

AN ACT

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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*Codification  
District of  
Columbia  
Official Code*

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To establish a Community Health Care Financing Fund to reserve funding to construct health care facilities, a comprehensive assessment to improve the District's urgent and emergent care delivery system and to recommend investments in that system, for designated grants for cancer prevention, tobacco cessation, chronic disease management and prevention, and the implementation of a regional health information exchange; and to amend the Draft Master Plan for Public Reservation 13 Approval Act of 2002 to authorize development of a health care facility on Reservation 13.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Community Access to Health Care Amendment Act of 2006".

**TITLE I. HEALTH CARE FINANCING**

Sec. 101. Community Health Care Financing Fund; establishment, purpose.

(a) There is hereby established within the General Fund a special nonlapsing interest earning account to be designated as the Community Health Care Financing Fund ("Fund"), into which the Chief Financial Officer shall deposit all:

(1) Proceeds received by the District from the sale by the District of Columbia Tobacco Settlement Financing Corporation of its Tobacco Settlement Asset-Backed Bonds, Series 2006; and

(2) Receipts from any fees and taxes specifically identified by District law to be paid into the Fund.

(b) The purposes of the Fund shall be to directly pay to promote health care and for the delivery of health care related services in the District, including the construction of health care facilities and the operation of health care related programs, or to reimburse any account of the General Fund for its expenditures for these purposes.

(c) All interest generated by the Fund shall be retained by the Fund.

Sec. 102. Authorization of grants.

(a) The Mayor is authorized to make grants from the Fund and to enter into agreements

with the recipients of the grants containing any terms and conditions that the Mayor determines necessary or appropriate to effect a purpose of the Fund, as described in section 101(b).

(b) Of the funds available, the Mayor shall:

(1) Reserve up to \$116 million for construction of health care facilities, subject to subsection (c) of this section. Any grant awarded pursuant to this paragraph shall be awarded through competitive bidding in accordance with the District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code § 2-301.01 *et seq.*);

(2) Reserve up to \$80 million for urgent and emergent care upgrades, subject to subsection (c) of this section. Any grant awarded pursuant to this paragraph shall be awarded through competitive bidding in accordance with the District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code § 2-301.01 *et seq.*);

(3) Reserve \$10 million to fund a comprehensive chronic disease management and prevention program related to the 10 leading causes of death in the District of Columbia to be administered by nonprofit organizations in partnership with the Department of Health. Any grant awarded pursuant to this paragraph shall be awarded through competitive bidding in accordance with the District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code § 2-301.01 *et seq.*);

(4) Grant \$20 million to the D.C. Cancer Consortium to implement a comprehensive cancer prevention program, subject to subsection (d) of this section;

(5) Grant \$10 million to the American Lung Association of the District of Columbia to implement a tobacco cessation program in partnership with the American Cancer Society, subject to subsection (d) of this section;

(6) Grant \$6 million to the District of Columbia Primary Care Association (“DCPCA”), subject to subsection (d) of this section, for the purpose of establishing a regional health information exchange program, which shall be modeled on other regional health information organizations that have been established in other regions around the United States, among community health centers, hospitals, physician practices, and other health care providers to improve patient coordination of care and health outcomes and to build a secure database of patient health information that can be used for disease surveillance, quality-monitoring, policy-making, and clinical research; the DCPCA shall partner with the National Institute of Medical Informatics to develop a regional health information organization, with DCPCA initially acting as fiscal agent and subsequently sub-granting the funds to the regional health information organization once it is staffed;

(7) Grant up to \$1.5 million to the Rand Corporation, subject to subsection (d) of this section, for the following purposes:

(A) Conducting a comprehensive assessment of the District’s health care

delivery system for individuals with urgent or emergent medical needs and recommending improvements and expansions of that system;

(B) Conducting a comprehensive assessment of the health care needs in Wards 7 and 8 and making recommendations to address the identified health care needs in those Wards; and

(C) Providing an analysis of the ongoing operating and capital costs associated with the development of ambulatory health care centers and of other health care facilities, including the Healthplex model; and

(8) Grant \$1.5 million for the purpose of procuring emergency transport vehicles; subject to the completion of a deployment plan that indicates annual operating costs, staffing requirements, and maintenance costs.

(c)(1) Use of the reserved funds as authorized by subsection (b)(1) and (2) of this section shall be contingent upon the findings of the comprehensive assessment described in subsection (b)(7) of this section.

(2) The Mayor is authorized to issue a request for proposals based upon the findings of the comprehensive assessment described in subsection (b)(7) of this section to promote health care and for the delivery of health care related services in the District, including the construction of health care facilities and the operation of health care related programs.

(3) Any reserved funds authorized by subsection (b)(1) and (2) of this section made available to Greater Southeast Community Hospital shall be contingent upon the condition that Greater Southeast Community Hospital changes ownership and the findings of the comprehensive assessment described in subsection (b)(7) of this section.

(4) Notwithstanding any other provision of this act, the Mayor is authorized to enter into a public/private partnership with a new owner of Greater Southeast Community Hospital to assure the continued operation of the District's existing programs (the psychiatric unit, clinics-primary care, specialty unit, and corrections unit) and the operation of planned programs (the comprehensive psychiatric emergency program, the expansion of the psychiatric unit, and a Detox unit) that are at, or planned for, the hospital, as well as other future programs, and the delivery of quality health care for the District's residents living in the far northeast and southeast areas of the District; provided, that any public/private partnership requires that any new hospital constructed on the Greater Southeast Community Hospital campus integrate all of the mentioned existing and planned programs into the new facility; provided further, that the operating costs associated with the services described herein shall not come from the Tobacco Settlement Trust Fund, established by section 2302 of the Tobacco Settlement Trust Fund Establishment Act of 1999, effective October 20, 1999 (D.C. Law 13-38; D.C. Official Code § 7-1811.01).

(d)(1) A grant awarded pursuant to subsection (b)(4),(5), (6) or (7) of this section shall be awarded through noncompetitive negotiations; provided, that the grant be submitted to the Council for a 10-day period of review, excluding days of Council recess.

**ENROLLED ORIGINAL**

(2) If the Council does not approve or disapprove the grant by resolution within the 10-day review period, the grant shall be deemed approved.

**Sec. 103. Rand Corporation Assessment Advisory Committee.**

(a) There is established an advisory committee to provide oversight and review of the assessment and analysis described in subsection (b)(7) of this section. The advisory committee shall consist of 5 members, 2 of whom shall be appointed by the Mayor and 3 of whom shall be appointed by the Council.

(b) The advisory committee shall meet at a regular time and place to be determined by the committee. The advisory committee shall dissolve when its oversight and review role is complete.

**TITLE II. RESERVATION 13 HEALTH CARE FACILITY**

**Sec. 201.** Section 3 of the Draft Master Plan for Public Reservation 13 Approval Act of 2002, effective April 11, 2003 (D.C. Law 14-300; D.C. Official Code § 10-1502), is amended to read as follows:

**Amend  
§ 10-1502**

“Sec. 3. Health care facility; acreage set aside, development.

“(a) Approximately 2 acres within Reservation 13 shall be set aside for the development of a new health care facility, which may include emergency care services, primary and specialty care physician offices, ambulatory surgery, diagnostic imaging, laboratories, or health education. Upon completion of the development of the health care facility, any excess land set aside for the facility shall be available for development.

“(b)(1) The Mayor is authorized to issue a request for proposals for the development of a health care facility on the acreage set aside and to enter into any contract or agreement necessary to enable the construction and operation of the facility.

“(2) Interested bidders shall be allowed to submit proposals for both constructing and operating the health care facility.”.

**TITLE III. HADLEY MEMORIAL HOSPITAL TERMINATION OF TAX EXEMPTION**

Section 47-1050(a) of the District of Columbia Official Code is amended as follows:

**Amend  
§ 47-1050**

(1) The existing text is designated as paragraph (1).

(2) The newly designated paragraph (1) is amended as follows:

(A) Strike the phrase "and the property in the District of Columbia described as parcel 252-0093, operated as Hadley Memorial Hospital, together with improvements thereon and personal property thereon, which properties are owned by Doctors Community Healthcare Corporation,".

(B) Strike the phrase "and Hadley Memorial Hospital".

(3) A new paragraph (2) to read as follows:

“(2) Beginning Tax Year 2001 and ending Tax Year 2006, the property in the

District of Columbia, described as parcel 252-0093, operated as Hadley Memorial Hospital, together with improvements thereon and personal property thereon, which property is owned by Doctors Community Healthcare Corporation, shall be exempt from taxation so long as the same property is used in carrying on the purposes and activities of the Hadley Memorial Hospital."

**TITLE IV. FISCAL IMPACT AND EFFECTIVE DATE**

**Sec. 401. Fiscal impact statement.**

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat.813; D.C. Official Code § 1-206(c)(3)).

**Sec. 402. Effective date.**

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206(c)(1)) and publication in the District of Columbia Register.

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Chairman Council of the District of Columbia

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Mayor  
District of Columbia