COUNCIL OF THE DISTRICT OF COLUMBIA

NOTICE

D.C. LAW 5-48

"Health-Care and Community Residence Facility Hospice and Home Care Licensure Act of 1983".

Pursuant to Section 412 of the District of Columbia Self-Government and Governmental Reorganization Act, P. L. 93-198, "the Act", the Council of the District of Columbia adopted Bill No. 5-166 on first and second readings, September 20, 1983 and October 4, 1983, respectively. Following the signature of the Mayor on October 28, 1983, this legislation was assigned Act No. 5-74, published in the November 11, 1983 edition of the D.C. Register, (Vol. 30 page 5778) and transmitted to Congress November 1, 1983 for a 30-day review, in accordance with Section 602 (c)(1) of the Act.

The Council of the District of Columbia hereby gives notice that the 30-day Congressional Review Period has expired, and therefore, cites this enactment as D.C. Law 5-48, effective February 24, 1984.

David A Clarke

DAVID A. CLARKE
Chairman of the Council

Dates Counted During the 30-day Congressional Review Period:

November	1,2,3,4,7,8,9,10,14,15,16,17,18
January	23,24,25,26,27,30,31
February	1,2,3,6,7,8,9,21,22,23

AN ACT

5-74

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983".

Sec. 2. Definitions.

(a) For the purposes of this act the term:

(1) "Hospital" means a facility that provides 24-hour inpatient care, including diagnostic, therapeutic, and other health-related services, for a variety of physical or mental conditions, and may in addition provide outpatient services, particularly emergency care.

(2) "Maternity center" means a facility or other place, other than a hospital or the mother's home, that provides antepartal, intrapartal, and postpartal care for both mother and child during and after normal, uncomplicated pregnancy.

(3) "Nursing home" means a 24-hour inpatient facility, or distinct part thereof, primarily engaged in providing professional nursing services, health-related services, and other supportive services needed by the patient/resident.

(4) "Community residence facility" means a facility that provides a sheltered living environment for individuals aged 18 or older (except that, in the case of group homes for mentally retarded persons, no minimum age shall apply) who desire or need such an environment because of their physical, mental, familial, social, or other circumstances, and who are not in the custody of the Department of Corrections.

(5) "Group home for mentally retarded persons" means a community residence facility that provides a home-like environment for at least 4 but no more than 8 related or unrelated individuals who on account of mental retardation require specialized living arrangements, and maintains the necessary staff, programs, support services, and equipment for their care and habilitation.

(6) "Hospice" means an agency, organization, facility, or distinct part thereof, primarily engaged in providing a program of in-home, outpatient, or inpatient medical, nursing, counseling, bereavement, and other palliative and supportive services to terminally ill individuals and their families.

(7) "Home care agency" means an agency, organization, or distinct part thereof, other than a hospice, that provides, either directly or through a contractual arrangement, a program of health care,

habilitative or rehabilitative therapy, personal care services, homemaker services, chore services, or other supportive services to sick or disabled individuals living at home or in a community residence facility. The term "home care agency" shall not be construed to require the regulation and licensure of nonmedical services delivered by or through a religious organization on a small-scale, volunteer basis.

(b) The Mayor shall have the authority to define variant types of facilities and agencies reasonably classified within the broader categories defined in subsection (a) of this section, and may issue rules under section 5 of this act with respect to these subtypes. The Mayor shall make the final determination of whether a particular facility or agency falls within a category defined in subsection (a) or a subtype defined by the Mayor pursuant to this subsection.

(c) When used throughout this act, the terms "facility" and "agency" and their plural forms shall, unless contextually inappropriate or subject to specific exception, apply to all of the facilities and agencies defined in subsection (a) of this section as well as those subtypes defined by the Mayor. The Mayor shall make the final determination of whether a provision is contextually inappropriate for a particular agency or facility.

Sec. 3. License Requirements.

(a) Except as provided in subsections (b), (c), and (d) of this section, it shall be unlawful to operate a facility or agency in the District of Columbia, whether public or private, for profit or not for profit, without being licensed by the Mayor.

(b) This act shall not apply to a facility or agency operated by the federal government or, except in the case of community residence facilities, by and for the adherents of a church or religious denomination that, in accordance with established tenets, recognizes spiritual healing as the sole means of treating illness.

(c) Facilities and agencies that, prior to the effective date of this act, were not or would not have been subject to licensure in the District of Columbia, may operate without a license until 6 months after the adoption of applicable rules under section 5 of this act.

(d) The continued operation of a facility or agency pending action by the Mayor on an application for licensure renewal or initial licensure under subsection (c) of this section shall not be deemed unlawful if a completed application was timely filed but, through no fault of the facility or agency or its governing body, staff, or employees, the Mayor has failed to act on the application before the expiration of the facility's or agency's current license or, under subsection (c) of this section, its authorized period of operation. A facility or agency operating under this subsection shall comply with all other provisions of this act and rules adopted pursuant to this act.

(e) Application forms shall list all certificates of approval, authority, occupancy, or need that are required as

precondition to lawful operation in the District of Columbia.

(f) A license shall be valid only for the premises cated on the license.

(g) Any change in the ownership of a facility or ency owned by an individual, partnership, or association, in the legal or beneficial ownership of 10% or more of stock of a corporation that owns or operates a facility agency, shall be subject to written notice of the change ing given to the governmental licensing authority at least days prior to the change in ownership. Upon tification, the governmental licensing authority may, at s discretion, require reinspection and relicensure to sure that the facility or agency will remain in compliance ith the provisions of this act, rules adopted pursuant to his act, and all other applicable provisions of law.

(h) Unless sooner terminated or renewed, a license equired by this act shall expire 1 year from the date of ssue or the last renewal.

(i) Each facility licensed under this act shall post its license in a conspicuous place on the premises, and each gency licensed under this act shall have its license eadily available for inspection by the public.

Sec. 4. Licensure and Health Planning.

(a) The Mayor shall:

(1) ensure that licensing rules are consistent ith certificate of need rules and that both are designed to facilitate the goals and objectives of the District of Columbia's state health plan and certificate of need program; and

(2) conduct an initial inventory of facilities to determine actual physical bed capacity and operating bed capacity.

(b) The Mayor shall have the authority to license bed capacity by specific, well-defined services. For hospitals, licensure by type of service shall be limited to the following categories: medical/surgical; ICU/coronary care; OB/GYN; nursery; intermediate neonatal and neonatal intensive care; pediatrics; alcoholism/chemical dependency; rehabilitation; and psychiatric.

Sec. 5. Rules.

(a) The Mayor shall issue rules, consistent with other provisions of this act and pursuant to title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Code, sec. 1-1501 et seq.), establishing:

(1) license fees for private facilities and agencies reasonably calculated to reflect a facility's or agency's respective share of the cost of administering the provisions of this act and rules adopted pursuant to this act;

(2) procedures deemed necessary to effectuate the purposes of this act, including, but not limited to, procedures for:

(A) issuing and renewing licenses;

(B) obtaining variances;

(C) ensuring that 6 months after the adoption of applicable rules under this subsection, licensure of all affected facilities and agencies shall be under the new rules;

(D) waiving the inspection requirements of sections 6(a) and (b) of this act for those agencies that deliver services within the District of Columbia but are headquartered and licensed outside the District of Columbia, when, in the opinion of the Mayor, licensure by another jurisdiction constitutes sufficient evidence that the agency is in substantial compliance with District of Columbia law;

(E) processing and following up on complaints by facility and agency staff, consumers, and advocates that are filed with the governmental licensing authority;

(F) suspending or revoking the license of a facility or agency that is in violation of any provision of this act, rule adopted pursuant to this act, or other provision of District of Columbia or federal law, or whose governing body, chief executive officer, administrator, or director has made a material misrepresentation of fact to a government official with respect to the facility's or agency's compliance with any provision of this act, rule adopted pursuant to *this act, or other provision* of District of Columbia or federal law; and

(G) appealing from adverse licensure decisions;

(3) standards for the construction and operation of each type of facility and agency, including (where appropriate), but not limited to, standards governing the following: safety and sanitation of facilities; organizational governance and administration; employee and volunteer training, staff membership and delineation of clinical privileges (in addition to the standards set forth in section 8 of this act), and other personnel matters; diagnostic, therapeutic, emergency, anesthesia, laboratory, pharmaceutical, dietary, nursing, rehabilitation, social, and other services; infection control; patient/client/resident care and quality assurance; recordkeeping; utilization review; and internal complaint and appeal procedures; and

(4) a statement of patients'/clients'/residents' rights and responsibilities for each type of facility and agency.

(b) For hospitals, nursing homes, and community residence facilities, the rules required by subsection (a) of this section shall be issued no later than 12 months from the effective date of this act. Rules for maternity centers, hospices, and home care agencies shall be issued no later than 18 months from the effective date of this act.

(c) In formulating the standards and statements of rights and responsibilities required by subsections (a)(3) and (4) of this section, the Mayor shall, within 30 days after the effective date of this act, appoint an advisory task force for each type of facility and agency. Each task force shall be composed of consumers, providers, advocates, and government agency representatives, and shall be charged with the responsibility of making formal written

recommendations within a time frame established by the Mayor. The Mayor shall give substantial consideration to each task force's recommendations and shall, on a continuing basis before adoption of proposed rules, maintain a dialogue with each task force while reviewing and acting on its recommendations.

(d) Where appropriate, standards adopted under subsection (a)(3) of this section may incorporate, in whole or in part, the standards of private accrediting bodies and standard-setting organizations, as well as the federal conditions of participation and standards for health-insurance and medical-assistance programs. Whenever the standards of a private accrediting body or standard-setting organization are revised and a copy is submitted to the Mayor, the Mayor shall evaluate the revised standards and determine whether any or all of them should be incorporated into new rules.

(e) Community residence facilities shall distribute a copy of the statement required by subsection (a)(4) of this section to each resident's parents, guardian, or other responsible person acting on his or her behalf. All other facilities shall conspicuously post copies of this statement near the main entrance and on every floor. Agencies shall distribute a copy of this statement to each patient/client upon the initial delivery of services. Each copy shall specifically state, in boldface, the address and telephone number of the appropriate in-house or intra-agency personnel and governmental authority to which complaints should be addressed.

(f) In setting standards under subsection (a)(3) of this section, the Mayor shall require that hospice and home care agency programs be centrally administered and organized to ensure effective coordination of all patient/client care services.

(g) Nothing in this section shall be construed to prohibit a facility or agency from supplementing the standards adopted under subsection (a)(3) of this section by establishing internal standards, policies, and procedures that promote safety and quality care, so long as they are reasonable and not inconsistent with this act, rules adopted pursuant to this act, or other District of Columbia law.

Sec. 6. Inspections.

(a) To ensure that each new facility and agency will be in compliance with the provisions of this act, rules adopted pursuant to this act, and all other applicable laws and rules, the Mayor shall conduct an on-site inspection prior to a facility's or agency's initial licensure. Instead of issuing a full-year license to a new facility or agency, the Mayor may issue a provisional license under section 7 of this act pending satisfactory completion of additional, follow-up inspections.

(b) After initial licensure the Mayor shall conduct an on-site inspection as a precondition to licensure renewal, except that the Mayor may accept accreditation by a private accrediting body or federal certification for participation in a health-insurance or medical assistance program as evidence of, and in lieu of inspecting for, compliance with

any or all of the provisions of this act and rules adopted pursuant to this act that incorporate or are substantially similar to applicable standards or conditions of participation established by that body or the federal government. Acceptance of private accreditation by the Mayor shall be contingent on the facility's or agency's:

(1) notifying the Mayor of all survey and resurvey dates no later than 5 days after it receives notice of these dates;

(2) permitting authorized government officials to accompany the survey team; and

(3) submitting to the Mayor a copy of the certificate of accreditation, all survey findings, recommendations, and reports, plans of correction, interim self-survey reports, notices of noncompliance, progress reports on correction of noncompliances, preliminary decisions to deny or limit accreditation, and all other similar documents relevant to the accreditation process, no later than 5 days after their receipt by the facility or agency or submission to the accrediting body.

(c) An authorized government official may enter the premises of a facility or agency during operating hours for the purpose of conducting an announced or unannounced inspection to check for compliance with any provision of this act, rule adopted pursuant to this act, or other provision of District of Columbia law. In conducting an inspection, the official shall make every effort not to disrupt the normal operations of the facility or agency and its staff.

(d) If a facility or agency loses a private accreditation or federal certification, it shall give the Mayor written notice of this loss within 5 days. If a facility or agency loses a private accreditation or federal certification and the facility's or agency's accreditation or certification was accepted in lieu of an inspection under subsection (b) of this section, the Mayor shall immediately upon notification: (1) convert the license to a provisional or restricted license under section 7 of this act, pending satisfactory completion of an inspection conducted by the Mayor; or (2) suspend or revoke the facility's or agency's license based upon a finding that the failure of the facility or agency to comply with the requirements for private accreditation or federal certification is of such a serious nature and magnitude that there is an immediate danger to the health, safety, or welfare of the patients/clients/residents. Upon the suspension or revocation of a license pursuant to this subsection, the Mayor shall immediately notify the facility or agency that it may, within 24 hours following suspension or revocation, request an expedited hearing. An expedited hearing shall be conducted by the Mayor within 2 calendar days following the receipt of the request.

(e) The Mayor shall have the authority, upon a showing of undue hardship and if not inconsistent with other provisions of this act or deleterious to the public health and safety, to grant variances with respect to the standards to be established under section 5(a)(3) of this act. The

r shall maintain a public record listing all variances ted under this subsection and containing a complete tten explanation of the basis for each variance.

Sec. 7. Provisional and Restricted Licenses.

(a) As an alternative to denial, nonrenewal, nsion, or revocation of a license, when a facility or cy has numerous deficiencies or a serious single iciency with respect to the standards to be established r section 5(a)(3) of this act, the Mayor may:

(1) issue a provisional license if the facility or cy is taking appropriate ameliorative action in rdance with a mutually agreed upon timetable; or

(2) issue a restricted license that prohibits the ility or agency from accepting new patients/clients/ idents or delivering certain specified services that it ld otherwise be authorized to deliver, if appropriate liorative action is not forthcoming.

(b) As provided in section 6(a) of this act, isional licenses may be issued to new facilities and cies in order to afford the Mayor sufficient time and ce to evaluate whether a new facility or agency is ble of complying with the provisions of this act, rules ted pursuant to this act, and other applicable isions of law.

(c) Provisional licenses may be granted for a period exceeding 90 days, and may be renewed no more than once.

Sec. 8. Standards for Clinical Privileges and Staff ership; Anti-Competitive Practices Prohibited.

(a) The accordance and delineation of clinical vileges shall be determined on an individual basis and surate with an applicant's education, training, rience, and demonstrated current competence. In lementing these criteria, each facility and agency shall ulate and apply reasonable, nondiscriminatory standards the evaluation of an applicant's credentials. As part its overall responsibility for the operation of a lity or agency, the governing body, or designated ns so functioning, shall ensure that decisions on ical privileges and staff membership are based on an ctive evaluation of an applicant's credentials, free of competitive intent or purpose. Whenever possible, the ntials committee and other staff who evaluate and rmine the qualifications of applicants for clinical vileges and staff membership shall include members of the licant's profession.

(b) The following are not valid factors for ideration in the determination of qualifications for ff membership or clinical privileges:

(1) an applicant's membership or lack of ership in a professional society or association;

(2) an applicant's decision to advertise, lower , or engage in other competitive acts intended to licit business;

(3) an applicant's participation in prepaid group lth plans, salaried employment, or any other manner of ivering health services on other than a fee-for-service is;

(4) an applicant's support for, training of, or participation in a private group practice with, members of a particular class of health professional;

(5) an applicant's practices with respect to testifying in malpractice suits, disciplinary actions, or any other type of proceeding; and

(6) an applicant's willingness to send a certain amount of patients/clients who are in need of the services of a facility or agency to a particular facility or agency; PROVIDED, That this last restriction shall not apply to public facilities and agencies.

Each facility or agency shall formulate procedures to ensure that the foregoing factors play no part when decisions regarding clinical privileges and staff membership are made. In any action brought by an individual against a facility or agency regarding a determination of clinical privileges or staff membership, the facility or agency shall have the burden of proving that none of these considerations were a factor in the determination.

(c) No provision of District of Columbia law, institutional or staff bylaw of a facility or agency, rule, regulation, or practice shall prohibit qualified certified registered nurse anesthetists, certified nurse-midwives, certified nurse practitioners, podiatrists, or psychologists from being accorded clinical privileges and appointed to all categories of staff membership at those facilities and agencies that offer the kinds of services that can be performed by either members of these health professions or physicians. As used in this subsection, the word "certified" denotes certification by the following organizations: for nurse practitioners, the American Nurses' Association, the National Association of Pediatric Nurse Associates and Practitioners, or the Nurses Association of the American College of Obstetricians and Gynecologists; and for nurse-midwives, the American College of Nurse-Midwives. Use of the words "certified registered" for nurse anesthetists denotes certification by the Council on Certification of Nurse Anesthetists or recertification by the Council of Recertification of the American Association of Nurse Anesthetists. The Mayor may add to this list of acceptable certifying organizations through rules adopted under section 5 of this act. These certification requirements shall control in the absence of specialty licensing for these health professionals.

(d) General and family practitioners who have demonstrated a current competence in the performance of particular services or procedures shall not be discriminated against with respect to staff membership or the accordance and delineation of clinical privileges on account of their type of practice.

(e) If a facility or agency offers the types of services that can be performed by physician assistants or other, analogous health professional assistants, it shall establish clearly defined and objective procedures for the processing and evaluation of requests by members of these groups to provide such services at the facility or agency.

(f) Whenever a health professional submits a completed application for staff membership or clinical privileges to a facility or agency, that facility or agency shall have 120 calendar days to grant or deny the application. No facility or agency may deny such an application, terminate, or reduce the rights and responsibilities attending, the staff membership of a health professional, or reduce, suspend, revoke, or refuse to renew his or her clinical privileges, without providing him or her with the following minimum procedural protections:

(1) a contemporaneous written explanation containing the explicit reasons for taking the action;

(2) reasonable advance notice of the right to a fair hearing which would afford the applicant an opportunity to adequately prepare a rebuttal to the stated reasons for the action;

(3) a fair hearing, including the right to present evidence and call witnesses in his or her behalf;

(4) the right to have retained counsel present at the hearing if the facility or agency is represented by counsel at the hearing;

(5) a written decision containing the explicit reasons for taking the action and substantially based on the evidence produced at the hearing; and

(6) access to a complete record documenting all preliminary and final decisions and proceedings related to the decisions.

Sec. 9. Reporting to Licensing Authority.

(a) Except as provided in subsection (b) of this section, in the event that a health professional's:

(1) clinical privileges are reduced, suspended, revoked, or not renewed; or

(2) employment or staff membership is involuntarily terminated or restricted for reasons of, or voluntarily terminated or restricted while involuntary action is being contemplated for reasons of, professional incompetence, mental or physical impairment, or unprofessional or unethical conduct,

a facility or agency shall submit a written report detailing the facts of the case to the duly constituted governmental board, commission, or other authority, if one exists, responsible for licensing that health professional.

(b) The reporting requirement in subsection (a) of this section shall not apply to a temporary suspension or relinquishment of privileges or responsibilities if a health professional enters and successfully completes a prescribed program of education or rehabilitation. As soon as there exists no reasonable expectation that he or she will enter and successfully complete such a prescribed program, the facility or agency shall submit a report forthwith pursuant to subsection (a) of this section.

Sec. 10. Penalties and Enforcement.

(a) Any executive officer, administrator, director, or member of the governing body of a facility or agency who willfully and knowingly participates in the unlawful operation of that facility or agency in the District of Columbia, and any person who intentionally impedes a District of Columbia official or employee in the performance of his or her authorized duties under this act or any rule issued pursuant to this act, shall be guilty of a misdemeanor and, upon conviction, shall be subject to a fine not exceeding $1,000 per day of violation, imprisonment for not more than 90 days, or both. Prosecution shall be in the Superior Court of the District of Columbia by information signed by the Corporation Counsel or one of his or her assistants.

(b) Notwithstanding the availability of any other remedy, the Corporation Counsel or one of his or her assistants may maintain, in the name of the District of Columbia, an action in the Superior Court of the District of Columbia to enjoin any person, agency, corporation, or other entity from operating a facility or agency in violation of the terms of its license, provisions of this act, or any rule issued pursuant to this act.

(c) Notwithstanding the availability of any other remedy, an individual who is aggrieved by a violation of any provision in section 8 of this act may maintain an action in the Superior Court of the District of Columbia to enjoin the continuation of that violation or the commission of any future violation.

Sec. 11. Amendments.

D.C. Code, title 21, chapter 5 is amended as follows:

(a)(1) The table of contents heading for D.C. Code, sec. 21-547 is amended by striking the word

"physicians" and inserting the words "physicians and qualified psychologists" in lieu thereof;

(2) The table of contents heading for D.C. Code, sec. 21-582 is amended by striking the word "physicians" and inserting the words "physicians and qualified psychologists" in lieu thereof;

(3) The table of contents heading for D.C. Code, sec. 21-583 is amended by striking the words "physicians and psychiatrists" and inserting the words "physicians, psychiatrists and qualified psychologists" in lieu thereof;

(4) D.C. Code, sec. 21-501 is amended by striking the words "physician charged with overall responsibility" and inserting the words "physician or qualified psychologist charged with overall responsibility" in lieu thereof;

(5) D.C. Code, sec. 21-503 is amended by striking the words "physician-patient" and inserting the words "physician- or psychologist-patient" in lieu thereof;

(6) D.C. Code, sec. 21-511 is amended by striking the words "admitting psychiatrist" and inserting the words "admitting psychiatrist or an admitting qualified psychologist" in lieu thereof;

(7) D.C. Code, sec. 21-513 is amended by striking the words "admitting psychiatrist" wherever they appear and inserting the words "admitting psychiatrist or the admitting qualified psychologist" and by striking the words "practicing physician" wherever they appear and inserting the words "practicing physician or qualified psychologist" in lieu thereof;

(8) D.C. Code, sec. 21-521 is amended by striking the words "physician of the person" and inserting the words "physician or qualified psychologist of the person" in lieu thereof;

(9) D.C. Code, sec. 21-522 is amended by striking the words "psychiatrist on duty" and inserting the words "psychiatrist or qualified psychologist on duty" in lieu thereof;

(10) D.C. Code, sec. 21-524 is amended by striking the words "officer or physician" and inserting the words "officer, physician or qualified psychologist" in lieu thereof and by striking the words "examining psychiatrist" and inserting the words "examining psychiatrist or examining qualified psychologist" in lieu thereof;

(11) D.C. Code, sec. 21-527 is amended by striking the word "physician" wherever it appears and inserting the words "physician or qualified psychologist" in lieu thereof;

(12) D.C. Code, sec. 21-541 is amended:

(A) by striking the words "by a physician" and inserting the words "by a physician or a qualified psychologist" in lieu thereof;

(B) by striking the words "certificate of a physician" and inserting the words "certificate of a physician or qualified psychologist" in lieu thereof; and

(C) by striking the words "examination by a physician" and inserting the words "examination by a physician or qualified psychologist" in lieu thereof;

(13) D.C. Code, sec. 21-546 is amended by striking the word "physician" wherever it appears and inserting the words "physician or qualified psychologist" in lieu thereof and by striking the word "physicians" wherever it appears and inserting the words "physicians or qualified psychologists" in lieu thereof;

(14) D.C. Code, sec. 21-547 is amended:

(A) by striking the word "physicians" wherever it appears and inserting the words "physicians or qualified psychologists" in lieu thereof;

(B) by striking the word "physician" and inserting the words "physician or qualified psychologist" in lieu thereof; and

(C) by amending the section heading by striking the word "physicians" and inserting the words physicians and qualified psychologists" in lieu thereof;

(15) D.C. Code, sec. 21-561 is amended by striking the words "attorney or personal physician" and inserting the words "attorney, personal physician, or personal qualified psychologist" in lieu thereof;

(16) D.C. Code, sec. 21-562 is amended by striking the words "attorney or personal physician" and inserting the words "attorney, personal physician, or personal qualified psychologist" in lieu thereof;

(17) D.C. Code, sec. 21-563 is amended by striking the word "physician" and inserting the words "physician or qualified psychologist" in lieu thereof;

(18) D.C. Code, sec. 21-582 is amended:

(A) by amending the section heading by striking the word "physicians" and inserting the words "physicians or qualified psychologists" in lieu thereof;

(B) by striking the word "physicians" and inserting the words "physicians or qualified psychologists" in lieu thereof; and

(C) by striking the word "physician" wherever it appears and inserting the words "physician or qualified psychologist" in lieu thereof;

(19) D.C. Code, sec. 21-583 is amended:

(A) by amending the section heading by striking the words "Physicians and psychiatrists" and inserting the words "Physicians, psychiatrists and qualified psychologists" in lieu thereof;

(B) by striking the words "physician or psychiatrist" and inserting the words "physician, psychiatrist or qualified psychologist" in lieu thereof; and

(C) by striking the word "physician-patient" and inserting the words "physician- or psychologist-patient" in lieu thereof;

(20) D.C. Code, sec. 21-591 is amended by striking the words "being a physician or psychiatrist" and inserting the words "being a physician, psychiatrist or qualified psychologist" in lieu thereof.

(b) D.C. Code, sec. 21-501 is amended by striking the word "and" after the definition for "private hospital", striking the period at the end of the definition for "public hospital" and inserting "; and" in lieu thereof, and adding the following definition after the definition for "public

hospital": "qualified psychologist" means a person who is licensed by the Mayor under the Practice of Psychology Act (84 Stat. 1955; D.C. Code, sec. 2-1704.1 et seq.) and has (1) one year of formal training within a hospital setting; or (2) two years of supervised clinical experience in an organized health care setting, one of which must be post-doctoral.

(c) D.C. Code, title 21, chapter 5 is amended by adding a new section 21-501.1 immediately after section 21-501 to read as follows:

Sec. 21-501.1. Qualified Psychologists.

(a) Qualified psychologists are subject to the restrictions and qualifications for practice contained in the Practice of Psychology Act (84 Stat. 1955; D.C. Code, sec. 2-1704.1 et seq.).

(b) Whenever a qualified psychologist may have the responsibility for the voluntary, nonprotesting, emergency, or court-ordered hospitalization of a mentally ill patient, that qualified psychologist or the hospital shall, prior to or at the time of hospital admission, identify a psychiatrist or other appropriate physician with admitting privileges at the hospital who shall be responsible for the medical evaluation and medical management of the patient for the duration of the patient's hospitalization. The qualified psychologist shall be responsible for all other evaluation and management of the patient.

Sec. 12. Repealer Provisions.

(a) Section 3(2) of the District of Columbia Certificate of Need Act of 1980, effective September 16, 1980 (D.C. Law 3-99; D.C. Code, sec. 32-302(2)), is repealed.

(b) Section 8 of the Healing Arts Practice Act of 1976, effective April 6, 1977 (D.C. Law 1-106; D.C. Code, sec. 32-106), is repealed.

(c) Under the subpart entitled "Freedmen's Hospital" in title II of An Act Making appropriations for the Department of Labor, the Federal Security Agency, and related independent agencies, for the fiscal year ending June 30, 1948, and for other purposes, approved July 8, 1947 (61 Stat. 265; D.C. Code, sec. 32-117), the first proviso clause is repealed.

(d) Under the part entitled "Health Department" in section 1 of An Act Making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of such District for the fiscal year ending June 30, 1946, and for other purposes, approved June 30, 1945 (59 Stat. 282; D.C. Code, sec. 32-118), the following proviso clause is repealed:

> "Provided, That hereafter no District of Columbia appropriations shall be available for the care of persons, except in emergency cases, where the person has been a resident of the District of Columbia for less than one year at the time of application for admission."

(e) Under the subpart entitled "Children's Tuberculosis Sanatorium" in section 1 of An Act Making appropriations for the government of the District of

Columbia and other activities chargeable in whole or in part against the revenues of such District for the fiscal year ending June 30, 1937, and for other purposes, approved June 23, 1936 (49 Stat. 1880; D.C. Code, sec. 32-114), the proviso clause of the second paragraph is repealed.

(f) An Act To authorize pay patients to be admitted to the contagious-disease ward of the Gallinger Municipal Hospital, approved April 14, 1932 (47 Stat. 79; D.C. Code, sec. 32-110), is repealed.

(g) Under the subparts entitled "Tuberculosis Hospital" and "Gallinger Municipal Hospital" in section 1 of An Act Making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of such District for the fiscal year ending June 30, 1925, and for other purposes, approved June 7, 1924 (43 Stat. 568; D.C. Code, secs. 32-109 & -111), the final paragraphs, which pertain to the admission of pay patients, are repealed.

(h) Under the subpart entitled "Gallinger Municipal Hospital" in section 1 of An Act Making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of such District for the fiscal year ending June 30, 1923, and for other purposes, approved June 29, 1922 (42 Stat. 702; D.C. Code, sec. 32-108), the final paragraph, which pertains to the Washington Asylum Hospital, is repealed.

(i) An Act To regulate the establishment and maintenance of private hospitals and asylums in the District of Columbia, approved April 20, 1908 (35 Stat. 64; D.C. Code, secs. 32-101 to -105), is repealed.

(j) Under the subparts entitled "Support and Medical Treatment of Destitute Patients" and "Garfield Memorial Hospital" in section 1 of An Act Making appropriations for sundry civil expenses of the Government for the fiscal year ending June thirtieth, eighteen hundred and ninety-nine, and for other purposes, approved July 1, 1898 (30 Stat. 635; D.C. Code, sec. 32-115), the proviso clause in the second paragraph of each subpart is repealed.

(k) Under the part pertaining to the District of Columbia Making appropriations to supply deficiencies in the appropriations for the fiscal year ending June thirtieth, eighteen hundred and ninety-six, and for prior years, and for other purposes, approved June 8, 1896 (29 Stat. 281; D.C. Code, sec. 32-107), the proviso clause of the paragraph entitled "Smallpox Hospital" is repealed.

(l) The Health Care and Community Residence Facilities Regulation, enacted June 14, 1974 (Reg. 74-15; 20 DCR 1423), is repealed.

(m) Part 1 of Chapter 7 of the District of Columbia Health Regulations (Title 8 of D.C. Regs.), entitled "Hospitals for Human Beings", effective March 21, 1967 (Commissioners' Order No. 67-330; 13 DCR 212), is repealed.

Sec. 13. Repeal Not Evidence of Prior Legal Effect.

The inclusion of a repealer provision in section 12 of this act shall not be construed as evidence that the

...aled law was still in effect prior to this act's ...tment.

Sec. 14. Severability.

If any provision of this act or particular application ...a provision of this act is ruled invalid by a court of ...petent jurisdiction, that ruling shall not affect other ...isions or applications that can reasonably be given ...ct in the absence of the invalidated provision or ...ication.

Sec. 15. Effective Date.

(a) Except as provided in subsections (b) and (c) of ...s section, this act shall take effect after a 30-day ...od of Congressional review following approval by the ...t (or in the event of a veto by the Mayor, action by the ...cil to override the veto), as provided in section ...c)(1) of the District of Columbia Self-Government and ...mental Reorganization Act, approved December 24, 1973 ... Stat. 813; D.C. Code, sec. 1-233(c)(1)).

(b) Section 12(1) of this act shall not take effect ...l the Mayor issues the rules required for nursing homes ...community residence facilities under section 5 of this ...: PROVIDED, That provisions of the Health Care and ...rity Residence Facilities Regulation that are ...sistent with provisions of this act are repealed as of ...effective date provided in subsection (a) of this ...ion.

(c) Section 12(m) of this act shall not take effect ...l the Mayor issues the rules required for hospitals ...r section 5 of this act: PROVIDED, That provisions of ...1 of Chapter 7 of the District of Columbia Health ...itions that are inconsistent with provisions of this ..., such as section 8-7:108(a)(3), are repealed as of the ...tive date provided in subsection (a) of this section.

Chairman
Council of the District of Columbia

...rict of Columbia
...: October 28, 1983

Introduced as Bill 5-166 on March 29, 1983 by Councilmember Shackleton

FIRST READING: 9-20-83; Adopted by majority voice vote; Member Smith voted present.

FINAL READING: 10-4-83; Adopted by majority voice vote; Member Smith voted present.

Transmitted to the Mayor: Oct. 14, 1983