Executive Summary

District of Columbia Physician Licensure Statute

**Licensure Requirements:** Those wishing to practice medicine in the District of Columbia need to obtain a temporary, limited, or full medical license.

**Licensure Reciprocity:** The District of Columbia Licensure Statute does allow for reciprocity between states where the other state’s licensure requirements are substantially equivalent to the requirements in the District of Columbia.

**Licensure Exceptions:** The District of Columbia Licensure Statute allows for the following common exceptions:

- Consultative Services: Physicians are able to offer consultative services without being required to receive full medical licensure.

- Emergency Exception: A physician is permitted to administer care to a person in an emergency situation, regardless if that physician is licensed in the District of Columbia.

- Domestic administration of family remedies.

**Internet Prescribing of Medications:** The District of Columbia Board of Medicine provides that physicians licensed to practice in the District of Columbia must adhere to the accepted standard of care which requires that a physician complete a history and physical examination of a patient before prescribing any medication to that patient.
According to the Federation of State Medical Boards, the 10th Amendment police power grants states the right to regulate the practice of medicine.

DISTRICT OF COLUMBIA PHYSICIAN LICENSURE STATUTE

Title 3. District of Columbia Boards and Commissions
Chapter 12. Health Occupations Boards

3-1201.04. Persons Licensed Under Prior Law

(a) Except as expressly provided to the contrary in this chapter, any person licensed, registered, or certified by any agency of the District established or continued by any statute amended, repealed, or superseded by this act is considered for all purposes to be licensed, registered, or certified by the appropriate health occupations board established under this chapter for the duration of the term for which the license, registration, or certification was issued, and may renew that authorization in accordance with the appropriate renewal provisions of this chapter.

(b) Except as provided to the contrary in this chapter, an individual who was originally licensed, registered, or certified under a provision of law that has been deleted by this act continues to meet the education and experience requirements as if that provision had not been deleted.

(c) Each employee of the Commission on Mental Health Services who was employed at St. Elizabeth’s Hospital prior to October 1, 1987, and who accepted employment with the District government on October 1, 1987, without a break in service, shall, within 27 months of appointment by the District government, meet all licensure requirements. If the employee does not meet all licensure requirements, the employee shall be issued a limited license subject to the provisions, limitations, conditions, or restrictions that shall be determined by the appropriate board or commission. The limited license shall not exceed the term of employment with the Commission on Mental Health Services.

3-1205.01. License, Registration, or Certification Required

(a) A license issued pursuant to this chapter is required to practice medicine, acupuncture, chiropractic, registered nursing, practical nursing, dentistry, dental
All 50 states allow for the emergency exception because it is considered “good public policy.”

(b) A license, registration, or certification is the property of the District of Columbia and shall be surrendered on demand of the licensor.

3-1205.02. Exemptions

(a) The provisions of this chapter prohibiting the practice of a health occupation without a District of Columbia license, registration, or certification shall not apply:

1. To an individual who administers treatment or provides advice in any case of emergency;
2. To an individual employed in the District by the federal government, while he or she is acting in the official discharge of the duties of employment;
3. To an individual, licensed, registered, or certified to practice a health occupation in a state, who is providing care to an individual or group for a limited period of time, or who is called from a state in professional consultation by or on behalf of a specific patient or client to visit, examine, treat, or advise the specific patient or client in the District, or to give a demonstration of a procedure or clinic in the District; provided, that the individual engages in the provision of

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1 An individual may contract with a physician for medical services for a stipulated period at a fixed compensation without violating the statute prohibiting the practice of healing art otherwise than in accordance with the terms of a license or registration. *Group Health Ass’n v. Moor*, 24 F.Supp. 445 (1938).

2 CTel Comment: An example of a medical emergency in which a physician is permitted to assist is a car accident on the interstate highway. A physician can render care to save the injured person’s life, regardless of where the physician is licensed.
care, consultation, demonstration, or clinic in affiliation with a comparable health professional licensed, registered, or certified pursuant to this chapter;

(3A) To an individual retained to testify as an expert witness in any court or administrative proceeding, hearing, or trial;

(4) To a health professional who is authorized to practice a health occupation in any state adjoining the District who treats patients in the District if:

(A) The health professional does not have an office or other regularly appointed place in the District to meet patients;

(B) The health professional registers with the appropriate board and pays the registration fee prescribed by the board prior to practicing in the District; and

(C) The state in which the individual is licensed allows individuals licensed by the District in that particular health profession to practice in that state under the conditions set forth in this section.

(b) Notwithstanding the provisions of subparagraphs (A), (B), and (C) of subsection (a)(4) of this section, a health professional practicing in the District pursuant to subsection (a)(4) of this section shall not see patients or clients in the office or other place of practice of a District licensee, or otherwise circumvent the provisions of this chapter.

3-1205.03. General Qualifications of Applicants

(a) An individual applying for a license under this chapter shall establish to the satisfaction of the board regulating the health occupation that the individual:

(1) Has not been convicted of an offense which bears directly on the fitness of the individual to be licensed;

(2) Is at least 18 years of age;

(3) Has successfully completed the additional requirements set forth in § 3-1205.04 and subchapters VI, VII, VIII and VIII-A of this chapter, as applicable;
According to the Federation of State Medical Boards, a physician applying for medical licensure has a total of three attempts to pass the “USMLE Step 3; after which one additional year of postgraduate training is required. There is no limit on COMLEX.”

(4) Has passed an examination, administered by the board or recognized by the Mayor pursuant to § 3-1205.06, to practice the health occupation; and

(5) Meets any other requirements established by the Mayor by rule to assure that the applicant has had the proper training, experience, and qualifications to practice the health occupation.

(b) The board may grant a license to an applicant whose education and training in the health occupation has been successfully completed in a foreign school, college, university, or training program if the applicant otherwise qualifies for licensure and if the board determines, in accordance with rules issued by the Mayor, that the education and training are substantially equivalent to the requirements of this chapter in assuring that the applicant has the proper training, experience, and qualifications to practice the health occupation.

(c) The board may deny a license to an applicant whose license to practice a health occupation was revoked or suspended in another state if the basis of the license revocation or suspension would have caused a similar result in the District, or if the applicant is the subject of pending disciplinary action regarding his or her right to practice in another state.

(d) The references in § 3-1205.04 and subchapters VI, VII, VIII and VIII-A of this chapter to named professional organizations and governmental entities for purposes of accreditation or the administration of national examinations shall be considered to refer to successor organizations or entities upon a determination by the Mayor that the successor is substantially equivalent in standards and purposes as the organization or entity named in this chapter.³

³ Applying the Health Occupation Revision Act, which narrowed the class of persons eligible to receive licenses in psychology to those holding doctoral degrees in psychology, to an applicant who, prior to enactment, received a doctoral degree in guidance and counseling, but failed to complete the two-year experience requirement was not manifestly unjust. Moreover, neither her degree nor her official
3-1205.05. Application for License, Registration, or Certification

(a) An applicant for a license, registration, or certification shall:

(1) Submit an application to the board regulating the health occupation on the form required by the board; and

(2) Pay the applicable fees established by the Mayor.

(b) The social security number of each applicant for a license, registration, or certification issued pursuant to this chapter shall be recorded on the application. If a number other than the social security number is used on the face of the license, registration, or certification, the issuing agency or entity shall keep the applicant’s social security number on file and the applicant shall be so advised.

Those applying for medical licensure in DC have a total of seven years to complete USMLE; No limit on COMLEX,” according to the Federation of State Medical Boards.

3-1205.06. Examinations

(a) An applicant who otherwise qualifies for a license, registration, or certification is entitled to be examined as provided by this chapter.

(b) (1) Each board that administers examinations shall give examinations to applicants at least twice a year at times and places to be determined by the Board.

(2) When the Mayor, pursuant to subsection (e)(2) of this section, determines that a national examination is acceptable, then the frequency, time, and place that the national examination is given shall be considered acceptable and in accordance with this chapter.

transcript stated that her degree was one in psychology, her degree was not listed in the relevant edition of designated doctoral programs in psychology, and she did not seek to have her degree certified as one in psychology. Although the applicant had no unconditional right to obtain a license with her guidance and counseling degree, she was not prevented from qualifying for licensure as psychologist. Donahue v. District of Columbia Bd. of Psychology, 562 A.2d 116 (1989).
(c) Each board shall notify each qualified applicant of the time and place of examination. This notification must occur at least ten days prior to the date of the examination. DCMR 4002.6.

(d) Except as otherwise provided by this chapter, each board shall determine the subjects, scope, form, and passing score for examinations to assess the ability of the applicant to practice effectively the health occupation regulated by the board.

(e) Each board, in its discretion, may waive the examination requirements:

1. For any applicant who meets the requirements of § 3-1205.07 for licensure, registration, or certification by reciprocity or endorsement; or
2. For any person who has been certified by a national examining board if the Mayor determines by rule that the examination was as effective for the testing of professional competence as that required in the District.


3-1205.07. Reciprocity and Endorsement

(a) For the purposes of this section, the term:

1. “Endorsement” means the process of issuing a license, registration, or certification to an applicant who is licensed, registered, certified, or accredited by an accrediting association or a state board and recognized by the Board as a qualified professional according to standards that were the substantial equivalent at the time of the licensing, registration, certification, or accreditation to the standards for that profession set forth in this chapter and who has continually remained in good standing with the licensing, registering, certifying, or accrediting association or state board from the date of licensure, registration, certification, or accreditation until the date of licensure, registration, or certification in the District.
(2) “Reciprocity” means the process of issuing a license, registration, or certification to an applicant who is licensed, registered, or certified and in good standing under the laws of another state with requirements that, in the opinion of the Board, were substantially equivalent at the time of licensure, registration, or certification to the requirements of this chapter, and that state admits health professionals licensed, registered, or certified in the District of Columbia in a like manner.

Board of Medicine’s interpretation of “substantial equivalency” as requiring strict conformity with the minimum passing grade on the FLEX examination of 75 was not unreasonable in light of Board’s broad discretion in administering waiver and endorsement provisions and the Board’s determination that the FLEX examination provided objective measure of qualifications. Roberts v. District of Columbia Bd. of Medicine, 577 A.2d 319 (1990).

(b) Each board shall issue a license, registration, or certification to an applicant who qualifies by reciprocity or endorsement and who pays the applicable fees established by the Mayor.

DCMR 4014.2 – the board, in its discretion, may deny an application for a license by reciprocity of a person against whom disciplinary action has been taken, or has been convicted of a crime bearing on the applicant’s fitness to practice, in another jurisdiction.

3-1205.08. Issuance of License, Registration, or Certification

Each board shall issue a license, registration, or certification to an applicant who meets the requirements of this chapter and rules and regulations issued pursuant to this chapter to practice the health occupation regulated by the board.

3-1205.08a. Temporary License, Registration, or Certification

A board may issue a temporary license, registration, or certification to an applicant for a fixed period of time, under conditions prescribed by the Mayor through rulemaking, who is licensed, registered, or certified and in good standing to practice in another jurisdiction.

The board may issue a temporary license only to (a) an applicant for a regular license who is licensed in another jurisdiction of the United States and is applying for licensure by reciprocity, or (b) an applicant who meets all qualifications for a license except for the completion of an examination and who has applied to take the next scheduled examination. DCMR 2007.4.
3-1205.09. Scope of License, Registration, or Certification

(a) (1) A person licensed, registered, or certified under this chapter to practice a health occupation is authorized to practice that occupation in the District while the license, registration, or certification is effective.

(2) A person certified to practice advanced registered nursing is authorized to practice the specialty for which he or she has been certified by the Board of Nursing.

(b) An individual who fails to renew a license, registration, or certification to practice a health occupation shall be considered to be unlicensed, unregistered, or uncertified and subject to the penalties set forth in this chapter and other applicable laws of the District, if he or she continues to practice the health occupation.

CTeL Comment: Physician A is licensed in Washington, DC. His medical license expired on June 1, 2009. As of April 2010, Physician A is still practicing medicine. If this scenario were true, Physician A would be violating DC’s physician licensure laws.

3-1205.10. Term and Renewal of Licenses, Registrations, or Certifications

(a) A license, registration, or certification expires 1 year from the date of its first issuance or renewal unless renewed by the board that issued it as provided in this section, except that the Mayor, by rule, may provide for a period of licensure, registration, or certification of not more than 3 years.

(b) The Mayor may establish by rule continuing education requirements as a condition for renewal of licenses, registrations, or certifications under this section; provided, that the Mayor shall:

(1) Require that any continuing-education requirements for the practice of medicine include instruction on pharmacology, which shall:

CTeL Comment: The Mayor of DC has the discretion to establish continuing medical education requirements.

(A) Be evidence-based;

(B) Provide physicians with information regarding the cost-effectiveness of pharmacological treatments; and
(C) Not be financially supported by any pharmaceutical company or manufacturer; and

(2) Establish continuing-education requirements for the practice of pharmaceutical detailing, in accordance with § 3-1207.44.

(c) At least 30 days before the license, registration, or certification expires, or a greater period as established by the Mayor by rule, each board shall send to the licensee, registrant, or person certified by first class mail to the last known address of the licensee, registrant, or person certified a renewal notice that states:

(1) The date on which the current license, registration, or certification expires;

(2) The date by which the renewal application must be received by the board for renewal to be issued and mailed before the license, registration, or certification expires; and

(3) The amount of the renewal fee.

(d) Before the license, registration, or certification expires, the licensee, registrant, or person certified may renew it for an additional term, if the licensee:

(1) Submits a timely application to the board;

(2) Is otherwise entitled to be licensed, registered, or certified;

(3) Pays the renewal fee established by the Mayor; and

(4) Submits to the board satisfactory evidence of compliance with any continuing education requirements established by the board for license, registration, or certification renewal.

(e) Each board shall renew the license, registration, or certification of each licensee, registrant, or person certified who meets the requirements of this section.

Failure to renew a license, certificate, or registration within 60 days after its expiration will cause the license, certificate, or registration to be considered to have lapsed on the date of the expiration. In that case, the holder is required to apply for reinstatement and pay the requirement reinstatement fee. DCMR 4005.6.
3-1205.13. Professional Requirements

(a) Each licensee, registrant, or person certified shall:

(1) Display the board-issued license, registration, or certification conspicuously in each place of business or employment of the licensee, registrant, or person certified;

(2) Wear a tag at all times, if practical, while acting in a professional capacity that displays his or her name and profession or title;

(3) Practice only under the legal name that appears on his or her license, registration, or certification;

(4) Notify the board in writing of any:

(A) Change of address of place of residence or place of business or employment within 30 days after the change of address;

(B) Legal change of name within 30 days after the change; or

(C) Termination, revocation, suspension, or voluntary surrender (“separation event”) of health care facility privileges by reason of incompetence or improper professional conduct, during any period while an application is pending or during the licensing, registration, or certification period by certified mail, return receipt, within 10 days of the separation event.

(b) Each licensee, registrant, or person certified shall be subject to the penalties provided by this chapter for failure to comply with the requirements of this section.

3-1205.14. Revocation, Suspension, or Denial of License or Privilege; Civil Penalty; Reprimand

(a) Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a majority of a quorum of its appointed members may take one or more of the disciplinary actions provided in subsection (c) of this section against any applicant for a license, registration, or certification, an applicant to establish or operate

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4 The board may take the same disciplinary actions against the holder of a certificate or registration as it may take against the holder of a license. DCMR 4009.1.
A physician’s conviction for distributing obscene, indecent printed matter is a sufficient ground for the revocation of his license. 


a school of nursing or nursing program, or a person permitted by this subchapter to practice a health occupation regulated by the board in the District who:

(1) Fraudulently or deceptively obtains or attempts to obtain a license, registration, or certification for himself, herself, or another person;

(2) Fraudulently or deceptively uses a license, registration, or certification;

(3) Is disciplined by a licensing or disciplinary authority or peer review body or convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for disciplinary action under this section; for the purposes of this paragraph, the term “convicted” means a judgment or other admission of guilt, including a plea of nolo contendere or an Alford plea;

(4) Has been convicted in any jurisdiction of any crime involving moral turpitude, which for the purposes of this paragraph means a crime that:

       (A) Offends the generally accepted moral code of mankind;

       (B) Is one of baseness, vileness, or depravity in the conduct of the private and social duties that an individual owes to his or her fellow man or to society in general; or

       (C) Is one of conduct contrary to justice, honesty, modesty, or good morals.

(5) Is professionally or mentally incompetent or physically incapable;

(6) Is addicted to, or habitually abuses, any narcotic or controlled substance as defined by Unit A of Chapter 9 of Title 48;

(7) Provides, or attempts to provide, professional services while under the influence of alcohol or while using any narcotic or controlled substance as defined by Unit A of Chapter 9 of Title 48, or other drug in excess of therapeutic amounts or without valid medical indication;
(8) Willfully makes or files a false report or record in the practice of a health occupation;

There is sufficient connection with the practice of medicine to warrant discipline, if a false report is made by a physician in connection with prevention, diagnosis, or treatment. The Board of Medicine need not show that the physician was preventing, diagnosing, and treating a disease or condition at the time of the conduct. *Joseph v. District of Columbia Bd. of Medicine*, 587 A.2d 1085 (1991).

(9) Willfully fails to file or record any medical report as required by law, impedes or obstructs the filing or recording of the report, or induces another to fail to file or record the report;

The regulatory requirement that an acupuncturist who is not a licensed physician must register his collaboration with a physician is integral to the licensure scheme for practicing acupuncture, and thus, failure to register is not merely a technical violation, but is a ground for license revocation. *Faulkenstein v. District of Columbia Bd. of Medicine*, 727 A.2d 302 (1999).

(10) Upon proper request, and payment of a reasonable copy fee, if required, fails to provide, within a reasonable period of time, a copy or summary report, if the patient or client consents, of the patient's or client's health care record to the patient or client, his or her legal representative or guardian, a hospital or third-party health professional licensed under this chapter or under the laws of another jurisdiction; for the purposes of this paragraph, the term “health care record” means any document, or combination of documents, except for a birth or death record or a record of admission to or discharge from a hospital or other health-care facility, that pertains to the history, diagnosis, or health condition of a patient or client and is generated and maintained in the process of providing

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5 In order to establish the “willfulness” required to revoke a physician’s license for “willfully [making or filing] a false report or record in the practice of a health occupation,” the evidence need not show an intent to do harm, however it must demonstrate a conscious indifference to the consequences under circumstances likely to cause harm. *Mannan v. District of Columbia Bd. of Medicine*, 558 A.2d 329 (1989).

6 The statute, prohibiting the making of false reports in the practice of medicine, does not proscribe only those false reports and records which are made in conjunction with patient care. *Joseph v. District of Columbia Bd. of Medicine*, 587 A.2d 1085 (1991).
health-care treatment, regardless of whether the health care record originated with or was previously in the possession of another health-care provider;

(11) Willfully makes a misrepresentation in treatment;

(12) Willfully practices a health occupation with an unauthorized person or aids an unauthorized person in the practice of a health occupation;

(13) Submits false statements to collect fees for which services are not provided or submits statements to collect fees for services which are not medically necessary;

The court in Gropp v. District of Columbia Bd. of Dentistry, 606 A.2d 1010 (1992) held that the two-year revocation of a dentist's license was not a disproportionate sanction for the dentist's misconduct, who submitted insurance claims for services he admittedly did not perform.

(14) Pays or agrees to pay anything of value to, or to split or divide fees for professional services with, any person for bringing or referring a patient;

(15) Fails to pay a civil fine imposed by a board, other administrative officer, or court;

(16) Willfully breaches a statutory, regulatory, or ethical requirement of confidentiality with respect to a person who is a patient or client of the health professional, unless ordered by a court;

(17) Refuses to provide service to a person in contravention of Chapter 14 of Title 2;

(18) Violates any of the conditions of an agreement between the licensee and the board to voluntarily limit the practice of the licensee made pursuant to § 3-1205.18;

(19) Prescribes, dispenses, or administers drugs when not authorized to do so;

(20) Practices without a protocol when required by subchapter VI of this chapter;

(21) Performs, offers, or attempts to perform services beyond the scope of those authorized by the license held by the health professional;

(22) Maintains an unsanitary office or performs professional services under unsanitary conditions;
(23) Engages in:

(A) Sexual harassment of a patient or client;

(B) Sexual contact with a patient or client concurrent with and by virtue of the practitioner-patient or practitioner-client relationship;

(C) At any time during the course of the practitioner-patient or patient-client relationship, in conduct of a sexual nature that a reasonable patient or client would consider lewd or offensive; or

(D) Sexual contact with a former patient or client when the patient or client may still be vulnerable by virtue of the power imbalance that existed in the practitioner-patient or practitioner-client relationship, even if the relationship may appear to be or is mutually consensual when such contact is likely to have an adverse impact on the patient or client;

(24) Violates any provision of this chapter or rules and regulations issued pursuant to this chapter;

(25) Violates any District of Columbia or federal law, regulation, or rule related to the practice of a health profession or drugs, or fails to conduct business with honesty and fair dealing with employees or students in his or her school of nursing or nursing program, the District of Columbia, a state, the federal government, or the public;

(26) Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;

(27) Violates an order of the board or the Mayor, or violates a consent decree or negotiated settlement entered into with a board or the Mayor;

(28) Demonstrates a willful or careless disregard for the health, welfare, or safety of a patient, regardless of whether the patient sustains actual injury as a result;

(29) Fails to pay the applicable fees established by the Mayor;

(30) Abandons a patient; for the purposes of this paragraph, the term “abandons” means termination, without adequate notice, of the professional relationship
between a health care provider and a patient or client at a time when the patient or client is in need of further emergency care;

(31) Knowingly fails to report suspected child abuse in violation of § 4-1321.02;

(32) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services that the licensee, registrant, or person certified is licensed and qualified to render because the individual is HIV positive;

(33) Refuses on ethical, moral, or religious grounds to provide services to a patient, customer, or client;

(34) By corrupt means, threats, or force, intimidates or influences, or attempts to intimidate or influence, any person for the purpose of causing the person to withhold or change his or her testimony in a hearing or proceeding before a board, court, or the Office of Administrative Hearings;

(35) By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to a board, court, or the Office of Administrative Hearings in furtherance of any investigation of a board, court, or the Office of Administrative Hearings;

(36) Intentionally misrepresents credentials for the purpose of testifying or rendering an expert opinion in a hearing or proceeding before a board, court, or the Office of Administrative Hearings;

(37) Fails to keep adequate medical, dental, health, or client records, as determined by a review of a board;

(38) Makes a misrepresentation or false promise, directly or indirectly, to influence, persuade, or induce patronage;

(39) Practices under a name other than the name under which the individual is licensed, registered, or certified;
A communication is “false” or “misleading” if it (a) contains a material misrepresentation or omits to make a representation necessary to make the statement considered as a whole not misleading; or (b) Contains an assertion about the health professional or the health professional’s services that cannot be substantiated. DCMR 2008.5.

(40) Makes a false or misleading statement regarding his or her skill or the efficacy or value of a medicine, treatment, or remedy prescribed or recommended by him or her, at his or her discretion, in the treatment of any disease or other condition of the body or mind;

(41) Is subject to recurrent health claims or client-liability claims, which in a board’s opinion evidences professional incompetence likely to injure the public;

(42) Fails to cooperate in an investigation or obstructs an investigation ordered by a board;

(43) Continues to practice a health profession when the licensed, registered, or certified individual knows he or she has an infectious or communicable disease and that there is a high probability that the disease may be transmitted to a patient or client;

(44) Falsifies an application to establish a school of nursing or nursing program; or

(45) Commits fraud or makes false claims in connection with the practice of an occupation regulated by this chapter, or relating to Medicaid, Medicare, or insurance.

(b) (1) A board may require a health professional to submit to a mental or physical examination whenever it has probable cause to believe the health professional is impaired due to the reasons specified in subsection (a)(5), (6), and (7) of this section. The examination shall be conducted by 1 or more health professionals designated by the board, and he, she, or they shall report their findings concerning the nature and extent of the impairment, if any, to the board and to the health professional who was examined.

(2) Notwithstanding the findings of the examination commissioned by the board, the health professional may submit, in any proceedings before a board or other adjudicatory body, the findings of an examination conducted by 1 or more health
professionals of his or her choice to rebut the findings of the examination commissioned by the board.

(3) Willful failure or refusal to submit to an examination requested by a board shall be considered as affirmative evidence that the health professional is in violation of subsection (a)(5), (6), or (7) of this section, and the health professional shall not then be entitled to submit the findings of another examination in disciplinary or adjudicatory proceedings related to the violation.

(c) Upon determination by the board that an applicant, licensee, registrant, person certified, or person permitted by this subchapter to practice in the District has committed any of the acts described in subsection (a) of this section, the board may:

(1) Deny a license, registration, or certification to any applicant or an application to establish a school of nursing or nursing program;

(2) Revoke or suspend the license, registration, or certification of any licensee, registrant, or person certified or withdraw approval of a school of nursing or nursing program;

(3) Revoke or suspend the privilege to practice in the District of any person permitted by this subchapter to practice in the District;

(4) Reprimand any licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;

(5) Impose a civil fine not to exceed $5,000 for each violation by an applicant, licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;

(6) Require a course of remediation, approved by the board, which may include:

   (A) Therapy or treatment;

   (B) Retraining; and

   (C) Reexamination, in the discretion of and in the manner prescribed by the board, after the completion of the course of remediation;

(7) Require a period of probation; or

(8) Issue a cease and desist order pursuant to § 3-1205.16.
(d) Nothing in this subchapter shall preclude prosecution for a criminal violation of this chapter regardless of whether the same violation has been or is the subject of 1 or more of the disciplinary actions provided by this subchapter. Criminal prosecution may proceed prior to, simultaneously with, or subsequent to administrative enforcement action.

(e) A person licensed, registered, or certified to practice a health occupation in the District of Columbia is subject to the disciplinary authority of the board although engaged in practice elsewhere. Subsection (a) of this section shall not be construed to limit the disciplinary authority of the board only to conduct or activities engaged in outside of the District that result in the imposition of discipline by a licensing or disciplinary authority where the conduct occurred.

**CTeL Comment:** Physician A is a Navy doctor serving in Iraq, while deployed her license expires. Because Physician A’s license was active during her deployment it may be reinstated without penalty.

**DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS**

**Title 17. Business, Occupations, and Professions**

**Chapter 40. Health Occupations: General Rules**

**4015. Special Renewal and Continuing Education Hours Provisions for Actively Deployed Licensees**

4015.1 If the license of a health professional lapses while serving in the military whenever the United States is engaged in active military operations against any foreign power or hostile force, the license may be reinstated or renewed without payment of the reinstatement or late renewal fee under the following conditions:

(a) The license was active at the time of deployment;

(b) The application for reinstatement or renewal is made while still in the armed services or no later than six (6) months after discharge from active service or return to inactive military status;
(c) A copy of the military activation orders or other proof of active military service accompanies the application; and

(d) The renewal fee is paid.

4015.2 If the required continuing education contact hours were not earned for renewal during the earning period, the licensee shall be required to complete the required continuing education hours needed for renewal no later than six (6) months after discharge from active service, return to inactive military status, or return to the United States from an active war zone.

4015.3 The continuing education contact hours used for renewal shall not be used for the next licensing renewal.

4015.4 The continuing education contact hours for the next license renewal shall not be prorated.
APPENDIX

3-1201.01. General Definitions

For the purposes of this chapter, the term:

(1) “Board” means the Board of Audiology and Speech-Language Pathology, Board of Chiropractic, the Board of Dentistry, the Board of Dietetics and Nutrition, the Board of Marriage and Family Therapy, the Board of Medicine, the Board of Nursing, the Board of Nursing Home Administration, the Board of Occupational Therapy, the Board of Optometry, the Board of Pharmacy, the Board of Physical Therapy, the Board of Podiatry, the Board of Professional Counseling, the Board of Psychology, the Board of Respiratory Care, or the Board of Social Work, established by this chapter, as the context requires.

(1A) “Boards of Allied Health” means the Board of Audiology and Speech-Language Pathology, the Board of Dentistry, the Board of Dietetics and Nutrition, the Board of Massage Therapy, the Board of Nursing Home Administration, the Board of Occupational Therapy, the Board of Optometry, the Board of Physical Therapy, the Board of Podiatry, and the Board of Respiratory Care.

(1B) “Boards of Behavioral Health” means the Board of Marriage and Family Therapy, the Board of Professional Counseling, the Board of Psychology, and the Board of Social Work.

(2) “Collaboration” means the process in which health professionals jointly contribute to the health care of patients with each collaborator performing actions he or she is licensed or otherwise authorized to perform pursuant to this chapter.

(A)-(C) Repealed.

(3) “Corporation Counsel” means the Corporation Counsel of the District of Columbia.

(4) “Council” means the Council of the District of Columbia.

(5) “Day” means calendar day unless otherwise specified in this chapter.

(6) “District” means the District of Columbia.

(6A) “Domestic partner” shall have the same meaning as provided in § 32-701(3).

(6B) “Domestic partnership” shall have the same meaning as provided in § 32-701(4).
(7) “Health occupation” means a practice that is regulated under the authority of this chapter.

(8) “Health professional” means a person licensed under this chapter or permitted by this chapter to practice a health occupation in the District.

(9) “Impaired health professional” means a health professional who is unable to perform his or her professional responsibilities reliably due to a mental or physical disorder, excessive use of alcohol, or habitual use of any narcotic or controlled substance or any other drug in excess of therapeutic amounts or without valid medical indication.

(10) “Mayor” means the Mayor of the District of Columbia.

(11) “Person” means an individual, corporation, trustee, receiver, guardian, representative, firm, partnership, society, school, or other entity.

(12) Repealed.

(12A) “Revocation” means termination of the right to practice a health profession and loss of licensure, registration, or certification for 5 years or more.

(13) “State” means any of the several states, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

(14) “Superior Court” means the Superior Court of the District of Columbia.

(15) “Suspension” means termination of the right to practice a health profession for a specified period of time of less than 5 years or until such time that the specified conditions in an order are satisfied.

3-1201.02. Definitions of Health Occupations

For the purposes of this chapter, the term:

(1) “Practice of acupuncture” means the insertion of needles, with or without accompanying electrical or thermal stimulation, at a certain point or points on or near the surface of the human body to relieve pain, normalize physiological functions, and treat ailments or conditions of the body. A licensed acupuncturist does not need to enter
into a collaboration agreement with a licensed physician or osteopath to practice acupuncture.

(1A) “Practice of addiction counseling” means providing services, with or without compensation, based on theory and methods of counseling, psychotherapy, and addictionology to persons who are experiencing cognitive, affective, or behavioral psycho-social dysfunction as a direct or indirect result of addiction, chemical dependency, abuse of chemical substances, or related disorders. The practice of addiction counseling includes:

(A) Addiction prevention;
(B) Crisis intervention;
(C) Diagnosis;
(D) Referral;
(E) Direct treatment;
(F) Follow-up, which is rendered to individuals, families, groups, organizations, schools, and communities adversely affected by addictions or related disorders; and
(G) The education and training of persons in the field of addiction counseling.

(2) “Practice of advanced practice registered nursing” means the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing. The practice of advanced practice registered nursing includes:

(A) Advanced assessment;
(B) Medical diagnosis;
(C) Prescribing;
(D) Selecting, administering, and dispensing therapeutic measures;
(E) Treating alterations of the health status; and
(F) Carrying out other functions identified in subchapter VI of this chapter and in accordance with procedures required by this chapter.

(2A) (A) “Practice by anesthesiologist assistants” means assisting an anesthesiologist in developing and implementing anesthesia care plans for patients under the supervision and direction of the anesthesiologist.

(B) For the purposes of this paragraph, the term “anesthesiologist” means a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and who is currently licensed to practice medicine in the District of Columbia.

(2B) (A) “Practice of audiology” means the planning, directing, supervising, and conducting of habilitative or rehabilitative counseling programs for individuals or groups of individuals who have, or are suspected of having, disorders of hearing; any service in audiology, including prevention, identification, evaluation, consultation, habilitation or rehabilitation, instruction, and research; participating in hearing conservation, hearing aid and assistive listening device evaluation, selection, preparation, dispensing, and orientation; fabricating ear molds; providing auditory training and speech reading; or administering tests of vestibular function and tests for tinnitus. The practice of audiology includes speech and language screening limited to a pass-or-fail determination for the purpose of identification of individuals with disorders of communication. The practice of audiology does not include the practice of medicine or osteopathic medicine, or the performance of a task in the normal practice of medicine or osteopathic medicine by a person to whom the task is delegated by a licensed physician.

(B) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of a school audiologist employed by, and working in accordance with, the regulations of the District of Columbia Board of Education.

(3) (A) “Practice of Chiropractic” means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health; the use of x-rays, physical examination, and examination by
noninvasive instrumentation for the detection of subluxations; and the referral of a patient for diagnostic X-rays, tests, and clinical laboratory procedures in order to determine a regimen of chiropractic care or to form a basis or referral of patients to other licensed health care professionals. “Practice of Chiropractic” does not include the use of drugs, surgery, or injections, but may include, upon certification by the Board, counseling about hygienic and other noninvasive ancillary procedures authorized by rules issued pursuant to this chapter.

(B) Nothing in this paragraph shall be construed as preventing or restricting the services or activities of any individual engaged in the lawful practice of cosmetology or massage, provided that the individual does not represent by title or description of services that he or she is a chiropractor.

(4) (A) “Practice of dental hygiene” means the performance of any of the following activities in accordance with the provisions of subparagraph (B) of this paragraph:

(i) A preliminary dental examination; a complete prophylaxis, including the removal of any deposit, accretion, or stain from the surface of a tooth or a restoration; or the polishing of a tooth or a restoration;

(ii) The charting of cavities during preliminary examination, prophylaxis, or polishing;

(iii) The application of a medicinal agent to a tooth for a prophylactic purpose;

(iv) The taking of a dental X-ray;

(v) The instruction of individuals or groups of individuals in oral health care; and

Although chiropractors can refer patients to others for care, chiropractors are not among the health professionals who can prescribe physical therapy. *Structural Preservation Systems, Inc. v. Petty*, 927 A.2d 1069 (2007).
(vi) Any other functions included in the curricula of approved educational programs in dental hygiene.

(B) A dental hygienist may perform the activities listed in subparagraph (A) of this paragraph only under the general supervision of a licensed dentist, in his or her office or any public school or institution rendering dental services. The Mayor may issue rules identifying specific functions authorized by subparagraph (A)(vi) of this paragraph and may require higher levels of supervision for the performance of these functions by a dental hygienist. The license of a dentist who permits a dental hygienist, operating under his or her supervision, to perform any operation other than that permitted under this paragraph, may be suspended or revoked, and the license of a dental hygienist violating this paragraph may also be suspended or revoked, in accordance with the provisions of this chapter.

(C) For the purpose of subparagraph (B) of this paragraph, the term “general supervision” means the performance by a dental hygienist of procedures permitted by subparagraph (A) of this paragraph based on instructions given by a licensed dentist, but not requiring the physical presence of the dentist during the performance of these procedures.

(5) “Practice of dentistry” means:

(A) The diagnosis, treatment, operation, or prescription for any disease, disorder, pain, deformity, injury, deficiency, defect, or other physical condition of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity, including the removal of stains, accretions, or deposits from the human teeth;

(B) The extraction of a human tooth or teeth;

(C) The performance of any phase of any operation relative or incident to the replacement or restoration of all or a part of a human tooth or teeth with an artificial substance, material, or device;

(D) The correction of the malposition or malformation of the human teeth;

(E) The administration of an appropriate anesthetic agent, by a dentist properly trained in the administration of the anesthetic agent, in the treatment of dental or
oral diseases or physical conditions, or in preparation for or incident to any operation within the oral cavity;

(F) The taking or making of an impression of the human teeth, gums, or jaws;

(G) The making, building, construction, furnishing, processing, reproduction, repair, adjustment, supply or placement in the human mouth of any prosthetic denture, bridge, appliance, corrective device, or other structure designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition of malformation of a tooth or teeth, or to advertise, offer, sell, or deliver any such substitute or the services rendered in the construction, reproduction, repair, adjustment, or supply thereof to any person other than a licensed dentist;

(H) The use of an X-ray machine or device for dental treatment or diagnostic purposes, or the giving of interpretations or readings of dental X-rays;

(I) The performance of any of the clinical practices included in the curricula of accredited dental schools or colleges or qualifying residency or graduate programs; or

(J) To be a manager, proprietor, operator, or conductor of a business or place where dental or dental-hygiene services are performed; provided, that this provision shall not apply to:

(i) Federal or District of Columbia government agencies providing dental services within affiliated facilities or engaged in providing public health measures to prevent disease;

(ii) Schools of dentistry, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation of the American Dental Association and providing dental services solely in an educational setting;

(iii) Federally Qualified Health Centers, as designated by the United States Department of Health and Human Services, providing dental services;

(iv) Nonprofit community-based entities or organizations that use a majority of public funds to provide dental and dental-hygiene services for indigent persons;
(v) Hospitals licensed by the Department of Health;

(vi) Partnerships, professional corporations, or professional limited liability companies solely consisting of and operated by dentists licensed under this chapter for the purpose of providing dental services;

(vii) Spouses and domestic partners of deceased licensed dentists for a period of one year following the death of the licensee;

(viii) If all of the ownership interest of the deceased, licensed dentist in a dental office or clinic is held by an administrator, executor, personal representative, guardian, conservator, or receiver of the estate (“appointee”), the appointee may retain the ownership interest for a period of one year following the creation of the ownership interest; and

(ix) An individual or entity acting as the manager, proprietor, operator, or conductor of a business or place where dental or dental-hygiene services are performed who does not have a license to practice dentistry and is not excepted pursuant to sub-subparagraphs (i) through (viii) of this subparagraph may continue to act as the manager, proprietor, operator, or conductor of the business or place where dental or dental-hygiene services are performed for a period of one year following July 7, 2009.

(6) (A) “Practice of dietetics and nutrition” means the application of scientific principles and food management techniques to assess the dietary or nutritional needs of individuals and groups, make recommendations for short-term and long-term dietary or nutritional practices which foster good health, provide diet or nutrition counseling, and develop and manage nutritionally sound dietary plans and nutrition care systems consistent with the available resources of the patient or client.

(B) Nothing is this paragraph shall be construed as preventing or restricting the practices, services, or activities of dietetic technicians and dietetic assistants working under the supervision of a licensed dietitian or nutritionist, other health professionals licensed pursuant to this chapter, or other persons who in the course of their responsibilities offer dietary or nutrition information or deal with nutritional policies or practices on an occasional basis incidental to their primary
duties, provided that they do not represent by title or description of services that they are dietitians or nutritionists.

(6A) (A) “Practice of marriage and family therapy” means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. The practice of marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families, singly or in groups, whether the services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise, for the purpose of treating the diagnosed nervous and mental disorders.

(B) Nothing in subparagraph (A) of this paragraph shall be construed as preventing or restricting the practices, services, or activities of:

(i) A person practicing marriage and family therapy within the scope of the person’s employment or duties at:

   (I) A recognized academic institution, or a federal, state, county, or local governmental institution or agency; or

   (II) A nonprofit organization that is determined by the Board to meet community needs;

(ii) A person who is a marriage and family therapy intern or person preparing for the practice of marriage and family therapy under qualified supervision in a training institution or facility or under another supervisory arrangement recognized and approved by the Board; provided, that the person is designated by a title clearly indicating the training status, such as “marriage and family therapy intern,” “marriage therapy intern,” or “family therapy intern,”; or

(iii) A person who has been issued a temporary permit by the Board to engage in the activities for which licensure is required.

(C) Nothing in this chapter shall be construed as preventing or restricting members of the clergy, or other health professionals licensed under this chapter, including clinical social workers, psychiatric nurses, psychiatrists, psychologists,
physicians, or professional counselors, from practicing marriage and family therapy consistent with the accepted standards of their professions; provided, that no such persons shall represent by title or description of services that they are marriage and family therapists.

(6B) (A) “Practice of massage therapy” means the:

(i) Performance of therapeutic maneuvers in which the practitioner applies massage techniques, including use of the hand or limb to apply touch and pressure to the human body through tapping, stroking, kneading, compression, friction, stretching, vibrating, holding, positioning, or causing movement of an individual's body to positively affect the health and well-being of the individual;

(ii) Use of adjunctive therapies, including the application of heat, cold, water, and mild abrasives, but excluding galvanic stimulation, ultrasound, doppler vascularizers, diathermy, transcutaneous electrical nerve stimulation, or traction; and

(iii) Education and training of persons in massage therapy techniques.

(B) A licensed massage therapist shall not diagnose disease or injury; prescribe medicines, drugs, or other treatments of disease; or perform adjustments of the articulations of the osseous structure of the body or spine.

(C) A licensed massage therapist may perform cross-gender massage.

(D) Repealed.

(7) (A) “Practice of medicine” means suggesting, recommending, prescribing, or administering, with or without compensation, any form of treatment, operation, drug, medicine, manipulation, electricity, or any physical, mechanical, or healing treatment by other means, for the prevention, diagnosis, correction, or treatment of a physical or mental disease, ailment, injury, condition, or defect of any person, including:

“Treatment” does not include conduct that merely affects, influences, or substantially impacts the course of care by others. Equating “treatment” with any conduct that “practically affects” it, in ways potentially involving no exercise of medical judgment, is contrary to any sensible interpretation of statute. *Morris v. District of Columbia Bd. of Medicine*, 701 A.2d 364 (1997).
(i) The management of pregnancy and parturition;

(ii) The interpretation of tests, including primary diagnosis of pathology specimens, images, or photographs;

(iii) Offering or performing a surgical operation upon another person;

(iv) Offering or performing any type of invasive procedure of the body, whether through a body opening or a cutting of the skin, or otherwise affecting the layer of skin below the stratum corneum, for surgical, therapeutic, or cosmetic purposes, excluding procedures known as body tattooing or body piercing;

(v) Rendering a written or otherwise documented medical opinion relating to the diagnosis and treatment of a person within the District, or the actual rendering of treatment to a person within the District, by a physician located outside the District as a result of transmission of the person's medical data by electronic or other means from within the District to the physician or to the physician's agent;

(vi) Maintaining an office or other place for the purpose of examining persons afflicted with disease, injury, or defect of body or mind;

(vii) Advertising7 or representing in any manner that one is authorized to practice medicine; or

(viii) Using the designation “Doctor of Medicine,” “Doctor of Osteopathy,” “physician,” “surgeon,” “physician and surgeon,” “M.D.,” or “D.O.,” or a similar designation, or any combination thereof, in the conduct of an occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition, unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license.

(B) Nothing in this paragraph shall be construed as preventing or restricting other health professionals from offering or undertaking any type of invasive procedure of the body, whether through a body opening or a cutting of the skin, unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license.

7 According to DCMR 4008.4, a health professional may advertise professional services through media, such as a telephone directory, legal directory, newspaper or other periodical, radio or television, or through written communication not involving personal contact.
or otherwise affecting the layer of skin below the stratum corneum, for surgical, therapeutic, or cosmetic purposes, if the procedure:

(i) Has been authorized by a licensed physician; or

(ii) Is performed by an advanced practice registered nurse, an anesthesiologist assistant, a dentist, a physician assistant, a podiatrist, a practical nurse, a registered nurse, or a surgical assistant who has received the necessary training and experience to perform the procedure in a safe and effective manner.

(C) Nothing in this paragraph shall be construed as preventing or restricting advanced practice registered nurses from performing their duties as advanced practice registered nurses.

(7A) (A) “Practice of naturopathic medicine” means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient’s intrinsic self-healing processes to prevent, diagnose, and treat human conditions and injuries.

(B) The term “practice of naturopathic medicine” does not include the practices of physical therapy, physical rehabilitation, acupuncture, or chiropractic.

(7B) “Practice by nursing assistive personnel” means the performance by unlicensed personnel of assigned patient care tasks that do not require professional skill or judgment within a health care, residential, or community support setting; provided, that the patient care tasks are performed under the general supervision of a licensed health care professional. Nursing assistive personnel includes:

(A) Nursing assistants;

(B) Health aides;

(C) Home-health aides;

(D) Nurse aides;

(E) Trained medication employees;

(F) Dialysis technicians; and

(G) Any other profession as determined by the Mayor through rulemaking.
(8) (A) “Practice of nursing home administration” means the administration, management, direction, or the general administrative responsibility for an institution or part of an institution that is licensed as a nursing home.

(B) Within the meaning of this paragraph, the term “nursing home” means a 24-hour inpatient facility, or distinct part thereof, primarily engaged in providing professional nursing services, health-related services, and other supportive services needed by the patient or resident.

(9) (A) “Practice of occupational therapy” means:

(i) The therapeutic use of everyday life activities with individuals or groups, with or without compensation, for the purpose of participation in roles and situations in homes, schools, workplaces, communities, and other settings to promote health and welfare for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction;

(ii) Addressing the physical, cognitive, psycho-social, sensory, or other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life;

(iii) The education and training of persons in the direct care of patients through the use of occupational therapy; and

(iv) The education and training of persons in the field of occupational therapy.

(B) An individual licensed as an occupational therapy assistant pursuant to this chapter may assist in the practice of occupational therapy under the general supervision of a licensed occupational therapist.

(C) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of an occupational therapy aide who works under the immediate supervision of an licensed occupational therapist or licensed occupational therapy assistant and whose activities do not require advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.
(A) “Practice of optometry” means the application of the scientific principles of optometry in the examination of the human eye, its adnexa, appendages, or visual system, with or without the use of diagnostic pharmaceutical agents to prevent, diagnose, or treat defects or abnormal conditions; the prescription or use of lenses, prisms, orthoptics, vision training or therapy, low vision rehabilitation, therapeutic pharmaceutical agents, or prosthetic devices; or the application of any method, other than invasive surgery, necessary to prevent, diagnose, or treat any defects or abnormal conditions of the human eye, its adnexa, appendages, or visual system.

(B) The Mayor shall issue rules identifying which, and under what circumstances, diagnostic and therapeutic pharmaceutical agents may be used by optometrists pursuant to this paragraph.

(C) An individual licensed to practice optometry pursuant to this chapter may use diagnostic and therapeutic agents only if certified to do so by the Board of Optometry in accordance with the provisions of § 3-1202.07.

(D) Nothing in this paragraph shall be construed to authorize an individual licensed to practice optometry to use surgical lasers; to perform any surgery including cataract surgery or cryosurgery; or to perform radial keratotomy. For the purpose of this subparagraph, the term “surgery” shall not include punctal plugs, superficial foreign body removal, epilation, or dialation and irrigation.

(E) Nothing in this paragraph shall be construed to authorize an individual licensed to practice optometry to administer or prescribe any oral systemic drug except for antibiotics, appropriate analgesics, antihistamines, non-steroidal anti-inflammatories, or medication for the emergency treatment of angle closure glaucoma; to administer or prescribe any injectable systemic drug except for an injection to counter an anaphylactic reaction; or to administer or prescribe any drug for any purpose other than that authorized by this paragraph. For the purposes of this subparagraph, the term “antibiotics” shall not include antiviral or antifungal agents.

(F) Prior to initiating treatment for glaucoma, an optometrist shall consult with the patient's physician or other appropriate physician. The treatment of angle closure glaucoma by an optometrist shall be limited to the initiation of immediate emergency treatment.
(G) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of a licensed physician or as prohibiting an optician from providing eyeglasses or lenses on the prescription of a licensed physician or optometrist or a dealer from selling eyeglasses or lenses; provided, that the optician or dealer does not represent by title or description of services that he or she is an optometrist.

(10A) (A) “Practice of pharmaceutical detailing” means the practice by a representative of a pharmaceutical manufacturer or labeler of communicating in person with a licensed health professional, or an employee or representative of a licensed health professional, located in the District of Columbia, for the purposes of selling, providing information about, or in any way promoting a pharmaceutical product.

(B) For the purposes of this paragraph, the term:

(i) “Labeler” means an entity or person that receives pharmaceutical products from a manufacturer or wholesaler and repackages them for later retail sale and that has a labeler code from the federal Food and Drug Administration under 21 C.F.R. § 207.20.

(ii) “Manufacturer” means a maker of pharmaceutical products and includes a subsidiary or affiliate of a manufacturer.

(iii) “Pharmaceutical product” means a drug or biologic for human use regulated by the federal Food and Drug Administration.

(11) (A) “Practice of pharmacy” means the interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices; drug and device selection; responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs and devices and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease; responsibility for conducting drug-regimen reviews; responsibility for the proper and safe storage and distribution of drugs and devices; the administration of immunizations and vaccinations upon receipt of a written physician protocol and a valid prescription or standing order of a
physician when certified by the Board of Pharmacy to do so; conducting health screenings, including obtaining finger-stick blood samples; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; and the maintenance of proper records therefore.

(B) Within the meaning of this paragraph, the term:

(i) “Pharmacy” means any establishment or institution, or any part thereof, where the practice of pharmacy is conducted; drugs are compounded or dispensed, offered for sale, given away, or displayed for sale at retail; or prescriptions are compounded or dispensed.

(ii) “Prescription” means any order for a drug, medicinal chemical, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, or on an approved electronic form, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person’s authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern, specifying the address of the person for whom the drug or device is ordered and directions for use to be placed on the label.

(12) (A) “Practice of physical therapy” means the independent evaluation of human disability, injury, or disease by means of noninvasive tests of neuromuscular functions and other standard procedures of physical therapy, and the treatment of human disability, injury, or disease by therapeutic procedures, embracing the specific scientific application of physical measures to secure the functional rehabilitation of the human body. These measures include the use of therapeutic exercise, therapeutic massage, heat or cold, air, light, water, electricity, or sound for the purpose of correcting or alleviating any physical or mental disability, or preventing the development of any physical or mental disability, or the performance of noninvasive tests of neuromuscular functions as an aid to the detection or treatment of any human condition.

(B) “Practice by physical therapy assistants” means the performance of selected physical therapy procedures and related tasks under the direct supervision of a physical therapist by a person who has graduated from a physical therapy assistant program accredited by an agency recognized for that purpose by the
Secretary of the Department of Education or the Council of Postsecondary Accreditation.

(C) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of a physical therapy aide who works only under the direct supervision of a physical therapist, and whose activities do not require advanced training in, or complex application of, therapeutic procedures or other standard procedures involved in the practice of physical therapy.

(13) “Practice by physician assistants” means the performance, in collaboration with a licensed physician or osteopath, of acts of medical diagnosis and treatment, prescription, preventive health care, and other functions which are authorized by the Board of Medicine pursuant to § 3-1202.03.

(14) “Practice of podiatry” means to diagnose or surgically, medically, or mechanically treat, with or without compensation, the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf. The term “practice of podiatry” does not include the administration of an anesthetic, other than a local anesthetic.

(14A) (A) “Practice of polysomnography” means the process of analyzing, monitoring, and recording physiologic data during sleep and wakefulness, with or without compensation, to assist in the assessment and diagnosis of sleep-wake disorders and other disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or that disrupt normal sleep-wake cycles and activities.

(B) For the purposes of this paragraph, the term:

(i) “Polysomnographic technician” means a person who is registered with the Board of Medicine and is authorized to perform certain polysomnography procedures as determined by the Board while generally supervised by either a physician who is licensed in the District of Columbia or a polysomnographic technologist who is licensed by the District of Columbia who is on-site or available through voice communication.
(ii) “Polysomnographic technologist” means a person who is licensed with the Board of Medicine and is authorized to practice polysomnography; provided, that a polysomnographic technologist shall practice under the general supervision of a physician who is licensed in the District of Columbia.

(iii) “Polysomnographic trainee” means a person who is registered with the Board of Medicine and authorized to perform basic polysomnography procedures, as determined by the Board, while directly supervised by a physician who is licensed in the District of Columbia, a polysomnographic technologist who is licensed in the District of Columbia, or a polysomnographic technician who is registered in the District of Columbia and on the premises and immediately available for consultation.

(C) Nothing in this paragraph shall be construed as limiting a qualified licensed respiratory care practitioner or licensed physician in his or her scope of practice, including care in connection with the provision of polysomnography services.

(15) “Practice of practical nursing” means the performance of specific nursing services, with or without compensation, designed to promote and maintain health, prevent illness and injury, and provide care based on standards established or recognized by the Board of Nursing; provided, that performance of the services is under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other health care provider, as authorized by the Board of Nursing. The practice of practical nursing includes:

(A) Collecting data on the health status of patients;

(B) Evaluating a patient's status and situation at hand;

(C) Participating in the performance of ongoing comprehensive nursing assessment process;

(D) Supporting ongoing data collection;

(E) Planning nursing care episodes for patients with stable conditions;

(F) Participating in the development and modification of the comprehensive plan of care for all types of patients;
(G) Implementing appropriate aspects of the strategy of care within a patient-centered health care plan;

(H) Participating in nursing care management through delegating to assistive personnel and assigning to other licensed practical nurses nursing interventions that may be performed by others and do not conflict with this chapter;

(I) Maintaining safe and effective nursing care rendered directly or indirectly;

(J) Promoting a safe and therapeutic environment;

(K) Participating in health teaching and counseling to promote, attain, and maintain optimum health levels of patients;

(L) Serving as an advocate for patients by communicating and collaborating with other health care service personnel; and

(M) Participating in the evaluation of patient responses to interventions.

(15A) “Practice of professional counseling” means engaging in counseling or psychotherapy activities, including cognitive behavioral therapy or other modality, with or without compensation, to facilitate human development and to identify and remediate mental, emotional, or behavioral conditions and associated difficulties that interfere with mental health and wellness. The practice of professional counseling includes:

(A) The processes of conducting interviews, tests, and other forms of assessment for the purpose of diagnosing individuals, families, and groups, as outlined in the Diagnostic and Statistical Manual of Disorders or other appropriate classification schemes, and determining treatment goals and objectives; and

(B) Assisting individuals, families, and groups through a professional relationship to achieve long-term effective mental, emotional, physical, spiritual, social, educational, or career development and adjustment.

(16) (A) (i) “Practice of psychology” means the development and application, with or without compensation, of scientific concepts, theories, methods, techniques, procedures, and principles of psychology to aid in the
understanding, measuring, explaining, predicting, preventing, fostering, and treating of abilities, disabilities, attributes, or behaviors that are:

(I) Principally cognitive, such as aptitudes, perceptions, attitudes, or intelligence;

(II) Affective, such as happiness, anger, or depression; or

(III) Behavioral, such as physical abuse.

(ii) The term “practice of psychology” includes:

(I) Coaching, consulting, counseling, and various types of therapy, such as behavior therapy, group therapy, hypnotherapy, psychotherapy, and marriage, couples, and family therapy;

(II) Intellectual, personality, behavioral, educational, neuropsychological, and psycho-physiological testing; and

(III) Professional activities, such as research, teaching, training, interviewing, assessment, evaluation, pharmacology, and biofeedback.

(B) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of:

(i) An individual bearing the title of psychologist in the employ of an academic institution, research organization, or laboratory, if the psychology-based activities or services offered are within the scope of employment, are consistent with his or her professional training and experience, and provided within the confines of employment.

(ii) A school psychologist employed by and working in accordance with the regulations of the District of Columbia Board of Education.

(17) “Practice of registered nursing” means the performance of the full scope of nursing services, with or without compensation, designed to promote and maintain health, prevent illness and injury, and provide care to all patients in all settings based on
standards established or recognized by the Board of Nursing. The practice of registered nursing includes:

(A) Providing comprehensive nursing assessment of the health status of patients, individuals, families, and groups;

(B) Addressing anticipated changes in a patient's condition as well as emerging changes in a patient's health status;

(C) Recognizing alterations of previous physiologic patient conditions;

(D) Synthesizing biological, psychological, spiritual, and social nursing diagnoses;

(E) Planning nursing interventions and evaluating the need for different interventions and the need for communication and consultation with other health care team members;

(F) Collaborating with health care team members to develop an integrated client-centered health care plan as well as providing direct and indirect nursing services of a therapeutic, preventive, and restorative nature in response to an assessment of the patient's requirements;

(G) Developing a strategy of nursing care for integration within the patient-centered health plan that establishes nursing diagnoses, sets goals to meet identified health care needs, determines nursing interventions, and implements nursing care through the execution of independent nursing strategies and regimens requested, ordered, or prescribed by authorized health care providers;

(H) Performing services such as:

(i) Counseling;

(ii) Educating for safety, comfort, and personal hygiene;

(iii) Preventing disease and injury; and

(iv) Promoting the health of individuals, families, and communities;

(I) Delegating and assigning interventions to implement a plan of care;
(J) Administering nursing services within a health care facility, including the delegation and supervision of direct nursing functions and the evaluation of the performance of these functions;

(K) Delegating and assigning nursing interventions in the implementation of a plan of care along with evaluation of the delegated interventions;

(L) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly as well as educating and training persons in the direct nursing care of patients;

(M) Engaging in nursing research to improve methods of practice;

(N) Managing, supervising, and evaluating the practice of nursing;

(O) Teaching the theory and practice of nursing; and

(P) Participating in the development of policies, procedures, and systems to support the patient.

(17A) “Practice of respiratory care” means the performance in collaboration with a licensed physician, of actions responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, including, but not limited to:

(A) Therapeutic and diagnostic use of medical gases, humidity, and aerosols, including the maintenance of associated apparatus;

(B) Administration of medications to the cardiorespiratory system; provision of ventilatory assistance, ventilatory control, including high frequency ventilation; postural drainage, chest physiotherapy, breathing exercises, and other respiratory rehabilitation procedures;

(C) Cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways and the transcription and implementation of a physician’s written or verbal orders pertaining to the practice of respiratory care;

(D) Testing techniques utilized in respiratory care to assist in diagnosis, monitoring, treatment, and research; and
(E) Measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing pH and blood gas analysis,

hemodynamic and other related physiological monitoring of the cardiopulmonary system.

(18) (A) “Practice of social work” means rendering or offering to render professional services to individuals, families, or groups of individuals that involve the diagnosis and treatment of psychosocial problems according to social work theory and methods. Depending upon the level at which an individual social worker is licensed under this chapter, the professional services may include, but shall not be limited to, the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.

(B) Nothing in this paragraph shall be construed to authorize any person licensed as a social worker under this chapter to engage in the practice of medicine.

(19) (A) “Practice of speech-language pathology” means the application of principles, methods, or procedures related to the development and disorders of human communication, including any condition, whether of organic or non-organic origin, that impedes the normal process of human communication including disorders and related disorders of speech, articulation, fluency, voice, oral, or written language; auditory comprehension and processing; oral, pharyngeal or laryngeal sensorimotor competencies; swallowing; auditory or visual processing; auditory or visual memory or cognition; communication; and assisted augmentative communication treatment and devices.

(B) The term practice of speech-language pathology also includes the planning, directing, supervising, and conducting of a habilitative and rehabilitative counseling program for individuals or groups of individuals who have, or are suspected of having, disorders of communication, and any service in speech-language pathology including prevention, identification, evaluation, consultation, habilitation or rehabilitation, instruction, or research.

(C) The practice of speech-language pathology may include pure-tone air conduction hearing screening, screening tympanometry, and acoustic reflex
screening, limited to a pass-or-fail determination for the identification of individuals with other disorders of communication and may also include aural habilitation or rehabilitation, which means the provision of services and procedures for facilitating adequate auditory, speech, and language skills in individuals with hearing impairment. The practice of speech-language pathology does not include the practice of medicine or osteopathic medicine, or the performance of a task in the normal practice of medicine or osteopathic medicine by a person to whom the task is delegated by a licensed physician.

(D) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of a school speech-language pathologist working in accordance with the regulations of the District of Columbia Board of Education.

(20) “Practice by surgical assistants” means the provision of aid by a person who is not a physician licensed to practice medicine, under the direct supervision of a surgeon licensed in the District of Columbia, in exposure, hemostasis, closures, and other intraoperative technical functions that assist a physician in performing a safe operation with optimal results for the patient.

3-1201.03. Scope of Chapter

(a) This chapter does not limit the right of an individual to practice a health occupation that he or she is otherwise authorized to practice under this chapter, nor does it limit the right of an individual to practice any other profession that he or she is authorized to practice under the laws of the District.

(b) The practices of health occupations regulated by this chapter are not intended to be mutually exclusive.

(c) This chapter shall not be construed to prohibit the practice of a health occupation by an individual enrolled in a recognized school or college as a candidate for a degree or certificate in a health occupation, or enrolled in a recognized postgraduate training program provided that the practice is:

(1) Performed as a part of the individual’s course of instruction;
A universal exception, accepted by all 50 states, does NOT require a medical student to obtain full licensure before administering care to a patient, as long as that student is under the supervision of a licensed physician.

(2) Under the supervision of a health professional who is either licensed to practice in the District or qualified as a teacher of the practice of the health occupation by the board charged with the regulation of the health occupation;

(3) Performed at a hospital, nursing home, or health facility operated by the District or federal government, a health education center, or other health-care facility considered appropriate by the school or college; and

(4) Performed in accordance with procedures established by the board charged with the regulation of the health occupation.

(d) Nothing in this chapter shall be construed to require licensure for or to otherwise regulate, restrict, or prohibit individuals from engaging in the practices, services, or activities set forth in the paragraphs of this subsection if the individuals do not hold themselves out, by title, description of services, or otherwise, to be practicing any of the health occupations regulated by this chapter. Nothing in this subsection shall be construed as exempting any of the following categories from other applicable laws and regulations of the District or federal government:

(1) Any minister, priest, rabbi, officer, or agent of any religious body or any practitioner of any religious belief engaging in prayer or any other religious practice or nursing practiced solely in accordance with the religious tenets of any church for the purpose of fostering the physical, mental, or spiritual well-being of any person;

(2) Any person engaged in the care of a friend or member of the family, including the domestic administration of family remedies, or the care of the sick by domestic servants, housekeepers, companions, or household aids of any type, whether employed regularly or because of an emergency or illness, or other volunteers;

(3) Any individual engaged in the lawful practice of audiology, speech pathology, X-ray technology, laboratory technology, or respiratory therapy;
(4) An orthotist or prosthetist engaged in fitting, making, or applying splints or other orthotic or prosthetic devices;

(5) Any individual engaged in the practice of cosmetology or the operation of a health club;

(6) Any individual engaged in the commercial sale or fitting of shoes or foot appliances; or

(7) Marriage and family therapists, marriage counselors, art therapists, drama therapists, attorneys, or other professionals working within the standards and ethics of their respective professions.

(e) This chapter shall not be construed to prohibit the practice of a health occupation by an individual who has filed an initial application for licensure in the health occupation and is awaiting action on that initial application, provided the practice is performed:

(1) Under the supervision of a health professional licensed in the District;

(2) At a hospital, nursing home, health facility operated by the District or federal government, or other health care facility considered appropriate by the Board; and

(3) In accordance with any other requirements established by the Mayor.