

**DISTRICT OF COLUMBIA**  
**OFFICIAL CODE**

**TITLE 44.**  
**CHARITABLE AND CURATIVE**  
**INSTITUTIONS.**

**CHAPTER 7.**  
**HOSPITALS, ASYLUMS, CHARITIES GENERALLY.**

**2001 Edition**

**DISTRICT OF COLUMBIA OFFICIAL CODE**  
**CHAPTER 7. HOSPITALS, ASYLUMS, CHARITIES**  
**GENERALLY.**

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# CHAPTER 7. HOSPITALS, ASYLUMS, CHARITIES GENERALLY.

## SUBCHAPTER I. GENERAL.

### **§ 44-701. LIMITATION ON ERECTION OF HOSPITAL FOR CONTAGIOUS DISEASES.**

No building for use as a public or private hospital for contagious diseases shall be erected in the District of Columbia within 300 feet of any building owned by a private individual or any other party than the one erecting the building.

(Mar. 2, 1895, 28 Stat. 758, ch. 176.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-112.

1973 Ed., § 32-311.

##### *Temporary Addition of Section*

Sections 2 to 8 of Law 17-51 added sections to read as follows:

"Sec. 2. Definitions.

"For the purposes of this act, the term:

"(1) 'Emergency' means a situation, physical condition, or one or more practices, methods, or operations that presents imminent danger of death or serious physical or mental harm to a patient, including imminent or actual abandonment of an occupied hospital.

"(2) 'Habitual violation' means a violation of the standards of health, safety, or patient care established under District or federal law that, due to its repetition, presents a reasonable likelihood of serious physical or mental harm to patients.

"(3) 'Hospital' means a facility that provides 24-hour inpatient care, including diagnostic, therapeutic, and other health-related care for a variety of physical or mental conditions and may provide outpatient services, such as emergency care.

"(4) 'Licensee' means a person or other legal entity, other than a receiver appointed pursuant to section 3, that is licensed or required to be licensed to operate a hospital.

"(5) 'Owner' means the holder of the title to the real estate on which the hospital is maintained.

"(6) 'Patient' means a person living in or receiving care from a hospital.

"(7) 'Substantial violation' means a violation of the standards of health, safety, or patient care established under District or federal law that presents a reasonable likelihood of serious physical or mental harm to patients.

"Sec. 3. Appointment of a receiver; grounds; process.

"(a) The Mayor may bring an action in the Superior Court of the District of Columbia requesting the appointment of a receiver to operate a hospital.

"(b) The following circumstances are grounds for the appointment of a receiver:

"(1) A hospital intends to close, but has not arranged for the orderly transfer of patients at least 30 days prior to its closure date;

"(2) An emergency, as defined in section 2(1), exists at the hospital; or

"(3) A habitual or substantial violation, as defined in section 2(2) and (7), respectively, exists at the hospital.

"(c)(1) The court shall hold a hearing no later than 10 days after an action requesting the appointment of a receiver is filed, unless all parties agree to a later date.

"(2) Notice of the hearing shall be served on both the owner and the licensee not less than 5 days before the hearing. If either the owner or the licensee cannot be served, the court shall specify the alternative notice to be provided.

"(3) The Mayor shall post notice of the hearing, using a court-approved form, in a conspicuous place in the hospital, for not less than 3 days before the hearing.

"(4) After the hearing, the court may appoint a receiver if it finds that any one of the grounds for an appointment set forth in subsection (b) of this section has been satisfied.

"(d)(1) The court may:

"(A) Appoint any person considered appropriate as receiver, except a District employee; and

"(B) Remove a receiver for good cause.

"(2) The court shall set a reasonable compensation for the receiver, which shall be paid from the revenue of the hospital.

"(3) A receiver shall not be considered an agent of the District of Columbia.

"Sec. 4. Powers and duties of a receiver.

"(a) A receiver appointed pursuant to this act shall have such powers as the court may direct to:

"(1) Operate the hospital;

"(2) Remedy the conditions that constituted the grounds for the receivership;

"(3) Protect the health, safety, and welfare of the patients; and

"(4) Preserve the assets and property of the patients, owner, and licensee.

"(b) With approval of the court, a receiver shall have the authority to:

"(1) Remedy violations of District or federal laws governing the operation of the hospital;

"(2) Hire, direct, manage, and discharge any employee, including the administrator of the hospital;

"(3) Receive and expend in a reasonable and prudent manner the revenues of the hospital received by the hospital during the 30-day period preceding the date of his or her appointment and any revenue due thereafter;

"(4) Continue the operation of the hospital;

"(5) Continue the care of the patients;

"(6) Correct and eliminate any deficiency of the hospital that endangers the safety or health of the patients; and

"(7) Exercise such additional powers and perform such additional duties, including regular accountings, as the court considers appropriate.

"(c)(1) The receiver shall:

"(A) Apply the revenues of the hospital to current operating expenses and, subject to subparagraphs (B) and (C) of this paragraph, to debts incurred by the licensee prior to the appointment of the receiver;

"(B) Ask the court for direction in the treatment of debts incurred prior to his or her appointment where such debts appear extraordinary, of questionable validity, or unrelated to the normal and expected maintenance and operation of the hospital, or where payment of a debt will interfere with the purposes of the receivership; and

"(C) Give priority to expenditures needed for current, direct patient care.

"(2)(A) If a receiver does not have sufficient funds to cover expenditures needed to prevent or remove jeopardy to the patients, the receiver may petition the court for permission to borrow non-District funds for this purpose. Notice of the receiver's petition to the court for permission to borrow must be given to the owner, the licensee, and the Mayor.

"(B) The court, after a hearing, may authorize the receiver to borrow money upon specified terms of repayment and pledge security, if necessary, if the court determines:

"(i) That the hospital should not be closed and that the loan is reasonably necessary to prevent or remove jeopardy; or

"(ii) That the hospital should be closed and that the loan is necessary to prevent or remove jeopardy to patients for the limited period of time they are awaiting transfer to another hospital or other facility.

"(d) A receiver may not close a hospital without leave of the court. In ruling on the issue of closure, the court shall consider:

"(1) The rights and best interests of the patients;

"(2) The availability of suitable alternative placements;

"(3) The rights, interests, and obligations of the owner and licensee;

"(4) The licensure status of the hospital; and

"(5) Any other factors the court considers relevant.

"(e) The owner and the licensee shall be divested of possession and control of the hospital during the period of receivership, under the conditions the court specifies.

"Sec. 5. Court order to have effect of a license.

An order appointing a receiver pursuant to section 3 shall have the effect of a license of operation for the duration of the receivership. The receiver shall be responsible to the court for the conduct of the hospital during the receivership, and a violation of regulations governing the conduct of the hospital, if not promptly corrected, shall be reported to the court.

"Sec. 6. Court review and termination of a receivership.

"(a) The court shall review the continued necessity of a receivership at least semiannually.

"(b)(1) The court shall terminate a receivership when it certifies that the conditions that prompted the receivership have been corrected or, in the case of a discontinuance of operation, when the patients are safely relocated.

"(2) The court shall not terminate a receivership in favor of the former licensee or of a new licensee, unless the person, or entity, assumes all obligations incurred by the receiver and provides collateral or other assurances of payment considered sufficient by the court.

"Sec. 7. Liability of receiver.

"No person may bring suit against a receiver appointed pursuant to section 3 without first securing leave of the court. Except in cases of gross negligence or intentional wrongdoing, a receiver shall be liable only for actions taken in his or her official capacity, and any adverse judgment shall be satisfied out of receivership assets.

"Sec. 8. Liability of District of Columbia.

"The District of Columbia shall not be liable for repayment of funds borrowed by a receiver during the course of the receivership or responsible for any financial obligations of the hospital."

Section 10(b) of D.C. Law 17-51 provides that the act shall expire after 225 days of its having taken effect.

Sections 5 and 6 of D.C. Law 18-154 added sections to read as follows:

"Sec. 5. Hospital receivership.

"(a) For the purposes of this section, the term:

"(1) 'Emergency' means a situation, physical condition, or one or more practices, methods, or operations that presents imminent danger of death or serious physical or mental harm to a patient, including imminent or actual abandonment of an occupied hospital.

"(2) 'Habitual violation' means a violation of the standards of health, safety, or patient care established under District or federal law that, due to its repetition, presents a reasonable likelihood of serious physical or mental harm to patients.

"(3) 'Hospital' means a facility that provides 24-hour inpatient care, including diagnostic, therapeutic, and other health-related care for a variety of physical or mental conditions, and may provide outpatient services, such as emergency care.

"(4) 'Licensee' means a person or other legal entity, other than a receiver appointed pursuant to this section, that is licensed or required to be licensed to operate a hospital.

"(5) 'Owner' means the holder of the title to the real estate on which the hospital is maintained.

"(6) 'Patient' means a person living in or receiving care from a hospital.

"(7) 'Substantial violation' means a violation of the standards of health, safety, or patient care established under District or federal law that presents a reasonable likelihood of serious physical or mental harm to patients.

"(b) The Mayor may bring an action in the Superior Court of the District of Columbia requesting the appointment of a receiver to operate a hospital on the following grounds:

"(1) A hospital intends to close, but has not arranged for the orderly transfer of patients at least 30 days prior to its closure date;

"(2) An emergency exists at the hospital;

"(3) A habitual or substantial violation exists at the hospital; or

"(4) Insolvency or lack of financial resources of an owner or the licensee has placed the continued operation of

the facility in jeopardy.

"(c)(1) The court shall hold a hearing no later than 10 days after an action requesting the appointment of a receiver is filed, unless all parties agree to a later date.

"(2) Notice of the hearing shall be served on both the owner and the licensee not less than 5 days before the hearing. If either the owner or the licensee cannot be served, the court shall specify the alternative notice to be provided.

"(3) The Mayor shall post notice of the hearing, using a court-approved form, in a conspicuous place in the hospital, for not less than 3 days before the hearing.

"(4) After the hearing, the court may appoint a receiver if it finds that any one of the grounds for an appointment set forth in subsection (b) of this section has been satisfied.

"(d)(1) The court may:

"(A) Appoint any person considered appropriate as receiver, except a District employee; and

"(B) Remove a receiver for good cause.

"(2) The court shall set a reasonable compensation for the receiver, which shall be paid from the revenue of the hospital.

"(3) A receiver shall not be considered an agent of the District of Columbia.

"(e) A receiver appointed pursuant to this act shall have such powers as the court may direct to:

"(1) Operate the hospital;

"(2) Remedy the conditions that constituted the grounds for the receivership;

"(3) Protect the health, safety, and welfare of the patients;

"(4) Preserve the assets and property of the patients, owner, and licensee;

"(5) Remedy violations of District or federal law governing the operation of the hospital;

"(6) Hire, direct, manage, and discharge any employee, including the administrator of the hospital;

"(7) Receive and expend, in a reasonable and prudent manner, the revenues of the hospital received by the hospital during the 30-day period preceding the date of his or her appointment and any revenue due thereafter;

"(8) Continue the operation of the hospital;

"(9) Continue the care of the patients;

"(10) Correct and eliminate any deficiency of the hospital that endangers the safety or health of the patients; and

"(11) Exercise such additional powers and perform such additional duties, including regular accountings, as the court considers appropriate.

"(f)(1) The receiver shall:

"(A) Apply the revenues of the hospital to current operating expenses and, subject to subparagraphs (B) and (C) of this paragraph, to debts incurred by the licensee prior to the appointment of the receiver;

"(B) Ask the court for direction in the treatment of debts incurred prior to his or her appointment where such debts appear extraordinary, of questionable validity, or unrelated to the normal and expected maintenance and operation of the hospital, or where payment of a debt will interfere with the purposes of the receivership; and

"(C) Give priority to expenditures needed for current, direct patient care.

"(2)(A) If a receiver does not have sufficient funds to cover expenditures needed to prevent or remove jeopardy to the patients, the receiver may petition the court for permission to borrow non-District funds for this purpose. Notice of the receiver's petition to the court for permission to borrow must be given to the owner, the licensee, and the Mayor.

"(B) The court, after a hearing, may authorize the receiver to borrow money upon specified terms of repayment and pledge security, if necessary, if the court determines:

"(i) That the hospital should not be closed and that the loan is reasonably necessary to prevent or remove jeopardy; or

"(ii) That the hospital should be closed and that the loan is necessary to prevent or remove jeopardy to patients for the limited period of time they are awaiting transfer to another hospital or other facility.

"(g) A receiver may not close a hospital without leave of the court. In ruling on the issue of closure, the court shall consider:

"(1) The rights and best interests of the patients;

"(2) The availability of suitable alternative placements;

"(3) The rights, interests, and obligations of the owner and licensee;

"(4) The licensure status of the hospital; and

"(5) Any other factors the court considers relevant.

"(h) The owner and the licensee shall be divested of possession and control of the hospital during the period of receivership, under the conditions the court specifies.

"(i) An order appointing a receiver pursuant to this section shall have the effect of a license of operation for the duration of the receivership. The receiver shall be responsible to the court for the conduct of the hospital during the receivership, and a violation of regulations governing the conduct of the hospital, if not promptly corrected, shall be reported to the court.

"(j)(1) The court shall review the continued necessity of a receivership at least semiannually.

"(2) The court shall terminate a receivership when it certifies that the conditions that prompted the receivership have been corrected or, in the case of a discontinuance of operation, when the patients have been safely relocated.

"(3) The court shall not terminate a receivership in favor of the former licensee or of a new licensee, unless the person, or entity, assumes all obligations incurred by the receiver and provides collateral or other assurances of payment considered sufficient by the court.

"(k) No person may bring suit against a receiver appointed pursuant to this section without first securing leave of the court. Except in cases of gross negligence or intentional wrongdoing, a receiver shall be liable only for actions taken in his or her official capacity and any adverse judgment shall be satisfied out of receivership assets.

"(l) The District of Columbia shall not be liable for repayment of funds borrowed by a receiver during the course of the receivership or responsible for any financial obligations of the hospital.

"Sec. 6. First source employment agreement.

"The United Medical Center shall enter into a first source employment agreement with the Department of Employment Services with respect to the funds authorized in this act."

Section 8(b) of D.C. Law 18-154 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) additions, see §§ 2 to 9 of Establishment of Hospital Receivership Emergency Act of 2007 (D.C. Act 17-81, July 27, 2007, 54 DCR 7993).

For temporary (90 day) additions, see §§ 2 to 8 of Establishment of Hospital Receivership Congressional Review Emergency Act of 2007 (D.C. Act 17-139, October 17, 2007, 54 DCR 10731).

For temporary (90 day) addition, see § 5 of Healthy DC Equal Access Fund and Hospital Stabilization Emergency Amendment Act of 2009 (D.C. Act 18-310, February 18, 2010, 57 DCR 1635).

## **§ 44-702. CHILDREN'S TUBERCULOSIS SANATORIUM--CONSTRUCTION AND EQUIPPING AUTHORIZED.**

The Mayor of the District of Columbia is authorized to acquire, by purchase, condemnation, or otherwise, a site, and to cause to be constructed thereon, in accordance with plans and specifications approved by such Mayor, suitable buildings and structures for use as a Children's Tuberculosis Sanatorium, including necessary approaches and roadways, heating and ventilating apparatus, furniture, equipment, and accessories.

(Mar. 1, 1929, 45 Stat. 1425, ch. 422, § 1.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-113.

1973 Ed., § 32-312.

##### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of

Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

### **§ 44-703. PROVIDENCE HOSPITAL AUTHORIZED TO CONDUCT HOSPITAL, CLINIC AND SCHOOL.**

The Providence Hospital is authorized to conduct not only a hospital, clinic, and all the departments, staffs, and services usually connected therewith, but also a school for the education and training of nurses and interns with full power to examine the said nurses and interns and to issue suitable certificates evidencing the completion of their courses of training.

(Oct. 29, 1945, 59 Stat. 551, ch. 439, § 2.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-116.

1973 Ed., § 32-316a.

### **§ 44-704. STANDARDS OF INDIGENCY; EMERGENCY AND SEMI-INDIGENT PATIENTS.**

The Council of the District of Columbia shall establish from time to time reasonable standards of indigency for admission of patients to municipal hospitals of the District of Columbia; provided, that emergency and semi-indigent patients may be admitted to the general ward and tuberculosis ward of District of Columbia General Hospital on a full- or part-pay basis at such rates and under such regulations as may be established by the Council insofar as such admissions will not interfere with the admission of indigent patients; provided further, that the Mayor of the District of Columbia may enter into agreements with the States of Maryland and Virginia, or the political subdivisions thereof, for the care and treatment in such municipal hospitals of emergency patients who are indigent residents of such States or political subdivisions.

(June 27, 1942, 56 Stat. 441, ch. 452, § 1.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-123.

1973 Ed., § 32-326.

##### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 402(252) of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to the District of Columbia Council, subject to the right of the Commissioner as provided in § 406 of the Plan. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

##### *Miscellaneous Notes*

Gallinger Municipal Hospital abolished: Gallinger Municipal Hospital was abolished and the functions thereof transferred to the Board of Commissioners of the District of Columbia by Reorganization Plan No. 5 of 1952. Reorganization Order No. 57 of the Board of Commissioners, dated June 30, 1953, combined with Reorganization Order No. 52, District of Columbia Pound, dated June 30, 1953, and redesignated Organization Order No. 141, dated February 11, 1964, established under the direction and control of a Commissioner, a Department of Public Health headed by a Director, for the purpose of planning, implementing, and directing public health and hospital care programs, and for performing certain other allied medical and paramedical functions. Prior to its redesignation the Order abolished the previously existing Gallinger Municipal Hospital and Health Department and transferred all of their positions and functions to the new Department. It further provided that within the Department, the District of Columbia General Hospital

performs all functions previously performed by Gallinger Municipal Hospital. The executive functions of the Board of Commissioners were transferred to the Commissioner of the District of Columbia by § 401 of Reorganization Plan No. 3 of 1967. Functions as stated in Organization Order No. 141 were transferred to the Director of the Department of Human Resources by Commissioner's Order No. 69-96, dated March 7, 1969, as amended by Commissioner's Order No. 70-83, dated March 6, 1970. Functions as stated in Reorganization Plan No. 2 of 1979, dated February 21, 1980, were transferred to the Department of Human Services.

#### **§ 44-705. PAYMENTS TO NEEDY PATIENTS.**

The Mayor of the District of Columbia, pursuant to regulations prescribed by the Council of the District of Columbia, is authorized to furnish cash payments to needy patients in hospitals operated by or under contract (relating to the care of needy patients) with the District of Columbia in such amounts and at such times as he may determine.

(Oct. 26, 1973, 87 Stat. 504, Pub. L. 93-140, § 4.)

##### *HISTORICAL AND STATUTORY NOTES*

###### *Prior Codifications*

1981 Ed., § 32-124.

1973 Ed., § 32-331.

###### *Change in Government*

This section originated at a time when local government powers were delegated to the District of Columbia Council and to a Commissioner of the District of Columbia. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

#### **§ 44-706. INSTITUTIONAL CARE UNDER CONTRACT.**

The Mayor of the District of Columbia is authorized to contract with hospitals and other institutions for both the care of indigent or medically indigent patients in hospitals and the care and maintenance of persons for whom the District of Columbia is responsible. The Mayor may from time to time adjust the rates of reimbursement for such care by issuing rules pursuant to subchapter I of Chapter 5 of Title 2, and by filing a copy of proposed rate changes with the Council of the District of Columbia at least 30 days before their effective date. The 30-day period for Council review shall not include days that pass during a recess of the Council. The rates of reimbursement under the D.C. Medical Charities program in effect for the fiscal year ending September 30, 1985, shall thereafter remain in effect until adjusted by the Mayor in accordance with this section.

(Oct. 26, 1973, 87 Stat. 505, Pub. L. 93-140, § 5; July 25, 1985, D.C. Law 6-11, § 2, 32 DCR 3230.)

##### *HISTORICAL AND STATUTORY NOTES*

###### *Prior Codifications*

1981 Ed., § 32-125.

1973 Ed., § 32-332.

###### *Legislative History of Laws*

Law 6-11 was introduced in Council and assigned Bill No. 6-174, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on April 30, 1985, and May 14, 1985, respectively. Signed by the Mayor on May 30, 1985, it was assigned Act No. 6-25 and transmitted to both Houses of Congress for its review.

###### *Delegation of Authority*

Delegation of authority pursuant to Law 6-11, see Mayor's Order 86-37, March 3, 1986.

Delegation of authority pursuant to An Act to authorize certain programs and activities of the government of the District of Columbia, and for other purposes, see Mayor's Order 99-73, May 4, 1999 (46 DCR 4391).

#### **§ 44-707. STIPENDS FOR PATIENTS AND CERTAIN RESIDENT**

## **EMPLOYEES.**

The Mayor of the District of Columbia is authorized, pursuant to regulations prescribed by the Council of the District of Columbia, to provide for the payment of stipends to patients and residents employed in institutions of or under programs sponsored by the government of the District of Columbia as an aid to their rehabilitation or for training purposes. Nothing contained herein shall be construed as conferring employee status on any person covered by this section.

(Oct. 26, 1973, 87 Stat. 505, Pub. L. 93-140, § 6.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-126.

1973 Ed., § 32-333.

#### *Change in Government*

This section originated at a time when local government powers were delegated to the District of Columbia Council and to a Commissioner of the District of Columbia. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 44-708. BENEFITS IN LIEU OF SALARY FOR CERTAIN WORKERS IN DISTRICT FACILITIES.**

Notwithstanding any other provision of law, the Mayor of the District of Columbia is authorized to furnish, pursuant to regulations prescribed by the Council of the District of Columbia, subsistence, living quarters, and laundry in lieu of salary to persons authorized by the Mayor to work in facilities of the government of the District of Columbia for the purposes of securing training and experience in their future vocations.

(Oct. 26, 1973, 87 Stat. 505, Pub. L. 93-140, § 7; Mar. 3, 1979, D.C. Law 2-139, § 3205(dd), 25 DCR 5740.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-127.

1973 Ed., § 32-334.

#### *Temporary Addition of Section*

For temporary (225 day) addition of sections, see §§ 2 to 6 of Emergency Financial Assistance for Hospitals Temporary Act of 1999 (D.C. Law 13-37, October 7, 1999, law notification 46 DCR 8701).

"Sec. 2. Definitions. For the purposes of this act, the term:

"(1) 'Catchment area' means the area served by a hospital that receives funds pursuant to this act.

"(2) 'Community hospital' or 'hospital' means an entity which, through its staff and supporting resources or through contracts or cooperative arrangements with other public or private entities, provides medical services for all residents of its catchment area.

"(3) 'Medically underserved population' means the population of an area designated by the Mayor as an area with a shortage of personal health services or a population group designated by the Mayor as having a shortage of such services. Medically underserved areas will be designated by the Mayor and a list of those designated will be published in the District of Columbia Register from time to time, taking into consideration the following factors, among others:

"(A) Available health resources in relation to size of the area and its population, including appropriate ratios of primary care physicians in general or family practice, internal medicine, pediatrics, or obstetrics and gynecology to the population;

"(B) Health indices for the population of the area, such as infant mortality rate;

"(C) Economic factors affecting the population's access to health services, such as percentage of the population with incomes below the poverty level; and

"(D) Demographic factors affecting the population's need and demand for health services, such as percentage of the population age 65 and over.

"(5) 'Nonprofit,' as applied to any private agency, institution, or organization, means one which is a corporation

or association, or is owned and operated by one or more corporations or associations, that is exempt from income tax under section 501(c)(3) of the Internal Revenue Code, approved August 16, 1954 (68A Stat. 163, 26 U.S.C. § 501(c)(3)), and no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"Sec. 3. Mayoral authority.

"(a) The Mayor is hereby authorized to establish a Emergency Hospital Loan and Grant Fund and to make or contract to make publicly-financed low-interest loans to hospitals in medically underserved areas of the District for the operation of such hospital.

"(b) The Mayor is hereby authorized to guarantee loans to nonprofit hospitals that provide health services to medically underserved populations.

"(c) The Mayor is hereby authorized to provide grants to nonprofit hospitals that provide health services to medically underserved populations.

"(d) Such sums as may be necessary are authorized to be appropriated to carry out this section.

"(e) The Mayor shall submit the proposed grant, loan or loan guarantee to the Council. No proposed grant, loan or loan guarantee, authorized by this section, shall be made without the approval of the Council. The Council shall, within a 14-day period, approve or disapprove by resolution the proposed grant, loan or loan guarantee.

" Sec. 4. Basic qualifications.

"To qualify for assistance under this act, the Mayor shall ascertain that:

"(1) The hospital is nonprofit;

"(2) All services offered by the hospital are furnished in accordance with applicable Federal and District laws;

"(3) The hospital provides acute care inpatient medical services to a medically underserved population in the District of Columbia;

"(4) The hospital is primarily engaged in providing acute care inpatient medical services;

"(5) The hospital has a debt service coverage ratio of less than 1:1;

"(6) The hospital and its staff are in compliance with applicable federal and District of Columbia laws and regulations;

"(7) The hospital is licensed pursuant to applicable laws; and

"(8) The staff of the hospital are licensed, certified, or registered in accordance with applicable laws.

"Sec. 5. Loan, grant, and loan guarantee provisions.

"(a) The principal amount of any loan or grant made or guaranteed by the Mayor under this act shall be disbursed to the hospital in accordance with an agreement entered into between the parties to the loan and approved by the Mayor.

"(b) The principal amount of each loan or loan guarantee, together with interest thereon, shall be repayable over a period of 20 years, beginning on the date of endorsement of the loan or loan guarantee by the Mayor. The Mayor may approve a shorter repayment period if he determines that a repayment period of less than 20 years is more appropriate to an entity's total financial plan.

"(c) As conditions to the loan the Mayor may require:

"(1) A reorganization plan, or business plan detailing steps for financial stability.

"(2) Full disclosure to appropriate District officials of financial statements, including statements of related affiliates and subsidiaries.

"(d) The principal amount of each loan, grant, or loan guarantee, together with interest thereon shall be repayable in accordance with a repayment schedule that is agreed upon by the parties to the loan or loan guarantee and approved by the Mayor before or at the time of endorsement of the loan or grant. Unless otherwise specifically authorized by the Mayor, each loan or grant made or guaranteed by the Mayor shall be repayable in substantially level combined installments of principal and interest to be paid at intervals not less frequently than annually, sufficient in amount to amortize the loan through the final year of the life of the loan. Principal repayment during the first 60 months of operation may be deferred with payment reauthorized over the remaining 15 years. Interest rate charged shall be comparable to the rate of interest on a 20 year treasury note, adjusted to provide for appropriate administrative charges.

" Sec. 6. Assistance in medically underserved areas for public use. All loans made by the Mayor and all money expended by the Mayor in connection with the exercise of any power granted pursuant to this act are exercised for a public use."

Section 8 (b) of D.C. Law 13-37 provides that the act shall expire after 225 days of its having taken effect

For temporary (90-day) addition of §§ 32-131 to 32-135, see §§ 2 to 6 of the Emergency Financial Assistance for Hospitals Emergency Act of 1999 (D.C. Act 13-95, June 15, 1999, 46 DCR 5636).

For temporary (90-day) authorization of hospital loans and grants, see § 2 of the Emergency Financial Assistance for Hospitals Emergency Act of 1999 (D.C. Act 13-95, June 15, 1999, 46 DCR 5636).

For temporary (90-day) addition of §§ 32-131 to 32-135, see §§ 2 to 6 of the Emergency Financial Assistance for Hospitals Congressional Review Emergency Act of 1999 (D.C. Act 13-140, September 28, 1999, 46 DCR 7968).

For temporary (90-day) authorization of hospital loans and grants, see § 2 of the Emergency Financial Assistance for Hospitals Congressional Review Emergency Act of 1999 (D.C. Act 13-140, September 28, 1999, 46 DCR 7968).

#### *Legislative History of Laws*

Law 2-139 was introduced in Council and assigned Bill No. 2-10, which was referred to the Committee on Government Operations. The Bill was adopted on first and second readings on October 17, 1978 and October 31, 1978, respectively. Signed by the Mayor on November 22, 1978, it was assigned Act No. 2-300 and transmitted to both Houses of Congress for its review.

#### *Change in Government*

This section originated at a time when local government powers were delegated to the District of Columbia Council and to a Commissioner of the District of Columbia. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

### **§ 44-709. MAYOR TO VISIT, INVESTIGATE AND REPORT ON CERTAIN CHARITABLE INSTITUTIONS.**

The Mayor of the District of Columbia is required to visit and investigate the management of all institutions of charity within the District which may be appropriated for out of the District revenues, in whole or in part, and shall require an itemized report of receipts and expenditures to be made to him, to be transmitted with his annual report to Congress, which report shall also include such recommendations as the Mayor may deem proper concerning the necessity for such institutions, together with a plan for their organization and management, and estimates of appropriations necessary for their maintenance.

(July 5, 1884, 23 Stat. 127, ch. 227, § 1.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-1201.

1973 Ed., § 32-1001.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

### **§ 44-710. MAYOR AUTHORIZED TO VISIT, INVESTIGATE AND REPORT ON CERTAIN ORGANIZATIONS.**

The Mayor of the District of Columbia is authorized to visit, investigate the management of, and have a report of the receipts and expenditures of the Columbia Hospital for Women and Lying-in Asylum, the Children's Hospital, Saint Ann's Infant Asylum, National Association for Colored Women and Children, Women's Christian Association, Little Sisters of the Poor, and the German Orphan Asylum, so long as they respectively accept money appropriated by Congress for their aid.

(June 4, 1880, 21 Stat. 157, ch. 121, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-1202.

1973 Ed., § 32-1002.

*Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

**§ 44-711. APPROPRIATIONS FOR CHARITABLE AND REFORMATORY INSTITUTIONS TO BE LIEN ON PROPERTY.**

All sums of money appropriated and expended in aid of the purchase of real estate for charitable or reformatory institutions in the District of Columbia, or for buildings or for permanent improvements to buildings thereon, shall (subject to any trust deed, mortgage, or other security or encumbrance existing on such property at the time of its purchase, or created at the time of its purchase) be a lien upon such property, and in case of the dissolution of any such corporation owning such property, or in case of the disposal of such property, by such corporation, entitle the United States to reimbursement in proportion to any other contributions or funds used for such purposes; and the acceptance by any such corporation of any sum of money appropriated for the foregoing purposes shall be deemed an acceptance of and agreement to this provision.

(Mar. 3, 1893, 27 Stat. 552, ch. 199, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-1203.

1973 Ed., § 32-1003.

**§ 44-712. TERMS OF CONGRESSMEN AS TRUSTEES OR DIRECTORS OF CERTAIN CORPORATIONS OR INSTITUTIONS.**

In all cases where Members of Congress or Senators are appointed to represent Congress on any board of trustees or board of directors of any corporation or institution to which Congress makes any appropriation, the term of said Members or Senators, as such trustee or director, shall continue until the expiration of 2 months after the 1st meeting of the Congress chosen next after their appointment.

(Mar. 3, 1893, 27 Stat. 553, ch. 199, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-1204.

1973 Ed., § 32-1004.

**§ 44-713. COMPENSATION OF PHYSICIANS TO THE POOR.**

The compensation of the physicians to the poor shall not exceed \$40 per month each.

(Feb. 25, 1885, 23 Stat. 314, ch. 145, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-1205.

1973 Ed., § 32-1005.

#### **§ 44-714. CONFLICTS OF INTEREST BY DIRECTORS OR TRUSTEES OF CERTAIN CHARITABLE INSTITUTIONS.**

No member or members of any board or boards of trustees or directors of any charitable institution, organization or corporation in the District of Columbia, which is supported in whole or in part by appropriations made by Congress, shall engage in traffic with said institution, organization or corporation for financial gain, and any member or members of such board of trustees or directors who shall so engage in such traffic shall be deemed legally disqualified for service on said board or boards.

(June 11, 1896, 29 Stat. 410, ch. 419, § 1.)

##### *HISTORICAL AND STATUTORY NOTES*

###### *Prior Codifications*

1981 Ed., § 32-1206.

1973 Ed., § 32-1007.

#### **§ 44-715. CONGRESSIONAL POLICY AS TO APPROPRIATIONS TO CHURCHES OR RELIGIOUS ENTITIES.**

It is hereby declared to be the policy of the government of the United States to make no appropriation of money or property for the purpose of founding, maintaining, or aiding by payment for services, expenses, or otherwise, any church or religious denomination, or any institution or society which is under sectarian or ecclesiastical control; and no money appropriated for charitable purposes in the District of Columbia shall be paid to any church or religious denomination, or to any institution or society which is under sectarian or ecclesiastical control.

(June 11, 1896, 29 Stat. 411, ch. 419, § 1; Mar. 3, 1897, 29 Stat. 683, ch. 387, § 1.)

##### *HISTORICAL AND STATUTORY NOTES*

###### *Prior Codifications*

1981 Ed., § 32-1207.

1973 Ed., § 32-1008.

#### **§ 44-716. HOME FOR AGED AND INFIRM--SALE OF SURPLUS PRODUCTS.**

The Mayor is authorized, under such regulations as the Council of the District of Columbia may prescribe, to sell the surplus products of the Home for the Aged and Infirm. All moneys derived from such sales shall be paid into the Treasury of the United States to the credit of the General Fund of the District of Columbia.

(June 5, 1920, 41 Stat. 865, ch. 234, § 1; Feb. 22, 1921, 41 Stat. 1144, ch. 70, § 7; June 28, 1944, 58 Stat. 533, ch. 300, § 18.)

##### *HISTORICAL AND STATUTORY NOTES*

###### *Prior Codifications*

1981 Ed., § 32-1208.

1973 Ed., § 32-1009.

###### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 402(256) of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to the District of Columbia Council, subject to the right of the Commissioner as provided in § 406 of the Plan. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in

terminology were made in this section.

## **§ 44-717. HOME FOR AGED AND INFIRM--ADMISSION OF PAY PATIENTS.**

Pay patients may be admitted to the Home for the Aged and Infirm for care and treatment at such rates and under such regulations as may be established by the Council of the District of Columbia, insofar as such admissions will not interfere with admission of indigent patients; provided, however, that the rates shall not exceed the estimated per capita cost for the current year.

(June 14, 1950, 64 Stat. 212, ch. 235.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-1209.

1973 Ed., § 32-1010.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 402(256) of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to the District of Columbia Council, subject to the right of the Commissioner as provided in § 406 of the Plan. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **SUBCHAPTER II. FEES FOR CLINICAL SERVICES AND ASBESTOS ABATEMENT.**

### **§ 44-731. FEES FOR CLINICAL SERVICES.**

(a) A fee, based on rates to be established by the Mayor, shall be charged to each person who is not indigent for all clinical services provided at District of Columbia health clinics. The Mayor's authority to set such fees at D.C. General Hospital and for those services provided at the Ambulatory Health Care Administration community health clinics shall terminate on the date that the Board of Directors of the District of Columbia Health and Hospitals Public Benefit Corporation has its first meeting in accordance with § 44- 1102.04(h).

(b) The following clinical health services shall be provided by the Mayor at District of Columbia health clinics, including the outpatient clinic at the D.C. General Hospital, through contractual arrangements with private agencies or providers, or through other alternative arrangements:

(1) Screening services:

(A) Hypertension;

(B) Sickle cell anemia; and

(C) Asbestosis, cancer of the stomach, cancer of the colon, rectal cancer, and other diseases resulting from prolonged exposure to asbestos. Free screening services for these diseases shall be provided only to those persons who have been identified as having a high risk of asbestos related disease and who do not have any form of health insurance in accordance with recommendations of the Task Force on Asbestos Abatement and rules and regulations issued by the Mayor.

(2) Screening and treatment services:

(A) Drug addiction;

(B) Lead poisoning;

(C) Venereal disease;

(D) Tuberculosis outpatient care; and

(E) Forensic psychiatry.

(3) Immunization services:

(A) Communicable disease in adults and children; and

(B) Rabies in animals.

(c)(1) The Mayor may determine that certain services will be provided without charge to all patients, because such a policy is determined to be in the public interest on the basis of any of the following health factors:

(A) Threat of communicable disease;

(B) Danger to the public health; or

(C) Mortality and morbidity related to a specific disease.

(2) All clinical health services shall be provided, without charge, at District of Columbia health clinics, including the outpatient clinic at the D.C. General Hospital, to persons who are receiving assistance under subchapter VII of Chapter 2 of Title 4, and who do not receive assistance under Medicaid.

(d) At the beginning of each fiscal year, the Mayor shall cause to be published in the District of Columbia Register a list of those services, if any, rendered free of charge by city clinics and by the D.C. General Hospital in the public interest.

(e) For purposes of this subchapter, the term "clinical services" shall include all health services rendered by the District in an ambulatory setting, including mental health, alcoholism, and drug treatment services.

(Mar. 15, 1985, D.C. Law 5-173, § 2, 32 DCR 736; Apr. 9, 1997, D.C. Law 11-212, § 401, 43 DCR 4962.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-119.1.

##### *Emergency Act Amendments*

For temporary amendment of section, see § 401 of the Health and Hospitals Public Benefit Corporation Emergency Act of 1996 (D.C. Act 11-388, August 28, 1996, 43 DCR 4937), § 401 of the Health and Hospitals Public Benefit Corporation Congressional Review Emergency Act of 1996 (D.C. Act 11-421, October 28, 1996, 43 DCR 6093), § 401 of the Health and Hospitals Public Benefit Corporation Second Congressional Review Emergency Act of 1996 (D.C. Act 11-487, January 2, 1997, 44 DCR 634), and see § 401 of the Health and Hospitals Public Benefit Corporation Congressional Review Emergency Act of 1997 (D.C. Act 12-39, March 31, 1997, 44 DCR 2044).

##### *Legislative History of Laws*

Law 5-173, "Fees for Clinical Services and Asbestos Abatement Act of 1984," was introduced in Council and assigned Bill No. 5-493, which was referred to the Committee on Government Operations. The Bill was adopted on first and second readings on December 4, 1984, and December 18, 1984, respectively. Signed by the Mayor on January 11, 1985, it was assigned Act No. 5-238 and transmitted to both Houses of Congress for its review.

Law 11-212, the "Health and Hospitals Public Benefit Corporation Act of 1996," was introduced in Council and assigned Bill No. 11-604, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on June 4, 1996, and July 17, 1996, respectively. Signed by the Mayor on August 7, 1996, it was assigned Act No. 11-389 and transmitted to both Houses of Congress for its review. D.C. Law 11-212 became effective on April 9, 1997.

## **§ 44-732. ASBESTOS ABATEMENT--TASK FORCE ESTABLISHED.**

(a) There is established a Task Force on Asbestos Abatement ("Task Force").

(b) The Task Force shall consist of 9 members appointed as follows:

(1) Two members shall be appointed by the Mayor to represent the interests of the District of Columbia government;

(2) Two members shall be appointed by the Board of Education to represent the interests of the District of Columbia Public Schools; and

(3) Five members shall be appointed by the Council, 3 of whom shall have experience in the field of occupational health and safety and who shall have demonstrated a knowledge of and interest in asbestos-related diseases.

(c) Members of the Task Force shall be appointed within 15 days (excluding Saturdays, Sundays, and holidays) of March 15, 1985, or within 15 days (excluding Saturdays, Sundays, and holidays) of November 29, 1984, whichever occurs first.

(d) Vacancies occurring upon the Task Force shall be filled in the same manner as original appointees as provided in subsection (b) of this section.

(e) Five members of the Task Force shall constitute a quorum.

(f) The Task Force shall study all matters relating to the presence and condition of asbestos in public buildings owned or leased by the District of Columbia and shall make recommendations to the Mayor and the Council within 120 days of November 29, 1984. The report shall outline an asbestos abatement program for the District and shall contain, but not be limited to, the following information:

(1) A list of all public buildings owned or leased by the District of Columbia which have been constructed with asbestos materials and which pose a threat to public health and safety, or a plan for identifying these buildings;

(2) A plan for identifying those individuals within the District of Columbia who have a high risk of asbestos-related diseases because of prolonged exposure to public buildings containing friable asbestos material;

(3) Draft legislation to regulate individuals who are in the business of removing or containing asbestos material;

(4) Projections on the cost of removal or containment of asbestos in public buildings and on the cost of providing screening services to persons who have been identified as having a high risk of asbestos-related disease; and

(5) Specific recommendations on action that may be taken by the Mayor and the Council to implement a prompt and thorough abatement program.

(g) The Task Force shall cease to exist 30 days after submission of the report required by subsection (f) of this section.

(Mar. 15, 1985, D.C. Law 5-173, § 3, 32 DCR 736; Apr. 20, 1999, D.C. Law 12-264, § 31, 46 DCR 2118.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-119.2.

##### *Legislative History of Laws*

For legislative history of D.C. Law 5-173, see Historical and Statutory Notes following § 44-731.

Law 12-264, the "Technical Amendments Act of 1998," was introduced in Council and assigned Bill No. 12-804, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 10, 1998, and December 1, 1998, respectively. Signed by the Mayor on January 7, 1999, it was assigned Act No. 12-626 and transmitted to both Houses of Congress for its review. D.C. Law 12-264 became effective on April 20, 1999.

### **§ 44-733. ASBESTOS ABATEMENT--RULES AND REGULATIONS.**

The Mayor is authorized to issue rules and regulations, in accordance with recommendations of the Task Force, to carry out the purposes of this subchapter.

(Mar. 15, 1985, D.C. Law 5-173, § 4, 32 DCR 736.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-119.3.

##### *Legislative History of Laws*

For legislative history of D.C. Law 5-173, see Historical and Statutory Notes following § 44-731.

### **§ 44-734. ASBESTOS ABATEMENT--APPROPRIATIONS.**

There may be appropriated out of revenues available to the District sums necessary to carry out the purposes of this subchapter.

(Mar. 15, 1985, D.C. Law 5-173, § 5, 32 DCR 736.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-119.4.

For legislative history of D.C. Law 5-173, see Historical and Statutory Notes following § 44-731.

## **SUBCHAPTER III. CONVEYANCE OF PROPERTY TO COLUMBIA HOSPITAL.**

### **§ 44-751. IN GENERAL.**

Subject to the provisions of § 44-752, the Administrator of General Services and the Commissioner of the District of Columbia are directed to convey, without monetary consideration, to the Columbia Hospital for Women and Lying-in Asylum, Washington, District of Columbia, a corporation created by the Act of June 1, 1866 (14 Stat. 55), all right, title, and interest of the United States and of the District of Columbia in and to those pieces or parcels of land in the District of Columbia, described as follows, together with all improvements thereon and appurtenances thereto:

(1) All that piece or parcel of land situate and lying in the City of Washington in the District of Columbia and known as part of square no. 25, as laid down and distinguished on the plat or plan of said City, as follows: Beginning at the southeast corner of said square and running thence north with 24th Street 231 feet and 7 inches; thence west 230 feet and 6 inches; thence north to M Street 231 feet and 10 inches; thence west with M Street 215 feet and 6 inches to 25th Street; thence south with 25th Street 263 feet and 5 inches; thence east 200 feet; thence south to L Street 200 feet; thence east with L Street 246 feet to the beginning; and being the property conveyed to the United States of America by deed dated October 17, 1876, from the Columbia Hospital for Women and Lying-in Asylum, recorded in liber 836, folio 159, of the land records of the District of Columbia; and

(2) All that piece or parcel of land situate and lying in the City of Washington in the District of Columbia on the northeast corner of L and 25th Streets Northwest, being a part of original square no. 25, as follows: Beginning at the southwest corner of said square and running thence east with the line of said L Street 200 feet for a corner; thence north 200 feet for a corner; thence west 200 feet for a corner; and thence south 200 feet to the place of beginning; containing 40,000 square feet of ground, more or less, and being the property conveyed to the United States of America by deed dated July 6, 1872, from the Columbia Hospital for Women and Lying-in Asylum and Edward Maynard, recorded in liber 811, folio 481 of the land records of the District of Columbia.

(June 28, 1952, 66 Stat. 287, ch. 486, § 1; Apr. 20, 1999, D.C. Law 12-264, § 32, 46 DCR 2118.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-120.

1973 Ed., § 32-323.

##### *Legislative History of Laws*

For legislative history of D.C. Law 12-264, see Historical and Statutory Notes following § 44-732.

### **§ 44-752. RESTRICTION ON USE.[REPEALED]**

(June 28, 1952, 66 Stat. 287, ch. 486, § 1; Aug. 5, 1997, 111 Stat. 786, Pub. L. 105-33, § 11716.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 32-121.

1973 Ed., § 32-323.

### **§ 44-753. CREATION OF LIEN IN FAVOR OF UNITED STATES.**

The provisions of the paragraph following the appropriation for the Washington Hospital for Foundlings in § 44-711, creating a lien in favor of the United States with respect to the appropriations referred to therein, shall also apply to the appropriations in the aggregate amount of \$50,000, granted in the Act of June 10, 1872 (17 Stat. 360), and in the Act of March 3, 1875 (18 Stat. 386), for the purchase by the United States of the property described in § 44-751, and the acceptance by the Columbia Hospital for Women and Lying-in Asylum of the conveyance of said property shall be deemed an acceptance of and agreement to

this provision.

(June 28, 1952, 66 Stat. 288, ch. 486, § 3.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-122.

1973 Ed., § 32-325.

## **SUBCHAPTER IV. REPEALED PROVISIONS.**

### **§ 44-771. PRIVATE FACILITIES--LICENSE REQUIRED.[REPEALED]**

(Apr. 20, 1908, 35 Stat. 64, ch. 148, § 1; Mar. 9, 1983, D.C. Law 4-171, § 19(a), 29 DCR 5297; Feb. 24, 1984, D.C. Law 5-48, § 12(i), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-101.

1973 Ed., § 32-301.

*Legislative History of Laws*

Law 5-48 was introduced in Council and assigned Bill No. 7-166, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on September 20, 1983, and October 4, 1983, respectively. Signed by the Mayor on October 28, 1983, it was assigned Act No. 5-74 and transmitted to both Houses of Congress for its review.

### **§ 44-772. PRIVATE FACILITIES--ENFORCEMENT OF PROVISIONS AND REGULATIONS; INSPECTIONS.[REPEALED]**

(Apr. 20, 1908, 35 Stat. 64, ch. 148, § 2; Aug. 1, 1950, 64 Stat. 393, ch. 513, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(i), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-102.

1973 Ed., § 32-302.

*Legislative History of Laws*

Law 5-48 was introduced in Council and assigned Bill No. 7-166, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on September 20, 1983, and October 4, 1983, respectively. Signed by the Mayor on October 28, 1983, it was assigned Act No. 5-74 and transmitted to both Houses of Congress for its review.

### **§ 44-773. PRIVATE FACILITIES-- VIOLATIONS OF PROVISIONS OR REGULATIONS.[REPEALED]**

(Apr. 20, 1908, 35 Stat. 65, ch. 148, § 3; Feb. 24, 1984, D.C. Law 5-48, § 12(i), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-103.

1973 Ed., § 32-303.

*Legislative History of Laws*

Law 5-48 was introduced in Council and assigned Bill No. 7-166, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on September 20, 1983, and October 4, 1983, respectively. Signed by the Mayor on October 28, 1983, it was assigned Act No. 5-74 and transmitted to both Houses of Congress for its review.

## **§ 44-774. PRIVATE FACILITIES--COUNCIL AUTHORIZED TO PROMULGATE REGULATIONS.[REPEALED]**

(Apr. 20, 1908, 35 Stat. 65, ch. 148, § 4; Mar. 9, 1983, D.C. Law 4-171, § 19(b), 29 DCR 5297; Feb. 24, 1984, D.C. Law 5-48, § 12(i), 30 DCR 5778.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-104.

1973 Ed., § 32-304.

#### *Legislative History of Laws*

Law 5-48 was introduced in Council and assigned Bill No. 7-166, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on September 20, 1983, and October 4, 1983, respectively. Signed by the Mayor on October 28, 1983, it was assigned Act No. 5-74 and transmitted to both Houses of Congress for its review.

## **§ 44-775. PRIVATE FACILITIES--PROSECUTIONS.[REPEALED]**

(Apr. 20, 1908, 35 Stat. 65, ch. 148, § 5; Apr. 1, 1942, 56 Stat. 190, ch. 207, § 1; July 8, 1963, 77 Stat. 77, Pub. L. 88-60, § 1; July 29, 1970, 84 Stat. 570, Pub. L. 91-358, title I, § 155(a); Feb. 24, 1984, D.C. Law 5-48, § 12(i), 30 DCR 5778.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-105.

1973 Ed., § 32-305.

#### *Legislative History of Laws*

Law 5-48 was introduced in Council and assigned Bill No. 7-166, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on September 20, 1983, and October 4, 1983, respectively. Signed by the Mayor on October 28, 1983, it was assigned Act No. 5-74 and transmitted to both Houses of Congress for its review.

## **§ 44-776. REPORT OF LOSS OF PRIVILEGES BY HEALTH CARE PROVIDERS.[REPEALED]**

(Apr. 6, 1977, D.C. Law 1-106, § 8, 23 DCR 8737; Feb. 24, 1984, D.C. Law 5-48, § 12(b), 30 DCR 5778.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-106.

1973 Ed., § 32-305a.

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

## **§ 44-777. RULES AND REGULATIONS FOR SMALLPOX HOSPITAL.[REPEALED]**

(June 8, 1896, 29 Stat. 281, ch. 373; Feb. 24, 1984, D.C. Law 5-48, § 12(k), 30 DCR 5778.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 32-107.

1973 Ed., § 32-306.

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-778. WASHINGTON ASYLUM HOSPITAL CONTINUED.[REPEALED]**

(June 29, 1922, 42 Stat. 702, ch. 249, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(h), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-108.

1973 Ed., § 32-307.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-779. ADMISSION OF PAY PATIENTS TO PSYCHOPATHIC WARD OF GENERAL HOSPITAL.[REPEALED]**

(June 7, 1924, 43 Stat. 568, ch. 302, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(g), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-109.

1973 Ed., § 32-308.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-780. ADMISSION OF PAY PATIENTS TO CONTAGIOUS-DISEASE WARD OF GENERAL HOSPITAL.[REPEALED]**

(Apr. 14, 1932, 47 Stat. 79, ch. 98, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(f), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-110.

1973 Ed., § 32-309.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-781. ADMISSION OF PAY PATIENTS TO GLENN DALE HOSPITAL.[REPEALED]**

(June 7, 1924, 43 Stat. 568, ch. 302, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(g), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-111.

1973 Ed., § 32-310.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-782. CHILDREN'S TUBERCULOSIS SANATORIUM--ADMISSION OF PAY PATIENTS.[REPEALED]**

(June 23, 1936, 49 Stat. 1880, ch. 726, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(e), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-114.

1973 Ed., § 32-313.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-783. RECEIPT OF CONTAGIOUS-DISEASE CASES BY PROVIDENCE AND GARFIELD MEMORIAL HOSPITALS.[REPEALED]**

(July 1, 1898, 30 Stat. 635, ch. 546; Aug. 1, 1950, 64 Stat. 393, ch. 513, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(j), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-115.

1973 Ed., § 32-316.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-784. CHARGES FOR TREATMENT OF PATIENTS.[REPEALED]**

(July 3, 1945, 59 Stat. 366, ch. 263, title II, § 201; July 26, 1946, 60 Stat. 687, ch. 672, title II, § 201; July 8, 1947, 61 Stat. 265, ch. 210, title II, § 201.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-117.

1973 Ed., § 32-318a.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-785. AVAILABILITY OF APPROPRIATIONS.[REPEALED]**

(June 30, 1945, 59 Stat. 282, ch. 209, § 1; Feb. 24, 1984, D.C. Law 5-48, § 12(d), 30 DCR 5778.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-118.

1973 Ed., § 32-321.

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 44-771.

**§ 44-786. FEES FOR CLINICAL SERVICES; FREE SERVICES.[REPEALED]**

(July 9, 1946, 60 Stat. 511, ch. 544, § 1; June 15, 1977, D.C. Law 2-9, § 2, 24 DCR 1215; Sept. 28, 1977, D.C. Law 2-24, § 4, 24 DCR 3343; Mar. 16, 1982, D.C. Law 4-79, § 505, 29 DCR 126; Apr. 6, 1982, D.C. Law 4-101, §§ 2001, 2101(a) (12), 29 DCR 1060; June 22, 1983, D.C. Law 5-14, § 502, 30 DCR 2632; Mar. 15, 1985, D.C. Law 5-173, § 6, 32 DCR 736.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 32-119.

1973 Ed., § 32-322.

*Legislative History of Laws*

For legislative history of D.C. Law 5-173, see Historical and Statutory Notes following § 44-731.