

SPRING NEWSLETTER 2025

President's Message



Tushar Patel, MD, President-ISP

"Spring is the time of plans and projects." – *Leo Tolstoy, Anna Karenina*

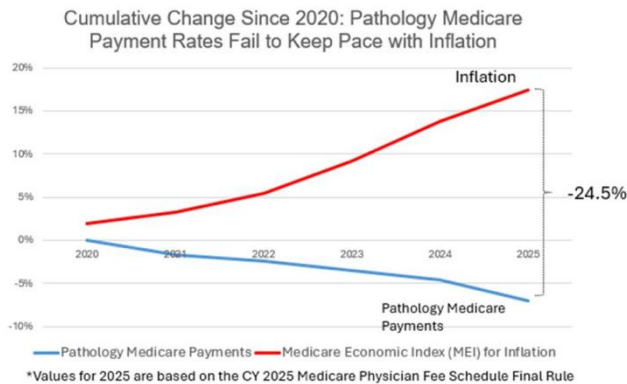
After many years of membership and engagement within the Illinois Society of Pathologists (ISP), I am honored and excited to be serving as President from 2025-2027, along with our newly elected officers: Dr. Mark Pool (President Elect), Dr. Ajay Patel (Secretary-Treasurer), and Dr. Rohit Gupta (Immediate Past-President). I am eager to build upon the successes spearheaded under Dr. Gupta's leadership such as ISP's traditional Summer Residents Event, continued collaboration with the Chicago Pathology Society including an ISP Advocacy Update, and the CAP's Affiliate Agreement benefits. And lastly, record-time legislation in developing and implementing a bill on *Network Advocacy*, joined by CAP. These collective efforts and wins were enabled through close partnership with the College of American Pathologists (CAP), and our legal, legislative and advocacy colleagues. Many thanks to the CAP, Barry Ziman, Marie Divine, and Greg Brodek (Duane Morris law firm) for their support and guidance in navigating these vital issues.

As we navigate through an already tumultuous 2025, we want to thank you for your continued commitment to the Illinois Society of Pathologists (ISP) and to the patients we serve. This year brings both challenges and opportunities that underscore the vital importance of our collective voice in shaping healthcare policy.

Key Legislative and Regulatory Developments

We are navigating a dynamic political landscape in which multiple issues impact the practice of pathology. ISP would like to highlight several developments relevant to Illinois physicians:

- **Medicare Reimbursement Instability:** The ongoing threat of Medicare cuts remains a top concern. Over the last six years, [payments to pathologists have decreased](#) by approximately 7%, while physician practice costs have increased by over 17%. According to the American Medical Association (AMA) Medicare physician pay fell 26% from 2001-2023 because physicians do not get yearly inflationary payment updates. The ISP, CAP, and AMA are focused on stabilizing payment models by supporting the Strengthening Medicare for Patients and Providers Act (H.R.2474) which provides an inflationary update to the Medicare payment fee schedule.



Saad et al, CAP Webinar: Final 2025 Medicare Policy and Payment Changes for Pathologists, 12/4/24

- Illinois Data Privacy Legislation (HB 3041):** The proposed Illinois Data Privacy and Protection Act introduces broad data handling restrictions that, if it had been enacted without clarification, would have imposed unintended burdens on laboratories. ISP, CAP, and ISMS sent a [letter](#) to the legislative sponsor in strong opposition of the bill and included language that would preserve essential clinical operations while supporting responsible data stewardship in line with HIPAA. The bill failed to meet the legislative crossover deadline and will not be considered further in the 2025 legislative session as is. Illinois will be adjourning at the close of the month. According to the ISMS, we still have an indication from the sponsor to not move the bill forward without the appropriate HIPAA safeguard. We can expect new legislation from the sponsor in 2026.
- Laboratory-Developed Tests (LDTs) Ruling:** In a landmark legal development, a [federal court](#) recently struck down the FDA's rule seeking to regulate LDTs under medical device authorities. This decision affirms the long-standing role of CLIA and pathologist-directed laboratory oversight in ensuring test quality and innovation. While further legal and legislative actions may follow, this ruling is a crucial win for the pathology and laboratory medicine community, preserving our ability to offer high-complexity testing in response to emerging clinical needs—particularly in rare diseases, oncology, and infectious diseases. However, we must remain vigilant, as regulatory uncertainty around LDTs continues and future challenges are possible. The ISP and CAP continue to monitor this issue.
- Molina Healthcare Post Payment Recovery Audits:** The Illinois Health and Family Services (HFS) holds contracts with four state-wide Medicaid Managed Care Organizations (MCOs) (and one in Cook County, only), including Molina Healthcare. In late summer of 2024, Molina began subjecting pathology groups to massive post-payment recovery audits in a serious effort to recoup millions of dollars of professional component of clinical pathology fees that are reimbursed separately to laboratory providers under the IL HFS fee schedule. This is especially troubling because as an IL MCO, Molina is receiving capitation rates meant to pay such services. Consequently, a threat by one MCO must be considered a threat by all. The ISP used \$25,000 from our advocacy fund to engage legal representation on behalf of affected pathology groups to challenge this clear overstep.

Why Advocacy Matters Now More Than Ever

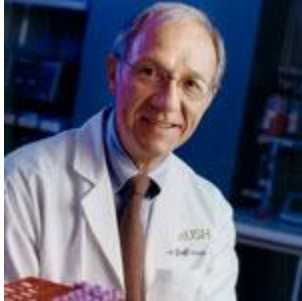
These issues reinforce a central tenet: if pathologists are not at the table, we are on the menu. Here is how you can help:

- Join the ISP and CAP to stay informed** about state and federal policy changes through [ISP updates](#) and [CAP advocacy alerts](#).
- Meet with legislators** and help them understand the critical role pathology plays in diagnosis, treatment planning, and population health.
- Participate in events** such as [CAP's Leadership Summit](#) and ISP's outreach [activities](#).

- Donate your resources – whether it be voice, time, knowledge, or [money](#) – every effort counts. We need your help to continue meeting our [mission](#).

Spring is indeed the “time of plans and projects” and we are decidedly making use of this time wisely. It is also a time to appreciate the growth of opportunities and possibilities around us. We look forward to working with you together!

Legislative Update



*Robert DeCresce, MD, MBA, ISP Legislative Chair
Past President, Board of Directors*

We are still celebrating the success of the Network Adequacy Bill passed in record time last year and signed into law by Gov Pritzker in August. We also are celebrating, with great relief, the Court throwing out FDA’s Final LDT Rule.

Now ISP is working on opposition to *HOUSE BILL 3041-ILLINOIS DATA PRIVACY AND PROTECTION ACT*, the proposed legislation that a covered entity and a service provider shall establish, implement and maintain reasonable policies, practices and

procedures concerning the collection, processing and transferring of covered laboratory data. Along with CAP, the Illinois Hospital Association, and the Illinois State Medical Society ISP has offered opposition to this bill. We believe the purview of this bill should not include the practice of medicine, laboratory testing or medical genetic testing and other health care activities....as these areas are already subject to rigorous regulation, including prohibitions on disclosure and robust privacy protections under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. The latest update is the bill sponsor has pulled this bill from being heard in committee, and it is expected to not move for the rest of the legislative session.

Also, ISP is closely monitoring Molina Healthcare’s post payment recovery audit, which is subjecting some pathology groups to massive post payment recovery audits. More is being said about this situation in the article in this newsletter by Jim McKay.

Molina Healthcare Post Payment Audits



*Jim McKay, Managing Principal
Healthcare Business Consultants, Inc.
ISP Director*

You may recall that the ISP has inquired several times in 2024 about post-payment audits by Molina

Healthcare. The Illinois Health and Family Services (HFS) holds contracts with four state-wide Medicaid pathology groups to massive post-payment recovery audits in a serious effort to recoup millions of dollars of professional component of clinical pathology fees that are reimbursed separately to laboratory providers under the IL HFS fee schedule. This is especially troubling because as an IL MCO, Molina is receiving capitation rates meant to pay such services. Consequently, a threat by one MCO must be considered a threat by all.

The ISP Advocacy Fund spent more than \$25,000 in 2024, to assist the ISP leadership understand the magnitude of this problem and communicate with ISP members. This urgent matter is still in the early stages.

Please consider a donation to the ISP Advocacy Fund, <https://illinoispathology.org/support/donate/>

ISP LEADERSHIP ACTIVITIES

ISP Past President and current Director Nominated for CAP President Elect



2025 CAP BOARD CANDIDATES ANNOUNCED

The CAP Nominating Committee has submitted the following nominees for election in 2025:

PRESIDENT-ELECT

Kalisha Ashara Hill, MD, MBA, FCAP

Flossmoor, Illinois

ISP does not endorse any political candidates, but is proud that an ISP past president and current Board member has been nominated by the CAP.

USCAP – 2025: Residents Forum and ABP



Residents Forum Vice-Chair Tania Portillo, MD, Stephen Black-Schaffer, Kalisha Hill, MD



Bonnie Choy, MD and Luis Blanco, MD, representing CBP at USCAP 2025

Drs. Bonnie Choy and Luis Blanco attended the USCAP Annual Meeting in Boston, where they presented their research and served as faculty for Interactive Microscopy courses in genitourinary and gynecologic pathology, respectively. As members of the American Board of Pathology (ABPath) Test Development and Advisory Committee, they took the opportunity to visit the ABPath booth in the exhibit hall and greet the staff.

Chicago Pathology Society
Mary Le, MD, Presents Annual ISP-CAP Advocacy Update



Many thanks to Archana Bargaje, MD, and Vijaya Reddy, MD for hosting this presentation, and CAP for supporting Dr Le and James Bryant for coordinating

The Good That Pathologists and Laboratorians Do !
The Life and Legacy of Sir Michael Anthony Epstein, MD (1921 – 2024)



*Phillip J DeChristopher, MD, PhD, ISP Past President
Board of Directors*

Sir Michael Anthony Epstein, the pathologist who identified the first known human cancer-causing virus, died February 6, 2024 at his home in London, at the age of 102.

Important back-stories to Epstein's breakthrough are replete with accidents, coincidence, unexpected collaborations, serendipity with a little destiny thrown in. Over 110 years ago, another pathologist, Dr. Francis Payton Rous, left critically important foundations. (We now call these activities *translational research*.) Dr. Rous, born in Baltimore, matriculated to medical school at Johns Hopkins University. As a second-year medical student, Rous sustained a sharps injury to his finger while performing an autopsy and contracted tuberculosis. Given leave from medical school, an uncle got him a job at a cattle ranch in Texas where he became familiar with livestock including chickens. Due to

having contracted TB, although he obtained an MD in 1905, he considered himself as unfit to be a "real doctor" and therefore focused his interest on medical research.

After further training in Germany, Rous became a full-time researcher in 1909 at the Rockefeller Institute for Medical Research where he spent the rest of his career. In 1910, he made the seminal observation and reported that "cell-free and bacteria-free exudates" of an aggressive tumor (a sarcoma) on the legs of hens was transmissible to other susceptible fowls through 4 generations of passage. This finding that a cancer can be transmitted by a virus (the Rous sarcoma virus, now known to be a retrovirus), was widely discredited by most "*experts*" in the field at the time as "utter nonsense", as it was a medically accepted fact that cancer was not an infection! Of course, because this could not be true, for years other investigators did not even try to repeat his experiments. In 1966, 55 years after his initial discoveries, Rous was awarded the Nobel Prize in Medicine or Physiology. (At 86 years of age, Dr. Rous remains the oldest recipient of a Nobel Prize.) At the Rockefeller Institute, Rous followed up on Karl Landsteiner's description of the ABO Blood Group and studied methods to make use of blood types for blood transfusion. During World War I, he was involved in developing a pioneering technique for preserving blood using citric acid, still used today! This enabled the first practical storage of blood for transfusion. These observations facilitated US Army surgeon, Captain Oswald H. Robertson, to introduce *direct transfusions* using stored whole blood supplied by the world's first military "blood bank" to treat battlefield casualties at the front lines in Belgium in 1917. At the time, transfusions were largely untested and not widely accepted. With these evidences, the Royal Army Medical Corps adopted transfusion and declared it the most important medical advancement of the war.

Fast forward to 1961 Dr. Epstein, then a pathologist at Middlesex Hospital in London, attended a lecture on childhood cancer in Africa. The lecturer was surgeon Denis Burkitt who had an interest in an uncommon jaw tumor seen in children (now known as Burkitt's lymphoma). Burkitt described the tumor's unusual epidemiology including its geography, and apparent dependence on temperature and rainfall, immediately sparking Epstein's interest who knew about Rous's discovery. Although suspecting a transmissible virus, Epstein needed a breakthrough after 3 years of unsuccessful research. Collaborating with Dr. Burkitt, Dr. Epstein visited the National Referral Hospital in Kampala, Uganda, taking patients' tissue specimens back to London, a trip that changed his fortunes forever! Because of fog, the flight from Kampala carrying the latest tissue samples was diverted to Manchester, arriving late in the day, much shaken up in the extended journey. The cloudy appearance of the specimens hinted at bacterial contamination. However, as observed by Louis Pasteur (chemist turned microbiologist), "*Fortune favors the prepared mind*". Ever the investigator, Epstein microscopically examined the specimens and noted that the cloudiness was actually due to free-floating tumor cells (cytopathology in action!)! He realized that he might have achieved cell proliferation using a cell suspension method of tissue culture. At last able to grow lymphoma cells in vitro, he and his PhD student, virologist Yvonne Barr, had a plentiful supply of cell cultures from which they detected a novel virus, the Epstein - Barr virus (EBV).

Their discovery announced in *The Lancet* in 1964 was the first evidence that a virus could cause human cancer. EBV is a ubiquitous oncovirus infecting over 95% of humans worldwide. Acute infections cause the "kissing disease" [Infectious Mononucleosis (glandular fever)]. There is no natural reservoir; EBV is transmitted only from human to human. EBV is now established as the cause of numerous epithelial cancers including nasopharyngeal carcinoma, lymphoepithelioma-like carcinoma, EBV-associated gastric cancers as well as the sometime fatal complication of iatrogenically immunosuppressed solid organ transplant recipients, posttransplant lymphoproliferative disease (PTLD).

Human tumor viruses are unusual because they infect, but do not kill host cells, allowing them to establish persistent infections. To the chagrin of all the oblivious medical experts in the shadowy past who thoughtlessly disparaged Dr. Rous, we now know that transmissible viruses are intimately involved in human cancer biology (see Table below). Irrefutably, pathologists and laboratorians will continue to discover more diagnostically and therapeutically significant clinical associations to benefit patients.

Preventable death after injury is an enduring concern. The statistics are sobering: worldwide, injury accounts for more deaths than malaria, TB, and HIV combined; is the leading cause of life-years lost between 1 and 75 years of

age; and US costs are estimated at \$4.2 trillion a year. In the past 10 years several large, federally-funded randomized trials have improved outcomes and changed practice. A long overdue and impactful intervention has been increased use of blood components as a primary resuscitative fluid. Advances in plastics and modified surgeries, the development of hemodialysis technology, and advances in ventilator support and ECMO were all bred from wartime. The maturation of transfusion therapy, starting in WWI into WWII with the availability of whole blood, liquid plasma and albumin confirmed both the value of colloidal resuscitation and aided military surgeons to identify the so-called "*golden hour*" to deliver definitive interventions to save the lives of severely injured combat victims. It is now accepted wisdom that early, prompt transfusion of blood components to patients with hemorrhagic shock saves lives. Now widely popularized as "*massive transfusion protocols*", fewer patients die from exsanguination when receiving balanced volumes of products—or better yet— whole blood. When blood is available, deaths due to hemorrhage decrease and so do associated costs—but only if the technology and the supply are available. 2019 American Red Cross statistics from 2045 hospitals showed that 33% did not routinely have platelets ready to transfuse to bleeding patients; 78% of those hospitals were in rural settings. Since required, life-saving blood components are not routinely available to all, implementation of proven lifesaving interventions is tragically uneven. Remedies to these disparities require overcoming at least three major obstacles: 1) the supply problems; 2) reimbursement and policy solutions; and 3) focus on research.

A Reliable Supply

Civilian and military blood systems are composed of a shaky hodgepodge of blood centers and volunteer donors. The short shelf lives and cold chain storage of blood components makes inventory management difficult to have blood for all clinical needs including trauma. Incentivizing donors continues to be a problem. To meet ever-increasing costs of regulated infectious disease testing, Blood Centers are operating at a loss. These trends are unsustainable. Nevertheless, even a 2020 Congressional Report on blood supply *adequacy* has not yet been acted upon. Inaction represents substantial risk to the nation's health and security infrastructure. Nationally and even locally, we are ill prepared to successfully cope with the increasing number of mass casualty events.

Reimbursement and Policy Solutions

Increasing the blood supply requires bold solutions. Pioneering solutions such as remuneration of donors, increased reimbursement for Blood Centers, and streamlined regulatory and financial reimbursements for new shelf-stable blood products may work. For example, the *deployed* Department of Defense (DOD) trauma system uses pre-screened "*walking*" blood donors to hastily provide non-refrigerated whole blood, uses lyophilized-reconstituted plasma (made in France, but not available or FDA-licensed in the US), and prehospital blood transfusions as a standard of care. Currently, < 1% of civilian EMS systems have implemented prehospital transfusion programs, despite high quality evidence supporting a mortality benefit in this setting. The major barrier to prehospital transfusion remains reimbursement capped by the limitations of DRG fee schedule. In 2023, a Prehospital Blood Transfusion Working Group was assembled to make reimbursement recommendations to Congress with regrettably little action to date.

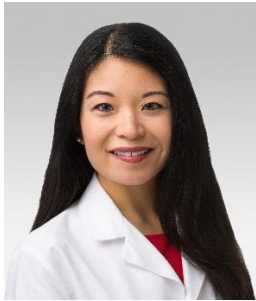
Focus on Research

Historically, injury research has not been funded commensurately with its societal impact. Injury research is funded largely, in patch-wise fashion, by the DOD, the NIH, the Biomedical Advanced Research Projects Agency (BARDA), NASA, and the CDC. Most recently, the DOD has provided funding to support a number of hopeful clinical trials which interestingly resurrected a known but not appreciated fact about the collection and storage of platelets. Since the 1970's, standards for platelet storage have been at room temperature (RT) with a limited shelf life of only 5 days. These conditions were chosen based primarily on the fact that RT-stored platelets have a longer *in vivo* survival in thrombocytopenic patients. What was known but mislaid in the data for decades was that platelets stored in the **cold** (1 – 6 °C, like RBCs) remained hemostatically active and were absolutely beneficial to patients with active bleeding. Another important proviso of using cold storage for platelets is that the shelf life may be expanded to previously surprising limits (possibly over 14 days)! It is now the standard of care that platelets are mainly collected

by apheresis methods, are leukoreduced, suspended in plasma-limited platelet preservative solutions, and are pre-storage pathogen inactivated, making them very sophisticated but also very expensive blood components. With DOD funding, such platelet concentrates – now stored in the cold – are being provided in a currently-recruiting, multi-centered (26), randomized, controlled clinical trial called "***CHilled Platelet Study***" ("***CHIPS***") in patients having cardiothoracic surgeries. In Illinois, Loyola University Medical Center and Northwestern Memorial Hospital are actively recruiting patients. Beyond the *CHIPS* protocol, the ClinicalTrials website demonstrates more than a half dozen trials on the use of cold-stored platelets, aimed at patients in hemorrhagic shock, patients with bleeding in hematologic malignancies, and even reversal of dual antiplatelet therapy. Results of such trials may finally introduce expanded storage conditions and expiry periods to alleviate platelet availability to pre-hospital settings and remote rural locations. Maybe there will be hope at last.

MEET ISP LEADERSHIP

New 2025 Board Members



Bonnie Choy, MD

Dr. Bonnie Choy is an Assistant Professor of Pathology at Northwestern University Feinberg School of Medicine, where she serves as the Associate Program Director for the Pathology Residency and Cytopathology Fellowship. She received her medical degree from University of Rochester. She completed her Anatomic and Clinical Pathology residency and Genitourinary Pathology fellowship at the University of Chicago, followed by a Cytopathology fellowship at Massachusetts General Hospital. She is actively involved in several of medical societies and organizations. She is currently serves as the Vice President of the Chicago Pathology Society, Vice Chair of the College of American Pathologists Surgical Pathology Committee, and Chair of the American Society of Cytopathology Cyto-Conference Committee.



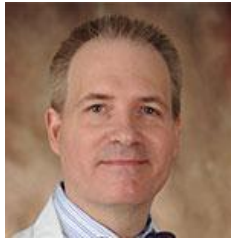
Jim McKay

Jim McKay is the co-founder and Managing Principal of Healthcare Business Consultants (HBC), a role he has held since 1995. With decades of experience in the healthcare industry, Jim is recognized as a respected speaker and writer on topics related to healthcare management. He specializes in revenue cycle management, contract management, hospital contract negotiations, and corporate compliance functions. Jim's leadership at HBC has helped physician groups and healthcare organizations optimize operations, ensure regulatory compliance, and improve financial performance.

2025-2026 Officers



*Tushar Patel MD
President*



*Mark Pool, MD
President-Elect*



*Ajay Patel, MD
Secy-Treasurer*



*Rohit Gupta, MD
Immediate Past Pres.*

Board of Directors

Aadil Ahmed, MD
Brian Adley, MD
Luis Blanco, MD
Eleni Bourtsos, MD-Past President
Bonnie Choy, MD NEW MEMBER
Robert DeCresce, MD-Past President
Phillip DeChristopher, MD-Past President
Kalisha Hill, MD-Past President
Bharati Jhaveri, MD-Past President
Oliver S. Kim, MD

Karl M. Napkoski, MD
Vijaya Reddy, MD
**Archana Bargaje, MD-Chicago Pathology
Society Representative**
**Constantine E. Kanakis, MD-Resident
Member**
Saul Tucios Escobar, MD-Resident Member
**Jim McKay, Healthcare Business
Consultant, NEW MEMBER**

Executive Director Update



Pam Cramer, CAE

We are grateful that your group and individual members continue to support ISP as they have in the past. We're proud to have all Residents as Junior Members from all five programs in the Chicago area. As outlined in the President's message, we continue to work closely with CAP on membership recruitment, speakers for events and all our state advocacy efforts. Thank you to CAP for their friendship and advice. We are especially grateful to James Bryant for his invaluable help with our state society and our alliance with CAP.

We are excited about our virtual Residents Event to be held August 13 at noon, with the theme of “*Charting Your Career in Pathology: Insights from the Academic, Community and Industry Sectors.*” We have enlisted Dr. Stephen Black-Schaffer to discuss current state of pathology’s job market, from the CAP’s latest data. Then we will have a panel of pathologist leaders from academia, industry, community practice and contracting. Wishing you all a productive and healthy Spring.

ISP EVENTS

**Please attend the Residents Event
August 13, noon-1:00 CDT (virtual)**

Charting Your Career...with data on the job market

Dr Bonnie Choy, Chair of the Residents Event, says.....*The Illinois Society of Pathologists is excited to announce an upcoming resident program titled "Charting Your Career in Pathology: Insights from the Academic, Community, and Industry Sectors," scheduled for August 13th. This program is specifically designed for our trainees and will feature Dr. Black-Shaffer, who will provide an overview of the current state of the pathology job market. Following his presentation, a panel of distinguished pathologists from various sectors, including academia, community practice, and industry, will share their insights and experiences. This event promises to be an invaluable opportunity for residents to gain a comprehensive understanding of career paths in pathology.*

Click to register [here!](#)

***CAP-ISP RECEPTION - - - -Thursday October 9, Rush
University Medical Center (1725 W Harrison St, Chicago) -
Room 500-----6:30-8:30 PM CDT, Registration info to be sent
in June***