

COUNCIL OF THE DISTRICT OF COLUMBIA

NOTICE

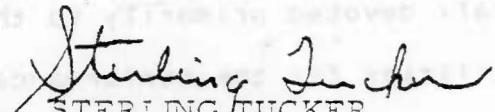
March 13, 1978

D.C. Law 2-43

"District of Columbia Certificate of Need  
Act of 1977"

Pursuant to Section 412 of the District of Columbia Self-Government and Governmental Reorganization Act, P. L. 93-198, "the Act", the Council of the District of Columbia adopted Bill No. 2-54, on first and second readings July 26, 1977 and September 13, 1977, respectively. Following the signature of the Mayor on November 4, 1977, this legislation was assigned Act No. 2-100, published in the November 18, 1977, edition of the D.C. Register and transmitted to both Houses of Congress for a 30-day review, in accordance with Section 602 (c)(1) of the Act.

The Council of the District of Columbia hereby gives notice that the 30-day Congressional Review Period has expired and, therefore, cites the following legislation as D.C. Law 2-43, effective February 28, 1978.

  
STERLING TUCKER  
Chairman of the Council

(Vol. 24, D.C. Register, 3727, November 18, 1977)

D.C. LAW

2-43

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

FEBRUARY 28, 1978

To establish a certificate of need program for health care facilities and services in the District of Columbia.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA,  
That this act may be cited as the "District of Columbia  
Certificate of Need Act of 1977".

Sec. 2. Purpose.

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It is the purpose of this legislation to promote effective and equitable health planning and regulation of new institutional health services proposed to be offered or developed within the District of Columbia.

Sec. 3. Definition.

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Except as otherwise indicated in a particular section, the following terms have the following meanings:

(a) The term "ambulatory surgical treatment facility" means any institution, place or building, not part of a hospital, devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures on an outpatient basis.

(b) The term "Annual Implementation Plan" means the plan established by the State Agency to describe the objectives which will achieve the goals of the Health Systems Plan and priorities among the objectives reviewed by the Statewide Health Coordinating Council pursuant to section 1513(b)(3) of P.L. 93-641.

(c) The term "consumer" means an individual who does not hold any of the interests, positions, or characteristics of a direct or indirect provider of health care.

(d) The term "Corporation Counsel" means the Corporation Counsel of the District of Columbia government or his or her designated agent.

(e) The term "to develop", when used in connection with health services, means to undertake those activities which on their completion will result in the offer of a new health service or the incurring of a financial obligation in excess of one hundred and fifty thousand dollars (\$150,000) in relation to the offering of such a service.

(f) The term "diagnostic health care facility" means a facility, not operated by a hospital, which provides diagnostic services to patients not requiring hospitalization. The term does not include the offices of private physicians or dentists, whether for individual or group practice, but does include diagnostic equipment for

those offices costing more than one hundred and fifty thousand dollars (\$150,000).

(g) The term "District" means the District of Columbia.

(h) The term "general hospital" has the meaning ascribed to that term in section 104 of Chapter 4 of Title 8 of the District of Columbia Health Regulations.

(i) The term "health care facility" means a general hospital, psychiatric hospital, other specialty hospital, skilled nursing facility, kidney disease treatment center (including freestanding hemodialysis unit), intermediate care facility, ambulatory surgical treatment facility, and a diagnostic health care facility, but does not include Christian Science sanatoriums operated, or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts, or those private office facilities for the private practice of a physician, dentist, or other health care professional, except as related to capital expenditures in excess of one hundred and fifty thousand dollars (\$150,000) as provided in subsections (p)(1) and (p)(2) of this section.

(j) The term "health maintenance organization" means a public or private organization which:

(1) provides or otherwise makes available to enrolled participants health care services, including at

least the following basic health care services: usual physicians' services; hospitalization; laboratory, X-ray, emergency and preventive services; and out-of-area coverage;

(2) is compensated (except for co-payments) for the provision of the basic health care services listed in subsection (a) of this section to enrolled participants on a predetermined periodic rate basis; and

(3) provides physicians' services primarily:

(A) directly through physicians who are either employees or partners of such organization, or

(B) through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

(k) The term "health services" means clinically related (i.e., diagnostic, curative or rehabilitative) services, and includes alcohol, drug abuse, mental health, and home health care services.

(l) The term "Health Systems Agency" means a conditionally or fully designated health systems agency designated pursuant to section 1515 of P.L. 93-641.

(m) The term "intermediate care facility" has the meaning ascribed to that term in section 3 of Title I of the "Health Care Facilities Regulation", enacted June 14, 1974 (Reg. No. 74-15);

(n) The term "kidney disease treatment center" means a facility, not operated by a hospital, which is primarily engaged in the provision of diagnostic and treatment services, by or under the supervision of a physician, to persons suffering from kidney disease.

(o) The term "Mayor" means the holder of the Office of the Mayor of the District of Columbia pursuant to section 421 of the "District of Columbia Self-Government and Governmental Reorganization Act", approved December 24, 1973 (87 Stat. 789; D.C. Code, sec. 1-161) or the Mayor's designated agent.

(p) The term "new institutional health services" shall include:

(1) the construction, development, or other establishment of a new health care facility or health maintenance organization;

(2) any expenditure in excess of one hundred and fifty thousand dollars (\$150,000) by any person engaged in the provision of health services which affects the unit cost of or charge for the provision of any health service or affects the amount of utilization of any health service, and which, under generally accepted accounting principles consistently applied, is a capital expenditure. If a person makes an acquisition under a lease or a comparable

arrangement, or through a donation, which would have required a review if the acquisition had been by purchase, the acquisition shall be deemed a capital expenditure subject to review;

(3) a change in the bed capacity of a health care facility or health maintenance organization which increases the total number of beds, or distributes beds among various categories, or relocates such beds from one physical facility or site to another;

(4) health services which are offered in or through a health care facility or health maintenance organization and which were not offered on a regular basis in or through such health care facility or health maintenance organization within the twelve (12) month period prior to the time such services would be offered.

(q) The term "to offer", when used in connection with health services, means that the health care facility or health maintenance organization holds itself out as capable of providing, or as having the means for the provision of, specified health services.

(r) The term "other specialty hospital" means an institution primarily engaged in providing to inpatients diagnosis and treatment for the limited category of

illness(es) for which the institution is or will seek to be licensed. The term does not include a psychiatric hospital.

(s) The term "person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the District government, or a political subdivision or instrumentality (including a municipal corporation) of the District government.

(t) The term "psychiatric hospital" means an institution which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.

(u) The term "P.L. 93-641" means the "National Health Planning and Resources Development Act of 1974", approved January 4, 1975 (88 Stat. 2225), and any successor legislation.

(v) The term "skilled care facility" has the meaning ascribed to that term in section 3 of Title I of the "Health Care Facilities Regulation", enacted June 14, 1974 (Reg. No. 74-15).

(w) The term "State Agency" means the agency of the District government selected by the Mayor and designated in an agreement entered into pursuant to section 1521 of P.L.

93-641 to carry out the District's health planning and development program.

(x) The term "Statewide Health Coordinating Council" or "SHCC" means the body established pursuant to section 1524 of P.L. 93-641 to advise the State Agency.

(y) The term "State Health Plan" means that Health Systems Plan prepared by the State Agency and reviewed by the SHCC in accordance with sections 1513(b)(2), 1523(a)(2) and 1524(c)(2) of P.L. 93-641. For the purposes of this subsection, the term "Health Systems Plan" means a detailed statement of goals (1) describing a healthful environment and health systems in the District which, when developed, will assure that quality health services will be available and accessible in a manner which assures continuity of care at a reasonable cost for all residents of the District; (2) which are responsive to the unique needs and resources of the District; and (3) which take into account and are consistent with the national guidelines for health planning policy, in the areas of supply, distribution and organization of health resources and services, issued by the Secretary of Health, Education and Welfare under section 1501 of P.L. 93-641.

(z) The term "State Medical Facilities Plan" means that plan prepared by the State Agency, reviewed and approved by

the SHCC and submitted to the Secretary of Health, Education and Welfare for his or her approval in accordance with sections 1602 and 1603 of P.L. 93-641.

Sec. 4. Certificate of Need Requirement.

All persons proposing to offer or develop a new institutional health service in the District shall, prior to proceeding with that offering or development, obtain from the State Agency a certificate of need indicating that there exists a public need for such new service. No expenditures in excess of one hundred and fifty thousand dollars (\$150,000) in preparation for this offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service has been granted: PROVIDED, That nothing in this section shall preclude the District government from granting a certificate of need which permits expenditures only for predevelopment activities such as surveys, studies and plans, but does not authorize the offering or development of the new institutional health service with respect to which such predevelopment activities are proposed. Expenditures in preparation for the offering or development of a new institutional health service shall include expenditures for studies, surveys, designs, plans, working drawings,

specifications and site acquisition which are essential to the offering or development of the service.

**Sec. 5. Adoption of Procedures and Criteria by the**

**State Agency Governing Applications and Review.**

(a) All applications for a certificate of need issued under section 4 of this act shall be reviewed by the State Agency. In order to carry out this function the State Agency shall adopt and revise as necessary review procedures consistent with subsection (f) of this section 5 and criteria consistent with section 7 of this act. Such procedures and criteria shall be adopted prior to the review by the State Agency of new institutional health services and not later than three (3) months after the effective date of this act.

(b) Before adopting the review procedures and criteria required by this section or any revisions of such procedures and criteria, the State Agency shall hold a public hearing and give interested persons an opportunity to offer written comments on the procedures and criteria, or any revisions thereof, which it proposes to adopt.

(c) The State Agency shall distribute copies of its proposed review procedures and criteria, and proposed revisions thereof, to District health agencies and organizations in the District, the Statewide Health

Coordinating Council, Health Systems Agencies and State Agencies in contiguous jurisdictions.

(d) The State Agency shall publish, in at least two (2) newspapers of general circulation in the District, a notice stating that review procedures and criteria or a revision thereof has been proposed for adoption and is available at specified addresses for inspection and copying by interested persons and stating the time and place of the hearing. The notice shall appear in other than the legal notices or classified advertisement sections of such newspapers.

(e) The State Agency shall distribute copies of its adopted review procedures and criteria and any revision thereof, within thirty (30) days of adoption, to the agencies and organizations specified in subsection (c) of this section, and shall provide copies to other persons upon request.

(f) The State Agency shall include in the procedures at least the following:

(1) A requirement that persons contemplating projects for new health institutional services which may require a certificate of need issued under section 4 of this act shall at the earliest possible time in the course of their own planning submit to the State Agency a letter of intent in such detail as may be necessary to inform the

State Agency of the scope and nature of the project. The letter of intent shall be submitted no later than sixty (60) days prior to filing the application for a certificate of need, unless permission to reduce such time is allowed for good cause shown. The State Agency may utilize the period of time prior to receiving a formal application for a certificate of need to answer inquiries concerning the requirements for a certificate of need and other reviews, to advise the applicant on appropriate joint planning with other health care institutional facilities and affected parties, and to advise on the involvement of other community and public agencies, providers and consumers in the long and short range planning of the applicant.

(2) An application for a certificate of need shall be in writing and on such forms and containing such information as the State Agency shall require. Upon receipt of the application, the State Agency has fifteen (15) days within which to determine whether the application is complete and in which to request further information from the applicant. If further information is requested, the State Agency shall notify the applicant when it is satisfied that the application is complete, but in no case in more than fifteen (15) days after the receipt of such

information. The date the application is established as complete marks the beginning of the review period.

(3) Written notification of the beginning of the review period shall be sent to affected persons by mail within five (5) days of the beginning of the review period and shall also be published in the District of Columbia

Register. For the purposes of this section 5, "affected person" includes, at a minimum, the person whose proposal is being reviewed, health care facilities and health maintenance organizations located in the District which provide institutional health services, health systems agencies serving health systems in contiguous jurisdictions areas, any agency which establishes rates for health care facilities or health maintenance organizations in the District, the State Health Coordinating Council, and members of the public who are to be served by the proposed new institutional health services. In the case of members of the public, the written notification requirement can be met by publication of the notice in at least one (1) newspaper of general circulation in the District.

(4) State Agency review shall take no longer than ninety (90) days from the beginning of the review period. When no decision is made within that time, the application shall be considered denied.

(5) The State Agency shall afford an opportunity for a public hearing to any affected person, if so requested in writing not later than fourteen (14) days after the postmark on the notice to that person of the beginning of the review period. A record of the hearing shall be made by the State Agency. Any party may request that a verbatim record be made, but may be required to pay the expense of recording and producing such verbatim record.

(6) The general public shall have access to all applications reviewed by the State Agency and all other written materials pertinent to the State Agency's review.

(7) All State Agency meetings shall be open to the public.

(8) The decision shall be in writing and shall contain findings and conclusions related to the criteria for review of such application. The recommendations of the State Health Coordinating Council shall be included in the decision document. Where the State Agency's decision is not in agreement with the recommendations of the SHCC, the State Agency shall provide a written justification for its disagreement.

(9) The State Agency may attach conditions to the approval of a certificate of need, as long as the conditions relate directly to the review criteria established under

this section 5 or federal regulations issued under P.L. 93-641.

(10) The State Agency shall forward to the SHCC a copy of any completed application for a certificate of need. The SHCC shall have up to sixty (60) days to review and comment on the application. During this period, the SHCC may hold a public hearing on the application if it deems appropriate. The failure of the SHCC to submit its recommendations shall not delay the State Agency from performing its review.

Sec. 6. Reconsideration Procedures.

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(a) After a decision on an application for a certificate of need is made by the State Agency but before the issuance or denial of the certificate of need, the State Agency shall notify the applicant and all previously appearing parties and contiguous Health Systems Agencies and State Agencies of the decision. Either of them or any other person, for good cause shown, shall be given the opportunity within thirty (30) days to request reconsideration of the decision at a public hearing before the State Agency. If such a public hearing is requested, it shall be held within thirty (30) days of the request for a reconsideration of the decision. The person requesting the hearing and any other person may submit testimony at the hearing orally or in

writing. However, the State Agency may limit the scope of the hearing so that no new evidence is adduced except as to subsequent occurrences or data not available earlier. A record of the public hearing shall be made by the State Agency. The applicant or any party may request a verbatim record, but may be required to pay the expense of recording and producing the verbatim record.

(b) For the purposes of subsection (a) of this section there shall be deemed to be "good cause shown" if the request for a public hearing:

(1) presents significant, relevant information not previously considered by the State Agency; or

(2) demonstrates that there have been significant changes in factors or circumstances relied upon by the State Agency in reaching its decision; or

(3) demonstrates that the State Agency has materially failed to follow its adopted procedures in reaching its decision.

(c) The State Agency may affirm, modify or reverse its decision, making such amendments or changes in the findings and conclusions as are appropriate and rendering its final decision within fourteen (14) days of the conclusion of the public hearing and, unless an appeal of such decision is made in accordance with the provisions of section 10 or

section 11 of this act, the certificate of need shall be issued or denied forthwith.

**Sec. 7. Criteria for Review.**

**(a) Required Findings Upon Review**

The State Agency shall adopt in a manner consistent with section 5 of this act specific criteria for conducting the review of an application for a certificate of need, which criteria shall include a written finding of at least the following:

(1) that the proposal conforms to the applicable Annual Implementation Plan, State Health Plan, and State Medical Facilities Plan;

(2) that any facility proposing a new institutional health service, which gave assurances pursuant to section 603(e) or section 1602(s) of the "Public Health Service Act", approved July 1, 1944 (58 Stat. 682) that its facilities would be made available to all persons residing in its area and that a reasonable volume of services would be made available to persons unable to pay therefor, is currently in compliance with such assurances;

(3) that less costly, more efficient or more appropriate alternative means of providing the services, including sharing arrangements, are not available and the

development of such alternatives has been studied and found not practicable;

(4) that existing services similar to those proposed are being used in an appropriate and efficient manner; and

(5) that patients will experience serious problems in terms of cost, availability or accessibility in obtaining services of the type proposed in the absence of the proposed new service.

(b) Considerations Upon Review

The State Agency shall adopt criteria, in addition to those listed in subsection (a) of this section, for the review of an application for a certificate of need. The criteria shall require the consideration of at least the following:

(1) the relationship of the service being reviewed to the long-range development plan, if any, of the person providing or proposing the service;

(2) the need of the population served or to be served for the services being reviewed;

(3) the immediate and long-term financial feasibility of the proposal;

(4) the availability or the potential availability of resources (including health manpower, management

personnel, and funds for capital and operating needs) for the provision of the service proposed to be provided and the availability of alternative uses of such resources for the provision of other health services;

(5) the relationship, including the organization relationship, of the health services proposed to be provided to ancillary or support services;

(6) the special needs and circumstances of those entities which provide a substantial part of their services or resources or both to individuals not residing in the District or which serve special populations within the metropolitan area. Such institutions may include medical and other health professional schools, multidisciplinary clinics and specialty centers;

(7) the special needs and circumstances of health maintenance organizations and other comprehensive health care programs;

(8) the special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages;

(9) in the case of a construction project, the costs and methods of the proposed construction, including the costs and methods of energy provision and the probable

impact of the project reviewed on the costs of providing health services by the applicant.

(c) Inpatient Facilities - Other Criteria for Review

The criteria adopted for a review in accordance with paragraphs (a) and (b) of this section 7 may vary according to the type of service being reviewed if the State Agency has previously promulgated and adopted standards for such a procedure: PROVIDED, That the following findings will be required with respect to inpatient facilities:

(1) that less costly, more efficient or more appropriate alternatives to such inpatient services are not available and the development of such alternatives has been studied and found not practicable;

(2) that existing inpatient facilities providing inpatient services similar to those proposed are being used in an appropriate and efficient manner;

(3) that in the case of new construction, alternatives to new construction (e.g., modernization or sharing arrangements) have been considered and if found to be economically feasible have been implemented to the maximum extent possible;

(4) that patients will experience serious problems in obtaining inpatient care of the type proposed in the absence of the proposed new service; and

(5) that in the case of a proposal for the addition of beds for the provision of skilled nursing or intermediate care services, the addition will be consistent with the plans of other agencies of the District responsible for the provision and financing of long-term care (including home health) services.

Sec. 8. Emergency Issuance of Certificate of Need.

Notwithstanding any other provision of this act, if the need for an emergency replacement occurs, the certificate of need application process may be suspended and an emergency certificate of need issued forthwith. Emergency replacement means the replacement of facilities or equipment whose lack poses an immediate threat to the health or safety of the patients who would be served.

Sec. 9. Duration, Modification, Sale or Transfer of a Certificate of Need.

(a) The State Agency shall issue a certificate of need valid for one (1) year, renewable for additional one (1) year periods after a showing of substantial progress or a justification for the lack of progress. The State Agency shall adopt regulations to define the schedule of performance, including reporting thereof, criteria for evaluating compliance or non-compliance to the schedule and

criteria for determining major modifications after a certificate of need has been issued.

(b) A certificate of need obtained prior to the effective date of this act shall be valid for one (1) year from the effective date of this act or the period specified in granting the certificate, whichever is shorter, and shall be renewed only after review in accordance with the regulations adopted pursuant to subsection (a) of this section 9.

(c) A certificate of need may not be sold or transferred.

Sec. 10. Administrative Appeal.

The decision of the State Agency on an application for a certificate of need and the record upon which such decision was made (for good cause shown and upon a written request of the SHCC, the applicant, or an affected person as defined in section 5(f)-(3) of this act) may be appealed to the Board of Appeals and Review established under Org. Order No. 112, dated August 11, 1955.

Sec. 11. Judicial Review of Certificate of Need.

The final decision upon an application for a certificate of need under this act, after the exhaustion of all administrative remedies, shall be subject to judicial review by the District of Columbia Court of Appeals pursuant to the

"District of Columbia Administrative Procedure Act",  
approved October 21, 1968 (82 Stat. 1204; D.C. Code, sec. 1-  
1501).

Sec. 12. Certificate of Need Mandatory Condition

Precedent.

The issuance of a certificate of need, if required under this act, shall be a condition precedent to the issuance of any license, permit, zoning approval or any other type of official approval by an agency or officer or employee of the District government which is, in addition, necessary for the project. This condition precedent shall be mandatory and any license, permit, certificate of occupancy, zoning approval, or any other expression of approval obtained or issued in contravention of this section or act shall be void.

Sec. 13. Penalties for Non-Compliance with this Act.

(a) It shall be unlawful for any person to proceed with any project which under this act would require a certificate of need without first acquiring a certificate of need.

(b) The Corporation Counsel may seek injunctive relief from a court of competent jurisdiction when he or she finds that a person is offering, developing or operating a service in violation of section 4 of this act.

(c) Any person violating this act by willful failure to obtain a certificate of need, willfully deviating from the provisions of a certificate of need, or beginning construction or providing services after the expiration of a certificate of need shall be subject to a criminal penalty of not less than one hundred dollars (\$100.00) and not more than two thousand and five hundred dollars (\$2,500.00). Each day of continuing violation shall constitute a separate offense.

Sec. 14. Immunity from Legal Liability.

Any person, whether an employee or not, who as a member of any board, governing body, committee or other part of any agency established or designated as a State Agency under this act who performs duties or activities in good faith in implementing this act on behalf of that agency and without malice toward any persons affected by that duty or activity shall be immune from any liability on account of that duty or activity for the payment of any form of damages or criminal penalty under the law of the District.

Sec. 15. Moratorium on Applications.

The State Agency may impose a moratorium for a defined period of time (not to exceed one hundred and twenty (120) days) on consideration of applications for certain kinds of services if:

(a) the State Agency needs additional time to develop appropriate criteria to assess the need for a new service; or

(b) the current State Health Plan finds the existing capacity to provide a certain service or services is adequate or excessive.

Sec. 16. Severability Clause.

If any provision of this act is held invalid for any reason the invalidity shall not affect the other provisions which can be given effect without the invalid provisions and to this end all the provisions of this act are declared severable.

Sec. 17. Effective Date.

This act shall take effect as provided for acts of the Council of the District in section 602(c)(1) of the "District of Columbia Self-Government and Governmental Reorganization Act", approved December 24, 1973 (87 Stat. 814; D.C. Code, sec. 1-147(c)).

**RECORD OF OFFICIAL COUNCIL ACTION**

Docket No: 2-54

First Reading Actions: July 26, 1977

VOICE VOTE: Adopted Unanimously (all present)

*Robert A. Stevens*  
Secretary to the Council

-  ROLL CALL VOTE:

COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.	COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.	COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.
TUCKER				MASON				SPAULDING			
HARDY				MOORE, D.				WILSON			
BARRY				MOORE, J.				WINTER			
CLARKE				ROLARK							
DEYON				SHACKLETON							

Indicates Vote    A. P. = Absent    N. P. = Not Voting

Secretary to the Council

Amended First Reading Actions: \_\_\_\_\_

VOICE VOTE: \_\_\_\_\_

Secretary to the Council

ROLL CALL VOTE:

COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.	COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.	COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.
TUCKER				MASON				SPAULDING			
HARDY				MOORE, D.				WILSON			
BARRY				MOORE, J.				WINTER			
CLARKE				ROLARK							
DEYON				SHACKLETON							

Indicates Vote    A. P. = Absent    N. P. = Not Voting

Secretary to the Council

Final Reading or Emergency Action: September 13, 1977

VOICE VOTE: Adopted Unanimously (all present)

*Robert A. Stevens*  
Secretary to the Council

ROLL CALL VOTE:

COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.	COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.	COUNCIL MEMBER	A.P.E.	N.A.P.	A.V.
TUCKER				MASON				SPAULDING			
HARDY				MOORE, D.				WILSON			
BARRY				MOORE, J.				WINTER			
CLARKE				ROLARK							
DEYON				SHACKLETON							

Indicates Vote    A. P. = Absent    N. P. = Not Voting

Secretary to the Council

**RECORD OF OFFICIAL COUNCIL ACTIONS (Page 2)**

Docket No: 2-54

Presented to the Mayor: OCT 20 1977

Robert Williamson  
Secretary to the Council

Action of the Mayor: | 4 NOV 1977

Approved:  Disapproved:  
 Disapproved in part --\*Reference Document: \_\_\_\_\_  
- \*Budget Actions.

Retained Without Action

Executive Secretary, D. C.

~~Extracted without Sawyer's Signature~~

Secretary to the Council

### Council Re-enactment:

VOICE VOTE:

Secretary to the Council

ROLL CALL VOTE:

COUNCIL MEMBER	AGE	HAT	AV.	COUNCIL MEMBER	AGE	HAT	AV.	COUNCIL MEMBER	AGE	HAT	AV.
TUCKER				MASON				SPAULDING			
EASDY				MOORE, D.				WILSON			
BARRY				MOORE, L.				WINTER			
CLARKE				ROLARK							
DEKON				SCHOLETON							

Presented to the Presidents:

Secretary to the Council

Section 2 - 11

Secretary to the Council

Recommended

## II Meyer's Veto Subsidies

President of the U. S.

**Submitted to the Congress:**

Secretary to the Council

Senate Action: \_\_\_\_\_  
Resolution Number: \_\_\_\_\_

House Action: \_\_\_\_\_  
Resolution Number: \_\_\_\_\_

Secretary of the Senate

Clerk of the House

Enacted Without Congressional Action: