



COUNCIL OF THE DISTRICT OF COLUMBIA
OFFICE OF COUNCILMEMBER BROOKE PINTO
THE JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, N.W., SUITE 106
WASHINGTON, D.C. 20004

September 18, 2023

Nyasha Smith, Secretary
Council of the District of Columbia
1350 Pennsylvania Avenue, N.W.
Washington, DC 20004

Dear Secretary Smith,

Today, I, along with Councilmembers Christina Henderson, Robert White, Charles Allen, Vincent Gray, Matt Frumin, Janeese Lewis George, and Anita Bonds am introducing the “Transgender and Gender-Diverse Mortality and Fatality Review Committee Establishment Act of 2023.” Please find enclosed a signed copy of the legislation.

With the death of Jasmine “Star” Mack on January 7, 2023, the District marked a grim milestone: the first transgender person in the country to be violently killed in 2023 lived and died in D.C.¹ Despite transgender and gender-diverse people only making up approximately 1.6 million of the population² in the United States, mortality, fatality, and morbidity trends for this group compared to cisgender people are disproportionately high.³ Although data are limited, some studies suggest that transgender people are “twice as likely to die as cisgender people” due to “heart disease, lung cancer, HIV-related illness and suicide,” with trans women being “two times as likely to die” compared to cis men and “three times as likely” compared to cis women.⁴ Trans women in particular are disproportionately vulnerable to the aforementioned risks, as well as to violence and murder, with one in four trans women likely to be victimized by a hate-related crime.⁵ Meanwhile, trans women of color are even more overrepresented as victims of violence and murder.⁶

¹ Casey Parks and Jenna Portnoy, *Transgender woman killed in D.C. ‘just wanted a chance at life’*, Washington Post (Jan. 15, 2023), [available here](#).

² Williams Institute, *Transgender People*, [available here](#). “Trans” covers any and all individuals whose gender identity or expression differs from the sex/gender assigned at birth, irrespective of medical, hormonal, or surgical intervention. “Mortality” here denotes death by natural or accidental causes; “fatality” denotes death by homicide or suicide. See also LGBT Mortality Project, *Resources*, [available here](#).

³ Cf. Sarah S. Jackson, et al. *Analysis of Mortality Among Transgender and Gender Diverse Adults in England*, *JAMA Netw Open* (Jan. 3, 2023); 6(1):e2253687. doi: 10.1001/jamanetworkopen.2022.53687. PMID: 36716027; PMID: PMC9887492, [available here](#).

⁴ Robert Hart, *Transgender People Twice As Likely To Die As Cisgender People, Study Finds*, Forbes (Sep. 2, 2021), [available here](#).

⁵ Cf. Williams Institute, *Gender Identity Disparities in Criminal Victimization, National Crime Victimization Survey, 2017-2018*, [available here](#). Hannah Schoenbaum, *Report says at least 32 transgender people were killed in the U.S. in 2022*, PBS News Hour (Nov. 16, 2022), [available here](#).

⁶ Harvard Civil Rights-Civil Liberties Law Review, *America’s War on Black Trans Women* (Sep. 23, 2020), [available here](#); Faith Karimi, *Deadly attacks on Black trans women are going up, advocacy group says*, CNN (Jun. 13, 2021),

Transgender fatalities from violence have continued to rise in recent years, making the need for policy intervention especially urgent.⁷

All of this suggests that trans and gender-diverse people may face particular vulnerabilities that cisgender people do not. There is thus an urgent need for more information about trans and gender-diverse people's lives and deaths, so that the District can properly support health outcomes for this constituency.

To facilitate this important work, this legislation would establish a Transgender and Gender-Diverse Mortality and Fatality Review Committee. This Committee would complement the District's existing mortality and fatality review committees administered by the Office of the Chief Medical Examiner ("OCME"). The Transgender and Gender-Diverse Mortality and Fatality Review Committee would consist of representatives from OCME and other relevant District agencies; representatives from District hospitals, transgender and gender-diverse advocacy organizations, housing organizations, healthcare providers, researchers from a college or university within the District conducting research in this area, and social workers specializing in transgender and gender-diverse issues. The Committee would be tasked with identifying and characterizing the scope and nature of transgender mortalities and fatalities; recording trends; conducting retrospective socioeconomic analyses; and working to develop policy recommendations.

The establishment of this Committee will continue the District's leading role in LGBTQIA+ advocacy and legislation. The Committee will be the first entity of its kind in the United States. It will contribute important data and analysis and provide important resources for the National Center for Fatality Review and Prevention and for transgender and gender-diverse people across the country and inform future strategies and interventions to drive down the disparate outcomes we are currently seeing with our transgender and gender-diverse residents.

Should you have any questions about this legislation, please contact Michael Porcello, Committee Director for the Committee on the Judiciary and Public Safety, at mporcello@dccouncil.gov.

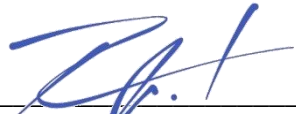
Thank you,


A handwritten signature in blue ink that reads "BE Pinto". The signature is fluid and cursive, with the first name "BE" and the last name "Pinto" clearly legible.

Brooke Pinto

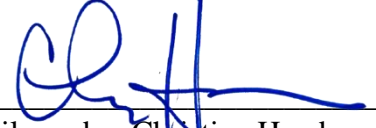
[available here](#); Trudy Ring, *Here Are the 57 Trans Americans Killed in 2021*, Advocate (May 5, 2022), [available here](#); Laken Brooks, *2021 Has Been A Deadly Year for Transgender People* (Nov. 14, 2021), [available here](#).

⁷ Human Rights Campaign, *Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2021*, [available here](#); Orion Rummler and Kate Sosin, *2021 is now the deadliest year on record for transgender people*, PBS News Hour (Nov. 18, 2021), [available here](#).


1 
2 Councilmember Robert C. White, Jr.


Councilmember Brooke Pinto

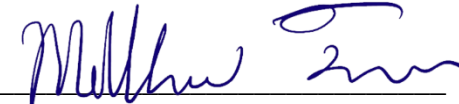
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5 Councilmember Anita Bonds


Councilmember Christina Henderson

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8 Councilmember Vincent C. Gray


Councilmember Charles Allen

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11 Councilmember Janeese Lewis George


Councilmember Matthew Frumin

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18 A BILL
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22 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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28 To establish a Transgender and Gender-Diverse Mortality and Fatality Review Committee within
29 the Office of the Chief Medical Examiner to determine the causes associated with
30 transgender and gender diverse mortalities and fatalities of District residents and those
31 that occur in the District, to identify and characterize the scope and nature of transgender
32 and gender-diverse mortalities and fatalities, to describe and record any trends, data, or
33 patterns that are observed surrounding transgender and gender-diverse mortalities and
34 fatalities, to create a strategic framework for improving transgender and gender-diverse
35 health outcomes for racial and ethnic minorities in the District, to recommend training to
36 improve the identification, investigation, and prevention of transgender and gender-
37 diverse mortalities and fatalities, and to make publicly available an annual report of its
38 findings, recommendations, and steps taken to evaluate implementation of past
39 recommendations.
40

41 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
42 act may be cited as the “Transgender and Gender-Diverse Mortality and Fatality Review
43 Committee Establishment Amendment Act of 2023”.

44 Sec. 2. Definitions.

45 For purposes of this act, the term:

46 (1) "Cisgender" shall have the same meaning as provided in D.C. Official Code §
47 1-607.61(1).

48 (2) "Committee" means the Transgender and Gender-Diverse Mortality and
49 Fatality Review Committee.

50 (3) "Documentation memorializing transgender or gender-diverse status" means
51 documentation that memorialize a decedent's gender transition, and may include:

52 (A) A written statement by the decedent self-identifying as transgender,
53 gender-diverse, or not cisgender;

54 (B) Documentation of a change to the decedent's gender marker on a
55 certificate of birth, driver's license or state identification card, social security record, or passport;

56 (C) A court order approving a name or gender change; or

57 (D) A statement, signed under the penalty of law, by a licensed healthcare
58 provider or licensed mental healthcare provider who treated or evaluated the decedent, stating
59 that the decedent underwent surgical, hormonal, or other treatment appropriate for the decedent
60 for the purpose of gender-affirming care, based on contemporary medical standards.

61 (4) "Gender-affirming care" shall have the same meaning as provided in section
62 102(12A) of the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C.
63 Official Code § 2-1401.02(12A)).

64 (5) "Gender-diverse" means a person whose gender identity or expression is at
65 odds with what is perceived as being the gender norm in a particular context at a particular point
66 in time, including those who do not place themselves in a gender or sex binary. This includes

67 non-binary individuals as defined in D.C. Official Code § 1-607.61(3) and individuals who
68 identify as not cisgender.

69 (6) “Gender identity or expression” shall have the same meaning as provided
70 in section 102(12A-i) of the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law
71 2-38; D.C. Official Code § 2-1401.02(12A)).

72 (7) “Personally identifiable information” shall have the same meaning as provided
73 in D.C. Official Code § 7-231.01(42) and shall also include documentation memorializing
74 transgender and gender-diverse status as defined in this chapter.

75 (5) “Transgender” shall have the same meaning as provided in D.C. Official Code §
76 1-607.61(4).

77 (6) “Transgender and gender-diverse fatality” means the death of a transgender,
78 gender-diverse, or not cisgender person by a homicide or suicide.

79 (7) “Transgender and gender-diverse mortality” means the death of a transgender,
80 gender-diverse, or not cisgender person by accident or nature.

81 Sec. 3. Establishment and duties.

82 (a) There is established a Transgender and Gender-Diverse Mortality and Fatality Review
83 Committee (“Committee”) within the Office of the Chief Medical Examiner (“OCME”). The
84 OCME shall provide facilities, staffing, and other administrative support for the Committee.

85 (b) The Committee shall evaluate transgender and gender-diverse mortalities and
86 fatalities, including associated factors:

87 (1) That occur in the District; and

88 (2) Of District residents, regardless of the place of death.

89 (c) The Committee’s duties shall include:

- 90 (1) Identifying and characterizing the scope and nature of transgender and gender-
91 diverse mortalities and fatalities in the District and of District residents;
- 92 (2) Coordinating with other District mortality and fatality review entities to
93 minimize duplicate mortality and fatality case review;
- 94 (3) Describing and recording any trends, data, or patterns that are observed
95 surrounding transgender and gender-diverse mortalities and fatalities;
- 96 (4) Examining past events and circumstances surrounding transgender and
97 gender-diverse mortalities by reviewing records and other pertinent documents of public
98 agencies and private entities responsible for investigating transgender and gender-diverse
99 mortalities or treating transgender and gender-diverse persons;
- 100 (5) Performing retrospective review of socioeconomic determinant risk and
101 protective factors surrounding transgender and gender-diverse fatalities in the District;
- 102 (6) Developing and revising, as necessary, operating rules and procedures for
103 review of transgender and gender-diverse mortalities and fatalities, including identification of
104 cases to be reviewed, coordination among the agencies and professionals involved, and
105 improvement of the identification, data collection, and record keeping of the causes of
106 transgender and gender-diverse mortalities and fatalities;
- 107 (7) Recommending systemic improvements to promote improved and integrated
108 public and private systems serving transgender and gender-diverse people in the District,
109 including improved interagency coordination;
- 110 (8) Recommending systemic improvements to prevent and respond to transgender
111 and gender-diverse mortalities and fatalities;

112 (9) Recommending policies for improved access to employment, healthcare,
113 mental healthcare, housing, and educational programs for transgender and gender-diverse
114 residents;

115 (10) Creating a strategic framework for improving transgender and gender-diverse
116 health outcomes for racial and ethnic minorities in the District, including reducing disparities in
117 transgender mortality and fatality rates for racial and ethnic minorities;

118 (11) Recommending training for providers who treat transgender and gender-
119 diverse health patients to improve the identification, investigation, and prevention of transgender
120 and gender-diverse mortalities and, in the case of fatalities, recommending training to improve
121 the prevention of transgender and gender-diverse fatalities and to identify risk factors and
122 develop protective factors in the individual, family, and community response to violence.

123 (d)(1) By July 1 of each year, the Committee shall make publicly available and submit to
124 the Council and Mayor an annual report of its findings, recommendations, and steps taken to
125 evaluate the implementation of past recommendations, which includes the following
126 information:

127 (A) A description of the causes and contributing factors to the transgender
128 and gender-diverse mortalities and fatalities the Committee reviewed during the preceding
129 calendar year;

130 (B) A description of the state of transgender and gender-diverse health and
131 transgender and gender-diverse mortalities and fatalities in the District, including statistics and
132 causes of transgender and gender-diverse mortalities and fatalities; and

133 (C) Recommendations for systemic changes and legislation relating to the
134 delivery of transgender and gender-diverse health care in the District and the prevention of
135 transgender mortalities and fatalities.

136 (2) The annual report submitted pursuant to paragraph (1) of this subsection shall
137 not contain any personally identifiable information but may include aggregated data.

138 (3) If a recommendation in the annual report is directed at a particular subordinate
139 agency, the head of the subordinate agency shall respond in writing to the Committee within 30
140 days after the issuance of the annual report, describing the agency's plans to address the
141 recommendation.

142 (4) The Chief Medical Examiner shall annually, no later than 60 days after the
143 annual report described in paragraph (1) of this subsection is made publicly available, convene a
144 symposium at which the Chief Medical Examiner shall present the report to the public, District
145 agencies implicated by the report's findings, the Deputy Mayors for Public Safety and Justice and
146 Health and Human Services, any relevant health or policy stakeholders, and the Committee's
147 representatives and members.

148 Sec. 4. Composition of the Committee; procedural requirements.

149 (a) The Mayor shall appoint one representative from each of the following District
150 agencies to serve on the Committee:

151 (1) The Office of the Chief Medical Examiner;

152 (2) The Department of Health;

153 (3) The Department of Behavioral Health;

154 (4) The Department of Health Care Finance;

155 (5) The Department of Human Services; and

156 (6) The Mayor's Office of Lesbian, Gay, Bisexual, Transgender and Questioning
157 Affairs; and

158 (b) The Mayor shall additionally appoint the following members in accordance with
159 section 2(f) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C.
160 Official Code §1-523.01(f):

161 (1) One representative from a hospital located in the District;

162 (2) One representative from a community organization specializing in
163 transgender and gender-diverse issues;

164 (3) One representative from a transgender and gender-diverse housing
165 organization;

166 (4) One representative from a transgender and gender-diverse healthcare
167 provider;

168 (5) One representative from a college or university within the District
169 conducting research in transgender and gender-diverse mortality trends or fatality prevention;

170 (6) One social worker specializing in transgender and gender-diverse issues or
171 clients; and

172 (d)(1) Members appointed pursuant to subsections (a) and (b) of this section shall serve at
173 the pleasure of the Mayor, or of the entity designating their availability for appointment.

174 (2) Members appointed pursuant to subsection (c) of this section shall serve a 3-
175 year term and may be removed by the Mayor for cause. Vacancies in membership shall be filled
176 in the same manner in which the original appointment was made.

177 (e) The Committee shall select a Chairperson according to procedures set forth by the
178 Committee.

179 (f) The Committee shall establish quorum and other procedural requirements as it
180 considers necessary.

181 (g) No member appointed pursuant to subsection (c) of this section shall serve in a hold-
182 over capacity for longer than 180 days after the expiration of the term to which they were
183 appointed.

184 (h) The Committee may invite other stakeholders to attend or present at any relevant
185 portion of a Committee meeting.

186 Sec. 5. Access to information.

187 (a) Notwithstanding any other provision of law, immediately upon the request of the
188 Committee and as necessary to carry out the Committee's purpose and duties, the Committee
189 shall be provided, without cost and without authorization of the persons to whom the information
190 or records relate, access to:

191 (1) All information and records of:

192 (A) Any District of Columbia agency, or a District agency's contractors,
193 including birth and death certificates, law enforcement investigation data, unexpurgated and
194 unsealed juvenile and adult criminal records, intellectual and developmental disabilities records,
195 medical examiner investigation data, autopsy reports, parole and probation information and
196 records, school records, and information records of social services, housing; and

197 (B) Health agencies that provided services to the transgender and gender-
198 diverse decedent, or in the case of fatality, services provided to the decedent's family, or an
199 alleged or suspected perpetrator of violence or abuse whose acts led to the decedent's fatality;

200 (2) All information and records of any health-care provider, healthcare
201 facility, clinic, laboratory, or medical record department, including providers of mental health

202 services who provided services to the decedent, that receives information related to transgender
203 and gender-diverse mortalities.

204 (3) All information and records of any healthcare providers located in the
205 District, including providers of health and mental health services who provided services to the
206 decedent, the decedent’s family, or the alleged or suspected perpetrator whose acts led to the
207 decedent’s death;

208 (4) All information and records of any public or private child welfare
209 agency, educational facility or institution, or childcare provider doing business in the District
210 who provided services to the decedent, the decedent’s family, or the alleged or suspected
211 perpetrator whose acts led to the decedent’s death;

212 (5) Information made confidential by [§ 4-1302.03](#) or [§ 4-1303.06](#), [§ 7-](#)
213 [231.24\(n\)](#), [§ 7-1203.02](#), [§ 7-1305.12](#), §§ [16-2331](#), [16-2332](#), [16-2333](#), and [16-2335](#), and [§ 31-](#)
214 [3426](#).

215 (b) The Committee may seek information from entities and agencies outside the District
216 by any legal means available to it.

217 (c)(1) Notwithstanding subsection (a)(1) of this section, information and records
218 concerning a current law enforcement investigation may be withheld, at the discretion of the
219 investigating authority, if disclosure of the information would compromise a criminal
220 investigation or prosecution.

221 (2) If information or records are withheld under paragraph (1) of this subsection, a
222 report on the status of the investigation shall be submitted to the Committee every 3 months until
223 the earliest of the following events occurs:

224 (A) The investigation is concluded and the information or records are
225 provided to the Committee; or

226 (B) The investigating authority determines that providing the information
227 will no longer compromise the investigation and the information or records are provided to the
228 Committee.

229 (d)(1) All records and information obtained by the Committee pursuant to subsections
230 (a) and (b) of this section pertaining to a deceased victim or any other individual shall be
231 destroyed immediately following the preparation of the Committee's annual report. All additional
232 information concerning a review, except statistical data, shall be destroyed by the Committee one
233 year after publication of the Committee's annual report.

234 (2) The Committee may have access to personally identifiable information relating
235 to transgender fatalities and mortalities; provided, that the Committee shall not disclose
236 personally identifiable information.

237 (3) The Department of Health and the Committee may retain data on facilities
238 where transgender mortalities occur for analytical purposes.

239 (e)(1) The Department of Health shall establish a procedure to identify individuals who
240 are not cisgender when reviewing decedents and to communicate said individuals to OCME on a
241 routine basis.

242 (2) The Department of Health, OCME, and any other relevant agency must use
243 their respective procedures for identifying individuals who are transgender, gender-diverse, or
244 not cisgender when reviewing decedents and communicate information about said individuals to
245 the Committee.

246 (A)(1) If an agency does not have such procedures already in place, they
247 will be required to establish such a procedure in writing and make it available to the public
248 within 180 days after the effective date of the “Transgender and Gender-Diverse Mortality and
249 Fatality Review Act of 2023;

250 (2) The Mayor’s Office of Lesbian, Gay, Bisexual, Transgender and
251 Questioning Affairs shall provide support to agencies in developing these procedures.

252 Sec. 6. Subpoena power.

253 (a) When necessary for the discharge of its duties, the Committee may issue subpoenas to
254 compel witnesses to appear, testify, or produce books, papers, correspondence, memoranda,
255 documents, medical records, or other relevant records.

256 (b) Except as provided in subsection (c) of this section, subpoenas shall be served
257 personally upon the witness or the witness's designated agent, not fewer than 5 business days
258 before the date the witness must appear or the documents must be produced, by a special process
259 server, at least 18 years of age, engaged by the Committee.

260 (c) If, after a reasonable attempt, personal service on a witness or a witness's agent cannot
261 be effected, a special process server identified in subsection (b) of this section may serve a
262 subpoena by registered or certified mail not fewer than 8 business days before the date the
263 witness must appear, testify, or produce documents.

264 (d) If a witness who has been personally summoned neglects or refuses to obey the
265 subpoena issued pursuant to subsection (a) of this section, the Committee may report that fact to
266 the Superior Court of the District of Columbia, and the court may compel obedience to the
267 subpoena to the same extent as witnesses may be compelled to obey the subpoenas of the court.

268 Sec. 7. Confidentiality of information and proceedings.

269 (a) Except as provided in this section, information and records obtained or created by the
270 Committee are confidential and not subject to civil discovery or to disclosure pursuant to
271 subchapter II of Chapter 5 of Title 2.

272 (b) Information and records presented to the Committee for review shall not be immune
273 from subpoena, discovery, or prohibited from being introduced into evidence solely because they
274 were presented to or reviewed by the Committee if the information and records have been
275 obtained through other sources.

276 (c) Information required to be reported under §4-1321.02 or §4-1321.03, shall be
277 disclosed by the Committee to the Child and Family Services Agency.

278 (d) A person other than a Committee member who appears before or participates in the
279 Committee's review of fatalities shall sign a confidentiality agreement acknowledging that any
280 information provided to the Committee is confidential; provided, that any such confidentiality
281 agreement shall account for situations where disclosure is necessary for the person to comply
282 with a request for information from the Committee.

283 (e) Committee meetings shall be subject to subchapter IV of Chapter 5 of Title 2, except
284 that Committee meetings shall be closed when the Committee is discussing cases of individual
285 transgender fatalities and mortalities or where the identity of any person, other than a person who
286 has expressly consented to be identified, can be ascertained.

287 (f) In the case of fatality, information identifying a victim of a fatality or that victim's
288 family members, or an alleged perpetrator of the fatality, shall not be disclosed in any report that
289 is available to the public.

290 (g) The Committee may disclose information to other entities when the Committee
291 determines that disclosure is necessary to carry out the Committee's purpose and duties. The

292 Committee may disclose Committee records to another District fatality or mortality review
293 committee or board at the request of the District fatality or mortality review committee or board,
294 if the other District fatality or mortality review committee or board is governed by confidentiality
295 that is substantially similar to the confidentiality by which the Committee is governed.

296 (h) This section shall not be construed to prohibit a person from:

297 (1) Disclosing information that the person obtained independently of the
298 Committee; or

299 (2) Disclosing information that is already public.

300 Sec. 8. Immunity from liability for providing information to the Committee.

301 (a) Any person, hospital, or institution participating in good faith in providing
302 information to the Committee pursuant to this chapter shall have immunity from administrative,
303 civil, or criminal liability that might otherwise be incurred or imposed with respect to the
304 disclosure of the information. In any such proceeding, there shall be a rebuttable presumption
305 that the person, hospital, or institution that provided information to the Committee acted in good
306 faith.

307 (b) If acting in good faith, without malice, and within the parameters of the operating
308 rules and procedures established by this chapter, members of the Committee are immune from
309 civil liability for an activity related to reviews of transgender mortalities and fatalities, as the
310 term is defined in §5-1431.01(e).

311 Sec. 9. Unlawful disclosure of information; penalties.

312 Whoever knowingly discloses, receives, makes use of, or permits the use of information
313 concerning a victim or person in violation of this chapter shall be subject to a civil fine of not

314 more than \$1,000. Violations of this chapter shall be prosecuted by the Office of the Attorney
315 General or the Attorney General’s designee in the name of the District of Columbia.

316 Sec. 10. Rules.

317 The Mayor, pursuant to subchapter I of Chapter 5 of Title 2, may issue rules to
318 implement the provisions of this chapter.

319 Sec. 11. Section 303(a) of the Prevention of Child Abuse and Neglect Act of 1977,
320 effective September 23, 1977 (D.C. Law 2-22; D.C. Official Code § 4-1302.03(a)), is amended
321 as follows:

322 (a) Paragraph (10) is amended by striking the phrase “; and” and inserting a semicolon in
323 its place.

324 (b) Paragraph (11) is amended by striking the period and inserting the phrase “; and” in
325 its place.

326 (c) A new paragraph (12) is added to read as follows:

327 “(12) The Transgender and Gender-Diverse Mortality and Fatality Review
328 Committee, for the purpose of examining past events and circumstances surrounding transgender
329 mortalities and fatalities, as that term is defined in section XX of the Transgender and Gender-
330 Diverse Mortality and Fatality Review Committee Amendment Act of 2023, passed on 2nd
331 reading on XXX, 2023 (Enrolled version of Bill XX-XXX). The Transgender and Gender-
332 Diverse Mortality and Fatality Review Committee shall be granted, upon request, access to
333 information contained in the files maintained on any deceased child or on the parent, guardian,
334 custodian, kinship caregiver, day-to-day caregiver, relative/godparent, caregiver, or sibling of a
335 deceased child.”.

336 Sec. 12. Section 306(a) of the Prevention of Child Abuse and Neglect Act of 1977,
337 effective October 18, 1979 (D.C. Law 3-29; D.C. Official Code §4-1303.06(a)), is amended as
338 follows:

339 (a) Paragraph (5) is amended by striking the phrase “; or” and inserting a semicolon in its
340 place.

341 (b) Paragraph (6) is amended by striking the period and inserting a semicolon in its
342 place.

343 (c) Paragraph (7) is amended by striking the period and inserting “; or” in its place.

344 (d) A new paragraph (8) is added to read as follows:

345 “(8) The investigation or review of transgender and gender-diverse mortalities and
346 fatalities, as that term is defined in section XX of the Transgender and Gender-Diverse Mortality
347 and Fatality Review Committee Amendment Act of 2023, passed on 2nd reading on XX X, 2023
348 (Enrolled version of Bill XX-XXX).”.

349 Sec. 13. Title 16 of the District of Columbia Official Code is amended as follows:

350 (a) Section 16-311 is amended by striking the phrase “Child Fatality Review Committee
351 or the Violence Fatality Review Committee” and inserting the phrase “Child Fatality Review
352 Committee, Violence Fatality Review Committee, or Transgender and Gender-Diverse Mortality
353 and Fatality Review Committee” in its place.

354 (b) Section 16-2332(c)(g) is amended as follows:

355 (1) Subparagraph (D)(ii)(II) is amended by striking “; and” and inserting a
356 semicolon in its place.

357 (2) Subparagraph (E) is amended by striking the period and inserting “; and” in its
358 place.

359 (3) A new paragraph (F) is added to read as follows:

360 “(F) The Transgender and Gender-Diverse Mortality and Fatality Review
361 Committee for the purposes of examining past events and circumstances surrounding transgender
362 fatalities, as that term is defined in section XX of the Transgender and Gender-Diverse Mortality
363 and Fatality Review Committee Amendment Act of 2023, passed on 2nd reading of XX X, 2023
364 (Enrolled version of Bill XX-XXX), or for the discharge of its official duties.”.

365 (c) Section 16-23331(c) is amended as follows:

366 (1) Subparagraph (E) is amended by striking “; and” and inserting a semicolon in
367 its place.

368 (2) Subparagraph (F) is amended by striking “; and” and inserting a semicolon in
369 its place.

370 (3) A new subparagraph (G) is added to read as follows:

371 (G) The Transgender and Gender-Diverse Mortality and Fatality Review
372 Committee when necessary for the discharge of its official duties; and”

373 (d) Section 16-2335(d) is amended by striking the phrase “Child Fatality Review
374 Committee and the Violence Fatality Review Committee” and inserting the phrase “the Child
375 Fatality Review Committee, the Violence Fatality Review Committee, and the Transgender and
376 Gender-Diverse Mortality and Fatality Review Committee” in its place.

377 Sec. 6. Section 204(d)(3) of the Freedom of Information Act of 1976, effective March 29,
378 1977 (D.C. Law 1-96; D.C. Official Code § 2-534(d)), is amended as follows:

379 (a) Subparagraph (C) is amended by striking the phrase “; and” and inserting a
380 semicolon in its place.

381 (b) Subparagraph (D) is amended by striking the period and inserting “; and” in its
382 place.

383 (c) A new subparagraph (E) is added to read as follows:

384 “(E) The Transgender and Gender-Diverse Mortality and Fatality Review
385 Committee, established by section XX of the Transgender and Gender-Diverse Fatality Review
386 Committee Amendment Act of 2023, passed on 2nd reading of XX X, 2023 (Enrolled version of
387 Bill XX-XXX).”.

388 Sec. 7. Section 2(f) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law
389 2-142; D.C. Official Code § 1-523.01(1)), is amended as follows:

390 (a) A new paragraph (72) is added to read as follows:

391 “(72) The Transgender and Gender-Diverse Mortality and Fatality Review
392 Committee, established by section 102(b) of the Fatality Review Committee Amendment Act of
393 2023, passed on 2nd reading on XX X, 2023 (Enrolled version of Bill XX-XXX).”.

394 Sec. 8. Fiscal impact statement.

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

398 Sec. 9. Effective date.

399 This act shall take effect following approval by the Mayor (or in the event of veto by the
400 Mayor, action by Council to override the veto), a 30-day period of congressional review as
401 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
402 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
403 Columbia Register.

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