Q63: Please provide brief descriptions and links to all reports or dashboards developed or maintained by CPPE during FY 2024 and FY 2025, to date.

Response:

DC Health utilizes data from multiple sources, including birth and death data, to create comprehensive reports. These reports provide insights into population health trends, such as birth rates, mortality rates, causes of death, and other public health indicators. Throughout the latter half of FY2024, CPPE underwent transitions in leadership and necessary revisions of existing reports to ensure alignment with accessibility and meaningful use causing delays in their release. During this transition, all reports were reviewed to assess the relevancy of the information communicated to the general public. Revisions were made to hone-in on significant information and ensure it is communicated in a way that is most approachable. It is expected the outstanding reports will be released during Q2.

To enhance transparency and accessibility, DC Health will publish updated interactive dashboards in Quarter 2 of FY 2025. These dashboards are tools that visually present key health statistics, trends, and analyses. They allow users, including policymakers, researchers, and the general public, to explore the data and gain valuable insights easily. As part of the transitions in FY 2024, CPPE has established a Health Informatics Division who is tasked with improving the ability of the Agency to collect, analyze and integrate data elements. As a result, DC Health is streamlining the process for developing these dashboards so that the most relevant information is readily accessible. A full redesign focusing on approachable messaging and use is planned for FY 2025. Please find below the reports and dashboards that have currently been released and are planned for release during Quarter 2 of FY 2025.

COVID-19 Key Metrics (March 2022-Present)
The COVID-19 Key Metrics are a subset of key metrics, aligned with CDC's Community Levels, that can be used in conjunction with wider public health messaging to support residents in personal risk decision-making. They include case rate and hospitalization-related metrics.

Healthy DC Strategic Framework and Action Plan (2025-2027)
This report was developed as a shared community agenda for population health improvement in the District. It outlines goals for over 30 topic areas, identifies 20 leading health indicators with targets for the year 2030, and prioritizes collective actions through community and partner engagement. It serves as the District's current community health improvement plan.

Influenza Dashboard 2024-2025
This dashboard provides weekly updates to current influenza trends throughout the disease season, generally October-May. It includes the current case summary as well as trends in testing with the flexibility for the user to view data by key demographics.

DC Firearm Injury Surveillance Dashboard
In the fall of 2020, CPPE was awarded one of ten Firearm Injury Surveillance Through Emergency Rooms (FASTER) grants from the CDC. This grant has allowed the District to regularize surveillance of firearm injury visits to the city's seven emergency departments. DC-FASTER helps address important gaps in timely data availability for firearm injuries. Timely reporting at the city level through FASTER, allows the District to detect surges in gun violence, monitor the victimization of at-risk groups, and understand trends in firearm injury. Data provided the dashboard are updated monthly and represent the number of emergency department visits for firearm injury. All seven of the District's Emergency rooms report to DC Health daily.

**Reported Pregnancies and Pregnancy Rates in the District of Columbia, 2019– 2023*
This report provides a statistical summary of pregnancy outcomes among the District of Columbia (DC) residents during the five years of 2019-2022. Data in these summaries were reported to the DC Department of Health (DC Health). The pregnancy outcomes described in this report include live births, induced termination of pregnancy (ITOP) (i.e., abortions), and fetal deaths of at least 20 weeks gestation or weighing at least 350 grams. ITOP reporting was voluntary to DC Health from 2019 to 2022. Additionally, DC Health does not receive reports on ITOPs performed in private physicians' offices. ITOPs performed on District residents outside of DC are included; however, demographic information on ITOPs performed for DC residents outside of DC is limited. Fetal deaths of less than 20 weeks of gestation or less than 350 grams are not available.

**2019-23 Natality Report in the District of Columbia*
This report provides selected information on births from 2019-2023 and related statistics and comparisons within these years. Some trend data and analyses are provided for context. In this report, both numbers (counts) and rates/proportions are used as required to present the statistics and their meanings more clearly. Generally, the number of events can be used to determine the size of a problem in any area (e.g., how many teens gave birth) or to estimate population changes due to birth and death. But, by using just numbers, we cannot readily compare two areas or two time periods. Such comparisons should consider the population's size to avoid erroneous conclusions. To eliminate the effect of different-sized populations, we compare proportions/rates.

**Preventable Causes of Death Report, 2023*
This report estimates the number and proportion of deaths due to these preventable causes: smoking (tobacco use), total cholesterol (aged ≥ 20 years), poor diet and physical inactivity, overweight, hypertension, drugs, firearms, microbial (infectious) agents, alcohol, and motor vehicles, by using available data from the DC Health vital records/ U.S. national statistics, and applying proportions adapted from McGinnis and Foege and Mokdad et al.'s studies to the 5,827 District of Columbia resident deaths in 2021. The report also presents the age-adjusted mortality rates by ten leading causes of death in the District of Columbia and the United States. Monitoring daily risk factors/characteristics that contribute to the development or progression of the leading causes of death is critical to informing and guiding data-driven and outcome-oriented approaches to policy development for improving the health of DC residents.

**Mortality Dashboard, 2016-2023*
This interactive internal mortality dashboard displays number of deaths, crude mortality rates (100,000 persons residing in the DC), and age-adjusted mortality rates (100,000 U.S. standard population) with various selections for mortality by cause of death, mortality by gender, mortality by race/ethnicity (Hispanic, Non-Hispanic Black, Non-Hispanic White, Non-Hispanic API, and Non-Hispanic Others), and mortality by wards (1-8). Other selections include year (2016-2021; single-year or 5-year range selections), jurisdiction (DC or US), and cause of death rank (1 to 10). The dashboard provides quick visualizations of key mortality information in the District.

**DC PRAMS Data Dashboard 2018-2022*
PRAMS is an ongoing survey that aims to capture the experience and behavior of pregnant individuals. The public dashboard presents a comprehensive list of all PRAMS questions and results for years 2018-2022. Users can query by topic and/or indicator. They can also stratify by different demographic groups. The dashboard helps facilitate a better understanding of the experience and behavior of persons recently giving birth in the District of Columbia.

*DC Health will publish these dashboards by Quarter 2 of FY 2025.

Q64: Two critical sources of maternal health data continue to be published on a significant delay: (1) the PRAMS Dashboard, which reflects 2021 data; and (2) the Perinatal Health and Infant Morality Report, which currently reflects 2019-2020 data. In its FY 2023 oversight responses, DC Health estimated that these reports would be updated by April/May 2024.

a. What is the current timeline for publishing updated data for each of these sources?
b. What is DC Health doing to ensure access to more updated data for the public from these two critical data sources?

Response:

Due to processing at the CDC, PRAMS data is not made available to jurisdictions until approximately 15 months after the conclusion of a given year. The table below outlines the anticipated timeline for 2023 PRAMS data to be returned to jurisdictions.

Anticipated PRAMS Data Timeline	
Birth data collected	Jan 2023 - Dec 2023
Last day of data collection	June 15, 2024
DC Health PRAMS submits all 2023 survey data and VRD births data files to CDC	June 30, 2024
CDC processes PRAMS data for all states and Jurisdictions	July 2024 - Feb 2025
CDC sends weighted data back to all states and jurisdiction	March 1, 2025
Data is now available for analysis. DC Health PRAMS conducts analysis, creates reports, updates dashboard, etc.	March 1, 2025

The time lag in reporting vital records data is a result of the federal certification process for births and deaths. Vital records data is only made available once the federal certification process is complete. This process takes roughly 6 months to complete.

The release of vital records follows a multi-step process that includes:

- **Error Corrections:** Initial data collection may contain inaccuracies, inconsistencies, or missing information that must be addressed before finalization.
- **Data Updates:** Vital records continuously update as new information becomes available or as reporting entities correct them.
- **Quality Reviews:** The data is subject to rigorous checks to validate accuracy and consistency across multiple sources.
- **Final Release of Data Files:** After completing these steps, the data can only be officially released for reporting and public dissemination.

The National Center for Health Statistics (NCHS) adheres to a staggered timeline for releasing finalized data files:

- **Birth data**: released in May of the following year, as it requires validation of birth certificates and demographic details.

- **Fetal death:** released in August, ensuring a comprehensive review and classification of cases.
- **Death data**: released in September, as additional time is needed for cause-of-death verification and classification based on medical records.

After each of these processes, DC Health can begin the analysis process to produce public reports. This process currently requires approximately 6 months to complete, making the total lag time roughly 12 months. DC Health is required to align its reporting with National Center for Health Statistics (NCHS) standards and cannot release or publish data until it has been reviewed and approved by NCHS. This mandatory waiting period is the primary reason for delays in publicly available data and official report production. By adhering to this structured process, we ensure that the data used for policymaking, health assessments, and program development is of the highest quality, minimizing errors and misinterpretations that could impact public health decisions.

a) The current timeline for publishing updated data are as follows
   1. The PRAMS Dashboard for 2018-2022 data is March 2025
   2. The Perinatal Health and Infant Mortality Report for the year 2018 – 2023 is April 2025

b) To enhance transparency and accessibility, DC Health will publish updated interactive dashboards in Quarter 2 of FY 2025. These dashboards will then allow users, including policymakers, program planners, and the general public, to explore the data and gain valuable insights easily. DC Health is streamlining the process for developing these dashboards so that the most relevant information is readily accessible. Additionally, the dashboards will simplify and streamline the process for making data publicly available thus expediting the release of data in the future.

Q65: Please provide a list of all outbreaks and other epidemiological investigations conducted by DC Health in FY 2024 and FY 2025, to date.

Response:

Epidemiological efforts within CPPE are categorized into five different disease areas; foodborne/ waterborne, healthcare acquired, vaccine preventable, and vector-borne/zoonotic. The table below indicates the number of outbreaks and total number of investigations for each disease during FY24 and FY25 to current.

Disease Area	FY 2024		FY 2025, to date	
	Number of Outbreaks	Number of Investigations	Number of Outbreaks	Number of Investigations
Zoonotic and Vector-borne				
Lyme Disease	0	194	0	67
Rickettsia	0	6	0	0
West Nile Virus	0	22	0	3
Dengue Fever	0	36	0	3
Malaria	0	59	0	22
Chikungunya	0	8	0	0
Babesiosis	0	8	0	0
Leptospirosis	0	2	0	1
Ehrlichiosis	0	3	0	0
Bartonellosis	0	2	0	0
California Encephalitis	0	1	0	0
Eastern Equine Encephalitis	0	1	0	0
St. Louis Encephalitis	0	1	0	0
Western Equine Encephalitis	0	1	0	0
Lymphocytic Choriomeningitis	0	1	0	0
Tularemia	0	2	0	0
Zika	0	2	0	0
Total	**0**	**349**	**0**	**96**
Healthcare Acquire Infections				
Candida Auris	0	39	0	16
CRE	57	57	24	24
COVID*	136	605	19	114
Norovirus	1	1	2	2
Yarrowia (Candida) lipolytica	1	1	0	0

Mycobacterium abscessus	1	1	0	0
Burkholderia mallei	1	1	0	0
Hospital onset mold (multiple organisms)	1	1	0	0
Cochliomyia hominovorax	1	1	0	0
Total	**196**	**704**	**48**	**159**
Vaccine Preventable Diseases				
Haemophilus influenzae, invasive disease (e.g. Hib)	0	5	0	2
Hepatitis A	0	5	0	1
Measles (Rubeola)	0	1	0	0
Meningitis (aseptic or viral, fungal, and bacterial)	0	15	0	5
Meningitis (Neisseria meningitides)	0	2	0	0
Mumps	0	1	0	0
Pertussis (Whooping cough)	0	18	2	10
Streptococcus pneumonia (Pneumococcal Invasive Disease)	0	31	0	8
Varicella - Chickenpox (morbidity, pediatric mortality)	0	21	0	11
Varicella - Shingles	0	55	0	8
Total	**0**	**154**	**2**	**45**
Foodborne/Waterborne				
Campylobacteriosis	0	169	0	41
Cryptosporidiosis	0	29	0	6
Cyclosporiasis	0	5	0	
Enterohemorrhagic Escherichia coli (EHEC)	0	7	0	1
Giardiasis	0	93	0	19
Hepatitis A	0	5	0	1
Legionella/ Legionellosis	0	22	0	7
Listeriosis (Listeria)	0	4	0	1
Salmonellosis	0	53	0	12
Shiga toxin-producing Escherichia coli (STEC, e.g. E.coli O157:H7)	0	52	0	9
Shigellosis (Shigella)	0	111	0	30

Typhoid fever (Salmonella typhi)	0	1	0	0
Vibriosis (non-cholera Vibrio species infections)	0	9	0	1
Total	**0**	**560**	**0**	**128**
Total (all categories)	**196**	**1767**	**50**	**428**

*COVID cases represent only those identified in a healthcare setting through the Healthcare Acquired Infection Prevention program. Community cases of COVID are not investigated.

Q66: Please provide a list of federal funding subgrants transferred to the Public Health Laboratory in FY 2024 and FY 2025, to date, including the dollar amount and brief description. Please include the amount of time between when DC Health received the funds and when they were transferred to the PHL.

Response:

For established grants carried forward into a new fiscal year, DFS benefits from a pre-load funding mechanism. This mechanism allows immediate access to funds at the start of the fiscal year while the formal reconciliation and MOU processes are completed. This approach ensures that critical programming can begin without delay, providing continuity and operational efficiency.

DC Health draws federal funding related to Epidemiology and Laboratory Capacity (ELC) Grant from the Centers for Disease Control and Prevention (CDC) on a quarterly cadence, though disbursements may occasionally be delayed due to the necessity of accurate and current reporting.

Upon receipt of funds, the process of establishing a MOU and transferring funds to the Department of Forensic Sciences (DFS), which houses the Public Health Laboratory (PHL), generally averages 60 days. This timeframe includes critical steps such as programmatic and fiscal review by both DC Health and DFS to ensure alignment with the specific requirements, expectations, and allowability criteria for the funding. The MOU process itself may take up to 21 days, during which the award undergoes thorough reviews for legal and fiscal sufficiency. Once the MOU is finalized, the execution and distribution of funds may require an additional 21 days to process through the various payment systems. Additional factors, such as end-of-fiscal-year reconciliation, encumbrances, and accruals, can also influence the overall timeline.

MOU Title	Description	Total Disbursed to PHL	FY 24 Time to Complete	FY 25 Time to Complete
ELC Core – BP5	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Grant. Year 5 of 5 Year Grant, No carryover.	$716,145.00	35 days	N/A
ELC Core – BP1	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Grant. Year 1 of 5 Year Grant.	$891,956.00	N/A	47 days

ELC Core – BP1 EOY Supplemental	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Grant. 1 time Supplemental	$1,594,913.00	N/A	88 days
ELC Enhanced Detection	Epidemiology and Laboratory Capacity for Enhanced Detection (ED). 1 Time non-reoccurring Covid Supplemental.	$1,984,898.00	104 days	Ongoing
ELC ED Expansion	Epidemiology and Laboratory Capacity for Enhanced Detection Expansion (EDX). 1 Time non-reoccurring Covid Supplemental.	$2,235,444.00	66 days	Ongoing
AMD Sequencing & Analytics	Advanced Molecular Detection (AMD) Sequencing & Analytics. 1 Time non-reoccurring Covid Supplemental.	$1,287,724.00	46 days	Ongoing
SHARP (HAI/AR)	Strengthening HAI/AR Program Capacity. 1 Time non-reoccurring Covid Supplemental.	$533,652.00	46 days	Ongoing
Accelerating Data Modernization	Data Modernization grant to lead and coordinate data modernization efforts in DC. 1 Time non-reoccurring Covid Supplemental.	$378,957.00	46 days	Ongoing
Wastewater NWSS (BP4 - Program F)	National Wastewater Surveillance System (NWSS) Laboratory Analysis. Partnership between DCWater-PHL-DCH. 1 Time non-reoccurring Covid Supplemental.	$442,297.00	46 days	Ongoing

Strengthening Lab Preparedness (Supplemental)	Strengthening Laboratory Preparedness - Laboratory Response Network (LRN). 1 Time non-reoccurring Covid Supplemental.	$142,473.00	46 days	Ongoing
Advanced Molecular Detection (AMD) 2	Advanced Molecular Detection (AMD) Sequencing & Analytics. 1 Time non-reoccurring Covid Supplemental.	$2,809,803.00	57 days	Ongoing
Data Modernization (DM) 2	Data Modernization grant to lead and coordinate data modernization efforts in DC. 1 Time non-reoccurring Covid Supplemental.	$502,081.00	57 days	Ongoing
Wastewater (NWSS) 2	National Wastewater Surveillance System (NWSS) Laboratory Analysis. Partnership between DCWater-PHL-DCH.1 Time non-reoccurring Covid Supplemental.	$2,926,218.00	57 days	Ongoing
SHARP (HAI/AR) 2	Strengthening HAI/AR Program Capacity. 1 Time non-reoccurring Covid Supplemental.	$616,002.00	57 days	Ongoing
A.2. LRN COVID	Laboratory Response Network (LRN). 1 Time non-reoccurring Covid Supplemental.	$470,682.00	46 days	N/A
AMD Technologies	Advanced Molecular Detection (AMD) Sequencing & Analytics. 1 Time non-reoccurring Covid Supplemental.	$169,000.00	46 days	N/A
Strengthening Lab Preparedness (LRN)	Strengthening Laboratory Preparedness - Laboratory Response Network (LRN). 1 Time	$515,000.00	46 days	N/A

	non-reoccurring Covid Supplemental.			

Q67: How many individuals requested vital records in FY 2024 and FY 2025, to date? Please provide a breakdown by type of record requested (including fetal death and stillborn commemorative certificates), request method (i.e., website, counter) and average length of time to complete the request.

Response:
Customers can request birth, death, domestic partnership, fetal death, and stillborn commemorative certificates by submitting their request in person, online, or by phone. DCVRD provides funeral homes the ability to request death certificates upon registration via the funeral home portal. The requests are mailed within a day of submission. Having this option for funeral homes has reduced the need for funeral homes to come in person to request their death certificates.

Since 10/1/2024, DCVRD has experienced reductions in the processing and shipping times of issuances in every category:

- Web Issuances: 6% decrease
- Mail Issuances: 10% decrease
- Phone Issuances: 7% decrease
- Funeral Home Issuances: 27% decrease
- In person Issuances: 19% decrease

The following table shows the number of orders received by the DCVRD for the fiscal years 2024 and 2025 based on the order source, type, and average shipping and/or processing time.

FY 2024 (10/1/2023 - 9/30/2024)			
Source	**Cert Type**	**Total orders**	**Avg days to ship**
Web	Birth	17029	13.1
	Death	823	
Mail	Birth	2751	12.9
	Death	266	
Phone	Birth	4154	12.8
	Death	306	
Funeral	Death	3129	1.5
Mail	Modifications	986	11.2
Total Remote Transactions		**29,444**	
Source	**Cert Type**	**Total orders**	**Avg Processing Time (min)**
Counter	Birth	25975	27.3
	Death	2449	26.2
	Modifications	3687	22.6

Total In-Person Transactions		**32,111**	
FY 2025, to date (10/1/2024 - 1/1/2025)			
Source	**Cert Type**	**Total orders**	**Avg days to ship**
Web	Birth	3822	12.3
	Death	169	
Mail	Birth	729	11.6
	Death	61	
	Modifications	289	10
Phone	Birth	894	11.9
	Death	61	
Funeral	Death	642	1.1
Source	**Cert Type**	**Total orders**	**Avg Processing Time (min)**
Counter	Birth	5352	21.5
	Death	655	22.4
	Modifications	825	18

FY 2024 (10/1/2023 - 1/1/2024)		
Cert Type	**Amount**	**Avg days to process**
Fetal Death Certificate	0	0
Stillbirth Commemorative Certificates	0	0

FY 2025, to date (10/1/2024 - 1/1/2025)		
Cert Type	**Amount**	**Avg days to process**
Fetal Death Certificate	0	0
Stillbirth Commemorative Certificates	0	0

Q68: For FY 2024 and FY 2025, to date, please provide the number of birth certificates issued for home births and the average amount of time to complete these requests.

a. Please provide a link to the instructions for submitting an out of institution birth certificate instruction sheet and application, which DC Health reported in a letter to the Committee is available on the website.

Response:

The process for registering an out-of-institution birth begins when the parent(s), midwife, or medical facility contacts our office to report the birth. Guidance is then given for submitting the necessary documents to verify the birth. Once supporting documentation is submitted the out-of-institution birth, DCVRD then reviews and verifies the supporting documentation to register the birth. Generally, processing delays can occur due to communication or entitlement challenges with the customer. In an effort to reduce this challenge, the DCVRD team has made the required information available on the website. DCVRD is planning to engage with physicians, doulas, midwives, and other prenatal and maternal care providers to ensure awareness of the process throughout FY 2025.

The table below shows the total number of out-of-institution birth registrations and the average processing time.

FY 2024 (10/1/2023- 9/30/2024)		
	Amount	**Avg days to process**
Out of Institution Birth Registration	117	8.25

FY 2025, to date (10/1/2024- 1/1/2025)		
	Amount	**Avg days to process**
Out of Institution Birth Registration	11	12

Links for the out-of-institution application and instruction sheet on DC Health's website along with the documentary evidence requirements are below:

- https://dchealth.dc.gov/service/registering-record
- https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/OOI%20application_2024_0.pdf

Q69: Please provide the number of gender marker change requests submitted, and the number accepted, in FY 2024 and FY 2025, to date. Please include the average length of time for an application to be processed.

Response:

Since 2018, clients requesting to amend their gender must submit a completed application, provide the required documentation, and submit payment. The processing time required to complete the amendment is the result of the review of these documents as well as confirmation of payment from the client. Thus far, there has been a 25% decrease in the processing time for gender marker amendments. However, there has been a considerable increase in requests for amendment of gender marker, approximately 150% increase.

The table below identifies the number of gender designation applications submitted and accepted by the Vital Records division during FY 2024 and FY 2025, to date.

	Total requests submitted	**Total Requests Accepted**	**Average Processing Days**
FY 2024	64	64	8
FY 2025, to date (through 1/1/2025)	41	41	6

Q70: Please provide the following information regarding the Vital Records Division in FY 2024 and FY 2025, to date:

a. Number of customer service complaints;
b. Number of times DC Health has deployed a Secret Shopper, and any outcomes of the deployment;
c. Number of customer service or language access trainings required for Vital Records staff; and
d. Any other customer service improvements the Division has made in FY 2024 or FT 2025, to date, or plans to make in the remainder of FY 2025.

Response:

The DCVRD serves over 61,000 customers annually. Among those, roughly .09% result in a complaint. Customer complaints are received directly from the public and through the DCVRD Customer Service Survey. Walk-in customers have the opportunity to provide their feedback through the survey by scanning a QR code within the DCVRD lobby. Online/telephone customers can provide their feedback through the survey by clicking a link received via email with their order confirmation. The survey results are monitored on a routine basis and used as opportunities for both immediate trainings and strategic trainings.

As a result of the complaints, a secret shopper pilot was conducted in FY 2024. During the pilot, 24 interactions were recorded both in-person and over the phone, identifying recommended actions to improve customer service and language access within the service area. As a result, the DCVRD prioritized these two areas for initial implementation. During FY 2024, DCVRD installed language access phone lines at each of the service windows to better serve customers. Additionally, DCVRD created a customer service handbook to establish customer service standards and expectations for all staff. Subsequently two customer service trainings and one language access training were conducted to enhance the abilities of the staff to provide the excellent customer service expected.

These customer service efforts have resulted in an approximately 65% decrease in complaints thus far in FY 2025. Of the 280 responses collected via the customer service survey in FY 2025 through January 31, 2025, 58% were satisfied, 27% were dissatisfied, and 15% felt neutral about the service they received.

Customer services activities are expected to be on-going with a rescoped Secret Shopper program currently under development. Staff refresher customer service and language access trainings will also be held this summer. Other improvements to customer experience include:

- Increased accountability for mailed documents- ensuring mailed documents are appropriately scanned for tracking via USPS and UPS
- Upgraded kiosks in the Vital Records Customer Service Center to improve language access and efficiency
- Increased supervisory capacity to allow for more efficient responses to customer needs in the service center

- Relaunched customer satisfaction survey to ask additional questions and identify challenges to guide programmatic solutions.

The table below identifies the number of complaints received by the DCVRD along with the number of secret shopper interactions, customer service, and language line trainings conducted for the DCVRD staff.

	Complaints	**Secret Shopper**	**Customer Service Training**	**Language Line Training**
FY 2024	56	24	2	1
FY 2025, to date (through 1/1/2025)	5	0	0	0

Q71: Please provide the most recent Uncompensated Care Data Report, including for all CON holders where data was collected in FYs 2023, 2024, and 2025, to date.

Response:

Uncompensated Care is retrospectively reported by providers that hold a certificate of need ("CON-holders"). Traditionally, the SHPDA only formally requested reporting of uncompensated care information from hospitals in the District of Columbia. The SHPDA began requesting Uncompensated Care Data Reports from all CON-holders during Fiscal Year 2023. The SHPDA is working to compile uncompensated care data collected from all CON-holders.

The Uncompensated Care Data Report for District hospitals and other CON-holders includes value for uncompensated care as self-reported. The information has not been verified by the SHPDA. Five hospitals, Children's National Medical Center, Sibley Memorial Hospital, George Washington University Hospital, MedStar National Rehabilitation Hospital, and Hospital for Sick Children have not met the required level of uncompensated care. The SHPDA is working with the non-compliant facilities to develop plans that will bring them into compliance.

Four acute and specialty hospital - Howard University Hospital, BridgePoint National Harbor, BridgePoint Capitol Hill, and United Medical Center - have not reported their uncompensated care requirements for calendar year 2023. SHPDA is working with other CON-holders to ensure accurate and complete reporting and full compliance with uncompensated care requirements.

Uncompensated Care data for FY2024 is not yet available; 2024 data is reported to the SHPDA beginning in June 2025.

See attachment labeled "FY24 Performance Oversight – CPPE – Q71"

Q72: How many letters of intent to submit a CON application were filed during FY 2023 and FY 2024, to date? How many CON applications were submitted in FY 2024 and FY 2025, to date? For each CON application, please provide the following:

a. Date the letter of intent was filed;
b. Date the CON application was submitted;
c. Brief description of proposed project; and
d. Status of application (i.e., Reviewed, Approved, Denied, etc.)

Response:

The SHPDA received 38 letters of intent (LOI) to submit a Certificate of Need (CON) application during Fiscal Year 2023, 38 LOIs during Fiscal Year 2024, and six between October 1, 2024 and January 6, 2025. Among CON applications, there were 24 applications received and processed during FY 2023, nine during FY 2024, and zero between October 1, 2024 and January 6, 2025. Additionally, there were eight notices of Change Control (NCC) submitted, four submitted in FY 2023 and four submitted in FY 2024, with zero submitted in FY 2025 through January 6, 2025

The "Status of Application" in the attached chart of CON Applications includes Approved, Denied, Closed (no CON application submitted), Pending (awaiting action), and Withdrawn. CON 2023-5-03 (Conversion of Assets) is pending a determination by the Office of the Attorney General in accordance with D.C. Official Code § 44–406(d). The remaining applications with the status of pending are awaiting action by the applicant.

Fiscal Year	Number of Letters of Intent (LOIs)	Notice of Change Control (NCCs)	Number of Certificates of Need (CONs)
2023	38	4	24
2024	38	4	9
2025	6	0	0

Registration Number	Project Description	Letter of Intent/ Ad Proof Received	CON Application Received	Application Status
2022-0-4	Change of Control: Proposed Merger of Negroni Merger Sub, Inc. and 1Life Healthcare, Inc.	11/21/2022	11/21/2022	**Approved**
2022-6-7	Change of Effective Control of LHCG CXXXXV, LLC	12/21/2022	12/21/2022	**Approved**
2022-7-2	Establishment of SUD Treatment Facility	10/26/2022	12/27/2022	**Approved**

2022-4-8	Establishment of an Intermediate Care Facility at 14th Street, N.W.	12/15/2022	1/10/2023	**Approved**
2022-4-9	Establishment of an Intermediate Care Facility at Arkansas Avenue, N.W.	12/15/2022	1/10/2023	**Approved**
2022-4-10	Establishment of an Intermediate Care Facility at Roxanna Road, N.W.	12/15/2022	1/10/2023	**Approved**
2022-3-5	Expansion and Capital Expenditure: Relocation and Renovation of Sibley's Intensive Care Unit (ICU) and Bed Expansion	11/17/2022	1/20/2023	**Approved**
2022-6-6	Establishment of Ambulatory Care Services/Clinic - Establishment of an Outpatient Facility to Provide Therapy for Children with Special Needs	11/17/2022	4/13/2023	**Approved**
2022-2-11	Establishment of an Ambulatory Surgical Center	11/8/2022	5/1/2023	**Approved**
2023-2-07	Change in Effective Control of Tender Loving Care Health Care Services Southeast, LLC d/b/a Amedisys Home Health	5/23/2023	5/23/2023	**Withdrawn**
2022-2-10	Withdrawn - Establishment of Ambulatory Surgical Center	10/20/2022	5/26/2023	**Withdrawn**

2023-2-06	Establishment of Ambulatory Surgical Center	5/17/2023	5/26/2023	**Approved**
2022-2-12	Establishment of Ambulatory Care Services/Clinic - Establishment of Medical Spa Services	12/6/2022	6/2/2023	**Approved**
2023-5-02	Establishment of New Service - Combined Heart-Kidney Transplants	5/10/2023	6/2/2023	**Approved**
2023-2-03	Establishment of Ambulatory Care Services/Clinic - Establishment of Physician Practice Providing Scheduled House Calls to Patients in Their Homes	2/24/2023	7/5/2023	**Approved**
2023-2-04	Establishment of an Ambulatory Care Services/Clinic	4/24/2023	7/7/2023	**Approved**
2023-3-04	Expansion - Addition of 22 Inpatient Beds and Establishment of Outpatient Mental Health Services	6/28/2023	7/7/2023	**Approved**
2023-3-01	Capital Expenditure: Replacement of Sterile Processing Department	4/27/2023	7/18/2023	**Approved**
2023-6-02	Establishment of an Urgent Care Facility at 41 L Street, S.E.	5/22/2023	7/21/2023	**Approved**
2023-6-03	Establishment of Ambulatory Care Services/Clinic - Establishment of a Primary Care Clinic	6/6/2023	7/21/2023	**Approved**
2023-5-03	Proposed Conversion of Charitable Assets of	8/17/2023	8/17/2023	**Pending**

	Providence Hospital, Inc.			
2023-3-05	Change of Effective Control for Home Recovery Home-Aid, Inc. d/b/a Americare In-Home Nursing	9/7/2023	8/29/2023	**Approved**
2023-3-03	Establishment of Home Health Care Services	5/25/2023	9/20/2023	**Approved**
2023-8-02	Establishment of Home Health Care Services	5/26/2023	9/20/2023	**Denied**
2023-2-10	Establishment of Home Health Care Services	9/26/2023	10/4/2023	**Approved**
2023-1-01	Change of Control: Internal Reorganization and Restructuring of the Operations of Howard University Hospital	10/18/2023	10/18/2023	**Approved**
2023-2-09	Establishment of Ambulatory Care Services/Clinic	8/24/2023	10/25/2023	**Approved**
2023-2-08	Establishment of an Ambulatory Surgery Center	6/21/2023	11/6/2023	**Approved**
2023-0-03	Establishment of Non-Emergency Ambulance Service	11/13/2023	1/19/2024	**Approved**
2023-5-28	Redistribution of Beds and Capital Expenditure - Relocation and Modernization of the MWHC Inpatient Behavioral Health Unit to the MedStar National Rehabilitation Hospital	12/20/2023	1/25/2024	**Approved**

2024-2-02	Notice of Change of Indirect Ownership of Tender Loving Care Health Care Southeast, LLC d/b/a Amedisys Home Health	2/15/2024	2/15/2024	**Approved**
2023-4-02	Establishment of Pediatric Home Health Care Services	9/29/2023	4/11/2024	**Approved**
2023-6-06	Establishment of an Ambulatory Surgery Facility	12/26/2023	4/23/2024	**Pending**
2024-5-03	Establishment of Rehabilitation Services - In-Home Physical Therapy Services	1/22/2024	5/24/2024	**Approved**
2024-5-06	Change of Effective Control of Mid-Atlantic Air Transport Services (MedStar Transport)	6/10/2024	6/10/2024	**Approved**
2024-5-01	New Service - Addition of a Low-Volume Special Delivery Unit for Low-Risk Mothers and Complex Babies	1/10/2024	6/20/2024	**Approved**
2024-4-04	Change of Effective Control of Specialty Home Care, LLC	7/25/2024	7/25/2024	**Approved**
2024-0-02	Construction of a Free-Standing Emergency Department	5/16/2024	7/26/2024	**Approved**
2024-4-02	Expansion - Addition of Three (3) Dialysis Stations	3/8/2024	9/5/2024	**Approved**
2024-8-02	Establishment of Home Health Care Services	7/1/2024	9/20/2024	**Approved in part**
2024-8-01	Establishment of Non-Emergency Ambulance Services	1/2/2024	5/30/2024	**Approved**

Q73: Please provide an updated timeline on the publication of the State Health Systems Plan, which DC Health testified in October 2024 would be available by the end of calendar year 2024.

Response:

During the October 2024 hearing, the State Health Planning and Development Agency committed to having the Health Systems Plan (HSP) completed by the close of calendar year 2024 and transmitted for final review and promulgations pursuant to D.C. Official Code § 44–404.

The HSP is complete and was circulated for final review, promulgation, and publication consistent with the following timeline:

September 26, 2024	**Special Meeting of the Statewide Health Coordinating Council regarding the HSP.**
October 11, 2024	Transmitted Health Systems Plan to SHCC for review and comment.
October 11, 2024	Transmitted HSP to DC Health Executive Leadership Team for review and comment.
October 11, 2024	Transmitted HSP to Department of Behavioral Health (DBH) for review and comment of Behavioral Health section.
December 2, 2024	Received feedback from the Office of the Director and incorporated into final HSP.
December 4, 2024	Received feedback from DC Health Community Health Administration regarding Primary Care.
December 11, 2024	Finalized update to Primary Care Section and recirculated for final review.
December 20, 2024	Received feedback from the DBH and incorporated into final HSP.
December 23, 2024	Transmitted final Health Systems Plan to D.C. Health Office of the Director.
February 12, 2025	Transmitted HSP to Executive Office of the Mayor for review and transmission to Council of the District of Columbia.

Q74: Please provide the average, shortest, and longest application times experienced by CON applicants in FY 2023, FY 2024, and FY 2025 to date.

Response:

The SHPDA makes every effort to ensure CON applications are processed and decided within 90 days of receipt. The average, median, shortest, and longest application processing times for FY2023, FY2024, and FY2025 to date are included below. The processing time does not include the time periods during which the review is paused to await additional information from, or an extension is granted to the CON applicant. The average processing time of a CON application decreased by 16% from 87 days in FY 2023 to 73 days in FY 24. This decrease is even more significant among Home Health Agencies (HHAs) with a decrease of 26% from 103 days in FY 2023 to 76 days in FY 2025.

HHAs are reviewed in batches twice a year in accordance with D.C. Mun. Regs 22B-4300.3. The processing times of these applications are impacted by this batching process and indicated in the third table below.

As of the drafting of this response, the SHPDA has not received a CON application for any of the six (6) Letters of Intent transmitted since October 1, 2024.

	APPLICATION REVIEW PERIOD (All Applicants)			
	Average	Median	Shortest	Longest
FY 2023	87	86	60	117
FY 2024	73	75	43	94
FY2025	N/A	N/A	N/A	N/A

	APPLICATION REVIEW PERIOD (Applicants Excluding Home Health Agencies)			
	Average	Median	Shortest	Longest
FY 2023	85	85	60	102
FY 2024	73	75	43	94
FY2025	N/A	N/A	N/A	N/A

	APPLICATION REVIEW PERIOD (Home Health Agencies)			
	Average	Median	Shortest	Longest
FY 2023	103	101	92	117
FY 2024	76	76	71	81
FY2025	N/A	N/A	N/A	N/A