDICAL SOCIETY and Illinois Hospital Association have endorsed new medical liability reform legislation aimed at repairing the state's broken legal system and keeping doctors in Illinois. Key provisions of this comprehensive legislation, introduced with bipartisan support in both the Illinois House and Senate, would:

- Reduce unwarranted lawsuits.
- Cap non-economic damages while preserving unlimited economic damages.
- Enact sensible insurance reforms.
- Enhance medical discipline.
- Enable annuity payments for awards.
- Protect physicians' assets.
- Clarify the principle of apparent agency.

Unlike the previous year's reform proposals, the 2005 legislation includes a \$250,000 cap on non-economic damages for physicians and a \$500,000 limit on non-economic damages for hospitals. ISMS and ISMIE Mutual also support a constitutional amendment that would clarify the Illinois General Assembly's authority to enact a reasonable cap on non-economic damages in medical liability cases.

Principal co-sponsors include: Senators David Luechtefeld (R-Okawville), Frank Watson (R-Greenville), John O. Jones (R-Mount Vernon) Kirk Dillard (R-Hinsdale) and Pamela Althoff (R-Crystal Lake); Representatives Tom Cross (R-Oswego), Dan Reitz (D-Steeleville), Dan Beiser (D-Alton), Thomas Holbrook (D-Belleville), Elizabeth Coulson (R-Glenview) and Brent Hassert (R-Romeoville).

ISMS, ISMIE Mutual and the IHA announced their support at press conferences held both in Chicago and Springfield on Feb. 1.

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RENEWING THE CAMPAIGN *(continued)*

Featured speakers in Chicago included Kenneth J. Printen, MD, president, ISMS; Kenneth C. Robbins, president, Illinois Hospital Association; Harold L. Jensen, MD, chair, ISMIE Mutual; and Naperville resident Heidi Ruppenthal and son Alex. Mrs. Ruppenthal said Alex is alive today only because he had swift access to a neurosurgeon after suffering a brain injury. Mrs. Ruppenthal expressed her concern for those Illinois residents who live in areas that no longer have neurosurgeons due to the litigation crisis.

Also adding testimony was Chicago neurosurgeon Richard Byrne, MD, who has completed a study of the growing number of neurosurgical transfers to Cook County emergency departments.

Wristband campaign goes statewide to keep docs in Illinois

WRISTBANDS BEARING THE SLOGAN "Keep Doctors in Illinois" have been incorporated into ISMS' and ISMIE Mutual's Reality Medicine 2005 campaign to raise statewide awareness of the need for litigation reform. Over 250,000 of the green wristbands have been distributed so far, including one to President Bush during his recent visit to Collinsville. The wristbands are the brainchild of Lynne E. Nowak, MD, an internist from Belleville.

Med mal hearings starting

THE ILLINOIS HOUSE JUDICIARY COMMITTEE held the first of several hearings in February to review the medical litigation crisis and consider legislative proposals to combat the problem. The Senate Judiciary Committee is planning to hold medical litigation hearings as well, on March 3, 10, and 17.

ISMS is preparing to testify on the impact the crisis is having on physicians, patient access to health care services, and ISMS-supported solutions contained in HB 705 and SB 150.

Be prepared to contact your legislators. For information, go to our Web site, www.cmsdocs.org, and from the home page menu, go to "Advocacy" and click "Illinois Representatives List."

Making the case for caps

If you believe caps in Illinois are not necessary, consider these startling statistics:

- In 1998, the average jury verdict in Cook County was \$1.07 million.
- In 2003, the average jury verdict in Cook County was \$4.45 million. This is a 314 percent increase since 1998.
- Non-economic damage awards, those damages awarded for pain and suffering, averaged \$3.12 million in 2003. This is a 247 percent increase since 1998.
- Since 2003, at least 160 physicians have moved or have announced they are moving out of St. Clair and Madison counties due to the medical litigation crisis.
- Between 2002 and 2004, the number of neurosurgical transfers to Rush University Medical Center

increased from 116 to 224 (97 percent increase). The number of transfers from hospitals without neurosurgical emergency department coverage increased from 25 to 125 (increase of 400 percent).

Tort reform coverage continues on page 7.



CMS Insurance Agency, Inc.

Affiliate of Chicago Medical Society

CMS Insurance Agency, Inc. can serve as your agent to ISMIE Mutual Insurance Company (ISMIE). **Why be represented by CMS Insurance Agency?**

- CMS Agency will collaborate with ISMIE protecting Illinois physicians, into the future.
- Commissions earned will be used to support CMS legislative grassroots advocacy, educational programs and social events (annual dinner, golf outing). This is not an added cost to your liability premium.
- CMS will be proactive in advocating your concerns with state and federal representatives.
- CMS agency will work with ISMIE to provide risk management seminars and office assessments to assist physicians in meeting the requirements for eligible discounts.

This new service responds to our members' request for assistance with their insurance concerns.

Join other CMS members now using the CMS agency.

Call: (312) 670-2550

MEMBERSHIP BENEFITS FOR YOUR LEISURE

Doctor, did you know that you're a member of ChicaGourmets?

Meet food celebrities, enjoy fine dining, gourmet cruises



Robert Steinberg, MD, (center, standing) chairman, Scharffen Berger Chocolate Maker, Inc., joins several CMS members for a Valentine's "Dr. Chocolate" luncheon at the newly opened Kendall College School of Culinary Arts, Chicago. From left, standing: Ms. Lori Andrews, Drs. Richard Baer, John Paton and Daniel Schwartz. Seated: Dr. Fred Grabiner with wife, Edith; and Dr. Rollie Ackerman.

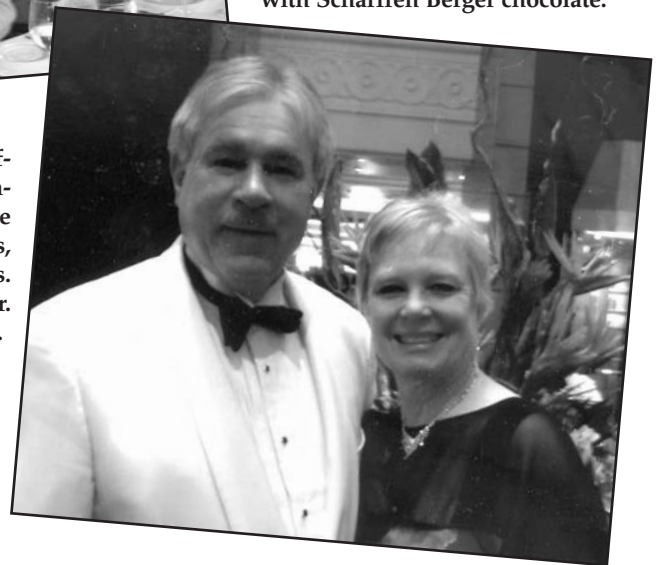
A \$40 MEMBERSHIP TO CHICAGOURMETS is included as a benefit for ALL members of CMS--yet few of our physicians seem aware of their inclusion in this fine-dining group that is often rated as the pre-eminent food and wine society in the Midwest.

Notices of ChicaGourmets events appear regularly in this newsletter, and physicians who have come to events because they saw our notices, gave them rave reviews--yet they still weren't aware that they were full-fledged members of ChicaGourmets (at no cost to your Society).

The non-profit organization, which produces up to 60 member-discounted events a year, and also organizes luxury cruises, has been **endorsed by the Chicago Medical Society Service Bureau as the official social arm of CMS.** "I'm so glad I saw your notice in *Chicago Medicine*," said CMS member Dr. Michael Ramsey, who, along with his wife, Dr. Ruth Ramsey, recently returned from a



The Valentine's dessert for the "Dr. Chocolate" event at Kendall College was a trio of pastries made with Scharffen Berger chocolate.



Drs. Michael and Ruth Ramsey, aboard a recent ChicaGourmets Caribbean Cruise on the Queen Mary 2.

ChicaGourmets Caribbean cruise aboard the Queen Mary 2. "I only wish more CMS members knew about these wonderful programs."

That being said, let us whet your appetite by mentioning a few of the upcoming ChicaGourmets events:

- **i gemelli ristorante--"Primavera Toscana--a six-course spring Tuscan wine dinner,"** Thursday, March 31, 6 p.m., 32 E. Lake St., Addison, IL, Guest speaker will be author and food writer Camille Stagg; \$55 per member, includes tax, tip and wine.

● **Signature Room at the 95th, Beringer Wine Dinner**, Tuesday, April 19, 6:30 p.m., John Hancock Building, \$85 per member, includes tax, tip and wine.

● **Cruise the Danube--Viking Cruise Line**, June 16-26 or June 19-26 (sold out).

Want to get the full course of ChicaGourmets events?

Just send in your e-mail address.

MOST OF THE 60 CHICAGOURMETS EVENTS held throughout the year are sell-outs.

To receive express notices, simply send your e-mail address to Don Newcomb, founder, and identify yourself as a CMS member: donaldnewcomb@comcast.net.

Or go to the ChicaGourmets Web site: www.chicagourmets.com.

For more information, please contact Mr. Newcomb directly at (708) 383-7543.

**Peer review:
ChicaGourmets**

"My husband and I recently returned from a one-week Caribbean vacation on the Queen Mary 2, which was sponsored by ChicaGourmets. It is hard to express just how wonderful this trip was. The ship is new and immaculate; and both the service and food were excellent, as were the day trips to different islands. Everything was organized and worry-free. We would not hesitate to utilize ChicaGourmets for travel to any location. Each and every one of their staff was extraordinarily attentive and well informed."

Ruth G. Ramsey, MD

*Medical Director
Premier Health Imaging, Chicago*

CMS members can get discounted tickets for "Body Worlds" exhibit -- Here's how:



"The Swimmer" is one of the nearly 200 authentic human specimens on exhibit at the Museum of Science and Industry.

BY NOW YOU'VE PROBABLY ALL READ THE news about the highly educational "Body Worlds" exhibit at the Museum of Science and Industry. Created by German physician Gunther von Hagens, the exhibit features actual human bodies preserved with a special process called plastination. The Chicago Medical Society has partnered with the Museum to provide CMS members discounted tickets for the exhibit, which runs through Sept. 5.

For information on obtaining your discounted tickets, see the ad on the next page.

And watch for our feature story on "Body Worlds" appearing in the next quarterly issue of *Chicago Medicine Magazine*.



Steven Malkin, MD, president-elect, CMS, views "The Dancer" during the opening night of "Body Worlds."

The crisis hits home

Here are some examples illustrating the impact of the liability crisis on the Chicago area:

A Chicago thoracic surgeon commutes to Tulsa, Oklahoma, every week to practice medicine. It has proven to be far less expensive for him to commute and pay insurance in Oklahoma than it is to practice in Chicago.

At its peak, Lutheran General Hospital in Park Ridge had 74 physicians available to deliver babies. Lutheran General now has 39 percent less offering obstetrics, due to physicians leaving or giving up OB.

A group of cardiothoracic surgeons was forced to leave Weiss Memorial Hospital in Chicago because of its inability to obtain medical liability insurance. Weiss Memorial and its patient base were left without a cardiothoracic surgeon for two months until another group could be found.

Edward Hospital in Naperville is down to three neurosurgeons from seven, jeopardizing intracranial emergency medicine in Chicago's western suburbs.

Resurrection Medical Center in Chicago lost two obstetricians in May 2004 to neighboring states with caps. Another obstetrician will no longer perform C-sections, and yet another obstetrician has stopped delivering babies altogether.

Four neurosurgeons at St. Francis Hospital in Evanston stopped practicing or have left in search of fairer liability climates. One of these neurosurgeons

moved to Wisconsin, where his medical liability insurance premium was reduced by \$80,000.

Advocate South Suburban Hospital in Hazel Crest is down to one neurosurgeon and in his absence, head trauma victims must be transferred to other area hospitals.

In Park Ridge, Lutheran General Hospital's liability insurance has gone from \$7 million to \$21 million in the past three years. The hospital has had to forego approximately 50 percent of its capital repairs and improvements, including the purchase of new medical equipment to care for patients.

Source: Illinois State Medical Society

Find us online at CMS Internet address www.cmsdocs.org

NEWS FOR CHICAGO PHYSICIANS

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MYTHS AND MISCONCEPTIONS

Setting the record straight on the liability crisis

MYTH: *The number of doctors in Illinois has actually increased during the crisis.*

REALITY: Licensing data is not a reliable way to count physicians in Illinois. A large portion of physicians licensed in Illinois actually live and practice in other states and choose to maintain an Illinois license. Physician licenses are valid for three years, so when a physician leaves the state, his or her license is often still valid. A large portion of physicians who are retired or working in academic and administrative settings maintain their licenses, but do not provide patient care. Licensing data also fails to capture the number of physicians who have stopped offering certain high-risk specialty services, such as obstetrics.

MYTH: *Reform measures are intended to limit the injured parties' right to fair compensation for future care and lost wages.*

REALITY: Limiting non-economic damages will help resolve the medical litigation crisis in Illinois by continuing to provide complete and appropriate compensation to patients, lowering liability premiums and opening a competitive market for medical liability insurers.

Physicians agree that injured parties should be fully compensated for any economic damages they suffer as a result of medical negligence. Economic damages include such items as medical expenses, past and future lost income, funeral expenses, household expenses, psychological treatment, and caretaker.

Verdicts in Cook County appear to be punitive in nature even though in 1985 punitive damages were abolished in medical negligence litigation. Punitive damages are meant to punish a party for acting recklessly.

Non-economic damages, which cover compensation for subjective damages, including pain and suffering, loss of society/companionship, disability, disfigurement, loss of normal life, loss of services, aggravation of preexisting condition, loss of consortium and wrongful death, are impossible to measure with accuracy and objectivity. There is no standard to govern appropriate non-economic damage awards. In 2003 non-economic damage awards in Cook County averaged \$3.12 million per case.

MYTH: *Losses in the stock market have forced medical liability insurers to raise premiums.*

REALITY: ISMIE Mutual has never had a yearly negative return on investments.

For the last 10 years, ISMIE Mutual's return on investments has averaged about 5.6 percent annually.

Current law limits the type of investments insurance companies can make.

Over 90 percent of ISMIE Mutual's investment holdings are in stable, high-grade bonds and less than four percent are invested in the stock market.

Opponents' financial arguments are flawed. In one statement, they assert to lawmakers that ISMIE Mutual lost millions of dollars in the stock market, but at the same time made millions of dollars "in profit" somewhere else. The truth is that both statements are incorrect and are meant to distract lawmakers from the real cause of Illinois' health care crisis: our state's out-of-control medical/legal environment.

MYTH: *Caps on non-economic damages do not work to stabilize medical liability premiums.*

REALITY: Capping non-economic damages is the most effective way to stabilize premiums and keep doctors in Illinois. In 1975, California enacted the Medical Injury Compensation Reform Act (MICRA), which established a \$250,000 cap on non-economic damages. Since 1976, California premiums have only increased 182 percent while the rest of the country's total premiums rose 569 percent.

States with caps average 12 percent more physicians per capita than states without caps.

Liability insurance premiums in Illinois are 100 to 300 percent higher than those in Wisconsin, Missouri and Indiana. Illinois is the only one of these states that does not cap non-economic damage awards. For Illinois insurance premiums to be on par with neighboring states, rates would have to be decreased on average 40 to 60 percent, depending on the specialty.

In response to the Texas legislature's passage of a \$250,000 cap on non-economic damages in 2003, one of the state's largest medical liability insurers immediately lowered liability premiums for Texas physicians by 12 percent. Insurance costs for hos-

MYTHS AND MISCONCEPTIONS *(continued)*

pitals in that state have dropped 17 percent.

Since Texas passed its cap on non-economic damage awards, 10 new insurance companies have sought to enter the Texas market.

The best and most complete example of the effectiveness of caps is the state of Oregon. Oregon had a cap on non-economic damages from 1988 to 1999. During that time, medical liability insurance premiums declined significantly and stabilized--there was no crisis. When the Oregon Supreme Court struck down the cap in 1999, there was an immediate and drastic rate increase due to subsequent escalation in the size of jury awards. States that cap non-economic damages between \$250,000 and \$600,000 have significantly lower medical liability premiums and have become a magnet for relocating physicians.

MYTH: *Insurance reform (Proposition 103) brought stability to California, not the Medical Injury Compensation Reform Act (MICRA).*

REALITY: MICRA was enacted in 1976, but it was not until 1985 that the California Supreme Court upheld its constitutionality. Not surprisingly, the chart shows that the incurred losses from medical liability insurance increased from 1985 to 1986 since there were many cases being litigated at the time MICRA was under court challenge. Beginning in 1986, however, and continuing through 1991, the chart clearly shows that medical malpractice-incurred losses dropped dramatically, from about \$429 million in 1986 to \$216 million in 1990 and to about \$49 million in 1991. Proposition 103, an insurance reform measure primarily targeting auto insurers, was passed by California voters in 1988 and implemented the same year. Proposition 103 was upheld by the California Supreme Court in late 1989, in the midst of this steep decline in medical liability insurers-incurred losses. By the time Proposition 103 was upheld, incurred losses had already dropped in California by 72 percent due to MICRA. Obviously, Proposition 103 had *NO* impact on this decline. Incurred losses continued to diminish after that until 1991, and then stabilized.

MYTH: *The Illinois insurance industry is to blame for the medical liability crisis.*

REALITY: The Illinois insurance industry is highly regulated and continually monitored to ensure

that rates are justified:

- Companies must file their rates and financial statements with the Department of Insurance at least annually.
- The Director of Insurance may conduct an examination of any company as often as the director deems appropriate and has full investigatory powers over insurance companies to investigate individual rates and rating systems.
- After investigation and a hearing process, the Director of Insurance may decide that a company's rates violate the statute by being excessive, and prohibit the use of such rates.
- In addition to the Department's ability to conduct discretionary examinations of a company and to demand independent actuarial studies of a company at any time, the Department must conduct an audit of a company's rates, reserves, and financial information at least every three years.
- The Department may retain independent actuaries to examine a company's practices at the company's expense.
- Companies must disclose extensive claim and loss information to the Department to assist the Department in assessing liability trends in this state.
- Illinois needs to work actively to attract new medical liability insurers to write business in the state, not to impose more burdensome regulations that will drive existing carriers out of state.

MYTH: *ISMIE Mutual has made "millions" in profits --\$19 million alone in 2003.*

REALITY: Personal injury attorneys continue to mischaracterize state-mandated "surplus" as insurance company profits. State law requires ISMIE Mutual to maintain surplus in order to be considered solvent.

Surplus funds are not profit--surplus funds are put aside and used only to protect policyholders and patients when bigger and bigger verdicts threaten to bankrupt the system. Surplus is so important to the continued viability of insurance companies that state regulators have established strict requirements with respect to the adequate amount of surplus for insurers. Surplus levels are used by professional rating agencies such as AM Best, Standard & Poor's, and the National Association of Insurance Commissioners to assess ISMIE Mutual's financial viability and its ability to incur and cover risk.

MYTHS AND MISCONCEPTIONS *(continued)*

The more surplus a company has, the more business it can support. As it stands now, ISMIE Mutual's surplus is at a level that is not sufficient to support writing any new business. To remain financially stable, ISMIE Mutual was forced to institute a moratorium on new business as of January 2003. That moratorium remains in effect.

Critics charge that ISMIE Mutual made \$25 million in profit over the last decade, when in fact a cumulative look at the company's experience shows...\$16.6 million in net income over the last 11 years, all of which was applied to maintain state-mandated surplus levels.

Finally, although many insurance companies have left Illinois, they could choose to return. If ISMIE Mutual was actually making "excess profits" then other companies would return to Illinois to compete, and reap marketplace rewards. Insurers are not returning to Illinois because there is not money to be made.

From 1993 to 2003, ISMIE Mutual collected premiums totaling \$1.6 billion, while net income totaled \$16.6 million. ISMIE Mutual's net income (which is always reinvested in the company for use in future policy years) was only about 1% of premium during this period.

MYTH: "Bad doctors" are to blame for the current litigation crisis.

REALITY: "Good doctors" are getting sued at an increasing rate.

ISMIE Mutual reports that 94 percent of its payments for settlements and verdicts in the last five years were made on behalf of physicians with only

one or two losses.

Doctors in high-risk specialties, like obstetrics/gynecology, neurosurgery and orthopedics, have more suits filed against them because they take on the most difficult cases.

A patient's adverse medical outcome does not automatically equate to malpractice. However, sympathetic juries sometimes levy huge awards when perfect outcomes are not achieved. Is our litigation system telling physicians to avoid high-risk procedures and the medical advances that can result?

Eighty percent of medical liability claims filed are dismissed without any form of payout, showing the high volume of non-meritorious claims filed. These claims are a financial burden because even though they are dismissed, there is still a cost to defend them.

A few large payouts drive the myth that a small percentage of doctors account for most of the liability payouts. For example, two years ago a Cook County jury awarded \$17 million to a plaintiff in a case that involved a world-renowned heart surgeon. Another case involving a high-risk pregnancy resulted in a \$20 million payout. Physicians and their insurers believed there was no negligence, but the size of the award in just these two cases accounted for nearly 15 percent of total payouts made during that year.

Eighty percent of medical liability claims filed are dismissed without any form of payout, showing the high volume of non-meritorious claims filed.

Source: Illinois State Medical Society Reality Medicine

Resource: CDPH offers AIDS update

HIV/AIDS/STD Chicago, a surveillance report published by the Chicago Department of Public Health, is a compilation of charts, tables and statistics broken down by community area. The data reflect all cases reported to the Office of HIV/AIDS Surveillance (OHAS) as of June 30, 2004. The report includes bullet points highlighting key findings from the charts and tables as well as program updates.

AIDS Chicago and a catalog of other CDPH publications are available at www.CityofChicago.org/Health.

YOU CAN LOG IN

CMS unveils updated Web site... watch for members-only section

THE CHICAGO MEDICAL SOCIETY HAS unveiled its new, more user-friendly Web site, www.cmdocs.org. As part of this recent update, several sections of the Web site will now be password-protected for CMS members only.

Protected areas of the site include the Council packet, minutes of meetings, and CMS policy.

To log in as a member, please visit <http://www.cmsdocs.org/>. Each member will type their user ID (user IDs will be sent to you in a letter in the coming weeks) in the "username" field, and the password in the field marked "password." After logging in, members can visit the link in the upper-right corner marked "My Stuff." Clicking "View/Change My Profile" will allow members to customize their passwords, to ensure extra safety for the account.

The site includes the following upgrades:

- A full-service career center. Post job openings and search jobs through our exclusive, member-only service.
- Online registration--pay for MCC series, OSHA training, and even yearly membership on-line with a credit card.
- An easy-to-search calendar, including a section that can be used as a personal calendar.
- A bi-weekly on-line poll.
- On-line copies of our newsletter and magazine in PDF format.
- A full-service grassroots political action center. Look up legislators by zip code, and write to them about pressing health care topics.
- On-line forums. Members can engage in real-time communication with other member physicians in their specialty, or talk with all members about CMS business.

Members having any problems with logging in or creating an account should contact Chris Sienko at csienko@cmsdocs.org, or call (312) 329-7334.

CMS members:

Do we have your e-mail address?

We want to keep you updated on the latest news concerning legislation, public health and bioterrorism.

*Please send us your address by e-mailing:
askcmsdocs.org or by faxing: (312) 670-3646.*

SUMMIT IN SPRINGFIELD

ISMS House of Delegates meets April 15-16 at the Crowne Plaza Hotel, Springfield -- and you're invited!

EVER WONDER WHAT HAPPENS AT THE annual House of Delegates meeting? Why not serve as an alternate delegate and find out? It's a chance to act on behalf of your colleagues and be part of the policy-making process. To ensure that CMS has a full complement in Springfield, your Society is inviting members to substitute for regular member delegates and alternates. Read on for details.

Let CMS make all the arrangements

As a special service to our CMS delegation, CMS will make hotel reservations for all delegates and alternates to the ISMS HOD meeting in Springfield. *Simply call (312) 670-2550 and ask for Cathy Faedtke; say that you are a member and would like to serve on the Third District Delegation, and have your credit card handy. Regular delegates and alternates who do not plan to attend should notify CMS as soon as possible.*

What are your colleagues up to? (Let us know, please!)

Do you know a colleague who has an interesting hobby, or who has done something interesting that we all might want to know about? Or do you have a tale to tell about your own "off-duty" activities? *Chicago Medicine* is looking for CMS members with stories to share. Past articles featured a dermatologist who wrote a novel about a physician who was a faith healer; a 60-year-old surgeon who enrolled at Harvard, moved into a student dorm, and earned a master's degree from the Kennedy School of Government; a University-of-Chicago-trained internist and medical ethicist who enrolled in cooking school, apprenticed at Frontera Grill and wrote a best-selling cookbook on healthful eating.

Let us hear from you. Please contact Scott Warner, co-editor, (312) 670-2550, ext. 336; swarner@cmsdocs.org

ISMS House to consider CMS resolutions

Let the debates and discussion begin

CMS WILL BRING A NUMBER OF RESOLUTIONS to the policy-making table this April at the Annual ISMS HOD meeting. In the past, many of these grassroots initiatives have been adopted at the state level, and a few have become policy at the AMA. Sometimes the actions taken by organized medicine serve as the basis for state and federal legislation. But despite how far a resolution travels, the journey usually begins at the county level. Here's a look at the resolutions sponsored by your colleagues:

RESOLUTION RECAP

WRONGFUL LIFE AND THE LEGAL SYSTEM

(Directs ISMS to state support for Utah's Wrongful Life Act or similar policy, which prohibits people from suing for wrongful birth because they may have chosen a different course of treatment had they been properly informed.)

TOBACCO-FREE LEGISLATION FOR ALL ILLINOIS CORRECTIONAL FACILITIES

(Directs ISMS to support legislation (based on California law) to ban tobacco products in the Illinois Department of Corrections facilities; to join CMS in contacting all Illinois county medical societies, and encourage them to support legislation in all state correctional facilities.)

PHYSICIAN PRESCRIPTION PATTERNS

(Directs ISMS to work toward introducing a bill similar to California's S.B. 1782, requiring that physician review of a doctor's prescribing patterns be performed as outlined in S.B. 1782, before legal action can be taken; the resolution also would require that patient care remain paramount through the timely return of medical records seized during legal investigation.)

SMOKING BAN

(Directs ISMS to adopt a resolution to support and promote a statewide ban on smoking in public places including buildings, restaurants and bars.)

TREATMENT ON DEMAND INITIATIVE

(Directs ISMS to support initiatives to help those who are addicted to drugs and ask for help, and to advertise this support in appropriate venues; to support Cook County and Illinois state government initiatives to implement substance abuse programs that are appropriately designed and monitored for quality, cost-effectiveness, and reduced recidivism.)

COMBATING OBESITY IN CHILDREN

(Directs ISMS to recognize obesity as a major health problem, by endorsing AMA policy D-60.990 Exercise and Healthy Eating for Children; to support legislation in Illinois (H.B. 0612 and S.B. 0162) to prevent and reduce the incidence and prevalence of obesity and to establish wellness policies in the schools; and to support amendments to said legislation requiring increased standards for physical fitness in K-12 schools.)

OUTSOURCING OF MEDICAL DATA

(Directs ISMS to adopt policy and propose legislation in Illinois assuring that overseas outsourcing of medical and financial information meets with HIPAA regulations for the appropriate licensing of individuals providing services.)

AN ADDENDUM TO THE ISMS POLICY ON ABORTION

(Would mention the Health Care Right of Conscience Act (745 ILCS 70/6) in the ISMS policy on abortion.)

WILL RATES PLUNGE?

Action needed to block future Medicare payment cuts

Eight years of cuts on the horizon

UNLESS CONGRESS PASSES CORRECTIVE legislation in 2005, physicians could see Medicare payment rates plunge by 31% between the years 2006 and 2013. That's 5% each year with another 2% cut expected in 2013, according to the Medicare Payment Advisory Commission, a committee that advises Congress on Medicare issues.

In Illinois, Medicare payments are slated to be cut by \$4.51 billion over this eight-year period, averaging 19,000 per year for each physician in the state; rates in 2006 alone will be cut by \$103 million.

These cuts must be prevented. If not, Medicare payment rates in 2013 will be less than half what they were in 1991, after adjusting for practice cost inflation.

The AMA and other medical groups successfully lobbied to prevent steep cuts in Medicare payments in both 2004 and 2005. Instead of sharp cuts, Congress mandated a 1.5% increase in physician payments in 2004 and 2005. These increases, however, were a temporary fix--the unfair formula



A thank-you for the new justice

Newly elected Illinois Supreme Court Justice Lloyd Karmeier, left, meets with CMS member Herbert Sohn MD, JD, during the recent Southern Illinois University Law School alumni meeting in Chicago. Dr. Sohn thanked Judge Karmeier for his "physician- and patient-friendly" stand on tort reform.

remains broken. Cuts will still hit on Jan. 1, 2006, unless Congress or the administration acts.

Now, more than ever, is the time to get involved. Support AMA proposals, which would tie the SGR with physicians' actual practice costs, not to the ups and downs of the national economy, specifically the GDP.

AMA Medicare Action Plan Checklist

● *Educate yourself*

Being a part of the AMA Grassroots Action Network is the best way to receive updates on the Medicare physician payment cuts. Visit www.ama-assn.org/go/grassroots if you have not yet joined.

● *Educate your fellow physicians*

Use the resources provided in the Medicare payment action kit to educate your fellow physicians. Encourage colleagues to get involved and join the AMA Grassroots Action Network.

● *Educate your staff*

Empower your staff to take action--they can help you in your efforts to educate others.

● *Educate your patients*

Communicate clearly the effect the crisis may have on their access to medical care. Tell them to visit www.patientsactionnetwork.org to learn how to join the AMA Patients' Action Network.

● *Educate your community*

Contact your Chamber of Commerce and local businesses, newspapers and senior citizen groups. Alert them to the scope of the crisis.

● *Educate your members of Congress*

Visit www.ama-assn.org/go/grassroots to find the positions of your representatives and senators on the Medicare physician payment cuts. Arrange face-to-face meetings in their district offices and invite them to visit your practice. Attend town hall meetings where your members of Congress are speaking.

● *Provide feedback to the AMA*

Visit www.ama-assn.org/go/grassroots to report your progress on this checklist and your interaction with members of Congress.

Source: American Medical Association

CLASSIFIED ADS

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