

IMPAC
Illinois State Medical Society
Political Action Committee
2016 Legislative General Election Candidate Questionnaire

Dear Candidate:

Our member physicians and their families are vitally interested in the views of candidates who hope to make the important decisions that will shape our future health care system in Illinois.

This questionnaire is designed to address key questions regarding issues important to Illinois physicians that may be considered by the Illinois General Assembly.

Please complete, scan and return this questionnaire to Kim Janas at kimberlyjanas@isms.org or Scott Reimers at scottreimers@isms.org or fax it to Kim Janas at (312) 782-2023 by August 23, 2016. Should you have any questions, please contact Kim Janas at (312) 580-2450 or Scott Reimers (217) 757-3017. We look forward to working with you.

Position papers addressing some of the issues included on this questionnaire and other topics that impact the practice of medicine can be found on the [ISMS Legislative Action Hub](http://www.isms.org/Legislative_Action_Hub), which is available at the following address:

https://www.isms.org/Governmental_Affairs/Legislative_Action_Hub/Legislative_Action_Hub/.

Jere E. Freidheim, M.D.
Chairman, IMPAC

CANDIDATE NAME: _____

OFFICE BEING SOUGHT: _____ **DISTRICT:** _____

ADDRESS: _____

PHONE#: _____ **FAX#:** _____

E-MAIL: _____ **WEBSITE:** _____

DO YOU HAVE RELATIVES WHO ARE PHYSICIANS? (If so, please provide names and relationship): _____

DO YOU HAVE PHYSICIANS IN YOUR DISTRICT WITH WHOM YOU DISCUSS LEGISLATIVE MATTERS? IF SO, WHO? _____

WORKERS' COMPENSATION

1. Reductions to the Medical Fee Schedule

Physicians play an important role in our workers' compensation system, as they provide the necessary care to injured workers in order to return them to their employment and minimize the extent of any workplace injury. Physicians who treat workers' compensation patients in Illinois are paid according to a medical fee schedule.

When treating workers' compensation patients, physicians must perform additional work and be willing to endure long payment delays, which make treating a workers' compensation patient much more difficult than treating a regular patient. Physicians must comply with the requests of out-of-state "utilization review" physicians, who question whether treatment or procedures are necessary. Payment delays for workers' compensation patients can be as long as 1,000 days, with even approved claims taking as long as 200 days for a physician to receive payment.

In 2011, a major workers' compensation bill was passed by the General Assembly. That bill subjected physicians who treat injured workers to a 30 percent reduction to their fees. The bill did nothing to improve the long payment delays and additional administrative burdens of treating workers' compensation patients. While workers' compensation medical costs in Illinois continue to decline as a result of the 30 percent reduction in fees, some injured workers have faced access-to-care issues, meaning they cannot find a physician who accepts workers' compensation patients. However, the business community has continued to call for further reductions to workers' compensation medical fees. Most recently, the business community has advocated for a medical fee schedule based on Medicare in order to "simplify" the way physicians get paid. However, such a change would mean severe reductions to physician fees, and would have a particularly negative effect on specialty services which are often used in treating injured workers.

Do you support further reductions to the Workers' Compensation Medical Fee Schedule?

SUPPORT

OPPOSE

Additional Comments:

2. Reducing the Costs of Treating Injured Workers

Physicians treating patients who have been injured at work must perform many additional tasks, such as communicating with attorneys, claim adjusters, and nurse case managers. On top of managing complex patient care and the additional burdens that come along with the Illinois workers' compensation system, physicians endure long payment delays for the care they provide to injured workers. For contested workers' compensation claims, physicians may have to wait over 1,000 days to receive payment for their services. For "agreed" workers' compensation claims, the payment delays are often as long as 200 days.

One reason for payment delays is that workers' compensation insurance companies do not accept electronically transmitted bills from Illinois physicians. While group health insurers rely on a nationally-recognized electronic billing system, workers' compensation insurers still demand paper claims and records to be submitted by physicians. Paper claims and records are often lost in the mail or "misplaced" by workers' compensation insurers. This forces physician practices to "start the process" all over again and leads to both delays in the authorization of care and payment delays. Physicians who treat injured workers often must dedicate specific staff members to the sole task of managing the paper and records that are involved with into treating a workers' compensation patient.

In 2011, there was a change in the law that required workers' compensation insurers and employers to accept electronic claims from physicians. The rules implementing that law were not written until four years later. Even with these rules, there is currently no enforcement mechanism to require workers' compensation insurers to accept electronic claims. As such, the status quo of an onerous, paper-based system continues.

This paper based billing system that allows insurance companies to deny care and delay payment to the physicians, hurts the injured worker and prohibits the injured worker from returning to work in a timely manner. The costs of treating injured workers and the outrageous delays in payments to physicians create disincentives for physicians who would otherwise participate in the in the system.

Enforcing important improvements, such requiring electronic billing, will reduce overall costs to the system by allowing injured workers to get timely access to the care, thus allowing them to return to work sooner.

Would you support or oppose adding an enforcement mechanism to current law to ensure that workers' compensation insurers accept electronic claims from Illinois physicians?

SUPPORT

OPPOSE

Additional Comments:

3. NETWORK ADEQUACY AND TRANSPARENCY STANDARDS

“Network adequacy” refers to the number of physicians, including specialists like oncologists, in a health insurance plan network and how far a patient must travel to receive the care they need. Network adequacy standards help ensure reasonable access to the benefits of a health insurance plan. “Network transparency” refers to whether the network directories published by health insurers for consumers are accurate and updated in a timely manner with information about the healthcare professionals who participate in a patient’s health insurance network, including whether they accept that particular insurance.

One of the emerging trends in both employer-provided health insurance plans and plans sold on the Health Insurance Exchange is the development of “narrow” or “tiered” networks. Narrow and tiered networks restrict both the number and type of physicians that are “in-network” in an effort to reduce premium costs. Because the healthcare professionals included in narrow networks are limited, patients are forced to go “out-of-network” to receive care from specialists and often endure high out-of-pocket costs.

The emergence of narrow networks in the health insurance industry makes both network adequacy and transparency extremely important. Patients often cannot make informed decisions when choosing healthcare professionals because network directories published by insurance companies do not accurately reflect the physicians or hospitals in the network.

Further, when their physician is dropped from the network, patients are often not informed and are forced to suddenly find care elsewhere, even though the plan initially included their physician or group. This causes a disruption to medical care that can have serious consequences for the health of patients

House Bill 6562 would require health insurers to develop and maintain networks to meet patient needs by placing meaningful requirements about the number and type of physicians that must be included in a health insurance network. Health insurers would also be required to update their published network directories, so that patients can make informed decisions about whether a particular physician is “in-network” for their health plan and communicate reductions in the

network in a transparent and timely manner. HB 6562 also provides important protections for patients when a health plan reduces its network and drops certain physicians and hospitals, by allowing patients with complex medical conditions to continue their care with their current physician while they are transitioned to a new health plan or new network.

Would you support or oppose legislation requiring health insurers to develop networks that adequately meet the needs of patients enrolled in their insurance plans, allow patients to receive care in a timely manner, and require transparency in published health insurance networks?

SUPPORT

OPPOSE

Additional Comments:

4. MEDICAL LIABILITY

The Medical Studies Act is a law that protects the confidentiality of peer review meetings, specifically, by ensuring that the meetings and records related to these meetings are not discoverable in a court proceeding. Peer review meetings are performed to facilitate self-evaluation by the medical staff to improve medical procedures and techniques to meet quality and efficiency standards of care. Thus, preserving the confidentiality of these meetings allows for physicians, other healthcare professionals, and hospital administrators, to engage in an effective examination of their peers in order to advance the quality and innovation of health care.

Senate Bill 2744 would have repealed the Medical Studies Act in its entirety, meaning that the confidentiality provisions that currently protect the open nature of peer review meetings would be destroyed. If these hospital review meetings were to be discoverable in court, the meetings would cease, which would severely harm the ability of health care facilities and physicians to identify and discuss ways to improve patient safety and care.

Would you support or oppose removing the confidentiality of peer review meetings that would allow the meetings and any related documents to be discoverable in court?

SUPPORT

OPPOSE

Additional Comments:

SCOPE OF PRACTICE

“Scope of practice” is a term that is used to describe the procedures and type of care that a licensed healthcare professional is qualified and authorized to provide. Physicians often raise concerns about laws that change or expand the scope of practice of other licensed healthcare professionals. This concern is centered on the safety of patients and the quality of their care in relation to the education and training of the licensed healthcare providers providing services.

5. Independent Practice for Advanced Practice Nurses

ISMS has consistently worked in good faith with the Illinois Society for Advanced Practice Nursing (ISAPN) to ensure that our patients have access to a team of qualified health care professionals.

Currently, advanced practice nurses (APNs) who practice outside of hospitals, hospital affiliates and ambulatory surgical treatment centers (ASTCs) must have a written collaborative agreement with a physician active in clinical practice to care for patients and prescribe certain medications. APNs who practice in hospitals and ASTCs are credentialed by the medical staff and work closely with the physicians of the medical staff of those facilities.

Certified nurse anesthetists can order and administer anesthesia under the guidance of an anesthesia plan agreed to by an anesthesiologist or, in some cases the operating physician, who will be physically present and available on the premises during the delivery of anesthesia.

While nurses are essential in a patient’s care and treatment, there is no substitute for a physician’s education and training. Physicians must complete a formal institutional post-graduate residency program that, depending on specialty, can be as long as seven to eight years. APNs do not have this formal post graduate training and have less clinical experience than is obtained in the first year of a two-year medical residency that physicians must legally complete before they are allowed to independently practice. Comprehensive medical education and treatment ensure proper diagnosis of diseases and conditions that allow for a timely source of necessary care and appropriate referrals to specialty care.

Do you support or oppose allowing advanced practice nurses to practice independently?

SUPPORT

OPPOSE

Additional Comments:

6. Optometrists Performing Surgery

Senate Bill 2899 would dramatically expand the scope of practice for optometrists, who are not medical doctors, by allowing them to perform surgical procedures and administer injections around the eye. Ophthalmologists are medical doctors who are trained to diagnose and treat all conditions of the eye and perform eye surgeries. Senate Bill 2899 would authorize optometrists to perform surgeries and administer injections around the eye, procedures that they are not currently trained or authorized to perform.

The medical community is opposed to Senate Bill 2899 because optometrists do not have the requisite training to safely perform these procedures around such a delicate and important structure as the eye. Optometrists do not attend medical school, nor have they completed a medical residency program, as is required of ophthalmologists. Before ophthalmologists can perform surgery in and around the eye, they are required to complete not only four years of college and four years of medical school, but also four to five years of additional specialized residency training, something not required of optometrists. The rigors of residency training ensures that even ophthalmologists, who are medical physicians, have the ability and skill to perform surgeries that carry the risk of permanent blindness or other disfiguration. Expanding the procedures that may be performed by optometrists will put patients at risk because optometric training is in no way comparable to that of an ophthalmologist.

Do you support or oppose allowing optometrists to perform surgeries and injections around the eye?

SUPPORT

OPPOSE

Additional Comments:

Pharmacists

ISMS believes patients are best served when treated in a medical home by physician-led teams of qualified health care professionals. Pharmacists play a role in that team. Pharmacists are trained to monitor, evaluate, and implement prescription drug orders. They are charged with dispensing prescription drugs and can counsel the patient on the administration of drugs, drug to drug interactions, and provide other medication therapy management.

7. Pharmacists Prescribing Drugs

While pharmacists are experts in prescription drugs and implementing orders, they are not experts in diagnosing and treating conditions, diseases and other maladies of the human body. Because they are not trained in diagnosing diseases and other health conditions as physicians and other health care professionals are, they do not prescribe drugs. House Bill 5809 would have allowed pharmacists to prescribe birth control, thus eliminating an incentive for women to seek care by physicians who are trained in providing well woman care.

While prescription birth control often has benign side effects, changes in birth control, family history, and other patient behavior can lead to severe health conditions, such as pulmonary embolisms, if birth control is prescribed. In addition, many women only ever visit a physician when seeking a prescription for birth control. Physicians utilize this time to counsel women on other healthcare issues and offer important screenings, such as pelvic exams and pap smears.

Allowing pharmacists to prescribe birth control will set a precedent and open the door to additional changes, such as prescribing other drugs and even changing a physician's prescription. Pharmacists and physicians have very distinct roles in health care, and blurring these roles by allowing pharmacists to prescribe drugs is not in the best interest for patient safety.

Do you support or oppose allowing pharmacists to prescribe drugs, such as prescribing birth control?

SUPPORT

OPPOSE

Additional Comments:

8. *Unlimited Authority to Provide Immunizations to Children of all Ages*

Pharmacists can administer vaccines to patients 14 years and older pursuant to a valid prescription or standing order by a physician. Pharmacists can also administer vaccines for influenza and Tetanus, Diphtheria, and Pertussis (Tdap) to patients ages 10 through 13 pursuant to a valid prescription or standing order by a physician.

In 2014, the Illinois Pharmacists Association introduced a bill to expand their authority to provide any vaccine to patients 10 years and older. The General Assembly has consistently rejected these proposals.

At age 11, most children in Illinois need their 6th grade physical, with their Tdap, meningococcal, and HPV vaccines. Often, parents claim that their children have had their vaccines, but do not have documentation indicating when the vaccines were administered. This makes it difficult, if not impossible, for the physician to determine whether the appropriate vaccinations were given.

The *Affordable Care Act* requires quality and outcome measurements of all physicians, clinics, and offices. Bills that would enhance episodic care, such as those introduced by the pharmacists, would make it difficult for physicians providing care to children to maintain accurate records, thus negatively impacting their ability to report accurate outcomes and measurements, and would hinder their ability to fully treat their patients.

Do you support or oppose allowing pharmacists to provide all vaccines to children?

SUPPORT

OPPOSE

Additional Comments:

LICENSURE

The licensure of healthcare professionals, especially new types of healthcare professionals, is an extremely important function of the Illinois General Assembly. This is because licensure of by the state implies that the practice is both reputable and safe for the citizens of Illinois.

Licensure laws are a way of saying that the education, training, and scope of care of the regulated professional is endorsed

9. Licensure of “Certified Midwives”

One example of a bill that would create a new class of healthcare licenses is House Bill 4364, which would provide for the licensure of “certified midwives” (CMs), who are not medically trained and should not be considered equivalent to advanced practice nurses. Current Illinois law provides for a licensure of certified nurse midwives, who are advanced practice nurses with training in both midwifery and necessary medical care for pregnant women.

This bill would allow CMs to not only perform home births, but also a variety of other services that go hand in hand with caring for a pregnant woman and a newborn, including services that are distinctly medical in nature, such as using pharmaceuticals to control hemorrhaging and performing episiotomies.

House Bill 4364 does not have adequate educational requirements to create a newly licensed profession. This legislation requires candidates to obtain “accredited” training by the Midwifery Education and Accreditation Council, however, there are loopholes in the bill that allow a midwife to be apprentice-trained with a minimal amount of “continuing education” hours and still seek licensure. This would allow CMs to become licensed to perform home births even when they have bypassed more rigorous and formal certification.

The minimal educational requirements in House Bill 4364 are problematic for the care of pregnant women starting in the early stages of pregnancy. Women may develop complications throughout their pregnancy and should be “screened out” from having a home birth in order to preserve the safety of both the mother and the child. Without adequate training, the certified midwife will not be able to tell when a home birth may be too risky for a mother and child. Simply calling 911 is not enough to address the complications that may arise in childbirth.

Physicians believe that licensure of independent “certified” midwives, is a step backward in patient safety as it would allow the least trained individual to independently provide one of the most critical services to women in Illinois.

Do you support or oppose licensing independent certified professional midwives to provide home birthing services without meaningful educational requirements?

SUPPORT

OPPOSE

Additional Comments:

10. Licensure of Naturopathic Physicians

The Illinois General Assembly has repeatedly rejected proposals to license “naturopathic physicians” within the Illinois Medical Practice Act. However, the naturopaths continue to pursue licensure through legislation. This legislation would amend the Illinois Medical Practice Act to allow naturopathic physicians to practice medicine as primary care physicians.

Naturopathic education focuses much of its attention on botanical medicine, homeopathy, hydrotherapy and counseling, acupuncture and Chinese therapies. **While naturopaths claim their education and training is similar to that a licensed physicians, it is not.** The requirements to become licensed medical doctor are the completion of four years of college focusing on a pre-medical curriculum, four years of medical school, and at least two years of additional residency training. It is important for all physicians to have residency training, which takes place in hospital settings where medical physicians treat thousands of patients who often suffer from multiple health conditions, many of which are not easily diagnosed.

There is no comparison in the training of a physician and that of a naturopath. These individuals, who are not medically trained, want to be licensed as primary care physicians. One important component to consider in the debate over naturopath licensure is whether a practitioner with such limited exposure to pharmaceuticals can appropriately treat patients who take prescription medicines regularly or who would likely benefit from pharmaceutical intervention.

Do you support or oppose licensure of naturopathic physicians?

SUPPORT

OPPOSE

Additional Comments:

11. Legislative Mandates on the Practice of Medicine

During every legislative session, there are a number of bills introduced that attempt to dictate how physicians should communicate with and treat their patients. Most of these legislative mandates would require physicians to offer specific tests to certain patients, or require physicians to provide information on specific conditions or diseases.

Many of these legislative mandates are based on medical guidelines established by medical specialty groups or government agencies, such as the Centers for Disease Control and Prevention (CDC). These guidelines, of which there are over 7,500, are meant to be used as references for physicians. Guidelines change as medicine changes, both of which change much quicker than state law. Guidelines are not written with the intent that they should be codified into law.

Establishing public policy that allows non-medical third party groups to mandate how physicians treat and communicate with their patients will have adverse effects on the practice of medicine and patient care. Physicians, who honor the physician-patient relationship and the well-being of their patients above all else, should be trusted and allowed to treat their patients as they deem appropriate.

Mandates chip away at the physician’s ability to best treat his or her patient and in doing so sets a dangerous precedent by sending a signal that it is appropriate for the government to tell physicians how to practice medicine.

Do you support or oppose measures that would mandate the use of particular practice guidelines?

SUPPORT

OPPOSE

Additional Comments:

12. Legislating Mandates on Medical Education

Physicians in Illinois are currently required to complete 150 hours of continuing medical education (CME) credits during each three-year licensure cycle. This is the highest CME hour requirement in the United States. Physicians focus their CME hours based on the needs of their practice, which may include specific training that is also required to maintain their board

certification in a specialty, such as pediatrics, dermatology, orthopedics, neurology, cardiology, obstetrics, or psychiatry.

Mandating specific CME training, such as requiring all licensed physicians to take CME on how to properly prescribe opioids or other drugs treating specific diseases, prevents physicians from taking CME which is relevant to their practice. Mandated topic-centered CME would create situations where trained specialists would be forced to take CME that does not prepare them to provide quality medical care, such as requiring a radiologist who never prescribes medication to take training on prescribing opioids. In addition, mandated CME places an emphasis on specific topics to the detriment of other issues which may become more relevant as the practice of medicine and each of its specialties evolves.

Do you support or oppose mandated CME for physicians on specific topics?

SUPPORT

OPPOSE

Additional Comments:

13. State Employee Group Health

Physicians and health care facilities were – and continue to be – owed tens of millions of dollars in payments under Illinois’ State Employee Group Insurance Program (SEGIP). This is the State program that reimburses physicians who provide medical care for State employees, retirees, and their families. This shortfall does not include the millions those physicians and hospitals are also owed by Medicaid or for reimbursement of health services associated with workers’ compensation. With the lack of a state budget, the payment problem has intensified.

SEGIP has not been funded through either an appropriation or a court order for both FY16 and FY17. Physicians and hospitals have not been paid in 18 months and estimated total incurred liabilities for this program are \$2.75 billion in FY16 and \$2.9 billion in FY17. The program serves almost 360,000 state employees and retirees.

Some health care professionals and medical facilities are working with financial institutions to secure lines of credit in absence of an appropriation to pay health insurance claims.

If the delay in reimbursing physicians for the care they provide to state employees and their dependents is not addressed, this failure will create severe access issues. Many Illinois practices and large clinics have taken out substantial loans to keep their medical practices viable while they wait for reimbursement. Fully funding this program and paying off the debt owed to physicians is essential to ensuring access to health care for state employees.

Would you support or oppose full funding for State Employee Group Insurance Program?

SUPPORT OPPOSE

Additional Comments:
