

**COMMITTEE ON HEALTH**  
**FISCAL YEAR 2019 BUDGET MARK-UP**  
**SUMMARY OF COMMITTEE ACTIONS – FINAL DRAFT**  
**May 2, 2018; 4:00 p.m.**

**Fiscal Year 2017 Fund Balance Sweeps**

1. Sweep the following special funds via the Budget Support Act

DOH (HCO)	SPR	0673	Regulatory Enforcement Fund	128,275
DHCF (HTO)	SPR	0631	Medicaid Collections - 3rd Party Liability	202,688
DHCF (HTO)	SPR	0632	Bill of Rights - Grievance and Appeals	356,957
DHCF (HTO)	DedTax	0111	Healthy DC Fund	702,944
<b>TOTAL</b>				<b>1,390,864</b>

**Fiscal Year 2019 Operating Budget Changes**

The Committee approves the operating budgets as proposed by the Mayor with the following adjustments:

1. Reduce recurring local funds in Personal Services by \$758,534 and eliminate 6.0 vacant FTEs.

Agency	Position #	Position Title	Program	Activity	Salary + Step Increases	Fringe Benefits	Total Salary + Fringe
DOH (HCO)	10007612	Sanitarian		4515	62,649	13,595	76,243
DBH (RM0)	00016622	Special Assistant	3800 - Saint Elizabeth's Hospital	3870	123,179	30,672	153,850
DBH (RM0)	00024561	Compliance Specialist	4900 - Accountability	4930	107,043	26,654	133,697
DBH (RM0)	00022296	Program Analyst	5900 - System Transformation	5911	132,225	32,924	165,148
DBH (RM0)	00020795	Info Tech Spec (Customer Spt)	5900 - System Transformation	5912	76,165	18,965	95,129
DBH (RM0)	00069757	Policy Advisor	5900 - System Transformation	5920	107,659	26,807	134,466
<b>TOTAL</b>							<b>758,534</b>

2. **Shift \$579,893.40 in recurring local funds internally within the Department of Health Care Finance as follows:**
- a. Add \$579,893.40 in recurring local funds to support 3.0 new Program Analyst FTEs within Program 3000, Activity 3004. These FTEs shall provide program integrity and auditing services to reduce the potential for fraud within the D.C. Health Care Alliance Program, which will help implement a new Budget Support Act subtitle.
  - b. Reduce \$35,594.56 in recurring local funding and \$28,922.84 in recurring Medicaid funding for 4.0 student intern positions in Program 1000 as follows:
    - 1) #880078 - Reduce funding by \$8,898.64 in Local and \$7,230.71 in Medicaid.
    - 2) #880079 - Reduce funding by \$8,898.64 in Local and \$7,230.71 in Medicaid.
    - 3) #880080 - Reduce funding by \$8,898.64 in Local and \$7,230.71 in Medicaid.
    - 4) #880081 - Reduce funding by \$8,898.64 in Local and \$7,230.71 in Medicaid.
  - c. Reduce \$387,916.97 in recurring local funds from unallocated salaries in the DCAS Administration Program by reduce the steps the positions are budgeted in the Budget Formulation Application (BFA), i.e., reducing a position budgeted at a Step 10 to a Step 5.
  - d. Reduce \$156,381.86 from recurring nonpersonal services in the Agency Management Program that was increased for the operating impact of capital.
3. Increase the Dedicated Tax budget of the Department of Healthcare Finance by \$3,393,890 million on a non-recurring basis to reflect the addition of funding to pay for costs consistent with the statutory intent of each of two dedicated tax special funds including, but not limited to, the cost of Universal Paid Leave, quality of care incentive payments, bariatric add-ons, and behaviorally complex add-ons.

				FY 2019
DHCF (HT0)	DedTax	0110	Nursing Facility Quality of Care Fund	3,389,694
DHCF (HT0)	DedTax	0112	Stevie Sellow's Quality Improvement Fund	4,196
<b>TOTAL</b>				<b>3,393,890</b>

- 4. Increase the Dedicated Tax budget of the Department of Health Care Finance (Inpatient: \$8,501,420; Outpatient: \$7,657,987) to reflect the continuation of the Hospital Provider Tax in the Budget Support Act. Increase the Federal Medicaid budget of the Department of Health Care Finance to reflect the federal match for the continuation of the Hospital Provider Tax in the Budget Support Act.
- 5. Increase the salary lapse savings at the Department of Behavioral Health by \$500,000 in Fiscal Year 2019.

6. Fund the following transfers of operating funding:

Com.	Agency	FY 2019	FY 2020	FY 2021	FY 2022	FY 2019-2022	Description
F&R	Reduction to Local Revenue	447,000	847,000	996,000	1,201,000	3,491,000	Fiscal impact of Bill 22-202, the "East End Grocery and Retail Incentive Tax Abatement Act of 2017"
T&E	Dept. of General Services	136,000	136,000	136,000	136,000	544,000	To fund the alleged cost of the full implementation of the Public Use of Public Buildings legislation, which will be included in the Budget Support Act at the Committee of the Whole
H	Dept. of Health	50,000				50,000	For the purchase of opioid antagonist rescue kits pursuant section XX10 of the Opioid Abuse Treatment Act in the Budget Support Act
H	Dept. of Health	100,000				100,000	Produce Rx Program
H&NR	Office on Aging	25,000				25,000	Club Memory Program
H	Dept. of Health Care Finance	75,000				75,000	For a competitive grant to develop a pilot program focused on strengthening faith-based organizations' ability to deliver health screening, assessments, and care through technologies such as telehealth. This intervention shall reduce low acuity non-emergency room visits, reduce avoidable hospitalizations, and reduce avoidable hospital readmission for persons who live on the East End of the District.
H	Dept. of Health	40,000				40,000	For a competitive contract or grant to fund a resource coordinator in a community provider to connect teen girls to critical mental health and academic support services outside of the school environment
T&E	Dept. of General Services	60,000				60,000	To connect the Kingman Park/Rosedale Community Garden to a dedicated water source
T&E	Dept. of Parks & Rec	150,000				150,000	For the Fort Davis Community Recreation Center for new gym exercise equipment, fitness instruction, and four flat-screen 65-inch televisions
T&E	Dept. of Parks & Rec	150,000				150,000	For the Deanwood Recreation Center to upgrade furniture, fixtures, and equipment
H	Dept of Health Care Finance	100,000				100,000	To issue two competitive grants of \$50,000 each to fund one-time capital and equipment expenses associated with enhanced oncological services for health care facilities in Ward 7 and 8. Grants shall be awarded to health care entities with a demonstrated expertise and staffing capacity in medical oncology, particularly prostate and gynecologic cancers and that propose to focus on screening, treatment planning, and care coordination.
H	Dept of Health Care Finance	30,000				30,000	For a competitive grant to fund a community provider that provides free medical services to teen parents through a program at a high school located in Ward 7 or 8
B&ED	Dept. of Small & Local Bus. Dev.	60,000				60,000	To fund a cultural arts district and small business expansion/attraction feasibility and implementation study for mid and low density retail corridors of Deanwood
F&R	Convention Center Transfer (EZ0)	50,000				50,000	For EventsDC to support the annual Title IX Conference and Classic event
<b>TOTAL USES</b>		<b>1,473,000</b>	<b>983,000</b>	<b>1,132,000</b>	<b>1,337,000</b>	<b>4,925,000</b>	

7. Accept the changes recommended in the Mayor's *errata* letter that are not inconsistent with the recommendations in the Committee report, in consultation if the Council Budget Office.
8. Accept all transfers-in of operating funding from other Council committees and require Committee on Health staff to include these transfers in the final budget report and corresponding tables.

**Fund Balance Use Changes**

1. Reflect the following changes to Dedicated Tax fund balance use in the budget and financial plan:

				<b>FY 2018</b>	<b>FY 2019</b>
DHCF (HT0)	DedTax	0111	Healthy DC Fund	(702,944)	
DHCF (HT0)	DedTax	0110	Nursing Facility Quality of Care Fund		3,389,694
DHCF (HT0)	DedTax	0112	Stevie Sellow's Quality Improvement Fund		4,196
<b>TOTAL</b>				<b>(702,944)</b>	<b>3,393,890</b>

2. Reflect the following increases to Local fund balance use in the budget and financial plan.

	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Local Fund Balance Use	214,466	224,466	373,466	578,466

## **Fiscal Year 2019-2024 Capital Budget Changes**

The Committee approves the capital budgets as proposed by the Mayor with the following adjustments:

1. The \$51 million in capital funding for the Saint Elizabeths Medical Center (HT0 - UMV01) shall be advanced from Fiscal Year 2024 to Fiscal Year 2023, pending confirmation from the Council Budget Office that additional certified revenue is sufficient to ensure that this project is within the District's 12% debt cap in FY 2023.
2. Accept the changes recommended in the Mayor's *errata* letter that are not inconsistent with the recommendations in the Committee report, in consultation if the Council Budget Office.
3. Accept all transfers-in of capital funding from other Council committees and require Committee on Health staff to include these transfers in the final committee budget report and corresponding tables.

## Fiscal Year 2019 Budget Support Act Changes

### 1. Budget Support Act Subtitles proposed by the Mayor:

- **Subtitle V(A) – Individual Health Insurance Requirement Act of 2018** – The Committee recommends approving this subtitle as introduced by the Mayor, with an amendment to provide an exemption for persons who do not utilize traditional health care services due to religious principles, and technical amendments from the Office of the General Counsel
- **Subtitle VII(B) – Subject to Appropriations Repeals Amendment Act of 2018** – The Committee repeals the subject to appropriations clauses of additional legislation that has been funded through the Fiscal Year 2019 budget.
- **Subtitle IX(A) – Designated Fund Transfer Act of 2018** – The Committee sweeps additional Fiscal Year 2017 certified fund balances.

### 2. New Budget Support Act Subtitles proposed by the Committee:

- **Subtitle V(X) – Opioid Abuse Treatment Act of 2018** – Outlines a variety of strategies for combatting opioid abuse in the District of Columbia.
- **Subtitle V(X) – Medicaid Hospital Outpatient Supplemental Payment Amendment Act of 2018**– Continues the hospital provider tax for outpatient services in Fiscal Year 2019.
- **Subtitle V(X) – Medicaid Hospital Inpatient Rate Supplement Amendment Act of 2018** – Continues the hospital provider tax for inpatient services in Fiscal Year 2019.
- **Subtitle V(X) – Public School Nurse Hiring Act of 2018** – Requires that the additional \$4.4 million allocated to support the School Health Services Program be used only to hire Registered Nurses or a Licensed Practical Nurses consistent with Law 22-61 (Bill 22-27), the “Public School Health Services Amendment Act of 2017”.
- **Subtitle V(X) – D.C Healthcare Alliance Reform Budget Neutrality Act of 2018** – Ensures that reforms of the D.C. Healthcare Alliance Program that were approved by the Council are fully funded by delaying the applicability of the extension of six months to one year until October 1, 2019 and ensuring that the Director of the Department of Healthcare Finance utilizes his ability to negotiate actuarially sound rates for Medicaid and the Alliance that are supported within the District’s Fiscal Year 2019 approved budget and financial plan.
- **Subtitle V(X) – Department of Health Care Finance Grant-Making Amendment Act of 2018** - Requires the Department of Health Care Finance to administer four competitive grants.

## **Fiscal Year 2019 Committee Policy Recommendations**

### **1. Department of Behavioral Health (RM0)**

- Provide a monthly update to the Committee on the status of vacant positions at the DBH.
- Provide a monthly report to the Committee on the implementation of the School Mental Health Plan, which includes detailed milestones and information about the schools and the number of children to be served.
- By November 1, 2018 provide a report to the Committee analyzing the cause for utilization drops in Child mental health services, adult mental health services, and substance use disorder services.
  - o The report should specifically address what factors have led to the underutilization of these behavioral health services and how the Department plans to increase utilization.
  - o The Department of Behavioral Health's report should specifically explain the increase of 29.76% in crisis services, the 96.04% decrease in adults receiving jail diversion services, and the 6-year low substance use disorder services enrollment.
- By October 1, 2018, provide a briefing for the public and Council on the features of the Pre-Arrest Diversion Pilot Program.
- By October 1, 2018, submit a proposed structure to the Committee on Health that ensures the public can meaningfully participate be informed in the direction of the pilot program
- Provide quarterly updates on the progress towards developing the pre-arrest diversion pilot program to the Committee on Health.
- Beginning July 1, monthly updates on progress towards the identification of community-based providers participating in the School Mental Health expansion.
- Beginning July 1, monthly updates on progress on completing an RFA to select community-based providers to participate in the School Mental Health expansion.
- Beginning July 1, monthly updates on progress and plans to engage with parents, teachers, students, and school leaders in regard to the expansion of school behavioral health services in the upcoming school year
- Beginning July 1, a monthly report identifying any federal contracts in danger of lapsing which shall include an update on progress selecting grantees, selecting evaluators, paying grantees, plans for subsequent grant years where applicable, and whether the grant has an accepted budget and project plan. The report should include the name and resume of the grant manager.

### **2. Department of Health (HCO)**

- Provide a monthly update to the Committee on Health about the progress in hiring school nurses with the \$4.4 million enhancement.
- Assume a leading role in among the three public state health agencies (DOH, DHCF, and the DBH) in the planning and creation of a framework for a true citywide, integrated health care system in the District of Columbia, including the construction of a new East End Medical Center on the St. Elizabeth's campus, a 24/7 urgent care center, and an ambulatory care clinic to serve as anchors.
- Expediently advance Certificate of Need applications for urgent care centers and ambulatory care clinics in Wards 7 and 8 that will agree to partner with the new hospital operator.
- By October 1, 2018, provide a report on current efforts to expand access to prenatal care in Wards 5, 7, and 8.
- Provide updates on number of physicians registered to provide services under the Death with Dignity Act of 2015.

### **3. Department of Health Care Finance (HT0)**

- Provide a monthly update to the Committee on Health about the number of enrollees in the Alliance Program, and the average per member utilization costs.
- Select a permanent operator for the new hospital as soon as possible. This originally was supposed to occur in December 2017, but has been delayed. Selecting a permanent operator is imperative because the new operator must partner with the District on the planning and design of the new hospital.
- Move expeditiously to construct a new hospital on the St. Elizabeths campus with the goal of completing construction by December 31, 2021.
- Reduce the unacceptably long lines at DHS service centers by quickly advancing the DCAS transition.
- Work to negotiate a Project Labor Agreement for the construction of the new hospital.

### **4. Office of the Deputy Mayor for Health and Human Services (HG0)**

- Monitor consent decree exit criteria to ensure the District is meeting deadlines.

### **5. Not-for-Profit Hospital Corporation (HW0)**

- Mazars USA LLP – As part of a top-to-bottom review of services at the hospital:
  - Provide an estimate of the remaining costs for capital expenditures that the hospital will require during its lifetime.
  - Examine the feasibility of restoring obstetrical care services to United Medical Center, and report to the Committee on your findings.
- Not-for-Profit Hospital Corporation Board of Directors – Make every effort to expeditiously retrieve and preserve all available tape recordings of board meetings from the contracted entity that is retaining them for only six months, and immediately transition to a new method of recording meetings.

### **6. D.C. Health Benefit Exchange Authority (HIO)**

- Continue to monitor the stability of District health insurance markets and explore opportunities to make health insurance more affordable through local re-insurance and other affordability options.



# **Fiscal Year 2019 Budget Support Act Subtitles**

## **TITLE V. HEALTH AND HUMAN SERVICES**

### **SUBTITLE A. INDIVIDUAL HEALTH INSURANCE REQUIREMENT.**

Sec. 5001. Short title.

This subtitle may be cited as the “Health Insurance Requirement Amendment Act of 2018”.

Sec. 5002. Title 47 of the District of Columbia Official Code is amended as follows:

(a) The table of contents is amended by adding a new chapter designation to read as follows:

“50. Individual Taxpayer Health Insurance Responsibility Requirement”.

(b) A new Chapter 50 is added to read as follows:

“CHAPTER 50. INDIVIDUAL TAXPAYER HEALTH INSURANCE RESPONSIBILITY REQUIREMENT.

“Sec.

“47-5001. Definitions.

“47-5002. Requirement to maintain minimum essential coverage; exemptions.

“47-5003. District shared responsibility payments.

“47-5004. Exemptions from the minimum essential coverage and District shared responsibility payment requirements.

“47-5005. Reporting of health insurance coverage.

“47-5006. Annual notification.

“47-5007. Individual Insurance Market Affordability and Stability Fund.

“47-5008. Liability.

“47-5009. Rules.

“§ 47-5001. Definitions.

“For the purposes of this chapter, the term:

“(1) “Applicable entity” means:

“(A) An employer or other sponsor of an employment-based health plan;

“(B) The Department of Health Care Finance; or

“(C) An insurance carrier licensed or otherwise authorized to offer minimum essential coverage.

“(2) “Applicable individual” shall have the same meaning as provided in section 5000A of the Internal Revenue Code of 1986, as the section and its implementing regulations were in effect on December 15, 2017; provided, that:

“(A) An individual enrolled in the DC HealthCare Alliance program shall not be considered an applicable individual with respect to any month during which the individual was enrolled in the DC HealthCare Alliance program;

“(B) An individual shall not be considered an applicable individual with respect to any month during which the individual was a bona fide resident of a jurisdiction other than the District; and

“(C) An individual shall not be considered an applicable individual if the individual is a member of a religious sect or division that is recognized by the United States Social Security Administration as conscientiously opposed to accepting any insurance benefits, including Social Security and Medicare.

“(D) An individual shall not be considered an applicable individual if the individual files a sworn affidavit with his or her District tax return attesting to a lack of minimum essential coverage on the basis of sincerely held religious beliefs during the 12 months of the taxable year for which the return was filed. Any individual claiming exemption under this subsection who receives medical health care during the taxable year for which the return is filed shall be liable for full payment for such care and subject to the shared responsibility payment requirements of § 37-5004.

“(3) “Authority” means the District of Columbia Health Benefit Exchange Authority, established by section 5 of the Health Benefit Exchange Authority Establishment Act of 2011, effective March 2, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.04).

“(4) “Chief Financial Officer” means the Chief Financial Officer of the District of the District of Columbia, established by section 424(a) of the Home Rule Act, approved April 17, 1995 (109 Stat. 142; D.C. Official Code § 1-204.24a).

“(5) “Dependent” shall have the same meaning as provided in section 152 of the Internal Revenue Code of 1986.

“(6) “DC HealthCare Alliance” means the program established pursuant to section 7 of the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; D.C. Official Code § 7-1405).

“(7) “District shared responsibility payment” means the tax penalty incurred by a taxpayer for the failure to have the required minimum essential coverage required by this act.

“(8) “Federal shared responsibility payment” means the tax penalty incurred by a taxpayer for the failure to have the required minimum essential coverage pursuant to the Patient Protection and Affordable Care Act, approved March 23, 2010 (124 Stat. 119; 42 U.S.C. 18001, note) and section 5000(A) of the Internal Revenue Code of 1986 (26 U.S.C. § 5000A).

“(9) “Immigrant Children’s Program” means the program established pursuant to section 2202(b) of the Medical Assistance Expansion Program Act of 1999, effective October 20, 1999 (D.C. Law 13-38; D.C. Official Code § 1-307.03(b)).

“(10) “Internal Revenue Code of 1986” means the Internal Revenue Code of 1986, approved October 22, 1986 (100 Stat. 2085; 26 U.S.C. § 1 *et seq.*).

“(11) “Minimum essential coverage” means:

“(A) Except as provided in subparagraph (C) of this paragraph, minimum essential coverage as defined by section 5000A of the Internal Revenue Code of 1986 and its implementing regulations, as that section and its implementing regulations were in effect on December 15, 2017;

“(B) The Immigrant Children’s Program; and

“(C) Health coverage provided under a multiple employer welfare arrangement; provided, that the multiple employer welfare arrangement was providing coverage in the District on December 15, 2017, or that it complies with federal law and regulations applicable to multiple employer welfare arrangements that were in place as of December 15, 2017.

“(12) “Multiple employer welfare arrangement” shall have the same meaning as provided in section 3(40) of the Employee Retirement Income Security Act of 1974, approved September 2, 1974 (88 Stat. 833; 29 USC § 1002(40)).

“§ 47-5002. Requirement to maintain minimum essential coverage; exemptions.

“(a) Beginning January 1, 2019, and except as provided in subsection (b) of this section, an applicable individual shall, for each month ensure that the applicable individual, and any dependent of the applicable individual who is also an applicable individual, maintains minimal essential coverage.

“(b) Except as provided in paragraphs (1) and (2) of this subsection, the exemptions available from the federal requirement to maintain minimum essential coverage under section 5000A of the Internal Revenue Code of 1986 and its implementing regulations, as such section and its implementing regulations were in effect on December 15, 2017, shall also be available as exemptions from the requirement to maintain minimum essential coverage contained in subsection (a) of this section, with the following modifications:

“(1) Determinations as to hardship exemptions shall be made by the Authority under § 47-5004(b) rather than by the U Secretary of the U.S. Department of Health and Human Services pursuant to section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act of 2010, approved March 23, 2010 (124 Stat. 177; 42 U.S.C. § 18031(d)(4)(H)).

“(2)(A) The requirement imposed by subsection (a) of this section shall not apply to:

“(i) Taxpayers who are 21 years of age or older as of the last day of the tax year and whose federal adjusted gross income for the taxable year is equal to or less than an amount equal to 222% of the federal poverty level as published by the Authority in accordance with subparagraph (B) of this paragraph;

“(ii) Taxpayers who are 20 years of age or younger as of the last day of the tax year and not claimed as dependents on another individual’s tax form, and whose federal adjusted gross income for the taxable year is equal to or less than an amount equal to 324% of the federal poverty level, as published by the Authority in accordance with subparagraph (B) of this paragraph;

“(iii) A dependent who is 21 years of age or older as of the last day of the tax year and claimed as a dependent by a taxpayer whose federal adjusted gross income for the taxable year is equal to or less than an amount equal to 222% of the federal poverty level as published by the Authority in accordance with subparagraph (B) of this paragraph; or

“(iv) A dependent who is age 20 or younger as of the last day of the tax year and claimed as a dependent by a taxpayer whose federal adjusted gross income for the taxable year is equal to or less than an amount equal to 324% of the federal poverty level as published by the Authority in accordance with subparagraph (B) of this paragraph.

“(B)(i) The Authority, after consultation with the Director of the Department of Health Care Finance, shall publish the qualifying income levels described in subparagraph (A) of this paragraph for each taxable year based on federal poverty levels using the poverty guidelines announced by the Secretary of the U.S. Department of Health and Human Services under the authority of section 673(2) of the Community Services Block Grant Act, approved October 27, 1998 (112 Stat. 2729; 42 U.S.C. § 9902(2)).

“(ii) The qualifying income levels shall be for the number of individuals that include the taxpayer, the taxpayer’s spouse, and any dependents claimed by the taxpayer on the taxpayer’s income tax return for that taxable year.

“(iii) The Authority shall publish the qualifying income levels for the taxable year within 60 days after the announcement of the poverty guidelines announced by the Secretary of the U.S. Department of Health and Human Services for that taxable year.

“(C) The percentages identified in subparagraph (A) of this paragraph may be adjusted by the Mayor if the eligibility level changes for the:

“(i) District of Columbia’s Medicaid Program;

“(ii) Children’s Health Insurance Program; or

“(iii) Immigrant Children’s Program.

“§ 47-5003. District of Columbia shared responsibility payments.

“(a) If a taxpayer who is an applicable individual, or an applicable individual for whom the taxpayer is liable under subsection (b) of this section, fails to meet the requirement of § 47-5002(a) for one or more months, the taxpayer shall pay a District shared responsibility payment. Subject to subsection (c) of this section, the amount of the District shared responsibility payment shall be determined under this act and rules issued pursuant to § 47-5009.

“(b)(1) If a District shared responsibility payment is imposed for any month on an individual who is a dependent of a taxpayer during the taxable year, the taxpayer shall be liable for the shared responsibility payment.

“(2) If a District shared responsibility payment is imposed for any month on an individual who files a joint return for the taxable year, the individual and the spouse of the individual shall be jointly liable for the shared responsibility payment.

“(c)(1) The rules for determining the District shared responsibility payment shall be determined under this act and rules issued pursuant to § 47-5009.

“(2) The maximum amount of the District shared responsibility payment shall be determined using the District of Columbia’s average premium for bronze-level plans rather than the national average premium for bronze-level plans.

“(3) The Authority shall annually publish on its website the maximum payment amount before September 30 of the taxable year.

“(4) If a taxpayer is subject to both the District shared responsibility payment and the federal shared responsibility payment under section 5000A of the Internal Revenue Code of 1986 for a taxable year, the

amount of the taxpayer's District shared responsibility payment shall be reduced, but not below zero, by the amount of the taxpayer's federal shared responsibility payment.

“§ 47-5004. Minimum essential coverage and District of Columbia shared responsibility payment requirements.

“(a) Except as provided in subsection (b) of this section, an individual may claim that the individual or a dependent of the individual is not an applicable individual with respect to the minimum essential coverage requirement under § 47-5002(a) or may claim that the individual or a dependent of the individual is eligible for an exemption under § 47-5002(b) by indicating the basis for the claim on a form, to be prescribed by the Chief Financial Officer.

“(b) An individual seeking an exemption from subsection (a) of this section shall apply to the Authority for a determination as to whether the individual or a dependent is eligible for:

“(1) The exemption from the District shared responsibility payment requirement as provided in § 47-5002 for individuals for whom coverage is considered unaffordable based on projected income as defined by 45 C.F.R. § 155.605(d)(2), as that regulation was in effect on December 15, 2017; or

“(2) The exemption from the District shared responsibility payment requirement contained in § 47-5002 by reason of general hardship, as defined by 45 C.F.R. § 155.605(d)(1), as that regulation was in effect on December 15, 2017.

“(c) Beginning October 1, 2019, and on an annual basis thereafter, the Authority shall notify the individual and the Chief Financial Officer of any exemption determination made pursuant to subsection (b).

“§47-5005. Reporting of health insurance coverage.

“(a) An applicable entity that provides minimum essential coverage to an individual during a calendar year shall submit a return at a time determined by the Chief Financial Officer, which shall include the information contained in a return described in section 6055 of the Internal Revenue Code of 1986 and its implementing regulations, as that section and implementing regulations were in effect on December 15, 2017, and any such information required by the Chief Financial Officer.

“(b)(1) Except as provided in paragraph (3) of this subsection, an applicable entity required to submit a return pursuant to subsection (a) of this section shall furnish to each individual whose name is required to be on the return a written statement showing the:

“(A) Name and address of the entity required to make the return;

“(B) The phone number of the information contact for such applicable entity or their delegee; and

“(C) Information required regarding the individual.

“(2) The requirements of this subsection may be satisfied by a written statement provided to an individual that is consistent with the requirements of section 6055 of the Internal Revenue Code of 1986 and its implementing regulations, as that section and implementing regulations were in effect on December 15, 2017.

“(c)(1) In the case of coverage provided by an entity that is a governmental unit or an agency or instrumentality of a governmental unit, the officer or employee who enters into the agreement to provide such coverage shall be responsible for the returns required by this section.

“(2) An entity may contract with a third-party service provider, including an insurance carrier, to provide the returns required by this section.

“§ 47-5006. Annual notification

“The Chief Financial Officer, in consultation with the Authority and the Director of the Department of Health Care Finance, shall develop a program to provide notice to taxpayers who paid a District shared responsibility payment during the previous taxable year. The notification shall include information on how to apply for:

(1) Individual health insurance;

(2) Medicaid; and

(3) the federal Children’s Health Insurance Program.

“§ 47-5007. Individual Insurance Market Affordability and Stability Funds.



“(a) There is established as a special fund the Individual Insurance Market Affordability and Stability Fund (“Fund”), which shall be administered by the Mayor in accordance with subsection (c) of this section.

“(b) Revenue from the District shared responsibility payments collected pursuant to § 47-5003 shall be deposited into the Fund.

“(c) Money in the Fund shall be used to:

“(1) Engage in outreach to uninsured District residents to increase health insurance coverage;

“(2) Provide information to District residents on options for health insurance coverage; and

“(3) Engage in activities that increase the availability of health insurance options, or increase the affordability of insurance premiums in the individual health insurance market, for District residents.

“(d)(1) The money deposited into the Fund shall not revert to the unrestricted fund balance of the General Fund of the District of Columbia at the end of a fiscal year, or at any other time.

“(2) Subject to authorization in an approved budget and financial plan, any funds appropriated in the Fund shall be continually available without regard to fiscal year limitation.

“§ 47-5008. Liability.

“A taxpayer who fails to pay the District of Columbia shared responsibility payment imposed by § 47-5003 shall be subject to all collection, enforcement, and administrative provisions applicable to unpaid taxes or fees, as provided in Chapter 18, Chapter 41, Chapter 42, Chapter 43, and Chapter 44 of this title.

“§ 47-5009. Rules.

By November 1, 2018, the Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et. seq.*), shall issue the rules developed pursuant to subsection (a) of this section.”.

Sec. 5003. The Health Benefit Exchange Authority Establishment Act of 2011, effective March 2, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*), is amended as follows:

(a) Section 5(a) (D.C. Official Code § 31-3171.04(a)) is amended as follows:

(1) Paragraph (22)(D)(iv) is amended by striking the period at the end and inserting the phrase “; and” in its place.

(2) A new paragraph (23) is added to read as follows:

“(23) Administer the hardship and affordability exemptions under Chapter 50 of Title 47 of the District of Columbia Official Code.”

(b) Section 18(a) (D.C. Official Code § 31-3171.17(a)), is amended by striking the phrase “this act” and inserting the phrase “this act and as authorized by D.C. Official Code § 47-5009” in its place.

## **TITLE VII. FINANCE AND REVENUE**

### **SUBTITLE B. SUBJECT-TO-APPROPRIATIONS REPEALS**

Add the following language to this subtitle at the Committee of the Whole to reflect the actions of the Committee on Health:

Sec. 7022. Section 3 of the East End Grocery and Retail Incentive Tax Exemption Act of 2018, effective March 29, 2018 (D.C. Law 22-83; 65 DCR 1586), is repealed.

Sec. 7023. Section 4 of the D.C. Healthcare Alliance Re-Enrollment Reform Amendment Act of 2017, effective February 17, 2018 (D.C. Law 22-62; 65 DCR 2632), is repealed.

**TITLE IX. SPECIAL PURPOSE AND DEDICATED REVENUE FUNDS**

**SUBTITLE A. DESIGNATED FUND TRANSFERS**

Add the following special fund sweeps to the table in Section 9002(a):

DOH (HC0)	SPR	0673	Regulatory Enforcement Fund	128,275
DHCF (HT0)	SPR	0631	Medicaid Collections - 3rd Party Liability	202,688
DHCF (HT0)	SPR	0632	Bill of Rights - Grievance and Appeals	356,957
DHCF (HT0)	DedTax	0111	Healthy DC Fund	702,944

## **TITLE V. HEALTH AND HUMAN SERVICES**

### **SUBTITLE X. OPIOID ABUSE TREATMENT ACT.**

Sec. 5XX1. Short title.

This subtitle may be cited as the “Opioid Abuse Treatment Act of 2018”.

Sec. 5XX2. Definitions.

For the purposes of this act, the term:

(1) “Department” means the Department of Health Care Finance.

(2) “DOH” means the Department of Health.

(3) “Health benefits plan” shall have the same meaning as provided in section 2(4) of the Prompt Pay Act of 2002, effective July 23, 2002 (D.C. Law 14-176; D.C. Official Code § 31-3131(4)).

(4) “Health care facility” shall have the same meaning as provided in section 2002(3) of the Childhood Lead Poisoning Screening and Reporting Act of 2002, effective October 1, 2002 (D.C. Law 14-190; D.C. Official Code § 7-871.02(3)).

(5) “Health insurer” shall have the same meaning as provided in section 2(5) of the Prompt Pay Act of 2002, effective July 23, 2002 (D.C. Law 14-176; D.C. Official Code § 31-3131(5)).

(6) “Hospital” shall have the same meaning as provided in section 2(2) of the Emergency Care for Sexual Assault Act of 2008, effective March 25, 2009 (D.C. Law 17-346; D.C. Official Code § 7-2121(2)).

(7) “Hospital system” means any group of hospitals licensed separately, but operated, owned, or maintained by a common entity.

(8) “In-network” means health care providers or health care facilities that are part of a health insurer’s health benefits plan.

(9) “Medicaid” means the medical assistance programs authorized by Title XIX of the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 et seq.), and by section 1 of An Act To enable the District of Columbia to receive Federal financial assistance under title XIX of the Social Security Act for a

medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and administered by the Department.

(10) “Medication assisted treatment” means the use of opioid addiction treatment medication to treat opioid use disorders.

(11) “Necessary medications” means those medications as determined by a prescriber, which, if missed, may cause serious illness, death or other harmful effects to the patient.

(12) “Opioid addiction treatment medication” means those medications approved by the U.S. Food and Drug Administration for the treatment of opioid use disorders.

(13) “Opioid antagonist” shall have the same meaning as provided in section 3(i)(2) of An Act To relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-403(i)(2)).

(14) “Opioid antagonist rescue kit” means an opioid antagonist and overdose education materials that conform to Department of Health or federal substance abuse and mental health services administration guidelines for opioid overdose education that explain the signs and causes of an opioid overdose and instruct when and how to administer life-saving rescue techniques and an opioid antagonist in accordance with best medical practices

(15) “Opioid use disorder” means a problematic pattern of opioid use leading to clinically significant impairment or distress as manifested by symptoms identified in the most recent publication of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(16) “Prescriber” shall have the same meaning as provided in section 202(3) of the SafeRx Amendments Act of 2008, effective March 26, 2008 (D.C. Law 17-131; D.C. § 48-841.02(3)).

(17) “Prior authorization” means the process of obtaining prior approval from a health insurer for the provision of opioid addiction treatment medication.

(18) “Health care provider” shall have the same meaning as provided in section 2(1B) of the District of Columbia Public Emergency Act of 1980, effective March 5, 1981 (D.C. Law 3-149; D.C. Official Code § 7-2301(1B)).

(19) “Step therapy” shall have the same meaning as provided in section 2(12) of the Specialty Drug Copayment Limitation Act of 2016, effective April 7, 2017 (D.C. Law 21-248; D.C. Official Code § 48-855.01(12)).

(20) “Telehealth” shall have the same meaning as provided in section 3(18) of the Telehealth Reimbursement Act of 2013, effective October 17, 2013 (D.C. Law 20-26; D.C. Official Code § 31-3861(18)).

(21) “Utilization control” means a systematic process of measures that assure overall management and cost containment of health care services.

Sec. 5XX3. Access to health insurer in-network prescribers.

(a)(1) Upon the request of a beneficiary or a prospective beneficiary, a health insurer shall transmit, either by mail or electronic means, a list of all in-network health care providers that treat opiate use disorders, including contact information.

(2) Health insurers shall ensure that in-network prescribers that have been certified by the U.S. Drug Enforcement Agency as eligible to prescribe buprenorphine are clearly designated as such on the list provided pursuant to paragraph (1) of this subsection.

(3) The list of health care providers that treat opioid use disorders shall be updated by the health insurer on a quarterly basis.

(c) By July 1, 2018, and on an annual basis thereafter, each health insurer shall submit a report to the Department and the Chairman of the Council of the District of Columbia that includes the following:

- (1) A list of all in-network prescribers that prescribe opioid addiction treatment medications;
- (2) A list of each prescriber and the type of medication assisted treatment option they prescribe;
- (3) The number of beneficiaries that were treated for opioid use disorder in the previous calendar year; and

(4) A description of efforts by the health insurer in the previous calendar year to ensure that the health benefits plan possesses an adequate in-network capacity to treat opioid use disorders.

(c) The Department shall review the reports submitted pursuant to subsection (b) of this section to determine if each health insurer's health benefits plan possesses sufficient in-network capacity to treat opiate use disorders for beneficiaries.

Sec. 5XX4. Opiate treatment program study.

Within 180 days after the effective date of the Opioid Use Treatment Act of 2018, the Department shall submit a study to the Chairperson of the Council Committee on Health examining the feasibility of expanding the availability of opioid addiction treatment medication offerings in the District. The report shall include an:

(1) Analysis of the practices of other jurisdictions that have sought to expand access to additional opioid addiction treatment medications;

(2) Assessment of the potential increase in treatment capacity for opioid use disorders in the District;

(3) Identification of any barriers in facilitating expanded access to additional opioid addiction treatment medications;

(4) Assessment of the costs associated with the treatment of opioid use disorders with multiple opioid addiction treatment medications.

Sec. 5XX5. Opioid use reimbursement rate study.

Within 180 days after the effective date of the (Budget Support Act?), the Department shall submit a study to the Chairperson of the Council Committee on Health that shall include:

(1) An assessment of the current remuneration rate for health care providers treating opioid use disorders;

(2) An identification and analysis of any gaps in the treatments available for opioid use disorders; and

(3) A description of the inefficiencies associated with the gaps identified pursuant to paragraph



(2) of this section.

Sec. 5XX6. Access to treatment options.

Medicaid shall cover medication assisted treatment prescribed for the treatment of opioid use disorders and shall not be subject to:

- (1) Utilization control, other than those specified by the American Society of Addiction Medicine;
- (2) Prior authorization;
- (3) Step therapy; or
- (4) Lifetime restriction limit.

Sec. 5XX7. Prescriber training.

(a) Every prescriber shall, on a one-time basis, complete no less than 8 hours of training on the treatment and management of opioid use disorders. The training program shall:

(A) Be conducted by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Director of the Department of Health determines appropriate; and

(B) Be completed either online, in-person, or as otherwise approved by the Director.

(C) Each prescriber shall document to the Department at the time of completion that the prescriber has undertaken the training.

(b) A prescriber may request an exemption from the requirements of subsection (a) of this section upon submitting a request to the Director of the Department of Health, who may provide an exemption his or her discretion.

(c) For the purposes of this section only, the term “prescriber” means a person who is licensed, registered, or otherwise authorized by the District to prescribe and administer prescription drugs for human use in the course of a professional practice; provided, that the person has:

(1) 5 or more patients currently taking one or more opioids, for which the prescriber has prescribed chronic opioid therapy for 90 days of consecutive use, or;

(2) At least 2 patients undergoing treatment for chronic pain for which the prescriber has prescribed a daily dose of at least 90 mg of morphine, or its equivalent.

Sec. 5XX8. Availability of opioid use disorder treatment prescribers.

(a) Each health care facility in the District that is not part of a health care system, and each health care system, shall make available to patients the services of at least one prescriber who is authorized to prescribe and administer opioid addiction treatment medications, including buprenorphine-containing formulations.

(b) To comply with subsection (a) of this section, a health care facility, or health care system, may:

(1) Directly employ or contract with a prescriber; or

(2) Facilitate the delivery of a prescriber's services through telehealth.

Sec. 5XX9. Hospital discharge protocols.

(a) By January 1, 2019, each hospital in the District shall implement a protocol governing the identification, treatment, and discharge of patients with an opioid use disorder.

(b) By The Department of Health shall review each hospital's protocol annually and share its analysis of the sufficiency of the protocols with the Committee on Health by May 1<sup>st</sup> of each year.

Sec. 5X10. Opioid antagonist rescue kit distribution.

(a) DOH and the Deputy Mayor for Health and Human Services shall make available opioid antagonist rescue kits to all District agencies under the purview of DMHHS, and any other District agencies at the request of the Mayor.

(1) DOH shall allocate at least \$50,000 towards the procurement of opioid antagonist rescue kits.

(b) A District agency that receives an opioid antagonist rescue kit pursuant to subsection (a) of this section shall:

(1) Establish rules, policies, and procedures governing the safe administration of the opioid antagonist rescue kit.

(2) Provide training to its employees in the administration of opioid antagonists.

(c) A District employee who administers or provides an opioid antagonist rescue kit in accordance with established rules, policies, and procedures established pursuant to subsection (b) of this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist; provided, that no immunity shall extend to acts of recklessness, gross negligence, or intentional misconduct.

Sec. 5X11. Rules.

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

## TITLE V. HEALTH AND HUMAN SERVICES

### SUBTITLE XXX. MEDICAID HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT

#### AMENDMENT

Sec. 5XX1. Short title.

This subtitle may be cited as the “Medicaid Hospital Outpatient Supplemental Payment Amendment Act of 2018”.

Sec. 5XX2. The Medicaid Hospital Outpatient Supplemental Payment Act of 2017, effective December 13, 2017 (D.C. Law 22-033; D.C. Official Code § 44–664.01 *et seq.*), is amended as follows:

(a) Section 5062(5) (D.C. Official Code § 44–664.01(5)) is amended by striking the phrase “October 1, 2014, and September 30, 2015” and inserting the phrase “October 1, 2015, and September 30, 2016” in its place.

(b) Section 5064(a) (D.C. Official Code § 44-661.13(a)) is amended as follows:

(1) The lead-in language is amended by striking the phrase “October 1, 2017” and inserting the phrase “October 1, 2018” in its place.

(2) Strike the word “2018” both times it appears and insert the word “2019” in its place.

(c) Section 5065(b)(1) (D.C. Official Code § 44-664.04(b)(1)) is amended by striking the phrase “October 1, 2016” and inserting the phrase “October 1, 2017” in its place.

(d) Section 5066 (D.C. Official Code § 44-664.05) is amended as follows:

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

(A) Paragraph (1) is amended by striking the phrase “October 1, 2017” and inserting the phrase “October 1, 2018” in its place.

(B) Paragraph (2) is amended by striking the word “2015” both times it appears and inserting the word “2016” in its place.

(3) Paragraph (3) is amended by striking the word “2018” and inserting the word “2019” in its place.

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

(A) Paragraph (1) is amended by striking the phrase “October 1, 2017” and inserting the phrase “October 1, 2018” in its place.

(B) Paragraph (2) is amended by striking the word “2018” and inserting the word “2019” in its place.

(e) Section 5067(a)(2) (D.C. Official Code § 44-664.06) is amended by striking the phrase “October 1, 2017” and inserting the phrase “October 1, 2018” in its place.

(f) Section 5070 (D.C. Official Code § 44-664.06) is amended by striking the phrase “September 30, 2018” and inserting the phrase “September 30, 2019” in its place.

## **TITLE V. HEALTH AND HUMAN SERVICES**

### **SUBTITLE XXX. MEDICAID HOSPITAL INPATIENT FEE AMENDMENT**

Sec. 5XX1. Short title.

This subtitle may be cited as the “Medicaid Hospital Inpatient Rate Supplement Amendment Act of 2018”.

Sec. 5XX2. The Medicaid Hospital Inpatient Rate Supplement Act of 2017, effective December 13, 2017 (D.C. Law 22-033; D.C. Official Code § 44–664.11 *et seq.*), is amended as follows:

(a) Section 5082(4) (D.C. Official Code § 44-664.11(4)) is amended by striking the phrase “October 1, 2014, and September 30, 2015” and inserting the phrase “October 1, 2015, and September 30, 2016” in its place.

(b) Section 5084 (D.C. Official Code § 44-664.13) is amended as follows:

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

(A) Paragraph (1) is amended by striking the phrase “October 1, 2017” and inserting the phrase “October 1, 2018” in its place.

(B) Paragraph (2) is amended by striking the phrase “\$8.8 million” and inserting the phrase “\$9.6 million” in its place.

(2) Subsection (c) is amended by striking the phrase “August 1, 2017” and inserting the phrase “August 1, 2018” in its place.

(c) Section 5085(b) (D.C. Official Code § 44-664.14(b)) is amended by striking the phrase “October 1, 2017” and inserting the phrase “October 1, 2018” in its place.

(d) Section 5089 (D.C. Official Code § 44-662.18) is amended by striking the phrase “September 30, 2018” and inserting the phrase “September 30, 2019” in its place.

**TITLE V. HEALTH AND HUMAN SERVICES**

**SUBTITLE XXX. PUBLIC SCHOOL NURSE HIRING**

Sec. 5XX1. Short title.

This subtitle may be cited as the “Public School Nurse Hiring Act of 2018”.

Sec. 5XX2. The \$4,400,000 in additional funding allocated to the Department of Health in Fiscal Year 2019 to support the School Health Services Program shall only be utilized to hire Registered Nurses and Licensed Practical Nurses.

## **TITLE V. HEALTH AND HUMAN SERVICES**

### **SUBTITLE XXX. D.C. HEALTHCARE ALLIANCE REFORM BUDGET NEUTRALITY**

Sec. 5XX1. Short title.

This subtitle may be cited as the “D.C. Healthcare Alliance Reform Budget Neutrality Amendment Act of 2018”.

Sec. 5XX2. Section 8 of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.07), is amended as follows:

(a) Paragraph (12) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(b) Paragraph (13) is amended by striking the period at the end and inserting the phrase “; and” in its place.

(c) A new paragraph (14) is added to read as follows:

“(14) Offer the lowest actuarially sound rate for the Medicaid and Alliance program managed care organization contracts during Fiscal Years 2019 to 2022, if it is necessary to ensure that cumulative budget of these programs does not exceed the amount of funds allocated for these programs in an approved budget and financial plan during this time period.”.

Sec. 5XX3. Section 7b of the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; 64 DCR 10929), is amended to read as follows:

“Sec. 7b. D.C. HealthCare Alliance recertification.

“(a) D.C. Healthcare Alliance program enrollees, who enroll or re-enroll in the Alliance Program after March 31, 2019, shall be required to recertify their enrollment annually.

“(b) Beginning October 1, 2018, enrollees may recertify in-person with the Department of Human Services or with the District of Columbia Health Benefit Exchange Authority, if the D.C. Healthcare Alliance program is incorporated into the D.C. Health Link program. Enrollees may also submit an application for recertification in-person at a community health provider and shall be presumptively eligible for the Alliance until the Department of Human Services reenrolls the individual or finds the individual ineligible.”.



## **TITLE V. HEALTH AND HUMAN SERVICES**

### **SUBTITLE C. DEPARTMENT OF HEALTH CARE FINANCE GRANT-MAKING**

Sec. 5031. Short title.

This subtitle may be cited as the “Department of Health Care Finance Grant-Making Amendment Act of 2018”.

Sec. 5032. The Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.01 *et seq.*), is amended by adding a new section 8b to read as follows:

“Sec. 8b. Fiscal Year 2019 grant authority.

“(a) For Fiscal Year 2019, the Director shall:

“(1) Award 1 competitive grant of at least \$75,000 to develop a pilot program focused on strengthening faith-based organizations' ability to deliver health screening, assessments, and care through technologies such as telehealth. This intervention shall reduce low acuity non-emergency room visits, reduce avoidable hospitalizations, and reduce avoidable hospital readmission for persons who live on the East End of the District.

“(2) Award 2 competitive grants of at least \$50,000 each to fund one-time capital and equipment expenses associated with enhanced oncological services for health care facilities in Ward 7 and 8. Grants shall be awarded to health care entities with a demonstrated expertise and staffing capacity in medical oncology, particularly prostate and gynecologic cancers and that propose to focus on screening, treatment planning, and care coordination.; and

“(3) Award 1 competitive grant of at least \$30,000 to a community provider that provides free medical services to teen parents through a program at a high school located in Ward 7 or 8

“(b) By April 1, 2019, the Director shall submit a report to the Secretary to the Council on all grants issued pursuant to subsection (a) of this section.

“(c) All grants issued pursuant to subsection (a) of this section shall be administered pursuant to the requirements set forth in the Grant Administration Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code § 1-328.11 *et seq.*).

“(d) The Director may set forth health outcome measures for all grants issued pursuant to subsection (a) of this section.