

AN ACT

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To amend the District of Columbia Health Occupations Revision Act of 1985 to revise the governing standards of various health occupations regulated in the District, to reorganize and update the composition and jurisdiction of various health occupation boards, and to regulate the practices of medical radiation technology, behavior analysis, school psychology, and general applied psychology; to amend the Department of Health Functions Clarification Act of 2001 to remove the requirement that a dementia training certificate be notarized, repeal certain advisory committees, and create a new Advisory Committee on Medical Radiation Technologists; to amend section 47-2853.76e of the District of Columbia Official Code to allow for ear piercings of minors with a sterilized hollow needle and tattoo services for individuals aged 16 and 17 with written consent from a parent or legal guardian; and to make other conforming and technical amendments.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Health Occupations Revision General Amendment Act of 2024”.

**TITLE I. HEALTH PROFESSIONAL LICENSURE REVISIONS.**

Sec. 101. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), is amended as follows:

(a) The table of contents is amended as follows:

(1) Title I is amended by adding a new section designation to read as follows:

“Sec. 105. Telehealth.”.

(2) Title II is amended as follows:

(A) The designation for section 203 is amended to read as follows:

“Sec. 203. Board of Medicine; Advisory Committees on Anesthesiologist Assistants, Polysomnography, Surgical Assistants, Trauma Technologists, Athletic Trainers, Maternal Care Professionals, and Medical Radiation Technologists.”.

(B) The designations for sections 205 and 217 are repealed.

(C) The designation for section 208 is amended to read as follows:

“Sec. 208. Board of Pharmacy.”.

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(D) New section designations are added to read as follows:

“Sec. 223. Board of Rehabilitative Therapies.

“Sec. 224. Board of Integrative Healthcare.”

(3) Title IV is amended by adding a new section designation to read as follows:

“Sec. 413. Immunity.”

(4) Title V is amended as follows:

(A) New section designations are added to read as follows:

“Sec. 511a. Emeritus status.

“Sec. 514a. Negotiated settlement agreement.

“Sec. 514b. Disciplinary or adverse action against nursing education or nursing assistive personnel training programs.

“Sec. 525. Disciplinary records.”

(B) The designation for section 513a is repealed.

(5) Title VI is amended as follows:

(A) The designation for section 603 is repealed.

(B) The designation for Title VI is amended by striking the phrase “PROTOCOL; COLLABORATION.” and inserting the phrase “PROTOCOL.” in its place.

(C) New section designations are added to read as follows:

“Sec. 605a. Certified registered nurse anesthetist.

“Sec. 606a. Certified nurse-midwife.

“Sec. 607a. Certified nurse practitioner.

“Sec. 607b. Certified clinical nurse specialist.

“Sec. 608a. Qualifications, certification.”

(6) The designation for Title VII-F is repealed.

(7) A new title designation is added to read as follows:

“TITLE VII-G.

“QUALIFICATIONS FOR LICENSURE TO PRACTICE AS A BEHAVIOR ANALYST.

“Sec. 771. Eligibility requirements and education.

(8) Title VIII is amended by adding a new designation to read as follows:

“Sec. 804a. Exceptions for non-clinical practice.”

(9) Title VIII-C section designation 853 and 854 are repealed.

(10) New title designations are added to read as follows:

“Title VIII-F.

“CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF  
PSYCHOLOGY.

“Sec. 881. License and registration requirements.

“Sec. 882. Qualifications.

“Sec. 883. Limitations.

“Title VIII-G.

“CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF MEDICAL RADIATION.

“Sec. 891. Qualifications for licensure.

“Sec. 892. Limitations on practice.

“Sec. 893. Transition of licensed and registered medical radiation practitioners.”.

(11) Title IX is amended as follows:

(A) The designation for section 902 is amended to read as follows:

“Sec. 902. Dance Therapy.”

(B) The section designations for 903, 906, 908, and 912 are repealed.

(C) The designation for section 907 is amended by striking the period and inserting the phrase “; registration or certification required.” in its place.

(D) A new section designation is added to read as follows:

“Sec. 913. Doula.”.

(12) The designation for section 1204 is amended by striking the word “therapy” and inserting the word “therapist” in its place.

(b) Section 101 (D.C. Official Code § 3-1201.01) is amended as follows:

(1) The first paragraph (1) and paragraph (1A) are amended to read as follows:

“(1) “Board” means the Board of Dentistry, the Board of Dietetics and Nutrition, the Board of Integrative Healthcare, the Board of Medicine, the Board of Nursing, the Board of Optometry, the Board of Pharmacy, the Board of Podiatry, the Board of Professional Counseling, the Board of Psychology, the Board of Rehabilitative Therapies, the Board of Respiratory Care, the Board of Social Work, or the Board of Veterinary Medicine established by this act, as the context requires.

“(1A) “Boards of Allied Health” means the Board of Dentistry, the Board of Dietetics and Nutrition, the Board of Massage Therapy, the Board of Optometry, the Board of Podiatry, the Board of Rehabilitative Therapies, and the Board of Respiratory Care.”.

(2) The second paragraph (1) is designated as paragraph (1C).

(3) Paragraphs (1E), (1F), (1G), and (1H) are designated as paragraphs (10A), (10B), (10C), and (10D).

(4) Paragraphs (1E), (10A), (10B), (10C), and (3) are repealed.

(5) Paragraph (1B) is amended by striking the phrase “means the Board of Marriage and Family Therapy,” and inserting the word “means” in its place.

(6) Paragraph (10D) is amended by striking the word “midwife” and inserting the phrase “health professional providing maternal services” in its place.

(7) Paragraph (6C) is amended to read as follows:

“(6C) “Doula” means an individual certified by the Board of Medicine to provide culturally competent and continuous physical, emotional, and informational support to a birthing parent during pregnancy, labor, birth, and postpartum.”.

(8) A new paragraph (6C-i) is added to read as follows:

“(6C-i) “Electronic form” means a record created, generated, sent, communicated, received, or stored by electronic means.”.

(9) Paragraph (15) is amended to read as follows:

“(15) “Suspension” means termination of the right to practice a health profession for a specified period of time or until such time that the specified conditions in an order are satisfied.”.

(10) A new paragraph (15A) is added to read as follows:

“(15A) “Telehealth” means the use of synchronous or asynchronous telecommunication technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information where the health professional and the patient, client, or supervisee are located at different physical locations.”.

(11) Paragraph (16) is amended by striking the period and inserting the phrase “and is licensed to practice veterinary medicine in the District.” in its place.

(c) Section 102 (D.C. Official Code § 3-1201.02) is amended as follows:

(1) Paragraph (2) is amended to read as follows:

“(2) “Practice of advanced practice registered nursing” means the independent performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing in the appropriate advanced practice registered nursing role and in at least one population focus. Advanced practice registered nursing shall include the categories of certified registered nurse anesthetist, certified nurse-midwife, certified nurse-practitioner, and clinical nurse specialist. The practice of advanced practice registered nursing includes:

“(A) Advanced assessment;

“(B) Medical diagnosis;

“(C) Prescribing;

“(D) Selecting, administering, and dispensing therapeutic measures;

“(E) Treating alterations of the health status; and

“(F) Carrying out other functions identified in Title VI and in accordance with procedures required by this act.”.

(2) Paragraph (2A-ii)(C)(iii) is repealed.

(3) Paragraph (2B)(A) is amended to read as follows:

“(2B)(A) “Practice of audiology” means the planning, directing, supervising, and conducting of habilitative or rehabilitative counseling programs for individuals or groups of individuals who have, or are suspected of having, disorders of hearing or balance; any service in

audiology, including prevention, identification, evaluation, consultation, habilitation or rehabilitation, academic instruction, clinical instruction, and research; participating in hearing conservation, hearing aid and assistive listening device evaluation, selection, preparation, dispensing, and orientation; fabricating ear molds; cerumen management; interoperative neurophysiologic monitoring; providing auditory training and speech reading; administering tests of vestibular function or tinnitus; or speech and language screening limited to a pass-or-fail determination for the purpose of identification of individuals with disorders of communication and associated referral for management of communication and balance disorders, or cognitive, dexterity, depression, or vision screening, and associated referral for management of related disorders. The practice of audiology does not include the practice of medicine or osteopathic medicine, or the performance of a task in the normal practice of medicine or osteopathic medicine by a person to whom the task is delegated by a licensed physician.”.

(4) The existing paragraph (2C-i) is redesignated as paragraph (2C-ii).

(5) A new paragraph (2C-i) is added to read as follows:

“(2C-i) “Practice of behavior analysis” means the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.”.

(6) Paragraph (3)(A) is amended to read as follows:

“(3)(A) “Practice of chiropractic” means practicing a primary care health discipline through the evaluation, examination, diagnosis, counseling, and treatment or management of biomechanical or physiological conditions or disorders that compromise neural integrity or organ system function; the use of x-rays and advanced diagnostic imaging, physical examination, and examination by instrumentation for the detection and correction of subluxations and somatic dysfunctions that cause vertebral, neuromuscular, or skeletal disorder; the adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health; and the referral of a patient for diagnostic imaging, tests, and clinical laboratory procedures in order to determine a regimen of chiropractic care or to form a basis or referral of patients to other licensed health care professionals. The practice of chiropractic does not include the use of drugs or surgery but may include ancillary procedures such as dry needling in accordance with the rules and requirements promulgated by the Mayor.”.

(7) Paragraph (3A) is amended by striking the phrase “or cells desquamated from a body surface or lesion” and inserting the phrase “cells desquamated from a body surface or lesion, or cells aspirated from a lesion” in its place.

(8) Paragraph (4) is amended as follows:

(A) Subparagraph (A) is amended to read as follows:

“(4)(A) “Practice of dental hygiene” means the performance of any of the following activities in accordance with the provisions of subparagraph (B) of this paragraph:

“(i) A preliminary dental examination, including charting of cavities, soft tissue examination, periodontal examination, and oral cancer screening; a complete prophylaxis, including the removal of any deposit, accretion, or stain from the surface of a tooth or a restoration; debridement; scaling and root planing; soft tissue curettage; application of topical fluoride and fluoride varnish; and the polishing of a tooth or a restoration;

“(ii) Applying a medicinal agent to a tooth for a prophylactic purpose;

“(iii) Taking dental radiographs;

“(iv) Instructing individuals or groups of individuals in oral health care;

“(v) Administering local anesthesia and nitrous oxide when certified by the Board of Dentistry to do so;”

“(vi) Applying pit and fissure sealants;

“(vii) Placing and removing periodontal dressings;

“(viii) Administering vaccinations under the direct supervision of a dentist licensed under this act when certified by the Board of Dentistry to do so;

“(ix) Prescribing topical prescription or over-the-counter fluoride preparations and topical antimicrobial oral rinses, under the general supervision of a dentist licensed under this act;

“(x) Performing blood glucose testing;

“(xi) Placing or removing temporary restorations and crowns;

“(xii) Taking study cast impressions;

“(xiii) Removing sutures; and

“(xiv) Any other functions included in the curricula of approved educational programs in dental hygiene, including dental hygiene diagnosis.”.

(B) Subparagraph (B) is amended as follows:

(i) Strike the phrase “A dental hygienist may perform” and insert the phrase “Except for administering vaccinations, a dental hygienist may perform” in its place;

(ii) Strike the phrase “in his or her office or any public school or institution rendering dental services.” and insert the phrase “in their office or mobile dental clinic and in any public health setting, including a health care facility, correctional institution, residential facility, public school, shelter for victims of domestic abuse or runaways, foster home, nonprofit clinic, and long-term care facility rendering dental services as that term is defined in section 101(7) of the District of Columbia Long-Term Care Ombudsman Program Act of 1988, effective March 16, 1989 (D.C. Law 7-218; D.C. Official Code § 7-701.01(7)).” in its place.

(iii) Strike the phrase “subparagraph (A)(vi)” and insert the phrase “subparagraph (A)(xiv)” in its place.

(C) Subparagraph (C) is amended to read as follows:

“(C) For the purposes of this paragraph, the term:

“(i) “Collaborative practice agreement” means a formal agreement between a licensed dentist and a licensed dental hygienist agreed upon by both parties that includes, at a minimum, the roles and responsibilities of each party, the ways in which they will collaborate, and the specific procedures, patient types, and protocols the dental hygienist must follow when practicing under the agreement.

“(ii) “Dental hygiene diagnosis” means the identification of an existing oral health problem that a dental hygienist is qualified and licensed to treat within the scope of the practice and focuses on behavioral risks and physical conditions related to oral health.

“(iii) “General supervision” means the performance by a dental hygienist of procedures permitted by subparagraph (A) of this paragraph based on instructions given by a dentist licensed under this act, but not requiring the physical presence of the dentist during the performance of these procedures. General supervision in dental clinics and public health settings shall be pursuant to a collaborative practice agreement, meeting the requirements set forth by the Mayor through rulemaking, with a dentist licensed under this act that designates authorization for the services provided by the dental hygienist; provided, that the dental hygienist has documented completion of a Board-approved course on medical emergencies within each continuing education cycle.”.

(9) Paragraph (6) is amended as follows:

(A) Subparagraph (A) is amended to read as follows:

“(6)(A) “Practice of nutrition” means the application of the scientific principles derived from the study of food, nutrition, biochemistry, metabolism, physiology, and behavioral sciences for achieving and maintaining health throughout the lifespan; the provision of nutrition care services in-person or via telehealth, including medical nutrition therapy to prevent, manage, or treat diseases or medical conditions and promote wellness; the ordering of patient diets, including therapeutic diets via oral routes; the ordering of medical laboratory tests related to nutritional therapeutic treatments; and the provision of recommendations on vitamin, mineral, and other dietary supplements.”.

(B) A new subparagraph (A-i) is added to read as follows:

“(A-i) “Practice of dietetics” includes the entire scope of the practice of nutrition in subparagraph (A) of this paragraph, as well as the application of scientific principles derived from the study of nutrigenomics, pharmacology, and food systems management; the development and ordering of therapeutic diets, via oral, enteral, and parenteral routes; and the provision of advanced clinical nutrition care services consistent with current Scope and Standards of Practice for dietitians registered by the Commission on Dietetic Registration.”.

(C) A new subparagraph (C) is added to read as follows:

“(C) For the purposes of this paragraph, the term “medical nutrition therapy” means the provision of any of the following nutrition care services for the purpose of management or treatment of a disease or medical condition:

“(i) Nutrition assessment;

“(ii) Nutrition diagnosis;

“(iii) Nutrition intervention; and

“(iv) Nutrition monitoring and evaluation.”.

(10) Paragraphs (6A) and (6A-i) are repealed.

(11) Paragraph (6B) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “the context of marriage and family systems.” and inserting the phrase “the context of, or arising from, marriage and family systems.” in its place.

(B) Subparagraphs (B) and (C) are repealed.

(12) Paragraphs (6B-i) and (6B-ii) are repealed.

(13) New paragraphs (6D) and (6E) are added to read as follows:

“(6D) “Practice of medical assistants” means performing assistance with minor medical practices that, other than the administration of vaccines or other injections, do not involve any subcutaneous procedure and occur only under the direct supervision of a physician, physician assistant, or advance practice registered nurse.

“(6E) “Practice of medical radiation technology” means the use of ionizing or non-ionizing radiation for the purposes of medical imaging and treatment in any of the following categories:

“(A) The practice of cardiovascular-interventional technology, which means the use of imaging equipment to perform a comprehensive scope of invasive cardiac or neurological, peripheral, and visual cardiovascular and non-vascular diagnostic, therapeutic and interventional procedures that are displayed in radiographic or digital images for the purpose of assisting physicians in diagnostic and interventional procedures;

“(B) The practice of computed tomography technology, which means the use of ionizing radiation to produce tomographic images or slices of specific areas of the body on film, fluorescent material, or an image display device;

“(C) The practice of magnetic resonance technology, which means the use of resonance frequency within a magnetic field to evaluate anatomic or physiologic conditions of the body, perform spectral analysis, perform functional and anatomic analysis, and provide a basis for interventional or therapeutic procedures that utilize magnetic resonance technology;

“(D) The practice of mammography, which means the use of low-dose x-rays to image internal structures of the breast for purposes of detecting abnormal growths or cysts;



“(E) The practice of nuclear medicine technology, which means the use of in vivo and in vitro detection and measurement of radioactivity and the administration of radiopharmaceuticals and radionuclides for diagnostic and therapeutic purposes;

“(F) The practice of radiation therapy, which means the administration of ionizing and non-ionizing radiation to human beings for therapeutic purposes as prescribed and supervised by a radiation oncologist;

“(G) The practice of radiography, which means the use of ionizing radiation projected through the body to produce radiographic or fluoroscopic images;

“(H) The practice by radiologist assistants, which means the practice of radiography in the areas of patient care, patient management, clinical imaging and interventional procedures, but does not include interpreting images, making diagnoses, or prescribing medication or therapies; and

“(I) The practice of ultrasonography or sonography, which means the use of ultrasound for the visualization of subcutaneous body structures including tendons, muscles, joints, vessels, and internal organs for possible pathology or lesions.”.

(14) Paragraph (7B) is amended to read as follows:

“(7B) “Practice by nursing assistive personnel” means the performance by authorized individuals who have been assigned direct patient care tasks that are common to nursing functions and do not require professional skill or judgment within a health care, residential, or community support setting; provided, that the patient care tasks are performed under the general supervision of a licensed health care professional. Nursing assistive personnel includes:

“(A) Nurse aides;

“(B) Medication aides;

“(C) Home-health aides;

“(D) Patient care technicians;

“(E) Trained medication employees;

“(F) Dialysis technicians; and

“(G) Any other profession as determined by the Mayor through rulemaking.”.

(15) Paragraph (9)(A) is amended as follows:

(A) Sub-subparagraph (i) is amended to read as follows:

“(i) The therapeutic use of everyday life activities and the use of other occupational therapy techniques to engage clients who have disability- or non-disability-related needs in everyday life occupations to enable participation in activities at home, school, the workplace, or other community settings to promote habilitation, rehabilitation, and health and wellness, with or without compensation;”.

(B) Sub-subparagraph (iii) is amended by striking the word “patients” and inserting the word “clients” in its place.

(16) Paragraph (10)(E) and is amended to read as follows:

“(E) An individual licensed to practice optometry may administer or prescribe the following drugs:

“(i) Antibiotics, but not oral systemic antiviral or antifungal agents;

“(ii) Antihistamines;

“(iv) Non-steroidal anti-inflammatories;

“(iv) Medication for the initiation of immediate emergency treatment of angle closure glaucoma; and

“(v) Injectable systemic drugs to counter anaphylactic reactions.”.

(17) Paragraph (10A)(A) is amended by striking the phrase “communicating in person” and inserting the phrase “communicating in person or through interactive virtual communication” in its place.

(18) Paragraph (11) is amended to read as follows:

“(11)(A) “Practice of pharmacy” means the interpretation and evaluation of prescription orders; the dispensing and labeling of drugs, devices, and biologicals; the compounding of drugs as authorized by federal and District law; the prescribing and dispensing of self-administered hormonal contraceptives when certified by the Board of Pharmacy to do so and in accordance with regulations issued by the Mayor; drug and device selection; responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs, devices, and biologicals, and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease; responsibility for conducting drug-regimen reviews; responsibility for the proper and safe storage and distribution of drugs, devices, and biologicals; the administration of a prescribed drug, device, and biological in accordance with regulations issued by the Mayor; the order and administration of immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention’s published guidelines and recommended immunization schedules for adults aged 18 and older with valid identification, adolescents and children aged 3 through 17 with written informed parental consent or without consent if authorized by District law, and the administration of immunizations and vaccinations to any individual pursuant to a valid prescription when certified by the Board of Pharmacy to do so; conducting health screenings, including ordering, performing, and interpreting Clinical Laboratory Improvement Amendments-waived tests; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; the initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement; the maintenance of proper records; and a range of professional healthcare and clinical services as determined by the Mayor through rulemaking, but including:

“(i) Medication Therapy Management;

“(ii) Management of chronic conditions, including Type 2 diabetes mellitus and hypertension;

“(iii) Performing foot checks for patients with diabetes;  
“(iv) Performing point-of-care testing for blood glucose;  
“(v) Providing diabetes education;  
“(vi) Performing point-of-care testing and cholesterol monitoring;  
“(vii) Offering tobacco-cessation services;  
“(viii) Providing transition-of-care services;  
“(ix) Administering anticoagulation therapy;  
“(x) Screening for depression and other mental health conditions;  
“(xi) Conducting asthma Control checks;  
“(xii) Screening for sexually transmitted diseases; and  
“(xiii) Extending prescriptions as medically necessary, excluding controlled substances or specialized medications; and

“(xiv) Initiation of Pre Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) for the prevention of HIV/AIDS pursuant to a protocol.

“(B) For the purposes of this paragraph, the term:

“(i) “Administration” means the direct application of a prescription drug, device, or biological to the body of the patient by injection, inhalation, ingestion, or other means.

“(ii) “Collaborative practice agreement” means a voluntary written agreement between a licensed pharmacist and a licensed physician that has been approved by the Board of Pharmacy and the Board of Medicine, either directly or through rulemaking, or between a licensed pharmacist and another health practitioner with independent prescriptive authority licensed by a District health occupation board, that defines the scope of practice between the licensed pharmacist and licensed physician, or other health practitioner, for the initiation, modification, or discontinuation of a drug therapy regimen.

“(iii) “Pharmacy” means an establishment or institution, or any part thereof, where the practice of pharmacy is conducted, drugs are compounded or dispensed, offered for sale, given away, or displayed for sale at retail, or prescriptions are compounded or dispensed.

“(iv) “Prescription” means an order for a drug, medicinal chemical, biological, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, or on an approved electronic form, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person’s authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern.

“(C) The Mayor shall establish regulations to ensure the safe and effective provision of the services listed under subparagraph (A) of this paragraph, including appropriate training requirements and protocols for collaboration with other healthcare professionals.”.

(19) Paragraph (12)(A) and (B) are amended to read as follows:

“(12)(A) Practice of physical therapy” means the independent evaluation or treatment of human disability, injury, or disease through the specific scientific application of physical measures to secure the functional rehabilitation of the human body; utilizing standard procedures of physical therapy to treat patients with mechanical, physiological, and developmental impairments, functional limitations, and disabilities, or other health and movement-related conditions to alleviate the effects of these conditions, to reduce the risk of injury, and to promote and maintain fitness, health, and wellness in populations of all ages; the ability to order imaging as part of the evaluation process; and the teaching and researching of physical therapy.

“(B) “Practice by physical therapist assistants” means the performance of selected components of a physical therapy treatment intervention by a person who has graduated from a physical therapist assistant program accredited by an agency recognized for that purpose by the Secretary of the Department of Education or the Council of Postsecondary Accreditation and is licensed pursuant to this act to assist a physical therapist.”.

(20) Paragraph (14) is amended to read as follows:

“(14) “Practice of podiatry” means the diagnosis, treatment, prevention, and care of pathology and ailments of all structures and tissues of the human foot and ankle, the anatomical structures that attach to the human foot, ankle, and soft tissue at or below the knee, by surgical, medical, or mechanical means, with or without compensation. A licensed podiatrist may administer local anesthesia, as well as injections, immunizations, and vaccinations.”.

(21) Paragraph (15) is amended to read as follows:

“(15) “Practice of practical nursing” means the performance, under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other authorized health care provider, with or without compensation, of directed nursing services required in observing and caring for sick, injured, convalescent, or disabled patients, in promoting preventive measures in community health, in acting to safeguard life and health, in administering treatment and medication prescribed by a physician, dentist, or advanced practice registered nurses, or in performing other acts not requiring the skill, judgment, and knowledge of a registered nurse. The practice of practical nursing includes the training of nursing assistive personnel and shall be subject to the nursing standards established or recognized by the Board of Nursing in accordance with regulations promulgated by the Mayor.”.

(22) Paragraph (15B) is amended as follows:

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

(B) Subparagraph (B) is amended by striking the period and inserting a semicolon in its place.

(C) New subparagraphs (C) and (D) are added to read as follows:

“(C) Determining and evaluating treatment goals and objectives and implementing counseling techniques and evidence-based counseling methods, models, and interventions to achieve treatment plan goals; and

“(D) Teaching and supervising the practice of professional counseling.”.

(23) Paragraph (16) is amended to read as follows:

“(16)(A) “Practice of psychology” means the observation, description, evaluation, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, with or without compensation, for the purposes of:

“(i) Preventing, eliminating, assessing, or predicting symptomatic, maladaptive, or undesired behavior;

“(ii) Evaluating, assessing, or facilitating the enhancement of individual, group, or organizational effectiveness, including personal effectiveness, adaptive behavior, interpersonal relationships, work and life adjustment, health, and individual, group, or organizational performance; or

“(iii) Providing effective services to help children and youth succeed academically, socially, behaviorally, and emotionally and direct educational and mental health services for children and youth, including working with parents, educators, and other professionals to create supportive learning and social environments for children.

“(B) Limitations on the authorization to practice psychology under this paragraph shall be set forth as follows:

“(i) A person licensed as a health services psychologist is authorized to practice psychology within the full scope of subparagraph (A) of this paragraph;

“(ii) A person licensed as a general applied psychologist is authorized to practice psychology within the scope of subparagraph (A)(ii) of this paragraph;

“(iii) A person registered as a school psychologist is authorized to practice psychology within the scope of subparagraph (A)(iii) of this paragraph; and

“(iv) A person registered as a psychology associate is authorized to practice psychology within the scope of subparagraph (A)(i) of this paragraph; provided, that they practice only under the supervision of a licensed health services psychologist.”.

“(C) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of:

“(i) An individual bearing the title of psychologist in the employ of an academic institution, research organization, or laboratory, if the psychology-based activities or services offered are within the scope of employment, are consistent with his or her professional training and experience, and are provided within the confines of employment; or

“(ii) A school psychologist employed by District of Columbia Public Schools or a public charter school and working in accordance with regulations issued by the Office of the State Superintendent of Education.”.

(24) A new paragraph (16A) is added to read as follows:

“(16A) “Practice of recreational therapy” means the systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illness or disabling conditions as a means of psychological and physical health, recovery, and well-being, including treatment services designed to restore, remediate, and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness and reduce, or to eliminate the activity limitations and restrictions to participate in life situations caused by illness or a disabling condition.”.

(25) Paragraph (17) is amended to read as follows:

“(17) “Practice of registered nursing” means the performance of the full scope of nursing services, with or without compensation, designed to promote, protect, optimize, and maintain health and abilities, prevent illness and injury, facilitate healing, alleviate suffering through the diagnosis and treatment of human response, and advocate for the care of individuals, families, groups, communities, and populations. The practice of registered nursing includes the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences, including administrative, educational, and research functions, and shall be subject to standards established or recognized by the Board of Nursing and in accordance with regulations promulgated by the Mayor.”.

(26) Paragraph (17A) is amended to read as follows:

“(17A) “Practice of respiratory care” means the diagnostic evaluation, assessment, care and treatment, management, or rehabilitation, in collaboration with a licensed physician, of patients who have deficiencies and abnormalities which affect the pulmonary system and associated aspects of the cardiopulmonary or other systems.”.

(27) Paragraph (18)(A) is amended to read as follows:

“(18)(A) “Practice of social work” means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities, which may include, depending on an individual’s level of social work licensure and area of practice, the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.”.

(28) Paragraph (19A) is amended by striking the phrase “under the direct supervision” and inserting the phrase “under the supervision” in its place.

(d) Section 103(d) (D.C. Official Code § 3-1201.03(d)) is amended as follows:

(1) Paragraph (1) is amended by striking the semicolon and adding the phrase “; or” in its place.

(2) Paragraph (2) is amended by striking the semicolon and inserting a period in its place.

(3) Paragraphs (3), (4), (5), (6), and (7) are repealed.

(e) A new section 105 is added to read as follows:

“Sec. 105. Telehealth.

“(a) A health professional licensed, registered, or certified in the District pursuant to this act may provide a telehealth service to a District resident or person located in the District if doing so is:

“(1) Consistent with the applicable standard of care in the District and the health professional’s scope of authorized practice in the District; and

“(2) Not otherwise prohibited by law or regulation.

“(b) A practitioner-patient or practitioner-client relationship may be established through telehealth in accordance with the appropriate standard of care and the practitioner’s competence and scope of practice; provided, that the Mayor may through rulemaking issue additional requirements for specific health professionals to establish a practitioner-client relationship, including an initial in-person physical examination.

“(c)(1) A health professional who provides a telehealth service shall do so in a manner consistent with the standard of care applicable to a health professional who provides a comparable health care service in person in the District.

“(2) The professional practice standards, rules, and laws applicable to the provision of healthcare services, including those related to identity verification, documentation, informed consent, confidentiality, privacy, and security shall apply to the provision of telehealth services.

“(d) A health professional providing telehealth services who is authorized to prescribe medications shall comply with the Prescription Drug Monitoring Program Act of 2013, effective February 22, 2014 (D.C. Law 20-66; D.C. Code § 48-853.01 *et seq.*), and all District or federal laws and rules related to prescription and controlled substances.

“(e) Except as otherwise provided in subsection (f) of this section, a practitioner who does not hold a license, registration, or certification to practice in the District pursuant to this act may not provide a telehealth service to a client or patient physically located in the District unless the practitioner and the client or patient have an existing practitioner-client or practitioner-patient relationship and:

“(1) The client or patient is temporarily present in the District; or

“(2) The client or patient is a District resident and the telehealth services provided do not exceed 120 days or a longer period of time as determined by the Mayor through rulemaking.

“(f) Nothing in this section shall be construed to conflict with interstate reciprocity agreements or occupational licensure interstate compacts entered into by the District.”.

(f) Section 203 (D.C. Official Code § 3-1202.03) is amended as follows:

(1) The section heading is amended to read as follows:

“Sec. 203. Board of Medicine; Advisory Committees on Anesthesiologist Assistants, Polysomnography, Surgical Assistants, Trauma Technologists, Athletic Trainers, Maternal Care Professionals, and Medical Radiation Technologists.”.

(2) Subsection (a) is amended as follows:

(A) Paragraph (2) is amended to read as follows:

“(2) The Board shall regulate the practice of medicine, the practice by anesthesiologists assistants with the advice of the Advisory Committee on Anesthesiologist Assistants, the practice of medical radiation technology with the advice of the Advisory Committee on Medical Radiation Technologists, the practice by physician assistants, the practice by surgical assistants with the advice of the Advisory Committee on Surgical Assistants, the practice by physicians-in-training, the practice by trauma technologists with the advice of the Advisory Committee on Trauma Technologists, the practice of athletic training with the advice of the Advisory Committee on Athletic Trainers, and the practices of certified professional midwifery and doulas with the advice of the Advisory Committee on Maternal Care Professionals.”.

(B) A new paragraph (2A) is added to read as follows:

“(2A) The Board shall also regulate the practice of acupuncture and the practice of naturopathic medicine until the Board of Integrative Healthcare commences operations pursuant to section 224(f).”.

(C) Paragraph (3) is amended as follows:

(i) The existing language is designated as subparagraph (A).

(ii) Subparagraph (A) is amended by striking the period and inserting the phrase “; except, that from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545) (“2024 Act”), of the members of the Board, 9 shall be physicians licensed to practice in the District, 2 shall be physician assistants licensed to practice in the District, 3 shall be consumer members, and one shall be the Director of the Department of Health, or his or her designee.” in its place.

(iii) A new subparagraph (B) is added to read as follows:

“(B) The Chair of the Board as of the effective date of the 2024 Act shall be a physician member.”.

(D) Paragraph (8) is amended as follows:

(i) Subparagraph (A) is repealed.

(ii) Subparagraph (B-ii) is repealed.

(iii) Subparagraph (C) is amended by striking the phrase “ in accordance with guidelines approved by the Advisory Committee on Physician Assistants;” and inserting a semicolon in its place.

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



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(v) Subparagraph (I) is amended by striking the period at the end and inserting the phrase “; and” in its place.

(vi) A new subparagraph (J) is added to read as follows:

“(J) The practice of medical radiation technology in accordance with guidelines approved by the Advisory Committee on Medical Radiation Technologists.”.

(3) Subsection (a-2) is repealed.

(g) Section 204 (D.C. Official Code § 3-1202.04) is amended as follows:

(1) Subsection (a) is amended by striking the period and inserting the phrase “; except that, from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545) (“2024 Act”), the Board shall consist of 13 members.” in its place.

(2) Subsection (b) is amended as follows:

(A) Paragraph (1) is amended to read as follows:

“(b)(1) The Board shall regulate the practice of advanced practice registered nursing, practice of registered nursing, practice of practical nursing, practice by nursing assistive personnel, practice of nursing home administration, practice of assisted living administration, and practice of home health care administration.”.

(B) Paragraph (2) is amended as follows:

(i) Strike the phrase “required for the approval of nursing schools and nursing programs” and insert the phrase “required for the approval of nursing education programs” in its place.

(ii) Strike the phrase “may also recommend” and insert the phrase “shall also recommend” in its place.

(iii) Strike the phrase “withdrawing approval of nursing schools and nursing programs.” and insert the phrase “withdrawing approval of nursing education programs and training programs for nursing assistive personnel.” in its place.

(3) Subsection (c) is amended by striking the period and inserting the phrase “; except, that from the effective date of the 2024 Act, of the members of the Board, 4 shall be registered nurses licensed in the District, 2 shall be practical nurses licensed in the District, one shall be a nursing home administrator, assisted living administrator, or home health care administrator licensed in the District, one shall be a nursing assistive personnel registered or certified in the District, 3 shall be registered nurses, advanced practice registered nurses, practical nurses, or nursing assistive personnel licensed, registered, or certified in the District, and 2 shall be consumer members.” in its place.

(h) Section 205 (D.C. Official Code § 3-1202.05) is repealed.

(i) Section 206 (D.C. Official Code § 3-1202.06) is amended by adding a new subsection (f) to read as follows:

“(f) The Board shall be dissolved on the day the Board of Rehabilitative Therapies commences operation pursuant to section 223(e).”.

(j) Section 207 (D.C. Official Code § 3-1202.07) is amended as follows:

(1) Subsection (f) is amended to read as follows:

“(f) Upon application, the Board shall grant certification to administer diagnostic pharmaceutical agents and prescribe therapeutic pharmaceutical agents to applicants who have satisfied the requirements of the Board in accordance with the rules promulgated by the Mayor.”.

(2) Subsection (g) is repealed.

(k) Section 208 (D.C. Official Code § 3-1202.08) is amended as follows:

(1) The section heading is amended by striking the phrase “and Advisory Committee on Clinical Laboratory Practitioners.” and inserting a period in its place.

(2) Subsection (b) is amended as follows:

(A) Paragraph (1) is amended to read as follows:

“(1) The Board shall regulate the practice of pharmacy, the practice of pharmaceutical detailing, and the practice of pharmacy technicians.”.

(B) Paragraph (1A) is repealed.

(3) Subsection (c) is amended by striking the period and inserting the phrase “; except, that from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545), of the members of the Board, 5 shall be pharmacists licensed in the District, one shall be a pharmacy technician registered in the District, and one shall be a consumer member.” in its place.

(4) Subsection (f) is amended by striking the phrase “and only pursuant to a written protocol and valid prescription or standing order of a physician.” and inserting a period in its place.

(5) Subsections (g) and (i) through (m) are repealed.

(l) Section 209 (D.C. Official Code § 3-1202.09)) is amended by adding a new subsection (f) to read as follows:

“(f) The Board shall be dissolved on the day the Board of Rehabilitative Therapies commences operation pursuant to section 223(e).”.

(m) Section 211 (D.C. Official Code § 3-1202.11) is amended as follows:

(1) Subsection (a) is amended by striking the period and inserting the phrase “; except that, from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545) (“2024 Act”), the Board shall consist of 6 members.” in its place.

(2) Subsection (b) is amended to read as follows:

“(b) The Board shall regulate the practice of psychology, the practice by psychology associates, and the practice of behavior analysis.”.

(3) Subsection (c) is amended by striking the period and inserting the phrase “; except, that from the effective date of the 2024 Act, of the members of the Board, 4 shall be

psychologists licensed in the District, one shall be a behavior analyst licensed in the District, and one shall be a consumer member.” in its place.

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

“(f)(1) Within one year of the effective date of the 2024 Act, the Mayor shall issue rules for the licensure and scope of the practice of behavior analysis, which shall include at a minimum:

“(A) A code of ethics for the practice of behavior analysis;

“(B) Criteria for the educational and clinical training of licensed behavior analysts;

“(C) Criteria for a professional competency examination and testing of applicants for a license to practice behavior analysis; and

“(D) Continuing education requirements for license renewal.

“(2) The Board shall hold at least 2 public meetings to solicit input on the rules developed pursuant to this subsection from behavior analysts and residents served by behavior analysts before issuing rules.”.

(n) Section 212(c) (D.C. Official Code § 3-1202.12(c)) is amended by striking the period and inserting the phrase “; except, that from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545), of the members of the Board, 4 shall be social workers licensed in the District; provided, that 3 of those members shall be a licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker, while the remaining member may be from any of the 4 licensing categories established by Title VIII, and one shall be a consumer member.” in its place.

(o) Section 213 (D.C. Official Code § 3-1202.13) is amended as follows:

(1) Subsection (a) is amended by striking the period and inserting the phrase “; except, that from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545) (“2024 Act”), the Board shall consist of 7 members appointed by the Mayor with the advice and consent of the Council.” in its place.

(2) Subsection (b) is amended by striking the phrase “and addiction counseling.” and inserting the phrase “addiction counseling, dance therapy, and marriage and family therapy.” in its place.

(3) Subsection (d) is amended to read as follows:

“(d) Of the members of the Board, 2 shall be professional counselors licensed in the District, one shall be an educator engaged in teaching counseling, one shall be a professional art therapist, one shall be a consumer member, and one shall have at least 5 years of experience in the field of addiction counseling; except, that from the effective date of the 2024 Act, of the members of the Board:

“(1) Three shall be professional counselors licensed in the District;

“(2) One shall be a professional art therapist licensed in the District;

“(3) One shall be a marriage and family therapist licensed in the District;

“(4) One shall be a professional counselor, a professional art therapist, a marriage and family therapist, or an addiction counselor licensed or certified in the District; and

“(5) One shall be a consumer member; provided further, that of the members who are licensed professional counselors, one shall be an educator engaged in teaching counseling and one shall have at least 3 years of experience in the field of addiction counseling.”.

(p) Section 214 (D.C. Official Code § 3-1202.14) is amended as follows:

(1) Subsection (b) is amended by striking the word “therapy” and inserting the word “care” in its place.

(2) Subsection (c) is amended by striking the period and inserting the phrase “; except, that from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545), of the members of the Board, 3 shall be respiratory care practitioners licensed in the District, one shall be either a physician with knowledge and experience in the practice of respiratory care or a respiratory care practitioner, licensed in the District, and one shall be a consumer member.”.

(q) Section 216 (D.C. Official Code § 3-1202.16) is amended by adding a new subsection (f) to read as follows:

“(f) The Board shall be dissolved on the day the Board of Integrative Healthcare commences operation pursuant to section 224(f).”.

(r) Section 217 (D.C. Official Code § 3-1202.17) is repealed.

(s) Section 218 (D.C. Official Code § 3-1202.18) is amended by adding a new subsection (i) to read as follows:

“(i) The Board shall be dissolved on the day the Board of Rehabilitative Therapies commences operation pursuant to section 223(e).”.

(t) New sections 223 and 224 are added to read as follows:

“Sec. 223. Board of Rehabilitative Therapies.

“(a) There is established a Board of Rehabilitative Therapies to consist of 11 members appointed by the Mayor with the advice and consent of the Council.

“(b) The Board shall regulate the practices of audiology, occupational therapy, physical therapy, recreational therapy, and speech-language pathology and the practices by audiology assistants, occupational therapy assistants, physical therapist assistants, speech-language pathology assistants, and speech-language pathology clinical fellows.

“(c) Of the members of the Board, 3 shall be physical therapists or physical therapist assistants licensed in the District, 2 shall be occupational therapists or occupational therapy assistants licensed in the District, 2 shall be audiologists or speech-language pathologists licensed in the District, one shall be a recreational therapist licensed in the District, 2 shall be consumer members, and one shall be a District licensed or registered:

“(1) Audiologist;

- “(2) Audiology assistant;
- “(3) Physical therapist;
- “(4) Physical therapist assistant;
- “(5) Occupational therapist;
- “(6) Occupational therapy assistant;
- “(7) Recreational therapist;
- “(8) Speech-language pathologist; or
- “(9) Speech-language pathology assistant.

“(d) Of the members initially appointed under this section, 3 shall be appointed for a term of one year, 4 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

“(e) The Board shall commence operation and assume regulatory authority from the Boards of Audiology and Speech-Language Pathology, Physical Therapy, and Occupational Therapy one year from the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545), or once the following appointments are made, whichever is earlier:

- “(1) 2 members licensed to practice physical therapy;
- “(2) 2 members licensed to practice occupational therapy;
- “(3) One member authorized to practice speech-language pathology or audiology;

and

- “(4) One consumer member.

“Sec. 224. Board of Integrative Healthcare.

“(a) There is established a Board of Integrative Healthcare to consist of 9 members appointed by the Mayor with the advice and consent of the Council.

“(b) The Board shall regulate the practices of acupuncture, chiropractic, and naturopathic medicine.

“(c) Of the members of the Board, 2 shall be acupuncturists licensed in the District, 2 shall be doctors of chiropractic licensed in the District, 2 shall be naturopathic physicians licensed in the District, one shall be a medical physician licensed in the District who works with acupuncturists, doctors of chiropractic, or naturopathic physicians, and 2 shall be consumer members.

“(d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.

“(e) Of the members initially appointed under this section, 3 shall be appointed for a term of one year, 3 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

“(f) The Board shall commence operation and assume regulatory authority from the Board of Medicine for the practices of acupuncture and naturopathic medicine and the Board of Chiropractic one year of the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545), or once the following appointments are made, whichever is earlier:

“(1) One member licensed to practice acupuncture;

“(2) One member licensed to practice chiropractic;

“(3) One member licensed to practice naturopathic medicine;

“(4) One member licensed to practice medicine who works with an acupuncturist, a doctor of chiropractic, or a doctor of naturopathic medicine; and

“(5) One consumer member.”.

(u) Section 302 (D.C. Official Code § 3-1203.02) is amended as follows:

(1) A new paragraph (10A) is added to read as follows:

“(10A) Creating and maintaining an online complaint form for the public to submit a complaint regarding any health care professional registered or licensed by any Board pursuant to this act or any unlicensed activity;”.

(2) Paragraph (12) is amended by striking the phrase “, except the Mayor may provide for the issuance of temporary licenses to applicants for licensure to practice social work and marriage and family therapy for a period not to exceed 1 year, and to applicants for licensure to practice as anesthesiologist assistants for a period not to exceed 2 years;” and inserting a semicolon in its place.

(v) Section 401(b)(2) (D.C. Official Code § 3-1204.01(b)(2)) is amended by striking the phrase “the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists,” and inserting the phrase “the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists, the athletic trainers initially appointed to the Advisory Committee on Athletic Trainers, the certified professional midwives and the doula initially appointed to the Advisory Committee on Maternal Care Professionals, the practitioners of medical radiation technology initially appointed to the Advisory Committee on Medical Radiation Technologists,” in its place.

(w) Section 404(b) (D.C. Official Code § 3-1204.04(b)) is amended to read as follows:

“(b) The failure of a member of a board or advisory committee to attend at least 1/2 of the regular, scheduled meetings of a board or advisory committee within a 12-month period shall constitute neglect of duty. Notwithstanding subsection (a), the Mayor may remove a member of a board or advisory committee for such neglect of duty without a hearing.”.

(x) Section 405 (D.C. Official Code § 3-1204.05) is amended by adding a new subsection (a-1) to read as follows:

“(a-1) Each board and advisory committee may elect a vice chairperson from among its members.”.

(y) Section 408 (D.C. Official Code § 3-1204.08) is amended as follows:

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(1) Paragraph (2) is amended by striking the word “licenses” and inserting the phrase “a license, registration, or certification,” in its place.

(2) Paragraph (4) is amended by striking the word “licenses” and inserting the phrase “licenses, registrations, or certifications” in its place.

(z) A new section 413 is added to read as follows:

“Sec. 413. Immunity.

“A person who is a member of a board, a staff member supporting a board, or a legally authorized agent of a board acting without malice and in the furtherance of their duties shall have immunity from civil liability for investigating, prosecuting, participating in a hearing, or otherwise acting on an allegation of a ground for board action.”.

(aa) The designation for Title V is amended to read as follows:

“TITLE V.

“LICENSING, REGISTRATION, CERTIFICATION, OR APPROVAL REQUIRED.”.

(bb) Section 501 (D.C. Official Code § 3-1205.01) is amended as follows:

(1) The section heading is amended to read as follows:

“Sec. 501. License, registration, certification, or approval required.”.

(2) Subsection (a) is amended as follows:

(A) Paragraphs (1) and (2) are amended to read as follows:

“(a)(1) A license issued pursuant to this act is required to practice acupuncture, advanced practice registered nursing, assisted living administration, audiology, cardiovascular-interventionist technology, chiropractic, certified midwifery, certified professional midwifery, computed tomography technology, dental hygiene, dentistry, dietetics, health services psychology, general applied psychology, home health care administration, magnetic resonance technology, mammography, marriage and family therapy, massage therapy, medicine, naturopathic medicine, nuclear medicine technology, nursing home administration, nutrition, occupational therapy, optometry, pharmaceutical detailing, pharmacy, physical therapy, podiatry, practical nursing, professional art therapy, professional counseling, radiography, recreational therapy, registered nursing, respiratory care, social work, speech-language pathology, ultrasound technology or sonography, veterinary medicine, or to practice as an anesthesiologist assistant, athletic trainer, graduate marriage and family therapist, graduate professional art therapist, physician assistant, physical therapist assistant, polysomnographic technologist, occupational therapy assistant, radiation therapist, radiologist assistant, surgical assistant, or as a trauma technologist in the District, except as otherwise provided in this act.

“(2) Registration is required to practice as an audiology assistant, dance therapist, dental assistant, psychology associate, polysomnographic technician or trainee, school psychologist, speech-language pathology assistant, or speech-language pathology clinical fellow.”.

(B) New paragraphs (6) and (7) are added to read as follows:

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“(6) Registration or certification under section 907 or rules promulgated by the Mayor is required for any person to engage in the role or function of nursing assistive personnel.

“(7) Approval by the Board of Nursing is required to operate nursing education programs and training programs for nursing assistive personnel in the District.”

(cc) Section 502(a) (D.C. Official Code § 3-1205.02(a)) is amended as follows:

(1) Paragraph (2) is amended to read as follows:

“(2) To an individual employed by the federal government, while he or she is acting in the official discharge of the duties of employment in the District;”

(2) Paragraph (3) is amended to read as follows:

“(3) To an individual, licensed, registered, or certified to practice a health occupation in a state, who is providing care to an individual, an animal, or a group (“client or patient”) for a limited period of time, if:

“(A) The individual has been providing care to the client or patient located in a state and is accompanying the client or patient to the District for a visit not exceeding 30 days;

“(B) The individual is called from a state in professional consultation by or on behalf of a client or patient to visit, examine, treat, or provide advice regarding the specific client or patient in the District; or

“(C) The individual is invited to give a demonstration of a procedure or clinic in the District; provided, that the individual engages in the provision of care, consultation, demonstration, or clinic in affiliation with a comparable health professional licensed, registered, or certified pursuant to this act;”

(3) Paragraph (3A) is amended by striking the phrase “retained to testify as an expert witness” and inserting the phrase “retained to assess or evaluate a subject and to testify as an expert witness” in its place.

(dd) Section 503 (D.C. Official Code § 3-1205.03) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (2) is amended by striking the phrase “age;” and inserting the phrase “age; except that individuals applying for certification as nursing assistive personnel shall be at least 16 years of age;” in its place.

(B) Paragraph (3) is amended by striking the phrase “and Titles VI, VII, VIII and VIII-A” and inserting the phrase “and Titles VI, VII, VIII, VIII-A, VIII-B, VIII-C, VIII-D, VIII-E, VIII-F, or VIII-G” in its place.

(C) Paragraph (4) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(D) Paragraph (5) is amended by striking the period and inserting a semicolon in its place.

(E) New paragraphs (6) and (7) are added to read as follows:



“(6) Has not had a license, registration, or certification to practice a health occupation revoked or suspended in another state if:

“(A) The basis of the license revocation or suspension would have caused a similar result in the District; and

“(B) The revocation or suspension has not been terminated or the applicant’s license has not been restored to good standing in the relevant state; and

“(7) Is not currently the subject of a pending disciplinary action regarding the individual’s right to practice in another state.”.

(2) Subsection (c) is repealed.

(3) Subsection (d) is amended by striking the phrase “and Titles VI, VII, VIII and VIII-A” and inserting the phrase “and Titles VI, VII, VIII, VIII-A, VIII-B, VIII-C, VIII-D, VIII-E, VIII-F, and VIII-G” in its place.

(ee) Section 504 (D.C. Official Code § 3-1205.04) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “Board of Medicine” and inserting the phrase “Board of Integrative Healthcare” in its place.

(2) Subsection (b) is amended by striking the phrase “Board of Chiropractic” both times it appears and inserting the phrase “Board of Integrative Healthcare” in its place.

(3) Subsection (d-2) is amended by striking the phrase “completed a minimum of 500 hours of training in massage therapy.” and inserting the phrase “completed the training in massage therapy required pursuant to rules promulgated by the Mayor.” in its place.

(4) Subsection (e-1) is amended by striking the phrase “Board of Medicine” wherever it appears and inserting the phrase “Board of Integrative Healthcare” in its place.

(5) Subsection (f)(1) is amended by striking the phrase “Board of Long-Term Care Administration” and inserting the phrase “Board of Nursing” in its place.

(6) Subsection (g) is amended by striking the phrase “Board of Occupational Therapy” both times it appears and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(7) Subsection (j) is amended as follows:

(A) Strike the phrase “physical therapy assistant” both times it appears and insert the phrase “physical therapist assistant” in its place.

(B) Strike the phrase “Board of Physical Therapy” wherever it appears and insert the phrase “Board of Rehabilitative Therapies” in its place.

(8) Subsection (o) is repealed.

(9) Subsection (p) is amended as follows:

(A) Strike the phrase “respiratory therapy” and insert the phrase “respiratory care” in its place.

(B) Strike the phrase “Board of Respiratory Therapy” and insert the phrase “Board of Respiratory Care” in its place.

(10) Subsection (t) is amended as follows:

(A) Paragraph (1) is amended by striking the word “midwifery” and inserting the phrase “certified professional midwifery” in its place.

(B) Paragraph (2) is amended by striking the word “midwifery” and inserting the phrase “certified professional midwifery” in its place.

(11) A new subsection (v) is added to read as follows:

“(v) For purposes of this section, references to the Board on Rehabilitative Therapies and Board of Integrative Healthcare prior to their commencement of operations pursuant to sections 223(e) and 224(f), respectively, shall continue to refer to the board with regulatory authority over the respective health care profession prior to the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545).”.

(ff) Section 505 (D.C. Official Code § 3-1205.05) is amended as follows:

(1) Subsection (b) is amended by adding a new sentence at the end to read as follows “An individual who does not have a social security number shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.”.

(2) New subsections (c), (d), and (e) are added to read as follows:

“(c) While a post office box may be provided as the applicant’s preferred mailing address, an applicant shall provide their actual physical residential or business address for the record.

“(d) An applicant shall have the burden of establishing that they meet the requirements for the license, registration, or certification sought.

“(e) Any document or information required by this act or rule issued pursuant to this act to be submitted for the issuance or renewal of a license, registration, or certification may be submitted in electronic form in accordance with rules established by the Mayor.”.

(gg) Section 507 (D.C. Official Code § 3-1205.07) is amended by adding a new subsection (c) to read as follows:

“(c) The Mayor may issue rules establishing standards and requirements by which a board may assess and determine that an endorsement applicant possesses current competency substantially equivalent to the competency standards required in the District, notwithstanding that the applicant may not have been licensed, registered, certified, or accredited by an accrediting association or a state board under the standards that were substantially equivalent to the District’s standards at the time of their licensure, registration, certification, or accreditation.”.

(hh) Section 508a (D.C. Official Code § 3-1205.08a) is amended to read as follows:

“Sec. 508a. Temporary license, registration, or certification.

“(a) A board may, in situations established by the Mayor through rulemaking, issue a temporary license, registration, or certification for a health care profession to an applicant if the applicant is licensed, registered, or certified and in good standing in another jurisdiction to practice the same profession.

“(b) A temporary license, registration, or certification issued pursuant to this section shall be valid for a fixed period of time established by the issuing board, subject to any limits as may be established by the Mayor by rule.

“(c) For the purposes of this section, the term “in good standing” means that the applicant has an active license and is not subject to any current public or private discipline, including probation, suspension, revocation, or any other public or private practice restriction.

“(d) An applicant who previously held a license, registration or certification in the District that was revoked or suspended shall be not eligible for a temporary license, registration, or certification under this section.”.

(ii) Subsection 509(a)(2) (D.C. Official Code § 3-1205.09(a)(2)) is repealed.

(jj) Section 509a (D.C. Official Code § 3-1205.09a) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “the Board” and inserting the phrase “the Board of Medicine” in its place.

(2) Subsection (b) is amended by striking the phrase “in any single year” and inserting “in any single calendar year” in its place.

(3) Subsection (e)(4) is amended to read as follows:

“(4) All initial applicants shall pay a license fee of a minimum of \$500.”.

(4) Subsection (g)(2) is amended by striking the phrase “a fee of \$1,000,” and inserting the phrase “a minimum fee of \$1,000,” in its place.

(kk) Section 510 (D.C. Official Code § 3-1205.10) is amended as follows:

(1) Subsection (a) is amended to read as follows:

“(a) The term of a license, registration, or certification shall not exceed 2 years; except, that the Mayor may by rule provide for a period of licensure, registration, or certification of not more than 3 years. An expiring license, registration, or certification may be renewed in accordance with rules issued by the Mayor.”.

(2) A new subsection (a-1) is added to read as follows:

“(a-1) The Mayor may require a health professional to maintain the required qualifications for licensure, registration, or certification during the period of licensure, registration, or certification or for the renewal of the license, registration, or certification.”.

(3) Subsection (b)(1) is repealed.

(4) Subsection (c) is amended as follows:

(A) The lead-in language is amended by striking the phrase “by first class mail” and inserting the phrase “by first class mail or electronic mail” in its place.

(B) Paragraph (2) is amended by striking the phrase “issued and mailed” and inserting the word “issued” in its place.

(5) Subsection (d)(2) is amended by striking the semicolon and inserting the phrase “pursuant to this act or rules promulgated under this act;” in its place.

(ll) Section 511 (D.C. Official Code § 3-1205.11) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “on inactive status.” and inserting the phrase “on inactive status; except, that, the license, registration, or certification of a nursing assistive personnel, medical training licensee, medical training registrant, polysomnographic technician, polysomnographic trainee, speech-language pathology clinical fellow, and any other health care professional as determined by the Mayor through rulemaking shall not be eligible to be placed on inactive status.” in its place.

(2) Subsection (c) is amended to read as follows:

“(c) Each board shall, subject to the limitations specified in subsection (a) of this section, issue a license, registration, or certification to an individual who is on inactive status and who desires to resume the practice of a health occupation, if the individual:

“(1) Pays the fee established by the Mayor;

“(2) Seeks reactivation of the license, registration, or certification in accordance with the rules governing the profession and complies with the continuing education and criminal background check requirements in effect when the licensee, registrant, or person certified seeks to reactivate their license, registration, or certification; and

“(3) Establishes to the satisfaction of the board that regulates the profession that they possess the current competency to practice their health profession safely and effectively, which may include compliance with a re-entry plan for individuals who have not actively practiced their profession for a period of time as established by rule.”.

(3) A new subsection (d) is added to read as follows:

“(d) The Mayor may establish by rule a maximum amount of time that a license, registration, or certification may remain inactive in accordance with each health care profession’s standards.”.

(mm) A new section 511a is added to read as follows:

“Sec. 511a. Emeritus status.

“(a) The Mayor may issue rules permitting emeritus status for a licensee, registrant, or certificate holder who meets the following requirements:

“(1) The person has at least 10 years of relevant licensed, registered, or certified practice in the District;

“(2) The person provides a declaration of retirement from active practice in all jurisdictions in which the person is licensed, registered, or certified;

“(3) The person is not the subject of disciplinary action in any jurisdiction; and

“(4) The person has had no prior revocation or suspension of their license, registration, or certification in any jurisdiction.

“(b) An individual holding emeritus status permits the holder to refer to themselves by the title of their license, registration, or certification but may not:

“(1) Engage in active practice of that health profession in the District or any other jurisdiction; or

“(2) Either explicitly or implicitly hold themselves out to others as a person permitted to engage in active practice of that health profession.

“(c) The board may cancel an emeritus license, registration, or certificate for failure to meet the requirements of subsections (a) or (b) of this section.

“(d) The board may take disciplinary action against an emeritus status holder for violations of sections 501 or 514.

“(e) An emeritus status holder may apply to change to active license, registration, or certification status within 5 years after the date emeritus status was granted by:

“(1) Paying the fee established by the Mayor;

“(2) Complying with the continuing education requirements in effect when the emeritus holder seeks to return to active license, registration, or certification status;

“(3) Complying with any other current requirements for the reactivation of a license, registration, or certification; and

“(4) Establishing to the board’s satisfaction that they possess the current competency to practice their health profession.

“(f) An emeritus status holder may not return to active license, registration, or certification status more than 5 years after the grant of the emeritus status except by submitting an application for a new license, registration, or certification and establishing to the satisfaction of the board that they qualify for the license, registration, or certification and possess current competency to practice that profession.”.

(nn) Section 512 (D.C. Official Code § 3-1205.12) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) The lead-in language is amended to read as follows:

“(a) Except as otherwise provided in subsections (b), (c), and (d) of this section, if a health professional fails for any reason to renew the license, registration, or certification issued under this title prior to the expiration date or during the period of late renewal, the board regulating the health occupation shall reinstate the license, registration, or certification, if the health professional:”.

(B) Paragraph (2) is amended to read as follows:

“(2) Complies with the current requirements for reinstatement of a license, registration, or certification as specified by this act and rules;”.

(2) Subsection (b) is amended to read as follows:

“(b) The board shall not reinstate the license, registration, or certification of a health professional who fails to apply for reinstatement of a license, registration, or certification within 5 years after the license, registration, or certification expires. The health professional may become licensed, registered, or certified by meeting the requirements for a new application as specified by rule.”.

(3) New subsections (c) and (d) are added to read as follows:

“(c) Any individual who has not been in the active practice of their health profession for more than 2 years preceding the date of the reinstatement application may be required, pursuant to rule, to submit proof satisfactory to the board of their competency to practice, which may include training, testing, or practice monitoring as determined by the board.

“(d) A registration or certification of a nursing assistive personnel that has expired and is not renewed may not be reinstated except as may be provided in rules issued by the Mayor.”.

(oo) Section 513(a)(4) (D.C. Official Code § 3-1205.13(a)(4)) is amended as follows:

(1) Subparagraph (A) is amended to read as follows:

“(A) Change of email address, address of the place of residence, or address of the place of business or employment within 30 days after the relevant change;”.

(2) Subparagraph (C) is amended to read as follows:

“(C) Adverse event meeting the requirements of section 9 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 § 44-508), within the time specified by that section.”.

(pp) Section 514 (D.C. Official Code § 3-1205.14) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) The lead-in language is amended by striking the phrase “, an applicant to establish or operate a school of nursing or nursing program,” and inserting a comma in its place.

(B) Paragraph (3) is amended to read as follows:

“(3) Is disciplined by a licensing, disciplinary, or regulatory authority, professional interstate compact, or peer review body, has entered into a Corporate Integrity Agreement or other agreement with the federal government in lieu of legal sanction, or is convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for disciplinary action under this section; for the purposes of this paragraph, the term “convicted” means the entry of a finding of guilt by a judge or jury, or the acceptance or entry of a guilty plea, a judgment, or any admission of guilt, including a plea of nolo contendere, an Alford plea, deferred sentence, or deferred judgment;”.

(C) Paragraphs (19) and (20) are amended to read as follows:

“(19) Prescribes, dispenses, takes, acquires, appropriates for one’s own or another’s use, or administers drugs when not authorized to do so;

“(20) Fails to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensee, registrant, or certificate holder;”.

(D) Paragraph (25) is amended by striking the phrase “, or fails to conduct business with honesty and fair dealing with employees or students in his or her school of nursing or nursing program, the District of Columbia, a state, the federal government, or the public;” and inserting a semicolon in its place.

(E) A new paragraph (26A) is added to read as follows:

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“(26A) Performs treatments or services without informed consent by the patient, client, or their legal representative, except as provided under section 1 of An Act to relieve physicians of liability negligent medical treatment at the scene of an accident in the District of Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-401);”

(F) Paragraph (27) is amended by striking the phrase “negotiated settlement” and inserting the phrase “negotiated settlement agreement” in its place.

(G) Paragraph (30) is amended by striking the semicolon and inserting the phrase “, or without the withdrawing health professional providing a referral or list of alternative providers;” in its place.

(H) A new paragraph (30A) is added to read as follows:

“(30A) Neglects or verbally or physically abuses a patient or client; for the purposes of this paragraph, the term “verbal abuse” includes yelling, screaming, shouting, threats, intimidation, insults, or name calling by the health professional or by their staff;”

(I) Paragraph (32) is amended by striking the phrase “HIV positive;” and inserting the phrase “HIV positive or is regarded as HIV positive;” in its place.

(J) Paragraph (51) is amended by striking the phrase “; or” and inserting a semicolon in its place.

(K) Paragraph (52) is amended by striking the period at the end and inserting a semicolon in its place.

(L) New paragraphs (53), (54), and (55) are added to read as follows:

“(53) Engages in conduct in their practice that is unprofessional or creates a deleterious impact on the public’s impression of the profession, or that denies a patient or client an atmosphere of safety and health while undergoing treatment;

“(54) Allows staff or persons under their supervision or employment to engage in conduct that is unprofessional in their interaction with patients or clients; or

“(55) Fails to maintain the minimum requirements for licensure, registration, or certification during the period of licensure, registration or certification.”

(2) Subsection (c) is amended as follows:

(A) Paragraph (1) is amended by striking the phrase “or an application to establish a school of nursing or nursing program;” and inserting a semicolon in its place.

(B) Paragraph (4) is amended by striking the semicolon and inserting the phrase “; provided, that the reprimand may subsequently be removed from the individual’s record upon approval by the board as authorized by rule;” in its place.

(C) Paragraph (7) is amended by striking the phrase “; or” and inserting a semicolon in its place.

(D) Paragraph (8) is amended by striking the period at the end and inserting the phrase “; or” in its place.

(E) A new paragraph (9) is added to read as follows:

“(9) Limit or restrict the practice of the person.”

(qq) New sections 514a and 514b are added to read as follows:

“Sec. 514a. Negotiated settlement agreement.

“(a) A board may, in its discretion, enter into a non-disciplinary settlement agreement with a person in lieu of disciplinary action; provided, that the conduct underlying the agreement meets the following requirements:

“(1) The board is satisfied that there is little or no harm or substantive possibility of future harm to a client, patient, or the public;

“(2) The board determines that the conduct involves issues of minor concern; and

“(3) The matter does not involve gross negligence, intentional misconduct, or criminal conduct by the party or entity.

“(b) A non-disciplinary settlement agreement shall not constitute a disciplinary action, but the conduct underlying the agreement may be considered in the board’s review of future conduct of a similar nature.”.

“Sec. 514b. Disciplinary or adverse action against nursing education or nursing assistive personnel training programs.

“The Board of Nursing, subject to the right to a hearing provided by section 519, may deny or withdraw approval of a nursing education program or a nursing assistive personnel training program, if:

“(1) The program fails to meet the standards established by the Mayor through rulemaking;

“(2) The program, or an individual responsible for the program, fails to conduct its business with honesty and fair dealing toward its employees, its students, the government, or the public;

“(3) The program, or an individual responsible for the program, has engaged or attempted to engage in falsification of documents or records;

“(4) The program, or an individual responsible for the program, fraudulently or deceptively obtains or attempts to obtain approval of a program; or

“(5) The program, or an individual responsible for the program, has violated any applicable District law or regulation.”.

(rr) Section 517(b) (D.C. Official Code § 3-1205.17(b)) is amended by striking the phrase “revoking or suspending the license,” and inserting the phrase “revoking, suspending, or accepting the surrender of the license,” in its place.

(ss) Section 519 (D.C. Official Code § 3-1205.19) is amended as follows:

(1) A new subsection (a-2) is added to read as follows:

“(a-2) Before the Board of Nursing takes an action pursuant to section 514b, it shall give the program or operator of the program an opportunity for a hearing before the Board in accordance with this section.”.



(2) Subsection (b) is amended by striking the phrase “or person certified” and inserting the phrase “person certified, or person or entity operating a nursing education or nursing assistive personnel training program” in its place.

(tt) Section 522(a) (D.C. Official Code § 3-1205.22(a)) is amended to read as follows:

“(a) No initial, reactivated, or reinstated license, registration, or certification shall be issued to a health professional before a criminal background check has been conducted for that person. The applicant for a license, registration, or certification shall pay the fee established by the Mayor for the criminal background check. The Mayor may require, by rule, that a criminal background check be conducted for the renewal of a license, registration, or certification, and a fee for such criminal background check.”.

(uu) A new section 525 is added to read as follows:

“Sec. 525. Disciplinary records.

“(a) Consent Orders, Final Orders, and Notices of Summary Suspensions issued pursuant to this act shall be considered public documents and posted on the Department of Health’s website; provided that these documents may be redacted for purposes of protecting private or otherwise confidential information and may only be disclosed in unredacted form in accordance with a District or federal law or regulation.

“(b) Medical records, Orders for Fitness to Practice Evaluations, or other types of physical and mental evaluations, and the resulting reports, shall not be disclosed and shall be exempt from disclosure under the Freedom of Information Act of 1976, effective March 31, 1977 (D.C. Law 1-96; D.C. Official Code § 2-531 *et seq.*).

“(c) Notwithstanding any other provision of law, the Director of the Department of Health may provide information regarding a past or pending investigation of, or disciplinary action against, any licensee, registrant, or certificate holder, or applicant for licensure, registration, or certification by that board to any District licensing authority or a licensing authority of any jurisdiction, upon request; except, that this authorization shall not apply to information that is deemed confidential under subsection (b) of this section. Nothing in this act shall limit the authority of the Director to disclose to any person or entity information concerning the existence of any investigation for unlicensed practice being conducted against any person who is neither licensed, registered, or certified, nor an applicant for licensure, registration, or certification.”.

(vv) Section 601(a) (D.C. Official Code § 3-1206.01(a)) is amended by striking the phrase “by this title,” and inserting the phrase “by this title and any rules promulgated pursuant to this title,” in its place.

(ww) Section 603 (D.C. Official Code § 3-1206.03) is repealed.

(xx) Subsection 604(4) (D.C. Official Code § 3-1206.04(4)) is amended by striking the word “board” and inserting the word “Mayor” in its place.

(yy) A new section 605a is added to read as follows:

“Sec. 605a. Certified registered nurse anesthetist.

“In addition to the functions authorized in section 604, a certified registered nurse anesthetist may plan and deliver anesthesia, pain management, and related care to patients or clients of all health complexities across the lifespan. This practice incorporates the use of independent judgement as well as collaborative interaction with other health care professionals.”.

(zz) A new section 606a is added to read as follows:

“Sec. 606a. Certified nurse-midwife.

“In addition to the functions authorized section 604, a certified nurse-midwife may provide primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth, and the post-partum period, care of the healthy newborn during the first 28 days of the newborn’s life, and treatment of partners for sexually transmitted infections.”.

(aaa) New sections 607a and 607b are added to read as follows:

“Sec. 607a. Certified nurse practitioner.

“In addition to the functions authorized under section 604, a certified nurse practitioner may provide a full range of primary, acute, and specialty healthcare services, including:

“(1) Ordering, performing and interpreting diagnostic tests such as lab work and x-rays;

“(2) Diagnosing and treating acute and chronic conditions such as diabetes, high blood pressure, infections, and injuries;

“(3) Prescribing medications and other treatments;

“(4) Managing patients’ or clients’ overall care;

“(5) Counseling;

“(6) Educating patients on disease prevention and positive health and lifestyle choices; and

“(7) Any other functions and roles as may be prescribed by rules.

“Sec. 607b. Certified clinical nurse specialist.

“(a) In addition to the functions authorized under section 604, a certified clinical nurse specialist may provide the services described in subsection (b) of this section related to specific specialties, including:

“(1) Populations, such as pediatrics, geriatrics, or women’s health;

“(2) Settings, such as critical care or the emergency room;

“(3) Diseases or medical subspecialties, such as diabetes or oncology;

“(4) Types of care, such as psychiatric or rehabilitation; and

“(5) Types of problem, such as pain, wounds, and stress.

“(b) A clinical nurse specialist may provide diagnosis, treatment, and ongoing management of patients or clients, through:

“(1) Providing for the continuous improvement of patient or client outcomes and nursing care;

“(2) Practicing within the core competencies and behaviors specified by the National Association of Clinical Nurse Specialists or other national certifying body recognized by the Board;

“(3) Creating therapeutic environments through mentoring and system changes;

“(4) Practicing with individual clients, families, groups, and populations of clients; and

“(5) Any other functions and roles prescribed by rules.”.

(bbb) A new section 608a is added to read as follows:

“Sec. 608a. Qualifications, certification.

“(a) In addition to the general qualifications for licensure set forth in Title V, and any requirements the Mayor may establish by rule, a certified registered nurse anesthetist shall:

“(1) Be a registered nurse holding a current, valid license pursuant to this act and be in good standing with no action pending or in effect against their license;

“(2) Possess at least a master’s degree from a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs; and

“(3) Successfully complete the National Certification Examination administered by the National Board of Certification and Recertification for Nurse-Anesthetists (“NBCRNA”) and hold current NBCRNA certification.

“(b) In addition to the general qualifications for licensure set forth in Title V, and any requirements the Mayor may establish by rule, a certified nurse-midwife shall:

“(1) Be a registered nurse holding a current, valid license pursuant to this act and be in good standing with no action pending or in effect against their license;

“(2) Possess at least a master’s degree from a program accredited by the Accreditation Commission for Midwifery Education; and

“(3) Successfully complete the certification examination administered by the American Midwifery Certification Board (“AMBC”) and hold current AMBC certification as a certified nurse-midwife.

“(c) In addition to the general qualifications for licensure set forth in Title V, and any requirements the Mayor may establish by rule, a certified nurse practitioner shall:

“(1) Be a registered nurse holding a current, valid license pursuant to this act and be in good standing with no action pending or in effect against his or her license;

“(2) Possess at least a Master of Science in Nursing from a program accredited by a national nursing organization recognized by the Board of Nursing; and

“(3) Successfully complete a national certification examination administered by a national nurse practitioner certifying organization recognized by the Board of Nursing and hold a current certification in the relevant population focus.

“(d) In addition to the general qualifications for licensure set forth in Title V, and any requirements the Mayor may establish by rule, a clinical nurse specialist shall:

“(1) Be a registered nurse holding a current, valid license pursuant to this act and be in good standing with no action pending or in effect against his or her license;

“(2) Possess at least a Master of Science in Nursing from a program accredited by a national nursing organization recognized by the Board of Nursing; and

“(3) Successfully complete a national certification examination administered by a national nurse practitioner certifying organization recognized by the Board of Nursing and hold current certification in the relevant population focus.”.

(ccc) Section 621 (D.C. Official Code § 3-1206.21) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (2) is amended by striking the phrase “physiological function tests.” and inserting the phrase “physiological function tests; and” in its place.

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

“(3) Prescribe from a formulary listing of natural remedies to be used in the practice of naturopathic medicine that has been approved by the Board of Integrative Healthcare and the Board of Medicine.”.

(2) Subsection (b)(4) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “Advisory Committee on Naturopathic Medicine, Board of Medicine,” and inserting the phrase “Board of Integrative Healthcare” in its place.

(B) Subparagraph (B) is amended by striking the phrase “Advisory Committee on Naturopathic Medicine;” and inserting the phrase “Board of Integrative Healthcare;” in its place.

(ddd) Section 701 (D.C. Official Code § 3-1207.01) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) The lead-in language is amended by striking the phrase “a dietitian shall:” and inserting the phrase “a person may qualify for a dietitian license under this section by:” in its place.

(B) Paragraphs (1) and (2) are amended to read as follows:

“(1) Being credentialed in good standing by the Commission on Dietetic Registration as a registered dietitian before the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545); or

“(2) Meeting the following requirements:

“(A) Holding a master’s or higher degree from a school, college, or university that was approved by the accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred with completion of a program of study accredited by the Accreditation Council for Education in Nutrition and Dietetics;

“(B) Successfully completing the dietitian certification examination of the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics and be credentialed in good standing by the Commission on Dietetic Registration as a registered dietitian; and

“(C) Successfully completing a supervised practice experience in dietetics and nutrition accredited by the Accreditation Council for Education in Nutrition and Dietetics.”.

(2) Subsection (c) is amended as follows:

(A) The lead-in language is amended to read as follows:

“(c) A person may qualify for a nutritionist license if, in addition to the general qualifications for licensure set forth in Title V, and any requirements the Mayor may establish by rule, the person:”.

(B) Paragraph (1) is amended by striking the word “Hold” and inserting the word “Holds” in its place.

(C) Paragraph (2) is amended to read as follows:

“(2) Has successfully completed the Certification Examination for Nutrition Specialists offered by the Board for Certification of Nutrition Specialists or another examination designated by the Mayor through rules.”.

(eee) Section 710 (D.C. Official Code § 3-1207.10) is amended to read as follows:

“Sec. 710. Qualifications for licensure.

“(a) The Board of Professional Counseling shall license as a professional counselor a person who, in addition to meeting the requirements of Title V and any requirements the Mayor may establish by rule, has satisfactorily passed the national examination adopted by the Board, possesses a master’s degree in counseling or a related subject from an accredited college or university consisting of at least 60 hours of postgraduate education, and has completed 2 years of supervised counseling experience.

“(b) The Board of Professional Counseling shall license as a graduate professional counselor a person who, in addition to meeting the requirements of Title V and any requirements the Mayor may establish by rule, has satisfactorily completed the national examination adopted by the Board and possesses a master’s degree in counseling or a related subject from an accredited college or university, consisting of at least 48 hours of graduate education.

“(c) The Board of Professional Counseling may license, by endorsement, a professional counselor who, in addition to meeting the requirements of Title V and any requirements the Mayor may establish by rule, is currently licensed in another state in good standing and has:

“(1) Engaged in independent professional counseling practice providing clinical counseling for at least 5 years pursuant to such license; or

“(2) Held an independent professional counseling license for at least 3 years and possesses the National Certified Counseling credential issued by the National Board of Certified Counselors.”.

(fff) Section 755 (D.C. Official Code § 3-1207.55) is amended as follows:

(1) A new subsection (a-1) is added to read as follows:

“(a-1) A registered pharmacy technician may administer immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention’s published guidelines and recommended immunization schedules for adults aged 18 and older with valid identification, adolescents and children aged 3 through 17 with written informed parental consent or without consent if authorized by District law, and the administration of immunizations and vaccinations to any individual pursuant to a valid prescription under the direct supervision of a pharmacist licensed under this act; provided, that the registered pharmacy technician complies with all requirements under the rules issued by the Mayor.”.

(2) Subsection (b) is amended by striking paragraph (7).

(ggg) Title VII-F is repealed.

(hhh) A new Title VII-G is added to read as follows:

“TITLE VII-G

“QUALIFICATIONS FOR LICENSURE TO PRACTICE AS A BEHAVIOR ANALYST.

“Sec. 771. Eligibility requirements and education.

“The Board of Psychology shall license as a behavior analyst a person who, in addition to meeting the requirements of Title V and any requirements the Mayor may establish by rule, has:

“(1) Successfully completed a criminal background check;

“(2) Obtained a current certification issued by the Behavior Analyst Certification Board; and

“(3) Received a master’s degree or higher from a behavior analysis educational program that is accredited by the Behavior Analyst Certification Board; provided, that the Board shall waive this educational requirement if the applicant was certified by the Behavior Analyst Certification Board on or before the effective date of this title.”.

(iii) A new section 804a is added to read as follows:

“Sec. 804a. Exceptions for non-clinical practice.

“(a) Nothing in this act shall be construed as preventing or restricting an individual who has successfully completed a bachelor’s degree in social work, a master’s degree in social work, or a doctorate degree in social work through a program accredited by the Council on Social Work Education from engaging in non-clinical practice; provided, that no such persons shall represent by title or description of services that they are social workers.

“(b) For the purposes of this section, the term “non-clinical practice” means competencies and activities commonly included in a social work education program that do not involve clinical assessment, diagnosis, or treatment of mental health conditions, including:

“(1) Non-clinical case management, including coordinating social services, conducting non-clinical assessments of service needs, and facilitating client access to resources;

“(2) Community organization, including public education campaigns, information dissemination, and connecting individuals with social services;

“(3) Advocacy, including advocating for clients and communities, advocating for policy changes, and representing clients’ policy interests; and

“(4) Administrative tasks, including handling client documentation, record-keeping, and program coordination.”.

(jjj) Section 831 (D.C. Official Code § 3-1208.31) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “Board Marriage and Family Therapy” and inserting the phrase “Board of Professional Counseling” in its place.

(2) Subsection (b)(1) is amended to read as follows:

“(1) A graduate degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a graduate degree from a regionally accredited educational institution and an equivalent course of study consisting of at least 60 semester hours or 90 quarter credits as approved by the Board; and”.

(kkk) Section 841 (D.C. Official Code § 3-1208.41) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) The lead-in language is amended by striking the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

(B) Paragraph (3) is amended by striking the phrase “supervised postgraduate professional practice” and inserting the phrase “supervised practice” in its place.

(2) Subsection (b) is amended by striking the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

(3) Subsection (c) is amended to read as follows:

“(c) For purposes of this section, references to the Board on Rehabilitative Therapies prior to its commencement of operations pursuant to section 223(e) shall refer to the Board of Audiology and Speech-Language Pathology.”.

(lll) Section 853 (D.C. Official Code § 3-1208.53) is repealed.

(mmm) Section 854 (D.C. Official Code § 3-1208.54) is repealed.

(nnn) Section 871 (D.C. Official Code § 3-1208.71) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (1) is amended as follows:

(i) Subparagraph (A) is amended by striking the phrase “; or” and inserting a period in its place.

(ii) Subparagraph (B) is repealed.

(B) Paragraph (2) is amended by striking the phrase “direct supervision” and inserting the phrase “immediate supervision” in its place.

(2) Subsection (b)(1) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “; or” and inserting a period in its place.

(B) Subparagraph (B) is repealed.

(ooo) Section 872 (D.C. Official Code § 3-1208.72) is amended by striking the period at the end and inserting the phrase “, unless further time is granted by the Mayor through rulemaking.” in its place.

(ppp) New Titles VIII-F and VIII-G are added to read as follows:

“TITLE VIII-F.

“CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF  
“PSYCHOLOGY.

“Sec. 881. License and registration requirements.

“(a) No person may practice psychology in the District without one of the following:

“(1) A health services psychology license, which is required for the practice of psychology as defined in section 102(16)(A);

“(2) A general applied psychology license, which is required for the practice of psychology within the scope of section 102(16)(A)(ii);

“(3) A school psychology registration, which is required for the practice of psychology within the scope of section 102(16)(A)(iii); or

“(4) A psychology associate registration, which is required for the practice of psychology within the scope of section 102(16)(A)(iv).

“(b) All active psychology licenses issued before the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545) (“2024 Act”), shall, upon renewal, be issued as health services psychology licenses.

“(c) Notwithstanding subsection (a) of this section, for 2 years after the effective date of the 2024 Act, or such longer period of time which may be established by the Mayor through rulemaking, a person who has been practicing general applied psychology or school psychology before the effective date of the 2024 Act may continue to practice without the licensure or registration required pursuant to section 501(a)(1) or (2); provided, that the person applies for the relevant license or registration within 2 years after the effective date of the 2024 Act.

“Sec. 882. Qualifications.

“(a) In addition to the general qualifications for licensure set forth in Title V, and any requirements the Mayor may establish by rule, an individual applying for a license to practice health services psychology or general applied psychology shall establish to the satisfaction of the Board of Psychology that the individual has:

“(1) Earned a doctoral degree in psychology from an accredited college or university; and

“(2) Completed at least 2 years of experience in such areas of practice as shall be required by the Mayor through rulemaking, at least one year of which shall be postdoctoral experience.



“(b) An individual applying for a registration to practice school psychology shall meet such education and training requirements as may be established by the Mayor through rulemaking.

“(c) An individual applying for registration as a psychology associate shall have graduated from an accredited college or university with at least a master’s degree based on a program of studies focusing on psychology, or a program judged by the Board to be substantially equivalent in subject matter and extent of training to a master’s or doctoral degree in psychology.

“(d) Notwithstanding subsections (a) and (b) of this section, individuals currently practicing as general applied psychologists or school psychologists who do not meet the qualifications of this section shall be eligible for licensure or registration if they apply for a license or registration within 24 months after the effective date of the Health Occupations Revision General Amendment Act of 2024, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545).

“Sec. 883. Limitations.

“(a) A registered school psychologist shall not practice psychology as defined under section 102(16)(A)(i) or (ii) without the authorization required for such practice.

“(b) A psychology associate shall not practice psychology except under the supervision of a licensed health services psychologist.

“TITLE VIII-G.

“CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF MEDICAL RADIATION TECHNOLOGY.

“Sec. 891. Qualifications for licensure.

“(a) The categories of licensure for the practice of medical radiation technology shall be as follows:

- “(1) Cardiovascular-interventional technologist;
- “(2) Computed tomography technologist or radiographer;
- “(3) Magnetic resonance technologist;
- “(4) Mammographer;
- “(5) Nuclear medicine technologist;
- “(6) Radiation therapist;
- “(7) Radiologist assistant;
- “(8) Radiographer; and
- “(9) Ultrasound technologist.

“(b) The Board of Medicine shall issue a license to practice medical radiation technology, in a category established by this section to an individual who, in addition to meeting the requirements of Title V, has:

“(1) Graduated from an accredited program in diagnostic medical sonography, radiologic technology, magnetic resonance imaging, nuclear medicine or radiologist assistant

that incorporates the academic coursework and minimum of hours of supervised clinical training required by regulations issued by the Mayor and that is accredited by the Commission on Accreditation of Allied Health Education Programs, Joint Review Committee on Education in Radiologic Technology, Joint Review Committee on Diagnostic Medical Sonography, Joint Review Committee on Nuclear Medicine Technology or a successor organization, as recognized by the U.S. Department of Education;

“(2) Passed a national certification examination from a body recognized by the Board; and

“(3) Satisfied all other requirements established by the Mayor through rulemaking.

“Sec. 892. Limitations on practice.

“(a) A person licensed under this title may only practice under the supervision of a licensed physician or a licensed advanced practice registered nurse.

“(b) The practices of a cardiovascular-interventional technologist, computed tomography technologist, magnetic resonance technologist, mammographer, nuclear medicine technologist, radiation therapist, radiographer, radiologist assistant, or ultrasound technologist shall be limited to those procedures, operations, preparations, and practices determined by regulation.

“Sec. 893. Transition of licensed and registered medical radiation practitioners.

“For a period of one year after the effective date of implementing regulations issued pursuant to this title, unless further time is granted by the Mayor through rulemaking, a person who has received appropriate training for the tasks assigned may, regardless of licensure status, practice as a medical radiation practitioner, cardiovascular-interventional technologist, computed tomography technologist, magnetic resonance technologist, mammographer, nuclear medicine technologist, radiographer, radiologist assistant, or ultrasound technologist. After a period of one year or additional time authorized by the Mayor, a license shall be required for any person to work or identify themselves as a medical radiation practitioner, cardiovascular-interventional technologist, computed tomography technologist, magnetic resonance technologist, mammography technologist, nuclear medicine technologist, radiographer, radiologist assistant, or ultrasound technologist.”.

(qqq) Section 902 (D.C. Official Code § 3-1209.02) is amended as follows:

(1) The section heading is amended by striking the phrase “and recreation therapy.” and inserting the phrase “therapy.” in its place.

(2) Subsection (a) is amended by striking the phrase “dance therapy or recreation therapy” and inserting the phrase “dance therapy” in its place.

(3) Subsection (b) is amended by striking the phrase “dance therapy or recreation therapy” and inserting the phrase “dance therapy” in its place.

(4) Subsection (c) is amended as follows:

(A) Strike the phrase “dance therapist or recreation therapist” and insert the phrase “dance therapist” in its place.

(B) Strike the phrase “dance therapists or recreation therapists.” and insert the phrase “dance therapists.” in its place.

(rrr) Section 903 (D.C. Official Code § 3-1209.03) is repealed.

(sss) Section 905 (D.C. Official Code § 3-1209.05) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (1) is amended as follows.

(i) Strike the phrase “assist a licensed dentist” and insert the phrase “assist a licensed dentist or a licensed dental hygienist” in its place.

(ii) Strike the phrase “direct supervision” and insert the word “supervision” in its place.

(B) Paragraph (2) is repealed.

(2) Subsection (b) is amended to read as follows:

“(b) A person who is engaged as a dental assistant to assist a dentist in the performance of dental procedures, or to assist a dental hygienist in the performance of dental hygiene procedures, in any area of or specialty area of dentistry, including oral and maxillofacial surgery, or who performs the duties of a dental assistant in any area of or specialty area of dentistry, including oral and maxillofacial surgery, in the District shall be registered with the Board, renew the registration as required by rule, and pay the required registration fee established by the Board.”.

(3) Subsection (d) is amended as follows.

(A) Strike the phrase “A person shall not engage in the practice, or use the title, of dental assistant” and insert after the phrase “A person shall not engage in the practice of dental assisting or use the title of dental assistant” in its place.

(B) Strike the phrase “direct supervision” and insert the word “supervision” in its place.

(4) Subsection (e) is repealed.

(5) Subsection (g) is amended by striking the phrase “and the duties that may be performed by a dental assistant.” And inserting the phrase “, the duties that may be performed by a dental assistant, and the required level of supervision.” in its place.

(6) A new subsection (h) is added to read as follows:

“(h) The Mayor shall create a Level III dental assistant designation to authorize dental assistants with appropriate training and experience, as determined by the Board, to conduct the application pit and fissure sealants, coronal polishing to remove stain and biofilm, and glucose testing, as well as all functions authorized by this section and any other services authorized by rule.”.

(ttt) Section 906 (D.C. Official Code § 3-1209.06) is repealed.

(uuu) Section 907 (D.C. Official Code § 3-1209.07) is amended to read as follows:

“Sec. 907. Nursing assistive personnel; registration or certification required.

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“(a) A registration or certification is required for a person seeking to practice as nursing assistive personnel in the District in accordance with the rules issued by the Mayor.

“(b) The Mayor shall, pursuant to the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), issue rules setting forth the standards of education and experience required to qualify as nursing assistive personnel.

“(c) The Mayor shall allow for a registration or certification of an applicant who is at least 16 years of age; provided, that the applicant shall have obtained or be enrolled and is actively pursuing a high school diploma or high school equivalency diploma as that term is defined in section 561(6) of the District of Columbia Public Assistance Act of 1982, effective October 27, 1995 (D.C. Law 11-72; D.C. Official Code § 4-205.61(6)).”.

(vvv) Section 908 (D.C. Official Code § 3-1209.08) is repealed.

(www) Section 909 (D.C. Official Code § 3-1209.09) is amended as follows:

(1) Subsection (a)(1) is amended by striking the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

(2) A new subsection (i) is added to read as follows:

“(i) For purposes of this section, references to the Board on Rehabilitative Therapies prior to its commencement of operations pursuant to section 223(e) shall refer to the Board of Audiology and Speech-Language Pathology.”.

(xxx) Section 910 (D.C. Official Code § 3-1209.10) is amended as follows:

(1) Subsection (a)(2) is amended by striking the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

(2) A new subsection (i) is added to read as follows:

“(i) For purposes of this section, references to the Board on Rehabilitative Therapies prior to its commencement of operations pursuant to section 223(e) shall refer to the Board of Audiology and Speech-Language Pathology.”.

(yyy) Section 911 (D.C. Official Code § 3-1209.11) is amended as follows:

(1) Subsection (a)(1) is amended by striking the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

(2) A new subsection (h) is added to read as follows:

“(h) For purposes of this section, references to the Board on Rehabilitative Therapies prior to its commencement of operations pursuant to section 223(e) shall refer to the Board of Audiology and Speech-Language Pathology.”.

(zzz) Section 912 (D.C. Official Code § 3-1209.12) is repealed.

(aaaa) A new section 913 is added to read as follows:

“Sec. 913. Doula.

“(a) A certified doula may:

“(1) Provide support to pregnant individuals and their families, including surrogates and adoptive parents;

“(2) Conduct prenatal and postpartum visits;

“(3) Accompany pregnant individuals to health care and social service appointments;

“(4) Connect individuals to medical, community-based, or government-funded resources, including those addressing social determinants of health; and

“(5) Provide support to individuals following either the loss of pregnancy or birth of a child for up to one year.

“(b) A doula shall not:

“(1) Perform clinical tasks or replace trained licensed medical professionals; or

“(2) Engage in the practice of medicine as defined in section 102(7).”

(bbbb) Section 1003 (D.C. Official Code § 3-1210.03) is amended as follows:

(1) Subsection (a) is amended by striking the phrase ““acupuncturist,”” and inserting the phrase ““acupuncturist, L.Ac.,” in its place.

(2) Subsection (m-1) is amended by striking the word “therapy” wherever it appears and inserting the word “therapist” in its place.

(3) Subsection (q) is amended to read as follows:

“(q) Unless authorized to practice psychology under this act, a person shall not use the words or terms “psychology,” “psychologist,” “health services psychologist,” “general applied psychologist,” “school psychologist,” “psychology associate,” or similar title or description of services with the intent to represent that the person practices psychology.”

(4) Subsection (v) is amended to read as follow:

“(v) Unless authorized to practice massage therapy under this act, a person shall not use or imply the use of the words or terms “massage therapy,” “therapeutic massage,” “myotherapy,” “bodyrub,” “licensed massage therapist,” or “licensed massage practitioner,” or similar title or description of services, or the initials “LMT” or “LMP,” with the intent to represent that the person practices massage therapy.”

(5) Subsection (hh) is repealed.

(6) Subsection (jj) is repealed.

(7) New subsections (ll), (mm), (nn), and (oo) are added to read as follows:

“(ll) Unless authorized to practice certified professional midwifery under this act, a person shall not use or imply the use of the words or terms “certified professional midwife,” “licensed midwife,” or any similar title or description of services with the intent to represent that the person practices midwifery as a certified professional midwife.

“(mm) Unless authorized to practice recreational therapy under this act, a person shall not use the words or terms “recreational therapy,” “recreational therapist,” “licensed recreational therapist,” “RT,” “L.R.T.,” “CTRS/L,” “certified therapeutic recreation specialist licensed,” “registered recreational therapist licensed (RRT/L),” or any similar title or description of services with the intent to represent that the person practices recreational therapy.

“(nn) Unless authorized to practice as a doula under this act, a person shall not use the word or term “doula” or any similar title or description of services with the intent to represent that the person practices as a doula or provides any type of doula services.

“(oo) Unless authorized to practice medical radiation technology under this act, a person shall not use or imply the use of the words or terms “cardiovascular-interventional technologist,” “computed tomography technologist,” “radiographer,” “magnetic resonance technologist,” “MRI technologist,” “mammography technologist,” “mammographer,” “medical radiation technologist,” “nuclear medicine technologist,” “radiologist assistant,” “sonographer,” “ultrasound technologist,” or any similar title or description of service with the intent to represent that the person practices as a medical radiation technology practitioner.”.

(cccc) Section 1204 (D.C. Official Code § 3-1212.04) is amended by striking the word “therapy” both times it appears and inserting the word “therapist” in its place.

(dddd) Section 1205 (D.C. Official Code § 3-1212.05) is amended by striking the phrase “personal fitness trainer, veterinary technician” and inserting the phrase “veterinary technician” in its place.

## **TITLE II- TECHNICAL AND CONFORMING AMENDMENTS.**

Sec. 201. Section 2(f) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Code § 1-523.01(f)), is amended as follows:

(a) Paragraphs (7) and (43) are repealed.

(b) Paragraph (70) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(c) New paragraphs (72) and (73) are added to read as follows:

“(72) Board of Rehabilitative Therapies established by section 223 of the District of Columbia Health Occupations Revision Act of 1985, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545); and

“(73) Board of Integrative Healthcare established by section 224 of the District of Columbia Health Occupations Revision Act of 1985, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545).”.

Sec. 202. The Department of Health Functions Clarification Act of 2001, effective October 3, 2001 (D.C. Law 14-28; D.C. Official Code § 7-731 *et seq.*), is amended as follows:

(a) Section 4942 (D.C. Official Code § 7-743.02) is repealed.

(b) Section 4944 (D.C. Official Code § 7-743.04) is repealed.

(c) Section 4945 (D.C. Official Code § 7-743.05) is repealed.

(d) A new section 4949a is added to read as follows:

“Sec. 4949a. Advisory Committee on Medical Radiation Technologists.

“(a) There is established an Advisory Committee on Medical Radiation Technologists (“Committee”), which shall consist of the following 5 members:

“(1) A physician licensed in the District whose practice consists mostly of the type of medicine that requires significant interaction with medical radiation technologists;

“(2) Three individuals who work as medical radiation technologists; and

“(3) A consumer member with no direct affiliation with medical radiation technology or a member of another health profession.

“(b) To remain qualified to serve as a member of the Committee, the medical radiation technologist members who serve as initial appointees shall become licensed or registered in their profession within 180 days of the Department of Health’s implementation of the licensure or registration requirements.

“(c) The Committee shall develop and submit to the Board of Medicine guidelines and proposed regulations for the licensure and regulation of cardiovascular-interventional technologists, computed tomography technologists, magnetic resonance technologists, mammographers, nuclear medicine technologists, radiation therapists, radiographers, ultrasound technologists, and radiologist assistants.”.

(e) Section 4952(d)(1) D.C. Official Code § 7-744.02(d)(1)), is amended by striking the phrase “certificate, which shall be notarized and provided to” and inserting the phrase “certificate to” in its place.

Sec. 203. Section 2(7) of the Health-care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238; D.C. Official Code § 44-551(7)), is amended to read as follows:

“(7) “Unlicensed person” means a person not required to be licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), who functions in a complementary or assistance role to licensed health care professionals in providing direct patient care or in performing common nursing tasks. The term “unlicensed person” includes housekeeping, maintenance, and administrative staff for whom it is foreseeable that the prospective employee or contract worker will come in direct contact with patients.”.

Sec. 204. Section 702(c)(3) of the Assisted Living Residence Regulatory Act of 2000, effective June 24, 200 (D.C. Law 13-127; D.C. Official Code § 44-107.02), is amended to read as follows:

“(3) Four hours covering cognitive impairments in an in-service training in accordance with the dementia training for direct care workers requirements established by section 4952 of the Department of Health Functions Clarification Act of 2001, effective March 16, 2021 (D.C. Law 23-201; D.C. Official Code § 7-744.02); and”.

Sec. 205. Section 47-2853.76e(b) of the District of Columbia Official Code is amended to read as follows:

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“(b) No body artist shall perform body art procedures on a person under 18 years of age; except, that, if a parent or legal guardian has provided their written consent:

“(1) Ear piercing with a sterilized hollow needle or a mechanized, pre-sterilized single-use stud and clasp ear piercing gun is permitted for persons under 18 years of age; and

“(2) Tattooing services are permitted for persons 16 years of age and older.”.

Sec. 206. Section 204(a) of the Freedom of Information Act of 1976, effective March 29, 1977 (D.C. 1-96; D.C. Official Code § 2-534(a)), is amended as follows:

(a) Paragraph (19) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(b) Paragraph (20) is amended by striking the period and inserting the phrase “; and” in its place.

(c) A new paragraph (21) is added to read as follows:

“(21) Information exempt from disclosure under section 525 of the District of Columbia Health Occupations Revision Act of 1985, passed on 2nd reading on May 7, 2024 (Enrolled version of Bill 25-545).

**TITLE III. FISCAL IMPACT STATEMENT; EFFECTIVE DATE.**

Sec. 301. 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. 302. 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) and a 30-day period of congressional review



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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)).

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Chairman  
Council of the District of Columbia

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Mayor  
District of Columbia