

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the District of Columbia Department of Health, pursuant to Section 1 of An Act To Authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases, approved August 11, 1939 (53 Stat. 1408, D.C. Official Code §§ 7-131 *et seq.*) (2018 Repl.)), Mayor's Order 98-141, dated August 20, 1998, the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14) (2016 Repl.)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of the adoption of the following amendments to Chapter 2 (Communicable and Reportable Diseases) of Subtitle B (Public Health and Medicine) of Title 22 (Health) of the District of Columbia Municipal Regulations (DCMR) and Chapter 40 (Health Occupations: General Rules) of Title 17 (Business, Occupations, and Professionals) of the DCMR.

The rulemaking: (1) mandates vaccinations against COVID-19, which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), for health professionals who are licensed, registered, or certified by the Department of Health, for persons who are certified by the Department of Health to provide emergency medical services, and for unlicensed personnel as that term is defined by Subsection 2(7) of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238; D.C. Official Code § 44-551(7)) ("unlicensed personnel"), (2) provides exemptions from the COVID-19 vaccination mandate, and (3) imposes SARS-CoV-2/COVID-19-related obligations on health professionals.

Action is necessary because the spread of a contagious disease such as COVID-19, caused by SARS-CoV-2, is an imminent threat to the health, safety, and welfare of District residents, visitors, and persons providing health care in the District of Columbia. Data available to the Department of Health indicates an alarming number of health professionals who are licensed, registered, or certified by the Department of Health, persons who are certified by the Department of Health to provide emergency medical services, and unlicensed personnel are not fully vaccinated against COVID-19. Lack of vaccination by these health care workers can easily lead to the spread of SARS-CoV-2 among vulnerable patients receiving care from these health care workers and among the pool of health care workers. The vast majority of new infections of SARS-CoV-2 is among unvaccinated persons. Health care workers who are not fully vaccinated cannot be permitted to remain a major potential source of the spread of SARS-CoV-2. Moreover, it is vital for persons working in health care and ancillary fields to be fully vaccinated against COVID-19 in order to protect themselves, so that the ability of the District's health care system to robustly respond not only to COVID-19 cases, but to all health care needs, is protected. Immediate action is required to protect District residents, visitors, and persons providing health care in the District of Columbia by preventing and controlling the spread of a contagious disease for which effective vaccines currently exist.

Therefore, it is necessary that health professionals who are licensed, registered, or certified by the Department of Health, persons who are certified by the Department of Health to provide emergency medical services, and unlicensed personnel receive vaccinations against COVID-19.

An emergency version of this rule was adopted on August 23, 2021 and became effective immediately on that date. A Notice of Emergency and Proposed Rulemaking was published in the *District of Columbia Register* on August 27, 2021 at 68 DCR 008964. Comments on the proposed rulemaking were timely received from Devki Virk (Counsel for DC Fire Fighters Association, Local 36), Ian Paregol (Executive Director, DC Coalition of Disability Service Providers), jointly from Sandy Bernstein (Legal Director, Disability Rights DC at University Legal Services) and Morgan Whitlatch (Legal Director, Quality Trust for Individuals with Disabilities), Mark Back (General Counsel, Department of Disability Services), Jacqueline Bowens (President & CEO, District of Columbia Hospital Association), and a licensed social worker.

A summary of the comments that were received, and the responses of the Department of Health to the comments, are set forth below. The comments and responses have been grouped by topics.

The first group of comments involve the authority to promulgate the rulemaking and its necessity. The DC Fire Fighters Association, Local 36 (hereinafter "Local 36") commented that the Director cannot lawfully promulgate emergency rulemaking after the Mayor ended the public health emergency, the rulemaking is not within the scope of the agency's rulemaking authority, and the emergency rulemaking is not necessary for the immediate preservation of the public peace, health, safety, or welfare based on data. However, the DC Coalition of Disability Service Providers (hereinafter "Coalition") commented that the vaccination requirement is not unreasonable and is within the Mayor's authority to promulgate a rulemaking (although the Coalition has other comments discussed below). The Director made no changes after reviewing these comments. Although the Mayor ended the public health emergency effective July 25, 2021 via section II of Mayor's Order 2021-096, the Director has delegated and broad authority, pursuant to D.C. Official Code § 7-131(a) and Mayor's Order 98-141, to issue rulemakings to prevent and control the spread of communicable diseases. Emergency action was necessary because the spread of a contagious disease such as COVID-19, caused by SARS-CoV-2, is an imminent threat to the health, safety, and welfare of District residents, visitors, and persons providing health care in the District of Columbia. Data available to the Department of Health indicates an alarming number of health professionals who are licensed, registered, or certified by the Department of Health, persons who are certified by the Department of Health to provide emergency medical services, and unlicensed personnel are not fully vaccinated against COVID-19. Lack of vaccination by these health care workers can easily lead to the spread of SARS-CoV-2 among vulnerable patients receiving care from these health care workers and among the pool of health care workers. The vast majority of new infections of SARS-CoV-2 is among unvaccinated persons. Health care workers who are not fully vaccinated cannot

be permitted to remain a major potential source of the spread of SARS-CoV-2. Moreover, it is vital for persons working in health care and ancillary fields to be fully vaccinated against COVID-19 in order to protect themselves, so that the ability of the District's health care system to robustly respond not only to COVID-19 cases, but to all health care needs, is protected. Immediate action is required to protect District residents, visitors, and persons providing health care in the District of Columbia by preventing and controlling the spread of a contagious disease for which effective vaccines currently exist.

The second group of comments centers on the "unlicensed persons" covered by the rulemaking. Disability Rights DC at University Legal Services and Quality Trust for Individuals with Disabilities (hereinafter "DCRC/QT") jointly commented that clarity is needed on which "unlicensed persons" are covered and if direct patient contact is required. The Coalition commented that rulemaking appears to apply to all employees while D.C. Official Code § 44-551(7) does not cover all employees. The Department of Disability Services (hereinafter "DDS") also commented that the rulemaking expands "unlicensed persons" beyond D.C. Official Code § 44-551(7). The Director made no changes after reviewing these comments. The Director concluded the rulemaking is clear that the vaccine mandate applies to unlicensed personnel working at health care facilities licensed by the Department of Health and any health entity not licensed by the Department of Health. . While the unlicensed personnel criminal background check law that includes D.C. Official Code § 44-551(7) limits "unlicensed persons" to individuals with foreseeable patient contact, this rulemaking based on communicable disease law includes all employees. Even if all such persons may not foreseeably have direct contact with a patient, all such persons may foreseeably have direct contact with a health care worker and therefore it is important that all unlicensed persons be vaccinated to mitigate the possibility of the spread of COVID-19 within facilities. The Director's position is also consistent with the District's policy that all persons should be fully vaccinated for COVID-19 to protect themselves and to protect others.

In the third group of comments, in connection with subsections 230.3 and 230.4, Local 36 commented the rulemaking sets forth no procedures for submission of exemptions, describes no standards for deciding exemptions, questions whether the Director is qualified to decide exemptions, and indicates that exemption decisions should be left to employers. The Director made no changes after reviewing these comments. Submission instructions were communicated to health professionals, health care facilities, and emergency medical services agencies separate from the rulemaking. Exemptions are decided based on the applicable legal standards that exist outside of the rulemaking. Leaving the decision making to the numerous employers could lead to diverging decisions. Many employers did not mandate vaccines after the U.S. Equal Employment Opportunity Commission (hereinafter "EEOC") said employers could do so. Thus, the Director determined that the Department of Health should act to protect patients, workers, and the health care system. The rulemaking does not interfere with any known employer mandates.

In the fourth group of comments, Local 36 comments that subsection 230.8 should be rewritten or interpreted as authorizing regular testing in lieu of vaccination as permitted

in Mayor's Order 2021-099. The Director made no changes after reviewing these comments. Subsection 230.8 allows an employer or contractor to impose stricter requirements but does not allow persons to avoid the vaccine mandate. Although Mayor's Order 2021-099 offered testing for District government employees, contractors, and grantees, section I(7) of Mayor's Order 2021-109 eliminated the testing-in-lieu-of-vaccination option for persons working in educational facilities (unless a medical or religious exemption is granted) as it was determined that unvaccinated education workers – like unvaccinated health care workers – cannot be permitted to remain a major potential source of the spread of SARS-CoV-2. Testing is not an appropriate option in lieu of vaccination for health care workers. Testing does not provide health care workers with protection against SARS-CoV-2 and does not stop the spread of SARS-CoV-2.

In the fifth group of comments, DRDC/QT commented that the rules fail to require any protections be in place when an exemption request is pending or granted. The Director made no changes after reviewing these comments. Pursuant to subsection 230.8, an employer may require more than that which is specified in the rulemaking, including requiring testing for COVID-19 of any health care worker waiting for a decision on or granted an exemption and requiring the health care worker provide the Department of Health and the employer with a negative test to continue the employment if an exemption is granted. Other regulations address the obligations of health care facilities employing or contracting with unvaccinated persons.

In the sixth group of comments, the Coalition and DRDC/QT comment on what level of detail is required for a medical exemption or a religious exemption, what supporting documentation is required, and whether a standard form or template will be created. The Director made no changes after reviewing these comments. Regulations need not provide forms for all matters that a rulemaking touches upon, and requests are assessed on a case-by-case basis, sometimes through information obtained through dialogue with the requester or otherwise outside the materials submitted, rather than solely through the documentation submitted.

In the seventh group of comments, Local 36 recommends leaving evaluation of religious exemptions and medical exemptions to the employers, asserts the rulemaking has no standards for such evaluations, and asserts there is no appeal process. The Coalition also raised the appeal issue. The Director made no changes after reviewing these comments. Leaving the decision making to the numerous employers will lead to diverging decisions. Health employers had the legal authority to address vaccination requirements but many employers did not exercise that authority. Exemptions will be decided based on the applicable legal standards. There is no requirement to specify those standards beyond what is stated in the rulemaking. As a matter of law, appeals of all final agency decisions are to the Office of Administrative Hearings unless another appeal route is specified.

In the eighth group of comments, the District of Columbia Hospital Association (hereinafter "DCHA") recommended adding provisions in section 231 for: (1) Each approved or denied exemption shall be transmitted simultaneously to a health care worker's employer upon adjudication if applicable; (2) Each individual applying for an

exemption and their employer shall receive confirmation of their application within five days; (3) Employees with exemptions pending with the Department of Health or on appeal to the Office of Administrative Hearings may continue to work, at the discretion of their employer, until such time as a final decision is rendered; and, (4) Individuals whose exemption requests are denied have sixty days to come into compliance with the vaccination mandate and may, at the discretion of their employer, continue to work during that period. In comments related to DCHA's comments, the Coalition commented on processing exemptions for unlicensed staff, the need for receipts upon submission, the need to allow workers to continue to work until a final decision is sent to the employee and the employer, and a filed exemption stays enforcement of the September 30, 2021 deadline. The Director made no changes after reviewing these comments. An exemption request is personal and confidential to the health care worker. The Department of Health may not know the health care worker's employer and all licensees are under an ongoing obligation to inform their employers of changes in their licensing status or of any applicable orders relating to their ability to report to work. EEOC authorized employers to establish COVID-19 vaccination requirements. The failure of some health employers to utilize legal authority does not mean that the Department of Health must include employers in the notification cycle. Individuals other than EMS personnel receive confirmation of their applications for exemptions via the online portal. EMS personnel submit their exemption requests via their EMS-sponsoring agencies. The Department of Health does not intend to take action against a person who timely filed an exemption request if their exemption request is pending with the Department. Action may be taken by the employer and the Department of Health against a person with a denied exemption request even if an appeal is pending. To prevent and control the spread of COVID-19, health care workers need to be quickly immunized. Given the ongoing spread of COVID-19, sixty days is too long for a health care worker to come into compliance after an exemption is denied.

In the ninth group of comments, DCHA recommends additions to section 4019 to provide: (1) Individuals shall also be deemed compliant if they attest with their employer, provided the employer agrees to this responsibility; (2) Employers allowing employees to attest with them are required to transmit the list of employee attestations to the Department of Health on the last day of each month; and, (3) Employees requesting an exemption are not eligible to attest through their employer. DCHA also highly recommends that the Department of Health provide each employer with a list of employees that have attested. The Coalition also commented that the entire process should be coordinated by employers. The Director made no changes after reviewing these comments. Government officials need real-time, reliable data on immunization from the health care workers. Self-attestations may not be truthful. Some employers have not been reliable sources for submitting licensure waiver data. Employers were authorized to establish vaccine mandates; many did not. The Department of Health is not required to have attestations through employers. Employers may obtain attestation information from their employees.

In the tenth group of comments, DRDC/QT and the Coalition express concerns about implementation and the portal. The Director made no changes after reviewing these comments. These comments are beyond the scope of the rulemaking.

In the eleventh group of comments, the Coalition commented that the rulemaking will intensify an existing workforce crisis. The Director made no changes after reviewing this comment. COVID-19 infections among an unvaccinated workforce have intensified the staffing shortages and continue to endanger the patients and residents that they serve.

In the twelfth group of comments, a social worker commented that a health professional should have a right to practice a health occupation without being vaccinated if the health professional follows appropriate safety measures such as guidelines issued by the U.S. Centers for Disease Control and Prevention (CDC). The Director made no changes after reviewing this comment. Following only appropriate safety measures issued by the CDC or the Department of Health is not as effective as being fully vaccinated. The preferred method is to be fully vaccinated plus follow appropriate safety measures. It is vital for persons working in health care and ancillary fields to be fully vaccinated against COVID-19 in order to protect themselves, so that the ability of the District's health care system to robustly respond not only to COVID-19 cases, but to all health care needs, is protected.

In addition to timely comments on the proposed rulemaking, the thirteenth group is from various persons who have voiced, via emails and phone calls, concerns about the emergency rulemaking mandating vaccinations for (1) health professionals who only provide telehealth and (2) health professionals with a District license who only work outside of the District. One nurse submitted a comment after the end of the comment period raising the same points. The Director disagrees with these concerns and the late comment. The Director made no changes after reviewing these comments. Health professionals currently doing only telehealth can easily change to in-person practice. Health professionals who are located outside the District can quickly move into the District. Both changes can lead to the spread of COVID-19. Furthermore, the professional obligations of health care workers compel the workers to abide by rules established for the benefit of public health, as these rules are. Put simply, vaccination against COVID-19 is a matter of professional responsibility.

The Director adopted the rules as final on November 10, 2021. The rules will become effective on the date of publication in the *District of Columbia Register*.

Chapter 2, COMMUNICABLE AND REPORTABLE DISEASES, of Subtitle B, PUBLIC HEALTH AND MEDICINE, of Title 22 DCMR, HEALTH, is amended as follows:

A new Section 230, MANDATORY COVID-19 VACCINATION FOR HEALTH CARE WORKERS, is added to read as follows:

230 MANDATORY COVID-19 VACCINATION FOR HEALTH CARE WORKERS

230.1 Each of the persons described in § 230.2, unless granted an exemption under § 231 of this chapter, shall:

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

230.2 The following persons are subject to the requirements set forth in § 230.1:

- (a) Each person licensed pursuant to § 501(a)(1) of the District of Columbia Health Occupations Revisions Act of 1985 (“Health Occupations Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.01(a)(1)) to practice acupuncture, advanced practice addiction counseling, assisted living administration, audiology, certified midwife, certified professional midwife chiropractic, cytotechnology, dental hygiene, dentistry, dietetics, histotechnology, home health care administration, marriage and family therapy, massage therapy, medical laboratory technology, medicine, naturopathic medicine, nutrition, nursing home administration, occupational therapy, optometry, pharmaceutical detailing, pharmacy, physical therapy, podiatry, practical nursing, professional counseling, psychology, registered nursing, respiratory care, social work, speech-language pathology, veterinary medicine, or to practice as an anesthesiologist assistant, athletic trainer, personal fitness trainer, pharmacy intern, physician assistant, physical therapy assistant, polysomnographic technologist, occupational therapy assistant, or surgical assistant, professional art therapy, or as a trauma technologist, or to practice any other profession for which licensure is required by § 501(a)(1) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(1));
- (b) Each person registered pursuant to § 501(a)(2) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(2)) to practice as an audiology assistant, dental assistant, nursing assistive personnel (including certified nurse aide and certified

home health aide), pharmacy technician, phlebotomist, psychology associate, polysomnographic technician or trainee, speech-language pathology assistant, or speech-language pathology clinical fellow, or to practice any other profession for which registration is required by § 501(a)(2) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(2));

- (c) Each person certified pursuant to § 501(a)(3) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(3)) to practice as an addiction counselor I, addiction counselor II, advanced practice registered nursing, veterinary technician, or a veterinary euthanasia technician, or to practice any other profession for which certification is required by § 501(a)(3) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(3));
- (d) Each person certified pursuant to § 6 of the Emergency Medical Services Act of 2008 (“Emergency Medical Services Act”), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.05) to perform the duties of emergency medical services personnel;
- (e) Each person certified pursuant to § 7 of the Emergency Medical Services Act (D.C. Official Code § 7-2341.06) to perform the duties of flight emergency medical services personnel;
- (f) Each person certified pursuant to § 9 of the Emergency Medical Services Act (D.C. Official Code § 7-2341.08) to perform the duties of an emergency medical services instructor; and
- (g) Each person who is an “unlicensed person” as that term is defined by § 2(7) of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238; D.C. Official Code § 44-551(7)), regardless of whether the person is an employee or contractor of a “facility,” as that term is defined by section by § 2(1C) of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238; D.C. Official Code § 44-551(1C)). The term “unlicensed person” includes, but is not limited to, unlicensed nurse aides, orderlies, assistant technicians, attendants, home health aides, personal care aides, medication aides, geriatric aides, medical assistants, health technicians, other health aides, housekeeping staff, maintenance staff and administrative staff.

230.3

A person who fails to comply with the requirements of § 230.1 shall be subject to disciplinary and enforcement actions under §§ 514, 515, and

516 of the Health Occupations Act (D.C. Official Code §§ 3-1205.14, 3-1205.15, and 3-1205.16), which may result in revocation, suspension, or denial of the person's license, registration, or certification, a civil fine, and other penalties.

- 230.4 The Department may, by written or electronic correspondence, direct a person who has failed to comply with the requirements of § 230.1 to either become fully vaccinated by a date set forth in the correspondence, or to surrender their license, registration, or certification by that date, and may impose a fine or other disciplinary action in accordance with § 230.3, if the person fails to become fully vaccinated or surrender their license, registration, or certification by that date.
- 230.5 The Department may deny a person's application for the renewal of a license, certification, or registration listed in § 230.2 if the person is not in compliance with the requirements set forth in § 230.1, or may impose a fine or other disciplinary action for non-compliance, or both.
- 230.6 For initial applications submitted on or after September 30, 2021, the Department may deny an application for a license, certification, or registration listed in § 230.2 if the person has not received a dose of the Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccine, or has not received the second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccine within the time period established in the dosing schedule for the vaccine.
- 230.7 An unlicensed person, as described in § 230.2(g), who fails to comply with the requirements of § 230.1 shall be subject to criminal penalties in accordance with § 10 of An Act To Authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases, approved August 11, 1939 (53 Stat. 1408, D.C. Official Code § 7-140).
- 230.8 An employer or contractor may impose COVID-19 vaccination requirements on its employees and contractors that are stricter than the requirements imposed by this section, such as by requiring its employees and contractors to be vaccinated against COVID-19 by a date earlier than required by this section, not providing an emergency use authorization exemption from the COVID-19 vaccination requirement, and requiring that unvaccinated employees or contractors be tested regularly for COVID-19.

A new Section 231, EXEMPTIONS FROM MANDATORY COVID-19 VACCINATION FOR HEALTH CARE WORKERS, is added to read as follows:

231 EXEMPTIONS FROM MANDATORY COVID-19 VACCINATION FOR HEALTH CARE WORKERS

- 231.1 A person who is otherwise required to be vaccinated against COVID-19 pursuant to § 230 shall be exempt from the COVID-19 vaccination requirement if the person files a request for an exemption with the Director in accordance with § 231.3, and is granted the request, for one of the following reasons:
- (a) The person objects in good faith and in writing that the person's vaccination against COVID-19 would violate a sincerely held religious belief and the vaccination would in fact violate a sincerely held religious belief of the person; or
 - (b) The person has obtained and submitted written certification from a physician, or other licensed health professional who may order an immunization, that being vaccinated against COVID-19 is medically inadvisable due to the person's medical condition and it is in fact medically inadvisable for the person to receive a COVID-19 vaccine due to the person's medical condition. If the condition making the vaccine medically inadvisable is temporary, the physician or other licensed health professional should specify in the certification the date on which, or the change in condition upon which, taking the vaccine would no longer be medically inadvisable.
- 231.2 A person who is otherwise required to be vaccinated against COVID-19 pursuant to § 230 may be granted an exemption from the requirement if the person files a request for an exemption with the Director in accordance with § 231.3, and is granted the request, based on the person's vaccination outside the United States with a COVID-19 vaccine approved by the World Health Organization.
- 231.3 A person requesting an exemption pursuant to § 231.1 or § 231.2 must submit documentation to the Director, or his or her designee, that satisfactorily demonstrates that the exemption is warranted.
- 231.4 An exemption requested pursuant to § 231.1 or § 231.2 shall be effective upon a written document issued by the Director, or his or her designee, granting the exemption.
- 231.5 An exemption granted pursuant to § 231.1 shall be effective for one (1) year after it is granted and may be renewed annually for additional terms of one (1) year, subject to the following. If the exemption is based on a medical certification that includes a date on which the taking the vaccine would no longer be medically inadvisable, the exemption shall be effective until 30 days after the specified date.

Chapter 40, HEALTH OCCUPATIONS: GENERAL RULES, of Title 17 DCMR, BUSINESS, OCCUPATIONS, AND PROFESSIONALS, is amended as follows:

A new Section 4019, SARS-CoV-2/COVID-19 OBLIGATIONS OF HEALTH PROFESSIONALS, is added to read as follows:

4019 SARS-CoV-2/COVID-19-RELATED OBLIGATIONS OF HEALTH PROFESSIONALS

4019.1 Each person required to be licensed pursuant to § 501(a)(1) of the District of Columbia Health Occupations Revisions Act of 1985 (“Health Occupations Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.01(a)(1)), each person required to be registered pursuant to § 501(a)(2) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(2)), and each person required to be certified pursuant to § 501(a)(3) of the Health Occupations Act (D.C. Official Code § 3-1205.01(a)(3)), shall:

- (a) Comply with each Mayor’s Order related to a public emergency or a public health emergency declared in response to the impacts of COVID-19;
- (b) Comply with each administrative order and each guidance issued by the Department of Health related to SARS-CoV-2 or COVID-19;
- (c) Submit proof of vaccination status against COVID-19 using the online system designated by the Department of Health; and
- (d) Not employ or contract with any person after October 1, 2021, who is required to be vaccinated against COVID-19 pursuant to § 230 of Subtitle B (Public Health and Medicine) of Title 22 (Health) of the District of Columbia Municipal Regulations and who is not so vaccinated, unless the person has been granted an exemption from the vaccination requirement pursuant to § 231 of Subtitle B (Public Health and Medicine) of Title 22 (Health) of the District of Columbia Municipal Regulations.

4019.2 Failure to comply with § 4019.1 may subject a person to summary action pursuant to § 515(a)(1)(D) of the Health Occupations Act (D.C. Official Code § 3-1205.15(a)(1)(D)), or other disciplinary action pursuant to the Health Occupations Act which may result in revocation, suspension, or denial of the person’s license, registration, or certification.

4019.3 Failure by a health professional to become vaccinated against COVID-19 in compliance with § 230 of Subtitle B (Public Health and Medicine) of Title 22 (Health) of the District of Columbia Municipal Regulations (“DCMR”), absent the grant of an exemption pursuant to § 231 of Subtitle B (Public Health and Medicine) of Title 22 (Health) of the DCMR, shall constitute an imminent danger to the health and safety of the public pursuant to § 515(a)(1)(D) of the Health Occupations Act (D.C. Official Code § 3-1205.15(a)(1)(D)).