

RESOLUTION 12.2019-22 (A-20)
HEALTH SYSTEM REFORM LANGUAGE NEUTRALIZATION

ISMS Board Action Taken on 01/30/2021

Did not adopt Resolution 12.2019-22 (A-20), Health System Reform Language Neutralization.

Subcommittee on Resolution 12.2019-22 (A-20) Recommendation to
ISMS Board on 01/30/2021

The ISMS Board Chair authorized the creation of this subcommittee, consisting of two representatives each from the Council on Economics, the Governmental Affairs Council, the Council on Medical Service and the Medical Legal Council. A resident and a medical student were each invited to participate in the subcommittee as well.

The Subcommittee agreed that much of the language in our health system reform principles is outdated and needs to be updated, but chose to focus solely on the proposed changes in this resolution. The subcommittee therefore believes an amended resolution affords ISMS greater flexibility in exploring all sides of any healthcare reform proposal(s) that may arise in the future.

The Subcommittee recommends that the ISMS Board of Trustees adopt Resolution 12.2019-22 (A-20), as amended.

RESOLVED, that ISMS revise the policy adopted by the HOD in 2007 related to health system reform by deletion and addition by replacing “supports” with “utilizes” and inserting “when engaging in health system reform” after “principles” in the first sentence thereby establishing a set of principles to engage health system reform; and be it further

RESOLVED, that ISMS revise existing policy by deletion and addition by removing condemnatory language directed toward any particular broad category of healthcare reform and neutralizing opposition towards healthcare reform ideas by removing the first two sentences of the 1986 HOD adopted policy and replacing them with ~~“ISMS is invested in working on any policy where patient safety is improved, high-quality care processes are promoted, and physician reimbursements~~ “The ISMS supports a healthcare financing system that prioritizes affordable, high-quality care and payments to physicians that are commensurate to the value of their work.”

Recommended Policies:

ISMS ~~supports~~ utilizes the following health care system reform principles when engaging in health system reform: 1. Health care delivery and finance system reform should use the current public-private system as a basis and focus on incremental evolutionary change. 2. All patients should have access to a health benefit plan that would include catastrophic coverage as well as preventive services, appropriate screening, primary care, immunizations, and prescription drug coverage. 3. Health insurance reform is needed to allow public and private plans to develop innovative coverage plans, including the development of health savings accounts and other high deductible plans to encourage patients, physicians, and other health care providers to pursue high value care. 4. All health care expenditures should receive equal treatment for purposes of tax deduction and tax credits. 5. Professional liability reform – including caps on noneconomic damages – should continue to be pursued and defended as a way to reduce direct and indirect costs (defensive medicine) and to address the adverse effect the current medical liability system has on the physician-patient relationship and access to health care. 6. Use of information technology in health care delivery should be encouraged to improve quality and safety of care, enhance efficiency, and control costs. 7. Health care education and literacy must be an important part of any medical care financing and delivery system reform. 8. Health care reform proposals should include provisions for physicians to set and negotiate their own fees in order to adequately compensate physicians and other health care providers for the promotion of personal and public health. 9. Evidence-based protocols should support, not replace the patient-physician relationship. 10. ISMS objects to third party insurance carriers interfering with the practice of medicine and the patient-physician relationship. (HOD 2007; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2017; Reaffirmed 2018; Reaffirmed 2019; Last BOT Review 2015)

~~The Illinois State Medical Society is opposed to compulsory governmentally mandated national health insurance plans and will continue to point out its dangers and disadvantages to the public, including those in which quality of care is compromised. It is opposed to national compulsory catastrophic health insurance. ISMS is invested in working on any policy where patient safety is improved, high quality care processes are promoted, and physician reimbursements~~ The ISMS supports a healthcare financing system that prioritizes affordable, high-quality care

82 and payments to physicians that are commensurate to the value of their
83 work. Health insurance benefits for mental illness should be comparable
84 to benefits for any other medical condition. Governmental health
85 insurance programs providing reimbursement for medical services under
86 the direction of practitioners other than doctors of medicine or osteopathic
87 medicine should establish a separate category for such reimbursement,
88 with separate payment, and be optional to the insured as long as the plan
89 has a demonstrated physician-supported patient care management
90 program in effect. ISMS will actively oppose any state or federal
91 legislation which proposes reimbursement under health insurance
92 programs for limited license practitioners without direct supervision and
93 responsibility for patient care by a physician licensed to practice medicine
94 in all its branches in Illinois. (HOD 1986; Revised 2008; Reaffirmed 2011;
95 Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2018; Last BOT
96 Review 2015)

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98 Health care must continue as a priority item of funding at the national,
99 state, and local levels. Health care coverage must be expanded to all
100 citizens of the United States. As our health care delivery system evolves,
101 direct, meaningful and obligatory physician input is essential and must be
102 present at every level of debate. The private practice of medicine must be
103 permitted as the U.S. health care delivery system evolves. (HOD 2008;
104 Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2018; Last BOT
105 Review 2015)

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107 It is desirable to afford maximum flexibility and latitude in creating an
108 economic environment acceptable to the individual physician's right to
109 choose which method of economic reimbursement for care that best suits
110 the needs of that physician and his/her patients. Where appropriate, ISMS
111 supports the right of physicians to seek payment from patients for the
112 difference between the physician's charges and the amount of payment an
113 insurance carrier pays. To the extent practicable, ISMS should strive to
114 assist physicians in understanding alternative reimbursement systems,
115 including but not limited to Usual and Customary or Reasonable (UCR).
116 (HOD 1985 Amended; Reaffirmed 2009; Reaffirmed 2015; Last BOT
117 Review 2012)

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119 ISMS supports private, voluntary catastrophic health insurance, including
120 freedom of choice of physician. It supports the policy of a tax credit or
121 deduction for the premium expense of medical insurance and endorses the
122 principle that, under federal rules and regulations, the costs and premiums

123 for health care, whether incurred directly by an individual or conferred as
124 an employee benefit, should be equally deductible. Inasmuch as the fee
125 coverage by insurance plans may not cover the full fee of the physician,
126 the physician is encouraged to develop a prior agreement with the patient
127 outlining the patient's individual responsibility for the physician's fee.
128 When insurance benefits are assigned to a physician by a patient, care
129 should be exercised by the insurance company, or its agent, in seeing that
130 such wishes of a patient are followed. If an error is made by the insurance
131 company, or its agent, and payment is made to the patient, the insurance
132 company is urged to admit its error and pay the physician as it was
133 originally directed to do. Under such circumstances, recouping of money
134 from the patient should be the responsibility of the insurance company, or
135 its agent, that committed the error and not be the responsibility of the
136 physician. ISMS objects to third party carriers interfering with the practice
137 of medicine and the patient-physician relationship by: • Implying to
138 patients that physicians' charges above insurance benefit allowances are
139 excessive; • Suggesting to physicians that insurance company
140 reimbursement amounts be accepted as payment in full; • Suggesting that
141 physicians perform alternative surgical procedures; • Instituting utilization
142 review of hospital patients in the private sector which bypasses local
143 physician review mechanisms; • Discriminating against the physician who
144 does not have a separate contractual relationship with the carrier and
145 inhibiting the patient's free choice of physician. ISMS endorses long-held
146 principles that: • A contractual relationship that exists between a patient
147 and a third party does not involve the physician (unless the physician has
148 agreed to such involvement); and • The third party is not involved in the
149 contract existing between the patient and his/her physician (unless such
150 involvement has been agreed to by both patient and the physician). (HOD
151 1982; Revised 2008; Reaffirmed 2015-JAN; Reaffirmed 2015;
152 Reaffirmed 2017; Reaffirmed 2018; Last BOT Review 2015)

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ISMS Board Action Taken on 01/25/2020

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157 **Referred Resolution 12.2019-22 (A-20), Health System Reform Language**
158 **Neutralization, to another council(s) for further review and consideration.**
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Council on Economics Recommendation to ISMS Board on 01/25/2020

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165 The Council on Economics conveyed that any language that proposes such a
166 fundamental shift in longstanding ISMS policy, such as removing opposition to
167 mandatory national insurance plans, requires greater input and study. To allow for
168 adequate debate the Council supports input from a broad cross-section of the
169 membership and further input from ISMS councils.

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171 The Council on Economics recommends that the ISMS Board of Trustees not adopt
172 Resolution 12.2019-22 (A-20).