

### COUNCIL OF THE DISTRICT OF COLUMBIA

The John A. Wilson Building 1350 Pennsylvania Avenue, nw Washington, D.C. 20004

Christina Henderson Councilmember, At-Large Chairperson, Committee on Health

### **Committee Member**

Hospital and Health Equity Judiciary and Public Safety Transportation and the Environment

## Statement of Introduction on the Health Professional Licensing Boards Residency Requirement Amendment Act of 2023 June 2, 2023

Today, along with Councilmember Zachary Parker, I am proud to introduce the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023." This legislation would amend the District of Columbia Health Occupations Revision Act of 1985 to require that at least 50% of Health Professional Licensing Board positions designated for professional members be filled by District residents at the time of their appointments and while they are members of the board, and to require that the professional members of each Board be licensed for the health occupation regulated by the Board on which they sit and engaged in the practice of that health occupation in the District for at least 3 years preceding their appointment. The bill also requires that members who are not District residents be engaged in the practice of the health occupation regulated by the Board in the District while they are members of the Board.

Currently, the D.C. Code requires that all members of Health Professional Licensing Boards administered by DC Health be District residents. This requirement, while laudable in spirit, has created challenges for the District to fill all Board seats, particularly for Boards where a significant percentage of health professionals under their jurisdiction do not live in the District. To illustrate how common this problem is, I am including below a table from DC Health's Fiscal Year 2022 Performance Oversight Post-Hearing Responses on the percentage of health professionals under the Health Professional Licensing Boards who live in the District. As seen in the table, none of these Boards have more than 40% District residents, with one Board where only 8% of its health professionals are District residents. On average, only 19% of health professionals licensed under these Boards are District residents.

### Percent of Licensees who are District Residents:

Health Professional Licensing Board	Percentage living in DC
Board of Audiology and Speech-Language Pathology	31%
Board of Chiropractic	23%
Board of Dentistry	26%
Board of Dietetics and Nutrition	20%
Board of Long-Term Care Administration	13%
Board of Marriage and Family Therapy	21%
Board of Massage Therapy	39%
Board of Medicine	24%



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Board of Nursing	14%
Board of Occupational Therapy	20%
Board of Optometry	14%
Board of Pharmacy	15%
Board of Physical Therapy	30%
Board of Podiatry	8%
Board of Professional Counseling	29%
Board of Psychology	32%
Board of Respiratory Care	11%
Board of Social Work	26%
Board of Veterinary Medicine	31%
Average	19%

This has led to persistently high vacancy rates for many of the Boards. For example, the Board of Medicine has 15 seats and 7 vacancies; the Board of Nursing has 11 seats and 5 vacancies; and the Board of Psychology has 5 seats and 2 vacancies. Board vacancies not only mean that less perspectives are considered for key licensing decisions; they also mean that sometimes Boards cannot establish quorum to conduct business before the Board, which in turn can slow down the issuance of health professional licenses.

To address this persistent problem, this legislation would change the requirement to only require that 50% of seats held by professional members of Health Professional Licensing Boards be held by District residents. The bill would not change the current requirement that all consumer members of these Boards be District residents and would still require that the chairperson of the Board be a District resident. The legislation would also require that all professional members be licensed for the health occupation regulated by the Board on which they serve and engaged in the practice of the health occupation in the District for at least 3 years preceding appointment. Members who are not District residents will also be required to continue practicing the health occupation covered by the Board in the District while they are members of the Board.

This change will strike the right balance of increasing the District's ability to recruit qualified health professionals serving District residents for our Health Professional Licensing Boards, while still ensuring that the majority of Board members are District residents and that all residents can illustrate their commitment to the health care services provided to District residents.

I look forward to working with my colleagues to move this legislation forward and improve health and safety for District of Columbia students.

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1 2	Councilmember Zachary Parker Councilmember Christina Henderson
3 4 5 6 7 8 9 10 11 12 13 14	A BILL  ————  IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  ————
15 16 17 18 19 20 21 22 23 24 25 26	To amend the District of Columbia Health Occupations Revision Act of 1985 to require that at least 50% of board positions designated for professional members be filled by District residents at the time of their appointments and while they are members of the board; to require that the professional members of each board be licensed for the health occupation regulated by the board on which they sit and engaged in the practice of that health occupation in the District for at least 3 years preceding their appointment; to require that members who are not District residents be engaged in the practice of that health occupation in the District while they are members of the Board; and to require that the consumer members of each board and the chairperson of the Board be District residents.  BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
27	act may be cited as the "Health Professional Licensing Boards Residency Requirement
28	Amendment Act of 2023."
29	Sec. 2. Section 401 of the District of Columbia Health Occupations Revision Act of
30	1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.01), is amended as
31	follows:
32	(a) Subsection (a) is amended to read as follows:
33	"(a)(1) The consumer members of each board shall be residents of the District at the time

of their appointments and while they are members of the board.

33	(2) At least 50% of board positions designated for professional members shall be
36	filled by residents of the District at the time of their appointments and while they are members of
37	the board.
38	"(3) The chairperson of each board must be a District resident.".
39	(b) Subsection (b)(1) is amended to read as follows:
40	"(b)(1) Each professional member of a board, in addition to the requirements of
41	subsection (a) of this section, shall:
12	"(A) Have been licensed for the health occupation regulated by the board and
43	engaged in the practice of the health occupation regulated by the board in the District for at least
14	3 years preceding appointment; and
45	"(B) For members who are not District residents, be engaged in the practice of
46	that health occupation in the District while they are members of the board.".
47	Sec. 3. Fiscal impact statement.
48	The Council adopts the fiscal impact statement in the committee report as the fiscal
49	impact statement required by section 4a of the General Legislative Procedures Act of 1975,
50	approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).
51	Sec. 4. Effective date.
52	This act shall take effect following approval by the Mayor (or in the event of veto by the
53	Mayor, action by the Council to override the veto), a 30-day period of congressional review as
54	provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
55	24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
56	Columbia Register.