

## D.C. LAW 6-99

DISTRICT OF COLUMBIA HEALTH OCCUPATIONS REVISION ACT  
OF 1985

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

January 28, 1986

To revise the laws of the District of Columbia relating to health occupations.

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BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "District of Columbia Health Occupations Revision Act of 1985".

**TITLE I**

**DEFINITIONS; SCOPE**

Sec. 101. General definitions.

For the purposes of this act, the term:

(1) "Board" means the Board of Dentistry, the Board of Dietetics and Nutrition, the Board of Medicine, the Board of Nursing, the Board of Nursing Home Administration, the Board of Occupational Therapy, the Board of Optometry, the Board of Pharmacy, the Board of Physical Therapy, the Board of Podiatry, the Board of Psychology, or the Board of Social Work, established by this act, as the context requires.

(2) "Collaboration" means the process in which health professionals jointly contribute to the health care of patients with each collaborator performing actions he or she is licensed or otherwise authorized to perform pursuant to this act. Within this definition:

(A) "General collaboration" means that each collaborator is available to the other collaborator for consultation either in person or by a communication device, but need not be physically present on the premises at the time the actions are performed.

(B) "Direct collaboration" means that each collaborator is available on the premises and within vocal communication, either directly or by a communications device, of the other collaborator.

(C) "Immediate collaboration" means that each collaborator is physically present in the room where the actions are being performed and is performing the actions or guiding and directing the performance of the actions.

(3) "Corporation Counsel" means the Corporation Counsel of the District of Columbia.

(4) "Council" means the Council of the District of Columbia.

(5) "Day" means calendar day unless otherwise specified in this act.

(6) "District" means the District of Columbia.

(7) "Health occupation" means a practice that is regulated under the authority of this act.

(8) "Health professional" means a person licensed under this act or permitted by this act to practice a health occupation in the District.

(9) "Impaired health professional" means a health professional who is unable to perform his or her professional responsibilities reliably due to a mental or physical disorder, excessive use of alcohol, or habitual use of any narcotic or controlled substance or any other drug in excess of therapeutic amounts or without valid medical indication.

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(10) "Mayor" means the Mayor of the District of Columbia.

(11) "Person" means an individual, corporation, trustee, receiver, guardian, representative, firm, partnership, society, school, or other entity.

(12) "Protocol" means a written agreement between an advanced registered nurse and a collaborating physician, osteopath, or dentist, as required by title VI, which shall outline, if necessary, the diagnostic and therapeutic approaches to be considered, and which shall outline actions to be taken in providing medical care to patients in accordance with the minimum levels of collaboration required by this act, except when the parties agree to establish higher levels of collaboration for specific actions or circumstances.

(13) "State" means any of the several states, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

(14) "Superior Court" means the Superior Court of the District of Columbia.

## Sec. 102. Definitions of health occupations.

For the purposes of this act, the term:

(1) "Practice of acupuncture" means the insertion of needles, with or without accompanying electrical or thermal stimulation, at a certain point or points on or near the surface of the human body to relieve pain, normalize physiological functions, and treat ailments or conditions of the body. The practice of acupuncture by a nonphysician acupuncturist shall be carried out in general collaboration with a licensed physician or osteopath.

(2) "Practice of advanced registered nursing" means the performance of advanced-level nursing actions by a nurse-midwife, a nurse-anesthetist, or a nurse-practitioner certified pursuant to this act which, by virtue of post-basic specialized education, training, and experience, are proper to be performed. The advanced registered nurse may perform actions of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse may also perform actions of medical diagnosis and treatment, prescription, and other functions which are identified in title VI and carried out in accordance with the procedures required by this act.

(3)(A) "Practice of chiropractic" means the location and analysis of displaced vertebrae through spinal X-rays and techniques of examination by physical means and by the use of noninvasive instrumentation, and the application of specific, localized force to the spinal region to correct the vertebral displacement. The practice of chiropractic shall not include the use of drugs, surgery, or injections, but may include noninvasive ancillary procedures authorized by rules and regulations issued pursuant to this act.

(B) Nothing in this paragraph shall be construed as preventing or restricting the services of activities of any individual engaged in the lawful practice of cosmetology or massage, provided that the individual does not represent by title or description of services that he or she is a chiropractor.

(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; a complete prophylaxis, including the removal of any deposit, accretion, or stain from the surface of a tooth or a restoration; the polishing of a tooth or a restoration;
- (ii) The charting of cavities during preliminary examination, prophylaxis, or polishing;
- (iii) The application of a medicinal agent to a tooth for a prophylactic purpose;
- (iv) The taking of a dental X-ray;
- (v) The instruction of individuals or groups of individuals in oral health care; and
- (vi) Any other functions included in the curricula of approved educational programs in dental hygiene.

(B) A dental hygienist may perform the activities listed in subparagraph (A) of this paragraph only under the general supervision of a licensed dentist, in his or her office or any public school or institution rendering dental services. The Mayor may issue rules identifying specific functions authorized by subparagraph (A)(vi) and may require higher levels of supervision for the performance of these functions by a dental hygienist. The license of a dentist who permits a dental hygienist, operating under his or her supervision, to perform any operation other than that permitted under this paragraph, may be suspended or revoked, and the license of a dental hygienist violating this paragraph may also be suspended or revoked, in accordance with the provisions of this act.

(C) For the purposes of subparagraph (B) of this paragraph, the term "general supervision" means the performance by a dental hygienist of procedures permitted by subparagraph (A) of this paragraph based on instructions given by a licensed dentist, but not requiring the physical presence of the dentist during the performance of these procedures.

(5) "Practice of dentistry" means:

- (A) The diagnosis, treatment, operation, or prescription for any disease, disorder, pain, deformity, injury, deficiency, defect, or other physical condition of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity, including the removal of stains, accretions, or deposits from the human teeth;
- (B) The extraction of a human tooth or teeth;
- (C) The performance of any phase of any operation relative or incident to the replacement or restoration of all or a part of a human tooth or teeth with an artificial substance, material, or device;
- (D) The correction of the malposition or malformation of the human teeth;
- (E) The administration of an appropriate anesthetic agent, by a dentist properly trained in the administration of the anesthetic agent, in the treatment of dental or oral diseases or physical conditions, or in preparation for or incident to any operation within the oral cavity;

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(F) The taking or making of an impression of the human teeth, gums, or jaws;

(G) The making, building, construction, furnishing, processing, reproduction, repair, adjustment, supply or placement in the human mouth of any prosthetic denture, bridge, appliance, corrective device, or other structure designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition or malformation of a tooth or teeth;

(H) The use of an X-ray machine or device for dental treatment or diagnostic purposes, or the giving of interpretations or readings of dental X-rays; or

(I) The performance of any of the clinical practices included in the curricula of accredited dental schools or colleges or qualifying residency or graduate programs.

(6)(A) "Practice of dietetics and nutrition" means the application of scientific principles and food management techniques to assess the dietary or nutritional needs of individuals and groups, making recommendations for short-term and long-term dietary or nutritional practices which foster good health, provide diet or nutrition counseling, and develop and manage nutritionally sound dietary plans and nutrition care systems consistent with the available resources of the patient or client.

(B) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of dietetic technicians and dietetic assistants working under the supervision of a licensed dietitian or nutritionist, other health professionals licensed pursuant to this act, or other persons who in the course of their responsibilities offer dietary or nutrition information or deal with nutritional policies or practices on an occasional basis incidental to their primary duties, provided that they do not represent by title or description of services that they are dietitians or nutritionists.

(7) "Practice of medicine" means the application of scientific principles to prevent, diagnose, and treat physical and mental diseases, disorders, and conditions and to safeguard the life and health of any woman and infant through pregnancy and parturition.

(8)(A) "Practice of nursing home administration" means the administration, management, direction, or the general administrative responsibility for an institution or part of an institution that is licensed as a nursing home.

(B) Within the meaning of this paragraph, the term "nursing home" means a 24-hour inpatient facility, or distinct part thereof, primarily engaged in providing professional nursing services, health-related services, and other supportive services needed by the patient or resident.

(9)(A) "Practice of occupational therapy" means the evaluation and treatment of individuals whose ability to manage normal daily functions is threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological and social disability, utilizing task-oriented activities to prevent or correct physical or emotional disabilities and enhance developmental and functional skills. Specific therapeutic and diagnostic techniques used in occupational therapy include:

grative activities;

- (i) Self-care and other activities of daily living;
- (ii) Developmental, perceptual-motor, and sensory integrative activities;
- (iii) Training in basic work habits;
- (iv) Prevocational evaluation and treatment;
- (v) Fabrication and application of splints;
- (vi) Selection and use of adaptive equipment, and exercise and other modalities to enhance functional performance; and
- (vii) Performing and interpreting manual muscle and range of motion tests.

(B) An individual licensed as an occupational therapy assistant pursuant to this act may assist in the practice of occupational therapy under the supervision of or in consultation with a licensed occupational therapist.

(C) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of an occupational therapy aide who works only under the direct supervision of an occupational therapist, and whose activities do not require advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.

(10)(A) "Practice of optometry" means the application of the scientific principles of optometry in the examination of the eye and visual system to detect defects or abnormal conditions; the prescription or use of lenses, prisms, or ocular exercises to correct or alleviate defects or abnormal conditions of the eye or visual system; the use of diagnostic pharmaceutical agents in accordance with the provisions of this paragraph as an aid to the detection of visual defects or abnormal conditions; and the referral of patients to licensed physicians for the medical diagnosis and treatment of abnormal conditions.

(B) The Mayor shall issue rules identifying the diagnostic pharmaceutical agents which may be used by optometrists pursuant to this paragraph, if he or she determines that the use of diagnostic pharmaceutical agents by optometrists would be in the best interest of the consuming public.

(C) An individual licensed to practice optometry pursuant to this act may use diagnostic pharmaceutical agents only if certified to do so by the Board of Optometry in accordance with the provisions of section 207.

(D) Nothing in this act shall be construed to authorize optometrists to use pharmaceutical agents for therapeutic purposes.

(E) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of a licensed physician or an optician to provide eyeglasses or lenses on the prescription of a licensed physician or optometrist, or a dealer to sell eyeglasses or lenses, provided that the optician or dealer does not represent by title or description of services that he or she is an optometrist.

(11)(A) "Practice of pharmacy" means the interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices, and the maintenance of proper records therefor; the responsibility of

advising, where regulated or otherwise necessary, of therapeutic values and content, hazards, and use of drugs and devices; and the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy.

(B) Within the meaning of this paragraph, the term:

(i) "Pharmacy" means any 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.

(ii) "Prescription" means any order for a drug, medicinal chemical, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, 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, specifying the address of the person for whom the drug or device is ordered and directions for use to be placed on the label.

(12) "Practice of physical therapy" means the independent evaluation of human disability, injury, or disease by means of noninvasive tests of neuromuscular functions and other standard procedures of physical therapy, and the treatment of human disability, injury, or disease by therapeutic procedures, rendered on the prescription of or referral by a licensed physician, osteopath, dentist, or podiatrist, or by a licensed registered nurse certified to practice as an advanced registered nurse as authorized pursuant to title VI, embracing the specific scientific application of physical measures to secure the functional rehabilitation of the human body. These measures include the use of therapeutic exercise, therapeutic massage, heat or cold, air, light, water, electricity, or sound for the purpose of correcting or alleviating any physical or mental disability, or preventing the development of any physical or mental disability, or the performance of noninvasive tests of neuromuscular functions as an aid to the detection or treatment of any human condition.

(13) "Practice by physician assistants" means the performance, in collaboration with a licensed physician or osteopath, of acts of medical diagnosis and treatment, prescription, preventive health care, and other functions which are authorized by the Board of Medicine pursuant to section 203.

(14) "Practice of podiatry" means the diagnosis, treatment, or prevention of any ailment of the human foot by medical, surgical, or mechanical means, but does not include;

- (A) The amputation of the foot;
- (B) The administration of an anesthetic agent other than a local one; or
- (C) The general medical treatment of any systemic disease causing manifestations in the foot.

(15) "Practice of practical nursing" means the performance of actions of preventive health care, health maintenance, and the care of persons who are ill, injured, or experiencing alterations in health processes, requiring a knowledge of and skill in nursing procedures gained through successful completion of an approved educational program in practical nursing.

(16)(A) "Practice of psychology" means the application of established scientific methods and principles, including the principles of psychophysiology, learning, perception, motivation, emotions, organizational and social behaviors for the purpose of understanding, assessing, treating, explaining, predicting, preventing, or influencing behavior; the application of psychological methods and procedures for interviewing, counseling, psychotherapy, including behavior therapy, behavior modification, behavior medicine, or hypnotherapy; or the application of psychological methods or procedures for constructing, administering, or interpreting tests of intelligence, mental abilities and disorders, neuropsychological functioning, aptitudes, interests, attitudes, personality characteristics, emotions, or motivations.

(B) 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 any academic institution or research laboratory, if the services are offered within the scope of employment and are provided only within the confines of the organization or are offered to like organizations, and if the services do not include psychotherapy; or

(ii) A school psychologist employed by and working in accordance with the regulations of the District of Columbia Board of Education.

(17) "Practice of registered nursing" means the performance of acts requiring substantial specialized knowledge, judgment, and skill based upon the principles of the biological, physical, behavioral, and social sciences in:

(A) The observation, assessment, and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examinations and testing and their evaluation for the purpose of differentiating normal from abnormal;

(B) The provision of direct and indirect registered nursing services of a therapeutic, preventive, and restorative nature in response to an assessment of the patient's requirements;

(C) The performance of services, counseling, and education for the safety, comfort, personal hygiene, and protection of patients, the prevention of disease and injury, and the promotion of health in individuals, families, and communities;

(D) The administration of nursing services within a health care facility, including the delegation of direct nursing functions;

(E) The education and training of persons in the direct nursing care of patients;

(F) The pursuit of nursing research to improve methods of practice.

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(18)(A) "Practice of social work" means rendering or offering to render professional services to individuals, families, or groups of individuals that involve the diagnosis and treatment of psychosocial problems according to social work theory and methods. Depending upon the level at which an individual social worker is licensed under this act, the professional services may include, but shall not be limited to, the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.

(B) Nothing in this paragraph shall be construed to authorize any person licensed as a social worker under this act to engage in the practice of medicine.

Sec. 103. Scope of act.

(a) This act does not limit the right of an individual to practice a health occupation that he or she is otherwise authorized to practice under this act, nor does it limit the right of an individual to practice any other profession that he or she is authorized to practice under the laws of the District.

(b) The practices of health occupations regulated by this act are not intended to be mutually exclusive.

(c) This act shall not be construed to prohibit the practice of a health occupation by an individual enrolled in a recognized school or college as a candidate for a degree or certificate in a health occupation, or enrolled in a recognized post-graduate training program provided that the practice is:

(1) Performed as a part of the individual's course of instruction, or as a post-graduate prerequisite for licensure;

(2) Under the supervision of a health professional who is either licensed to practice in the District or qualified as a teacher of the practice of the health occupation by the board charged with the regulation of the health occupation;

(3) Performed at a hospital, nursing home, or health facility operated by the District or federal government, a health education center, or other health care facility considered appropriate by the school or college; and

(4) Performed in accordance with procedures established by the board charged with the regulation of the health occupation.

(d) Nothing in this act shall be construed to require licensure for or to otherwise regulate, restrict, or prohibit individuals from engaging in the practices, services, or activities set forth in the paragraphs of this subsection if the individuals do not hold themselves out, by title, description of services, or otherwise, to be practicing any of the health occupations regulated by this act. Nothing in this subsection shall be construed as exempting any of the following categories from other applicable laws and regulations of the District or federal government:

(1) Any minister, priest, rabbi, officer, or agent of any religious body or any practitioner of any religious belief engaging in prayer or any other religious practice or nursing practiced solely in accordance with the religious tenets of any church for the purpose of fostering the physical, mental, or spiritual well-being of any person;

- (2) Any person engaged in the care of a friend or member of the family, including the domestic administration of family remedies, or the care of the sick by domestic servants, housekeepers, companions, or household aides of any type, whether employed regularly or because of an emergency or illness, or other volunteers;
- (3) Any individual engaged in the lawful practice of audiology, speech pathology, X-ray technology, laboratory technology, or respiratory therapy;
- (4) An orthotist or prosthetist engaged in fitting, making, or applying splints or other orthotic or prosthetic devices;
- (5) Any individual engaged in the practice of cosmetology, the practice of nontherapeutic massage, or the operation of a health club;
- (6) Any individual engaged in the commercial sale or fitting of shoes or foot appliances; or
- (7) Marriage and family therapists, marriage counselors, family counselors, child counselors, art therapists, drama therapists, attorneys, or other professionals working within the standards and ethics of their respective professions.

Sec. 104. Persons licensed under prior law.

- (a) Except as expressly provided to the contrary in this act, any person licensed, registered, or certified by any agency of the District established or continued by any statute amended, repealed, or superseded by this act is considered for all purposes to be licensed, registered, or certified by the appropriate health occupations board established under this act for the duration of the term for which the license, registration, or certification was issued, and may renew that authorization in accordance with the appropriate renewal provisions of this act.
- (b) Except as provided to the contrary in this act, an individual who was originally licensed, registered, or certified under a provision of law that has been deleted by this act continues to meet the education and experience requirements as if that provision had not been deleted.

TITLE II

ESTABLISHMENT OF HEALTH OCCUPATION BOARDS AND  
ADVISORY COMMITTEES; MEMBERSHIP; TERMS

Sec. 201. Board of Dentistry.

- (a) There is established a Board of Dentistry consisting of 7 members appointed by the Mayor with the advice and consent of the Council.
- (b) The Board shall regulate the practice of dentistry and dental hygiene.
- (c) Of the members of the Board, 5 shall be dentists licensed in the District, 1 shall be a dental hygienist licensed in the District, and 1 shall be a consumer member.
- (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, 2 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of 3 years.

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(f) The Board shall provide advice to the Mayor concerning limitations, which the Mayor may impose by rule, on the number of dental hygienists who may be supervised by 1 dentist, provided that the limit may not be reduced below the ratio of 2 dental hygienists to 1 dentist, and provided that this limitation shall not apply to dentists or dental hygienists who are employees of, or operating pursuant to a contract with, the District or federal government.

Sec. 202. Board of Dietetics and Nutrition.

- (a) There is established a Board of Dietetics and Nutrition to consist of 3 members appointed by the Mayor.
- (b) The Board shall regulate the practice of dietetics and nutrition.
- (c) Of the members of the Board, 1 shall be a licensed dietitian, 1 shall be a licensed nutritionist who is not a dietitian, and 1 shall be a consumer member.
- (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, 1 shall be appointed for a term of 1 year, 1 shall be appointed for a term of 2 years, and 1 shall be appointed for a term of 3 years.

Sec. 203. Board of Medicine; Advisory Committees on Acupuncture, Chiropractic, and Physician Assistants.

- (a)(1) There is established a Board of Medicine to consist of 11 members appointed by the Mayor with the advice and consent of the Council.
- (2) The Board shall regulate the practice of medicine, the practice of acupuncture with the advice of the Advisory Committee on Acupuncture, the practice of chiropractic with the advice of the Advisory Committee on Chiropractic, and the practice by physician assistants with the advice of the Advisory Committee on Physician Assistants.
- (3) Of the members of the Board, 7 shall be physicians licensed to practice in the District, 3 shall be consumer members, and 1 shall be the Commissioner of Public Health.
- (4) In selecting nominees to the Board, the Mayor shall consult with appropriate officials of professional medical societies and schools of medicine located in the District, and shall submit nominees whose professional training and experience provide a representative sample of the medical specialties practiced in the District.
- (5) Except as provided in paragraph (6) of this subsection, members of the Board shall be appointed for terms of 3 years. This paragraph shall not apply to the Commissioner of Public Health who shall serve for the duration of his or her term as commissioner.
- (6) Of the members initially appointed under this section, 3 shall be appointed for a term of 1 year, 3 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years.

(7) The Mayor shall appoint an executive director who shall be a full-time employee of the District to administer and implement the orders of the Board in accordance with this act and rules and regulations issued pursuant to this act.

(8) The Board shall provide recommendations to the Mayor for his consideration in developing and issuing rules authorizing:

(A) The practice of acupuncture in accordance with guidelines approved by the Advisory Committee on Acupuncture;

(B) The practice of chiropractic in accordance with guide lines approved by the Advisory Committee on Chiropractic; and

(C) The practice by physician assistants in accordance with guidelines approved by the Advisory Committee on Physician Assistants.

(b)(1) There is established an Advisory Committee on Acupuncture to consist of 3 members appointed by the Mayor.

(2) The Advisory Committee on Acupuncture shall develop and submit to the Board guidelines for the licensing of acupuncturists and the regulation of the practice of acupuncture in the District.

(3) Of the members of the Advisory Committee on Acupuncture, 1 shall be a physician licensed in the District who has training and experience in the practice of acupuncture, 1 shall be a nonphysician acupuncturist licensed in the District, and 1 shall be the Commissioner of Public Health or his or her designee.

(4) The Advisory Committee on Acupuncture shall submit guidelines to the Board within 180 days of the effective date of this act and shall subsequently meet at least annually to review the guidelines and make necessary revisions for submission to the Board.

(c)(1) There is established an Advisory Committee on Chiropractic to consist of 5 members appointed by the Mayor.

(2) The Advisory Committee on Chiropractic shall develop and submit to the Board guidelines for the licensing of chiropractors and the regulation of the practice of chiropractic.

(3) Of the members of the Advisory Committee on Chiropractic, 3 shall be chiropractors licensed in the District, 1 shall be the Commissioner of Public Health or his or her designee, and 1 shall be a consumer member.

(4) The Advisory Committee on Chiropractic shall submit initial guidelines to the Board within 180 days of the effective date of this act and shall subsequently meet at least annually to review the guidelines and make necessary revisions for submission to the Board.

(d)(1) There is established an Advisory Committee on Physician Assistants to consist of 3 members appointed the Mayor.

(2) The Advisory Committee on Physician Assistants shall develop and submit to the Board guidelines for the licensing and regulation of physician assistants in the District. The guidelines shall set forth the actions which may be performed by physician assistants in collaboration with a licensed physician or osteopath, who shall be responsible for the overall medical direction of the care and treatment of patients, and the levels of collaboration required for each action.

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(3) Of the members of the Advisory Committee on Physician Assistants, 1 shall be a physician or osteopath licensed in the District with experience working with physician assistants, 1 shall be a physician assistant licensed in the District, and 1 shall be the Commissioner of Public Health or his or her designee.

(4) The Advisory Committee on Physician Assistants shall submit initial guidelines to the Board within 180 days of the effective date of this act and shall subsequently meet at least annually to review the guidelines and make necessary revisions for submission to the Board.

(e) Of the members initially appointed to the Advisory Committee on Acupuncture, Chiropractic, and Physician Assistants, 1 member of each committee shall be appointed to a term of 2 years and 1 member of each shall be appointed to a term of 3 years. Of the members initially appointed to the Advisory Committee on Chiropractic, 1 member shall be appointed to a term of 1 year, 1 member shall be appointed to a term of 2 years and 2 members shall be appointed to terms of 3 years. Subsequent appointments shall be for terms of 3 years. This subsection shall not apply to the Commissioner of Public Health or his or her designee.

(f) The Advisory Committee on Chiropractic shall review applications for licensure to practice chiropractic and shall forward its recommendations to the Board for action. Upon request by the Board, the Advisory Committees on Acupuncture and Physician Assistants shall review applications for licensure to practice acupuncture or to practice as a physician assistant, respectively, and shall forward recommendations to the Board for action.

(g)(1) The Board shall require each applicant for licensure to practice medicine to state his or her specialty, if any, and list his or her qualifications, by education, training, or experience, to practice the specialty.

(2) The Board shall determine, within 180 days from the date the application was filed, whether the applicant is qualified to practice the specialty, and if so, the Board shall identify on any license issued to the applicant the specialty the applicant stated.

(3) Notwithstanding the requirements of paragraph (2) of this subsection, the Board shall issue a license to an applicant immediately upon determining that the applicant is entitled to licensure to practice medicine. If the Board has not at that time made the determination required by paragraph (2), the license shall be issued without a determination of specialty. Upon subsequently making a positive determination, the Board shall issue an amended license identifying the specialty.

(4) A licensee may add to, delete, or otherwise amend a statement of specialty in any application for license renewal.

#### Sec. 204. Board of Nursing.

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

(b) The Board shall regulate the practice of advanced registered nursing, registered nursing, and practical nursing. Advanced registered nursing includes the categories of nurse midwife, nurse-anesthetist, and nurse-practitioner.

(c) Of the members of the Board, 7 shall be registered nurses licensed in the District, 1 of whom shall be certified as a nurse-midwife, 1 of whom shall be certified as a nurse-anesthetist, and 1 of whom shall be certified as a nurse-practitioner; 2 shall be practical nurses licensed in the District; 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 1 year, 4 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years.

Sec. 205. Board of Nursing Home Administration.

(a) There is established a Board of Nursing Home Administration to consist of 5 members appointed by the Mayor with the advice and consent of the Council.

(b) The Board shall regulate the practice of nursing home administration.

(c) Of the members of the Board, 2 shall be nursing home administrators licensed in the District, 1 shall be an educator from an institution of higher learning engaged in teaching health care administration, 1 shall be a physician or osteopath licensed in the District who has a demonstrated interest in long-term care, and 1 shall be a consumer member.

(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 1, shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.

Sec. 206. Board of Occupational Therapy.

(a) There is established a Board of Occupational Therapy to consist of 5 members appointed by the Mayor.

(b) The Board shall regulate the practice of occupational therapy and the practice by occupational therapy assistants.

(c) Of the members of the Board, 3 shall be occupational therapists licensed in the District, 1 shall be an occupational therapy assistant licensed in the District, and 1 shall be a consumer member.

(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, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.

Sec. 207. Board of Optometry.

(a) There is established a Board of Optometry to consist of 5 members appointed by the Mayor.

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- nurses licensed in the of whom shall be certified as a nurse-practitioner; and 2 shall be members of the section, 3 shall be 2 years, and 4 shall be administration to consent of the administration. Some administrators of higher learning physician or osteopath g-term care, and 1 members of the section 1, shall be 2 years, and 2 shall be therapy to consist of 5 physical therapy and the therapists licensed in the District, members of the section, 1 shall be 2 years, and 2 shall consist of 5 members
- (b) The Board shall regulate the practice of optometry.
- (c) Of the members of the Board, 4 shall be optometrists licensed in the District and 1 shall be a consumer member.
- (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, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.
- (f) The Board shall grant applications by licensed optometrists for certification to administer diagnostic pharmaceutical agents for applicants who demonstrate to the satisfaction of the Board that they have:
- (1) Successfully completed a Board-approved course in general and ocular pharmacology as it relates to the practice of optometry, which shall consist of at least 55 classroom hours, including a minimum of 15 classroom hours in general pharmacology, 20 classroom hours in ocular pharmacology, and 20 classroom hours of clinical laboratory, offered or approved by an accredited institution of higher education; and
- (2) Passed an examination administered or approved by the Board on general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the use of diagnostic pharmaceutical agents.

Sec. 208. Board of Pharmacy.

- (a) There is established a Board of Pharmacy to consist of 7 members appointed by the Mayor.
- (b) The Board shall regulate the practice of pharmacy.
- (c) Of the members of the Board, 5 shall be pharmacists licensed in the District 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, 2 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of 3 years.

Sec. 209. Board of Physical Therapy.

- (a) There is established a Board of Physical Therapy to consist of 5 members appointed by the Mayor.
- (b) The Board shall regulate the practice of physical therapy.
- (c) Of the members of the Board, 4 shall be physical therapists licensed in the District and 1 shall be a consumer member.
- (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, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.

**Sec. 210. Board of Podiatry.**

There is established a Board of Podiatry to consist of 3 members appointed by the Mayor.

(b) The Board shall regulate the practice of podiatry.

(c) Of the members of the Board, 2 shall be podiatrists licensed in the District and 1 shall be a consumer member.

(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, 1 shall be appointed for a term of 1 year, 1 shall be appointed for a term of 2 years, and 1 shall be appointed for a term of 3 years.

**Sec. 211. Board of Psychology.**

There is established a Board of Psychology to consist of 5 members appointed by the Mayor with the advice and consent of the Council.

(b) The Board shall regulate the practice of psychology.

(c) Of the members of the Board, 4 shall be psychologists licensed in the District and 1 shall be a consumer member.

(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, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.

**Sec. 212. Board of Social Work.**

(a) There is established a Board of Social Work to consist of 5 members appointed by the Mayor with the advice and consent of the Council.

(b) The Board shall regulate the practice of social work, including categories of specialties within the social work profession.

(c) Of the members of the Board, 4 shall be social workers licensed in the District, representing each of the 4 licensing categories established by title VIII, and 1 shall be a consumer member.

(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, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.

**TITLE III  
ADMINISTRATION****Sec. 301. Administration.**

The boards established by this act shall be under the administrative control of the Mayor.

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### Sec. 302. Responsibilities of the Mayor.

The Mayor shall be responsible for:

- (1) Planning, developing, and maintaining procedures to ensure that the boards receive administrative support, including staff and facilities, sufficient to enable them to perform their responsibilities;
- (2) Processing and providing licenses as required and approved by the boards;
- (3) Providing investigative and inspection services;
- (3) Providing investigative and inspection services;
- (4) Holding hearings on cases pursuant to guidelines established in section 519 when requested to do so by the board, and appointing hearing officers to enable the boards to hold hearings;
- (5) Furnishing expert services in noncompliance cases brought in an administrative or court proceeding;
- (6) Providing budgetary and personnel services;
- (7) Maintaining central files of records pertaining to licensure, inspections, investigations, and other matters requested by the boards;
- (8) Furnishing facilities and staff for hearings and other proceedings;
- (9) Providing information to the public concerning licensing requirements and procedures;
- (10) Publishing and distributing procedural manuals concerning licensing and inspections and other materials prepared by the boards;
- (11) Assisting, supplying, furnishing, and performing other administrative, clerical, and technical support the Mayor determines is necessary or appropriate;
- (12) Issuing rules, as the Mayor may periodically determine to be necessary to protect the health and welfare of the citizens of the District, for the temporary licensure for a fixed period of time not to exceed 90 days and under conditions to be prescribed by the Mayor by rule, of applicants for licensure to practice a health occupation in the District;
- (13) Making necessary rules relating to the administrative procedures of the boards; and
- (14) Issuing all rules necessary to implement the provisions of this act.

### TITLE IV

### GENERAL PROVISIONS RELATING TO HEALTH OCCUPATION BOARDS

#### Sec. 401. Qualifications of members.

(a) The members of each board shall be residents of the District at the time of their appointments and while they are members of the board.

(b)(1) Each professional member of a board, in addition to the requirements of subsection (a) of this section, shall have been engaged in the practice of the health occupation regulated by the board for at least 3 years preceding appointment.

(2) The dietitian and nutritionist members initially appointed to the Board of Dietetics and Nutrition, the nonphysician acupuncturist member initially appointed to the Advisory Committee on Acupuncture, the physician assistant member initially appointed to the Advisory Committee on Physician Assistants, and the social worker members initially appointed to the Board of social work shall

be eligible for and shall file a timely application for licensure in the District. The advanced registered nurse members initially appointed to the Board of Nursing shall be licensed in the District as registered nurses, shall meet the qualifications of this act to practice their respective specialties, shall have practiced their respective specialties for at least 3 years preceding appointment, and shall file a timely application for certification to practice their respective specialties.

(c) Each consumer member of a board, in addition to the requirements of subsection (a), shall:

(1) Be at least 18 years old;  
(2) Not be a health professional or in training to become a health professional;

(3) Not have a household member who is a health professional or is in training to become a health professional; and

(4) Not own, operate, or be employed in or have a household member who owns, operates, or is employed in a business which has as its primary purpose the sale of goods or services to health professionals or health care facilities.

(d) Within the meaning of subsection (c) of this section, the term "household member" means a relative, by blood or marriage, or a ward of an individual who shares the individual's actual residence.

(e) The office of a member of a board or advisory committee shall be forfeited upon the member's failure to maintain the qualifications required by this act.

(f) Each professional member of a board or advisory committee shall disqualify himself or herself from acting on his or her own application for licensure or license renewal or on any other matter related to his or her practice of a health occupation.

Sec. 402. Terms of members; filling of vacancies.

(a) The terms of members of a board or advisory committee, after the initial terms, shall expire on the third anniversary of the date of the first members constituting a quorum take the oath of office.

(b) At the end of a term, a member shall continue to serve until a successor is appointed and sworn into office.

(c) A vacancy on a board or advisory committee shall be filled in the same manner as the original appointment was made.

(d) A member appointed to fill a vacancy shall serve only until the expiration of the term or until a successor is appointed and sworn into office.

Sec. 403. Limitation on consecutive terms.

No member of a board or advisory committee shall be appointed to serve more than 3 full consecutive 3-year terms.

Sec. 404. Removal.

(a) The Mayor may remove a member of a board or advisory committee for incompetence, misconduct, or neglect of duty, after due notice and a hearing.

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(b) The failure of a member of a board or advisory committee to attend at least 1/2 of the regular, scheduled meetings of the board or advisory committee within a 12-month period shall constitute neglect of duty within the meaning of subsection (a) of this section.

Sec. 405. Officers; meetings; quorum.

(a) From among the members of each board and advisory committee, the Mayor shall designate a chairperson.

(b) Each board and advisory committee shall determine the times and places of its meetings and shall publish notice of regular meetings at least 1 week in advance in the District of Columbia Register.

(c) A majority of the members of each board and advisory committee shall constitute a quorum.

Sec. 406. Compensation.

Members of each board and advisory committee shall be entitled to receive compensation in accordance with section 1108 of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Code, sec. 1-612.8), and in addition shall be reimbursed for reasonable travel and other expenses incurred in the performance of their duties.

Sec. 407. Staff.

For each board, the Mayor may set the compensation of personnel he or she deems advisable, subject to available appropriations, in accordance with the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Code, sec. 1-601.1 et seq.).

Sec. 408. General powers and duties.

Each board shall:

(1) Administer and enforce the provisions of this act, and rules and regulations issued pursuant to this act, related to the health occupation regulated by the board;

(2) Evaluate the qualifications and supervise the examinations of applicants for licenses, either personally or through the use of consultant services;

(3) Make recommendations to the Mayor, upon request by the Mayor or when the Board determines it necessary, for standards and procedures to be used in determining the acceptability of foreign education and training programs as substantially equivalent to the requirements of this act;

(4) Issue licenses to qualified applicants;

(5) Issue subpoenas, examine witnesses, and administer oaths;

(6) Receive and review complaints of violations of this act or rules and regulations issued pursuant to this act;

(7) Request the Mayor, on its own initiative or on the basis of a complaint, to conduct investigations of allegations of practices violating the provisions of this act with respect to the health occupation regulated by the board; and

(8) Conduct hearings and keep records and minutes necessary to carry out its functions.

Sec. 409. Fees.

The Mayor is authorized to establish a fee schedule for all services related to the regulation of all health occupations under this act, in accordance with the requirements of District law.

Sec. 410. Disposition of funds.

All fees, civil fines, and other funds collected pursuant to this act shall be deposited to the General Fund of the District.

Sec. 411. Annual report.

Each board shall, before January 1 of each year, submit a report to the Mayor and the Council of its official acts during the preceding fiscal year.

TITLE V

LICENSING OF HEALTH PROFESSIONALS

Sec. 501. License required.

A license issued pursuant to this act is required to practice medicine, acupuncture, chiropractic, registered nursing, practical nursing, dentistry, dental hygiene, dietetics, nutrition, nursing home administration, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, and social work or to practice as a physician assistant or occupational therapy assistant in the District, except as provided in this act. A certification issued pursuant to this act is required to practice advanced registered nursing.

Sec. 502. Exemptions.

The provisions of this act prohibiting the practice of a health occupation without a license shall not apply:

(1) To an individual who administers treatment or provides advice in any case of emergency;

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

(3) To an individual, licensed to practice a health occupation in a state, who is called from the state in professional consultation by or on behalf of a specific patient to visit, examine, treat, or advise the specific patient in the District, or to give a demonstration or clinic in the District, provided that the individual engages in the consultation, demonstration, or clinic in affiliation with a comparable health professional licensed pursuant to this act.

(4) To a health professional who is authorized to practice a health occupation in any state adjoining the District who treats patients in the District if:

(A) The health professional does not have an office or other regularly appointed place in the District to meet patients;

(B) The health professional registers with the appropriate board and pays the registration fee prescribed by the board prior to practicing in the District; and

(C) The state in which the individual is licensed allows individuals licensed by the District in the particular health profession to practice in the state under the conditions set forth in this subsection.

(D) Notwithstanding the provisions of subparagraphs (A), (B), and (C) of this paragraph, a health professional practicing in the District pursuant to this paragraph shall not see patients or clients in the office or other place of practice of a District licensee, or otherwise circumvent the provisions of this act.

Sec. 503. General qualifications of applicants.

(a) An individual applying for a license under this act shall establish to the satisfaction of the board regulating the health occupation that the individual:

- (1) Has not been convicted of an offense which bears directly on the fitness of the individual to be licensed;
- (2) Is at least 18 years of age;
- (3) Has successfully completed the additional requirements set forth in section 504 and titles VI, VII, and VIII, as applicable;
- (4) Has passed an examination, administered by the board or recognized by the Mayor pursuant to section 506, to practice the health occupation; and
- (5) Meets any other requirements established by the Mayor by rules to assure that the applicant has had the proper training, experience, and qualifications to practice the health occupation.

(b) The board may grant a license to an applicant whose education and training in the health occupation has been successfully completed in a foreign school, college, university, or training program if the applicant otherwise qualifies for licensure and if the board determines, in accordance with rules issued by the Mayor, that the education and training are substantially equivalent to the requirements of this act in assuring that the applicant has the proper training, experience, and qualifications to practice the health occupation.

(c) The board may deny a license to an applicant whose license to practice a health occupation was revoked or suspended in another state if the basis of the license revocation or suspension would have caused a similar result in the District, or if the applicant is the subject of pending disciplinary action regarding his or her right to practice in another state.

(d) The references in section 504 and titles VI, VII, and VIII to named professional organizations and governmental entities for purposes of accreditation or the administration of national examinations shall be considered to refer to successor organizations or entities upon a determination by the Mayor that the successor is substantially equivalent in standards and purposes as the organization or entity named in this act.

Sec. 504. Additional qualifications of applicants.

(a) An individual applying for a license to practice acupuncture under this act shall establish to the satisfaction of the Board of Medicine that the individual:

- (1) If he or she is a licensed physician, has successfully completed at least 100 hours of instruction in the practice of acupuncture at a school or college accredited by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine, or other training approved by the Board; or

(2) If he or she is not a licensed physician, has successfully completed an educational program in the practice of acupuncture of at least 3 academic years at the post-baccalaureate level at a school or college accredited by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine, or other training approved by the Board.

(b) An individual applying for a license to practice chiropractic under this act shall establish to the satisfaction of the Board of Medicine that the individual:

(1) Is a graduate of an educational program in the practice of chiropractic of at least 4 academic years at a college of chiropractic accredited by the Council on Chiropractic Education or the Straight Chiropractic Academic Standards Association; and

(2) Has completed at least 500 hours of practical clinical experience under the supervision of a licensed chiropractor.

(c) An individual applying for a license to practice dental hygiene under this act shall establish to the satisfaction of the Board of Dentistry that the individual is a graduate of an educational program in the practice of dental hygiene of at least 2 academic years which is approved by the Board.

(d) An individual applying for a license to practice dentistry under this act shall establish to the satisfaction of the Board of Dentistry that the individual is a graduate of a school of dentistry accredited by the Commission on Dental Accreditation.

(e) An individual applying for a license to practice medicine under this act shall establish to the satisfaction of the Board of Medicine that the individual is a graduate of an accredited school of medicine and has completed at least 1 year of residency in a hospital or other health care facility licensed by the District or by any state.

(f)(1) An individual applying for a license to practice nursing home administration under this act shall establish to the satisfaction of the Board of Nursing Home Administration that the individual:

(A) Has earned a baccalaureate degree from an accredited 4-year institution of higher education with a specialty in the courses or program of study applicable to the practice of nursing home administration; and

(B) Except as provided in paragraph 2 of this subsection, has worked for at least 1 year in a nursing home licensed in the District under the supervision of a licensed nursing home administrator.

(2) The requirement of paragraph (1)(B) of this subsection shall not apply to an applicant who has earned a master's degree in nursing home administration or other appropriate specialty from an accredited institution of higher education.

(g)(1) An individual applying for a license to practice occupational therapy under this act shall establish to the satisfaction of the Board of Occupational Therapy that the individual:

(A) Has successfully completed an educational program in occupational therapy which is accredited by the American Medical Association in collaboration with the American Occupational Therapy Association, with a concentration in biological or physical science, psychology, and sociology and with training in activity analysis; and

(B) Has successfully completed a period of at least 6 months of supervised work experience at an accredited educational institution or program approved by accredited educational institution.

(2)(A) An individual applying for a license to practice as an occupational therapy assistant under this act shall establish to the satisfaction of the Board of Occupational Therapy that the individual has successfully completed an educational program in occupational therapy, at the level of occupational therapy assistant, which is approved by the American Occupational Therapy Association; and

(B) Has successfully completed a period of at least 2 months of supervised work experience at an accredited educational institution or program approved by an accredited educational institution.

(3)(A) The Board of Occupational Therapy shall waive the examination required of this act for any applicant for licensure as an occupational therapist or occupational therapy assistant who was certified prior to April 6, 1978, as an occupational therapist registered ("O.T.R.") or a certified occupational therapy assistant ("C.O.T.A."), respectively, by the American Occupational Therapy Association. The Board may waive the examination requirement for any applicant so certified after April 6, 1978, if the Board determines that the requirements for certification were substantially equivalent at the time of the certification to the requirements of this act.

(B) The Board of Occupational Therapy shall waive the education, experience, and examination requirements of this act for any applicant who presents evidence satisfactory to the Board that he or she has engaged in the practice of occupational therapy, or as an occupational therapy assistant, on and prior to April 6, 1978.

(C) The waivers provided by this paragraph shall be granted only upon request by an applicant within 12 months of the effective date of this act.

(h) An individual applying for a license to practice optometry under this act shall establish to the satisfaction of the Board of Optometry that the individual is a graduate of a school of optometry approved by the Board.

(i) An individual applying for a license to practice pharmacy under this act shall establish to the satisfaction of the Board of Pharmacy that the individual:

(1) Has earned a degree in pharmacy from a college or school of pharmacy accredited by the American Council of Pharmaceutical Education; and

(2) Has worked as a pharmacy intern in a pharmacy for the period of time required by the Mayor or has gained other equivalent experience the Mayor may permit by rule.

(j) An individual applying for a license to practice physical therapy under this act shall establish to the satisfaction of the Board of Physical Therapy that the individual has successfully completed an educational program in the practice of physical therapy which is accredited by an agency recognized for that purpose by the United States Department of Education, or which is approved by the Board.

(k) An individual applying for a license to practice as a physician assistant under this act shall establish to the satisfaction of the Board of Medicine that the individual has successfully completed a physician assistant educational program accredited by the Committee on Allied Health Education and Accreditation.

(l) An individual applying for a license to practice podiatry under this act shall establish to the satisfaction of the Board of Podiatry that the individual is a graduate of a podiatry college recognized by the American Podiatric Medical Association and approved by the Board.

(m) An individual applying for a license to practice practical nursing under this act shall establish to the satisfaction of the Board of Nursing that the individual has successfully completed a postsecondary level educational program in practical nursing which is approved by the Board.

(n) An individual applying for a license to practice registered nursing under this act shall establish to the satisfaction of the Board of Nursing that the individual has successfully completed an educational program in registered nursing approved by the Board or by a state board of nursing with standards substantially equivalent to the standards of the District.

(o) An individual applying for a license to practice psychology under this act 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 postdoctoral experience acceptable to the Board.

#### Sec. 505. Application for license.

An applicant for a license shall:

(1) Submit an application to the board regulating the health occupation on the form required by the board; and

(2) Pay the applicable fees established by the Mayor.

#### Sec. 506. Examinations.

(a) An applicant who otherwise qualifies for a license is entitled to be examined as provided by this act.

(b) Each board shall give examinations to applicants at least twice a year at times and places to be determined by the board.

When the Mayor, pursuant to subsection (e)(2) of this section, determines that a national examination is acceptable, then the frequency, time, and place that the national examination is given shall be considered acceptable and in accordance with this act.

(c) Each board shall notify each qualified applicant of the time and place of examination.

(d) Except as otherwise provided by this act, each board shall determine the subjects, scope, form, and passing score for examinations to assess the ability of the applicant to practice effectively the health occupation regulated by the board.

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- (e) Each board, in its discretion, may waive the examination requirements:
- (1) For any applicant who otherwise qualifies for licensure and who is currently licensed or certified under the laws of a state or territory of the United States with standards which, in the opinion of the board, were substantially equivalent at the date of the licensure or certification to the requirements of this act; or
  - (2) For any person who has been certified by a national examining board if the Mayor determines by rule that the examination was as effective for the testing of professional competence as that required in the District.

Sec. 507. Reciprocity and endorsement.

Each board, in its discretion may issue a license by reciprocity or endorsement to an applicant:

- (1) Who is licensed or certified and in good standing under the laws of another state with requirements which, in the opinion of the board, were substantially equivalent at the time of licensure to the requirements of this act, and which state admits health professionals licensed by the District in a like manner; and
- (2) Who pays the applicable fees established by the Mayor.

Sec. 508. Issuance of license.

Each board shall issue a license to an applicant who meets the requirements of this act and rules and regulations issued pursuant to this act to practice the health occupation regulated by the board.

Sec. 509. Scope of license.

- (a)(1) A person licensed under this act to practice a health occupation is authorized to practice that occupation in the District while the license is effective.
- (2) A person certified to practice advanced registered nursing is authorized to practice the specialty for which he or she has been certified by the Board of Nursing.
- (b) An individual who fails to renew a license to practice a health occupation shall be considered to be unlicensed and subject to the penalties set forth in this act and other applicable laws of the District, if he or she continues to practice the health occupation.

Sec. 510. Term and renewal of license.

- (a) A license expires 1 year from the date of its first issuance or renewal unless renewed by the board that issued it as provided in this section, except that the Mayor, by rule, may provide for a period of licensure of not more than 3 years.
- (b) The Mayor may establish by rule continuing education requirements as a condition for renewal of licenses under this section.
- (c) At least 30 days before the license expires, or a greater period as established by the Mayor by rule, each board shall send to the licensee, by first class mail to the last known address of the licensee, a renewal notice that states:
  - (1) The date on which the current license expires;
  - (2) The date by which the renewal application must be received by the board for renewal to be issued and mailed before the license expires; and

- (3) The amount of the renewal fee.
- (d) Before the license expires, the licensee may renew it for an additional term, if the licensee:
- (1) Submits a timely application to the board;
  - (2) Is otherwise entitled to be licensed;
  - (3) Pays the renewal fee established by the Mayor; and
  - (4) Submits to the board satisfactory evidence of compliance with any continuing education requirements established by the board for license renewal.
- (e) Each board shall renew the license of each licensee who meets the requirements of this section.

Sec. 511. Inactive status.

- (a) Upon application by a licensee and payment of the inactive status fee established by the Mayor, each board shall place a licensee on inactive status.
- (b) While on inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice the health occupation in the District.
- (c) Each board shall issue a license 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) Complies with the continuing education requirements in effect when the licensee seeks to reactivate the license; and
  - (3) Complies with the current requirements for renewal of licenses.

Sec. 512. Reinstatement of expired licenses.

- (a) If a health professional fails for any reason to renew the license issued under this title, the board regulating the health occupation shall reinstate the license if the health professional:
- (1) Applies to the board for reinstatement of the license within 5 years after the license expires;
  - (2) Complies with current requirements for renewal of a license as set forth in this title;
  - (3) Pays a reinstatement fee established by the Mayor; and
  - (4) Submits to the board satisfactory evidence of compliance with the qualifications and requirements established under this title for license reinstatements.
- (b) The board shall not reinstate the license of a health professional who fails to apply for reinstatement of a license within 5 years after the license expires. The health professional may become licensed by meeting the requirements then in existence for obtaining an initial license under this title.

Sec. 513. Display of licenses; change of address.

- (a) Each licensee shall display the license conspicuously in any and all places of business or employment of the licensee.
- (b) Each licensee shall notify the board of any change of address of the place of residence or place of business or employment within 30 days after the change of address.

(c) Each licensee shall be subject to the penalties provided by this act for failure to comply with the requirements of this section.

Sec. 514. Revocation, suspension, or denial of license or privilege; civil penalty; reprimand.

(a) Each board, subject to the right of a hearing as provided by this title, on an affirmative vote of a majority of its members then serving, may take 1 or more of the disciplinary actions provided in subsection (c) of this section against any applicant, licensee, or person permitted by this title to practice the health occupation regulated by the board in the District who:

- (1) Fraudulently or deceptively obtains or attempts to obtain a license for an applicant or licensee or for another person;
- (2) Fraudulently or deceptively uses a license;
- (3) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for disciplinary action under this section;
- (4) Has been convicted in any jurisdiction of any crime involving moral turpitude, if the offense bears directly on the fitness of the individual to be licensed;
- (5) Is professionally or mentally incompetent or physically incapable;
- (6) Is addicted to, or habitually abuses, any narcotic or controlled substance as defined by the District of Columbia Uniform Controlled Substances Act of 1981, effective August 5, 1981 (D.C. Law 4-29; D.C. Code, sec. 33-501 et seq.);
- (7) Provides, or attempts to provide, professional services while under the influence of alcohol or while using any narcotic or controlled substance as defined by the District of Columbia Uniform Controlled Substances Act of 1981, effective August 5, 1981 (D.C. Law 4-29; D.C. Code, sec. 33-501 et seq.), or other drug in excess of therapeutic amounts or without valid medical indication;
- (8) Willfully makes or files a false report or record in the practice of a health occupation;
- (9) Willfully fails to file or record any medical report as required by law, impedes or obstructs the filing or recording of the report, or induces another to fail to file or record the report;
- (10) On proper request in accordance with law, fails to provide details of a patient's medical record to a hospital or another health professional licensed under this act or under the laws of another jurisdiction;
- (11) Willfully makes a misrepresentation in treatment;
- (12) Willfully practices a health occupation with an unauthorized person or aids an unauthorized person in the practice of a health occupation;
- (13) Submits false statements to collect fees for which services are not provided;
- (14) Pays or agrees to pay anything of value to, or to split or divide fees for professional services with, any person for bringing or referring a patient;
- (15) Fails to pay a civil fine imposed by a board, other administrative officer, or court;

(16) Willfully breaches a statutory, regulatory, or ethical requirement of confidentiality with respect to a person who is a patient or client of the health professional, unless ordered by a court;

(17) Refuses to provide service to a person in contravention of the Human Rights act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code, sec. 1-2501 et seq.);

(18) Violates any of the conditions of an agreement between the licensee and the board to voluntarily limit the practice of the licensee made pursuant to section 518;

(19) Prescribes, dispenses, or administers drugs when not authorized to do so;

(20) Practices without a protocol when required by title VI;

(21) Performs, offers, or attempts to perform services beyond the scope of those authorized by the license held by the health professional;

(22) Maintains an unsanitary office or performs professional services under unsanitary conditions;

(23) Engages in sexual harassment of a patient or client;

(24) Violates any provision of this act or rules and regulations issued pursuant to this act; or

(25) Violates the statutory authorities of the Department of Consumer and Regulatory Affairs as Defined in Reorganization Plan No. 1 of 1983, and all applicable District laws and rules and regulations.

(b)(1) A board may require a health professional to submit to a mental or physical examination whenever it has probable cause to believe the health professional is impaired due to the reasons specified in subsections (a)(5), (6), and (7) of this section. The examination shall be conducted by 1 or more health professionals designated by the board, and he, she, or they shall report their findings concerning the nature and extent of the impairment, if any, to the board and to the health professional who was examined.

(2) Notwithstanding the findings of the examination commissioned by the board, the health professional may submit, in any proceedings before a board or other adjudicatory body, the findings of an examination conducted by 1 or more health professionals of his or her choice to rebut the findings of the examination commissioned by the board.

(3) Willful failure or refusal to submit to an examination requested by a board shall be considered as affirmative evidence that the health professional is in violation of subsection (a)(5), (6), or (7) of this section, and the health professional shall not then be entitled to submit the findings of another examination in disciplinary or adjudicatory proceedings related to the violation.

(c) Upon determination by the board that an applicant, licensee, or person permitted by this title to practice in the District has committed any of the acts described in subsection (a) of this section, the board may:

(1) Deny a license to any applicant;

(2) Revoke or suspend the license of any licensee;

(3) Revoke or suspend the privilege to practice in the District of any person permitted by this title to practice in the District;

(4) Reprimand any licensee or person permitted by this title to practice in the District;

(5) Impose a civil fine not to exceed \$5,000 for each violation by any applicant, licensee, or person permitted by this title to practice in the District;

(6) Require a course of remediation, approved by the board, which may include:

(A) Therapy or treatment;

(B) Retraining; and

(C) Reexamination, in the discretion of and in the manner prescribed by the board, after the completion of the course of remediation;

(7) Require a period of probation; or

(8) Issue a cease and desist order pursuant to section 516.

(d) Nothing in this title shall preclude prosecution for a criminal violation of this act regardless of whether the same violation has been or is the subject of 1 or more of the disciplinary actions provided by this title. Criminal prosecution may proceed prior to, simultaneously with, or subsequent to administrative enforcement action.

Sec. 515. Summary action.

(a) If the Mayor determines, after investigation, that the conduct of a licensee presents an imminent danger to the health and safety of the residents of the District, the Mayor may summarily suspend or restrict, without a hearing, the license to practice a health occupation.

(b) The Mayor, at the time of the summary suspension or restriction of a license, shall provide the licensee with written notice stating the action that is being taken, the basis for the action, and the right of the licensee to request a hearing.

(c) A licensee shall have the right to request a hearing within 72 hours after service of notice of the summary suspension or restriction of license. The Mayor shall hold a hearing within 72 hours of receipt of a timely request, and shall issue a decision within 72 hours after the hearing.

(d) Every decision and order adverse to a licensee shall be in writing and shall be accompanied by findings of fact and conclusions of law. The findings shall be supported by, and in accordance with, reliable, probative, and substantial evidence. The Mayor shall provide a copy of the decision and order and accompanying findings of fact and conclusions of law to each party to a case or to his or her attorney of record.

(e) Any person aggrieved by a final summary action may file an appeal in accordance with title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Code, sec. 1-1501 et seq.).

Sec. 516. Cease and desist orders.

(a) When a board or the Mayor, after investigation but prior to a hearing, has cause to believe that any person is violating any provision of this act and the violation has caused or may cause immediate and irreparable harm to the public, the board or the Mayor may issue an order requiring the alleged violator to cease and desist immediately from the violation. The order shall be served by certified mail or delivery in person.

(b)(1) The alleged violator may, within 15 days of the service of the order, submit a written request to the Board or the Mayor to hold a hearing on the alleged violation.

(2) Upon receipt of a timely request, the board or the Mayor shall conduct a hearing and render a decision pursuant to section 519.

(c)(1) The alleged violator may, within 15 days of the service of the order, submit a written request to the Board or the Mayor for an expedited hearing on the alleged violation, in which case he or she shall waive his or her right to the 15-day notice required by section 519(d).

(2) Upon receipt of a timely request for an expedited hearing, the board or the Mayor shall conduct a hearing within 10 days of the date of receiving the request and shall deliver to the alleged violator at his or her last known address a written notice of the hearing by any means guaranteed to be received at least 5 days before the hearing date.

(3) The board or the Mayor shall issue a decision within 30 days after an expedited hearing.

(d) If a request for a hearing is not made, the order of the board or the Mayor to cease and desist is final.

(e) If, after a hearing, the board determines that the alleged violator is not in violation of this act, the board or the Mayor shall revoke the order to cease and desist.

(f) If any person fails to comply with a lawful order of a board or the Mayor issued pursuant to this section, the board or the Mayor may petition the court to issue an order compelling compliance or take any other action authorized by this act.

#### Sec. 517. Voluntary surrender of license.

(a) Any health professional who is the subject of an investigation into, or a pending proceeding involving, allegations involving misconduct may voluntarily surrender his or her license or privilege to practice in the District, but only by delivering to the board regulating the health occupation an affidavit stating that the health professional desires to surrender the license or privilege and that the action is freely and voluntarily taken, and not the result of duress or coercion.

(b) Upon receipt of the required affidavit, the board shall enter an order revoking or suspending the license of the health professional or the privilege to practice.

(c) The voluntary surrender of a license shall not preclude the imposition of civil or criminal penalties against the licensee.

#### Sec. 518. Voluntary limitation or surrender of license by impaired health professional.

(a)(1) Any license issued under this act may be voluntarily limited by the licensee either (A) permanently, (B) for an indefinite period of time to be restored at the discretion of the board regulating the health occupation, or (C) for a definite period of time under an agreement between the license and the board.

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(2) During the period of time that the license has been limited, the licensee shall not engage in the practices or activities to which the voluntary limitation of practice relates.

(3) As a condition for accepting the voluntary limitation of practice, the board may require the licensee to do 1 or more of the following:

(A) Accept care, counseling, or treatment by physicians or other health professionals acceptable to the board;

(B) Participate in a program of education prescribed by the board; and

(C) Practice under the direction of a health professional acceptable to the board for a specified period of time.

(b)(1) Any license issued under this act may be voluntarily surrendered to the board by the licensee either (A) permanently, (B) for an indefinite period of time to be restored at the discretion of the board regulating the health occupation, or (C) for a definite period of time under an agreement between the licensee and the board.

(2) During the period of time that the license has been surrendered, the individual surrendering the license shall not practice, attempt to practice, or offer to practice the health occupation for which the license is required, shall be considered as unlicensed, and shall not be required to pay the fees for the license.

(c) All records, communications, and proceedings of the board related to the voluntary limitation or surrender of a license under this section shall be confidential.

Sec. 519. Hearings.

(a) Before a board denies an applicant a license, revokes or suspends a license or privilege to practice, reprimands a licensee, imposes a civil fine, requires a course of remediation or a period of probation, or denies an application for reinstatement, it shall give the individual against whom the action is contemplated an opportunity for a hearing before the board.

(b) A board, at its discretion, may request the applicant or licensee to attend a settlement conference prior to holding a hearing under this section, and may enter into negotiated settlement agreements and consent decrees to carry out its functions.

(c) Except to the extent that this act specifically provides otherwise, a board shall give notice and hold the hearing in accordance with the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Code, sec. 1-1501 et seq.).

(d) The hearing notice to be given to the individual shall be sent by certified mail to the last known address of the individual at least 15 days before the hearing.

(e) The individual may be represented at the hearing by counsel.

(f)(1) A board may administer oaths and require the attendance and testimony of witnesses and the production of books, papers, and other evidence in connection with any proceeding under this section.

(2) A board shall require the attendance of witnesses and the production of books, papers, and other evidence reasonably requested by the person against whom an action is contemplated.

(3) In case of contumacy by or refusal to obey a subpoena issued by the board to any person, a board may refer the matter to the Superior Court of the District of Columbia, which may by order require the person to appear and give testimony or produce books, papers, or other evidence bearing on the hearing. Refusal to obey such an order shall constitute contempt of court.

(g) If, after due notice, the individual against whom the action is contemplated fails or refuses to appear, a board may nevertheless hear and determine the matter.

(h) A board shall issue its decision in writing within 60 days after conducting a hearing.

**Sec. 520. Judicial and administrative review of actions of a board.**

Any person aggrieved by a final decision of a board or the Mayor may appeal the decision to the District of Columbia Court of Appeals pursuant to section 110 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Code, sec. 1-1510).

**Sec. 521. Reinstatement of a suspended or revoked license.**

(a) Except as provided in subsection (b) of this section, a board may reinstate the license or privilege of an individual whose license or privilege has been suspended or revoked by the board only in accordance with:

(1) The terms and conditions of the order of suspension or revocation; or

(2) A final judgment or order in any proceeding for review.

(b)(1) If an order of suspension or revocation was based on the conviction of a crime which bears directly on the fitness of the individual to be licensed, and the conviction subsequently is overturned at any stage of an appeal or other postconviction proceeding, the suspension or revocation shall end when the conviction is overturned.

(2) After the process of review is completed, the clerk of the court issuing the final disposition of the case shall notify the board or the Mayor of the disposition.

**TITLE VI**

**ADVANCED REGISTERED NURSING; SCOPE OF  
PRACTICE; REQUIREMENT OF PROTOCOL; COLLABORATION**

**Sec. 601. General authorization.**

(a) The advanced registered nurse may perform actions of medical diagnosis, treatment, prescription, and other functions authorized by this title in collaboration with a physician, osteopath, or dentist, who shall be responsible for the overall medical direction of the health care team.

(b) Collaboration shall be at the level required by this act, or at a higher level.

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Sec. 602. Requirements of protocols.

(a)(1) Except as provided by paragraph (3) of this subsection, an advanced registered nurse shall enter into a protocol with a collaborating physician, osteopath, or dentist, as a condition for performing the actions authorized by this title.

(2) A physician entering into a protocol with a nurse-midwife shall be an obstetrician-gynecologist. A physician entering into a protocol with a nurse-anesthetist shall be an anesthesiologist or shall have had training and experience in administering intravenous sedation for the procedures to be performed. A dentist entering into a protocol with a nurse-anesthetist shall have had training and experience in administering the techniques and agents of anesthesia. A physician or osteopath entering into a protocol with a nurse-practitioner shall be engaged in a field of practice comparable to the nurse-practitioner's field of practice.

(3) The protocol requirement shall not apply to an advanced registered nurse directly employed by or practicing in a hospital, health maintenance organization, ambulatory surgical facility, or other similar facility or agency licensed to operate in the District, and practicing in accordance with procedures or protocols of the hospital, facility, or agency which require at least the minimum levels of collaboration required by this act.

(b) The protocol shall be signed by both parties, notarized, and available for review on request by the Mayor, the Board of Nursing, the Board of Medicine, and, when applicable, the Board of Dentistry.

Sec. 603. Collaboration.

(a) Generally, nurse-midwives and nurse-practitioners shall carry out acts of advanced registered nursing in general collaboration with a physician or osteopath.

(b) Generally, nurse-anesthetists shall carry out acts of advanced registered nursing in direct collaboration with an anesthesiologist, other physician, or dentist.

(c) In accordance with this section:

(1) In collaborations between physicians, osteopaths, and dentists, and advanced registered nurses, the collaborating parties may establish by protocol higher levels of collaboration for specific acts or specific circumstances.

(2) A hospital, facility, or agency may require higher levels of collaboration by physicians, osteopaths, and dentists, and advanced registered nurses subject to its protocols, procedures, or processes for establishing and verifying credentials when, in the opinion of the appropriate hospitals, facility, or agency authorities, a higher level of collaboration is necessary to promote safety and quality care, as authorized by sections 5(g) and 8 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. Code, secs. 32-1304(g) & -1307).

(d) Notwithstanding the provisions of subsection (c) of this section, hospitals, facilities, and agencies in requiring higher levels of collaboration, and physicians, osteopaths, and dentists, and advanced registered nurses in agreeing to

higher levels of collaboration, shall apply reasonable, nondiscriminatory standards, free of anticompetitive intent or purpose, in accordance with the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code, sec. 1-2501 et seq.), the District of Columbia Antitrust Act of 1980, effective March 5, 1981 (D.C. Law 3-169; D.C. Code, sec. 28-4501 et seq.), and section 8 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. Code, sec. 32-1307).

**Sec. 604. Authorized acts.**

Within the established protocol, an advanced registered nurse may:

- (1) Monitor and alter drug therapies;
- (2) Initiate appropriate therapies for certain conditions;
- (3) Make referrals for physical therapy; and
- (4) Perform additional functions within his or her specialty determined in accordance with sections 605, 606, and 607.

**Sec. 605. Nurse-anesthesia.**

(a) In addition to the general functions specified in section 604, a nurse-anesthetist may perform any or all of the actions in subsection (b) of this section, provided that:

- (1) The nurse-anesthetist has entered into a protocol pursuant to section 602; and
  - (2) The action is done in accordance with section 603.
- (b) The nurse-anesthetist may:
- (1) Determine the health status of the patient as it relates to the relative risks associated with the anesthetic management of the patient through the performance of the operative procedures;
  - (2) Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the collaborating anesthesiologist, other physician, or dentist, the appropriate type of anesthesia within the framework of the protocol;
  - (3) Order, pursuant to the protocol, preanesthetic medication;
  - (4) Perform, pursuant to the protocol, procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. This shall include ordering and administering (A) general and regional, including spinal, anesthesia; (B) inhalation agents and techniques; (C) intravenous agents and techniques; and (D) techniques of hypnosis; except that a nurse-anesthetist collaborating with a non-anesthesiologist physician shall be limited to ordering and administering intravenous sedation, and a nurse-anesthetist collaborating with a dentist shall be limited to ordering and administering anesthesia appropriate for dental procedures;
  - (5) Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient;

(6) Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances;

(7) Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy;

(8) Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care;

(9) Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs; and

(10) Place peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

(c) Notwithstanding the provisions of subsections (a) and (b) of this section, a qualified advanced registered nurse without collaborating with an anesthesiologist, other physician, or dentist, may initiate and perform local anesthetic procedures and order necessary anesthetic agents to perform the procedures.

Sec. 606. Nurse-midwifery.

(a) In addition to the general functions specified in section 604, the nurse-midwife may perform any of the acts in subsection (b) of this section, provided that:

(1) The nurse-midwife has entered into a protocol pursuant to section 602;

(2) The nurse-midwife and the obstetrician-gynecologist have set forth in the protocol procedures for:

(A) Consultation with each other about patient conditions during the antepartum, intrapartum, and postpartum phases of maternity care, and during gynecological care, including consultations for the purpose of ensuring that the medical care provided by the nurse-midwife is for the normal obstetrical or gynecological patient as required by section 606(b)(1), (3), and (6); and

(B) Emergency care to protect the health of the mother and infant.

(3) The patient has been advised and informed of the responsibilities of the obstetrician-gynecologist and the nurse-midwife; and

(4) The act is done in accordance with section 603.

(b) The nurse-midwife may:

(1) Manage the medical care of the normal obstetrical patient;

(2) Perform superficial minor surgical procedures;

(3) Manage the normal obstetrical patient during labor and delivery to include amniotomy, episiotomy, and repair;

(4) Initiate and perform local anesthetic procedures and order the necessary anesthetic agents to perform the procedures;

- (5) Perform postpartum examination;
- (6) Provide gynecological care for the essentially normal woman;
- (7) Prescribe appropriate medications; and
- (8) Provide family planning services.

Sec. 607. Nurse-practitioner practice.

In addition to the general functions specified in section 604, the nurse-practitioner may perform any or all of the following acts provided that the nurse-practitioner has entered into a protocol pursuant to section 602, and the act is done in accordance with section 603:

- (1) Manage selected medical problems;
- (2) Initiate, monitor, or alter therapies for certain uncomplicated, acute illnesses.;  
and
- (3) Initiate appropriate treatments and medications, and alter dosage;
- (4) Monitor and manage patients with stable, chronic diseases.

Sec. 608. Qualifications, certification.

(a) In addition to the general qualifications for license set forth in title V, and any requirements which the Mayor may establish by rule, a nurse-anesthetist shall:

- (1) Be a registered nurse holding a current, valid license pursuant to title V, and be in good standing with the Board, with no action pending or in effect against the license which could adversely affect the legal right to practice;
- (2) Be in good ethical standing within the profession;
- (3) Be a graduate of a nurse-anesthesia educational program or school accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools of the American Association of Nurse Anesthetists, and have met all the criteria and requirements in theory and clinical practice to apply for certification; and
- (4) Successfully complete the comprehensive, certifying examination administered by the Council on Certification of Nurse-Anesthetists of the American Association of Nurse Anesthetists, demonstrating basic scientific knowledge of and competent judgment in nurse-anesthesia practice.

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

- (1) Be a registered nurse holding a current valid license pursuant to title V, and be in good standing with the Board, with no action pending or in effect against the license which could adversely affect the legal right to practice;
- (2) Be in good ethical standing within the profession;
- (3) Be a graduate of a nurse-midwifery educational program approved by the American College of Nurse-Midwives;

(4) Have undertaken the care of not less than 20 women in each of the antepartum, intrapartum, and early postpartum periods, but the same women need not be seen through all 3 periods, and have observed an additional 20 women in the intrapartum periods before qualifying as a candidate for certification by the Board; and

(5) Pass the national certification examination of the American College of Nurse-Midwives and any additional examination required by the Board.

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

(1) Be a registered nurse holding a current valid license pursuant to title V, and be in good standing with the Board, with no action pending or in effect against the license which could adversely affect the legal right to practice;

(2) Be in good ethical standing within the profession;

(3) Have successfully completed a post-basic education program applicable to the area of practice which is acceptable to the Board or accredited by a national accrediting body and which is relevant to the nurse-practitioner's area of practice; and

(4) Pass the examination required by the Mayor.

## TITLE VII

### QUALIFICATIONS FOR LICENSURE TO PRACTICE

#### DIETETICS AND NUTRITION; WAIVER OF EXAMINATION

##### Sec. 701. Qualifications for licensure.

(a) In addition to the general qualifications for licensure set forth in title V, and any requirements which the Mayor may establish by rule, a dietitian shall:

(1) Hold a baccalaureate or higher degree with a major in human nutrition, foods and nutrition, dietetics, food systems management, or an equivalent major course of study, approved by the Board, from a school, college, or university that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred; and

(2) Successfully complete the certification examination of the Commission on Dietetic Registration of the American Dietetic Association.

(b) Licensure to practice dietetics pursuant to this act shall also entitle the licensee to use the title of nutritionist.

(c) In addition to the general qualifications for licensure set forth in title V, and any requirements which the Mayor may establish by rule, a nutritionist shall:

(1) Hold a baccalaureate or higher degree with a major in human nutrition, food and nutrition, dietetics, food systems management, or an equivalent major course of study, approved by the Board, from a school, college, or university that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of

Education at the time the degree was conferred, or shall have completed other training, approved by the Board, which is substantially equivalent to the curricula of accredited institutions; and

(2) Successfully complete the examination developed and required by the Mayor and administered by the Board.

(d) The Mayor, by rule, may establish requirements for the completion of a planned, continuous, preprofessional program of supervised experience as a condition for licensure as a dietitian or nutritionist.

(e) The Mayor shall, within 12 months of the effective date of this act, development, and update as necessary, an examination to assess an applicant's knowledge and understanding of the principles of nutrition and ability to apply the principles effectively and for the benefit of patients or clients in the practice of nutrition.

**Sec. 702. Waiver of examination.**

The board shall waive the examination requirement of section 701(a)(2) and (c)(2) for any applicant for licensure as a dietitian or nutritionist who presents evidence satisfactory to the Board that the applicant meets the qualifications required by section 701(a)(1) or section 701(b)(1) and has been employed in the practice of dietetics or nutrition on a full-time or substantially full-time basis for at least 3 of the last 5 years immediately preceding the effective date of this act, provided that application for the waiver is made within 12 months of the effective date of this act.

**TITLE VIII  
CATEGORIES AND QUALIFICATIONS OF  
SOCIAL WORKERS**

**Sec. 801. Licensed social work associate.**

(a) The Board of Social Work shall license as a social work associate a person who, in addition to meeting the requirements of title V, has a baccalaureate degree ("B.S.W.") from a social work program accredited by the Council of Social Work Education, and has satisfactorily completed the examination process at the associate level.

(b) A licensed social work associate ("L.S.W.A.") may perform case work, group work, and community organization services under the supervision of a social worker licensed under section 803 or 804.

**Sec. 802. Licensed graduate social worker.**

(a) The Board of Social Work shall license as a graduate social worker a person who in addition to meeting the requirements of title V, has a masters degree or a doctorate from a social work program accredited by the Council on Social Work Education, and has satisfactorily completed the examination process at the graduate level.

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(b) A licensed graduate social worker ("L.G.S.W.") may perform any function described as the practice of social work in this act, other than psychotherapy, under the supervision of a social worker licensed under section 803 or 804, and may perform psychotherapy under the supervision of a social worker licensed under section 804.

Sec. 803. Licensed independent social worker.

(a) The Board of Social Work shall license as an independent social worker a person who, in addition to meeting the requirements of title V, has a masters degree or a doctorate from a social work program accredited by the Council on Social Work Education, has satisfactorily completed the examination process at the independent level, and has at least 3,000 hours postmasters or postdoctoral experience under the supervision of a licensed independent social worker over a period of not less than 2 or more than 4 years.

(b) A licensed independent social worker ("L.I.S.W.") may perform any function described as the practice of social work in this act, other than the diagnosis or treatment (including psychotherapy) of psychosocial problems, in an autonomous, self-regulated fashion, in an agency setting or independently, and may direct other persons in the performance of these functions.

Sec. 804. Licensed independent clinical social worker.

(a) The Board of Social Work shall license as an independent clinical social worker a person who, in addition to meeting the requirements of title V, has a masters degree or a doctorate from a social work program accredited by the Council on Social Work Education, has satisfactorily completed the examination process at the independent clinical level, and has at least 3,000 hours postmasters or postdoctoral experience participating in the diagnosis and treatment of individuals, families, and groups with psychosocial problems, under the supervision of a licensed independent clinical social worker over a period of not less than 2 or more than 4 years; under special circumstances approved by the Board, supervision by a licensed psychiatrist or psychologist may be substituted for up to 1500 hours of this requirement.

(b) A licensed independent social worker ("L.I.C.S.W.") may perform any function described as the practice of social work in this act, in an autonomous, self-regulated fashion, in an agency setting or independently, and may supervise other persons in the performance of these functions. A licensed independent clinical social worker shall not engage in the practice of medicine and shall refer patients or clients with apparent medical problems to an appropriate and qualified medical practitioner.

Sec. 805. Transition.

For a period of 2 years following the effective date of this act, all references in this title to supervision by licensed social workers shall be deemed to refer to supervision by persons meeting the requirements for licensure in the District, regardless of whether they are licensed in fact.

**Sec. 806. Waiver of requirements.**

- (a) The Board of Social work shall waive the educational and examination requirements for any applicant for licensure as a social worker who can demonstrate, to the satisfaction of the Board, that he or she has been performing the functions of a social worker, as defined in this act, on a full-time or substantially full-time basis continually at least 12 months immediately preceding the effective date of this act, and is qualified to do so on the basis of pertinent education, training, experience, and demonstrated current competence, provided that application for the license is made within 12 months of the effective date of this act.
- (b) The Board of Social Work shall waive the examination requirements for any applicant who meets the educational requirements for licensure as a social worker, has practiced as a social worker or as a social work administrator, whether full time or not, within a 3-year period immediately preceding the effective date of this act, and is qualified to do so on the basis of pertinent experience, and demonstrated current competence, provided that application for the license is made within 12 months of the effective date of this act.
- (c) Applicants licensed under the waiver provisions of this subsection shall be eligible for license renewal on the same terms as all other licensed social workers.

**TITLE IX****RELATED OCCUPATIONS; REGISTRATION REQUIREMENTS;  
PROHIBITED ACTIONS****Sec. 901. Naturopathy.**

- (a) Any person who practices or offers to practice naturopathy or naturopathic healing in the District shall register with the Mayor on forms prescribed by the Mayor, reregister at intervals the Mayor may require by rule, and pay the registration fee established by the Mayor.
- (b) A person registered to practice naturopathy or naturopathic healing may counsel individuals and treat human conditions through the use of naturally occurring substances in accordance with the requirements of this act.
- (c) Practitioners of naturopathy or naturopathic healing shall provide to all clients or patients a written notice stating that the practitioner, unless licensed to practice medicine in the District, does not practice the application of scientific principles to prevent, diagnose, and treat physical and mental diseases, disorders, and conditions and to safeguard the life and health of any woman and infant through pregnancy and parturition, and shall post an identical notice in a prominent place, in printing of a size to be easily readable, in each office or location of practice.
- (d) Practitioners of naturopathy or naturopathic healing may use the title Doctor of Naturopathy.
- (e) It shall be unlawful for a practitioner of naturopathy or naturopathic healing to:
- (1) By use of a title or description of services, falsely lead any person to believe the practitioner practices medicine as defined in section 102(7);

- (2) Use X-ray, perform any surgical procedure, inject any substance into another person by needle, or perform any invasive procedure on another person;
- (3) Deliver infants;
- (4) Prescribe for or provide to another person any drug, substance, or device regulated by the laws of the District or federal governments or available by prescription only; or
- (5) File birth or death certificates or sign claims or authorizations for payment of workers' compensation benefits, Medicare or Medicaid benefits, or benefits provided for health care through other publicly assisted programs.

Sec. 902. Dance and recreation therapy.

- (a) Any person who practices or offers to practice dance therapy or recreation therapy in the District shall register with the Mayor on forms prescribed by the Mayor, reregister at intervals the Mayor may require by rule, and pay the registration fee established by the Mayor.
- (b) A person registered to practice dance therapy or recreation therapy may employ the theories and techniques of the profession, in accordance with appropriate ethical requirements, to aid in the restoration and rehabilitation of mental and physical functions.
- (c) The Mayor shall, by rule, set forth standards of education and experience required to qualify for registration as a dance therapist or recreation therapist and, in doing so, may adopt the standards of the recognized national professional associations of dance therapists or recreation therapists.

TITLE X

PROHIBITED ACTS; PENALTIES; INJUNCTIONS.

Sec. 1001. Practicing without a license.

No person shall practice, attempt to practice, or offer to practice a health occupation licensed or regulated under this act in the District unless currently licensed, or exempted from licensing, under this act.

Sec. 1002. Misrepresentation.

Unless authorized to practice a health occupation under this act, a person shall not represent to the public by title, description of services, methods, or procedures, or otherwise that the person is authorized to practice the health occupation in the District.

Sec. 1003. Certain representations prohibited.

- (a) Unless authorized to practice acupuncture under this act, a person shall not use or imply the use of the words or terms "acupuncture", "acupuncturist", or any similar title or description of services with the intent to represent that the person practices acupuncture.

(b) Unless authorized to practice advanced registered nursing under this act, a person shall not use or imply the use of the words or terms "advanced registered nurse", "nurse-anesthetist", "nurse-midwife", "nurse-practitioner", or any other similar title or description of services with the intent to represent that the person practices advanced registered nursing.

(c) Unless authorized to practice chiropractic under this act, a person shall not use or imply the use of the words or terms "chiropractic", "chiropractor", "Doctor of Chiropractic", "D.C.", or any similar title or description of services with the intent to represent that the person practices chiropractic.

(d) Unless authorized to practice dentistry under this act, a person shall not use or imply the use of the words or terms "dentistry", "dentist", "D.D.S.", "D.M.D.", "endodontist", "oral surgeon", "maxillofacial surgeon", "oral pathologist", "orthodontist", "pedodontist", "periodontist", "prosthodontist", "public health dentist", or any similar title or description of services with the intent to represent that the person practices dentistry.

(e) Unless authorized to practice dentistry or dental hygiene under this act, a person shall not use or imply the use of the words or terms "dental hygiene", "dental hygienist", or any similar title or description of services with the intent to represent that the person practices dental hygiene.

(f) Unless authorized to practice dietetics or nutrition under this act, a person shall not use or imply the use of the words or terms "dietitian/nutritionist", "licensed dietitian", "licensed nutritionist", "dietitian", "nutritionist", "L.D.N.", "L.D.", "L.N.", or any similar title or description of services with the intent to represent that the person practices dietetics or nutrition.

(g) Unless authorized to practice medicine under this act, a person shall not use or imply the use of the words or terms "physician", "surgeon", "medical doctor", "doctor of osteopathy", "M.D.", "anesthesiologist", "cardiologist", "dermatologist", "endocrinologist", "gastroenterologist", "general practitioner", "gynecologist", "hematologist", "internist", "laryngologist", "nephrologist", "neurologist", "obstetrician", "oncologist", "ophthalmologist", "orthopedic surgeon", "orthopedist", "osteopath", "otologist", "otolaryngologist", "otorhinolaryngologist", "pathologist", "pediatrician", "primary care physician", "proctologist", "psychiatrist", "radiologist", "rheumatologist", "rhinologist", "urologist", or any similar title or description of services with the intent to represent that the person practices medicine.

(h) Unless authorized to practice nursing home administration under this act, a person shall not use the words or terms "nursing home administration", "nursing home administrator", "N.H.A.", or any similar title or description of services with the intent to represent that the person practices nursing home administration.

(i) Unless authorized to practice occupational therapy under this act, a person shall not use the words or terms "occupational therapy", "occupational therapist", "licensed occupational therapist", "O.T.", "O.T.R.", "L.O.T.", or any similar title or description of services with the intent to represent that the person practices occupational therapy.

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(j) Unless authorized to practice as an occupational therapy assistant under this act, a person shall not use the words or terms "occupational therapy assistant", "licensed occupational therapy assistant", "certified occupational therapy assistant", "O.T.A.", "L.O.T.A.", "C.O.T.A.", or any similar title or description of services with the intent to represent that the person practices as an occupational assistant.

(k) Unless authorized to practice optometry under this act, a person shall not use the words or terms "optometry", "optometrist", "Doctor of Optometry", "contractologist", "O.D.", or any similar title or description of services with the intent to represent that the person practices optometry.

(l) Unless authorized to practice pharmacy under this act, a person shall not use the words or terms "pharmacy", "pharmacist", "druggist", "registered pharmacist", "R.Ph.", Ph.G.", or any similar title or description of services with the intent to represent that the person practices pharmacy.

(m) Unless authorized to practice physical therapy under this act, a person shall not use the words or terms "physical therapy", "physical therapist", "physiotherapist", "physical therapy technician", "P.T.", "L.P.T.", "R.P.T.", "P.T.T.", or any similar title or description of services with the intent to represent that the person practices physical therapy.

(n) Unless authorized to practice as a physician assistant under this act, a person shall not use or imply the use of the words or terms "physician assistant", "P.A.", "surgeon's assistant", or any similar title or description of services with the intent to represent that the person practices as a physician assistant.

(o) Unless authorized to practice podiatry under this act, a person shall not use the words or terms "podiatry", "podiatrist", "podiatric", "foot specialist", "foot correctionist", "foot expert", "practipedist", "podologist", "D.P.M.", or any similar title or description of services with the intent to represent that the person practices podiatry.

(p) Unless authorized to practice practical nursing under this act, a person shall not use the words or terms "practical nurse", "licensed practical nurse", "L.P.N.", or any similar title or description of services with the intent to represent that the person practices practical nursing.

(q) Unless authorized to practice psychology under this act, a person shall not use the words or terms "psychology", "psychologist", or any similar title or description of services with the intent to represent that the person practices psychology.

(r) Unless authorized to practice registered nursing under this act, a person shall not use the words or terms "registered nurse", "certified nurse", "graduate nurse", "trained nurse", "R.N.", or any similar title or description of services with the intent to represent that the person practices registered nursing.

(s) Unless authorized to practice social work under this act, a person shall not use the words or terms "social worker", "clinical social worker", "graduate social worker", "independent social worker", "licensed independent social

worker", "L.I.S.W.", "licensed independent clinical social worker", "L.I.C.S.W.", or any similar title or description of services with the intent to represent that the person practices social work.

Sec. 1004. Filing a false document or evidence; false statements.

(a) No person shall file or attempt to file with any board or the Mayor any statement, diploma, certificate, credential, or other evidence if the person knows, or should know, that it is false or misleading.

(b) No person shall knowingly make a false statement that is in fact material under oath or affirmation administered by any board or hearing officer.

Sec. 1005. Fraudulent sale, obtaining, or furnishing of documents.

No person shall sell or fraudulently obtain or furnish any diploma, license, certificate or registration, record, or other document required by this act, by any board, or by the Mayor.

Sec. 1006. Restrictions relating to pharmacies.

(a) Nothing in this act regulating the practice of pharmacy shall be construed as altering or affecting in any way District or federal laws requiring a written prescription for controlled substances or other dangerous drugs.

(b)(1) No pharmacist shall supervise more than 1 pharmacy intern at a time without prior approval of the Board of Pharmacy.

(2) No one other than a licensed pharmacist shall receive an oral prescription for Schedule II controlled substances.

(3) It shall be unlawful for a pharmacy intern to compound or dispense any drug by prescription in the District except while in the presence of and under the immediate supervision of a pharmacist.

(4) Any person engaging in the practice of pharmacy as a pharmacy intern shall register with the Mayor and shall comply with the applicable provisions of this act and the District of Columbia Pharmacist and Pharmacy Regulation Act of 1980, effective September 16, 1980 (D.C. Law 3-98; D.C. Code, sec. 2-2001 et seq.).

Sec. 1007. Criminal penalties.

(a) Any person who violates any provision of this act shall, upon conviction, be subject to imprisonment not to exceed 1 year, or a fine not to exceed \$10,000, or both.

(b) Any person who has been previously convicted under this act shall, upon conviction, be subject to imprisonment not to exceed 5 years, or a fine not to exceed \$20,000, or both.

Sec. 1008. Prosecutions.

In any prosecution brought under this act, any person claiming an exemption from licensing under this act shall have the burden of proving entitlement to the exemption.

**Sec. 1009 Alternative sanctions.**

Civil fines, penalties, and fees may be imposed as alternative sanctions for any infraction of the provisions of this act, or any rules or regulations issued under the authority of this act, pursuant to title I—III of the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-42; to be codified as D.C. Code, sec. 6-2701 *et seq.*).

**Sec. 1010. Injunctions.**

(a) The Corporation Counsel may bring an action in the Superior Court of the District of Columbia in the name of the District of Columbia to enjoin the unlawful practice of any health occupation or any other action which is grounds for the imposition of a criminal penalty or disciplinary action under this act.

(b) The Corporation Counsel may bring an action in the Superior Court of the District of Columbia in the name of the District of Columbia to enjoin the unlawful sale of drugs or the unlawful trade practice or unlawful operation of a pharmacy, nursing home, community residential facility, or any other establishment purporting to provide health services.

(c) Remedies under this section are in addition to criminal prosecution or any disciplinary action by a board.

(d) In any proceeding under this section, it shall not be necessary to prove that any person is individually injured by the action or actions alleged.

**TITLE XI****AMENDMENTS; TRANSFERS; AND REPEALERS****Sec. 1101. Amendments relating to confidential communications with mental health professionals.**

(a) Title 14 of the District of Columbia Code is amended as follows:

(1) The table of contents for chapter 3 relating to section 14-307 is amended to read as follows:

“14-307. Physicians and mental health professionals.”.

(2) The heading of section 14-307 is amended to read as follows:

“Sec. 14-307. Physicians and mental health professionals.”.

(b) Section 101(11)(C) of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Code, sec. 6-2001(11)(C)), is amended to read as follows:

“(C) A licensed social worker.”.

**Sec. 1102. Amendments to the District of Columbia Pharmacist and Pharmacy Regulation Act of 1980.**

The District of Columbia Pharmacist and Pharmacy Regulation Act of 1980, effective September 16, 1980 (D.C. Law 3-98; D.C. Code, secs. 2-2001 *et seq.*), is amended as follows:

(a) Section 3 (D.C. Code, sec 2-2002) is amended as follows:

(1) By amending subsection (a) (D.C. Code, sec. 2-2002(1)) by striking the period and inserting the phrase “established by the District of Columbia Health Occupations Revision Act of 1985.” in its place;

(2) By repealing subsection (k) (D.C. Code, sec. 2-2002(11));  
 (3) By amending subsection (m) (D.C. Code, sec. 2-2002(13)) to read as follows:

"(m) The term 'practice of pharmacy' means the practice defined in section 102(11) of the District of Columbia Health Occupations Revision Act of 1985."

- (4) By repealing subsection (o) (D.C. Code, sec. 2-2002(15));
- (b) Section 4 (D.C. Code, sec. 2-2003) is amended by repealing sections (a), (b), (c), and (e).
- (c) Sections 5, 6, and 8 (D.C. Code, secs. 2-2004, -2005, & -2007) are repealed.
- (d) Section 19 (D.C. Code, sec. 2-2018) is amended by repealing subsections (a)(2), (a)(3)(A), (a)(3)(B), (a)(3)(C), (a)(3)(E), (a)(3)(F), (a)(3)(G), and (b).
- (e) Section 20(a) (D.C. Code, sec. 2-2019(a)) is amended by striking the phrase "(1) Pharmacist license, \$65;".

Sec. 1103. Amendments to the Regulation Establishing Administrative Rules for Occupational and Professional Licensing Boards.

Section 1.1(b) of the Regulation Establishing Administrative Rules for Occupational and Professional Licensing Boards, enacted January 28, 1972 (Reg. 72-3; 17 DCMR 100.1), is amended to read as follows;

- "(b) 'Board' means any one of the following boards and commissions:
- "(1) Board of Examiners and Registrars of Architects;
  - "(2) Board of Barber Examiners;
  - "(3) Boxing and Wrestling Commission;
  - "(4) Board of Cosmetology;
  - "(5) Electrical Board;
  - "(6) Plumbing Board;
  - "(7) Board of Registration for Professional Engineers;
  - "(8) Real Estate Commission;
  - "(9) Refrigeration and Air Conditioning Board;
  - "(10) Steam and Other Operating Engineers Board;
  - "(11) Board of Funeral Directors; and
  - "(12) Board of Examiners in Veterinary Medicine."

Sec. 1104. Repealers.

(a) An Act for the regulation of the practice of dentistry in the District of Columbia, and for the protection of the people from empiricism in relation thereto, approved June 6, 1892 (27 Stat. 42; D.C. Code, sec. 2-1201 *et seq.*), is repealed.

(b) Title I of An Act to define the term of "registered nurse" and to provide for the registration of nurses in the District of Columbia, approved February 9, 1907 (34 Stat. 887; D.C. Code, sec. 2-1701.1 to 2-1701.10), is repealed.

(c) An Act To regulate the practice of podiatry in the District of Columbia, approved May 23, 1918 (40 Stat. 560; D.C. Code, sec. 2-2201 *et seq.*), is repealed.

(d) An Act To regulate the practice of optometry in the District of Columbia, approved May 28, 1924 (43 Stat. 177; D.C. Code, sec. 2-1801 *et seq.*), is repealed.

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- (e) The Healing Arts Practice Act, District of Columbia, 1928, approved February 27, 1929 (45 Stat. 1326; D.C. Code, sec. 2-1301 to 2-1343), is repealed.  
(f) The District of Columbia Practical Nurses' Licensing Act, approved September 6, 1960 (74 Stat. 802; D.C. Code, sec. 2-1702.1 to 2-1702.19), is repealed.  
(g) The Physical Therapists Practice Act, approved September 22, 1961 (89 Stat. 1955; D.C. Code, sec. 2-1703.1 to 2-1703.21), is repealed.  
(h) The Practice of Psychology Act, approved January 8, 1955 (89 Stat. 1955; D.C. Code, sec. 2-1704.1 to 2-1704.18), is repealed.  
(i) The District of Columbia Occupation Therapy Practice Act, approved April 6, 1978 (D.C. Law 2-67; D.C. Code, sec. 2-1705.1 to 2-1705.18), is repealed.  
(j) The Regulations Governing nurses in the District of Columbia, Commissioners' Order 61-2266 (17 DCMR chapter 11), is repealed.  
(k) The Bylaws of the Nurses' Examining Board, established by Reorganization Order No. 59, effective June 30, 1953 (17 DCMR Chapter 12), are repealed.  
(l) The Nursing Home Administrators Regulations No. 70-37, promulgated November 2, 1970 (17 DCMR chapter 13)) is repealed.

## TITLE XII

### TRANSITIONAL PROVISIONS

- Sec. 1201. Transfer of personnel, records, property, and funds.
- (a) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Dental Examiners are transferred to the Board of Dentistry established by this act.
- (b) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Commission on Licensure to Practice the Healing Art are transferred to the Board of Medicine established by this act.
- (c) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Nurses' Examining Board are transferred to the Board of Nursing established by this act.
- (d) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Examiners for Nursing Home Administrators are transferred to the Board of Nursing Home Administration established by this act.
- (e) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Occupational Therapy practice are transferred to the Board of Occupational Therapy established by this act.
- (f) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Optometry are transferred to the Board of Optometry established by this act.
- (g) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Physical Therapists Examining Board are transferred to the Board of Physical Therapy established by this act.

(h) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Pharmacy are transferred to the Board of Pharmacy established by this act.

(i) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Podiatry Examiners are transferred to the Board of Podiatry established by this act.

(j) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Psychologist Examiners are transferred to the Board of Psychology established by this act.

Sec. 1202. Members of boards abolished by this act.

Members of boards or commissions abolished by section 1101 shall serve as members of the successor boards to which their functions are transferred until the expiration of their terms or the appointment of their successors, whichever occurs first.

Sec. 1203. Pending actions and proceedings; existing rules and orders.

(a) No suit, action, or other judicial proceedings lawfully commenced by or against any board or commission specified in section 1101, or against any member, officer or employee of the board or commission in the official capacity of the officer or employee, shall abate by reason of the taking effect of this act, but the court or agency, unless it determines that survival of the suit, action, or other proceeding is not necessary for purposes of settlement of the question involved, shall allow the suit, action, or other proceeding to be maintained, with substitutions as to parties as are appropriate.

(b) No disciplinary action against a health professional or other administrative action or proceeding lawfully commenced shall abate solely by reasons of the taking effect of any provision of this act, but the action or proceeding shall be continued with substitutions as to parties and officers or agencies as are appropriate.

(c) Except as otherwise provided in this act, all rules and orders promulgated by the boards abolished by this act shall continue in effect and shall apply to their successor boards until the rules or orders are repealed or superseded.

TITLE XIII  
APPROPRIATIONS; EFFECTIVE DATE.

Sec. 1301. Appropriations.

Funds may be appropriated to carry out the purposes of this act.

Sec. 1302. Effective date.

This act shall take effect after a 30-day period of Congressional review following approval by the Mayor (or in the event of veto by the Mayor, action by the Council of the District of Columbia to override the veto) as provided in section

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602(c)(1) of the District of Columbia Self-Government and Governmental Reorganization Act, approved December 24, 1973 (87 Stat. 813; D.C. Code, sec. 1-233(c)(1)).

#### Source

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. 6-317 on first and second readings, December 17, 1985, and January 14, 1986, respectively. Following the signature of the Mayor on January 28, 1986, this legislation was assigned Act No. 6-127, published in the February 7, 1986, edition of the D.C. Register, (Vol. 33 page 729) and transmitted to Congress on February 3, 1986 for a 30-day review, in accordance with Section 602 (c)(1) of the Act.

The Council of the District of Columbia hereby gives notice that the 30-day Congressional Review Period has expired, and therefore, cites this enactment as D.C. Law 6-99, effective March 25, 1986.