



## Metropolitan Funeral Directors Association

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The MetFDA is in opposition to the amendments to subsection (d) of Section 205.03 of the New York City Charter as proposed by the New York City Department of Health and Mental Hygiene as follows:

- 1) To require that all hospitals and hospices report deaths electronically to the Department of Health and Mental Hygiene **and eliminate any death caseload prerequisite.**
- 2) To require all skilled nursing facilities report deaths electronically to the Department of Health and Mental Hygiene **and eliminate any death caseload prerequisite.**
- 3) To inform all facilities that are currently voluntarily reporting deaths electronically are now **mandated** to continue to do so;
- 4) That all physicians who are currently reporting deaths to the New York City Department of Health and Mental Hygiene via their medical facility registration **are required to expand their on-line reporting capabilities to include their private practice residential deaths regardless of caseload**
- 5) **That all private practice physicians currently reporting deaths that occur in a private residence, medical facility or any other type of health related facility to the New York City Department of Mental Health and Hygiene via a paper death certificate must register with the NYCDOH to report deaths electronically.**
- 6) **The effective date of these changes is July 1, 2015**

The premise of these suggested changes are as follows:

- A) The original EDRS system was 5+ years in development and is widely viewed as one of the most influential improvements for the Department of Health and Mental Hygiene. The program has been used successfully for 7 years providing end users a 12-15 year window to adapt to the concept of electronic reporting. This system was not a sudden and unexpected deployment.
- B) Physicians across the State are already using iSTOP for prescription renewals for convenience and ease but its main purpose was to prevent the issuance or renewal of fraudulent prescriptions.
- C) Most physicians are already enrolled in the EDRS system at the medical facilities they practice at but refuse to enroll their private practice until forced to do so.

- D) The City of New York is the only municipality in the entire nation that does not have mandatory usage required by participants
- E) The Centers for Disease Control is being extremely aggressive in ascertaining morphology statistics in order to track the movement and spread of illnesses and paper reporting practices impedes the reporting of that data.
- F) The Department of Health has always maintained the need for the ultimate security of the document by requiring a biometric authentication device to codify the identity of the medical practitioner and funeral director identity yet overtly accept paper documentation of dubious origin due to the lack of maintaining a chain of command of the documents inception.
- G) The chain of custody for these paper documents is frequently compromised because funeral directors routinely pick up documents left at medical facilities unrelated to the patient's demise; are routinely dismissed by medical assistants to wait outside while they procure the completion of the document; in addition there have been anecdotal instances reported within our industry that witness to the physician entering the facility after just obtaining a completed document from an assistant. Questionable practices such as leaving the blank documents pre-signed in a desk and completed by an assistant at need continue to be pervasive; leading to the question; is the assistant fraudulently issuing the document with the physicians consent or worse are they completing the document without the physician's knowledge.
- H) The paper documentation process also impedes the expeditious process of providing custodial care for unclaimed remains by the Office of the Chief Medical Examiner and adds to the already overburdened 'Claim Case System' leading to identification errors and the misappropriation of human remains.

In conclusion: It is the responsibility of this committee to end the questionable practices that have been perpetuated in the procurement of these documents and mandate that every death reported to the New York City Department of Health and Mental Hygiene originate through the new e-Vital system and be bio-metrically authenticated.

Respectfully submitted,

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