

June 26, 2019

Chairman Vincent Gray
Committee on Health, District of Columbia Council
1350 Pennsylvania Ave. NW
Washington, DC 20004

Re: Hearing on B23-269, the Health Care Reporting Amendment Act of 2019

Dear Chairman Gray –

On behalf of the Board of Directors of the Medical Society of the District of Columbia (MSDC) and its over 2,800 members, I thank you for this opportunity to testify in writing regarding B23-269. MSDC is proud of the close working relationship we have with the Board of Medicine and DC Health. The Society feels strongly that oversight by DC Health over the health care community is appropriate. However, the Health Care Reporting Amendment Act is troublingly vague and unrealistic in some of its language.

The ten-day time frame for reporting a judgment or disciplinary action is vague and unrealistic in some cases.

The standard timeframe for reporting a judgment or disciplinary action against a physician is 30 days in many jurisdictions. The Medical Society feels this is a more appropriate timeframe. A ten-day window is aggressive even in this modern communications age if the information about a judgment or action is not relayed in a timely manner; a reasonable example is a decision conveyed by certified mail requiring a response. While the legislation notes the day of the decision does not count in the 10-day window, no such language is included for situations where formal notification must be served.

The legislation is vague on the treatment of impaired physicians and could make it harder for them to seek confidential treatment. Page 3, line 9 notes that a health professional with “a mental or physical impairment that results in the health professional being unable to perform his or her occupation in a safe manner” should be reported to the appropriate oversight Board. The high financial penalty and short window to report the practitioner concerns the Society because the default for a health facility could become terminating a physician’s contract rather than support them during treatment.

Our greatest concern involves a chemically impaired physician in a treatment program. In the case of addiction, careful monitoring and a rigorous treatment regimen can help a chemically impaired physician return to work with no harm to the population. However, under this legislation, there is little impetus for a hospital or practice to retain an impaired physician through recovery if the Board decides their impairment should be immediately reported. Upwards of 10%-12% of physicians nationwide experience some sort of chemical addiction during their career due to burnout; the solution (as implied in this legislation) is not to cut them loose but to not penalize employers for providing them with support while protecting the public during their treatment.

We look forward to continuing working with the Council on ways to make the District “the best place to practice medicine” and please contact our office with any questions.

Sincerely,



Robert Hay Jr.
Executive Vice President