

ENROLLED ORIGINAL

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the Health Services Planning Program Re-establishment Act of 1996 to establish reporting requirements for health care facilities regarding uncompensated care and community benefits that are provided to District residents, and to clarify that the State Health Planning and Development Agency currently has the authority to approve or disapprove the closure or termination of services of a health care facility; to amend the Health-Care and Community Residence Facility Hospice and Home Care Licensure Act of 1983 to authorize the Director of the Department of Health to issue a provisional license in the specified circumstance; to consolidate statutory provisions on newborn screening; to repeal the District of Columbia Newborn Screening Requirement Act of 1979; to repeal the Newborn Hearing Screening Act of 2000; and to amend the District of Columbia Government Comprehensive Merit Personnel Act of 1978 to authorize an increase to the salary of the Director of the Department of Health.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Community Health Omnibus Amendment Act of 2018”.

TITLE I. UNCOMPENSATED CARE REPORTING; NOTIFICATION OF INTENTION TO CLOSE OR TERMINATE OPERATION OF HEALTH CARE FACILITY OR HEALTH CARE SERVICE

Sec. 101. The Health Services Planning Program Re-establishment Act of 1996, effective April 9, 1997 (D.C. Law 11-191; D.C. Official Code § 44-401 *et seq.*), is amended as follows:

(a) Section 6(a) (D.C. Official Code § 44-405(a)) is amended by striking the phrase “patient demographic and characteristic information” and inserting the phrase “patient demographic, characteristic information, and data related to the annual level of uncompensated care provided by HCFs, including charity care provided to District residents, charity care provided to non-District residents, care classified as bad debt provided to District residents, care classified as bad debt provided to non-District residents, any other community benefits, including health improvement services and benefits that are provided without charge to District residents,” in its place.

(b) Section 7(c) (D.C. Official Code § 44-406(c)), is amended by striking the phrase “extent possible” and inserting the phrase “extent possible, which may include organizing meetings with affected stakeholders and providing planning and technical assistance for possible patient load transition, and, if the notice of closure is approved by SHPDA, continue to assist in the orderly transition by overseeing the placement of patients into new HCFs in a manner that ensures that the health and well-being of the patients is protected” in its place.

ENROLLED ORIGINAL

TITLE II. PROVISIONAL LICENSE FOR HEALTH CARE FACILITY OR HEALTH SERVICE

Sec. 201. Section 7 of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-506), is amended as follows:

(a) Subsection (c) is amended by striking the phrase “Provisional licenses” and inserting the phrase “Except as provided in subsection (f) of this section, provisional licenses” in its place.

(b) A new subsection (f) is added to read as follows:

“(f)(1) If a notice of closure of a health care facility or health service is denied by the State Health Planning and Developmental Agency pursuant to section 7(c) of the Health Services Planning Program Re-establishment Act of 1996, effective April 9, 1997 (D.C. Law 11-191; D.C. Official Code § 44-406(c)), the Director of the Department of Health may issue a provisional license to the health care facility or health service to continue to operate for up to 3 years.

“(2) For the purposes of this subsection, the terms “health care facility” and “health service” shall have the same meanings as provided in section 2(10) and (12) of the Health Services Planning Program Re-establishment Act of 1996, effective April 9, 1997 (D.C. Law 11-191; D.C. Official Code § 44-401(10) and (12)), respectively.”.

TITLE III. COMPREHENSIVE NEWBORN SCREENING

Sec. 301. Definitions.

For the purposes of this title, the term:

(1) “Birthing facility” 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.

(2) “Critical congenital heart disease” means a group of heart defects that cause serious, life-threatening symptoms and require intervention within the first days or first year of life.

(3) “Department” means the Department of Health.

(4) “Hearing impairment” means a dysfunction of the auditory system, of any type or degree, that is sufficient to interfere with the acquisition and development of speech and language skills, with or without the use of sound amplification.

(5) “Hospital” means a facility other than a birthing facility or the mother’s home, that provides antepartal, intrapartal, and postpartal care for both mother and child during and after pregnancy.

(6) “Metabolic disorder” means a disorder which results in a defect in the function of a specific enzyme or protein.

(7) “Nurse-midwife” means a registered nurse certified pursuant to Chapter 58 of Title 17 of the District of Columbia Municipal Regulations (17 DCMR § 5800 *et seq.*).

(8) “Parent” means an individual who is legally recognized to have all rights provided under District law with respect to a child.

ENROLLED ORIGINAL

Sec. 302. Newborn screening and testing.

(a) Each hospital, birthing facility, and nurse-midwife shall:

(1) Inform and educate the parent of a newborn of the purpose and availability of newborn screening for critical congenital heart disease, hearing impairment, and metabolic disorders;

(2) Screen all newborns delivered or cared for at the hospital, home, or birthing facility for critical congenital heart disease, hearing impairment, and metabolic disorders, unless the newborn's parent withholds consent for the screening procedure;

(3) Document the screening results or the parent's refusal to permit the screening;

(4) Provide the screening results to the parent of the newborn and the newborn's primary care provider;

(5) When a screening discloses a positive result, provide recommendations for follow-up testing and treatment to the parent of the newborn and to the newborn's primary care provider; and

(6) Notify the Department of the number of infants screened, the results of the screening, and any documented parental refusal.

(b) The Mayor shall establish specific procedures for each screening through rulemaking and may revise the type of newborn screening that hospitals, birthing facilities, and nurse-midwives are required to conduct.

(c) Except for statistical data compiled without reference to the identity of any individual, all information obtained from any individual or from specimens from any newborn shall be held confidential and be considered a confidential medical record, except any information for which a parent consents to release. Each parent shall be informed of the scope of the information requested to be released and the purpose of releasing the information before the release of any confidential information.

Sec. 302. Discharge standards.

(a) Each hospital, birthing facility, and nurse-midwife shall provide to each parent comprehensive newborn education and a discharge form approved by the Department with information regarding the newborn's hospital course of treatment, including screenings, procedures, and other tests.

(b) The Mayor shall develop and issue standards for post-partum education, including breastfeeding, family planning, safe sleep practices, tobacco exposure, vaccinations, car safety, basic newborn care, and the results and rationale for newborn screenings.

(c) The Mayor shall establish the content of newborn discharge forms through rulemaking.

Sec. 303. Rules.

The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act.

ENROLLED ORIGINAL

TITLE IV. REPEALERS

Sec. 401. The District of Columbia Newborn Screening Requirement Act of 1979, effective April 29, 1980 (D.C. Law 3-65; D.C. Official Code § 7-831 *et seq.*), is repealed.

Sec. 402. The Newborn Hearing Screening Act of 2000, effective April 4, 2001 (D.C. Law 13-276; D.C. Official Code § 7-851 *et seq.*), is repealed.

TITLE V. SALARY OF THE DIRECTOR OF THE DEPARTMENT OF HEALTH

Sec. 501. Section 1052(b)(2)(C) of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-610.52(b)(2)(C)), is amended as follows:

(a) Strike the phrase “\$200,335” and insert the phrase “\$239,788” in its place.

(b) Strike the phrase “effective January 26, 2015” and insert the phrase “effective December 3, 2018” in its place.

TITLE VI. FISCAL IMPACT STATEMENT; EFFECTIVE DATE

Sec. 601. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 602. 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 § 1-206.02(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia