



**MURIEL BOWSER**  
**MAYOR**

December 21, 2021

The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia  
John A. Wilson Building  
1350 Pennsylvania Avenue, NW, Suite 504  
Washington, DC 20004

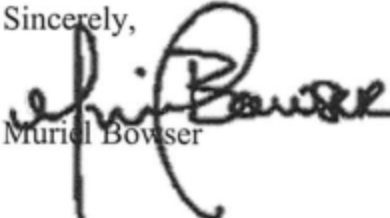
Dear Chairman Mendelson:

Enclosed for consideration and approval by the Council is the "Emergency Medical Services Regulations Approval Resolution of 2021," which will approve the rulemaking to amend Chapter 5 (Emergency Medical Services) of Title 29 of the District of Columbia Municipal Regulations. This rulemaking mandates vaccinations for COVID-19, which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), for persons who are certified by the Department of Health as emergency medical services personnel, flight emergency medical service personnel, or emergency medical service instructors; provides exemptions from the vaccination mandate; and establishes obligations related to SARS-CoV-2 for emergency medical service personnel, flight emergency medical service personnel, and emergency medical service instructors.

The new rules, as proposed, are necessary because data available to the Department of Health indicates an alarming number of health care providers who are licensed, registered, or certified by the Department of Health are not vaccinated for SARS-CoV-2. Lack of vaccination for these health care providers can easily lead to the spread of SARS-CoV-2 among vulnerable patients cared for by these health care providers and among the pool of health care providers. Unvaccinated health care providers cannot be permitted to remain a major potential source of the spread of SARS-CoV-2. This action is required to protect District residents, visitors, and persons providing health care in the District of Columbia by preventing and controlling the spread of a contagious disease for which effective vaccines exist.

I urge the Council to take prompt and favorable action on the enclosed proposed resolution.

Sincerely,

  
Muriel Bowser

  
Chairman Phil Mendelson  
at the request of the Mayor

A PROPOSED RESOLUTION

\_\_\_\_\_  
IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
\_\_\_\_\_

Chairman Phil Mendelson, at the request of the Mayor, introduced the following resolution,  
which was referred to the Committee on \_\_\_\_\_.

To approve the proposed rules to amend Chapter 5 (Emergency Medical Services) of Title 29  
(Public Welfare) of the District of Columbia Municipal Regulations that implement the  
provisions of the Emergency Medical Services Act of 2008.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
resolution may be cited as the “Emergency Medical Services Regulations Approval Resolution  
of 2021”.

Sec. 2. Pursuant to section 24 of the Emergency Medical Services Act of 2008, effective  
March 25, 2009 (D.C. Law 17-357; D.C. Official Code §7-2341.23 (2012 Supp.)), the Council  
approves the proposed rules adopted by the Mayor that amend Chapter 5 (Emergency Medical  
Services) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations, the  
District of Columbia’s emergency medical services regulations, published at 60 D.C. Register  
18.

Sec 3. Fiscal Impact.

The Council adopts the fiscal impact statement in the committee report as the fiscal  
impact statement required by section 602(c)(3) of the District of Columbia Home Rule  
Act, approved December 24, 1973 (97 Stat. 813; D.C. Official Code §1-206.02(c)(3)).

1           Sec. 4. The Council shall transmit a copy of this resolution, upon its adoption, to the  
2 Mayor, the Director of the Department of Health, and the Administrator of the Office of  
3 Documents and Administrative Issuances.

4           Sec. 5. This resolution shall take effect immediately.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE ATTORNEY GENERAL

ATTORNEY GENERAL  
KARL A. RACINE



Legal Counsel Division

**MEMORANDUM**

**TO:** Ronan Gulstone  
Director  
Office of Policy and Legislative Affairs

**FROM:** Brian K. Flowers  
Deputy Attorney General  
Legal Counsel Division

**DATE:** September 20, 2021

**SUBJECT:** Legal Sufficiency Review of Emergency Medical Services Regulations  
Approval Resolution of 2021  
(AR-21-627)

**This is to Certify that** this Office has reviewed the above-referenced legislation and has found it to be legally sufficient. If you have any questions regarding this certification, please do not hesitate to contact me at 724-5524.

*Brian K. Flowers*

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Brian K. Flowers

## DEPARTMENT OF HEALTH

### NOTICE OF FINAL RULEMAKING

The Director of the District of Columbia Department of Health, pursuant to Section 1 of An Act To Authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases, approved August 11, 1939 (53 Stat. 1408, D.C. Official Code §§ 7-131 *et seq.*) (2018 Repl.), Mayor's Order 1998-141, dated August 20, 1998, Section 24 of the Emergency Medical Services Act of 2008 (Act), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.23 (2018 Repl.)), and Mayor's Order 2009-89, dated June 1, 2009, hereby gives notice of the following amendments to Chapter 5 (Emergency Medical Services) of Title 29 (Public Welfare) of the D.C. Municipal Regulations (DCMR).

The purpose of this rulemaking is to: (1) mandate vaccinations for COVID-19, which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), for persons who are certified by the Department of Health as emergency medical services personnel, flight emergency medical service personnel, or emergency medical service instructors; (2) provide exemptions from the vaccination mandate; and (3) establish obligations related to SARS-CoV-2 for emergency medical service personnel, flight emergency medical service personnel, and emergency medical service instructors.

This action is necessary because the spread of SARS-CoV-2, poses an imminent threat to the health, safety, and welfare of District residents, visitors, and persons providing health care in the District of Columbia. The vast majority of new cases of SARS-CoV-2 are among unvaccinated persons. Data available to the Department of Health indicates an alarming number of health care providers who are licensed, registered, or certified by the Department of Health are not vaccinated for SARS-CoV-2. Lack of vaccination for these health care providers can easily lead to the spread of SARS-CoV-2 among vulnerable patients cared for by these health care providers and among the pool of health care providers. Unvaccinated health care providers cannot be permitted to remain a major potential source of the spread of SARS-CoV-2. Prompt action is required to protect District residents, visitors, and persons providing health care in the District of Columbia by preventing and controlling the spread of a contagious disease for which effective vaccines exist.

Therefore, it is necessary that persons who are certified by the Department of Health to provide emergency medical services under the Emergency Medical Services Act of 2008 ("Emergency Medical Services Act"), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.01 *et seq.*), receive vaccinations for SARS-CoV-2.

This rulemaking was published as a Notice of Emergency and Proposed Rulemaking in the D.C. Register on October 8, 2020 at 68 DCR 010622. No comments were received during the allotted thirty (30)-day public comment period, and no changes were made to the text of the rules as proposed. Pursuant to Section 24(b) of the Emergency Medical Services Act (D.C. Official Code § 7-2341.23(b)), the final rulemaking shall be submitted to the Council of the District of Columbia for a forty-five (45) day period of review, excluding Saturdays,

Sundays, legal holidays, and days of Council recess. The rulemaking will be final upon completion of the forty-five (45) day Council review period if the Council does not act earlier to adopt or disapprove a resolution approving the rules.

**Chapter 5, EMERGENCY MEDICAL SERVICES, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:**

**A new Section 568, MANDATORY COVID-19 VACCINATION FOR EMERGENCY MEDICAL SERVICES PERSONNEL, is added to read as follows:**

**568 MANDATORY COVID-19 VACCINATION FOR EMERGENCY MEDICAL SERVICES PERSONNEL**

568.1 Each person certified pursuant to §§ 6, 7, 9, 11, or 13 of the Emergency Medical Services Act of 2008 (“Emergency Medical Services Act”), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code §§ 7-2341.05, 7-2341.06, 7-2341.08, 7-2341.10, or 7-2341.12), to perform the duties of emergency medical services personnel, flight emergency medical services personnel, or emergency medical services instructor, unless granted an exemption under § 569 of this chapter, shall:

- (a) Receive the first dose of the Pfizer-BioNTech COVID-19 vaccine on or before September 30, 2021, and receive the second dose of the Pfizer-BioNTech COVID-19 vaccine within the time period established in the dosing schedule for the vaccine; or
- (b) Receive the first dose of the Moderna COVID-19 vaccine on or before September 30, 2021, and receive the second dose of the Moderna COVID-19 vaccine within the time period established in the dosing schedule for the vaccine; or
- (c) Receive one (1) dose of the Janssen COVID-19 vaccine on or before September 30, 2021.

568.2 A person who fails to comply with the requirements of § 568.1 shall be subject to disciplinary and enforcement actions under §§ 16, 17, 25, and 27 of the Emergency Medical Services Act (D.C. Official Code §§ 7-2341.15, 7-2341.16, 7-2341.24, and 7-2341.26), which may result in revocation, suspension, or denial of the person’s certification, a civil fine, and other penalties.

568.3 The Department may, by written or electronic correspondence, direct a person who has failed to comply with the requirements of § 568.1 to either become fully vaccinated by a date set forth in the correspondence, or to surrender their certification by that date, and may impose a fine or other

disciplinary action in accordance with § 568.2, if the person fails to become fully vaccinated or surrender their certification by that date.

568.4 The Department may deny a person's application for the renewal of a certification listed in § 568.1 if the person has failed to comply with the requirements set forth in that subsection, or may impose a fine or other disciplinary action for non-compliance, or both.

568.5 For initial applications submitted on or after September 30, 2021, the Department may deny an application for a certification listed in § 568.1 if the person has not received a dose of the Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccine, or has not received the second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccine within the time period established in the dosing schedule for the vaccine.

**A new Section 569, EXEMPTIONS FROM MANDATORY COVID-19 VACCINATION FOR EMERGENCY MEDICAL SERVICES PERSONNEL, is added to read as follows:**

**569 EXEMPTIONS FROM MANDATORY COVID-19 VACCINATION FOR EMERGENCY MEDICAL SERVICES PERSONNEL**

569.1 A person who is otherwise required to be vaccinated against COVID-19 pursuant to § 568 shall be exempt from the COVID-19 vaccination requirement if the person files a request for an exemption with the Director in accordance with § 569.3, and is granted the request, for one of the following reasons:

- (a) The person objects in good faith and in writing that the person's vaccination against COVID-19 would violate a sincerely held religious belief and the vaccination would in fact violate a sincerely held religious belief of the person; or
- (b) The person has obtained and submitted written certification from a physician, or other licensed health professional who may order an immunization, that being vaccinated against COVID-19 is medically inadvisable due to the person's medical condition and it is in fact medically inadvisable for the person to receive a COVID-19 vaccine due to the person's medical condition. If the condition making the vaccine medically inadvisable is temporary, the physician or other licensed health professional should specify in the certification the date on which, or the change in condition upon which, taking the vaccine would no longer be medically inadvisable.

569.2 A person who is otherwise required to be vaccinated against COVID-19 pursuant to § 568 may be granted an exemption from the requirement if the

person files a request for an exemption with the Director in accordance with § 569.3, and is granted the request, based on the person's vaccination outside the United States with a COVID-19 vaccine approved by the World Health Organization.

- 569.3 A person requesting an exemption pursuant to § 569.1 or § 569.2 must submit documentation to the Director, or his or her designee, that satisfactorily demonstrates that the exemption is warranted.
- 569.4 An exemption requested pursuant to § 569.1 or § 569.2 shall be effective upon a written document issued by the Director, or his or her designee, granting the exemption.
- 569.5 An exemption granted pursuant to § 569.1(a) shall be effective for one (1) year after it is granted and may be renewed annually for additional terms of one (1) year.
- 569.6 An exemption granted pursuant to § 569.1(b) that includes a date on which taking the vaccine would no longer be medically inadvisable, shall be effective until thirty (30) days after the specified date.

**A new Section 570, SARS-CoV-2 OBLIGATIONS OF EMERGENCY MEDICAL SERVICES PERSONNEL, is added to read as follows:**

**570 SARS-CoV-2 OBLIGATIONS OF EMERGENCY MEDICAL SERVICES PERSONNEL**

- 570.1 Each person certified pursuant to §§ 6, 7, 9, 11, or 13 of the Emergency Medical Services Act of 2008 (D.C. Official Code §§ 7-2341.05, 7-2341.06, 7-2341.08, 7-2341.10, or 7-2341.12) shall:
- (a) Comply with each Mayor's Order related to a public emergency or a public health emergency for SARS-CoV-2;
  - (b) Comply with each administrative order and each guidance issued by the Department of Health related to SARS-CoV-2; and
  - (c) Submit proof of vaccination status for SARS-CoV-2 using the system designated by the Department of Health in electronic correspondence.
- 570.2 Failure to comply with § 570.1 of this chapter may result in denial, non-renewal, suspension, or revocation of the person's certification in accordance with the Emergency Medical Services Act of 2008 ("Emergency Medical Services Act"), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code §§ 7-2341.15 and/or 7-2341.16).



**A new Section 571, SARS-CoV-2 EDUCATIONAL REQUIREMENT FOR EMERGENCY MEDICAL SERVICES PERSONNEL, is added to read as follows:**

**571 SARS-CoV-2 EDUCATIONAL REQUIREMENT FOR EMERGENCY MEDICAL SERVICES PERSONNEL**

- 571.1 Each person certified pursuant to §§ 6, 7, 9, 11, or 13 of the Emergency Medical Services Act of 2008 (D.C. Official Code §§ 7-2341.05, 7-2341.06, 7-2341.08, 7-2341.10, or 7-2341.12), shall complete a two (2)-hour course related to SARS-CoV-2 by October 31, 2021.
- 571.2 The content of the course required by § 571.1 shall be developed and provided by the Director at no cost to the certified person and shall satisfy two (2) hours of continuing education credits.
- 571.3 Failure to comply with § 571.1 may result in denial, non-renewal, suspension, or revocation of the person's certification in accordance with the Emergency Medical Services Act of 2008 ("Emergency Medical Services Act"), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.15).

**A new Section 572, TRAINING RECORDS: SARS-CoV-2, is added to read as follows:**

**572 TRAINING RECORDS: SARS-CoV-2**

- 572.1 Each emergency medical services agency shall maintain a record of the SARS-CoV-2 training completed by each of its emergency medical services personnel, flight emergency medical services personnel, and emergency medical services instructors as required by § 571 of this chapter.
- 572.2 The SARS-CoV-2 training records shall be maintained as a part of the Emergency Medical Services Agency's records pursuant to § 507.6 of this chapter.
- 572.3 Failure to comply with § 572.1 may result in non-renewal, suspension, or revocation of the Emergency Medical Services Agency's certification in accordance with the Emergency Medical Services Act of 2008 ("Emergency Medical Services Act"), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.15).