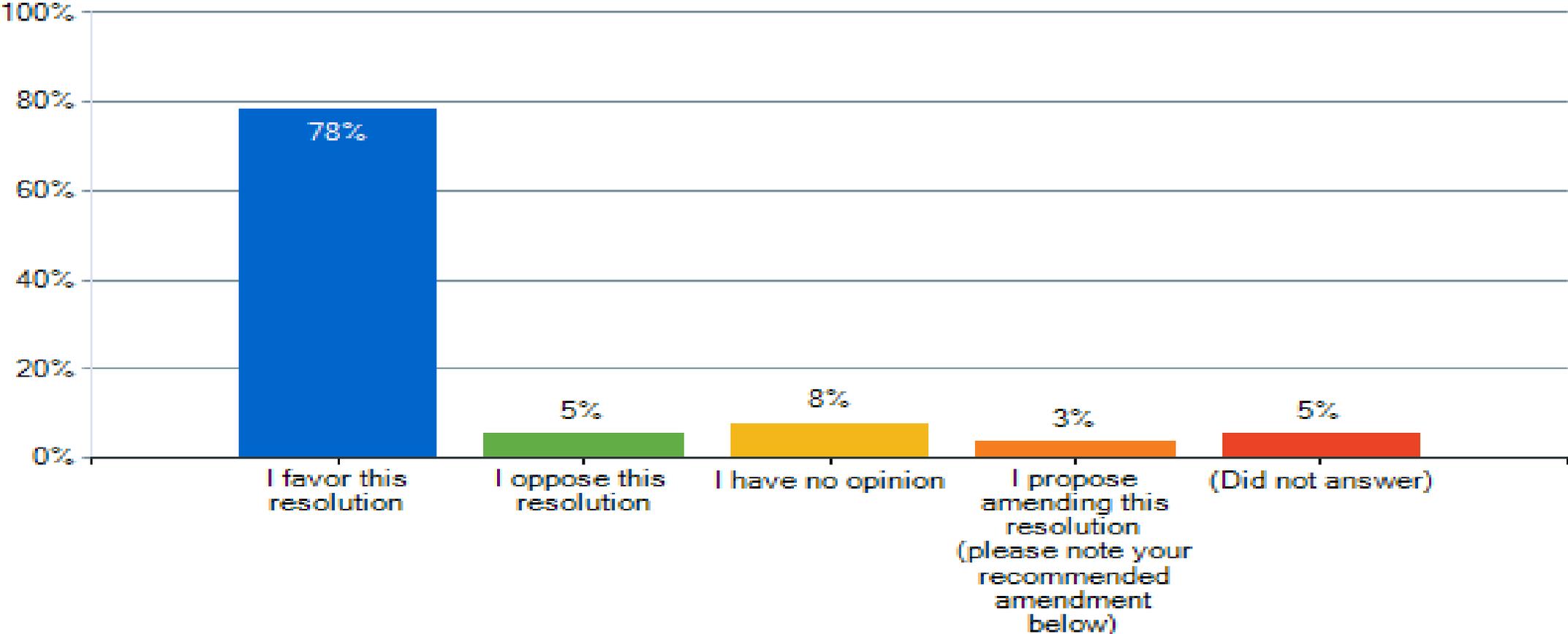
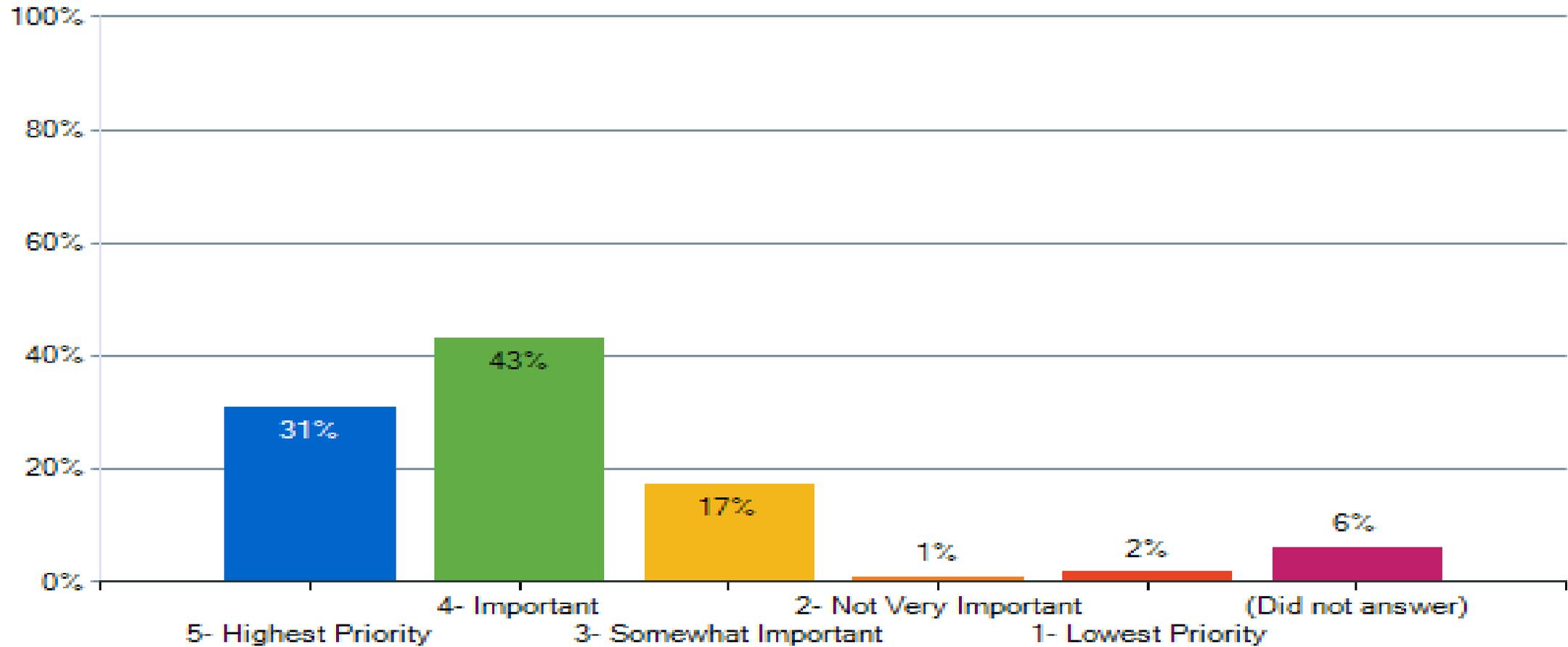


QIllinois Birth-Related Neurological Injury Compensation Plan



116 responses

QPlease indicate your view of this resolution as an ISMS priority.



SR No.	Response No.	Response Text
2	2	Ensure that the cost of the program is not shifted completely to the physicians practicing in IL. The FL program is reflected as an additional fee for physicians obtaining license in that state.
6	6	Is this really a problem in rural America?
7	7	Yes, this is a marvelous recommendation. Very unlikely to make it through the legislative process and, if adopted, subsequent court challenges. There are many medical care issues that should be exempt from litigation. But this is certainly a critical one.
13	13	Strong work! Of course, my bias as an Obstetrician/Gynecologist is that this is of the utmost importance.
14	14	It also makes for unnecessary C-Sections, which have their own complication rate for mother and infant.
16	16	Seems like adequate plans have already been written in other states that should provide the information that multiple surveys would provide for Illinois. Do not delay by spending time on surveys
20	20	This is a great idea that should be considered state-wide, not just in rural IL.
28	28	Protects one part of medicine. Such carve-outs can be detrimental to medicine as a whole.
36	36	Rather than carving out one specialty to receive preferential malpractice rates, a better approach would be to motivate providers with increased compensation to relocate to more rural locations.
39	39	This should be for the entire state - not just rural areas.
51	51	Interesting and sensible policy, would very much support further investigation into how to make something like this work in IL
69	85	Need more information and discussion
71	103	agree
72	104	Worth an effort. Why limit focus to rural Illinois rather than state wide ?
76	108	Sounds reasonable. There should be a careful economic analysis for the parents affected as well as the societal costs.

78	110	Oppose anything that creates or implies different standards of care in it's rationale--based on geography or any other reason to define populations of patients.
84	116	Well presented
95	127	Good idea.
103	165	#5, in my opinion, should be a separate resolution once the data from #1-4 are parsed
111	204	This should be applicable state wide, not just in rural Illinois. Such a plan should ensure and clearly outline covered care for affected individuals and seek to avoid the spotty coverage that has afflicted the Florida program (https://apple.news/A7kWgNHoiSaafeC19N0iDtw) I am all for diverting funds used in the malpractice sphere (premiums, payouts, lawyer fees) to the affected individuals that need care.
112	205	None
116	271	Emotionality must be removed from the facts of any and all such cases. Too often, complications arise and even though managed optimally in that moment, damage/injury occurs regardless of management. This, then, becomes a circus in court. Someone has to be blamed even when there is no negligence and certainly no intent to harm. Yet, injured infants deserve to be taken care of when they survive. I've had such a case in 2001-the severely injured child just recently passed ~20 years of age though I don't know from what direct cause. This case continues to "haunt" me...it was a disaster in every way when it was completely and entirely "routine," low-risk in the beginning. BAB