

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 12.2021-20  
(A-22)**

Introduced by: Peter Orris, MD, ISMS Member

Subject: Support for a Public Single Payer Financed Health Reform

Referred to: Council on Economics

---

1           Whereas, a single payer reform would produce enough savings from reduction in  
2 the administrative costs needed to sustain multiple competing private insurance  
3 companies to cover all of the uninsured and eliminate cost sharing for everyone else (1);  
4 and

5  
6           Whereas, a single payer reform would accelerate reducing persistent racial and  
7 economic health care disparities as Medicare did in the 1960's (2); and

8  
9           Whereas, a single payer reform would allow patients to freely choose their  
10 doctors who could freely choose their referrals, and protect the doctor-patient  
11 relationship (3); and

12  
13           Whereas, a single-payer reform would facilitate the realization of 7 of the 10  
14 ISMS' health care system reform principles: 2. All patients should have access to a  
15 health benefit plan that would include catastrophic coverage as well as preventive  
16 services, appropriate screening, primary care, immunizations, and prescription drug  
17 coverage. 4. All health care expenditures should receive equal treatment for purposes  
18 of tax deduction and tax credits. 6. Use of information technology in health care delivery  
19 should be encouraged to improve quality and safety of care, enhance efficiency, and  
20 control costs. 7. Health care education and literacy must be an important part of any  
21 medical care financing and delivery system reform. 8. Health care reform proposals  
22 should include provisions for physicians to set and negotiate their own fees in order to  
23 adequately compensate physicians and other health care providers for the promotion of  
24 personal and public health. 9. Evidence-based protocols should support, not replace the  
25 patient-physician relationship. 10. ISMS objects to third party insurance carriers  
26 interfering with the practice of medicine and the patient-physician relationship (4);  
27 therefore, be it

28           RESOLVED, that the Illinois State Medical Society expresses its support for  
29 universal access to comprehensive, affordable, high-quality health care through a  
30 government single payer financing program; and be it further

31

32           RESOLVED, that the Illinois delegation to the AMA submit a resolution  
33 supporting such reform as well.

**References:**

1. Pollin, et al., "[Economic analysis of Medicare for All](#)," Political Economy Research Institute, University of Massachusetts-Amherst, November 30, 2018.
2. Himmelstein and Woolhandler, "[Medicare's rollout vs. Obamacare's glitches brew](#)," *Health Affairs* blog, Jan. 2, 2014.
3. H.R.1976 - Medicare for All Act of 2021, Congress.gov, introduced March 7, 2021
4. Passed by the ISMS House of Delegates (HOD) 2007; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2017; Reaffirmed 2018; Reaffirmed 2019; <https://www.isms.org/PolicyFinder>

**Fiscal Note:**

n/a

**Existing ISMS policy and action related to this issue:**

Board of Trustees did not adopt Resolution 12.2019-22 (A-20), Health System Reform Language Neutralization, which called for ISMS to revise existing policy by removing condemnatory language directed toward any particular broad category of healthcare reform. (BOT - JAN 2021)

Board of Trustees directed ISMS to conduct periodic, targeted surveys on health system reform issues being debated in Congress or the Illinois General Assembly as a means to foster member and potential member engagement in ISMS activities; and that such targeted surveys be implemented in lieu of a single large scale member survey on health payment models. (BOT - JAN 2018)

Board of Trustees did not approve for distribution to ISMS members the Illinois ACP-sponsored survey assessing physicians' views on various payment models/Medicare for All/single payer system. (BOT - JUNE 2017)

House of Delegates amended and adopted Resolution B206 (A-16) which calls for ISMS to research and analyze the benefits and difficulties of a single-payer health care system in Illinois (for example, the Illinois Universal Health Care Act) with consideration of the impact on economic and health outcomes and on health disparities, and that ISMS forward this resolution to the American Medical Association (AMA) House of Delegates to request that the AMA do the same. (HOD 2016)

ISMS supports, as policy, federal medical liability reforms, similar to and including those as proposed in the "Help Efficient, Accessible, Low-cost, timely Healthcare" (HEALTH) Act. (HOD 2011; Reaffirmed 2016; Reaffirmed 2017)

Board of Trustees reaffirmed current policy in lieu of Resolution 3 (A-08), Opposition to Single Payer Socialized Medicine. (BOT 2008-OCT)

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

House of Delegates adopted Resolution 46 (A-08), as amended, which directed that the ISMS support policy that health care must continue as a priority item of funding at the national, state, and local levels; that the ISMS recognize the need for expanding health care coverage to all citizens of the United States and engage in more detailed study of aspects of national systems including, but not limited to, funding sources, payment models, administrative overhead and physician education in Canada, the United Kingdom, Germany, and other appropriate industrialized nations as is necessary; that the ISMS recognize that as our health care delivery system evolves, direct, meaningful and obligatory physician input is essential and must be present at every level of debate; that the ISMS affirm that the private practice of medicine must be permitted as the U.S. health care delivery system evolves; that the ISMS forward this resolution to the AMA for adoption of similar policy; and that the ISMS report back to the Chicago Medical Society on this resolution's progress. (HOD 2008)

ISMS supports the following health care system reform principles: 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)

House of Delegates adopted Resolution 77 (A-06), as amended, which directed that the ISMS oppose efforts by the current State of Illinois leadership to convert health care to a single payer system; and that the ISMS urge the Adequate Health Care Task Force to investigate free market reforms to health care access and funding challenges in Illinois. (HOD 2006)

House of Delegates adopted Substitute Resolution 46 (A-05), which directed that the Illinois State Medical Society introduce a resolution at the American Medical Association's annual meeting calling upon the AMA to improve our health care system by: 1) researching and collating existing studies on how health care dollars are currently spent; 2) identifying the amount of public and private health care spending that is transferred to insurance administration compared to industry and corporate standards, including money spent on defensive medicine; and 3) disseminating these findings to the American public, Congress, and appropriate agencies. (HOD 2005)

It is the policy of ISMS to recognize the need for and participate in development of a health care policy that will assure the needs of our needy uninsured population are met, and that the AMA should assume a principal role in developing a national policy on health care which will assure that the medical needs of the needy uninsured population are met. (HOD 2002)

ISMS supports the principle that access to food, shelter, and health care are all necessities that our society provides its members and that health care is a resource to which all citizens should have access and that health care providers, like those who provide food and shelter, should be appropriately reimbursed for their services. (HOD 2000)

It is the policy of ISMS to support legislation allowing patients free choice of physician, be it generalist or specialist. (HOD 1995; Last BOT Review 2011)

It is the policy of ISMS to encourage that true freedom of choice of MD/DO be part of any state or national health insurance program without undue financial hardship or other penalty to the patient. (HOD 1994; Last BOT Review 2011)

It is the policy of ISMS to make every effort to oppose the creation of any health care provider taxes to fund health care reform. (HOD 1993; Reaffirmed 2012; Reaffirmed 2015-JAN; Last BOT Review 2015)

It is the policy of the Society to require appropriate limits on non-economic damages for malpractice suits to be included as an integral and necessary part of any health care policy reform plan adopted and as a necessary pre-requisite for effective resolution of our current access and cost problems. (HOD 1992; Reaffirmed 2010; Reaffirmed 2011; Last BOT Review 2011)

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. Health insurance benefits for mental illness should be comparable to benefits for any other medical condition. Governmental health insurance programs providing reimbursement for medical services under the direction of practitioners other than doctors of medicine or osteopathic medicine should establish a separate category for such reimbursement, with separate payment, and be optional to the insured as long as the plan has a demonstrated physician-supported patient care management program in effect. ISMS will actively oppose any state or federal legislation which proposes reimbursement under health insurance programs for limited license practitioners without direct supervision and responsibility for patient care by a physician licensed to practice medicine in all its branches in Illinois. (HOD 1986; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Last BOT Review 2015)

ISMS supports private, voluntary catastrophic health insurance, including freedom of choice of physician. It supports the policy of a tax credit or deduction for the premium expense of medical insurance and endorses the principle that, under federal rules and regulations, the costs and premiums for health care, whether incurred directly by an individual or conferred as an employee benefit, should be equally deductible. Inasmuch as the fee coverage by insurance plans may not cover the full fee of the physician, the physician is encouraged to develop a prior agreement with the patient outlining the patient's individual responsibility for the physician's fee. When insurance benefits are assigned to a physician by a patient, care should be exercised by the insurance company, or its agent, in seeing that such wishes of a patient are followed. If an error is made by the insurance company, or its agent, and payment is made to the patient, the insurance company is urged to admit its error and pay the physician as it was originally directed to do. Under such circumstances, recouping of money from the patient should be the responsibility of the insurance company, or its agent, that committed the error and not be the responsibility of the physician.

ISMS objects to third party carriers interfering with the practice of medicine and the patient-physician relationship by:

- Implying to patients that physicians' charges above insurance benefit allowances are excessive;
- Suggesting to physicians that insurance company reimbursement amounts be accepted as payment in full;
- Suggesting that physicians perform alternative surgical procedures;
- Instituting utilization review of hospital patients in the private sector which bypasses local physician review mechanisms;
- Discriminating against the physician who does not have a separate contractual relationship with the carrier and inhibiting the patient's free choice of physician.

ISMS endorses long-held principles that:

- A contractual relationship that exists between a patient and a third party does not involve the physician (unless the physician has agreed to such involvement); and
- The third party is not involved in the contract existing between the patient and his/her physician (unless such involvement has been agreed to by both patient and the physician).

(HOD 1982; Revised 2008; Reaffirmed 2015-JAN; Reaffirmed 2015; Reaffirmed 2017)

It is the policy of ISMS to (1) support and encourage physician involvement throughout the state with other community groups to develop programs to provide care to those lacking private or governmental insurance, or other financial resources which would enable them to obtain appropriate medical care and (2) encourage physicians in Illinois to participate by providing care in such programs that are appropriately developed. (HOD 1992)

It is the policy of ISMS to: (1) make its professional knowledge and expertise available to any component society, to citizen groups, and to government, state or local, if a bona fide effort to increase access, in those areas where it is a problem, can be demonstrated; (2) support the use of properly and adequately educated and trained nurse practitioners and physician's assistants, provided that (a) the supervision by a physician(s) is guaranteed and that same physician(s) retains the responsibility for the medical care rendered by the nurse practitioner or physician's assistant; and (b) that the number of physician's assistants for whom any one physician is designated as the supervising physician is no more than two, and (c) that the nurse practitioner and physician's assistant should be within the same medical service area as that physician; and (3) support efforts to increase the number of primary care physician, nurses, and other needed paramedical personnel who are educated, trained, and/or available to locate in Illinois. (HOD 1991; BOT Revised 2002-APR; Last BOT Review 2012)

The Illinois State Medical Society will maintain as a priority the problem of physician shortages in rural areas. (HOD 1990; BOT Reaffirmed 2008; Reaffirmed 2015; Last BOT Review 2013)

The Illinois State Medical Society reaffirms organized medicine's commitment to provide care to those who need medical care, regardless of their ability to pay for it. However, personal medical care is primarily the responsibility of the individual. When he is unable to provide this care for himself, the responsibility should properly pass to his family, the community, the county, the state, and only when all these fail, to the federal government, and only in conjunction with the other levels of government in the order above. The determination of medical needs should be made by a physician. The determination of eligibility should be made at the local level with local administration and control. The principle of freedom of choice should be preserved. (HOD 1982 Interim Amended; Last BOT Review 2012)