

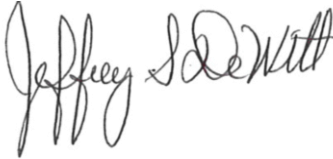
Government of the District of Columbia  
Office of the Chief Financial Officer



**Jeffrey S. DeWitt**  
Chief Financial Officer

**MEMORANDUM**

**TO:** The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia

**FROM:** Jeffrey S. DeWitt  
Chief Financial Officer 

**DATE:** November 6, 2019

**SUBJECT:** Fiscal Impact Statement – Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019

**REFERENCE:** Bill 23-261, Draft Committee Print as shared with the Office of Revenue Analysis on October 30, 2019

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**Conclusion**

Funds are not sufficient in the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill. The bill's implementation will cost \$485,000 in fiscal year 2020 and \$1.76 million over the financial plan.

**Background**

The District's Medical Order for Scope of Treatment (MOST) program allows terminally-ill patients to make decisions on their end-of-life care options, in consultation with their District-licensed authorized healthcare provider. Patients do this by completing a paper-based MOST form<sup>1</sup> that specifies the patient's preference for use of Cardio-Pulmonary Resuscitation (CPR), Medical Interventions/Treatment Options, Antibiotics, and Medically-Assisted Nutrition.

The bill establishes an electronic MOST (eMOST) program in the District. The Department of Health (DOH) is required to contract with a provider to offer a cloud-based eMOST form that will be stored in a registry that can be accessed by health care professionals. The eMOST registry must meet

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<sup>1</sup> The MOST form is available at:  
[https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page\\_content/attachments/2019-07-22%20MOST%20Fillable%20Form.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/2019-07-22%20MOST%20Fillable%20Form.pdf)

The Honorable Phil Mendelson

FIS: Bill 23-261, "Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019," Draft Committee Print as shared with the Office of Revenue Analysis on October 30, 2019

technology, security, and privacy standards established and approved by the MOST Advisory Committee.<sup>2</sup>

### Financial Plan Impact

Funds are not sufficient in the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill. The bill's implementation will cost \$485,000 in fiscal year 2020 and \$1.76 million over the financial plan.

DOH must contract with a provider to develop an online MOST form and registry. Developing this online form and registry will cost \$250,000 in fiscal year 2020 and will have ongoing annual maintenance costs of \$100,000. DOH will need two full time employees to manage the implementation of the eMOST registry and to coordinate outreach efforts to promote the system. The salary and fringe for these positions will cost \$225,000 in fiscal year 2020 and \$1.2 million over the financial plan. DOH will also need non-personal services funding to purchase start-up supplies and to purchase materials to train health care providers.

<b>Bill 23-261 Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019 Total Cost</b>					
	2020	2021	2022	2023	Total
eMOST Form and Registry	\$250,000	\$100,000	\$100,000	\$100,000	\$550,000
Salary <sup>(a)</sup>	\$184,904	\$253,935	\$261,553	\$269,400	\$969,792
Fringe <sup>(b)</sup>	\$40,494	\$55,612	\$57,280	\$58,999	\$212,385
Non-Personal <sup>(c)</sup>	\$10,000	\$5,000	\$5,000	\$5,000	\$25,000
<b>Total</b>	<b>\$485,398</b>	<b>\$414,547</b>	<b>\$423,833</b>	<b>\$433,398</b>	<b>\$1,757,177</b>

Table Notes:

- (a) One Grade-13, Step 10 eMOST Administrator and one Grade-14, Step-10 eMOST Program Director. Assumes a start date of January 1, 2020 and 3 percent annual cost growth.
- (b) Assumes 21.9 percent fringe benefit rate.
- (c) Assumes \$5,000 in startup costs in fiscal year 2020 and \$5,000 annually for training materials and office supplies.

<sup>2</sup> Pursuant to D.C. Code §21-2221.03.