

Government of the District of Columbia  
Office of the Chief Financial Officer



**Fitzroy Lee**  
Acting Chief Financial Officer

**MEMORANDUM**

**TO:** The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia

**FROM:** Fitzroy Lee  
Acting Chief Financial Officer 

**DATE:** May 11, 2022

**SUBJECT:** Updated Fiscal Impact Statement – HIV/AIDS Data Privacy Protection  
and Health Occupations Revision Clarification Amendment Act of 2022

**REFERENCE:** Bill 24-207, Committee Print as provided to the Office of Revenue  
Analysis on May 2, 2022

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*This updated fiscal impact statement reflects changes made to the Committee Print provided to the Office of Revenue Analysis on May 2, 2022. This statement replaces the one issued on March 7, 2022.*

**Conclusion**

Funds are sufficient in the fiscal year 2022 budget and proposed fiscal year 2023 through fiscal year 2026 budget and financial plan to implement the bill.

**Background**

Health care providers notify the Department of Health (DC Health) each time they diagnose a new case of HIV or AIDS in the District. DC Health then conducts a routine public health surveillance and disease investigation which entails collecting and analyzing case information. The bill limits<sup>1</sup> the disclosure of identifying information collected during health surveillance and investigations to instances where the information is essential to safeguard the physical health of others or when a written consent is given by the person that is newly diagnosed with HIV or AIDS. The bill also specifies that all identifying information obtained, collected, or produced by DC Health is not discoverable and is not admissible in evidence in any civil or criminal action, unless the person about whom the information pertains gives his or her prior written permission.

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<sup>1</sup> By amending Section 6 of the AIDS Health-Care Response Act of 1986, effective June 10, 1986 (D.C. Law 6-121; D.C. Official Code § 7-1605).

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The bill clarifies<sup>2</sup> the scope of practice for doulas operating in the District. Doulas may provide culturally competent and continuous physical, emotional, and informational support to a birthing parent during pregnancy, labor, and birth. Doulas are not permitted to perform clinical tasks, replace trained licensed medical professionals, or engage in the practice of medicine. Individuals applying for certification to practice as a doula must complete nationally recognized training approved by DC Health. Doulas must also participate in a minimum of three births, have a cardiopulmonary resuscitation certification, and satisfy any rules issued by DC Health.

The bill also changes<sup>3</sup> the name of the Advisory Committee on Certified Professional Midwives to the Advisory Committee on Maternal Care Professionals (Committee) and updates the Committee's composition and duties. The Committee will continue to have seven members but one of those members must be a doula. The Committee will advise the Board of Medicine on the regulation of the practice of certified professional midwifery; certify doulas and regulating the practice of doulas in the District; and develop guidelines for licensing certified professional midwives.

The bill makes a technical change<sup>4</sup> to the Specialty Drug Copayment Limitation Act to reflect the original intent of the legislation. Insurers will be required to apply deductibles and any cost sharing paid by insured individuals for insulin drugs, diabetes devices, and diabetic ketoacidosis devices toward the insured's out of pocket maximum obligation rather than the insured's deductible obligation.

The bill also updates<sup>5</sup> the criteria under which the Health Occupations Boards may consider criminal convictions when determining whether to deny an application or initiate disciplinary action against an individual currently licensed to practice a health occupation in the District. DC Health must issue an annual report on the number of applications for a license, registration, or certification that were denied based upon an applicant's criminal conviction and on the number of licensees, registrants, persons certified, or persons permitted practice in the District whose licenses, registrations, or certifications were revoked or suspended based upon a criminal conviction.

### **Financial Plan Impact**

Funds are sufficient in the fiscal year 2022 budget and proposed fiscal year 2023 through fiscal year 2026 budget and financial plan to implement the bill. DC Health can implement the data privacy protections without additional resources. Changing the name, membership, and duties of the Advisory Committee on Certified Professional Midwives and clarifying the scope of practice for doulas does not have a cost. Clarifying the original intent of the Specialty Drug Copayment Limitation Act also does not have cost. The Health Occupation Boards can implement new criminal conviction

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<sup>2</sup> By amending The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.).

<sup>3</sup> By amending Section 4949 of the Department of Health Functions Clarification Act of 2001, effective June 17, 2020 (D.C. Law 23-97; D.C. Official Code § 7-743.09).

<sup>4</sup> By amending Section 3a(c) of the Specialty Drug Copayment Limitation Act of 2016, effective April 7, 2017 (D.C. Law 21-248; D.C. Official Code § 48-855.02a).

<sup>5</sup> By amending D.C. Official Code § 3-1205.14.

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review criteria for individuals seeking or renewing a license, registration, or certification to practice a health occupation in the District with current resources.