

## DEPARTMENT OF HEALTH

**NOTICE OF PROPOSED RULEMAKING**

The Director of the State Health Planning and Development Agency with the Department of Health, pursuant to the authority set forth in § 22 of the Health Services Planning Program Re-establishment Act of 1996 (Act), effective April 9, 1997 (D.C. Law 11-191; D.C. Official Code § 44-421 (2001)), hereby gives notice of her intent to take final rulemaking action to adopt the following amendments to Chapter 44 of Title 22 of the District of Columbia Municipal Regulations (DCMR) in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. The purpose of the proposed rule is to revise the requirements for health care facilities for providing uncompensated care to persons who cannot afford health services consistent with re-establishment of the Health Services Planning Program and changes implemented through the Health Services Planning and Development Amendment Act of 2004, effective April 22, 2004 (D.C. Law 15-149).

Pursuant to § 22 of the Act, the proposed rules are being transmitted to the Council of the District of Columbia, and the proposed rules will not become effective until the expiration of the forty-five (45) day period of Council review or upon approval by Council resolution, whichever occurs first, and publication of a notice of final rulemaking in the D.C. Register.

Chapter 44 of Title 22 DCMR (Public Health & Medicine) (August 1986) is amended by striking Chapter 44 in its entirety and replacing it with a new Chapter 44 to read as follows:

**CHAPTER 44          PROVISION OF UNCOMPENSATED CARE****4400          GENERAL PROVISIONS**

- 4400.1          This chapter implements the requirements of the District of Columbia Health Services Planning Program Re-Establishment Act of 1996 (Act), effective April 9, 1997 (D.C. Law 11-191; D.C. Official Code § 44-401 *et seq.*), for the provision by health care facilities of uncompensated care as a condition of holding a Certificate of Need (CON).
- 4400.2          As a condition for issuance of a CON to a health care facility or health service that operates on a payment for services rendered basis, the health care facility or health service shall provide uncompensated care in an amount not less than three percent (3%) of the health care facility's or health service's annual operating expenses, less the amount of reimbursements it receives from Titles XVIII and XIX of the Social Security Act (Medicaid and Medicare), without regard for contractual allowances. In addition, the health care facility or health service shall comply with any

uncompensated care obligations required pursuant to the Act in a previous CON.

4400.3 The State Health Planning and Development Agency (SHPDA) may require each health care facility or health service subject to an uncompensated care obligation through a CON to submit data to verify compliance with the uncompensated care obligation.

4400.4 Each health care facility or health service subject to an uncompensated care obligation shall provide uncompensated care at the annual compliance level required by § 4400.2, for each fiscal year, or any part thereof, in which it is subject to the uncompensated care obligation.

4400.5 Each health care facility or health service that has an uncompensated care obligation shall make uncompensated care available to the extent of that obligation to all eligible persons, without discrimination on the grounds of race, color, creed, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source of income, or any other grounds unrelated to an individual's need for the service or the availability of the needed service.

**4401 RESERVED**

**4402 CERTIFICATE OF NEED HOLDER PARTICIPATION IN THIRD PARTY PAYER PROGRAMS**

4402.1 Each CON holder may make arrangements, if eligible to do so, for reimbursement for services from:

- (a) Those principal District and state third party payers that provide reimbursement for services; and
- (b) Federal governmental third-party programs, including Medicare and Medicaid.

4402.2 Each CON holder shall take all actions necessary to ensure that admission to and receipt of its services are available to beneficiaries of the governmental programs specified in § 4402.1, without discrimination or preference because they are beneficiaries of those programs.

**4403 PROHIBITION OF EXCLUSIONARY ADMISSIONS POLICIES**

4403.1 A CON holder shall be out of compliance with § 4400.4, if it uses an admissions practice that has the effect of excluding persons who are eligible for uncompensated care under § 4406.

- 4403.2 Prohibited admissions practices include the following:
- (a) Limiting admission to patients who are referred by physicians with staff privileges at the CON holder's facility (or facilities);
  - (b) Maintaining an operational structure that includes few or no physicians with staff privileges who will treat persons who are eligible for uncompensated care; or
  - (c) Requiring advance deposits (pre-admission or pre-service deposits) from persons who qualify or appear to qualify for uncompensated care before admitting or serving these persons.

4403.3 A CON holder may have in effect a policy or practice described in § 4403.2(a) and still comply with this chapter if the CON holder makes alternative arrangements to treat those persons who would otherwise be unable to gain admission to, or obtain services available from, the CON holder. Alternative arrangements may include the following:

- (a) Authorizing the individual's physician, if licensed and otherwise qualified, to treat the patient at the facility even though the physician does not have staff privileges at the facility;
- (b) Obtaining the voluntary agreement of physicians with staff privileges at the facility to accept referrals regularly of patients who do not have a physician (e.g. rotating referrals to the physicians with staff privileges);
- (c) Requiring acceptance of referrals of patients who do not have a physician as a condition of obtaining or renewing staff privileges;
- (d) Establishing a hospital-based primary care clinic through which patients needing hospitalization may be admitted; or
- (e) Hiring or contracting with qualified physicians to treat patients who do not have private physicians.

4403.4 A CON holder need not require all its staff physicians to accept Medicaid or Medicare patients to remedy a violation of § 4403.2(b). If the Department of Health, Medical Assistance Administration, determines that a CON holder or CON applicant is out of compliance with Medicaid or Medicare obligations, the CON applicant or CON holder shall be deemed out of compliance with admissions and service requirements until the CON applicant or CON holder takes steps to ensure that Medicaid and

Medicare program beneficiaries have full access to all of the CON applicant's or CON holder's available services.

4403.5 A CON holder that engages in a practice prohibited by § 4403.2(c) is not required to forego the use of a deposit policy in all situations. The CON holder can remedy this violation by making alternative arrangements to ensure that persons who probably can pay for services are not denied them simply because they do not have the available cash at the time services are requested. A CON holder shall not deny admission or a service to a person who probably can pay because of the person's inability to pay a deposit at the time the person requests admission or a service.

#### **4404 UNCOMPENSATED CARE COMPLIANCE REQUIREMENTS**

4404.1 Each CON holder shall provide uncompensated care pursuant to § 4400.2 to eligible persons. The uncompensated care to be provided shall be based upon these rules or contractual obligations between the health care provider and the District of Columbia Government, whichever standard provides the higher dollar value.

4404.2 If, during any fiscal year, a CON holder fails to meet its annual uncompensated care obligation, the CON holder shall, during a subsequent fiscal year, provide uncompensated care in a dollar value sufficient to remediate that deficit, pursuant to a compliance plan under § 4413 approved by the SHPDA. The compliance plan shall include the following:

- (a) The conditions or circumstances that caused or contributed to the deficit;
- (b) Specific actions the CON holder plans to take to remediate the deficit;
- (c) Specific actions the CON holder plans to take to prevent further deficits;
- (d) The name of a staff person who will be responsible for administering the compliance plan; and
- (e) The dates on which the compliance plan will begin and is expected to be completed.

4404.3 A deficit incurred during any fiscal year shall be made up within not more than three (3) fiscal years after the end of the fiscal year during which the deficit occurred.

- 4404.4 A CON holder shall begin to make up a deficit during the fiscal year immediately following the fiscal year during which it incurred the deficit.
- 4404.5 The SHPDA shall complete its review of the compliance plan within forty-five (45) days of receipt from the CON holder. The compliance plan shall expire after the CON holder remedies the deficit for which it submitted the compliance plan.
- 4404.6 The Director may extend the period of time within which a CON holder may make up a deficit.
- 4404.7 The amount of an uncompensated care deficit for any fiscal year shall be the difference between a CON holder's annual compliance level for that fiscal year and the amount of uncompensated care provided during that fiscal year.
- 4404.8 If a CON holder provides uncompensated care during a fiscal year in an amount exceeding its annual compliance level, the CON holder may request that the Director apply the excess amount as a credit towards an existing deficit or its annual compliance level for any subsequent fiscal year. To be eligible for a credit, the excess dollar value above the annual compliance level must have been provided pursuant to the requirements of this chapter.

**4405 NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE**

- 4405.1 Each CON holder shall publish, in a newspaper of general circulation within the District of Columbia, and submit to the Director before the beginning of the CON holder's fiscal year, a notice of its uncompensated care obligation. The notice shall include:
- (a) The dollar value of uncompensated care that the CON holder intends to make available during the fiscal year or a statement that the CON holder will provide uncompensated care to all persons unable to pay for treatment who request uncompensated care;
  - (b) An explanation of the difference between the amount of uncompensated care the CON holder proposes to make available and the annual compliance level for the CON holder, if any; and
  - (c) A statement whether the CON holder has satisfied all outstanding uncompensated care obligations from previous reporting periods, or a statement indicating that it will, during a specified period, satisfy any outstanding obligations.
- 4405.2 The CON holder shall post the following notice:

"Under District of Columbia law, this health care provider must make its services available to all people in the community. This health care provider is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source of income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid.

"This health care provider is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced charge without a good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000.

"If you want to file a complaint, forms are available from the State Health Planning and Development Agency."

- 4405.3 The notice required by § 4405.2 shall also include the CON holder's eligibility criteria for uncompensated care.
- 4405.4 The CON holder shall post the notice required by § 4405.2 in plain view in areas of the CON holder's facility or service that are easily accessible to the public. Those areas shall include the admissions areas, the business office, and the emergency room.
- 4405.5 The notice required by § 4405.2 shall be printed in the following languages:
- (a) English;
  - (b) Spanish; and
  - (c) Any other language that is the usual language of households of ten percent (10%) or more of the population of the District of Columbia, according to the most recent figures published by the Bureau of Census.
- 4405.6 Each CON holder shall communicate the contents of the posted notice to any person who the CON holder has reason to believe cannot read the notice.

- 4405.7 During any period of a fiscal year when uncompensated care is available in the CON holder's facility or service, the CON holder shall provide written notice of the availability of the services to each person who seeks services from the CON holder, whether on his or her own behalf or on behalf of another. The written notice of availability shall include the following:
- (a) The information set out in the notice in § 4405.2.
  - (b) The location in the CON holder's facility or service where any person seeking uncompensated care may request it; and
  - (c) A statement that the CON holder is required to make a written determination whether the person will receive uncompensated care; and
  - (d) The date by, or period within which, the determination will be made.

4405.8 Each CON holder shall provide the written notice required by § 4405.7 before providing services, except where the emergency nature of the services makes prior notice impractical. In emergency situations, the CON holder shall provide the written notice to the patient as soon as practical, or to the next of kin. The CON holder shall give the notice not later than when presenting the first bill for services.

#### **4406 UNCOMPENSATED CARE ELIGIBILITY CRITERIA**

- 4406.1 A person is eligible to receive uncompensated care if the person is unable to pay for health services and satisfies the following additional requirements:
- (a) Is not covered, or receives services that are not covered, under a third-party insurer or governmental program;
  - (b) Has an annual individual or family income that is not greater than two hundred percent (200%) of the federal poverty level; and
  - (c) Requests services.
- 4406.2 Financial eligibility for uncompensated care shall be calculated by either of the following methods:
- (a) Multiplying by four (4) the person's individual or family income, as applicable, for the three (3) months preceding the request for uncompensated care; or

- (b) Using the person's or family's actual income, as applicable, for the twelve (12) months preceding the request for uncompensated care.

4406.3 For purpose of determining income eligibility for uncompensated care pursuant to § 4406.1(b), revisions to the federal poverty level used to calculate eligibility shall be effective sixty (60) days after the date of publication in the Federal Register.

**4407 RESERVED**

**4408 WRITTEN DETERMINATION OF ELIGIBILITY FOR UNCOMPENSATED CARE**

4408.1 Each CON holder shall give written notice of its determination of eligibility for uncompensated care in response to each request for uncompensated care to the person requesting care. The CON holder shall give notice in person at the time uncompensated care is requested or by regular mail to the address the person requesting services provided. If the person requesting care has not provided an address and is not available to receive notice in person, the CON holder may post at the facility, in a conspicuous place such as the admissions office or the emergency services department, a notice that the person's eligibility status is available in the administrative office within that facility.

4408.2 Each CON holder shall communicate the contents of the written determination to any person requesting uncompensated care that the CON holder has reason to believe cannot read the determination.

4408.3 Each determination of eligibility for uncompensated care shall include the following statements:

- (a) That the CON holder will, will with conditions, or will not provide uncompensated care;
- (b) That there will be no charge for uncompensated care;
- (c) The date on which the person requested care;
- (d) The date on which the CON holder made the determination;
- (e) The annual individual or family income, as applicable, and family size of the person who requested uncompensated care;
- (f) The date on which services were, or will be, provided; and
- (g) The reason for denial, if applicable.

- 4408.4 As a condition of providing uncompensated care, a CON holder may:
- (a) Require the person requesting uncompensated care to furnish any information that is reasonably necessary to substantiate eligibility; and
  - (b) Require each person requesting uncompensated care to apply for any benefits under third party insurer or governmental programs to which the person requesting uncompensated care is, or could be, entitled upon application.

4408.5 A conditional eligibility determination shall state the conditions that the person requesting uncompensated care must satisfy to be eligible.

4408.6 CON holders shall make eligibility determinations as follows:

- (a) Each hospital shall make an eligibility determination for uncompensated care within five (5) business days of a request for an outpatient service or before discharge for an inpatient service;
- (b) Each ambulatory surgical facility shall make an eligibility determination for uncompensated care within five (5) business days of a request for an outpatient service; and
- (c) Any other CON holder shall make a determination of eligibility for uncompensated care within ten (10) business days following the date of admission or delivery of services.

**4409 RESERVED**

**4410 UNCOMPENSATED CARE REPORTING REQUIREMENTS**

4410.1 Each CON holder shall submit an annual report to the SHPDA on uncompensated care. The report shall be on a schedule prescribed by the SHPDA. The report shall be submitted within one hundred and twenty (120) days after the close of the CON holder's fiscal year. The report shall include:

- (a) The dollar value of uncompensated care that the CON holder was required to provide;
- (b) The dollar value of uncompensated care the CON holder actually provided, with the dollar value of charity care and bad debt reported separately;

- (c) A copy of the CON holder's audited financial statement for that fiscal year;
- (d) Other documentation SHPDA may require to determine if a CON holder has met its annual compliance level for the period covered by the report;
- (e) The dollar value of services and care provided to District residents;
- (f) A copy of the notice required by § 4405.1, including the date the notice was published and the name of the newspaper that printed the notice;
- (g) If the CON holder failed to provide the required annual level of uncompensated care, the reason and any documentation that supports its reason for failing to meet the annual compliance level; and
- (h) Any other documentation the Director may request.

4410.2 The Director may require a CON holder to submit the report required by § 4410.1 more frequently when:

- (a) The Director determines that during the preceding fiscal year the CON holder did not provide uncompensated care at its required annual compliance level; or
- (b) The Director notifies the CON holder, in writing, that additional reports are needed for proper administration of the CON program.

4410.3 If the Director requests additional reports pursuant to § 4410.2, the CON holder shall submit the report within ninety (90) days after receiving the request or within ninety (90) days after the close of the fiscal year, whichever is later. The Director may, for good cause shown, extend the time within which the CON holder must submit the report.

4410.4 Not later than ten (10) days after being served with a summons or complaint regarding uncompensated care or any other activity relating to the CON, each CON holder shall notify the Director of any legal action brought against it that alleges that it has failed to comply with the requirements of this chapter.

**4411 UNCOMPENSATED CARE RECORDS MAINTENANCE REQUIREMENTS**

4411.1 Each CON holder shall maintain and provide to the Director, upon request, any records necessary to document the CON holder's compliance with the requirements of this chapter. Each CON holder shall make available for public inspection the records it maintains to document its compliance. Patient identifying information shall be removed from records provided for public inspection.

4411.2 The CON holder shall maintain uncompensated care records, including the following:

- (a) Any documents from which the information required to be reported under § 4410 was obtained;
- (b) Documents that clearly segregate uncompensated care from other accounts;
- (c) Copies of written determinations of eligibility under § 4408; and
- (d) Documentation that verifies compliance with the requirements of this chapter during any fiscal year, including documents from which information required to be reported under § 4410.1 was obtained.

4411.3 Each CON holder shall retain records to document its compliance with this chapter for five (5) years from the date of the last entry for a particular fiscal year. The Director may require a CON holder to maintain the records for a longer period.

**4412 INVESTIGATION AND CERTIFICATION OF COMPLIANCE**

4412.1 Any person may file a complaint with the Director that a CON holder is not complying with the requirements of this chapter.

4412.2 Each complaint shall include the following information:

- (a) The name and address of the complainant;
- (b) The name and, address of the CON holder;
- (c) The date or approximate date on which the event or incident being complained of occurred; and
- (d) A statement describing the event or incident that the complainant believes violates the requirements of this chapter.

- 4412.3 The filing date of a complaint shall be the date of receipt by the SHPDA.
- 4412.4 The Director shall provide a copy of the complaint to the CON holder named in the complaint within ten (10) business days after receiving the complaint.
- 4412.5 The Director shall initiate an investigation of each complaint filed pursuant to the provisions of this section within thirty (30) business days of its receipt.
- 4412.6 The CON holder shall provide the Director with documents, records, or other requested information that may assist in investigating the complaint.
- 4412.7 A CON holder shall be out of compliance with its uncompensated care obligations if it fails to provide documentation the Director requests to determine the CON holder's compliance with this chapter.
- 4412.8 The Director shall determine the merit of a complaint based on:
- (a) Information contained in the complaint;
  - (b) Documents the CON holder provides; and
  - (c) Other credible information the Director receives.
- 4412.9 If the Director determines that a complaint is not substantiated, the Director shall dismiss the complaint.
- 4412.10 The Director shall make periodic reviews of the uncompensated care requirements and activities of each CON holder to determine whether a CON holder is complying with its obligations.
- 4412.11 The Director shall conduct audits to determine each CON holder's compliance with its uncompensated care obligation according to standard audit procedures.
- 4412.12 After completing the audit the Director may certify that a CON holder has substantially complied with its uncompensated care obligation for a specific fiscal year or years. The certification shall confirm that the CON holder has provided the uncompensated care stated for the period covered by the certification.
- 4412.13 The Director shall base each certification of substantial compliance on the amount of uncompensated care properly claimed by the CON holder, using procedures and reviewing individual account data the Director

determines to be sufficient to establish that the CON holder has substantially complied with its uncompensated care obligation for the period covered by the certification.

- 4412.14 The Director may certify substantial compliance when he or she determines that, for the period covered by the certification, the CON holder provided uncompensated care to eligible persons who had equal opportunity to apply for uncompensated care.
- 4412.15 To determine whether a CON holder has substantially complied with its obligations, the SHPDA shall consider each of the following in descending order of importance:
- (a) Whether the CON holder took corrective action prescribed pursuant to § 4413;
  - (b) Whether the CON holder's noncompliance with its uncompensated care obligation may be remedied by corrective action under § 4413; and
  - (c) Whether the CON holder had procedures in place that complied with the applicable notice, eligibility, and record keeping requirements of §§ 4405, 4406, 4408, 4410, and 4411, and systematically and correctly followed the procedures.
- 4412.16 The Director shall determine and certify the amount of creditable service required by each CON holder for the three (3) fiscal years ending prior to the effective date of these rules. The Director shall base the determination on information necessary to establish the CON holder's substantial compliance with its uncompensated care obligation during the period being reviewed.
- 4412.17 To determine creditable service during the three (3) fiscal years ending prior to the effective date of these rules, each CON holder shall submit to the Director for each fiscal year the following:
- (a) The number of persons to whom it provided care without charge or below its normal and customary charge;
  - (b) The total dollar amount of uncompensated care it provided in each fiscal year and the method used to determine that dollar amount; and
  - (c) A description of the eligibility criteria it used for providing uncompensated care.

## **4413 UNCOMPENSATED CARE ENFORCEMENT**

4413.1 If the Director finds, based on an investigation, review, or audit under § 4412, that a CON holder has not complied with the requirements of this chapter, the Director may take any action authorized by law to secure compliance, including:

- (a) Voluntary agreement;
- (b) Judicial enforcement of the obligations under this chapter; and
- (c) Denial or withdrawal of a CON.

4413.2 Each CON holder that has denied uncompensated care to any person because it failed to comply with its uncompensated care obligation shall be out of compliance until it takes the actions necessary to remedy fully the noncompliance, including;

- (a) Providing uncompensated care to applicants improperly denied;
- (b) Repaying amounts improperly collected from persons eligible to receive uncompensated care; and
- (c) Other corrective action the Director may prescribe.

4413.3 The Director may disallow all of the uncompensated care claimed in a fiscal year if the Director finds that a CON holder was in substantial noncompliance with its uncompensated care obligation because it failed to do any of the following:

- (a) Have a system for providing notices to eligible persons as required by § 4405;
- (b) Comply with the applicable reporting requirements of § 4410;
- (c) Have a system for maintaining records of uncompensated care provided;
- (d) Take corrective action pursuant to § 4413.2;
- (e) Comply with the applicable eligibility standards in § 4406; or
- (f) Comply with the written determination procedures in § 4408.

4413.4 If the Director determines, based on investigation, audit, or review under § 4412, that a CON holder has limited its services in violation of its

uncompensated care obligation, the Director may require the CON holder to establish a compliance plan to ensure that the CON holder's services are available according to the requirements of this chapter.

4413.5 In the absence of a finding of noncompliance in any fiscal year, the Director may disallow uncompensated care claimed by a CON holder in the fiscal year to the extent that the services are not documented as uncompensated care according to this chapter.

**4414 RESERVED**

**4499 DEFINITIONS**

4499.1 The provisions of § 4099 of Chapter 40 of this title and the definitions set forth in that section shall apply to this chapter.

4499.2 When used in this chapter, the following terms and phrases shall have the meaning ascribed below.

**Act** - the Health Services Planning Program Re-establishment Act of 1996, effective April 9, 1997 (D.C. Law 11-191; D.C. Official Code § 44-401 *et seq.*).

**Certificate of Need or CON**-authorization for a health care facility or health service to develop a new institutional health service, purchase major medical equipment, or obligate a capital expenditure to obtain an asset worth more than two million five hundred thousand dollars (\$2,500,000).

**Certificate of Need applicant or CON applicant**-a person who applies for a CON.

**Certificate of Need holder or CON holder**-a person who has applied for and received a Certificate of Need pursuant to this chapter. For the purpose of this chapter, a person continues to be a CON holder after the completion of the project for which the CON was obtained.

**Compliance plan**-the means by which a CON holder that violates this chapter or is out of compliance with its uncompensated care obligations proposes to remedy the violations or other noncompliance.

**Director**-Director of the District of Columbia State Health Planning and Development Agency, Department of Health

**Health care facility**-a private general hospital, psychiatric hospital, other specialty hospital, rehabilitation facility, skilled nursing facility, intermediate care facility, ambulatory care center or clinic, ambulatory surgical facility, kidney disease treatment center, freestanding hemodialysis facility, diagnostic health care facility, home health agency, hospice, or other comparable health care facility that has an annual operating

budget of at least \$500,000. This term shall not include Christian Science sanitariums operated, listed, and certified by the First Church of Christ Scientist, Boston, Massachusetts; the private office facilities of a health professional or group of health professionals, where the health professional or group of health professionals provides conventional office services limited to medical consultation, general non-invasive examination, and minor treatment, or a health care facility licensed or to be licensed as a community residence facility, or an Assisted Living Residence as defined by § 102.01(4) of the Assisted Living Residence Regulatory Act of 2000, effective June 24, 2000 (D.C. Law 13-127; 44-102.01(4)).

**Health service**-any medical or clinical related service, including services that are diagnostic, curative, or rehabilitative, as well as those related to alcohol abuse, inpatient mental health services, home health care, hospice care, medically supervised day care, and renal dialysis. This term shall not include those services provided by physicians, dentists, HMOs, and other individual providers in individual or group practice.

**Request for uncompensated care**-any indication by or on behalf of an individual seeking health care from a CON holder of the individual's inability to pay for the services that is made at any time, including following institution of a collection action against the individual.

**SHPDA**-State Health Planning and Development Agency, Department of Health.

Comments on the proposed rules should be sent in writing to the Department of Health, Office of the General Counsel, 4th Floor, 825 North Capitol Street, N.E., Washington, D.C. 20002, not later than thirty (30) days after the date of publication of this notice in the D.C. Register. Copies of the proposed rules may be obtained Monday through Friday, excepting holidays, between the hours of 8:30 A.M. and 4:45 P.M. at the same address.