Q94: What is the vision for the new Health Systems and Preparedness Administration and how is the Administration structured?

Response:

The vision of the Health Systems and Preparedness Administration (HSPA) is to build a resilient, equitable, and integrated health system that ensures the health, safety, and well-being of all residents, visitors, and those doing business in the District of Columbia. We do this by safeguarding and enhancing the health and well-being of our constituents by fostering excellence in health professional practice, regulating health systems and facilities, and coordinating robust emergency preparedness, response, resiliency, and recovery efforts. In doing so, we anticipate that the healthcare system will improve the delivery of high-quality healthcare services, build upon public health emergency readiness, and foster partnerships that drive innovation and equity in our health systems.

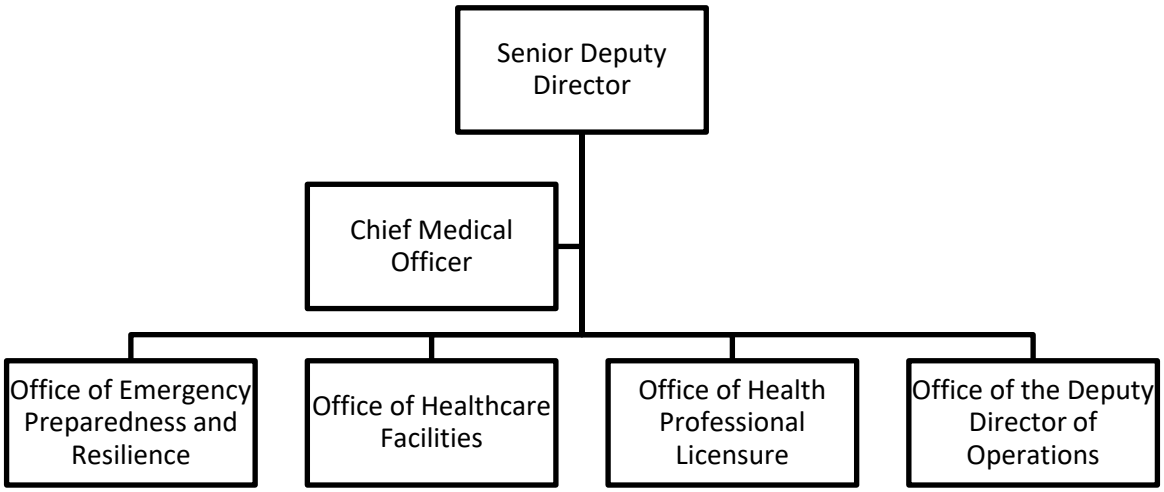
Structure of the Health Systems and Preparedness Administration:

The HSPA is organized into several core officers to fulfill its mission and vision effectively:

- **Office of Emergency Preparedness and Resilience**
  - Develops and coordinates strategies for emergency preparedness, response, resiliency, and recovery across the healthcare system and public health infrastructure with local, regional, and federal partners.
  - Manages resources for public health emergencies, including training and simulation exercises.
  - Supports the DC Health and Medical Coalition with leadership and resources.
  - Regulates Emergency Medical Services (EMS) within the District, including individuals, agencies, educational institutions, and agencies.
  - Leads the DC Medical Reserve Corps (MRC) and recently worked with students at Temple University to outline a plan for the creation of a Youth MRC aimed at engaging young people in the District of Columbia in healthcare professions.
- **Office of Healthcare Facilities**
  - Oversees licensing, certification, and compliance of healthcare facilities within the District of Columbia.
  - Ensures adherence to health and safety standards within regulated healthcare facilities.
  - Supports quality improvement initiatives across healthcare systems.
- **Office of Health Professional Licensure**
  - Oversee the licensing, certification, registration, and compliance of healthcare professionals practicing within the District of Columbia.
  - Supports 19 health professional boards that regulate and advise on the regulation of healthcare professionals within the city.
  - Promotes excellence in health professional practice by ensuring compliance with standards of practice, regulations, and relevant statutes.

- **Office of the Deputy Director of Operations**
  - Provides administrative, financial and budget oversight for HSPA
  - Oversees administrative processes including streamlining organizational, practices, operating procedures and personnel management and support efforts including union relations.
  - Provides oversight for the Processing Center and Criminal Background Check Services ensuring high quality customer service practices.
  - Promotes excellence in budgetary controls and administrative practices ensuring compliance with office of grant management (OGM) and office of the chief financial officer (OCFO) standards of practice, regulations, and relevant statutes according to funding source and grant requirements.

Health Systems and Preparedness Administration Structure:



Q95: Please provide the most recent DC Mass Trauma Plan, which DC Health reported would be published in FY 2024. What were the most significant changes from previous Plans?

Response:

The most recent version of the DC Mass Trauma Plan was reviewed by the DC Health and Medical Coalition (HMC) in September 2024 and is currently being used within the District of Columbia. DC Health is actively transitioning our stakeholders into a space where plans are viewed as living documents and are continuously revised to adapt to emerging challenges, incorporate lessons learned, and integrate best practices rather than being documents that are re-published every so often based on an arbitrary cadence. This approach reflects a shift in philosophy, recognizing that plans must remain iterative to stay relevant and effective.

The most recent updates to the DC Mass Trauma Plan include:

1. **Enhanced Stakeholder Collaboration**: Broader engagement with the Health and Medical Coalition and other partners to ensure diverse input and perspectives.
2. **Data-Driven Revisions**: Updates informed by lessons from recent mass trauma events and advancements in trauma care protocols.
3. **Equity Integration**: A stronger focus on addressing the needs of all communities in the District, ensuring inclusive response efforts.
4. **Scalability and Flexibility**: Improvements to ensure the plan can adapt to incidents of varying scope and nature.

The plan is actively utilized and remains under perpetual review to meet the District's evolving needs. We have included an executive summary of the plan for your review, and we are happy to share the full plan with the Council, as needed; however, for operational security, it is not attached to these responses as it is not a publicly shared document.

DC Mass Trauma Plan

Executive Summary

Beginning in 2024, DC Health led a thorough, multi-phase review process, incorporating input from DC Health and Medical Coalition (HMC) partners, the DC Trauma Committee, and additional key stakeholders to ensure alignment with current processes and systems. The following is an executive summary of the DC Mass Trauma Plan, as updated in 2024.

The plan establishes a comprehensive framework for DC Health and its partners to respond to mass injury incidents. The plan aligns with the District's Emergency Operations Plan (2023), the National Response Framework (NRF), and the DC Health's All Hazards Emergency Operations Plan (AHEOP), outlining a coordinated response across local and federal partners.

Key components

- Coordinated response among DC Health, DC Fire and EMS, hospitals, and emergency management partners
- Standardized patient distribution protocols to prevent overwhelming individual facilities
- Integration of trauma centers, acute care hospitals, and community healthcare facilities
- Comprehensive communication systems for real-time information sharing
- Special considerations for pediatric patients, burn victims, and those requiring decontamination
- Casualty Collection Points for secondary triage and stabilization when required
- Coordinated interfacility transfers managed through private EMS vendors
- Department of Human Services-led Emergency Reunification operations

Activation

Activation can occur through three pathways: a declaration by the DC Fire and EMS on-scene incident commander, mayoral emergency declaration, or DC Health leadership assessment. Implementation of the plan is addressed with a multi-tiered approach to mass trauma response. Stage 1 mobilizes District resources and healthcare facilities, Stage 2 activates regional partnerships when local resources are overwhelmed, and Stage 3 incorporates federal assets as needed; with clearly identified triggers for escalation between response stages.

- Stage 2 activation occurs when trauma needs exceed District trauma system capacity, as determined either by DC Fire and EMS on-scene assessment or by DC Health's healthcare system evaluation. This activates the National Capital Region (NCR) Mutual

Aid Agreement, enabling regional EMS support and patient distribution to trauma centers throughout the NCR.

- Stage 3 activation occurs when both District and NCR resources are overwhelmed or predicted to be insufficient. At this point, DC Health will work with DC Homeland Security and Emergency Management Agency (HSEMA) to secure federal resources, though this support may take 24-48 hours to arrive.

Response and Coordination

Healthcare facilities form the core of definitive medical care delivery, as reflected by the incorporation of surge capacity strategies including rapid patient discharge, elective surgery postponement, room conversion, staff augmentation, and adaptation of non-patient areas. Healthcare facilities will implement internal mass trauma procedures while coordinating with the broader response network. A multi-system communication framework, as outlined in the plan, establishes clear pathways for critical response coordination, including the utilization of DC Health Radios, DC Fire & EMS Radios, Health Alert Network (HAN), Hospital Mutual Aid Radio System (HMARS), DC HMC Everbridge, and EMResource.

Conclusion

The success of DC's Mass Trauma Plan depends on continuous coordination, regular testing, and seamless integration of District, regional, and federal resources. This living document adapts to emerging threats while maintaining core response capabilities that protect our diverse population of residents, commuters, and visitors.

Q96: Please provide the link to any dashboards developed or updated in FY 2024 or 2025, to date, for integrating EMS and trauma data with other health records. Please include how often these dashboards are updated.

Response:

DC Health has established a partnership with biospatial™, a cloud-based analytics platform that is able to ingest a variety of data sources and conduct data analytics. The technology offers 13 different dashboards ranging from biosurveillance (e.g., influenza-like illness) to motor vehicle crashes and is used by EMS and public health officials in over 40 states and territories. The system allows DC Health visibility into the data submitted from all EMS agencies operating in the District of Columbia and soon will also include crash record information from the Metropolitan Police Department (MPD). The system includes out-of-hospital trauma data for all patients transported by EMS units within the District. Additionally, because the platform is being used by many nearby states, we are also able to gain high-level visibility into patterns within their jurisdictions as well. Due to the nature of the system and the level of information that is contained therein, publicly available access is not possible as it contains a significant amount of personal health information and some personally identifiable information. We have included screenshots to give better context of the power of the dashboards.

To help address the need for publicly available dashboards in this space, DC Health has developed a Post-Crash Care Dashboard that ingests health information from emergency medical services (EMS) and trauma submissions as well as crash record information from the Metropolitan Police Department (MPD). This dashboard is in final development and testing as we are working with our colleagues at MPD to create an application programming interface (API) that will provide near real-time data sharing of crash record information with DC Health. Once we complete buildout and testing, we intend on making this dashboard publicly available on our website. The current draft dashboard contains data from MPD through March 31, 2024. We anticipate updating the dashboard quarterly to align with the trauma registry submissions submitted by the four Level I trauma facilities. We have included screenshots of the dashboard for the Committee's reference (see DC Motor Vehicle Collision Injuries, January 1, 2023, to March 31, 2024). Once the dashboard has been finalized, we will ensure that the Committee receives a copy of the publicly available link. DC Health anticipates sharing this dashboard publicly by the end of FY25.

biospatial

Biosurveillance Dashboard Report

Search Parameters

Date Field: Event Local Date **Date Range:** Last 30 days (01/06/2025 to 02/05/2025) **Date Bin:** Day

States: District Of Columbia

Syndromes: Trauma

Minimum Alert Threshold: Moderate

EMS Crew Disposition: Initiated and Continued Primary Care

Transport Disposition: Transport by this EMS Unit (this Crew Only)

Alerts Table

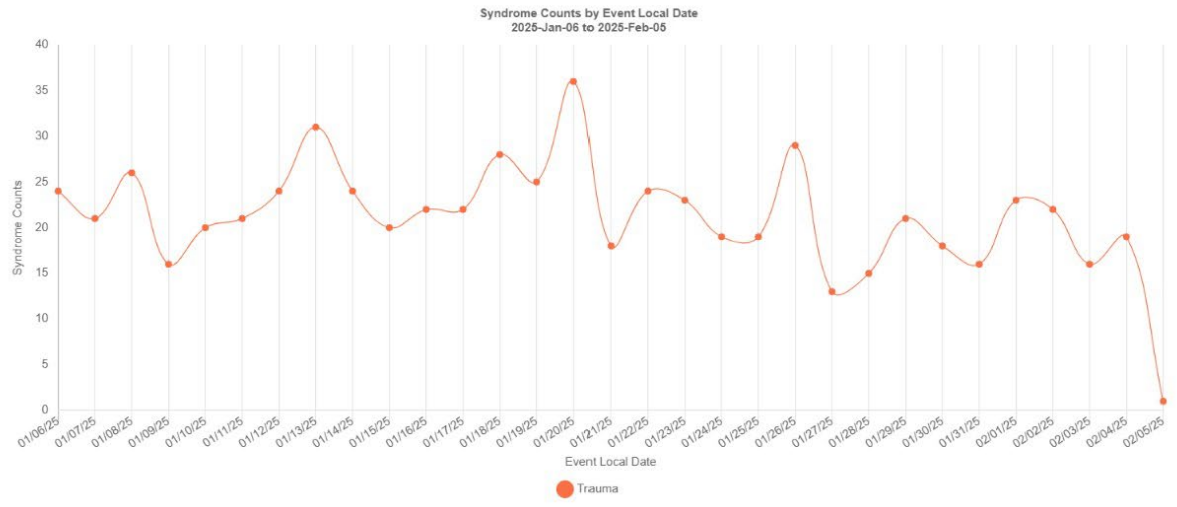
Event Local Date: 2025-Jan-06 to 2025-Feb-05

No Data Available

biospatial

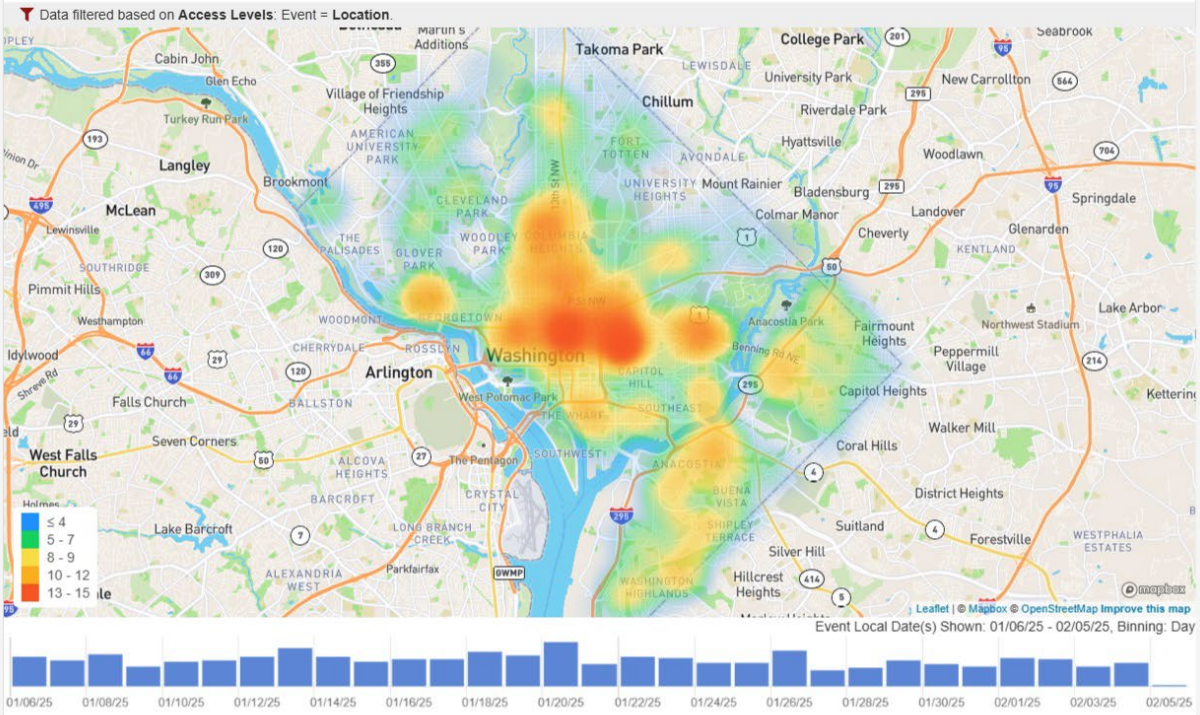
Biosurveillance Dashboard Report

Syndrome Counts by Time



Biosurveillance Map

Data filtered based on **Access Levels**: Event = **Location**.



biospatial

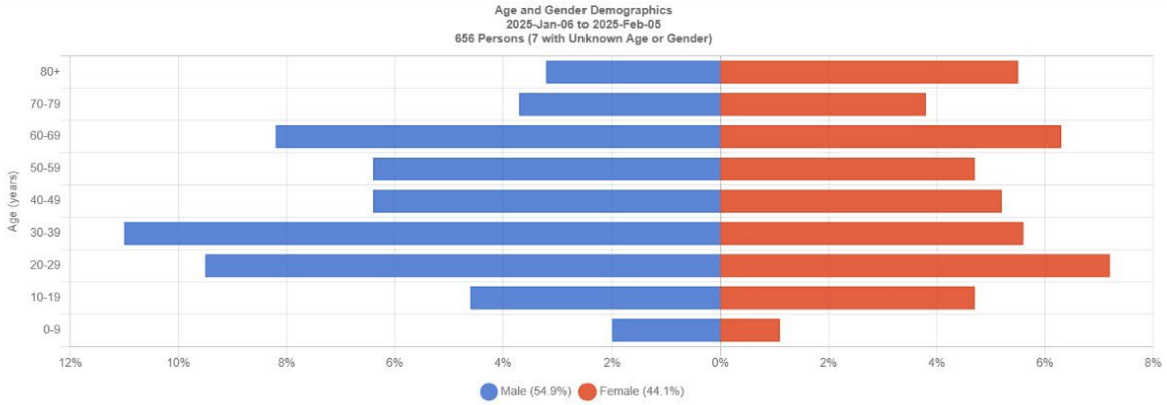
Biosurveillance Dashboard Report

Alerts By Time

No Data Available

Age and Gender Distribution

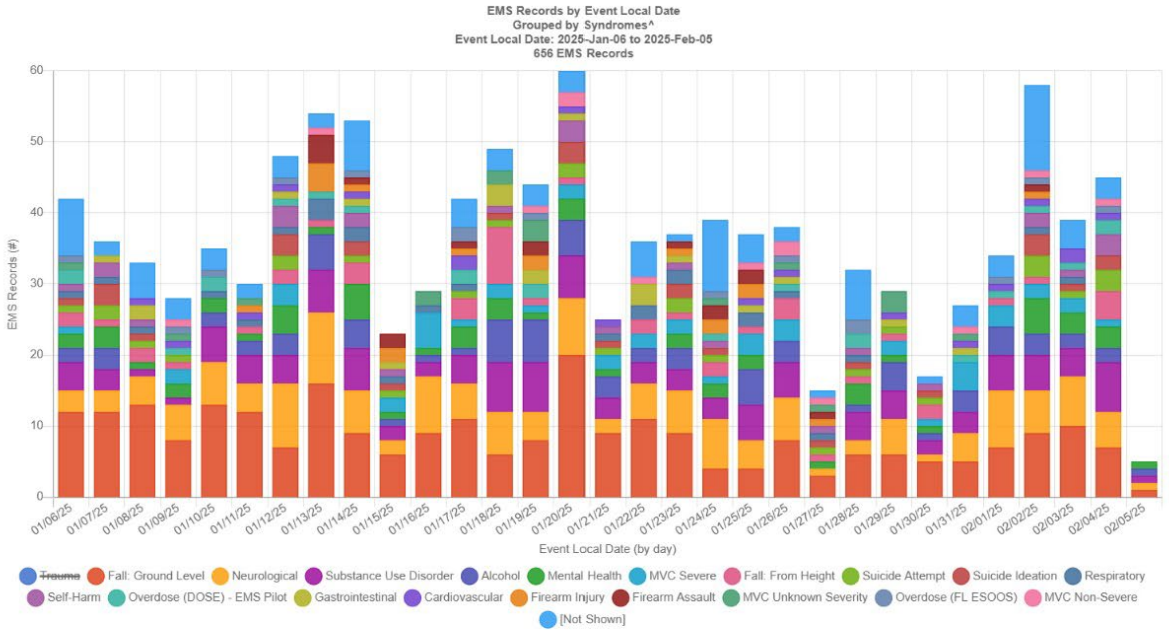
Data filtered based on **Access Levels**: Event = **Location**.



biospatial Biosurveillance Dashboard Report

Data Explorer: EMS Records by Event Local Date

Data filtered based on **Access Levels**: Event = **Location**.



multi-valued field counts may not match record counts

DC Motor Vehicle Collision Injuries, January 1, 2023 to March 31, 2024

Number of MVC- related injuries linked across Emergency Medical Services (EMS), Trauma, and Metropolitan Police Department (MPD) datasets: 1,824

Total Injuries Captured in Each Dataset

MPD Crash Data	EMS Patient Care Records	Trauma Registry
3,782	6,826	2,206

Number of MVC-Related Injuries by Person/Conveyance Type

Motorist	Motorcyclist	Pedal Cyclist	Pedestrian	Unable to determine
894	143	154	353	280

Injury Severity of Linked Cases

Injury Severity Score (Trauma Registry)

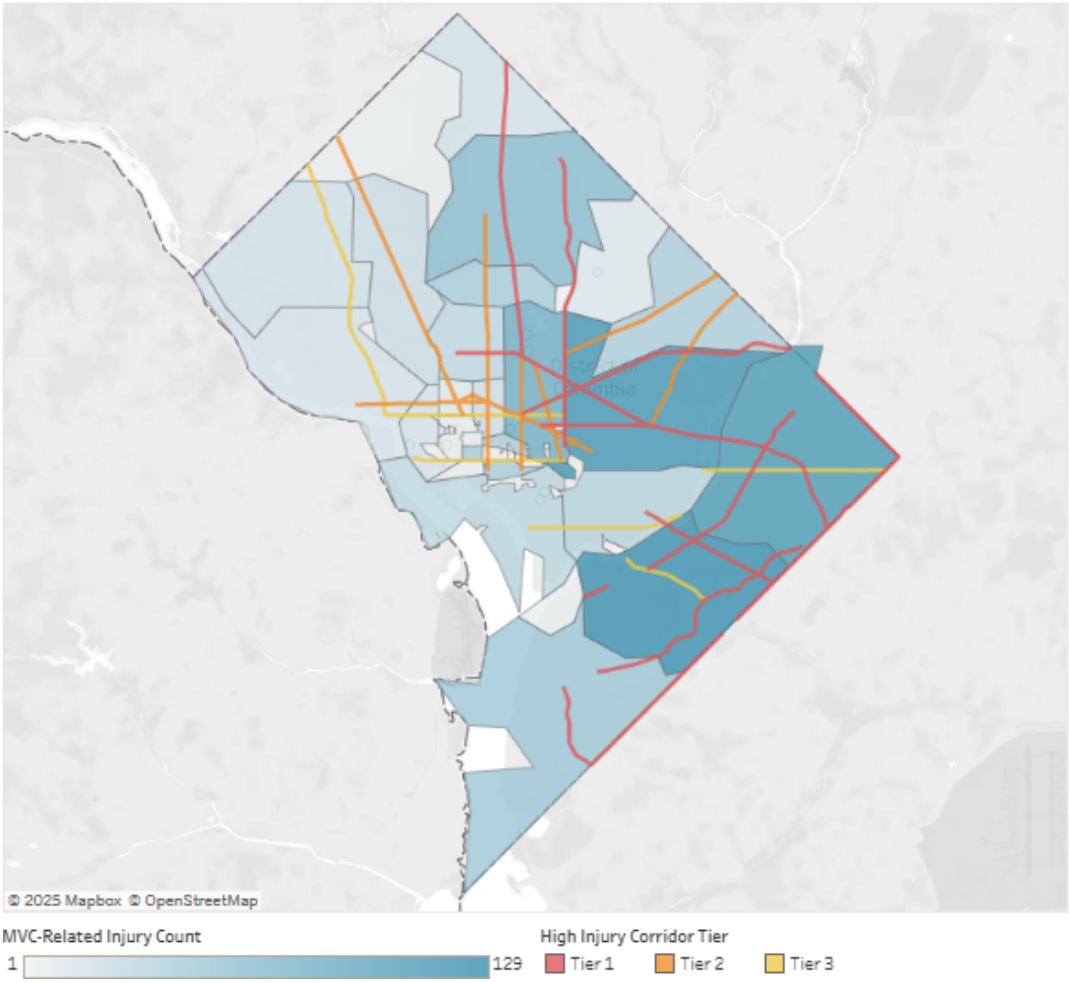
Minor	Moderate	Severe	Very Severe
814	345	159	245

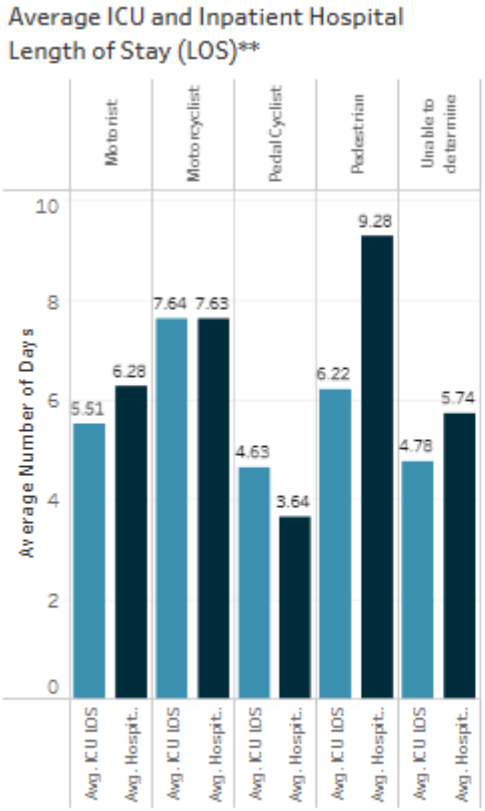
Filter Injury Severity Score (ISS): (All)

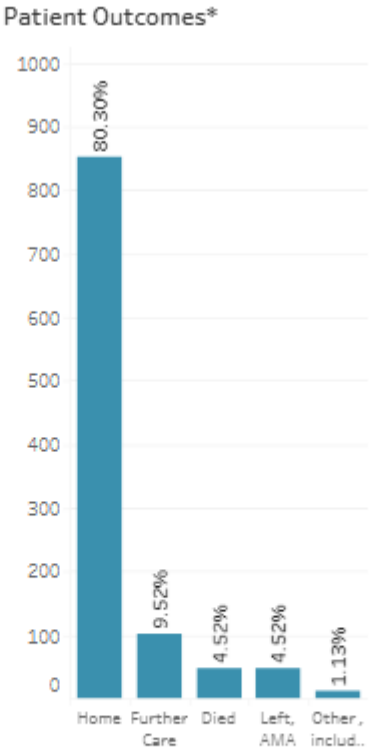
Filter Person/Conveyance Type: (All)

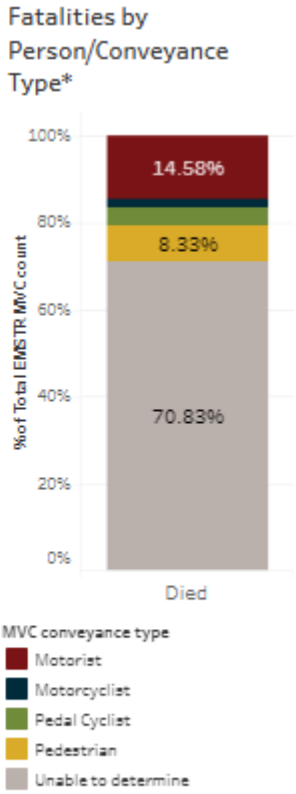
Reset All Filters

MVC-Related Injuries by Zip Code with the High Injury Network Corridors*









Data Sources: DC EMS State Repository (DC Health) DC Trauma Registry (DC Health), DC Motor Vehicle Crash Database (MPD), High Injury Roadway Network (DDOT)

*These figures are limited to EMS and Trauma Registry data.
**These figures are limited to only Trauma Registry data.

Q97: HSPA's most recent Trauma Registry Report was published in 2019, based on data from 2017. In its FY 2023 responses, DC Health reported that it would start publishing EMS and trauma registry data again in FY 2024, which would include data from the gap years. What is the timeline for publishing the updated data?

Response:

DC Health has published the 2018-2023 Trauma Registry Report that covers data from calendar years 2018-2023 available from the DC Trauma Registry. DC Health's Office of Emergency Preparedness and Resilience will continue to update this report annually and publish the link on the website for members of the public to review. As we onboard the new team member allocated by Council in FY25, we anticipate that we will increase the value of the analysis and availability of data stemming from the DC Trauma Registry.

The next publication of this report will be the 2024 Trauma Registry Report, which we anticipate publishing by the end of the calendar year. It is important to note that 2024 data will not be complete until approximately July 1, 2025, based on nationally standardized reporting timeframes established by the American College of Surgeons. DC Health is committed to publishing annual reports reflective of the previous year's data on or before the end of the subsequent calendar year.

You can access the 2018-2023 Trauma Registry Report and the previously published reports at this link: https://dchealth.dc.gov/service/district-trauma-system.

Q98: Please provide the following data based on the Trauma Registry for 2021, 2022, 2023, and 2024, disaggregated by race/ethnicity, gender, and zip code:

a. Total number of firearm-related injuries; and

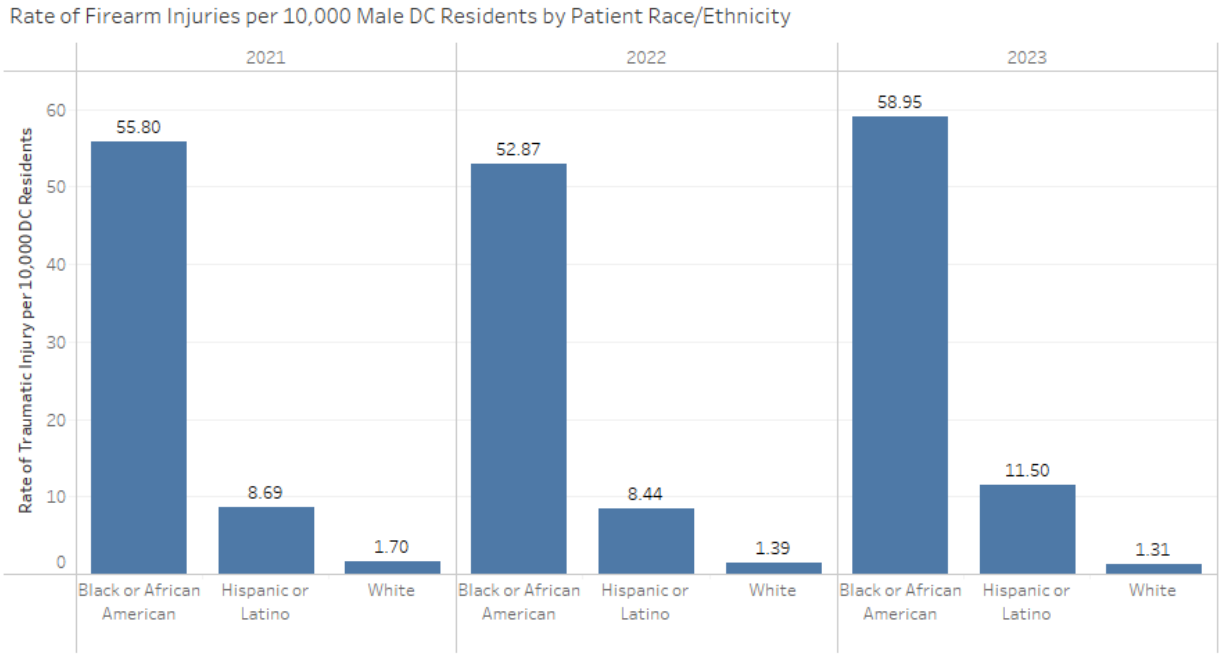
b. Total number of traffic injuries, broken down by driver, bike, pedestrian.

Response:

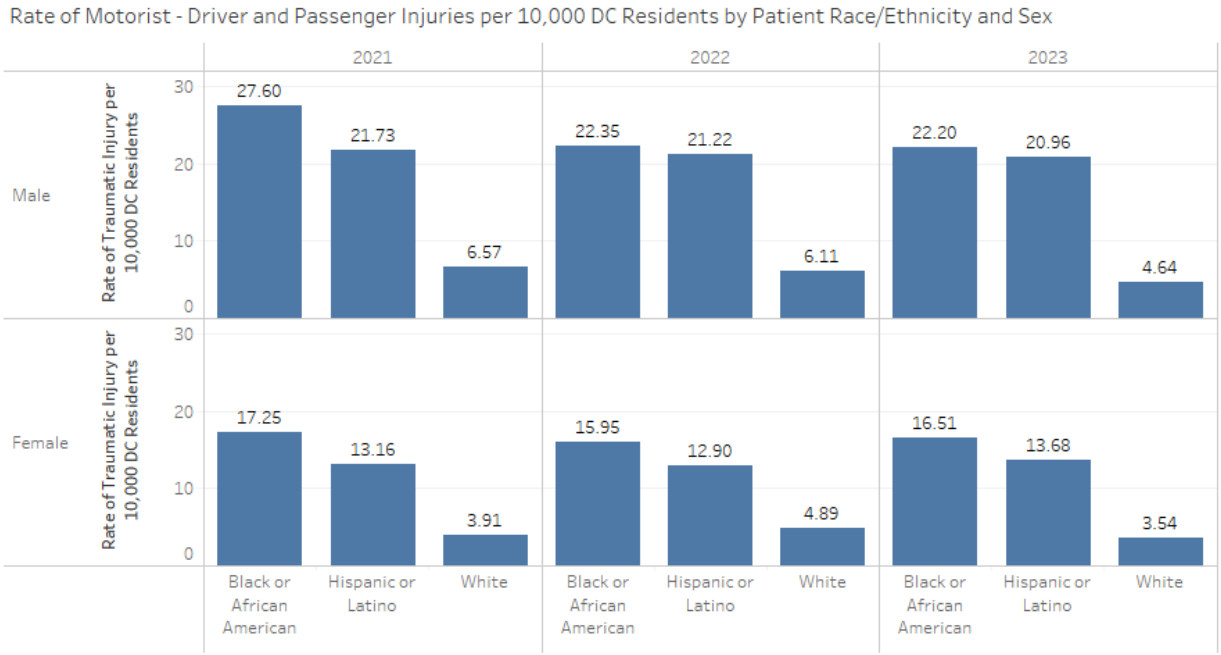
The counts from the requested datasets can be found in the tables below. We have supplemented this information with graphs that reflect the rate of traumatic injuries per 10,000 DC residents to enable comparison across population groups of different sizes. We have provided data from the DC Trauma Registry corresponding to calendar years 2021, 2022, and 2023. At the time of submission, the 2024 data remain incomplete because of the nature of trauma registry submissions typically occurring 90-180 days after hospital admission. DC Health is actively working to analyze and validate this data and anticipates featuring this information in the 2024 Trauma Registry Report later this year.

For patient privacy reasons, we have suppressed counts less than five (5) and noted it with "<5."

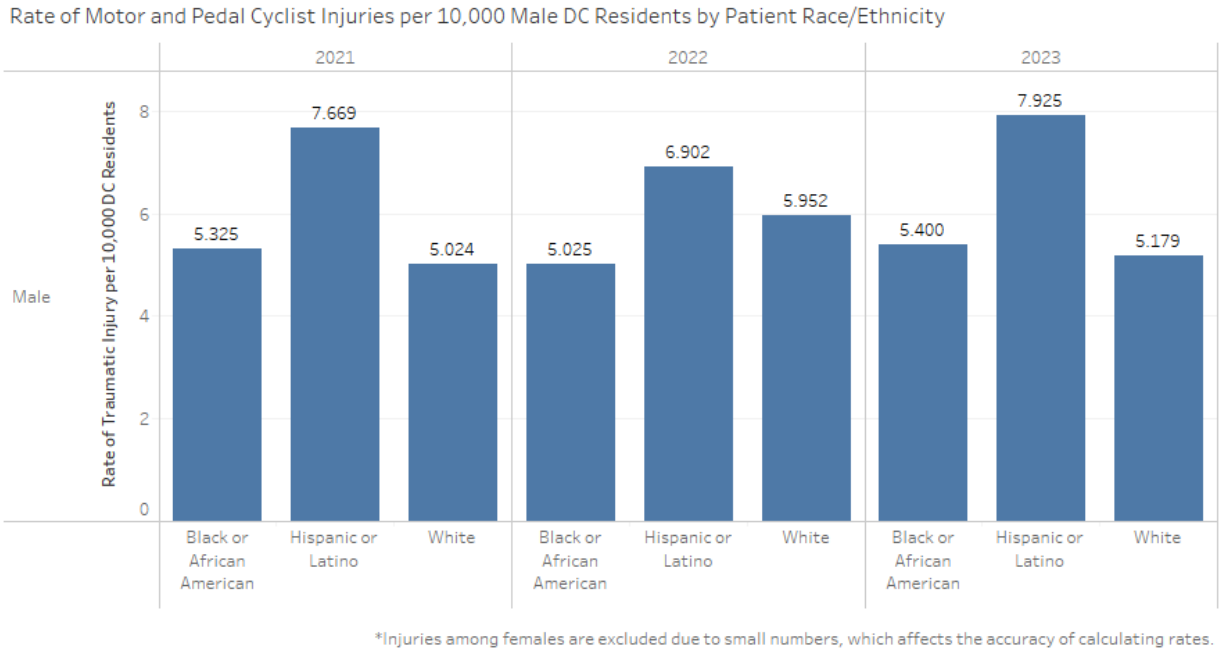
Firearm injuries: Firearm injuries by patient race/ethnicity and sex are presented in rate of injuries per 10,000, which allows for comparison across population groups of different sizes. Males who identified as Black or African American experienced a rate of firearm injury approximately five (5) times greater than the rate of males who identified as Hispanic or Latino. Additionally, the rate of firearm injury amongst Black or African American males is 50 times greater than the rate of firearm injury amongst White males. This trend as depicted on the following pages shows consistent trends across datasets from 2021, 2022, and 2023. Rates of injuries among females and other race/ethnicity groups were not included due to small numbers which affect the accuracy of calculating rates.



Motor vehicle related injuries: Rates of motor vehicle injuries are higher among males than females. In 2021, Black or African American males experience the highest rate of motor vehicle injuries, however, in 2022 and 2023, Black or African American and Hispanic or Latino males experienced a similar rate of motor vehicle injuries. Females of all racial and ethnic groups experienced a much lower rate of traumatic injury compared to their male peers. Rates of injuries among other race/ethnicity groups were not included, due to small numbers, which affect the accuracy of calculating rates.

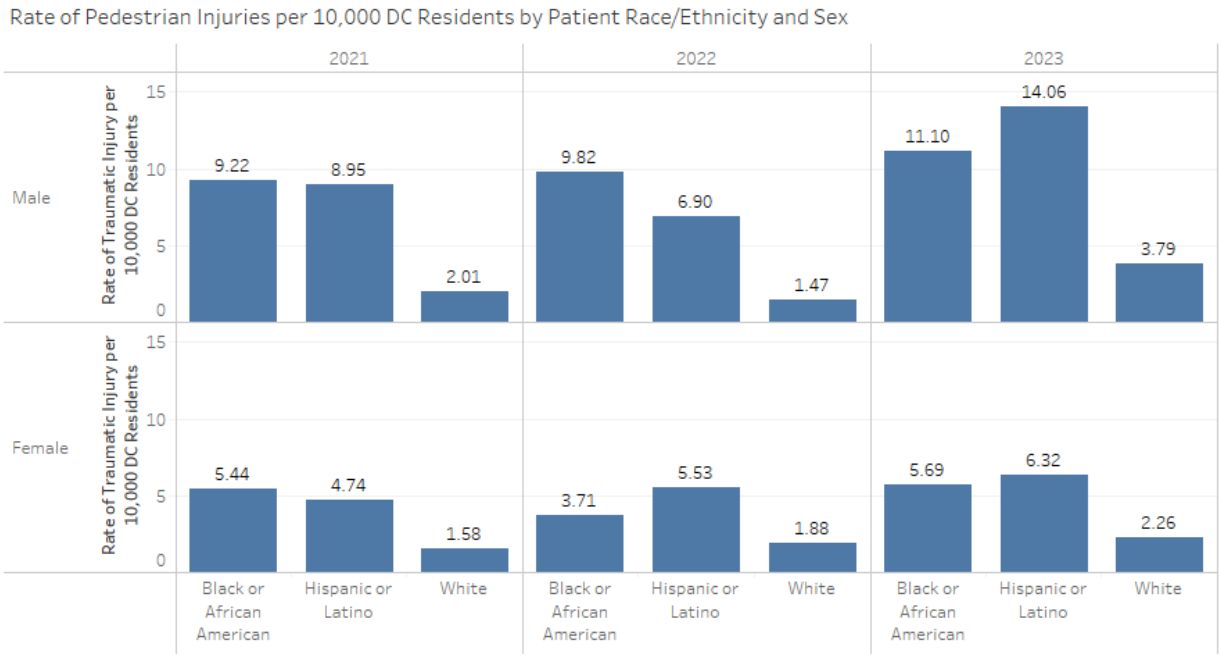


Motor & pedal cyclist injuries: Hispanic or Latino males experience the highest rate of injury related to motor and pedal cycle injuries. Rates of injuries among females and other race/ethnicity groups were not included, due to small numbers, which affect the accuracy of calculating rates.



Pedestrian injuries: Black or African American and Hispanic or Latino males typically experience a higher rate of traumatic injuries than females of the same racial or ethnic group. The rate of injury

is more comparable among males and females who identified as White. Rates of injuries among other race/ethnicity groups were not included, due to small numbers, which affect the accuracy of calculating rates. However, the raw data for those racial and ethnic groups can be found in the included data tables.



The following data represents specific counts utilized to develop the previous data visualizations.

Firearm injuries: Annual Counts

2021	**2022**	**2023**
917	880	992

Firearm injuries: by patient race/ethnicity

Patient Race/Ethnicity	**2021**	**2022**	**2023**
Black or African American	831	790	890
Hispanic or Latino	35	40	49
White	30	25	23
Two or more races	<5	9	12
Other Race	18	14	15
Asian	<5	<5	<5
Native Hawaiian or Other Pacific Islander	0	0	<5

Firearm injuries: by patient sex

Patient Sex	**2021**	**2022**	**2023**
Male	819	778	874
Female	96	102	118

Firearm injuries: by Injury Location Zip Code (DC-only)

Injury Location	**2021**	**2022**	**2023**
20001	71	86	82
20002	67	84	85
20003	14	15	24
20004	<5	0	<5
20005	<5	<5	<5
20006	0	0	<5
20007	<5	<5	<5
20008	<5	5	<5
20009	34	24	21
20010	35	34	36
20011	39	38	29
20012	7	<5	5
20015	0	<5	0
20016	0	0	<5
20017	13	9	8
20018	23	24	21
20019	107	112	127
20020	131	102	133
20024	13	17	18
20032	107	100	107
20036	<5	<5	<5
20037	0	0	<5
20057	0	<5	0
20059	0	0	<5
20060	13	19	26
20064	0	0	<5
20373	0	<5	0
20422	0	0	<5

20590	0	0	<5

Firearm injuries: by Residence Location Zip Code (DC-only)

Residence Location	**2021**	**2022**	**2023**
20001	39	47	36
20002	54	59	63
20003	14	12	13
20004	<5	0	<5
20005	<5	<5	<5
20006	0	0	<5
20007	<5	<5	0
20008	<5	<5	<5
20009	21	18	14
20010	54	51	55
20011	38	42	34
20012	9	<5	6
20013	<5	0	0
20015	<5	<5	<5
20016	<5	0	<5
20017	17	11	15
20019	114	106	131
20020	122	111	152
20018	21	17	17
20022	0	0	<5
20023	0	0	<5
20024	8	11	19
20027	0	0	<5
20030	<5	0	0
20032	106	95	99
20033	0	0	<5
20036	<5	0	0
20037	13	5	9
20060	<5	11	9
20064	0	0	<5
20073	0	<5	0
20090	0	0	<5

20220	0	0	<5
20250	<5	0	0
Null	14	9	28

Traffic Injuries: Annual Count

	2021	**2022**	**2023**
MVC – Vehicle Driver or Occupant	965	886	862
MVC – Pedal Cyclist	223	234	244
MVC – Pedestrian	329	320	423

Traffic Injuries: by patient race/ethnicity

	Patient Race/Ethnicity	**2021**	**2022**	**2023**
MVC - Vehicle Driver or Occupant	Black or African American	647	556	563
	Hispanic or Latino	135	132	134
	White	137	144	107
	2 or more races	<5	12	7
	Other Race	30	29	34
	Asian	11	13	14
	Native Hawaiian or Other Pacific Islander	0	0	<5
	American Indian/Alaska Native	<5	0	<5
MVC - Pedal Cyclist	Black or African American	83	81	89
	Hispanic or Latino	36	32	39
	White	92	104	91
	2 or more races	0	0	<5
	Other Race	8	9	14
	Asian	<5	7	8
	Native Hawaiian or Other Pacific Islander	<5	0	<5
	American Indian/Alaska Native	0	<5	<5
MVC - Pedestrian	Black or African American	211	191	240
	Hispanic or Latino	53	48	79
	White	47	44	79
	2 or more races	<5	<5	<5
	Other Race	11	26	15
	Asian	5	7	7

	Native Hawaiian or Other Pacific Islander	0	<5	<5

Traffic Injuries: by patient sex

	Patient Sex	**2021**	**2022**	**2023**
MVC – Vehicle Driver or Occupant	Male	566	489	479
	Female	398	397	383
MVC – Pedal Cyclist	Male	176	185	193
	Female	47	49	51
MVC – Pedestrian	Male	198	196	265
	Female	131	124	158

Traffic Injuries: by Injury Location Zip Code (DC-only)

	Injury Location	**2021**	**2022**	**2023**
MVC - Vehicle Driver or Occupant	20001	70	32	40
	20002	56	30	38
	20003	10	18	27
	20004	15	15	12
	20005	<5	9	9
	20006	<5	<5	<5
	20007	7	<5	7
	20008	6	8	14
	20009	10	<5	8
	20010	5	13	14
	20011	27	17	21
	20012	<5	6	6
	20015	0	0	<5
	20016	<5	5	<5
	20017	13	6	7
	20018	20	15	13
	20019	80	66	62
	20020	58	60	49
	20024	7	11	10
	20032	58	26	40
	20036	<5	<5	<5
	20037	<5	6	<5

	20057	<5	0	0
	20060	33	29	12
	20242	0	0	<5
	20250	<5	0	0
	20373	<5	<5	<5
	20374	0	<5	<5
	20392	<5	0	0
	20410	<5	0	0
	20415	0	0	<5
	20520	0	<5	0
	20543	0	<5	0
	20565	0	0	<5
MVC - Pedal Cyclist	20001	21	24	27
	20002	25	18	24
	20003	7	7	5
	20004	5	10	<5
	20005	<5	<5	5
	20006	<5	<5	
	20007	5	<5	7
	20008	6	6	<5
	20009	<5	12	8
	20010	6	6	5
	20011	7	7	9
	20012	0	<5	<5
	20015	<5	<5	<5
	20016	<5	<5	<5
	20017	<5	<5	6
	20018	<5	<5	<5
	20019	5	8	6
	20020	<5	8	10
	20024	6	5	<5
	20032	<5	<5	<5
	20036	<5	<5	<5
	20037	<5	8	6
	20052	0	0	<5
	20057	0	<5	<5

	20060	7	6	7
	20240	0	<5	0
	20374	<5	0	0
	20415	0	<5	0
	20422	0	0	<5
	20565	0	0	<5
	20566	0	<5	0
MVC - Pedestrian	20001	38	37	40
	20002	26	32	42
	20003	<5	12	8
	20004	<5	0	8
	20005	<5	8	7
	20006	<5	<5	<5
	20007	7	0	6
	20008	<5	<5	5
	20009	9	6	19
	20010	13	8	18
	20011	13	13	21
	20012	0	<5	10
	20015	0	7	0
	20016	<5	<5	<5
	20017	<5	<5	<5
	20018	8	5	15
	20019	23	31	19
	20020	30	13	21
	20024	5	<5	6
	20032	19	19	15
	20036	0	<5	<5
	20037	<5	<5	7
	20052	0	0	<5
	20059	<5	0	0
	20060	8	6	7
	20064	0	0	<5
	20242	0	0	<5
	20373	0	0	<5
	20374	<5	0	0

	20408	0	0	<5
	20441	0	<5	0

Traffic Injuries: by Residence Location Zip Code (DC-only)

	Residence Location	2021	2022	2023
MVC - Vehicle Driver or Occupant	Null	9	9	17
	20001	19	17	19
	20002	31	27	30
	20003	<5	7	9
	20005	<5		<5
	20007	<5	<5	<5
	20008	<5	<5	<5
	20009	15	6	11
	20010	25	32	25
	20011	27	23	21
	20012	9	6	7
	20013	0	<5	0
	20015	0	<5	<5
	20016	<5	0	<5
	20017	9	5	6
	20018	22	9	5
	20019	67	57	52
	20020	64	53	48
	20024	5	8	7
	20027	0	<5	0
	20030	<5	0	0
	20032	48	32	37
	20036	0	<5	0
	20037	<5	<5	<5
	20060	<5	<5	<5
	20074	<5	0	0
	20242	0	0	<5
	20270	0	0	<5
MVC - Pedal Cyclist	Null	<5	<5	5
	20001	15	18	18
	20002	25	14	16

	20003	9	5	6
	20005	<5	<5	<5
	20007	<5	<5	<5
	20008	<5	<5	<5
	20009	7	14	14
	20010	5	10	6
	20011	12	8	16
	20012	<5	<5	<5
	20015	0	<5	0
	20016	<5	5	<5
	20017	<5	0	5
	20018	<5	<5	<5
	20019	8	6	8
	20020	<5	8	12
	20023	0	<5	0
	20024	5	5	<5
	20032	6	7	<5
	20036	<5	0	<5
	20037	<5	5	<5
	20060	<5	<5	<5
	20090	0	0	<5
MVC - Pedestrian	Null	7	7	18
	20001	14	15	16
	20002	26	21	34
	20003	<5	5	8
	20004	0	<5	0
	20005	<5	<5	<5
	20006	0	<5	0
	20007	<5	0	<5
	20008	<5	<5	<5
	20009	<5	<5	15
	20010	18	17	23
	20011	13	16	27
	20012	0	<5	6
	20015	0	<5	0
	20016	<5	<5	<5

20017	<5	6	<5
20018	5	5	10
20019	26	33	19
20020	23	25	30
20021	0	0	<5
20024	<5	<5	5
20032	16	11	16
20036	0	0	<5
20037	<5	<5	9
20040	0	<5	0
20052	0	0	<5
20060	5	<5	7
20242	0	0	<5

Q99: Please provide a list of all real-world events and tabletop exercises HSPA engaged in during FY 2024 and FY 2025, to date. Please describe the goal, action, and outcome of each activity.

Response:

The Health Systems and Preparedness Administration (HSPA) has actively engaged in numerous real-world events, Incident Management Team (IMT) activations, National Security Special Events (NSSEs), and training exercises throughout FY 2024 and FY 2025 to date. These activities demonstrate HSPA's commitment to ensuring public health and safety readiness in coordination with city agencies (e.g., Homeland Security and Emergency Management Agency, Department of Behavioral Health, Department of Health Care Finance, Department of Human Services, etc.) and other public/private partners, including the DC Health and Medical Coalition (DC HMC).

Additionally, HSPA works with healthcare system partners throughout the District to ensure coordination of public health related information to ensure that communities and the healthcare system are fully informed of risks, disasters, or other events happening in the District that may impact public health. We also work extensively to support information sharing and coordination across healthcare partners throughout the city and region.

FY 2024:

Event	Event Date	Event Goal	Action	Outcome
Chemical Response Series (2 Drills, 1 Tabletop Exercise, 1 Full-Scale Exercise)	January	Enhance readiness to respond to chemical incidents.	Hosted 2 drills, 1 tabletop exercise, and 1 full-scale exercise with agency and HMC partners	Improved interagency coordination and response times.
State of the Union - NSSE	March	Ensure public health and medical readiness across local, state, and federal agencies. Mitigate risks through proactive planning and	Activated IMT to Level 1: Full Activation	Successfully coordinated emergency medical services and logistical support

		real-time response.		
CrowdStrike/IT Software Issue	April	Mitigate potential cybersecurity threats to public health systems.	Worked with IT teams to resolve vulnerabilities and secure systems.	Issue resolved without disruption to public health services.
Marion Barry Avenue Gas Explosion	May	Ensure public safety, support displaced residents, and ensure safety of licensed healthcare and food entities in the area following the explosion.	Deployed IMT to assist with public health emergency coordination, including identifying affected healthcare entities and messaging.	Communicated effectively with healthcare partners within the community (i.e., pharmacies, clinics, etc.) as well as food establishments regarding the emergency and the subsequent gas shutoff.
Boil Water Advisories (4 Events)	Various Dates	Ensure public health safety by addressing water contamination incidents.	Coordinated with DC Water to issue advisories and distribute bottled water.	No reported waterborne illnesses detected as part of biosurveillance activities. Healthcare facilities were able to maintain normal operations and resume operations at the conclusion of the event.
NATO Summit – NSSE	June	Ensure public health and medical readiness across local, state, and federal agencies.	Activated IMT to Level 1: Full Activation	Successful support of crowd safety management with no significant health incidents reported.

		Mitigate risks through proactive planning and real-time response.		
MedStar Washington Hospital Center HVAC Failure	July	Prevent disruptions to patient care during a critical infrastructure failure.	Coordinated portable HVAC solutions with facilities staff and ensured patient safety. Monitored temperatures and ensured compliance	Patient care continued with minimal interruption.
Fourth of July Celebration – NSSE	July	Ensure public health and medical readiness across local, state, and federal agencies. Mitigate risks through proactive planning and real-time response.	Activated IMT to Level 1: Full Activation	Successfully coordinated emergency medical services and logistical support.
August Heat Emergency	August	Protect vulnerable populations during a prolonged heatwave.	Conducted biosurveillance related to heat-related emergencies and coordinated public messaging on heat safety.	No fatalities reported, and cooling center utilization met community needs.

Avian Influenza Drill	August	Prepare for potential zoonotic disease outbreaks.	Hosted tabletop exercise with CHA and the DC Public Health Lab (PHL)	Validated vaccine and response protocols and communication plans.
Howard University Power Loss	September	Support continuity of healthcare services during a power outage.	Coordinated emergency power solutions with Howard University Hospital	Services were maintained without significant disruption.
2023 Global Leadership Africa Summit	October	Ensure public health and medical readiness Mitigate risks through proactive planning and real-time response.	Activated IMT to Level 3: Enhanced Watch	Public Health Services were maintained without signiciant disruption. No significant health incidents reported.
March for Israel - NSSE	November	Ensure public health and medical readiness across local, state, and federal agencies. Mitigate risks through proactive planning and real-time response.	Activated IMT to Level 3: Enhanced Watch	Successful crowd safety management with no significant health incidents reported.
Healthcare System Consultations	Various Dates	Address various critical infrastructure and needs of the	Collaborated with District healthcare partners across systems of care to	

		District's healthcare system	include hospitals, long-term care, EMS, etc.	

FY 2025, to date:

Event	**Event Date**	**Event Goal**	**Action**	**Outcome**
Logistics and Administrative Function Drills	Various Dates	Ensure readiness of logistics and administrative support functions.	Hosted multiple drills for warehouse and MCM teams	Improved equipment readiness and operational efficiency.
VP Harris Final Election Address	October	Ensure public health and medical readiness across local, state, and federal agencies. Mitigate risks through proactive planning and real-time response.	Activated IMT to Level 3: Enhanced Watch	Successfully coordinated emergency medical services and logistical support.
MedStar Washington Hospital Center NICU Shortage	November	Address a critical shortage of NICU beds in the District.	Collaborated with District hospitals to secure additional capacity.	No negative health outcomes for NICU patients.
BioWatch Exercise	December	Test the effectiveness of the BioWatch system for early detection of airborne threats.	Participated in tabletop exercise with local and federal partners	Identified gaps and refined response protocols.

Count and Certification of the Electoral Vote - NSSE	1/6/2025	Ensure public health and medical readiness across local, state, and federal agencies.	Activated Full IMT to coordinate ESF-8 operations as part of District's response	No major incidents, improved IMT coordination.
Jimmy Carter State Funeral - NSSE	1/7-1/9/2025	Ensure public health and medical readiness across local, state, and federal agencies.	Activated Full IMT to coordinate ESF-8 operations as part of District's response	No major incidents, improved IMT coordination.
60th Presidential Inauguration - NSSE	1/19-21/2025	Ensure public health and medical readiness across local, state, and federal agencies.	Activated Full IMT to coordinate ESF-8 operations as part of District's response	No major incidents, improved IMT coordination.
Potomac River Mid-Air Collision	1/29/2025 - 2/5/2025	Ensure public health and medical readiness, coordinate ESF 8 response inclusive of mental health support	Activated Full IMT to coordinate ESF-8 operations as part of District's response	Deployed medical support tents, improved IMT coordination, establish mental health support for responders and community

HSPA's engagement in real-world events, NSSEs, and training exercises demonstrates its commitment to ensuring public health and safety across the District. Continued efforts to strengthen coordination, readiness, and response capabilities will further enhance the District's preparedness for future incidents and emergencies.

Q100: Please provide the amount of federal money the District received in FY2024 and FY2025, to date, for public health preparedness activities, including a brief description of how HSPA has used each funding stream.

Response:

Grant	FY24	FY25, to date	Program Description
Hospital Preparedness Program (HPP)	**$1,203,349.00**	**$1,203,349.00**	The Hospital Preparedness Program (HPP) is for states, territories, and eligible metropolitan areas to improve the capacity of the healthcare system to plan for and respond to large-scale emergencies and disasters. In addition, the grant supports the development and sustainment of regional healthcare coalitions for healthcare preparedness and response through training and exercises and other preparedness and response activities. The grant builds and sustains the following capabilities and activities necessary for the healthcare systems to respond to large-scale emergencies and disasters: • Foundation for Health Care and Medical Readiness • Health Care and Medical Response Coordination • Continuity of Health Care Service Delivery • Medical Surge **2024:** The Hospital Preparedness Program (HPP) is for states, territories, and eligible metropolitan areas to improve the capacity of the healthcare system to plan for and respond to large-scale emergencies and disasters. The grant supported the development and sustainment of regional healthcare coalitions for healthcare preparedness and response through training and exercises and other preparedness and response activities.

			The grant built and sustained the following capabilities and activities necessary for the healthcare systems to respond to large-scale emergencies and disasters: • Foundation for Health Care and Medical Readiness • Health Care and Medical Response Coordination • Continuity of Health Care Service Delivery • Medical Surge
Public Health Emergency Program (PHEP)	**$6,850,546.00**	**$6,550,546.00**	The Public Health Emergency Preparedness (PHEP) Program enhances emergency preparedness in the nation's largest population centers to effectively respond to large-scale public health emergencies needing life-saving medications and medical supplies (medical countermeasures). The grant builds and sustains the following capabilities and activities necessary for public health emergency preparedness and response: 1. Community Preparedness 2. Community Recovery 3. Emergency Operations Coordination 4. Emergency Public Information and Warning 5. Fatality Management 6. Information Sharing 7. Mass Care 8. Medical Countermeasure Dispensing and Administration 9. Medical Materiel Management and Distribution 10. Medical Surge 11. Nonpharmaceutical Interventions 12. Public Health Laboratory Testing 13. Public Health Surveillance and Epidemiological Investigation

			14. Responder Safety and Health 15. Volunteer Management **2024:** PHEP funding has improved health equity efforts across the District by investing in programs and staff within HSPA Office of Emergency Preparedness and Resilience (OEPR) for years that resulted in the rapid escalation, and effective management of, Public Health Emergency response actions during activations including delivery of testing, exercises, presentations, vaccines, public information and other outreach efforts across the jurisdiction. Specifically, PHEP funded large-scale biological incident exercises, heat resiliency plan development, Continuity of Operation Plan (COOP) planning efforts, Receipt Store Stage (RSS) warehouse inventory management including the implementation of BarCloud inventory management system. In addition, PHEP funding supported various exercises, drills, and simulated activations of our Strategic National Stockpile (SNS) Point Of Dispensing (POD) plan. As well as a series of exercises culminating in POD activation drill. The District's PHEP funding has been utilized to sustain critical public health emergency preparedness and response capable staff that are critical to DC Health's vision of being the healthiest city in America. These key public health emergency preparedness and response staff have established and maintained relationships with community-based organizations (CBOs), other District government agencies such as Department of Forensic Science's (DFS) Public Health Lab (PHL) and DC Fire and EMS (DC FEMS). Through these partnerships the OEPR team has pre-identified locations within the District where public health disparities exist and have actively worked with governmental and non-governmental partners to advance public health capabilities in these areas. Specifically, these investments in planning, response,

			and resiliency efforts are designed to support the District's healthcare systems, the whole of community, and general public health resilience across the District.
Medical Reserve Corps (MRC STTRONG)*	**$1,500,000.00**	**$1,012,551.76**	The MRC STTRONG grant is a newly acquired grant awarded to DC Health to support the two-year project to improve the capacity and capability of the District of Columbia's Medical Reserve Corps (DC MRC) program. The goal of this project is to create a cadre of trained DC MRC Volunteers and District staff to support the delivery of lay-responder medical training for community members, such as Stop the Bleed, CPR/AED, and Narcan training to improve and promote community resilience among district residents. The District of Columbia's MRC program is designed to augment DC Health emergency response needs. The MRC STTRONG grant work plan includes activities to improve plans and conduct training. The key objectives are: • To have a robust medically oriented number of DC MRC Volunteers. • Update and create plans and job aids based on defined response roles. • Create training materials to include training videos and provide training for all DC MRC roles. • Partner with Serve DC to provide needed medically oriented train-the-trainer training and services within the community. • DC MRC and District government staff will provide life-safety training to underserved populations.

			• Pilot a Stop the Bleed program implementation across the District in public buildings in all eight Wards. **2024:** DC Health continuously supports the two-year project to improve the capacity and capability of the District of Columbia's Medical Reserve Corps (DC MRC) program. The goal is to create a cadre of trained DC MRC Volunteers and District staff to support delivery of lay-responder medical trainings for community members such as Stop the Bleed, CPR/AED and Narcan training to improve and promote community resilience among district residents. The District of Columbia's MRC program is designed to augment DC Health emergency response needs. The MRC STTRONG grant workplan includes activities to improve plans and conduct training. The key objectives are: • To have a robust medically oriented number of DC MRC Volunteers. • Update and create plans and job aids based on defined response roles. • Create training materials to include training videos and provide training for all DC MRC roles. • Partner with Serve DC to provide medically oriented train the trainer trainings and services within the community.

DC Highway Safety Office (DCHSO)	**$150,000.00**	**$250,000.00**	The District Department of Transportation (DDOT) in conjunction with District Highway Safety Office (DHSO) grant providers funds directed at behavioral-change programs that provide information, education, and enforcement initiatives to reduce the incidence of deaths and serious injuries on District roadways. Grants focus on data-driven projects that implement evidence-based countermeasures to reduce crashes, fatalities, and injuries. DC Health is utilizing grant funds to reduce the number of pedestrian and bicycle related injuries by enhancing data integration and surveillance, implementing grassroots data collection activities, and disseminating community-centered outreach and communication. The project is designed to eliminate deficiencies and expand on existing programs at DC Health and has the following objectives: • Integrate EMS and trauma records to create a more complete picture of post-crash care for those injured on DC's roadways, including pedestrians, motorists and bicyclists. • Gain insight into roadway and intersection risk by leveraging and integrating existing DDOT daily traffic volume data and integrated roadway injury datasets to identify specific road segments associated with higher morbidity and mortality risk. • Expand grassroot data collection efforts through partnerships with DC Health's Nutrition and Physical Fitness Bureau (NPFB) to support, recruit and retain a Resident Advisory Committee. The expected outcomes are: • Enhance social marketing and communications efforts poised to harness insights, data, resident advisory committees, and long-term public planning

			efforts tailoring messages to local DC communities and inspire action towards safe and sustainable modes of active transportation. • Developing a comprehensive plan that details the patient matching strategy data sharing considerations, and sustainability model for maintaining data sets for roadway injury and safety.

Public Health Emergency Response (12PHER)*	**$1,383,909.48**	**$102,920.13**	The COVID-19 Public Health Workforce Supplemental Funding aims to support the governmental public health response to COVID-19 by establishing, expanding, and sustaining a public health workforce. The period of performance is June 2021 to June 2024. **2024:** This grant covered personnel in the following categories below as well as training necessary for their work: **Program management** – This grant supported the salaries of emergency management specialists who support the regulatory functions associated with the EMS oversight program, emergency response functions, and hospital preparedness activities. The grant has historically also supported the salaries of other DC Health team members, including grants management specialists and program managers. **Administrative staff** – This grant supported the salaries of several human resources personnel and policy analysts in the Office of the Director. **School health staff** – In partnership with the Office of the School Superintendent, this grant supported the salary of a school health specialist who oversaw and coordinated the school-based Clinical Supports Program. The Clinical Support Program provides services to 96 public charter schools in 53 charter local educational agencies on an opt-in basis. The program also contracted a full-time patient care technician (PCT) to each of the 96 participating schools (in addition to 15 'floater' PCTs to support schools with PCT call-outs and surge needs), and 18 Registered Nurse (RN) Supervisors to provide clinical oversight

<u>*SUNSETTING FUNDS NOTE</u>: THE MRC-STRRONG and Public Health Emergency Response (12PHER) grants are sunsetting/ending in FY25 on June 30, 2025. Both grants were competitive, one-time and the 12PHER grant was exclusively tied to the COVID-19 pandemic response These grants provided critical funding for DC's Medical Reserve Corps and EMS Regulatory

Team. This will result in a funding shortfall for FY26 for six (6) positions for HSPA. Specific impacts from the expiration of these grants are listed below.

- **12PHER:** This grant was originally a $5,127,654.00 grant issued in 2021 through 2023. This grant was extended as a No-Cost-Extension for FY24 and FY25, with that overarching grant award decreasing as the NCE progressed. This grant will end on June 30, 2025. There are three (3) critical team members, all Emergency Management Specialists on the EMS Regulatory Team, who were assigned to this grant. HSPA is seeking funding for operational continuity and to ensure public health safety within the district. This workforce development grant was administered to support COVID relief efforts and will not be renewed. HSPA has issued an enhancement request for FY26 for these positions.
- **MRC-STRRONG**: This grant was originally funded at $1,500.000.00 in FY24 and received a No-Cost Extension for FY25. There are three (3) critical team members, all Emergency Management Specialists assigned to this grant that the HSPA administration needs for operational continuity for our Medical Reserve Corps and Medical Countermeasures. These funds will expire on June 30, 2025, and it is essential that we maintain these three positions.

Q101: Please provide information on the number of ambulance inspections, certifications and corrective actions issued by HSPA during FY 2024 and FY 2025, to date.

Response:

DC Health's EMS Program regulates and inspects all emergency medical service (EMS) vehicles in the District of Columbia, including ambulances. In FY24, DC Health's EMS Program conducted 474 EMS vehicle inspections; 323 of those vehicles were ambulances, and the remaining 151 vehicles were rotary wing helicopters, fire apparatus equipped with medical equipment, EMS supervisor vehicles, boats, and other related EMS-response vehicles. These inspection totals comprised of initial, renewal, re-inspections, and unannounced compliance inspections. It is important to note that not all inspections result in the issuance of a certification, as some inspections are unannounced and intended to ensure continued compliance with DC Health regulations and policy. While there were vehicles that were issued notices of deficiency, all deficiencies were resolved upon re-inspection, so no corrective actions were issued during this period.

Fiscal Period	Regulatory Activity	EMS Vehicle Type			
		Ground Transporting Ambulance (Basic Life Support and Advanced Life Support)	Air Ambulance (Helicopter)	Non-Transporting EMS Response Vehicle (i.e., Fire Apparatus, Supervisor Vehicles, Boat, etc.)	Total
FY24	Inspections	323	9	142	474
	Certifications	278	10	107	395
	Notice of Deficiency	53	0	35	88
FY25 to Date	Inspections	71	1	22	94
	Certifications	49	1	17	67
	Notice of Deficiency	21	0	4	25

Q102: Please provide the following information for EMT Educational Institutions in the District for FY 2024 and FY 2025, to date:

a. Name of each institution;
b. Total number of individuals who attempted the exam;
c. 1st attempt pass rate; and
d. Overall pass rate.

Response:

There are seven (7) certified EMS Educational Institutions in the District of Columbia, and six (6) are authorized to teach Emergency Medical Technicians (EMT) certification courses. The additional organization (Time for Change) only teaches continuing education courses. It should be noted that in FY24, the first paramedic program that has been offered in the District of Columbia in over 10 years began at GW Medical Faculty Associates. We are working collaboratively with the University of the District of Columbia and DC Fire and EMS to establish a second paramedic program in the city. The EMS Program has initiated conversations with the Office of the State Superintendent of Education (OSSE) about the creation of an EMS training program based out of the Advanced Technical Center (ATC) set to open in Ward 8. DC Health is interested in expanding access to EMS training opportunities to a variety of young people across the District, including those at Eastern High School.

EMS courses, including EMT classes, taught within the District must comply with the National EMS Education Standards. Performance is evaluated by the DC Health Basic Life Support Psychomotor Exam and the National Registry of Emergency Medical Technicians (NREMT) EMT Computer-Based Test (CBT). Paramedic evaluations are managed exclusively by the NREMT, but none have occurred to date because the first course is still ongoing. The NREMT CBT can be taken anytime up to two years after completing the psychomotor exam. As a result, outcomes may not fully represent the period in which the student took the coursework. Satisfactory performance on both the psychomotor and NREMT CBT qualifies candidates for certification as an NREMT and subsequent state-level certification.

The NREMT CBT permits candidates to attempt the exam up to three times before receiving remedial training. The pass rate for the third attempt is regarded as a course's benchmark for success. However, candidates who then receive remedial training are permitted to attempt the exam an additional three times (total of six attempts).

Organization	No. Attempted	1st Attempt Pass Rate	Cumulative 3rd Attempt Pass Rate	Cumulative 6th Attempt Pass Rate
Community College Preparatory Academy	20	95% (19)	100% (20)	100% (20)
DC Fire and EMS	94	78% (73)	99% (93)	99% (93)
Eastern High School*	0	N/A	N/A	N/A
Medical Faculty Associates	109	89% (97)	94% (103)	94% (103)

George Washington University	87	77% (67)	87% (76)	87% (76)
Georgetown	69	93% (64)	97% (67)	97% (67)
Total	**379**	**84.4% (320)**	**94.7% (359)**	**94.7% (359)**

Source: The National Registry of Emergency Medical Technicians

*DC Health continues to work with Eastern High School's EMT Program; however, they currently do not have a cohort of EMS students as they have not identified a clinical location for the students to obtain their requisite clinical interactions.

Q103: Which processes did HSPA digitize in FY 2024 and FY 2025, to date?
a. What percentage of all applications are currently digitized?

Response:

The Health Systems and Preparedness Administration (HSPA) continues to prioritize migration to completely digital processes to support licensure processes for healthcare facilities and professionals seeking licensure, certification, and registration within the District of Columbia. At this time, all paper applications for the 72 professions have been converted into digital formats. In FY2024, the HSPA team digitized the following applications:

- Assisted Living Administrator
- Dental Assistant – Level III
- Medication Aide
- Veterinary Technician
- Veterinary Technician Euthanasia
- Professional Art Therapist
- Licensed Graduate Art Therapist
- Veterinary Technician
- Veterinary Technician Euthanasia
- Dialysis Technician
- Pharmaceutical Facility Applications
- Patient Care Technician

In FY2025, anticipates developing digital processes for the following application types and actions:

- Home Health Care Administrator
- Communicable and Report Disease
- Tissue Banks
- Pharmacy Technician Training Program
- Health Awareness Testing
- Military Spouse Application
- Doulas
- Certified Midwife
- Certified Professional Midwife
- Nursing Programs Application
- Verification Form
- Complaint Form

Currently, 100% of applications for existing professions are digitized. In FY 2025, seven applications, the complaint form, nursing programs application, and verification forms are pending digitization. Additionally, new digital applications will be developed for professions established through HORA revisions and other statutory changes.

Q104: Please provide an update on implementation of the High Need Healthcare Career Scholarship Program.

a. What is the current status of the program related to staffing and necessary IT infrastructure?

b. In FY 2024, the Council provided recurring funding to pay for credentialing expenses for 150 nursing assistive personnel, 25 emergency medical technicians (EMT), and 25 Paramedics. Please provide an update on the number of individuals who have or will receive scholarship/supports funding in FY 2024 and FY 2025, broken down by health profession.

Response:

The High Need Healthcare Career Scholarship Program is in the early stages of implementation. During FY 2024, the program focused on foundational development, including industry research and planning to ensure an equitable and successful launch. For FY 2025, significant progress has been made. Legislation and rulemaking have been approved and published, and the scholarship has been made available through the Office of Grants Management DC Health Funding Opportunities process. The application is live, with submissions accepted through the Enterprise Grants Management System (EGMS) until January 23, 2025, for eligible training centers to apply.

The program is staffed by one program coordinator, who has played a key role in developing the grant application guidelines and overseeing the grant review and selection process. At present, four applications are in progress in EGMS. Our current timeline is to notify recipients regarding their selection and approval for funding by February 3, 2025, with funds becoming available on or around March 1, 2025.

Early challenges included identifying a robust funding disbursement mechanism to ensure strong financial oversight and proper fund utilization. As well as identifying strategies to support training programs in tracking students and their employment opportunities upon completion of the training program.

In FY 2024, due to the program being in the construction and development phase, the allocated funding was not disbursed. However, we plan to utilize the available funding in FY 2025 to provide scholarships to eligible recipients through the current grant application process. Our intention is to award training facilities monies to support the training and credentialing of all these health professional types on or around March 1, 2025. The number of beneficiaries will be dependent on enrollment at the recipient training centers. We are prepared to report those numbers on a routine basis as they are a component of the reporting guidelines for grant recipients.

Q105: Please provide for each health professional category in FY 2024 and FY 2025, to date:

a. Number of complaints received, broken down by type of complaint;
b. Number of investigations started; and
c. The average time between when a complaint is received, an investigation is started, and a disciplinary decision is made.

Response:

	FY 2024		FY 2025	
BOARDS	**COMPLAINTS RECEIVED**	**INVESTIGATIONS REQUESTED**	**COMPLAINTS RECEIVED**	**INVESTIGATIONS REQUESTED**
Board of Audiology and Speech-Language Pathology	2	2	1	1
Board of Chiropractic	1	0	0	0
Board of Dentistry	27	29	6	5
Board of Dietetics and Nutrition	0	6	0	0
Board of Long-Term Care Administration	0	0	0	0
Board of Marriage and Family Therapy	0	1	0	0
Board of Massage Therapy	2	2	2	2
Board of Medicine	94	24	12	9
Board of Nursing	23	16	11	1
Board of Occupational Therapy	0	1	0	0
Board of Optometry	3	1	0	0
Board of Pharmacy	18	18	3	3
Board of Physical Therapy	0	0	0	0
Board of Podiatry	2	0	0	0

Board of Professional Counseling	1	4	0	0
Board of Psychology	3	3	0	2
Board of Respiratory Care	0	0	0	0
Board of Social Work	8	8	1	1
Board of Veterinary Medicine	0	0	0	0
Total	**184**	**115**	**36**	**24**

Complaint Type	**FY 2024**	**FY 2025**
Abusive Behavior	2	0
Violation of Code of Conduct	10	0
Discrimination	1	0
Denial of Treatment/Refusal to Treat	6	0
Inappropriate Billing/Fraudulent Billing	6	4
Records (Record Keeping/Refusing to provide medical records)	8	6
Neglect/Patient Abandonment	7	0
Standard of Care	82	20
Unprofessional Conduct	26	4
Prescribing Issues (Over prescribing/wrong prescriptions)	1	1
Sexual Misconduct	1	0
Unlicensed Practice	1	0
Fraudulent Application/Forgery	0	1
Unsanitary/Dirty Office	4	0
Miscommunication/Inappropriate Communication	10	0
Late completion of CE courses	4	0
Blank	15	0
Total	**184**	**36**

Professional Board Investigations	**FY 2024**		
	Investigations Initiated	**Investigations Completed**	**Average Processing Time**
Unlicensed Health Professionals	50	37	40 days
Licensed Health Professionals	143	129	60 days
Total	193	166	50 days

Professional Board Investigations	**FY 2025**		
	Investigations Initiated	**Investigations Completed**	**Average Processing Time**
Unlicensed Health Professionals	38	4	30 days
Licensed Health Professionals	10	29	45 days
Total	36	33	37.5 days

Q106: How many fines were assessed against health professionals in FY 2024 and FY 2025, to date? Please indicate:

a. The total amount of all fines/assessment fees;
b. The number and amount of fines/assessment fees for each Board; and
c. The number of fines by offense type.

Response:

FY 2024 FINES

BOARD	NUMBER OF FINES	TOTAL AMOUNT	DESCRIPTION
Dentistry	35	$75,100	Unlicensed practice, unregistered practice, aiding unregistered dental assistants (DENAs) in practice, supervision of unregistered dental assistant, failure to disclose arrest and conviction, failure to disclose on application, non-compliance with private agreement, standard of care issues.
Dietetics and Nutrition	2	$1,000	Unlicensed practice and supervision of unlicensed practice of an applicant.
Massage Therapy	4	$3,100	Unlicensed practice
Medicine	69	$16,700	Failure to disclose a previous, arrest/conviction, malpractice, other state action, investigation, probation during training, and suspension during training on application, failure to enroll in the Prescription Drug Monitoring Program (PDMP), termination from residency program for diversion of narcotics, and practice with a lapse license.
Nursing	86	$31,250	Failure to disclose a previous arrest/conviction, other state action, investigations, other state action, failure to enroll in the Prescription Drug Monitoring Program (PDMP)

Occupational Therapy	1	$2,000	Unlicensed practice
Pharmacy	27	$6,400	Failure to disclose arrest, unlicensed practice, and aiding an unauthorized practice of a pharmacy intern.
Professional Counseling	17	$68,450	Failure to disclose application screening questions, failure to disclose previous arrest, unlicensed practice, and supervision of unlicensed practice.
Psychology	20	$13,160	Incomplete continuing education during renewals, unregistered practice, unlicensed practice, supervision of unlicensed or unregistered practice, and practicing with an expired license or registration.
Social Work	1	$5,000	Unlicensed practice
Veterinary Medicine	10	$11,220	Unlicensed practice
Total	**272**	**233,380**	**N/A**

FY 2025 FINES

BOARD	NUMBER OF FINES	TOTAL AMOUNT	DESCRIPTION
Dentistry	17	$44,750	Unlicensed practice, unregistered practice, aiding unregistered DENAs in practice, failure to disclose arrest and conviction, dental assistant incentivized policy, failure to comply with negotiated settlement agreement (NSA), record keeping requirements, failure to conform to standards acceptable and prevailing practice with health profession, and Medicaid fraud
Medicine	5	$2,500	Failure to disclose on screening questions and previous arrest.

Nursing	42	$21,750	Failure to disclose a previous, arrest/conviction, malpractice, other state action, investigation by a licensing board
Pharmacy	10	$1,600	Failure to disclose a previous arrest/conviction on application.
Psychology	1	$750	Unregistered practice and practicing with an expired license.
Total	**75**	**$71,350**	**N/A**

Q107: Please provide a list of the types of health licenses, certifications, or registrations issued by DC Health, and how many health professionals are currently licensed/certified/registered under each category. For each category, please include:

a. The costs for initial application, renewal, and reinstatement;
b. Disaggregated data by race/ethnicity and gender.

Response:

BOARD	PROFESSION	INITAL FEE	RENEWAL FEE	REINSTATEMENT FEE	TYPE*	CENSUS
Board of Audiology & Speech-Language Pathology	Audiologist	$264	$179	$264	L	104
	Audiology Assistant	$210	$125	$210	R	0
	Speech-Language Pathologist	$264	$179	$264	L	823
	Speech-Language Pathology Assistants	$210	$125	$210	R	13
	Speech-Language Pathology Clinical Fellow	$210	N/A	N/A	R	42
Board of Chiropractic	Chiropractor	$556	$300	$507	L	84
	Ancillary Procedures-Acupuncture	$271	$153	$271	A/P	3
	Ancillary Procedures-Physiotherapy	$271	$153	$271	A/P	55
	Ancillary Procedures-Physical Therapy	$271	$153	$271	A/P	2
Board of Dentistry	Dentist	$430	$254	$370	L	1,238
	Dental Hygienist	$245	$136	$221	L	514
	Local Anesthesia and Nitrous Oxide	$25	$25	$25	C	100
	Nitrous Oxide	$25	$25	$25	C	3
	Local Anesthesia	$25	$25	$25	C	111

	Dental Assistant Level 1	$190	$75	$160	R	192
	Dental Assistant Level II	$190	$75	$160	R	600
	Dental Assistant Level 1II	$190	$75	$160	R	0
	Dental Teaching License	$430	$254	$370	L	4
	Dental Hygiene Teaching License	$245	$136	$221	L	0
Board of Dietetics & Nutrition	Dietitians	$229	$177	$229	L	791
	Nutritionists	$229	$177	$229	L	75
Board of Massage Therapy	Massage Therapist	$262	$177	$262	L	728
Board of Medicine	Physician (MD & DO)	$805	$500	$805	L	12,121
	Physician Assistant	$230	$145	$229	L	1,091
	Acupuncturist	$230	$145	$229	L	126
	Chinese Herbology	$0	$0	$0	A/P	29
	Anesthesiologist Assistant	$230	$145	$229	L	134
	Athletic Trainer	$264	$179	$264	L	137
	Naturopathic Physician	$230	$145	$229	L	49
	Surgical Assistant	$230	$145	$229	L	94
	Polysomnographic Technologist	$100	$50	$100	L	49
	Polysomnographic Technician	$100	N/A	$100	R	1
	Polysomnographic Trainee	$100	$50	N/A	R	0
	Medical Training License I (A)	$100	$50	N/A	L	1150
	Medical Training License I (B)	$100	$50	N/A	L	330
	Medical Training License II	$100	$50	N/A	L	23

	Medical Training Registrant	N/A	N/A	N/A	R	230
	Trauma Technologist	$230	$145	$229	L	3
Board of Nursing	Licensed Practical Nurse	$187	$145	$229	L	1,859
	Registered Nurse	$187/$230	$145	$229	L	31,934
	Certified Registered Nurse Anesthetist	$230	$263	$348	L	150
	Nurse Practitioner	$230	$263	$348	L	4,134
	Certified Nurse Midwife	$230	$263	$348	L	152
	Clinical Nurse Specialist	$230	$263	$348	L	43
	Trained Medication Employee	$50	$50	$70	C	1,285
	Home Health Aide	$59	$59	$79	C	8,129
	Certified Nursing Aide	$50	$50	$70	C	3,337
	Nursing Home Administrator	$322	$375	$288	L	58
	Assisted Living Administrator	$322	$375	$288	L	0
Board of Occupational Therapy	Occupational Therapist	$264	$179	$263	L	892
	Occupational Therapy Assistant	$264	$179	$263	L	64
	Recreation Therapist	$230	$145	$229	L	31
Board of Optometry	Optometrist without Authorization to Administer Diagnostic Pharmaceutical Agents (DPA)/Therapeutic Pharmaceutical Agents (TPA)	$288	$203	$288	L	16
	Optometrist with DPA/TPA	$433	$348	$433	L	191
Board of Pharmacy	Pharmacist	$280	$310	$280	L	2,306
	Pharmacy Intern	$50	N/A	N/A	R	313
	Pharmacy Technician	$50	$50	$135	R	1,341

	Pharmacy Technician Trainee	$0	N/A	N/A	R	165
	Pharmaceutical Detailers	$175	$165	$240	L	747
	Vaccination and Immunization Agent	$50	$50	$50	C	878
	Controlled Substance	$130	$130	N/A	R	9,105
	Controlled Substance-Nurse practitioner	$130	$130	N/A	R	2,301
	Controlled Substance-Physician assistant	$130	$130	N/A	R	832
	Yellow Fever Stamp Permit	$0	$0	N/A	R	36
Board of Physical Therapy	Physical Therapist	$264	$179	$263	L	1,447
	Physical Therapist Assistant	$264	$179	$263	L	84
Board of Podiatry	Podiatrist	$264	$179	$229	L	137
Board of Professional Counseling	Licensed Professional Counselor	$230	$145	$229	L	1,743
	Licensed Graduate Professional Counselor	$230	$145	N/A	L	325
	Marriage and Family Therapist	$262	$177	$262	L	223
	Certified Addiction Counselor I	$190	$75	$189	C	68
	Certified Addiction Counselor II	$190	$75	$189	C	140
	Professional Art Therapist	$230	$145	$229	L	16
	Licensed Graduate Professional Art Therapist	$230	$145	N/A	L	2
	Dance Therapist	$230	$145	$229	R	5
Board of Psychology	Psychologist	$321	$203	$288	L	1,586
	Psychology Associate	$230	$115	$226	R	227

Board of Respiratory Care	Respiratory Therapist	$254	$160	$254	L	980
Board of Social Work	Licensed Social Work Associate	$230	$185	$229	L	47
	Licensed Graduate Social Worker	$230	$185	$229	L	1,613
	Licensed Independent Social Worker	$230	$185	$229	L	41
	License Independent Clinical Social Worker	$230	$185	$229	L	5,122
Board of Veterinary Medicine	Veterinarian	$215	$135	$245	L	507
Total	N/A	N/A	N/A	N/A	N/A	105,905

*Type: L – License; R – Registration; C – Certification; A/P – Authority/Privilege

Disaggregated by Race/Ethnicity and Gender

License/Certification/Registration Type	Female	Male	Non-Binary/X	Not Disclosed	Prefer Not To Disclose	Total
Acupuncturist	84	40	2	0	0	126
Asian - South Asian	26	20	0	0	0	46
Black or African American	5	0	0	0	0	5
Do Not Want To Disclose	10	3	1	0	0	14
White or Caucasian	43	17	1	0	0	61
Ancillary Procedures - Acupuncture	1	2	0	0	0	3
Asian - South Asian	0	1	0	0	0	1
White or Caucasian	1	1	0	0	0	2
Ancillary Procedures - Physiotherapy	22	32	1	0	0	55
Asian - South Asian	1	5	0	0	0	6
Black or African American	11	10	1	0	0	22
Do Not Want To Disclose	1	5	0	0	0	6
White or Caucasian	9	12	0	0	0	21
Ancillary Procedures – Physical Therapy	1	1	0	0	0	2

White or Caucasian	1	1	0	0	0	2
Anesthesiologist Assistant	86	48	0	0	0	134
Asian - South Asian	32	13	0	0	0	45
Black or African American	8	5	0	0	0	13
Do Not Want To Disclose	10	6	0	0	0	16
White or Caucasian	36	24	0	0	0	60
Athletic Trainer	85	52	0	0	0	137
Asian - South Asian	5	4	0	0	0	9
Black or African American	33	17	0	0	0	50
Do Not Want To Disclose	4	3	0	0	0	7
Native American	1	0	0	0	0	1
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
White or Caucasian	42	27	0	0	0	69
Audiologist	93	10	0	0	1	104
Asian - South Asian	6	4	0	0	0	10
Black or African American	12	0	0	0	0	12
Do Not Want To Disclose	7	1	0	0	1	9
White or Caucasian	68	5	0	0	0	73
Certified Addiction Counselor I	39	29	0	0	0	68
Black or African American	24	22	0	0	0	46
Do Not Want To Disclose	1	2	0	0	0	3
White or Caucasian	14	5	0	0	0	19
Certified Addiction Counselor II	82	58	0	0	0	140
Asian - South Asian	3	0	0	0	0	3
Black or African American	60	37	0	0	0	97
Do Not Want To Disclose	3	3	0	0	0	6
Native American	1	0	0	0	0	1
White or Caucasian	15	18	0	0	0	33
Certified Nurse Midwife	151	0	1	0	0	152
Asian - South Asian	2	0	0	0	0	2
Black or African American	37	0	0	0	0	37
Do Not Want To Disclose	3	0	0	0	0	3
Hispanic or Latino	1	0	0	0	0	1
Native American	1	0	0	0	0	1
White or Caucasian	107	0	1	0	0	108
Certified Registered Nurse Anesthetist	108	42	0	0	0	150
Asian - South Asian	14	2	0	0	0	16

Black or African American	28	10	0	0	0	38
Do Not Want To Disclose	15	5	0	0	0	20
White or Caucasian	51	25	0	0	0	76
Chinese Herbology	24	4	1	0	0	29
Asian - South Asian	7	1	0	0	0	8
Black or African American	1	0	0	0	0	1
Do Not Want To Disclose	2	1	1	0	0	4
White or Caucasian	14	2	0	0	0	16
Chiropractor	35	48	1	0	0	84
Asian - South Asian	1	6	0	0	0	7
Black or African American	11	14	1	0	0	26
Do Not Want To Disclose	3	5	0	0	0	8
White or Caucasian	20	23	0	0	0	43
Clinical Nurse Specialist	39	4	0	0	0	43
Asian - South Asian	1	0	0	0	0	1
Black or African American	6	0	0	0	0	6
Do Not Want To Disclose	2	0	0	0	0	2
White or Caucasian	30	4	0	0	0	34
Controlled Substance	4,784	4,296	4	0	21	9,105
Asian - South Asian	1,124	912	1	0	4	2,041
Black or African American	1,116	643	1	0	6	1,766
Do Not Want To Disclose	501	511	1	0	9	1,022
Hispanic or Latino	15	9	0	0	0	24
Native American	7	5	0	0	0	12
Native Hawaiian or Pacific Islander	1	2	0	0	0	3
Other	12	11	0	0	0	23
White or Caucasian	2,008	2,203	1	0	2	4,214
Controlled Substance – Nurse Practitioner	2,066	234	1	0	0	2,301
Asian - South Asian	158	19	0	0	0	177
Black or African American	908	128	0	0	0	1,036
Do Not Want To Disclose	119	13	0	0	0	132
Native American	2	1	0	0	0	3
Native Hawaiian or Pacific Islander	2	0	0	0	0	2
Other	2	0	0	0	0	2
White or Caucasian	875	73	1	0	0	949
Controlled Substance – Physician Assistant	660	170	1	0	1	832
Asian - South Asian	91	15	0	0	0	106

Black or African American	92	28	0	0	0	120
Do Not Want To Disclose	36	15	0	0	1	52
Native American	1	1	0	0	0	2
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
White or Caucasian	440	110	1	0	0	551
Dance Therapist	5	0	0	0	0	5
Black or African American	4	0	0	0	0	4
White or Caucasian	1	0	0	0	0	1
Dental Assistant - Level II	550	50	0	0	0	600
Asian - South Asian	24	3	0	0	0	37
Black or African American	331	27	0	0	0	358
Do Not Want To Disclose	51	4	0	0	0	51
Hispanic or Latino	62	5	0	0	0	67
Native American	7	0	0	0	0	7
Native Hawaiian or Pacific Islander	2	0	0	0	0	2
Other	6	1	0	0	0	7
White or Caucasian	57	10	0	0	0	67
Dental Assistant- Level I	164	28	0	0	0	192
American Indian/Alaskan Native	1	0	0	0	0	1
Asian - South Asian	11	1	0	0	0	12
Black or African American	79	11	0	0	0	90
Do Not Want To Disclose	17	3	0	0	0	20
Hispanic or Latino	24	6	0	0	0	30
Native American	1	1	0	0	0	2
Other	4	0	0	0	0	4
White or Caucasian	27	6	0	0	0	33
Dental Hygienist	462	43	0	2	7	514
Asian - South Asian	57	7	0	0	0	64
Black or African American	170	20	0	2	0	192
Do Not Want To Disclose	44	2	0	0	6	52
Hispanic or Latino	13	3	0	0	0	16
Native American	1	0	0	0	0	1
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	16	0	0	0	0	16
White or Caucasian	160	11	0	0	1	172
Dentist	594	643	0	0	1	1,238
Asian - South Asian	122	105	0	0	0	227

Black or African American	221	143	0	0	0	364
Do Not Want To Disclose	45	51	0	0	1	97
Hispanic or Latino	12	12	0	0	0	24
Native American	0	1	0	0	0	1
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
Other	17	18	0	0	0	35
White or Caucasian	177	312	0	0	0	489
Dentistry Teaching License	1	3	0	0	0	4
Asian - South Asian	0	1	0	0	0	1
Black or African American	1	0	0	0	0	1
Do Not Want To Disclose	0	1	0	0	0	1
White or Caucasian	0	1	0	0	0	1
Diagnostic Pharmacy Agent	2	0	0	0	0	2
Black or African American	1	0	0	0	0	1
White or Caucasian	1	0	0	0	0	1
Dietitian	759	31	0	0	1	791
Asian - South Asian	52	4	0	0	0	56
Black or African American	115	5	0	0	0	120
Do Not Want To Disclose	15	0	0	0	0	15
Hispanic or Latino	21	1	0	0	0	22
Native American - Alaskan Native	4	0	0	0	0	4
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	17	0	0	0	0	17
White or Caucasian	534	21	0	0	1	556
Graduate Social Worker	1,357	240	11	0	5	1,613
Asian - South Asian	48	11	0	0	0	59
Black or African American	729	141	3	0	0	873
Do Not Want To Disclose	57	11	0	0	3	71
Hispanic or Latino	37	3	0	0	0	40
Native American - Alaskan Native	4	2	0	0	0	6
Native Hawaiian or Pacific Islander	3	1	0	0	0	4
Other	36	2	0	0	0	38
White or Caucasian	443	69	8	0	2	522
Home Health Aide	6,827	1,300	2	0	0	8,129
Native American - Alaskan Native	14	5	0	0	0	3
Asian	3	1	0	0	0	4
Asian/South Asian	15	1	0	0	0	16

Black or African American	6,557	1,266	2	0	0	7,825
Do Not Want To Disclose	21	1	0	0	0	22
Hispanic or Latino	150	15	0	0	0	165
Native Hawaiian or Pacific Islander	1	2	0	0	0	3
Other	49	7	0	0	0	56
White or Caucasian	17	2	0	0	0	19
Ind Clinical Social Worker	4,430	672	16	0	4	5,122
American Indian/Alaskan Native	2	0	0	0	0	2
Asian	124	18	0	0	0	142
Asian/South Asian	26	3	0	0	0	29
Black or African American	1,683	273	3	0	1	1,960
Do Not Want To Disclose	225	21	0	0	0	264
Hispanic or Latino	63	15	0	0	0	78
Native American	14	1	0	0	0	15
Native Hawaiian or Pacific Islander	5	0	0	0	0	5
Other	191	25	1	0	0	217
White or Caucasian	2,097	316	12	0	3	2,428
Independent Social Worker	36	5	0	0	0	41
Asian	1	1	0	0	0	2
Black or African American	25	3	0	0	0	28
White or Caucasian	10	0	0	0	0	10
Do Not Want To Disclose	0	1	0	0	0	1
Licensed Graduate Art Therapist	2	0	0	0	0	2
Black or African American	1	0	0	0	0	1
White or Caucasian	1	0	0	0	0	1
Licensed Graduate Professional Counselor	270	46	3	0	6	325
Asian	18	5	0	0	1	24
Black or African American	104	17	2	0	1	124
Do Not Want To Disclose	19	1	0	0	2	22
Hispanic or Latino	1	0	1	0	0	2
Native American	0	2	0	0	0	2
Other	0	1	0	0	0	1
White or Caucasian	128	20	0	0	2	150
Licensed Marriage and Family Therapist	185	38	0	0	0	223
Asian	11	1	0	0	0	12
Black or African American	53	9	0	0	0	62
Do Not Want To Disclose	16	0	0	0	0	16

White or Caucasian	105	28	0	0	0	133
Licensed Practical Nurse	1,557	301	0	0	1	1,859
American Indian/Alaskan Native	3	1	0	0	0	4
Asian	16	9	0	0	0	25
Asian/South Asian	7	1	0	0	0	8
Black or African American	1,303	254	0	0	0	1,557
Do Not Want To Disclose	96	20	0	0	0	116
Hispanic or Latino	12	0	0	0	0	12
Native American	7	0	0	0	0	7
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	29	2	0	0	0	31
White or Caucasian	83	14	0	0	1	98
Licensed Professional Counselor	1,415	309	8	0	11	1,743
Asian	69	9	1	0	1	80
Asian/South Asian	1	1	0	0	0	2
Black or African American	598	140	4	0	4	746
Do Not Want To Disclose	83	20	0	0	4	107
Native American	8	1	0	0	0	9
Native Hawaiian or Pacific Islander	3	0	0	0	0	3
White or Caucasian	653	138	3	0	2	796
Local Anesthesia	98	12	0	0	1	111
Asian	8	1	0	0	1	10
Asian/South Asian	5	2	0	0	0	7
Black or African American	45	4	0	0	0	49
Do Not Want To Disclose	6	2	0	0	0	8
Hispanic or Latino	4	1	0	0	0	5
Other	6	0	0	0	0	6
White or Caucasian	24	2	0	0	0	26
Local Anesthesia and Nitrous Oxide	93	6	0	0	1	100
Asian - South Asian	12	0	0	0	0	12
Black or African American	25	2	0	0	0	27
Do Not Want To Disclose	10	0	0	0	1	11
Hispanic or Latino	7	1	0	0	0	8
Other	3	0	0	0	0	3
White or Caucasian	36	3	0	0	0	39
Massage Therapist	485	233	7	0	3	728
American Indian/Alaskan Native	1	0	0	0	0	1

Asian - South Asian	100	35	0	0	0	136
Black or African American	162	62	2	0	1	227
Do Not Want To Disclose	53	23	1	0	0	77
Hispanic or Latino	5	4	0	0	0	9
Native American	11	1	0	0	0	12
Native Hawaiian or Pacific Islander	2	0	0	0	0	2
Other	5	4	0	0	0	9
White or Caucasian	146	103	4	0	2	255
Medical Training License I(A)	663	485	1	0	1	1,150
Asian	185	124	0	0	0	309
Black or African American	130	56	0	0	0	186
Do Not Want To Disclose	40	38	0	0	1	79
Native American	2	1	0	0	0	3
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
White or Caucasian	305	266	1	0	0	572
Medical Training License I(B)	167	162	0	0	1	330
Asian - South Asian	59	49	0	0	0	108
Black or African American	41	35	0	0	0	76
Do Not Want To Disclose	19	16	0	0	0	35
Native American	0	1	0	0	1	2
White or Caucasian	48	61	0	0	0	109
Medical Training License II	7	16	0	0	0	23
Asian	3	6	0	0	0	9
Black or African American	1	0	0	0	0	1
Do Not Want To Disclose	1	2	0	0	0	3
White or Caucasian	2	8	0	0	0	10
Medical Training Registrant	89	140	0	0	1	230
Asian	22	16	0	0	0	38
Black or African American	9	8	0	0	0	17
Do Not Want To Disclose	5	10	0	0	0	15
Native American – Alaskan Native	1	1	0	0	0	2
Other	1	3	0	0	0	4
White or Caucasian	51	102	0	0	1	154
Medicine and Surgery	5,689	5,620	3	1	27	11,340
Asian – South Asian	1,281	1,125	1	0	3	2,410
Black or African American	1,190	688	1	0	7	1,886
Do Not Want To Disclose	880	980	1	1	15	1,877

Hispanic or Latino	1	0	0	0	0	1
Native American – Alaskan Native	10	6	0	0	0	16
Native Hawaiian or Pacific Islander	4	3	0	0	0	7
Other	1	2	0	0	0	3
White or Caucasian	2,322	2,816	0	0	2	5,140
Naturopath Physician	43	6	0	0	0	49
Asian – South Asian	3	1	0	0	0	4
Black or African American	13	1	0	0	0	14
Do Not Want To Disclose	6	0	0	0	0	6
White or Caucasian	21	4	0	0	0	25
Nitrous Oxide	1	2	0	0	0	3
Black or African American	0	1	0	0	0	1
Hispanic or Latino	0	1	0	0	0	1
White or Caucasian	1	0	0	0	0	1
Nurse Practitioner	3,698	429	3	0	4	4,134
Asian – South Asian	281	39	0	0	0	320
Black or African American	1,498	195	0	0	2	1,697
Do Not Want To Disclose	215	26	0	0	3	242
Hispanic or Latino	1	0	0	0	0	1
Native American	11	2	1	0	0	14
Native Hawaiian or Pacific Islander	3	1	0	0	0	4
Other	2	0	0	0	0	2
White or Caucasian	1,689	166	2	0	0	1,857
Nursing Home Administrator	41	17	0	0	0	58
Asian – South Asian	3	0	0	0	0	3
Black or African American	26	13	0	0	0	39
Other	1	0	0	0	0	1
White or Caucasian	11	4	0	0	0	15
Nutritionist	71	4	0	0	0	75
American Indian/Alaskan Native	1	0	0	0	0	1
Asian – South Asian	1	0	0	0	0	1
Black or African American	18	4	0	0	0	22
Do Not Want To Disclose	1	0	0	0	0	1
Hispanic or Latino	2	0	0	0	0	2
Native American	1	0	0	0	0	1
Other	3	0	0	0	0	3
White or Caucasian	44	0	0	0	0	44

Occupational Therapist	821	68	3	0	0	892
American Indian/Alaskan Native	1	1	0	0	0	2
Asian – South Asian	78	7	1	0	0	86
Black or African American	225	36	0	0	0	261
Do Not Want To Disclose	15	1	0	0	0	16
Hispanic or Latino	21	2	0	0	0	23
Native American	0	1	0	0	0	1
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	20	1	0	0	0	21
White or Caucasian	460	19	2	0	0	481
Occupational Therapy Assistant	52	12	0	0	0	64
Asian – South Asian	1	0	0	0	0	1
Black or African American	23	6	0	0	0	29
Do Not Want To Disclose	2	0	0	0	0	2
Hispanic or Latino	4	0	0	0	0	4
Other	0	2	0	0	0	2
White or Caucasian	22	4	0	0	0	26
Optometrist	125	82	0	0	0	207
Asian	46	14	0	0	0	60
Black or African American	26	8	0	0	0	34
Do Not Want To Disclose	15	6	0	0	0	21
Hispanic or Latino	0	1	0	0	0	1
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
White or Caucasian	37	53	0	0	0	90
Osteopathy and Surgery	416	364	0	0	1	781
Asian – South Asian	94	70	0	0	1	165
Black or African American	105	82	0	0	0	187
Do Not Want To Disclose	42	37	0	0	0	79
Native American	1	1	0	0	0	2
Native Hawaiian or Pacific Islander	0	2	0	0	0	2
Other	0	1	0	0	0	1
White or Caucasian	174	171	0	0	0	345
Pharmaceutical Detailers	477	269	0	0	1	747
Asian – South Asian	28	12	0	0	0	40
Black or African American	110	79	0	0	0	189
Do Not Want To Disclose	38	24	0	0	1	63
Hispanic or Latino	0	1	0	0	0	1

Native American – Alaskan Native	2	1	0	0	0	3
Other	1	0	0	0	0	1
White or Caucasian	298	152	0	0	0	450
Pharmacist	1,470	834	0	0	2	2,306
Asian – South Asian	324	132	0	0	0	456
Black or African American	606	354	0	0	0	960
Do Not Want To Disclose	143	69	0	0	1	213
Hispanic or Latino	8	3	0	0	0	11
Native American – Alaskan Native	1	0	0	0	0	1
Native Hawaiian or Pacific Islander	1	1	0	0	0	2
Other	17	9	0	0	1	27
White or Caucasian	370	266	0	0	0	636
Pharmacy Intern	219	89	2	3	0	313
Asian – South Asian	37	18	1	0	0	56
Black or African American	113	45	0	0	0	158
Do Not Want To Disclose	4	0	0	3	0	7
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
Other	10	2	0	0	0	12
White or Caucasian	55	23	1	0	0	79
Pharmacy Technician	1,042	289	5	0	5	1,341
Asian – South Asian	66	36	1	0	0	103
Black or African American	716	161	2	0	1	880
Do Not Want To Disclose	87	22	0	0	0	110
Hispanic or Latino	45	13	0	0	0	58
Native American – Alaskan Native	7	1	0	0	0	8
Native Hawaiian or Pacific Islander	2	0	0	0	0	2
Other	26	5	0	0	2	33
White or Caucasian	93	51	2	0	1	147
Pharmacy Technician Trainee	127	37	0	0	1	165
Asian	3	3	0	0	0	6
Black or African American	104	20	0	0	0	124
Do Not Want To Disclose	10	3	0	0	0	13
Native American – Alaskan Native	0	1	0	0	0	1
White or Caucasian	10	10	0	0	1	21
Physical Therapist	1,043	401	2	0	1	1,447
Asian	130	70	0	0	0	204
Black or African American	200	78	1	0	0	279

Do Not Want To Disclose	74	16	0	0	0	90
Hispanic or Latino	3	4	0	0	0	7
Native American – Alaskan Native	3	2	0	0	0	5
Native Hawaiian or Pacific Islander	2	2	0	0	0	4
Other	3	1	0	0	0	4
White or Caucasian	624	228	1	0	1	854
Physical Therapist Assistant	54	30	0	0	0	84
Asian – South Asian	13	5	0	0	0	18
Black or African American	15	11	0	0	0	26
Do Not Want To Disclose	5	1	0	0	0	6
White or Caucasian	21	13	0	0	0	34
Physician Assistant	859	230	1	0	1	1,091
Asian – South Asian	115	22	0	0	0	137
Black or African American	141	43	0	0	0	184
Do Not Want To Disclose	45	20	0	0	1	66
Native American – Alaskan Native	2	1	0	0	0	3
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
White or Caucasian	556	143	1	0	0	700
Podiatrist	54	83	0	0	0	137
Asian – South Asian	10	8	0	0	0	18
Black or African American	26	17	0	0	0	43
Do Not Want To Disclose	6	8	0	0	0	14
White or Caucasian	12	50	0	0	0	62
Polysomnographic Technician	0	1	0	0	0	1
Black or African American	0	1	0	0	0	1
Polysomnographic Technologist	29	20	0	0	0	49
Asian – South Asian	3	5	0	0	0	8
Black or African American	14	7	0	0	0	21
Do Not Want To Disclose	3	0	0	0	0	3
White or Caucasian	9	8	0	0	0	17
Professional Art Therapist	14	2	0	0	0	16
Black or African American	3	0	0	0	0	3
Hispanic or Latino	1	0	0	0	0	1
White or Caucasian	10	2	0	0	0	12
Psychologist	1,177	399	7	0	3	1,586
American Indian/Alaskan Native	1	0	0	0	0	1
Asian	35	7	0	0	0	42

Asian/South Asian	45	11	1	0	0	57
Black or African American	231	63	1	0	0	295
Do Not Want To Disclose	36	8	0	0	0	44
Hispanic or Latino	26	12	0	0	0	38
Native American	1	1	0	0	0	2
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
Other	24	10	0	0	0	34
White or Caucasian	778	286	5	0	3	1,072
Psychology Associate	230	42	4	0	1	277
Asian – South Asian	19	7	0	0	0	26
Black or African American	110	11	2	0	0	123
Do Not Want To Disclose	6	1	0	0	1	8
Hispanic or Latino	4	2	0	0	0	6
Native American – Alaskan Native	1	1	0	0	0	2
Other	8	2	0	0	0	10
White or Caucasian	82	18	2	0	0	102
Recreation Therapist	20	11	0	0	0	31
Black or African American	8	10	0	0	0	18
White or Caucasian	12	1	0	0	0	13
Registered Nurse	28,618	3,264	12	0	40	31,934
Asian – South Asian	2,990	563	0	0	2	3,555
Black or African American	10,959	1,312	4	0	2	12,277
Do Not Want To Disclose	1,692	195	1	0	31	1,919
Hispanic or Latino	15	0	0	0	0	15
Native American	108	15	0	0	0	123
Native Hawaiian or Pacific Islander	49	5	0	0	0	54
Other	6	3	0	0	0	9
White or Caucasian	12,799	1,171	7	0	5	13,982
Registered Nurse Anesthetist	3	0	0	0	0	3
Black or African American	2	0	0	0	0	2
White or Caucasian	1	0	0	0	0	1
Respiratory Care Practitioner	638	340	0	0	2	980
Asian – South Asian	38	34	0	0	0	72
Black or African American	411	207	0	0	1	619
Do Not Want To Disclose	30	24	0	0	1	55
Hispanic or Latino	8	5	0	0	0	13
Native American – Alaskan Native	6	2	0	0	0	8

Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	4	2	0	0	0	6
White or Caucasian	140	66	0	0	0	206
SLP Clinical Fellow	37	5	0	0	0	42
Asian – South Asian	3	0	0	0	0	3
Black or African American	10	1	0	0	0	11
Native Hawaiian or Pacific Islander	0	1	0	0	0	1
White or Caucasian	24	3	0	0	0	27
Social Work Associate	41	6	0	0	0	47
Asian – South Asian	1	1	0	0	0	2
Black or African American	27	4	0	0	0	31
Do Not Want To Disclose	2	0	0	0	0	2
Hispanic or Latino	2	0	0	0	0	2
Other	2	0	0	0	0	2
White or Caucasian	7	1	0	0	0	8
Speech-Language Pathologist	788	31	2	0	2	823
Asian – South Asian	43	0	0	0	0	43
Black or African American	232	7	1	0	0	240
Do Not Want To Disclose	45	2	0	0	1	48
Native American – Alaskan Native	3	0	0	0	0	3
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	5	0	0	0	0	5
White or Caucasian	459	22	1	0	1	483
Speech-Language Pathology Assistant	11	1	0	0	1	13
Black or African American	5	1	0	0	0	6
Do Not Want To Disclose	1	0	0	0	0	1
White or Caucasian	5	0	0	0	1	6
Surgical Assistant	21	73	0	0	0	94
Asian – South Asian	0	21	0	0	0	21
Black or African American	7	26	0	0	0	33
Do Not Want To Disclose	3	3	0	0	0	6
Native American – Alaskan Native	2	0	0	0	0	2
White or Caucasian	9	23	0	0	0	32
Therapeutic Pharmaceutical Agent	116	73	0	0	0	189
Asian – South Asian	46	12	0	0	0	58
Black or African American	20	7	0	0	0	27
Do Not Want To Disclose	15	6	0	0	0	21

Hispanic or Latino	0	1	0	0	0	1
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
White or Caucasian	34	47	0	0	0	81
Trained Medication Employee	848	437	0	0	0	1,285
Asian – South Asian	2	2	0	0	0	4
Black or African American	820	423	0	0	0	1,243
Do Not Want To Disclose	2	1	0	0	0	3
Hispanic or Latino	2	3	0	0	0	5
Native American – Alaskan Native	0	1	0	0	0	1
Other	11	5	0	0	0	16
White or Caucasian	11	2	0	0	0	13
Trauma Technologist	1	2	0	0	0	3
Black or African American	0	2	0	0	0	2
White or Caucasian	1	0	0	0	0	1
Vaccination and Immunization Agent	488	390	0	0	0	878
Asian – South Asian	91	50	0	0	0	141
Black or African American	242	187	0	0	0	429
Do Not Want To Disclose	33	31	0	0	0	64
Hispanic or Latino	4	2	0	0	0	6
Native American – Alaskan Native	1	0	0	0	0	1
Native Hawaiian or Pacific Islander	1	0	0	0	0	1
Other	10	4	0	0	0	14
White or Caucasian	106	116	0	0	0	222
Veterinarian	397	108	1	0	1	507
Asian – South Asian	32	8	0	0	0	40
Black or African American	48	10	0	0	0	58
Do Not Want To Disclose	26	12	0	0	0	38
Hispanic or Latino	7	1	0	0	0	8
Other	4	0	0	0	0	4
White or Caucasian	280	77	1	0	1	359
Yellow Fever Stamp Permit	19	17	0	0	0	36
Asian	4	3	0	0	0	7
Black or African American	5	2	0	0	0	7
Do Not Want To Disclose	1	2	0	0	0	3
White or Caucasian	9	10	0	0	0	19
Total*	**78,376**	**23,921**	**105**	**3**	**160**	**102,568**

* Disaggregated data by race/ethnicity and gender is not available for Certified Nurse Aide (CNA) applicants, as their licensure process is currently managed by a third-party vendor. This vendor does not collect or report demographic information as part of the licensing process.

Q108: Please provide the health professional survey reports that were generated from license renewals completed in FY 2024 and FY 2025, to date.

Response:

The workforce surveys conducted during the FY2023 and FY2024 license renewals are available on the DC Health Primary Care Workforce page: https://dchealth.dc.gov/service/primary-care-workforce-development.

Workforce surveys for FY2025 are currently pending and will be posted within 120 days after the conclusion of the renewal cycle.

Q109: For each professional license, certification, or registration for healthcare professionals in FY 2024 and FY 2025, to date, please indicate the following:

a. The number of applications, including percentage that were approved;
b. The number of applications abandoned;
c. The number of applicants based on endorsements from other jurisdictions;
d. The average length of time to process applications; and
e. The number of staff that support the processing of applications for licensure per Board.

Response:

License / Certification / Registration Type	FY24		FY25	
	Number of Applications Submitted	**Percentage Approved**	**Number of Applications Submitted****	**Percentage Approved****
Acupuncturist	9	89%	121	98%
Ancillary Procedures - Physiotherapy	1	0%	56	96%
Anesthesiologist Assistant	13	85%	125	99%
Athletic Trainer	33	85%	122	97%
Audiologist	11	64%	103	95%
Certified Addiction Counselor I	1	0%	77	88%
Certified Addiction Counselor II	28	14%	149	89%
Certified Nurse Midwife	74	89%	4	25%
Certified Registered Nurse Anesthetist	150	97%	11	9%
Chinese Herbology	1	100%	28	100%
Chiropractor	9	22%	82	95%
Clinical Nurse Specialist	18	94%	0	0%

Controlled Substance	1,461	98%	7,778	98%
Controlled Substance - NP	2,459	99%	133	80%
Controlled Substance - PA	79	87%	783	96%
Dance Therapist	4	100%	0	0%
Dental Assistant - Level II	577	95%	26	50%
Dental Assistant- Level I	169	89%	15	40%
Dental Hygienist	497	99%	14	43%
Dentist	1,200	98%	41	41%
Dentistry Teaching License	2	100%	0	0
Diagnostic Pharmacy Agent	2	100%	0	0
Dietitian	488	95%	46	65%
Graduate Social Worker	380	65%	62	13%
Home Health Aide	5,657	97%	305	60%
Ind Clinical Social Worker	664	67%	166	19%
Independent Social Worker	1	100%	6	17%
Licensed Graduate Art Therapist	2	0%	2	0%
Licensed Graduate Professional Counselor	130	48%	293	85%
Licensed Marriage and Family Therapist	23	43%	240	89%
Licensed Practical Nurse	266	73%	104	24%
Licensed Professional Counselor	188	36%	1,758	93%
Local Anesthesia	116	93%	2	100%
Local Anesthesia and Nitrous oxide	104	90%	3	33%
Massage Therapist	82	88%	177	90%

Medical Training License I(A)	1,145	99%	14	7%
Medical Training License I(B)	334	98%	5	20%
Medical Training License II	28	93%	1	0%
Medical Training Registrant	417	94%	119	67%
Medicine and Surgery	1,107	81%	10,838	97%
Naturopath Physician	3	33%	60	80%
Nitrous Oxide	4	75%	0	0%
Nurse Practitioner	2,618	92%	233	32%
Nursing Home Administrator	65	91%	3	0%
Nutritionist	49	88%	5	20%
Occupational Therapist	145	89%	34	38%
Occupational Therapy Assistant	14	86%	1	0%
Optometrist	208	100%	4	50%
Osteopathy and Surgery	150	84%	680	94%
Pharmaceutical Detailers	741	95%	59	58%
Pharmacist	292	45%	48	29%
Pharmacy Intern	94	84%	13	54%
Pharmacy Technician	391	52%	80	49%
Pharmacy Technician Trainee	199	69%	49	49%
Physical Therapist	157	85%	639	90%
Physical Therapist Assistant	11	73%	27	96%
Physician Assistant	146	80%	1,046	93%
Podiatrist	136	99%	0	0%
Polysomnographic Technician	1	0%	0	0%
Polysomnographic Technologist	12	58%	48	88%
Professional Art Therapist	8	25%	5	60%

Psychologist	1,530	98%	30	33%
Psychology Associate	247	97%	15	33%
Recreation Therapist	31	100%	1	0%
Registered Nurse	34,449	97%	1,692	40%
Registered Nurse Anesthetist	2	50%	1	100%
Respiratory Care Practitioner	85	87%	274	88%
Speech-Language Pathologist Clinical Fellow	39	97%	3	67%
Social Work Associate	7	43%	2	0%
Speech-Language Pathologist	93	87%	773	96%
Speech-Language Pathology Assistant	4	50%	14	86%
Surgical Assistant	6	33%	100	92%
Therapeutic Pharmaceutical Agent	185	99%	3	67%
Trained Medication Employee	1,057	85%	52	35%
Vaccination and Immunization Agent	82	66%	21	38%
Veterinarian	479	99%	20	85%
Yellow Fever Stamp Permit	8	63%	0	0
Grand Total	**61,678**	**94%**	**29,856**	**90%**

**Applications received and approved as of January 3, 2025, in FY25

Abandoned Applications:

License/Certification/Registration Type	FY 2024	FY 2025
Acupuncturist	1	0

Ancillary Procedures - Physiotherapy	1	0
Anesthesiologist Assistant	2	0
Athletic Trainer	4	0
Audiologist	1	0
Certified Addiction Counselor I	1	0
Certified Addiction Counselor II	18	0
Certified Nurse Midwife	5	0
Certified Registered Nurse Anesthetist	5	0
Chiropractor	6	0
Controlled Substance	26	0
Controlled Substance - NP	10	0
Controlled Substance - PA	7	0
Dental Assistant - Level II	20	0
Dental Assistant- Level I	10	0
Dental Hygienist	6	0
Dentist	12	0
Dietitian	15	0
Graduate Social Worker	95	0
Home Health Aide	97	0
Ind Clinical Social Worker	141	0
Licensed Graduate Professional Counselor	36	0
Licensed Marriage and Family Therapist	5	0
Licensed Practical Nurse	56	2
Licensed Professional Counselor	60	0
Local Anesthesia	7	0
Local Anesthesia and Nitrous Oxide	10	0

Massage Therapist	10	0
Medical Training License I(A)	10	0
Medical Training License I(B)	5	0
Medical Training License II	2	0
Medical Training Registrant	18	0
Medicine and Surgery	188	1
Naturopath Physician	1	0
Nitrous Oxide	1	0
Nurse Practitioner	175	0
Nursing Home Administrator	3	0
Nutritionist	4	0
Occupational Therapist	7	0
Occupational Therapy Assistant	2	0
Osteopathy and Surgery	21	0
Pharmaceutical Detailers	26	0
Pharmacist	114	0
Pharmacy Intern	12	0
Pharmacy Technician	168	0
Pharmacy Technician Trainee	41	0
Physical Therapist	15	0
Physical Therapist Assistant	1	0
Physician Assistant	23	0
Podiatrist	1	0
Polysomnographic Technician	1	0
Polysomnographic Technologist	4	0
Professional Art Therapist	2	0

Psychologist	20	0
Psychology Associate	5	0
Registered Nurse	871	3
Respiratory Care Practitioner	7	0
Social Work Associate	4	0
Speech-Language Pathologist	6	0
Speech-Language Pathology Assistant	1	0
Surgical Assistant	4	0
Trained Medication Employee	89	0
Vaccination and Immunization Agent	9	0
Veterinarian	1	0
Grand Total	**2,529**	**6**

Applications by Endorsement

License/Certification/Registration Type	FY 2024	FY 2025
Audiologist	1	0
Certified Addiction Counselor II	1	0
Certified Nurse Midwife	5	5
Certified Registered Nurse Anesthetist	4	5
Clinical Nurse Specialist	0	1
Dental Assistant - Level I	0	1
Dental Assistant - Level II	1	0
Dental Hygienist	4	11
Dentist	8	27
Dietitian	12	45
Graduate Social Worker	11	30

Home Health Aide	78	147
Ind Clinical Social Worker	49	88
Ind Social Worker	0	1
Licensed Graduate Professional Counselor	4	3
Licensed Marriage and Family Therapist	4	3
Licensed Practical Nurse	41	44
Licensed Professional Counselor	46	24
Local Anesthesia	1	3
Local Anesthesia and Nitrous Oxide	1	2
Massage Therapist	5	9
Medicine and Surgery	15	58
Nurse Practitioner	113	198
Nursing Home Administrator	1	0
Nutritionist	0	2
Occupational Therapist	4	14
Occupational Therapy Assistant	2	0
Optometrist	0	2
Osteopathy and Surgery	3	8
Pharmacist	17	16
Pharmacy Technician	38	29
Physical Therapist	10	19
Physical Therapist Assistant	0	1
Podiatrist	1	1
Professional Art Therapist	2	8
Psychologist	2	25
Psychology Associate	1	1

Registered Nurse	686	1,302
Respiratory Care Practitioner	7	25
Speech-Language Pathologist	3	10
Speech-Language Pathology Assistant	1	0
Trained Medication Employee	30	40
Veterinarian	0	13
Grand Total	**1,212**	**2,221**

Approval Time:

License/Certification/Registration Type	**Average Approval Time (Days)**	
	FY 2024	**FY 2025**
Acupuncturist	48	10
Anesthesiologist assistant	33	8
Athletic trainer	34	6
Audiologist	51	7
Certified Addiction Counselor II	90	6
Certified Nurse Midwife	29	7
Certified Registered Nurse Anesthetist	13	71
Chinese Herbology	26	10
Chiropractor	72	3
Clinical Nurse Specialist	49	0
Controlled Substance	23	8
Controlled Substance - NP	11	7
Controlled Substance - PA	27	8
Dance Therapist	13	0
Dental Assistant - Level II	18	23
Dental Assistant- Level I	37	40
Dental Hygienist	13	30

Dentist	16	33
Dentistry Teaching License	55	0
Diagnostic Pharmacy Agent	7	0
Dietitian	34	33
Graduate Social Worker	75	28
Home Health Aide	28	20
Ind Clinical Social Worker	70	32
Independent Social Worker	118	41
Licensed Graduate Professional Counselor	72	7
Licensed Marriage and Family Therapist	98	5
Licensed Practical Nurse	51	29
Licensed Professional Counselor	82	4
Local Anesthesia	17	27
Local Anesthesia and Nitrous Oxide	24	2
Massage Therapist	49	3
Medical Training License I(A)	21	11
Medical Training License I(B)	23	55
Medical Training License II	38	0
Medical Training Registrant	36	25
Medicine and Surgery	29	7
Naturopath Physician	191	16
Nitrous Oxide	24	0
Nurse Practitioner	31	41
Nursing Home Administrator	5	0
Nutritionist	26	61
Occupational Therapist	46	31
Occupational Therapy Assistant	27	0
Optometrist	13	56

Osteopathy and Surgery	17	8
Pharmaceutical Detailers	16	17
Pharmacist	57	13
Pharmacy Intern	33	18
Pharmacy Technician	35	20
Pharmacy Technician Trainee	35	25
Physical Therapist	27	2
Physical Therapist Assistant	9	2
Physician Assistant	45	7
Podiatrist	10	0
Polysomnographic Technologist	64	9
Professional Art Therapist	112	16
Psychologist	16	42
Psychology Associate	25	42
Recreation Therapist	20	0
Registered Nurse	14	26
Registered Nurse Anesthetist	32	15
Respiratory Care Practitioner	31	3
Speech-Language Pathology Clinical Fellow	34	8
Social work associate	84	0
Speech-Language Pathologist	44	4
Speech-Language Pathology Assistant	17	4
Surgical assistant	27	13
Therapeutic Pharmaceutical Agent	12	56
Trained Medication Employee	40	27
Vaccination and Immunization Agent	37	13
Veterinarian	17	20
Yellow Fever Stamp Permit	114	0

Average	**19**	**8**

Staff by Board

Board	**Staffing**	
	FY 2024	**FY 2025**
Board of Audiology and Speech-Language Pathology	1*	1*
Board of Chiropractic	8*	7*
Board of Dentistry	2	2
Board of Dietetics and Nutrition	1*	1*
Board of Long-Term Care Administration	1*	N/A
Board of Integrative Health Care	N/A	1*
Board of Marriage and Family Therapy	1*	N/A
Board of Massage Therapy	1*	1*
Board of Medicine	8*	7*
Board of Nursing	12	12
Board of Occupational Therapy	1*	1*
Board of Optometry	1*	1*
Board of Pharmacy	2	2
Board of Physical Therapy	1*	1*
Board of Podiatry	1*	1*
Board of Professional Counseling	2*	2*
Board of Psychology	1*	1*
Board of Rehabilitative Therapy	N/A	1*
Board of Respiratory Care	*	1*
Board of Social Work	1	1
Board of Veterinary Medicine	1	1
Floating Team	4	3

* The asterisk (*) next to the number indicates that a full FTE (Full-Time Equivalent) is not exclusively assigned to the Board. Instead, the Board is supported by a Health Licensing Specialist who may also be assigned to other boards.

Q110: Please describe all efforts DC Health has taken to shorten processing times. Please include any additional staffing needs to further shorten processing times for professional licenses for healthcare professionals.

Response:

The average processing time for applications has seen significant improvement, decreasing from 30 days in FY23 to 19 days in FY24 and further improving to just eight (8) days in FY25 to date. However, despite these advancements, certain professions still experience delays due to several key factors.

Contributing Factors to Delays

1. **Facility Inspections for Yellow Fever Stamp Permits**
   These permits require initial facility inspections to ensure compliance with strict vaccination storage standards. Often, applicants must make modifications to meet these standards, resulting in extended processing timelines.
2. **Exam Scheduling Delays**
   Applicants for professions requiring examinations sometimes delay scheduling or need to retake exams. These delays, often beyond DC Health's control, significantly impact overall processing timelines.
3. **Administrative Approvals**
   For instance, **Art Therapy licenses** experienced delays due to the time required for the Art Therapy Credentials Board (ATCB) to authorize DC Health as an approving institution, slowing the licensure process.
4. **Incomplete Applications**
   Missing documentation frequently necessitates follow-up communications and resubmissions, prolonging the review process.
5. **Background Check Findings**
   Applications involving positive findings on criminal background checks require additional investigation and extended review periods.

Efforts to Shorten Processing Times

DC Health has implemented several **systematic** and **targeted initiatives** to address these challenges and reduce processing times for all application types, including Yellow Fever Stamp permits and Art Therapy licenses.

Systematic Improvements

- **Staggered License Expirations**
  License expiration dates now align with licensees' birth months, distributing renewal workloads evenly throughout the year and reducing surges that previously strained resources.
- **Legislative Updates**
  Changes to the Health Occupation and Revision Act (HORA) have clarified licensing

requirements, restructured boards, and introduced regulations for new professions, improving process clarity and efficiency.

Targeted Interventions

1. **Yellow Fever Stamp Permits**
   DC Health has developed clearer guidelines and checklists to help applicants meet vaccination storage requirements, minimizing delays from re-inspections.
2. **Art Therapy Licenses**
   The approval of DC Health as an authorized institution by the ATCB has reduced bottlenecks for Art Therapy licensing applications.
3. **Cluster Team**
   Cross-trained teams of high-performing staff have been deployed to eliminate application backlogs in high-volume areas such as compact licensure and renewals, enabling quicker processing of initial applications.
4. **Automation and IT Enhancements**
   Automated workflows and notifications ensure that applications meeting all criteria are approved swiftly, while those needing further review are efficiently routed to licensing specialists.
5. **Revised Application Forms**
   Updates to application forms now include clarified eligibility requirements and detailed instructions, reducing follow-up communications and streamlining processing.
6. **Improved Communication Channels**
   Dedicated contacts, updated checklists, and comprehensive guides have enhanced communication between applicants and licensing specialists, minimizing errors and delays.

Staffing Needs

While these efforts have yielded significant progress, additional staffing resources are essential to sustain and expand these improvements. Increasing personnel, particularly in high-volume and specialized areas, will enable faster inspections, more thorough application reviews, and better responsiveness to applicants.

DC Health is committed to further optimizing processes and addressing delays to meet the needs of healthcare professionals and residents effectively.

Q111: Please provide an update on implementation of the Certified Nurse Aide Amendment Act of 2024, including:

a. Status of expedited temporary license for Maryland and Virginia based CNAs and HHAs in good standing;
b. DC Health's efforts to collaborate with OSSE, DOES, the WIC or other agencies to identify strategies to increasing training opportunities for CNAs; and
c. The status of efforts to combine the HHA and CNA credentials.

Response:

The *Certified Nurse Aide Amendment Act of 2024* became effective on December 12, 2024. As a result, DC Health has initiated the implementation process for this legislation. Under existing regulations (Title 17, Business, Occupations, and Professional, Chapter 40), DC Health is currently making the necessary technology infrastructure modifications to allow Maryland and Virginia licensed or certified nurse aides, or their equivalents in good standing, to obtain a temporary license within five days. These modifications include moving from an external licensure platform and the integration of the draft license application for certified nurse aides into the licensure management system.

DC Health has a collaborative relationship with the DC Office of the State Superintendent of Education (OSSE) to review and approve nursing schools and educational programs in the District. OSSE and DC Health work collaboratively to promote quality educational opportunities that will prepare students for success in the profession of nursing; use reasonable efforts to coordinate and conduct joint site visits of nursing schools and programs; work cooperatively when a nursing school licensed by the Health Education Licensure Commission (HELC) and approved by the Board of Nursing (BON) if intends to close; and share all findings from site visits, investigations, and official actions of the BON or HELC.

DC Health and the DC Coalition of Long-Term Care (DCCLTC) hold quarterly collaborative meetings to discuss and implement strategies aimed at ensuring that everyone is working towards the same objectives and that any potential issues are addressed. This ongoing partnership continues to have conversations on increasing training opportunities for CNA.

The *Certified Nurse Aide Amendment Act of 2024* directs DC Health to establish an Advisory Committee on Certified Nurse Aides and Nursing Personnel. DC Health is working with the Board of Nursing to identify Advisory Committee members and seeks to convene it in the coming weeks. The Advisory Committee will then make the recommendations for combining the home health aide and certified nurse aide in one profession to be titled certified nurse aide. Once those recommendations are received, regulations will be drafted and then adopted to formally combine the two credentials.

Q112: How many HHA and CNA training programs were fully approved and operational in FY 2023, FY 2024, and FY 2025, to date?

a. What is the capacity, enrollment, and graduation rate of each training school?

b. What percentage of graduates from each training program have passed the certification exam?

Response:

In FY 2023, there were 9 Certified Nurse Aide (CNA) training programs and 6 Home Health Aide (HHA) training programs fully approved and operational. By FY 2024, the number of approved CNA programs increased to 10 following the approval of Trinity Washington University's CNA program by the Health Education and Licensure Commission (HELC) and the District of Columbia Board of Nursing. However, the number of HHA programs decreased to 4, following the closure of Bethel Training Institute and Opportunities Industrialization Center (OIC) due to funding challenges. In FY 2025, the count remains at 10 CNA programs and 3 HHA programs, with the closure of Innovative Institute, Inc. on October 15, 2024, as ordered by HELC.

Training Program	**FY2023**	**FY 2024**	**FY2025**
Certified Nurse Aide (CNA)	9	10	10
Home Health Aide (HHA)	6	4	3

The table below summarizes the capacity, enrollment, and graduation rates for CNA and HHA programs during FY 2024:

Name of School	**Enrollment**	**Graduation Rate**
Time for Change CNA Program	27	51.85%
Academy of Hope CNA Program	50	70%
Accessibility Excellence Academy CNA Program	8	50%
Carlos Rosario CNA Program	56	62%
Calvin Coolidge CNA Program	23	78% (ongoing cohort)
Healthwrite CNA Program	64	78.60%
Healthwrite HHA Program	28	77%
University of the District of Columbia CNA Program	25	96%
Summa Prime CNA Program	60	100%
OIC HHA Program	69	81.1%
Immaculate HHA Program	30	96.6%

A review of the Annual Report for "Nursing Assistive Personnel Training Programs" revealed that the District of Columbia Board of Nursing (DC BON) does not explicitly request applicants to provide information on the capacity of their training schools. DC Health plans to gather this

information going forward and could then accurately report out training provider capacity.

The certification exam pass rates highlight the quality and effectiveness of each training program:

- Time for Change CNA Program: 84%
- Academy of Hope CNA Program: 89.5%
- Accessibility Excellence Academy CNA Program: 60%
- Carlos Rosario CNA Program: 96%
- Calvin Coolidge CNA Program: Ongoing cohort; results pending completion.
- Healthwrite CNA Program: 78.60%
- Healthwrite HHA Program: 77%
- University of the District of Columbia CNA Program: 83%
- Summa Prime CNA Program: 69.6%
- OIC HHA Program: 94%
- Immaculate HHA Program: 96%

Q113: Please provide the following regarding health facility inspections and licensing:

a. Current number of licenses per facility type;
b. Average application time for each type of facility; and
c. Any changes made to licensure process in FY 2024 and FY 2025, to date.

Response:

Pharmaceutical Control Facilities

Facility Type	**Number of Licenses**	**Average Application Time**	**FY 2024 and FY 2025 Changes to The Licensure Process**
Community and Hospital Pharmacy	147	3-4 weeks	In FY 2024 and FY 2025 to date, there were no changes made to the licensure process. However, the agency is actively working on transitioning to a digital application process for facility applications, with completion anticipated in FY 2025.
Controlled Substance Facility (Subtypes include Teachers/Researcher facilities and Substance Abuse facilities)	78	3-4 weeks	In FY 2024 and FY 2025 to date, there were no changes made to the licensure process. However, the agency is actively working on transitioning to a digital application process for facility applications, with completion anticipated in FY 2025.
In-State Wholesaler/Distributor	32	3-4 weeks	In FY 2024 and FY 2025 to date, there were no changes made to the licensure process. However, the agency is actively working on transitioning to a digital application process for facility applications, with completion anticipated in FY 2025.

Health Care Facilities

Facility Type	Number Of Licenses	Average Application Time	FY 24 and FY 25 Changes to The Licensure Process
Tissue Banks	7	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Nursing Homes	17	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Hospitals	13	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Ambulatory Surgical Centers	7	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Maternity Centers	1	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.

Intermediate Care Facilities

Facility Type	Number Of Licenses	Average Application Time	FY 24 and FY 25 Changes to The Licensure Process
Assisted Living Facilities (ALR)	15	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Community Residential Facility for Persons with Intellectual Disabilities (CRFPID)	61	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Group Homes for Persons with Intellectual Disabilities (GHIID)	15	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.

Community Residential Facilities for the Elderly and Physically Disabled	1	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Home Care Agency (HCA)	42	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Home Support Agency (HAS)	22	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.
Nurse Staffing (NSA)	170	4-6 weeks upon submission of a completed application	There were no changes to the licensure process.
Child Placement Agency (CPA)	12	3-4 weeks upon submission of a completed application	There were no changes to the licensure process.

**It should be noted that the average processing time is based on receipt of a complete application with payment.*

Q114: Please provide a chart of all healthcare entity inspections by HSPA in FY 2024 and FY 2025, to date. Please include the following information:

a. Type of facility;
b. Name of entity;
c. Type of inspection;
d. Reason for the inspection; and
e. Outcomes that resulted from each inspection.

Response:

Pharmaceutical Control Division (PCD)

PCD licenses, regulates, and inspects community and hospital pharmacies in the District, non-resident pharmacies that provide medications to residents of the District, wholesale distributors, and drug manufacturers. The Division regulates and issues-controlled substance registrations for healthcare professionals (i.e., prescribers), pharmacies, substance use treatment programs, researchers, local wholesalers, distributors, animal clinics, dialysis centers, and ambulatory surgical centers. This Division conducts investigations and inspections of facilities for compliance with federal and local laws and regulations. In FY2024, the Pharmaceutical Control Inspectors conducted 235 inspections throughout the community.

Facility Type/Entities	Type Of Inspection	Reason For The Inspection	Outcomes That Resulted From Each Inspection
In-State Wholesaler/Distributor	Routine unannounced licensure inspection	Annual compliance inspection.	**FY 2024**: 32 facilities inspected w/ no violations. **FY 2025-Q1:** No facilities inspected to date.
Substance Abuse Facility	Routine unannounced licensure inspection	Annual compliance inspection.	**FY24**: 5 facilities inspected w/ no violations. **FY25-Q1:** No facilities inspected to date.
Researchers/Teachers	Routine unannounced licensure inspection	Annual compliance inspection.	**FY24**: 32 facilities inspected w/ no violations **FY25-Q1:** 19 facilities inspected w/ no violations
Animal Clinics/Vets	Routine unannounced licensure inspection	Annual compliance inspection.	**FY24**: 15 facilities inspected w/ no violations. **FY25-Q1:** 2 facilities inspected w/ no violations.
Medical Examiner/Department of	Routine unannounced licensure inspection	Annual compliance inspection.	**FY24**: 23 facilities inspected w/ no violations **FY25-Q1:** No facilities inspected.

Forensic Science/Fire/EMS			
Ambulatory Surgery Centers	Routine unannounced licensure inspection	Annual compliance inspection.	**FY24**: 2 facilities inspected w/ no violations **FY25-Q1:** No facilities inspected.
Community and Hospital Pharmacy	Routine unannounced licensure inspection	Annual compliance inspection, follow up, or complaint.	**FY24**: 146 Facilities inspected w/ 15 violations **FY25-Q1:** 58 facilities inspected w/ 1 violation

Health Care Facilities Division (HCFD)

HCFD inspects, monitors, and investigates healthcare facilities in the District of Columbia. Facilities include hospitals, nursing homes, certified home health agencies, end-stage renal disease facilities, hospice, maternity centers, CLIA laboratories, tissue banks, ambulatory surgical centers, portable x-ray supplies, and outpatient physical therapy or speech pathology providers. HCFD ensures that these sites comply with District licensure health and safety regulations, and federal standards for participation in Medicare and Medicaid under Titles XVIII and XIX of the Social Security Act. As a measure to promote improved delivery of health care, the Division conducts regular on-site surveys to evaluate the delivery of quality care to residents/patients in the healthcare facilities that come under its purview. The inspection includes a review of health, safety, sanitation, fire, and quality of care requirements. The HCFD identifies deficiencies that may affect state licensure or eligibility for federal reimbursements under the Medicare and Medicaid programs. In such cases, the facility is required to submit a correction plan. Revisits are conducted, or monitoring is initiated, to ensure that correction plans are implemented.

Facility Type	Type Of Inspection	Reason For the Inspection	Outcomes That Resulted from Each Inspection
Nursing Homes	Annual Licensure, Federal Recertification, Complaint Investigations, Focused Infection Control Surveys, and Revisit Surveys	Enforcement of Regulations: 42 CFR §483.10 through 483.95 Long Term Facilities and Title 22B DCMR Chapter 32. Nursing Homes	**FY 24:** Recertification/annual licensure surveys - 11; 11 w/ deficiencies. Complaint surveys - 27; 20 w/ deficiencies.

			Revisit surveys - 19; 4 w/ deficiencies **FY 25-Q1:** Recertification / Annual Licensure Survey- 3; 3 w/ deficiencies. Complaint Surveys - 5; 3 w/ deficiencies. Revisit Surveys - 2; 2 w/ deficiencies.
Hospital	Annual Licensure, Recertification, and Complaint Investigations	Enforcement of Regulations: 42 CFR §482.1 through 482.62 and Title 22B DCMR Chapter 20 Hospitals	**FY24**: Annual Licensure Surveys - 7; 7 w/ deficiencies. Compliant Surveys - 31; 22 w/ deficiencies. Transplant Recertification Surveys – 3; 1 w/ deficiencies; *1 revisit required due to condition level deficiency; no deficiency cited. Psychiatric Recertification Survey – 1; 1 w/ deficiencies Revisit Surveys - 7; 1 w/deficiencies.

			FY 25-Q1: Annual Licensure Surveys – 2; 2 w/ deficiencies. Complaint Surveys – 13; 10 w/ deficiencies. Three (3) revisits; 1 w/deficiencies
Home Health Services	Federal Initial and Recertification Surveys, and Complaint Investigations	Enforcement Regulation:42 CFR §484.10 through 484.55 Home Health Services	**FY24:** Initial Certification – 1; 1 w/ deficiencies. Recertification Surveys– 5; 5 w/ deficiencies. Revisit Surveys – 4; 4 w/no deficiencies. Complaint Survey - 3; 3 w deficiencies. **FY 25-Q1:** Initial Certification – 1; no deficiencies cited.
Hospice Care	Federal Recertification and Complaint Investigations	Enforcement of Regulations: 42 CFR §418.3 through 418.116 Hospice Care	**FY24:** Initial Certification – 1; no deficiencies cited.

			FY 25-Q1: None at this time
Portable X-Ray Services	Federal Recertification	Enforcement of Regulations: 42 CFR §486.100 through 486.110 Portable X-Ray Services	**FY24:** No surveys required **FY 25-Q1:** None as of this time.
End Stage Renal Disease (ESRD) (Dialysis)	Federal Recertification and Complaint Investigations	Enforcement of Regulations: 42 CFR §494.20 through 494.180 Conditions of Participation for End-Stage Renal Disease Facilities	**FY24:** Recertification Survey - 3; 3 w/deficiencies. Initial Certification for addition of Home Hemodialysis – 1; 1 w/ deficiency. Complaint surveys – 3; 3w/ deficiencies. **FY 25-Q1:** Complaint survey - 1; 1 w/ deficiency. No recertifications at this time
CLIA Certified Laboratories, and non-waived testing	Federal Certification	Federal initial and re-certification Surveys, Follow-up surveys, Validation Surveys and complaint investigation surveys as required by the federal regulation.	**FY24:** Recertification Surveys 11:10 w/ Deficiencies Follow up Desk reviews 10 Revisit Survey 1: no deficiencies Compliant Surveys 4; 0 deficiencies

			COW 11 w/ 0 Deficiencies Validation Survey 1:0 deficiencies **FY25-Q1:** Recertification Survey 1; 0 deficiencies
Tissue Banks	Licensure Inspection	Annual Licensure Inspection to determine compliance	**FY24:** Survey 1;0 deficiencies **FY 25-Q1:** None at this time
Ambulatory Surgical Centers	Federal Recertification Surveys, Licensure Surveys and Complaint Investigations	Enforcement of Regulations: 42 CFR §416.2 through 483.52 and DC Law 2-66. DC Ambulatory Surgical Treatment Center Licensure Act	**FY24:** Recertification Survey 1; 1/ deficiencies. Initial Licensure surveys – 2; 1 w/ deficiencies. Annual Licensure survey – 5; 1 w/ deficiencies. **FY 25-Q1:** None at this time
Maternity Center	Licensure Inspections	Annual Licensure inspection to determine compliance. Enforcement of Regulations: DCMR Title 22 Chapter 26. Maternity Centers	**FY24:** Annual Licensure Survey - 1; no deficiencies cited. **FY 25-Q1:** None at this time

**A plan of correction is required for all surveys in healthcare facilities where a deficiency is cited*

Intermediate Care Facilities

ICFD has the regulatory oversight responsibility for intermediate care facilities for persons with intellectual disabilities (ICF/ID), community residence facilities for individuals with intellectual disabilities, child placing agencies, home care agencies, assisted living residences, community residence facilities for physically and elderly persons, home support agencies, and nurse staffing agencies. The oversight of the aforementioned entities is conducted, at minimum, on an annual basis, and unscheduled monitoring visits may be conducted when necessary to ensure the health and safety of residents who receive services. The table below describes more detailed information related to the survey activities conducted by the ICFD:

Facility Type	Type of Inspection	Reason For the Inspection	Outcomes That Resulted from Each Inspection
Intermediate Care Facilities for Individuals with Intellectual Disabilities	Licensure, Federal Certification, Investigations and Monitoring Visits	Annual Licensure and Federal Certification, Follow-up and Monitoring visits, and investigations to ensure compliance.	**FY 24:** Recertification/ Licensure surveys - 61; 60 w/ deficiencies Incident Investigations – 6; 4 w/deficiencies **FY 25-Q1:** Recertification /Licensure surveys - 14; 14 w/ deficiencies

			Incident Investigations – 7; 7 w/deficiencies
Community Residence Facilities (Group Homes for Individuals with Intellectual Disabilities)	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Licensure surveys - 15; 15 w/ deficiencies **FY 25-Q1:** Licensure surveys - 1; 1 w/ deficiencies
Community Residence Facilities (Group Homes for the elderly, physically disabled)	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Licensure survey - 1; 1 w/ deficiencies **FY 25-Q1:** None at this time.
Home Care Agencies	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Annual Licensure surveys – 44 Initial surveys – 2 Revisit surveys – 2 Complaint Investigations – 5

			FY 25-Q1: Annual Licensure surveys – 10; 10 w/ deficiencies Complaint investigations – 2; 2 w/ deficiencies.
Assisted Living Residence	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Annual Licensure surveys- 14; 14 w/ deficiencies Complaint Investigations - 5; 5 w/ deficiencies Revisit surveys - 3; 2 w/ deficiencies **FY 25-Q1:** Annual Licensure surveys - 2; 2 w/ deficiencies Complaint Investigations - 2; 2 w/ deficiencies

Child Placement Agencies	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Annual Licensure surveys – 11; 8 w/ deficiencies **FY 25-Q1:** None at this time.
Nurse Staffing Agencies	Licensure Inspections, Investigations and Monitoring Visits	Licensure (as needed), Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Investigation – 0 Licensure surveys – 0 Complaint surveys - 0 **FY 25-Q1:** Investigation – 0 Licensure surveys – 0 Complaint surveys - 0
Home Support Agencies	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	**FY 24:** Annual Licensure surveys – 17; Initial surveys – 4; Revisit surveys – 4; Complaint Investigation; 1; 1 w/ deficiency

			FY 25-Q1: Annual Licensure surveys – 4; Initial surveys – 2;

Q115: Please provide a chart of civil fines levied on health care entities in FY 2024 and FY 2025, to date. Please provide the name and type of each entity, a description of the infraction, the amount of the penalty/fine, and the status of payment.

Response:

Pharmaceutical Control Division (PCD)
Below is the requested information on civil fines levied on healthcare entities in FY 2024 and FY 2025 to date by the Pharmaceutical Control Division (PCD).

FY 2024

- No Notices of Infraction (NOIs) were issued in FY 2024.
- Fifteen NOIs are pending issuance to licensees. These NOIs relate to violations identified during inspections conducted in FY 2024. However, the NOIs will technically be classified under FY 2025 because their issuance to licensees is scheduled for FY 2025.

The delay in issuing NOIs in FY 2024 occurred due to several factors:

- Competing priorities, including support for the development of a new licensing system for pharmaceutical facilities.
- Staffing shortages. Management filled these gaps during the fiscal year.
- An operational pause on NOI issuance as the division awaited the implementation of a new payment system, which was delayed. The division has since resumed the previous process

FY 2025

Name Of Entity	Type of Entity	Description of Infraction	Fine amount	Status
Giant #384	Pharmacy	Failure to report thefts, suspected diversions, significant losses of drug inventory or the inability to account for such inventory, to the Director within forty-eight (48) hours after discovery	$2,000	Pending

The violation at Giant #384 was identified in FY 2024 but the NOI was issued in October 2024, during FY 2025.

Additional Context
Fifteen total violations were identified in community and hospital-based pharmacies during FY 2024 inspections. These violations are being addressed in FY 2025 as NOIs are issued. The Pharmaceutical Control Division will continue to work toward timely processing of violations while balancing operational challenges and competing priorities.

Health Care Facilities

Name Of Entity	Type of Entity	Description of Infraction	Fine amount	Status
Sibley Memorial Hospital Renaissance	Skilled Nursing Facility	-The facility failed to ensure their infection control policies were reviewed at least annually -The facility failed to prepare foods under sanitary conditions as evidenced by eight (8) of eight (8) convection ovens with burnt food deposits that were observed on the top and bottom shelves, and throughout.	$1,000	Pending with OAH
BridgePoint Sub-Acute and Rehab Capitol Hill	Skilled Nursing Facility	The facility failed to meet the four and one-tenths (4.1) hours of direct nursing care per resident per day on seven (7) of seven (7) days reviewed.	$1,000	Pending with OAH

There is a known backlog of NOIs to be issued for across the Health Care Facilities and Intermediate Care Facilities Division. This is a result of staffing challenges and the prioritization of returning to the field to initiate complaint/incident investigations. In addition, the Office of Health Facilities is working with the Office of General Counsel to update the fine schedule for some programs as it has been determined that when regulation updates were made, there were no conforming amendments made to the fine schedule. As a result, currently, there are no fine schedules in place for some of the health care facility provider types.

While we are revamping our system and attempting to identify and fill operational gaps, it should be noted that currently there is an operation pause on issuing NOIs due to the Office of Administrative Hearing (OAH) no longer accepting payment for the infraction. An operational pause on NOI issuance as the division awaited the implementation of a new payment system, which was delayed. The division has since resumed the previous process. To assist in timely issuance, once this process has been identified, NOIs are being drafted, reviewed for legal sufficiency, and held for immediate issuance upon implementation of a new payment system.

Q116: Please provide a list of nursing homes, skilled nursing care, and assisted living facilities in the District, broken down by type, Ward, and the number of licensed beds in each facility.

a. How frequently does DC Health assess the percentage of long-term care facilities that are at capacity?

Response:

DC Health does not assess the percentage of long-term care facilities that are at capacity, as DC Health does not obtain routine census information for long term care facilities.

Nursing Homes

Facility Name	Type	Ward	Licensed Beds
Stoddard Baptist Nursing Home	SNF	1	164
Inspire Rehabilitation and Health Center	SNF	2	180
Forest Hills of DC	SNF	3	55
Lisner Louise Hurt Dickson Home	SNF	3	60
Sibley Memorial Hospital -The Renaissance Unit	SNF	3	45
Ingleside at Rock Creek	SNF	4	34
Knollwood HSC	SNF	4	49
Ascension Living Carroll Manor	SNF	5	240
Jeanne Jugan Residence	NF	5	40
The HSC Pediatric Skilled Nursing Facility	SNF	5	16
Washington Center for Aging Services	SNF	5	259
Bridge Point Subacute and Rehabilitation at Capitol Hill	SNF	6	117
Unique Rehabilitation and Health Center	SNF	6	230
Deanwood Rehabilitation and Wellness Center	SNF	7	296
Bridge Point Subacute and Rehabilitation National Harborside	SNF	8	125
Capitol City Rehabilitation and Healthcare Center	SNF	8	360
Serenity Rehabilitation and Health Center	SNF	8	183
Total: 17			2,453 beds

**SNF: Skilled Nursing Facility; NF: Nursing Facility*

Assisted Living Residences

Facility Name	Type	Ward	Licensed Beds
Massachusetts Senior Care, LLC d/b/a The Residences at Thomas Circle	Private	2	55

BVM Chevy Chase, Tenant, LLC. d/b/a Chevy Chase House	Private	3	131
Lisner Louise Dickson Hurt Home	EPD Waiver	3	25
Lucy Webb Hayes NTFDM d/b/a Grand Oaks Assisted Living	Private	3	200
Sunrise on Connecticut Avenue	Private	3	120
The Methodist Home-Forest Hills of DC	Private	3	65
Abrams Assisted Living Residences	EPD Waiver	4	54
Ingleside At Rock Creek	Private	4	53
Joye Assisted Living Services	EPD Waiver	4	8
The Army Distaff Foundation, Inc. d/b/a Knollwood	Private	4	45
Paradise at Georgia Avenue d/b/a Maple Heights Senior Living	Private	4	55
Pleasure Luxurious	Private	7	8
The Residences at Kenilworth Park	Private	7	185
Mwanzi Assisted Living Residences	EPD Waiver	8	6
Southern Ave SP, LLC d/b/a Livingston Place at Southern Ave	EPD Waiver	8	152
Total: 15			1,162

**EPD Waiver: Elderly and Persons with Disabilities Waiver*

Q117: Please provide a list of any nursing homes or skilled nursing facilities that closed in FY 2024 and FY 2025, to date, and the capacity in each.

Response:

There were no nursing homes or skilled nursing facilities that closed in FY 2024 or FY 2025 to date.

Q118: How many times did DC Health inspect the DC Jail culinary facilities in FY 2024 and FY 2025, to date? Please provide a list and description of citations issued during this time frame, and the status of the citation (addressed, pending, etc.)

Response:

Inspection Date	***Description of Citations***	***Status of Citations***
01/19/2024 (Central Treatment Facility) **01/19/2024** (Central Detention Facility) **01/29/2024** (Correctional Treatment Facility)	-Observed cooked chicken tightly wrapped while it was in the cooling process. -Observed a leak beneath the three-compartment sink that holds the sanitizer. -The pipes beneath the three-compartment sink where dishes are washed were observed to be directly connected to the floor drains. -Temperature controlled safety food held on ice cold holding salad unit were above the 41 degrees with measured. -One of the walk-in refrigerators had two lights flickering and one was out. -A significant amount of ice was generated by the condensation water in one of the walk-in refrigerators (walk-in fridge #5).	N/A
09/27/2024 (Correctional Treatment Facility) **10/04/2024** (Central Treatment Facility) **10/05/2024** (Central Detention Facility)	-It was noticed that the hand wash sink faucet handle, which was close to the lunch setup area was broken.	N/A

Q119: Please provide a list of HSPA regulations currently being updated, including a status update (drafting/EOM review) and a timeline for them to be finalized.

Response:

Office of Emergency Preparedness and Resilience

Board/Program/Provider Type	Regulation	Status	Timeline
EMS Program	Statute to reform licensure of EMS professionals. This would then enable updated regulations.	Drafting	Q2~Q3 FY25

Office of Health Professional Licensing Boards

Board/Program/Provider Type	Regulation	Status	Timeline
Board of Dentistry	Dental Assistant Regulations	Drafting	September 2025
Board of Dentistry	Dentist Regulations: updating standards of conduct	Drafting	September 2025
Board of Pharmacy	Drafting regulations to implement the following new additions to the scope of practice of pharmacists: • Management of chronic conditions, including Type 2 diabetes mellitus and hypertension. • Prescribing and dispensing of self-administered hormonal contraceptives when certified by the Board of Pharmacy to do so and in accordance with regulations issued by the Mayor.	Pending Drafting	September 2025

	• Administration of a prescribed drug, device, and biological in accordance with regulations issued by the Mayor. • Initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement (with a profession other than physicians). • Administering anticoagulation therapy. • Screening for depression and other mental health conditions. • Screening for sexually transmitted diseases. • Extending prescriptions as medically necessary, excluding controlled substances or specialized medications. • Initiation of Pre-Exposure Prophylaxis (PrEP) and Post exposure Prophylaxis (PEP) for the prevention of HIV/AIDS pursuant to a protocol.		
Pharmaceutical Control Division	Proposed Rulemaking on Pharmacy working conditions.	Review Phase	June 2025
Pharmaceutical Control Division	Proposed Rulemaking Updating Civil Fines Schedule.	Drafted and awaiting routing process through DC Health	September 2025
Board of Nursing	Chapters 57 - 60 (APRN) published as proposed 9/20/24	Comments Under Review by Board	June 2025
Board of Nursing	Chapter 55 LPN	Under Review	September 2025
Board of Nursing	Chapter 93 HHA	Pending	September 2025

Board of Nursing	Chapter 56 Nursing Schools	Pending	September 2025
Board of Nursing	Chapter 61 TME	Pending	September 2025
Board of Nursing	Certified Midwives	Pending Drafting	September 2025
Board of Nursing/Board of Medicine	Medi-Spa	Pending Drafting	September 2025
Board of Nursing	Chapter 62 Nursing Home administration	Pending	September 2025
Board of Nursing	Chapter 112- Assisted Living Administrators	Pending	September 2025
Board of Nursing	Home Health Administrator	Pending Drafting	December 2025
Board of Nursing	Chapter 96 – Certified Nurse Aide	Pending	September 2025
Board of Chiropractic	Chapter 48 Chiropractic	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Podiatry	Chapter 68 Podiatry	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Optometry	Chapter 64 Optometry	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Massage Therapy	Chapter 75 Massage Therapy	Undergoing a comprehensive review of the regulations for	December 2025

		updates due to the HORA amendment changes.	
Board of Audiology & Speech-Language Pathology	• Chapter 79 Speech-Language Pathology • Chapter 102 Speech-Language Pathology Assistant • Chapter 84 Speech-Language Pathology Clinical Fellows • Chapter 78 Audiology • Chapter 101 Audiology Assistants	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Physical Therapy	• Chapter 67 Physical Therapy • Chapter 82 Physical Therapy Assistants	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Occupational Therapy	• Chapter 63 Occupational Therapy • Chapter 73 Occupational Therapy Assistants • Chapter 72 Recreational Therapy • Chapter 71 Dance Therapy	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Psychology	• Chapter 86 Psychology Associate • Chapter 69 Psychology • Behavioral Analyst	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes and draft new regulations for behavioral analysts.	December 2025
Board of Social Work	Chapter 70 Social Work	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Dietetics and Nutrition	• Chapter 44 Dietetics • Chapter 45 Nutrition	Undergoing a comprehensive review of the regulations for	December 2025

		updates due to the HORA amendment changes.	
Board of Veterinary Medicine	• Chapter 28 Veterinarians • Chapter 111 Veterinary Euthanasia Technicians • Chapter 112 Veterinary Technicians	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025
Board of Medicine	Medical Radiation Professionals, 17-122 Cardiovascular-Interventional Technologist 17-123 Computed Tomography Technology 17-124 Magnetic Resonance Technology 17-125 Mammography 17-126 Nuclear Medicine Technology 17-127 Radiation Therapy 17-128 Radiograph 17-129 Ultrasonography	Pending appointment of Medical Radiation Technology Advisory Committee	September 2025
Board of Medicine	17-118 Certified Professional Midwives	Under review by Advisory Committee	September 2025
Board of Medicine	Doulas	Under review by Advisory Committee	September 2025
Board of Respiratory Care	Chapter 76 Respiratory Therapy	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025

Board of Professional Counseling	• Chapter 77 Marriage and Family Therapy • Chapter 66 Professional Counseling • Chapter 91 Graduate Professional Counselor • Chapter 116 Professional Art Therapy • Chapter 87 Addiction Counselors	Undergoing a comprehensive review of the regulations for updates due to the HORA amendment changes.	December 2025

Office of Health Facilities

Board/Program/ Provider Type	**Proposed Regulation**	**Status**	**Timeline**	**Update or New Regulation**
Hospitals	A rulemaking to clarify requirement for the reporting of unusual incidents, create specific standards for psychiatric services, bolster drug screening requirements in suspected cases of overdose, and amend the schedule of fines for violations.	Draft in progress.	Submission for internal review within 60 days.	Update
Community Residence Facilities for Individuals with Intellectual Disabilities (CRFIID)	Rulemaking to revise a section 3605 of Title 16 to implement fines for violations of Chapter 35 of Title 22-B which governs CRFIID.	Draft in progress.	Submission for internal review within 90 days.	Update
Ambulatory Surgical Facilities	Rulemaking to create a new chapter of regulations that will clearly establish the process and requirements for licensure, and rules to ensure that facilities adhere to appropriate standards for the delivery of safe services.	Draft in progress.	Submission for internal review within 120 days.	New Regulations

Nursing Homes	Amendments to existing rules governing skilled nursing facilities to include but not limited to orientation requirements for staff and clarify requirements for acting administrators.	Draft in progress.	Submission for internal review within 180 days.	Update
Nursing Homes, Assisted Living Residences, Community Residence Facility, Home Care Agency, Hospice, Home Care, and Group Home for Persons with Intellectual Disabilities	Rulemaking to create a new chapter of rules that will identify approved dementia care courses, establish standards for the approval of non-standard courses, and create a mechanism to enforce the training mandate imposed by the Act.	Draft completed; Legal sufficiency review completed by OAG.	Pending review and approval by Mayor's Office.	New Regulations
Dialysis	Rulemaking to create a new chapter of regulations that will clearly establish the process and requirements for licensure, and rules to ensure that facilities maintain sufficient personnel and supervision and adhere to appropriate standards for the delivery of safe services.	Draft started; Process halted	Work will resume as other rulemaking priorities are completed.	New Regulations
Home Support Agencies	Rulemaking to create a new section to establish fines for violations of Chapter 99 of Title 22-B which governs home support agencies.	Draft started; Process halted	Work will resume as other rulemaking priorities are completed.	New Regulation