CMS ANNUAL GOLF OUTING AND FAMILY PICNIC-SEE PP 4-5 chicago CHICAGO MEDICAL SOCIETY THE MEDICAL SOCIETY OF COOK COUNTY



Newsletter, June 2007, Vol. 110, No. 7

PRESIDENTIAL PRIORITIES

Annual Dinner 2007: Theme of unity, building membership



"Chicago physicians must be heard within the state as one voice," Dr. Saroja Bharati said as she assumed the CMS presidency on June 3.

EDUCATOR AND RESEARCHER SAROJA BHARATI, MD, a specialist in heart pathology, was inaugurated as CMS' 159th president during Annual Dinner festivities at Chicago's Union League Club. Held on June 3, the installation ceremonies included music and choreographed dance, and drew students, legislators, ISMS leaders, and many colleagues and administrators within the medical community.

With more than 200 guests in attendance, Dr. Bharati outlined her priorities for the coming year: "My foremost goal will be membership, rebuilding CMS, because the future strength of this Society, its very survival, depends on membership. I am an eternal optimist; I believe we can emerge stronger than ever."

Dr. Bharati also pledged strong collaboration with ISMS: "We must reach out to the ISMS, of which we are a part, working closely, actively, effectively, more than ever on all health care legislative issues. Chicago physicians must be heard within the state as one voice."

And on the local scene, Dr. Bharati seeks a partnership with the city: "The CMS is uniquely equipped to work with the local government on preventive medicine, emergency preparedness,

> and, of course, care of the truly uninsured, the very young, the very old, and the disabled."

> To accomplish its work, Dr. Bharati believes that CMS "must join hands with ISMS in launching an ongoing dialog on access to health care for the people, by the people, for their health care needs."

> (The text of Dr. Bharati's speech will appear in the summer issue of Chicago Medicine as her

> > continued on p. 2

PRESIDENTIAL PRIORITIES (continued from p. 1)



President Bharati presents a commemorative plaque and album to outgoing president Shastri Swaminathan, MD.

President's perspective.)

In passing the baton of leadership to Dr. Bharati, outgoing President, psychiatrist Shastri Swaminathan, MD, revisited major highlights of his year in office. These included an increase in membership and the opening of the Regional Patient Safety Simulator. He reiterated his message that there can be no conversation on medical liability without serious attention to patient safety.

Internist Ann Marie Dunlap, MD, was named

recipient of the CMS Public Service Award for her work within organized medicine and the incarcerated patient community. Dr. Dunlap is best known for mobilizing CMS, ISMS, and AMA opposition to physician participation in executions. She also led the campaign to end smoking in Illinois jails.

Full coverage of the Annual Dinner will appear in the summer issue of Chicago Medicine.



House Majority Leader Barbara Flynn Currie (D-Chicago) 25th District, left, and State Rep. Sara Feigenholtz (D-Chicago) 12th District, congratulate Dr. Bharati following her installation as CMS president.

Chicago Medical Society

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MAKING ROUNDS

Civic program highlights Internet safety



In her first week as president, Dr. Bharati spoke with Illinois Attorney General Lisa Madigan.

CMS PRESIDENT SAROJA BHARATI, MD, attended a Rotary Club luncheon to hear guest speaker Attorney General Lisa Madigan detail efforts in Illinois to safeguard children from threats over the Internet, and to protect consumers, especially seniors, from financial scams. During the June 5 event at the Union League Club, Attorney General Madigan also described steps her office has taken to better protect women and children from sex offenders, protect seniors from emerging fraudulent practices, stop the spread of methamphetamine, and restore integrity to the gaming industry. But it was the Attorney General's message on children and seniors that resonated most strongly with Dr. Bharati, who has sponsored CMS resolutions on child Internet safety and senior safety issues. One resolution was adopted in 2006 by CMS, and the ISMS and AMA House of Delegates; the other is being considered at the AMA meeting this June.

Dr. Bharati's resolution, Internet Pornography: Protecting Children and Youth Who Use the Internet, adopted by CMS, ISMS, and AMA, calls for organized medicine to support federal legislation that restricts Internet access to pornographic materials in designated public institutions where children and youth may have access; to continue parental awareness campaigns on the importance of educating children about safe Internet use; and to support school-based literacy programs that teach effective thinking, learning and safety skills for Internet use.

STATS ON CHILD INTERNET USE

- 61% of teens ages 13-17 have a profile on a social networking site; half post their own picture.
- 50% of high school students "talk" in chat rooms, e-mail, or instant message with strangers on the Internet.
- 49% of high school students reported that they have posted personal information on-line—such as their real name, age, home address, phone number, and school they attend.
- 20% of students in middle school as well as high school admit that they have met face-to-face with someone they first met on the Internet.
- 13% of teens online had received a sexual solicitation on the Internet within the preceding year.
- 65% of high school students admit to unsafe, inappropriate, or illegal activities online.

Source: Amanda Lenhart et al, Pew Internet & American Life Project, Teens and Technology [2005], at www.pewinternet.org; Amanda Lenhart & Mary Madden, Pew Internet & American Life Project, Social Networking Websites and Teens [2007], at www.pewinternet.org; National Center for Missing & Exploited Children, Online Victimization of Youth: 5 years Later [2006], at www.unh.edu/ccrc; www.isafe.org.



Ald. Brendan Reilly (42nd) answers questions from President Bharati at a Union League Club breakfast.



Photo courtesy Union League Club of Chicago

Incoming aldermen meet community leaders

A BREAKFAST HOSTED BY THE UNION LEAGUE Club introduced nine new Chicago aldermen to invited guests, including CMS President Saroja Bharati, MD. Among the new members of the Chicago City Council are: Bob Fioretti (2nd Ward), Pat Dowell (3rd Ward), Sandi Jackson (7th Ward), and Brendan Reilly (42nd Ward). Mr. Reilly, who replaced longtime Ald. Burton Natarus, is the son of Brendan Reilly, MD, chief of medicine at Stroger Hospital; his mother is a past president of the Women's Board of the American Cancer Society, Chicago Division. Alderman Reilly's ward includes the CMS and AMA Building headquarters.

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Please register no later than July 25, 2007 to ensure foursome preference	CMS Golf Outing 515 N. Dearborn Street Chicago, IL 60610 Checks payable to: Chicago Medical Society

For more information please call Megan Whalen at 312-670-2550

Student leaders develop strategic plan for their District



Confident that 2007-2008 will be a successful year for member recruitment, the CMS Student District met May 24 at CMS headquarters to orient its new students, develop strategy and plan activities for its 1,000-plus members. The group also welcomed its newly elected officers and thanked graduating members for their service to the Society. Shown from left (clockwise) are Hans Arora (co-chair, Northwestern University), John Annes (co-chair, UIC), Swathi Arekapudi (former District trustee, Northwestern University), Nicole Patino (treasurer, UIC), Sean Pitroda (councilor, University of Chicago), and Robert Fogerty (councilor, Northwestern University).

Upcoming relicensure requirements

ILLINOIS PHYSICIANS ARE GOVERNED BY the Illinois Medical Practice Act which sets forth a three-year relicensure cycle. The next renewal date is coming up on July 31, 2008. At the end of each cycle, physicians are randomly audited by the Illinois Department of Financial and Professional Regulation (IDFPR) and are required to produce documentation of CME. Of the 150 total CME credits required, 60 credits (or 40%), must be designated in Category 1 CME which is comprised of formal education programs that are planned and sponsored by a fully accredited provider such as the Chicago Medical Society.

In order to obtain Category 1 credit, physicians must attend an educational activity either physically or virtually. This type of credit can be obtained in a variety of formats including national conferences such as the Chicago Medical Society's Annual Midwest Clinical Conference, live Internet teleconferences, local workshops, seminars, grand rounds or departmental scientific meetings.

Examples of Category 2 CME activities include the following: consultation with peers, small group discussions, self-assessment activities, medical writing, preceptorships and research. Physicians should self-document all Category 2 credits on the AMA's PRA certificate application form which can be found at *www.ama-assn.org*. Physicians may claim one Category 2 credit for each 60 minutes engaged in the learning activity.



District elects "young physician"

District 2 leaders met the CMS challenge to elect young physicians to leadership positions. Among the first appointed was Jack Leong, MD, who was named alternate ISMS delegate by members of District 2; his election was announced on May 23 at a general membership program called "Town Hall Meeting: An Update on CMS and ISMS Issues." Shown from left: Drs. Ismael Angulo, Ashwin S. Patel, Jack Leong, Zahurul Huq, Joseph L. Murphy.

NEWS FOR CHICAGO PHYSICIANS



Newsletter, June 2007, Vol. 110, No. 7

515 N. Dearborn St. Chicago IL 60610 Liz Sidney, Co-Editor/Editorial Scott Warner, Co-Editor/Production

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What's New with the 2007 OSHA Training Workshops?

OSHA requires annual training for **all** health care workers with potential occupational exposure to blood-borne pathogens. Attend the two-hour training course, update your exposure control plan and satisfy most of your yearly OSHA regulations.

All seminars are taught by specialists in exposure control. The course is designed for clinicians and their staff, including *dentists* and *dental medical staff*. At the conclusion of this activity, participants should be able to: 1) Identify the requirements of OSHA standards including blood-borne pathogens; 2) Explain how the standards apply to them; 3) Discuss and select safer needle devices; and 4) Identify safety and health hazards at their facility.

OSHA requires that all health care employers maintain a written *Exposure Control Plan*. The plan must include a risk analysis, Hepatitis B vaccinations, follow-up procedures, an evaluation of safer sharps and training. The two-hour update will provide you with tools, including a sample program, to ensure that you meet all the requirements. OSHA requires that your plan be reviewed annually, that the newest technology be reviewed annually, and that training is repeated annually.

Also, have you ever attended a workshop only to realize that after the workshop's completion you still had questions that were unanswered? As a result, the Chicago Medical Society and the Chicago North office of OSHA have obtained a list of *Frequently Asked Questions* from former OSHA attendees. It can be found on CMS's Web site www.cmsdocs.org.

Save the Date!

FORGET!

O Thursday, September 13: Rush North Shore Medical Center at 2 p.m. to 4 p.m.

O Friday, September 21: Chicago Medical Society Building (Downtown) at 2 p.m. to 4 p.m.

O Wednesday, October 10: Oak Lawn Hilton at 10 a.m. to 12 p.m.

O Friday, October 26: Advocate Lutheran General Hospital at 2 p.m. to 4 p.m.

O Wednesday, November 7: Chicago Medical Society Building (Downtown) at 10 a.m. to 12 p.m.



Registration Fee:

- ❖ \$59 each CMS member or staff person Two Hr. Initial Update
- ❖ \$99 each Non-member or staff person Two Hr. Initial Update
- ❖ \$69 each CDS member or staff person Two Hr. Initial Update



Questions? Call Elvia Rubio at (312) 670-2550 Ext. 338

MARK YOUR CALENDAR

Free CME program addresses food-borne illness investigations



The first "train the trainer" course was held at the CMS Building on June 14. Kathleen Ritger, MD, of the Chicago Department of Public Health, was lead presenter of the food-borne illness training session. Shown clockwise from left: Drs. Malcolm A. Deam, Jorge Parada, Ms. Cecilia Merino, staff; Dr. John Schneider, and Dr. Ritger.

CMS, IN CONJUNCTION WITH THE CHICAGO Department of Public Health, is offering free CME on the community physician's role in food-borne illness investigations. This one-hour session will address patient symptoms, clusters of illness, public health reporting, appropriate testing, and educating patients.

The session is open to all health care professionals; upon completion, physicians can earn up to one CME credit. At the end, participants should be able to identify the most common pathogens causing food-borne illnesses; select appropriate diagnostic laboratory tests; describe how to report food-borne illness outbreaks to the local public health authority; and discuss patient-level and population-level interventions.

Hilton Oak Lawn 9333 S. Cicero Ave. Oak Lawn, IL 60453 Date: July 17, 2007 Time: 3:00 - 4:00 Holiday Inn Skokie

5300 W. Touhy Ave. Skokie, IL 60077 Date: Aug. 7, 2007 Time: 3:00 - 4:00 CMS Offices 515 N. Dearborn St. Chicago, IL 60610 Date: Sept. 4, 2007 Time: 3:00 - 4:00

Doubletree Hotel Chicago, Oak Brook

1909 Spring Rd. Oak Brook, IL 60523 Date: Oct. 25, 2007 Time: 3:00 – 4:00

If you would like to register for one of the free CME sessions, or would like for your hospital to host this seminar, at no cost, at your next grand rounds, please contact: Michael Boros, project coordinator, at (312) 329-7326; or fax (312) 670-3646; or email: mboros@cmsdocs.org

CMS to resume legislative breakfasts

Beginning this fall, CMS will again be hosting legislative breakfast meetings at area hospitals and medical schools. CMS-sponsored meetings are an excellent opportunity for physicians to meet face-to-face with the politicians who determine health care policy in Springfield and locally in Chicago and Cook County. Doctors attending these informal sessions can ask questions and give their perspective on how to reform the health care system. It's in your interest and your patients' interest to be there.

For more information, contact Ted Kanellakes, (312) 670-2550.



EDUCATION THROUGH SIMULATION

CMS launches new center to improve patient safety



Drs. Michael Treister, left, and CMS President Saroja Bharati follow the lead of Dr. Dan Girzadas, Dept. of Emergency Medicine, Christ Hospital, at the debut of the CMS patient simulation facility.

PHYSICIANS, ADMINISTRATORS AND STAFF from nearly 20% of Chicago-area hospitals attended the opening of CMS' new patient simulation facilities on May 30.

Considered by many to be the wave of the future, medical simulation training can mimic the hospital or ambulatory setting. Computerized life-sized mannequins that speak, breathe, and bleed accurately mirror human responses to CPR, IV medication, intubation, ventilation and catheterization, among other procedures. They can be used to mimic different clinical scenarios, including rare complications. As a result, health care providers learn in a risk-free environment instead of waiting for real-life cases to occur.

The Chicago Regional Patient Safety Simulation Center is open to nursing and medical colleges, physicians, residents, nurses and other health care providers. The Center is located at the CMS Building, 515 N. Dearborn St.

Event speakers included Drs. John F. Schneider, chairman of CMS' Patient Safety Committee; Lawrence Haspel, senior vice president of the Metropolitan Chicago Healthcare Council, and James Webster, executive director of the Institute of Medicine, Chicago. Dr. Schneider served as tour guide, while Drs. Dan Girzadas, Nina Khandelwal, and Alain Salvacion demonstrated various clinical sce-

narios using simulation technology.

For information on the Center, contact Mike Boros at (312) 329-7326 or mboros@cmsdocs.org

The CMS Foundation acknowledges the generous support of the Otho S. A. Sprague Memorial Institute's James Alexander, Executive Director, the Chicago Patient Safety Forum, and the Metropolitan Chicago Healthcare Council for their generous support of the Chicago Regional Patient Simulation Center.



CMS President-elect William A. McDade, MD, and Layton Smith, MD, vice president medical affairs, Northwest Community Hospital, work with one of the computerized mannequins.



Residents practice on a mannequin as attendees watch.

Chica Gourmets!

"Road 2 Roe" Collins Caviar Company Roe'd Trip to Michigan City, IN Sunday, August12th

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SPRINGFIELD LEGISLATIVE RECAP 2006-2007

What your Society is doing for you through ISMS

The following is a partial summary of legislation in Illinois that ISMS has been closely monitoring on your behalf.

AS OF PRESS TIME, THE ILLINOIS GENERAL Assembly was in session past its May 31 deadline because of its failure to adopt a Fiscal Year 2008 budget. While the budget will be the focus of attention for the legislature for the remainder of the spring session there are also several important issues of interest to physicians that may also be acted upon during the overtime session or the fall veto session, according to the ISMS Governmental Affairs Council.

ILLINOIS COVERED

Governor Blagojevich's health care proposal, Illinois Covered, remains alive in the Illinois Senate. Several Senate Democrats and all Senate Republicans have expressed concerns and opposition to this legislation and are expected to vote against the proposal. The governor and Senate Democratic leaders are applying all the pressure they can to find the 30 votes necessary to send the bill to the Illinois House, where Senate Bill 5 is expected to find very serious opposition. While many legislators support the concept of expanding access and making health care more affordable, funding such a proposal has met stiff resistance from many legislators who do not wish to vote for the tax increases. The 107 to 0 vote in the Illinois House to reject the governor's proposal for a Gross Receipts Tax is indicative of the reluctance to raise taxes. Should SB 5 be sent to the Illinois House for consideration, it is expected that it will receive a very thorough examination with respect to its costs and the impact it will have on Illinois' health care system.

SCOPE OF PRACTICE ISSUES

Here is the status of the allied health professional licensure bills introduced in the General Assembly. There have been many developments with respect to this legislation affecting the following allied health professionals:

Certified Midwives – HB 1404 (Sacia) would have created the Midwife Certification Act to provide

for the regulation of certified midwives who practice home-birth midwifery. Under the bill, these individuals would have to be certified by the American College of Nurse-Midwives. ISMS opposed this legislation and the bill failed to advance out of committee.

Certified Professional Midwives - HB 388 (Flowers) and SB 385 (Haine/Turner) would have licensed certified professional midwives (CPM). SB 385 was amended to include a number of educational requirements that a CPM would have to meet. In doing so, the bill also attempted to increase what CPMs would be allowed to do, including administering oxytocin (Pitocin) and methegrine as post-partum anti-hemorrhagic agents. ISMS opposed SB 385, which passed out of the Senate, but failed to advance out of the House Registration and Regulation Committee. HB 388, which ISMS also opposed, was held in committee.

Advanced Practice Nurses – The Illinois Nursing and Advanced Practice Nurses Licensure Act sunsets on December 31, 2007. The nurses introduced legislation this session seeking significant changes in their Act. With respect to advanced practice nurses, significant changes were sought that, in effect, would have allowed for independent practice without any collaboration with physicians. This would include statutory authorization for unlimited prescribing including Schedule II substances. ISMS obviously opposed these changes but was requested by legislative leaders to negotiate with the nurses.

Over a period of two months ISMS met with the nurses in an attempt to resolve differences. This has resulted in a negotiated agreement that includes the following:

- Advanced practice nurses (APNs) practicing in the clinical setting (meaning outside the hospital or ASTC setting) will continue to be required to have a collaborative agreement with a physician. Podiatrists will also be able to enter into collaborative agreements with APNs.
- Advanced practice nurses who practice in a hos-

SPRINGFIELD LEGISLATIVE RECAP 2006-2007 (continued from p. 12)

pital or ASTC will be credentialed by the hospital and medical staff and will practice subject to the rules of the facility. Upon recommendation of the medical staff, APNs may be granted privileges to select, order and administer medications including controlled substances. Nurse anesthetists providing anesthesia services must continue to have an anesthesiologist, physician, dentist, or podiatrist participate and agree with an anesthesia plan and remain present and available to handle complications.

• Collaborating physicians will be authorized, in a collaborative agreement, to allow advanced practice nurses to prescribe five Schedule II oral controlled substances with some limitations, including only a 30-day supply, refills only upon authorization of the physician, and a requirement that a patient receiving such a prescription must be discussed with the physician every 30 days.

This issue awaits action by the legislature.

Pharmacists – The Pharmacy Practice Act is also scheduled to sunset Dec. 31, 2007. Illinois phar-

macists proposed what can only be called some extreme changes to their Act. These included allowing pharmacists to prescribe, perform therapeutic substitution and allow for collaborative agreements between pharmacists and physicians. ISMS voiced strong opposition to these proposals. As with other licensure acts this year, ISMS was requested by legislative leaders to work with the pharmacists in an attempt to resolve differences. Negotiations with the pharmacists were held over a two-month period and resulted in an agreement that includes the following:

- The new Act will include a statement that nothing in the Act should be interpreted to allow pharmacists to prescribe or to perform any act of medical diagnosis.
- Based upon Medicare Part D regulations pharmacists will be authorized to perform medication therapy management. This will permit pharmacists to review a patient prescription history to insure there are no drug-to-drug interactions, allergies or other problems. It will also require that the pharmacist notify the prescribing physician in not

continued on p. 14

SPRINGFIELD LEGISLATIVE RECAP 2006-2007 (continued from p. 13)

more than 48 hours of any findings that may require a change in the patient medication therapy. Medication therapy management will also allow pharmacists to follow standing orders of a physician for that physician's patients.

• The pharmacists and the governor's office argued that pharmacists may, under their current Act, provide immunizations to the general public. This is typically done under protocol and standing order from a physician or public health department. The pharmacists wanted to more clearly state in their act that they were authorized to provide immunizations. This was opposed by ISMS, but supported by the governor's office, which expressed an interest in increasing access to immunizations, especially in a public health emergency. ISMS finally agreed to language that will allow pharmacists to provide vaccinations for persons 14

years or older upon physician order or prescription.

This issue awaits action by the legislature.

Chiropractors - HB 805 (Boland) would have allowed school employees and students to be physically examined, when required, by chiropractors. ISMS opposed this legislation and the bill was held in the House Registration and Regulation Committee.

Podiatrists - HB 1672 (Durkin) would have allowed podiatrists to own medical corporations. Currently only physicians can own medical corporations. ISMS opposed this legislation and the bill was held in the House Registration and Regulation Committee.

continued on p. 16

2007 Parliamentary Procedures Workshop

Each year the Chicago Medical Society provides a training workshop known as "Parliamentary Procedures Workshop," based on the Sturgis Rules of Order. This workshop offers tools and techniques to help sharpen leadership ability, meeting skills and pertinent protocol. The Parliamentary Procedures course is intended to help physicians become active in their societies. Hence, this course is designed for CMS District & Council officers, Board members, executives, officers of specialty societies, and officers from various hospitals.

At the end of this workshop, participants should be able to:

- 1. Discuss the basic principles and rules of parliamentary law
- 2. Prepare a basic agenda
- 3. List the steps in handling a motion
- 4. Define a main motion, a subsidiary (secondary), a privileged, and a restorative motion
- 5. Differentiate between a "primary," a "secondary," and a "substitute"
- 6. List five rules governing debate
- 7. Identify five essential points to successfully preside over a meeting
- 8. Utilize the ranking motions

This year's Parliamentary Procedures Workshop will be held on **Wednesday**, **August 22**, **2007**, **from 10** a.m. **to 3** p.m. at **the CMS building**. A non-refundable fee of \$15 is needed with your RSVP--lunch is included with this fee. A *Save-the-Date* flyer along with a letter of invitation will be mailed out in June. In the meantime, if you have any questions, contact Annette Boksa, Education Coordinator, at (312) 670-2550 ext. 340 or aboksa@cmsdocs.org.

SPRINGFIELD LEGISLATIVE RECAP 2006-2007 (continued from p. 14)

HB 126 (Saviano/Dillard) was negotiated by ISMS and the Illinois Association of Orthopedic Surgeons. It will allow podiatrists to perform a Syme's foot amputation and limit authorized anesthesia services by a podiatrist to topical and local anesthesia and moderate and deep sedation (current law allows podiatrists to give general anesthesia). The bill passed both chambers and is awaiting action by the governor.

Medical Transcriptionists - HB 283 (Saviano) would have created the Registered Medical Transcriptionist Act and provided for the registration of medical transcriptionists by the Department of Financial and Professional Regulation. ISMS opposed this legislation, and the bill was held in the House.

Naturopaths - HB 498 (Saviano) and SB 22 (Collins) would have licensed naturopathic physicians. The proposals would have granted them limited prescriptive authority, allowed them to provide obstetrical care and perform "minor office procedures." Naturopaths are currently not licensed in Illinois, but wish to hold themselves out to the public as physicians. Naturopaths want to offer the public a form of "alternative treatment" that includes the use of nutrition, herbal therapy, homeopathy and behavioral modification. Almost by definition, traditional naturopaths do not prescribe medication or perform surgery, yet this legislation would allow them to do so. ISMS opposed these bills, which failed to advance out of their respective licensure committees.

Physical Therapists – SB 1626 (Haine) would have allowed physical therapists to have direct access to patients, allowing them to bypass a requirement that they first receive a referral from a physician. ISMS opposed this legislation, and the bill failed to advance out of the Senate Licensed Activities Committee.

Psychologists Prescribing – SB 648 (Ronen) and SB 1355 (Ronen) would have given psychologists prescriptive authority. ISMS opposed this bill, which failed to advance out of the Senate Licensed Activities Committee.

Interpreters for the Deaf – HB 1277 (Feigenholtz)

would have licensed interpreters for the deaf and prohibited any professional from using anyone but a licensed interpreter. Currently, physicians are bound by the Americans with Disabilities Act to provide effective communication to deaf patients. Physicians often rely on qualified interpreters, who may not meet licensure standards, to provide that communication.

The concern about this initiative is that there is a severe shortage of interpreters practicing in Illinois. ISMS was particularly concerned that this bill would restrict a physician's ability to provide effective communication to only using interpreters licensed with the state, making it much more difficult for physicians to provide any communication at all.

ISMS successively amended this bill to allow exemptions for health care professionals when a licensed interpreter is not available. ISMS also added language to ensure that licensed interpreters do not willfully overcharge for their services. The bill is currently being held in the *continued on p. 18*

LEGISLATIVE RECAP (continued from p. 17)

House. ISMS expects an amendment to be introduced, removing its opposition.

Optometrists' Prescriptive Authority - HB 1366 (Saviano/Raoul) represents a compromise among the Illinois Academy of Ophthalmology, ISMS and the Illinois Optometric Association. Initially, the Illinois Optometric Association sought unlimited prescriptive authority for the oral form of the topical medications they are currently authorized to prescribe.

The Illinois Academy of Ophthalmology and ISMS successfully amended the bill to establish strict limitations on when optometrists can prescribe oral medications, limiting the types of drugs they can prescribe and for how long. Optometrists will also be prohibited from prescribing oral pharmaceutical agents for a child under the age of five, unless a physician is consulted, and they are completely prohibited from prescribing Schedule II drugs. The bill passed both chambers and is awaiting action by the governor.

HB 1798 (AMENDS THE WRONGFUL DEATH ACT)

Of major disappointment this session was the enactment of House Bill 1798 that expands the possible award of damages in wrongful death litigation that frequently accompanies a medical malpractice lawsuit. This legislation was promoted by the Illinois Trial Lawyers' Association and narrowly passed both chambers on largely partisan roll calls. It was signed into law by Governor Blagojevich on May 31.

ISMS, along with the Illinois Hospital Association, the City of Chicago and the County of Cook all opposed HB 1798. Despite this opposition, the trial lawyers argued that this legislation was not about doctors, but about drunk drivers and others who negligently cause the death of another person. Plaintiff lawyers have argued that pet owners could recover for pain and suffering from persons convicted of animal cruelty under Illinois statutes.

The ISMS Medical Liability Reform legislation passed in 2005 includes a cap on non-economic damages in both wrongful death and medical malpractice litigation. ISMS legal counsel believes that the cap would clearly cover the expanded damages included in HB 1798. The trial lawyers and the legislative sponsors of the legislation also

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stated that the cap would apply. While this is true, ISMS argued that the cap is under constitutional challenge and that the legislature should not act on this issue until this constitutional challenge is decided.

Source: ISMS Governmental Affairs Council. Reprinted with Permission.

HB 1798 Scorecard

How Your Cook County Representatives Voted

Acevedo	Y
Bassi	N
Berrios	Y
Bradley	Y
Brosnahan	Y
Burke	NV
Collins	Α
Colvin	Y
Coulson	N
Crespo	Y
Currie	Y
Davis, Monique	Y
Davis, William	Y
Dunkin	Y
Feigenholtz	Y Y Y
Flowers	Y
Ford	Y
Fritchey	Y
Froelich	N
Golar	Y
Graham	Y
Hamos	Y
Hernandez	Y
Howard	Y
Jeffries	Y
Joyce	Y
Krause	N
Lang	Y
Lyons	Y
McAuliffe	N
McCarthy	Y
Madigan	Y
Mathias	N
Mendoza	Y
Miller	Y
Molaro	Y
Munson	N
Nekritz	Y
Osterman	Y

Patterson	E
Riley	Y
Rita	Y
Sculley	Y
Soto	Y
Turner	Y
Yarbrough	Y

How Your Senators Voted

Collins	Y
Crotty	Y
Cullerton	Y
DeLeo	Y
Halvorson	Y
Harmon	Y
Hendon	Y
Hunter	Y
Kotowski	Y
Jones	Y
Maloney	Y
Martinez	Y
Meeks	Y
Munoz	NV
Murphy	N
Peterson	N
Radogno	N
Raoul	Y
Ronen	Y
Sandoval	Y
Schoenberg	Y
Silverstein	Y
Trotter	NV
Viverito	Y

HB 1798 passed the Illinois Senate by a vote 31-23. If your legislator voted "nay" on the bill, please call to thank them for their support.



Surplus Medical Equipment

Do you have any surplus medical equipment that may be donated to the Chicago Medical Society







Regional Patient Simulation Center

The CMS Foundation is developing a multiple room simulation center in 8,000 sq. ft. of space in our downtown headquarters. We are seeking donations of all items that would be found in an OR, ER, ICU and patient room.

The center will serve as a training facility where healthcare professionals can learn and maintain clinical skills. It will serve all area hospitals and healthcare professionals, i.e., physicians, nurses, therapists and EMTs, for training and emergency preparedness.

We are also urging our members to please contact their hospitals and inquire about donations— anything and everything will be appreciated.

For a complete list of items to donate please contact: Michael Boros at 312-329-7326 or mboros@cmsdocs.org







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CLINICAL FEMALE PSYCHOTHERAPIST wanting to rent office space, preferably with small waiting area included. Specialties: sexu-

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