

DISTRICT OF COLUMBIA
OFFICIAL CODE

TITLE 7.
HUMAN HEALTH CARE AND SAFETY.

CHAPTER 14.
HEALTH CARE SAFETY NET ADMINISTRATION.

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CHAPTER 14. HEALTH CARE SAFETY NET
ADMINISTRATION.

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CHAPTER 14. HEALTH CARE SAFETY NET ADMINISTRATION.

§ 7-1401. HEALTH CARE SAFETY NET ADMINISTRATION ESTABLISHMENT.

(a) There is established within the Department of Health Care Finance a Health Care Safety Net Administration to administer and monitor compliance with any contract that the Mayor makes, pursuant to § 7-1405, or that the District of Columbia Financial Responsibility Management Assistance Authority makes, with a health care entity to provide any of the health care functions provided by the Public Benefit Corporation pursuant to Chapter 11 of Title 44 and to perform such other functions as are set forth herein.

(b) The Health Care Safety Net Administration shall be responsible for all transition activities that result from contracting out the functions of the Public Benefit Corporation and that remain to be completed after abolition of the Public Benefit Corporation pursuant to section 9 of the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; 48 DCR 4047), including the following:

- (1) Termination and winding down of existing contracts of the Public Benefit Corporation;
- (2) Completion of administrative proceedings and court litigation previously handled by the Office of the General Counsel of the Public Benefit Corporation or by private counsel retained by the Public Benefit Corporation;
- (3) Coordination of court litigation involving the Public Benefit Corporation that is being handled by the Office of the Corporation Counsel;
- (4) Arrangement of outstanding claims against the Public Benefit Corporation; and
- (5) Arrangement for payment of lawful obligations of the Public Benefit Corporation that are assumed by the District of Columbia pursuant to § 7- 1403.

(c) The Health Care Safety Net Administration shall exercise oversight of the services contracted by the Mayor pursuant to § 7-1405, or by the District of Columbia Financial Responsibility and Management Assistance Authority, to ensure that the health of the population is maintained and that the financial viability of the health care entity providing services exempted pursuant to section 8 of the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; 48 DCR 4047), is addressed.

(July 12, 2001, D.C. Law 14-18, § 3, 48 DCR 4047; Sept. 24, 2010, D.C. Law 18-223, § 5072(a), 57 DCR 6242.)

HISTORICAL AND STATUTORY NOTES

Effect of Amendments

D.C. Law 18-223, in subsec. (a), substituted "Department of Health Care Finance" for "Department of Health".

Emergency Act Amendments

For temporary (90 day) medical homes grant making provisions, see § 5802 of Fiscal Year 2005 Budget Support Emergency Act of 2004 (D.C. Act 15-486, August 2, 2004, 51 DCR 8236).

For temporary (90 day) medical homes grant making provisions, see § 5802 of Fiscal Year 2005 Budget Support Congressional Review Emergency Act of 2004 (D.C. Act 15-594, October 26, 2004, 51 DCR 11725).

For temporary (90 day) enactment, see § 5002 of Fiscal Year 2007 Budget Support Emergency Act of 2006 (D.C. Act 16-477, August 8, 2006, 53 DCR 7068).

For temporary (90 day) enactment, see § 5002 of Fiscal Year 2007 Budget Support Congressional Review Emergency Act of 2006 (D.C. Act 16-499, October 23, 2006, 53 DCR 8845).

For temporary (90 day) enactment, see § 5002 of Fiscal Year 2007 Budget Support Congressional Review Emergency Act of 2007 (D.C. Act 17-1, January 16, 2007, 54 DCR 1165).

For temporary (90 day) amendment of section, see § 5072(a) of Fiscal Year 2011 Budget Support

Legislative History of Laws

Law 14-18, the "Health Care Privatization Amendment Act of 2001", was approved April 30, 2001 by the District of Columbia Financial Responsibility and Management Assistance Authority pursuant to section 207(c) of Public Law 104-8, and assigned DCFRMA-3. The Act was transmitted to both Houses of Congress by the Authority on May 7, 2001, for its review. The Authority gave notice to the Council by letter dated August 6, 2001 that the 30-day Congressional Review Period expired on July 11, 2001. D.C. Law 14-18 became effective on July 12, 2001.

Law 18-223, the "Fiscal Year 2011 Budget Support Act of 2010", was introduced in Council and assigned Bill No. 18-731, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on May 26, 2010, and June 15, 2010, respectively. Signed by the Mayor on July 2, 2010, it was assigned Act No. 18-462 and transmitted to both Houses of Congress for its review. D.C. Law 18-223 became effective on September 24, 2010.

Delegation of Authority

Delegation of Authority pursuant to D.C. Law 15-205, the Fiscal Year 2005 the Budget Support Act of 2004, the Fiscal Year 2006 the Budget Support Act of 2005, and D.C. Law 16-192, the Fiscal Year 2007 the Budget Support Act of 2006, see Mayor's Order 2007-143, June 20, 2007 (54 DCR 9598).

Miscellaneous Notes

Short title of subtitle H of title V of Law 15-205: Section 5801 of D.C. Law 15-205 provided that subtitle H of title V of the act may be cited as the Medical Homes Grant Making Act of 2004.

Section 5802 of D.C. Law 15-205 provides: "In addition to any contract for services authorized by the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; D.C. Official Code § 7-1401) ('Act'), subject to any necessary appropriation, the legal availability of funding, and to matching revenues (cash or in-kind) equivalent to at least 50% of each fiscal year's grant from the District of Columbia, the Office of the City Administrator may award, through a grant to the District of Columbia Primary Care Association, if the grant meets the criteria for a sole source award, from capital funds available to the Department of Health outside of the funding for any contract authorized by the Act, an amount not to exceed \$1 million during fiscal year 2005, an amount not to exceed \$7 million during fiscal year 2006, and an amount not to exceed \$7 million during fiscal year 2007, to support and stimulate the Medical Homes DC."

Short title: Section 5001 of D.C. Law 16-192 provided that subtitle A of title V of the act may be cited as the "Medical Homes Grant-Making Act of 2006".

Grant-making authority: Section 5002 of D.C. Law 16-192 provided:

"(a) In addition to any contract for services authorized by the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; D.C. Official Code § 7-1401 *et seq.*) ('Act'), subject to any necessary appropriation and the legal availability of funding, the Office of the City Administrator shall award, through a grant to the District of Columbia Primary Care Association:

"(1) If the grant meets the criteria for a sole source award, from capital funds available to the Department of Health outside of the funding for any contract authorized by the Act, an amount not to exceed \$8.2 million during fiscal year 2007, which amount is in addition to the \$7 million authorized by the Medical Homes Grant-Making Act of 2004, effective August 2, 2004 (D.C. Law 15-205; D.C. Official Code § 7-1401, note), and \$2.8 million fiscal year 2009 to support Medical Homes DC provided that:

"(A) Of the fiscal year 2007 funding, \$6 million shall be directed to the Northwest One Community Health Center project, as part of the Mayor's New Communities Initiative; which funds shall be managed according to the general rules of Medical Homes DC, as described in the Medical Homes Grant Agreement between the District and the DC Primary Care Association; provided, that any portion of the \$6 million not used for the Northwest One Health Center shall be used for any other Medical Homes capital project.

"(B) Of the remainder of the grant, \$2.2 million in fiscal year 2007 and \$2.8 in fiscal year 2009, shall be used to develop an electronic health record system for community health centers to promote higher quality of care, improved coordination of services among providers, and more accurate reporting of health statistics to the Department of Health; provided, that of the \$2.2 million allocated for fiscal year 2007, \$200,000 shall be used to support information technology needs for District of Columbia public and charter school nurse suites.

"(2) From operating funds available to the Department of Health not including funding for any contract authorized by the Act, an amount not to exceed \$1.9 million during fiscal year 2007 to support and stimulate the Medical Homes DC's public purpose of health improvement by ensuring that all residents of the District of Columbia, especially low-income residents and indigent residents, have a medical home where a primary care provider knows each patient's health history, where each patient can be seen regardless of ability to pay, and where each patient can routinely seek non-emergency medical care in the community where the patient resides.

"(b) The grant amounts and grant authority provided for in this act are in addition to any grant amounts and authority provided by the Medical Homes Grant-Making Act of 2004 effective August 2, 2004 (D.C. Law 15-

205; D.C. Official Code § 7-1401, note)."

Short title: Section 5071 of D.C. Law 18-223 provided that subtitle H of title V of the act may be cited as the "Department of Health Care Finance Conforming Amendment Act of 2010".

§ 7-1402. TRANSFERS.

(a) The functions, real and personal property, personnel, unexpended balances of appropriations, and records of the Public Benefit Corporation shall be transferred to the Department of Health.

(b) Any monies remaining in the Health and Hospitals Public Benefit Corporation Fund after July 12, 2001, shall revert to the General Fund to the credit of the Department of Health.

(c) The Department of Health shall recognize collective bargaining representatives that have been duly certified by the District of Columbia Public Employees Relations Board and shall assume and be bound by all existing collective bargaining agreements entered into by the Public Benefit Corporation.

(d) Every employee of the Public Benefit Corporation shall be transferred to the Department of Health. All employees so transferred shall be under the direction and control of the Director of the Department of Health or that director's designee or designees. Transferred employees shall retain the same rights and privileges that they had as employees of the Public Benefit Corporation before July 12, 2001, and shall not obtain any additional rights or privileges as a result of the transfer. They shall have all the duties and responsibilities that they had as employees of the Public Benefit Corporation in addition to whatever duties and responsibilities they acquire as employees of the Department of Health. Transferred employees shall constitute a separate competitive area within the Department of Health for purposes of reductions in force only pursuant to § 1-624.08, and Chapter 24 of the District of Columbia Personnel Manual. Lesser competitive areas may be established by the personnel authority for these employees. The Mayor shall be the personnel authority for all employees of the Public Benefit Corporation who are transferred to the Department of Health, except that the personnel authority for accounting, budget, and financial management personnel who are transferred shall continue to be the Chief Financial Officer of the District of Columbia.

(July 12, 2001, D.C. Law 14-18, § 4, 48 DCR 4047.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For D.C. Law 14-18, see notes following § 7-1401.

§ 7-1403. LIABILITIES OF THE PUBLIC BENEFIT CORPORATION.

All liabilities of the Public Benefit Corporation shall be assumed by the District of Columbia.

(July 12, 2001, D.C. Law 14-18, § 5, 48 DCR 4047.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For D.C. Law 14-18, see notes following § 7-1401.

§ 7-1404. HEALTH CARE SAFETY NET FUND AND APPROPRIATIONS.[REPEALED]

(July 12, 2001, D.C. Law 14-18, § 6, 48 DCR 4047; Sept. 24, 2010, D.C. Law 18-223, § 5072(b), 57 DCR 6242; Sept. 14, 2011, D.C. Law 19-21, § 9080, 58 DCR 6226.)

HISTORICAL AND STATUTORY NOTES

Emergency Act Amendments

For temporary (90 day) amendment of section, see § 5072(b) of Fiscal Year 2011 Budget Support Emergency Act of 2010 (D.C. Act 18-463, July 2, 2010, 57 DCR 6542).

Legislative History of Laws

For D.C. Law 14-18, see notes following § 7-1401.

For Law 18-223, see notes following § 7-1401.

For history of Law 19-21, see notes under § 7-731.

§ 7-1405. AUTHORIZATION TO CONTRACT FOR COMPREHENSIVE HEALTH CARE SERVICES.

(a) The Mayor is authorized to provide by contract or by other means comprehensive community-centered health care and medical services for residents of the District of Columbia.

(b) A contract entered into by the Mayor pursuant to subsection (a) of this section shall be exempt from the requirements of Unit A of Chapter 3 of Title 2, except that the contract shall be subject to § 2-301.05a.

(c)(1) Notwithstanding any other provision of the District's health insurance laws and subject to paragraph (2) of this subsection, a health maintenance organization that has a contractual obligation to provide health care services to persons enrolled in the D.C. HealthCare Alliance ("Alliance") shall be required to provide to persons enrolled in the Alliance only those health benefits specified in its contract with the District of Columbia.

(2) A contract between the District of Columbia and a health maintenance organization or a managed care organization that provides health care services to persons enrolled in the DC HealthCare Alliance shall, for fiscal year 2013, include coverage for all services, including hospital-based services, being provided to DC HealthCare Alliance enrollees as of January 1, 2012; provided, that for fiscal year 2013, the Department of Health Care Finance shall have the authority to exclude coverage for those hospital-based emergency services that are eligible for Medicaid reimbursement under section 401(b)(1)(A) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, approved August 21, 1996 (110 Stat. 502; 8 U.S.C. § 1611(b)(1)(A)), section 1903(v)(3) of the Social Security Amendments Act of 1965, approved July 30, 1965 (79 Stat. 286; 42 U.S.C. 1396b(v)(3)), and 42 C.F.R. § 440.255(c).

(d) A health maintenance organization or health insurer under contract to the District to deliver services to persons enrolled in the Alliance is not required to reimburse non-participating hospitals for services provided to Alliance enrollees.

(e) A health maintenance organization or health insurer under contract to the District to deliver services to persons enrolled in the Alliance ("Contractor"), which shall include safety net clinics, shall have the option of paying the safety net clinics on a fee-for-service basis or a capitated basis. If the Contractor elects to pay on a fee-for-service basis, the Contractor shall pay the safety net clinics no less than \$95 per visit. If the Contractor elects to pay the safety net clinics on a capitated basis, the Contractor shall pay the safety net clinics on the same terms and condition as other clinics.

(July 12, 2001, D.C. Law 14-18, § 7, 48 DCR 4047; Mar. 2, 2007, D.C. Law 16-192, § 5052, 53 DCR 6899; Aug. 16, 2008, D.C. Law 17-219, § 5035, 55 DCR 7598; Sept. 20, 2012, D.C. Law 19-168, § 5112, 59 DCR 8025.)

HISTORICAL AND STATUTORY NOTES

Effect of Amendments

D.C. Law 16-192 added subsecs. (c) and (d).

D.C. Law 17-219 added subsec. (e).

D.C. Law 19-168, in subsec. (c), designated the existing text as par. (1); in subsec. (c)(1), substituted "insurance laws and subject to paragraph (2) of this subsection, a health" for "insurance laws, a health"; and added subsec. (c)(2).

Temporary Amendments of Section

For temporary (225 day) amendment of section, see § 2 of Health Care Privatization Benefit and Reimbursement Exemption Temporary Amendment of Act of 2006 (D.C. Law 16-155, September 19, 2006, law notification 53 DCR 7927).

Emergency Act Amendments

For temporary (90 day) amendment of section, see § 2 of Health Care Privatization Benefit and Reimbursement Exemption Emergency Amendment Act of 2006 (D.C. Act 16-374, May 19, 2006, 53 DCR 4388).

For temporary (90 day) amendment of section, see § 5052 of Fiscal Year 2007 Budget Support Emergency Act of 2006 (D.C. Act 16-477, August 8, 2006, 53 DCR 7068).

For temporary (90 day) amendment of section, see § 5052 of Fiscal Year 2007 Budget Support Congressional Review Emergency Act of 2006 (D.C. Act 16-499, October 23, 2006, 53 DCR 8845).

For temporary (90 day) amendment of section, see § 5052 of Fiscal Year 2007 Budget Support Congressional Review Emergency Act of 2007 (D.C. Act 17-1, January 16, 2007, 54 DCR 1165).

For temporary (90 day) amendment of section, see § 5112 of Fiscal Year 2013 Budget Support Emergency Act of 2012 (D.C. Act 19-383, June 19, 2012, 59 DCR 7764).

For temporary (90 day) amendment of section, see § 5112 of Fiscal Year 2013 Budget Support

Congressional Review Emergency Act of 2012 (D.C. Act 19-413, July 25, 2012, 59 DCR 9290).

Legislative History of Laws

For D.C. Law 14-18, see notes following § 7-1401.

For Law 16-192, see notes following § 7-751.16a.

For Law 17-219, see notes following § 7-651.17.

For history of Law 19-168, see notes under § 7-1131.02.

Miscellaneous Notes

Short title: Section 5051 of D.C. Law 16-192 provided that subtitle E of title V of the act may be cited as the "Health Care Privatization Benefit Amendment Act of 2006".

Short title: Section 5034 of D.C. Law 17-219 provided that subtitle O of title V of the act may be cited as the "Safety Net Clinics Fee Amendment Act of 2008".

Short title: Section 5111 of D.C. Law 19-168 provided that subtitle L of title V of the act may be cited as "DC HealthCare Alliance Preservation Amendment Act of 2012".

§ 7-1405.01. RULES.

The Mayor, pursuant to subchapter I of Chapter 5 of Title 2, may issue rules to implement the provisions of this chapter. The proposed rules shall be submitted to the Council for a 30-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by act within the 30-day period, the proposed rules shall be deemed disapproved.

(July 12, 2001, D.C. Law 14-18, § 7a, as added Mar. 30, 2004, D.C. Law 15-109, § 2, 51 DCR 1342.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

For temporary (225 day) addition, see § 2 of Health Care Privatization Rulemaking Temporary Amendment Act of 2003 (D.C. Law 15-54, December 9, 2003, law notification 51 DCR 1789).

Emergency Act Amendments

For temporary (90 day) addition, see § 2 of Health Care Privatization Rulemaking Emergency Amendment Act of 2003 (D.C. Act 15-126, July 29, 2003, 50 DCR 6831).

For temporary (90 day) addition, see § 2 of Health Care Privatization Rulemaking Congressional Review Emergency Amendment Act of 2003 (D.C. Act 15- 213, November 7, 2003, 50 DCR 10009).

For temporary (90 day) addition, see § 2 of Health Care Privatization Rulemaking Congressional Review Emergency Amendment Act of 2004 (D.C. Act 15- 326, January 28, 2004, 51 DCR 1593).

Legislative History of Laws

Law 15-109, the "Health Care Privatization Rulemaking Amendment Act of 2004", was introduced in Council and assigned Bill No. 15-274, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on December 2, 2003, and January 6, 2004, respectively. Signed by the Mayor on January 27, 2004, it was assigned Act No. 15-296 and transmitted to both Houses of Congress for its review. D.C. Law 15-109 became effective on March 30, 2004.

Delegation of Authority

Delegation of Authority pursuant to D.C. Law 14-18, the "Health Care Privatization Amendment Act of 2001", see Mayor's Order 2004-127, August 2, 2004 (51 DCR 8008).

Resolutions

Resolution 16-607, the "Health Care Safety Net Administration Rulemaking Amendments Emergency Approval Resolution of 2006", was approved effective April 4, 2006.

Resolution 18-149, the "Eligibility Criteria Amendment for the HealthCare Alliance Program Approval Resolution of 2009", was approved effective June 2, 2009.

Resolution 18-343, the "Residency Criteria Amendment for the HealthCare Alliance Program Approval Resolution of 2009", was approved effective December 15, 2009.