

June 26, 2019

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

Re: Hearing on B23-261, the Electronic Medical Order for Scope of Treatment Registry Amendment Act

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 B23-261.

Serious medical issues are an emotional time for patients, caretakers, and their medical team. Patients are increasingly educating themselves on treatment options in situations of serious medical impairment or end-of-life treatments and are more informed than ever on how they want their medical team to work with them in case of a serious impairment. These decisions are essential as the scope of life situations where a caretaker or medical team needs to implement an appropriate care plan outlined by the patient are time sensitive. However, to implement a medical order for scope of treatment successfully, the care team needs to KNOW the medical order.

Currently, the process for making appropriate treatment plans known is antiquated; patients must download a PDF and fax or email copies to their provider and the Department of Health. In an emergency, it can be tough to access the paperwork and ensure the appropriate outlined care is provided. The eMOST Act would permit DC Health to simplify the process. With a secure electronic method provided to patients to make their advanced directive known, doctors and care teams can quickly access records in emergencies through their electronic medical record system. With this near instant access, providers can provide the correct treatment as outlined by the patient.

Despite our support for this issue, we also caution the Council and DC Health that such a process needs to be made seamlessly and universal in the various EMRs in the city. Studies show complex EMR records lead to poor medical decisions and burnout; it is essential that if a new component is added to an EMR that it be easy to access without overcomplicating an already tense situation. In addition, we encourage that a funding assistance mechanism be included to ensure low-income patients and medical facilities can take advantage of this option.

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