

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under § 302 (14) of 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)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of his intent to take final rulemaking action to adopt the following amendment to Chapter 69 of Title 17 of the District of Columbia Municipal Regulations (DCMR) in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

The purpose of these amendments is to clarify the time periods and appropriate terms for satisfying the experiential requirements for licensure.

A notice of Proposed Rulemaking was published in the *D.C. Register* on September 7, 2007 at 54 DCR 008825. No comments were received and no substantive changes were made. These final rules will be effective upon publication of this notice in the *D.C. Register*.

Chapter 69 (Psychology) of Title 17 (Business, Occupations & Professions) (May 1990) is amended as follows:

Sections 6902.3 is amended to read as follows:

6902.3 An applicant for a license shall furnish the following proof satisfactory to the Board Pursuant to § 6902.9 that the applicant has obtained a minimum of four thousand (4,000) hours of psychological practice.

Sections 6902.4 is amended to read as follows:

6902.4 Pursuant to § 6902.9, the four thousand hours may have been acquired after conferral of the doctoral degree or, two thousand (2,000) hours may have been acquired during a pre-doctoral internship with the remaining two thousand (2,000) hours acquired after conferral of the doctoral degree.

Sections 6902.5 is amended to read as follows:

6902.5 Pursuant to § 6902.9, the four thousand (4,000) hours shall be performed under the supervision of a psychologist, psychiatrist, or independent clinical social worker licensed in a jurisdiction of the United States unless otherwise permitted.

Section 6902.6 is amended to read as follows:

6902.6 If an applicant chooses to acquire the four thousand (4,000) hours of psychological practice after he or she has obtained the doctoral degree, the hours shall be obtained over a period of not less than two (2) years and not more than

three (3) years commencing the day after conferral of the applicant's doctoral degree but before the date the application is submitted. The Board may extend the three (3) year limit for good cause shown.

A new section 6902.7 is added to read as follows:

6902.7 If an applicant chooses to acquire two thousand (2,000) hours during a pre-doctoral internship and the remaining two thousand (2,000) hours after conferral of the doctoral degree, the hours obtained after conferral of the degree shall be obtained over a period of not less than one (1) year and not more than two (2) years commencing the day after conferral of the degree but before the date the application is submitted. The Board may extend the two (2) year limit for good cause shown.

A new section 6902.8 is added to read as follows:

6902.8 An applicant for a license shall furnish proof satisfactory to the Board pursuant to § 6902.9 that the applicant obtained experience that meets the following requirements:

(a) Two hundred (200) of the required hours shall have been completed as follows:

- (1) One hundred (100) of the required hours shall have been completed under the immediate supervision of a psychologist licensed in a jurisdiction of the United States; and
- (2) The remaining one hundred (100) required hours shall have been completed under the immediate supervision of a psychologist, psychiatrist, or independent clinical social worker licensed in a jurisdiction of the United States. No more than fifty (50) of these hours shall be in group supervision. For the purposes of this subsection "group supervision" means the supervision of three (3) to five (5) people by a psychologist, psychiatrist, or independent clinical social worker.

(b) The applicant's performance shall have been rated as at least satisfactory by each supervisor.

A new section 6902.9 is added to read as follows:

6902.9 An applicant for a license shall demonstrate qualifications required by §§ 6902.3, 6902.4, 6902.5, and 6902.6 by submitting with the application a signed statement from each supervisor who supervised the applicant during the required period of experience, on a form approved by the Board, which sets forth as follows:

- (a) The location at which and period of time during which the supervision took place;
- (b) The number of hours of general supervision of the applicant;
- (c) The number of hours of immediate supervision of the applicant;
- (d) The specific nature of and responsibilities included in the applicant's practice;
- (e) A rating of the applicant's performance; and
- (f) The jurisdiction in which the supervisor was licensed during the supervisory period and the supervisor's license number.

A new section 6902.10 is added to read as follows:

6902.10 A postdoctoral internship shall be acceptable experience if it meets the requirements of §§ 6902.3, 6902.4, 6902.5, and 6902.6.

A new section 6902.11 is added to read as follows:

6902.11 An applicant for a license who has been licensed in another jurisdiction in the United States but who does not qualify for licensure by reciprocity pursuant to the Act and § 4014 of this title may rely upon licensed, unsupervised practice to fulfill the experience requirements of this section. The applicant shall submit a certificate of licensure in good standing with the application and a statement which sets forth the location, duration, total hours, and specific nature of the applicant's practice.

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Acting Director of the Department of Health, pursuant to the authority set forth in § 4 of the Immunization of School Students Act of 1979, effective September 28, 1979 (D.C. Law 3-20; D.C. Official Code § 38-503), Mayor's Order 2006-117, dated September 5, 2006, § 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, ch. 601, § 1; D.C. Official Code § 7-131), and § 2 of Mayor's Order 98-141, dated August 20, 1998, hereby gives notice of adoption of the following amendments to Chapter 1 of Title 22 of the District of Columbia Municipal Regulations. A Notice of Proposed Rulemaking was published December 28, 2007, at 54 DCR 12643. In response to the notice the Acting Director received two comments. In response to the comments, and for other reasons, the Acting Director made changes to the rule and published Notice of Proposed Rulemaking on March 21, 2008, at 55 DCR 2921.

The Department received five comments in response to the republished rule that can be characterized as follows: 1) One commenter requested that the religious exemption for immunization be restated in sections 130.1 and 140.1. The Acting Director chose not to make this change because the exemption is clearly stated in D.C. Official Code § 38-506; 2) One commenter requested changes regarding the period within which reports must be made, the uses for which reported information may be used, the type of information that must be reported, and the requirement to report past immunization by other providers. After reviewing the commenters recommendations, the Acting Director chose not to make any additional change; 3) Several commenters requested further clarification that the rule is not intended to apply to reports by post-secondary institutions. As the rule clearly states that post-secondary institutions are not required to report, the Director chose not to make further changes; 4) One commenter requested that implementation of the requirement for meningococcal immunization for students aged eighteen (18) and older be delayed for one school year. The Acting Director chose not to change the implementation period for this requirement; 5) Several commenters requested further clarification that the rule applies to students who have not reached the age of 26, and the Acting Director chose not to make those technical changes at this time.

These rules require health care providers to report the administration of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for vaccine-preventable diseases, revise the required immunizations for school students by including vaccines that have been approved by the federal Food and Drug Administration since February 1, 1991, and update the procedures for administering vaccines already listed. These rules will become effective upon publication of this notice in the *D.C. Register*.

Chapter 1 of Title 22 DCMR (Public Health & Medicine) (August 1986) is amended as follows:

A new section 129 is added to read as follows:

129 IMMUNIZATION: REPORTS AND GENERAL PROVISIONS

129.1 Each health care provider shall report to the Department each immunization recommended in the United States by the ACIP that he or she administers, as well as the past immunizations administered by any health care provider, to a person twenty six (26) years of age or younger, within seven (7) days of administering the vaccination. Each health care provider shall report the information required by this subsection in the manner and form the Department prescribes. Each report shall include the following information:

- (a) Demographic information for each person vaccinated, including:
 - (1) The person's full name, including any suffix, nickname, or alternate surname that may apply;
 - (2) The person's date of birth and, for newborn's, the name of the hospital that delivered the newborn;
 - (3) The person's social security number, if applicable;
 - (4) The person's Medicaid number, if applicable;
 - (5) The name of the person's parent or guardian, if the person is younger than eighteen (18) years of age;
 - (6) The person's address;
 - (7) The person's phone number;
 - (8) The person's race or ethnicity;
 - (9) The person's insurance status and the name of the insurer, if applicable; and
 - (10) The person's gender.
- (b) Immunization data, including:
 - (1) The type of each vaccine administered;
 - (2) The date the vaccine was administered;
 - (3) The manufacturer and lot number of the vaccine;
 - (4) Verification that the vaccine information statement was given to the recipient of the vaccine and the publication

date of the vaccine information statement for the vaccine given;

- (c) Provider information, including:
 - (1) The provider's name;
 - (2) The provider's address;
 - (3) The provider's phone number; and
 - (4) The name of the person who administered the vaccine; and
- (d) Medical and clinical information, including:
 - (1) Any adverse reaction to active immunization;
 - (2) Information about medical contraindications, including:
 - (A) Whether contraindication is temporary or permanent; and
 - (B) The antigen for which there was a contraindication;
 - (3) Information about exemption from vaccination, including:
 - (A) Reason for the exemption;
 - (B) The antigen for which the exemption applies;
 - (C) The date the exemption expires, if applicable;
 - (4) Copy of laboratory results as evidence of immunity; and
 - (5) Varicella disease status including certification of infection with varicella that includes either:
 - (a) A copy of laboratory results indicating varicella disease or immunity to varicella; or
 - (b) A health care provider's diagnosis or verified history of varicella or herpes zoster disease that includes the month and year of the disease.

129.2 Each of the following entities shall report the immunization history of an individual to the Department in the manner and form the Department prescribes:

- (a) Each public, private, parochial, or charter school shall submit certification of immunization for each noncompliant student as determined by the Department within ten (10) business days of notification from the Department; and
 - (b) Each child development facility shall submit certification of immunization for each noncompliant child as determined by the Department within ten (10) business days of notification from the Department.
- 129.3 A post-secondary institution is not required to report active immunization, but the Department encourages reporting of immunization for students currently enrolled in the school.
- 129.4 Information disclosed to the Department pursuant to §§ 129.1 and 129.3 shall be kept confidential and shall not be used or disclosed to a third party, except as provided in this subsection. The Department may use and disclose information received pursuant to this section to safeguard the physical health of others as follows:
- (a) The Department may use patient-specific immunization information to produce aggregate immunization coverage reports;
 - (b) The Department may use immunization information to produce official immunization records for individuals;
 - (c) The Department may use or disclose individually identifiable immunization information without the consent of the person to whom the information pertains to notify the following individuals or entities of due dates for immunizations or missed or overdue immunizations according to the schedule recommended by the Advisory Committee on Immunization Practices (ACIP) to the following:
 - (1) The person;
 - (2) The person's parent or guardian;
 - (3) The person's health care provider or insurer;
 - (4) A child development facility in which the person is enrolled;
 - (5) A school in which the person is enrolled; and

- (d) Except as provided in subsections (a) through (c), the Department may disclose a person's individually identifiable information to a third party only with the written consent of the person, or the person's parent or guardian if the person is under eighteen (18) years of age or an unemancipated adult.

129.5 Notwithstanding the requirements of §§ 130 through 154 specifying minimum and maximum intervals between administration of vaccinations, a vaccine administered four (4) days or less than the minimum interval or age shall be a valid dose. This subsection shall not apply to the minimum intervals between live antigen vaccinations, including:

- (a) Measles, mumps, rubella (MMR); and
- (b) Varicella.

129.6 A vaccine administered five (5) or more days before the minimum interval or age shall not be counted as a valid dose and shall be repeated as age- and interval-appropriate. The repeat dose shall be spaced after the invalid dose by the recommended minimum interval as provided in §§ 130 through 154.

129.7 A combination vaccine may be administered as an alternate for any dose of the vaccine series for which it is licensed.

Sections 130 through 137 are amended to read as follows:

130 REQUIRED IMMUNIZATIONS FOR STUDENTS UNDER SEVEN (7) YEARS OF AGE

130.1 Before a child under seven (7) years of age enters school or a child development center, the parent or guardian of the child shall have the child immunized according to the requirements in sections 131 through 137. The doses of immunization shall follow these regulations or the recommendations of the ACIP published after the date of these regulations. The Director strongly recommends that a parent or guardian of a child who does not attend a school or child development center immunize the child in the same manner required for children who do attend a school or child development center.

131 DIPHTHERIA, TETANUS, WHOLE-CELL OR ACELLULAR PERTUSSIS

131.1 The first dose of diphtheria, tetanus, whole-cell pertussis (DTP) or diphtheria, tetanus, acellular pertussis (DTaP) shall be administered not earlier than six (6) weeks of age and not later than two (2) months of age.

- 131.2 The second dose of DTP or DTaP shall be administered not earlier than four (4) weeks after the first dose and not later than two (2) months after the first dose.
- 131.3 The third dose of DTP or DTaP shall be administered not earlier than four (4) weeks after the second dose and not later than two (2) months after the second dose.
- 131.4 A fourth dose of DTP or DTaP shall be administered:
- (a) Not earlier than six (6) months after the third dose;
 - (b) Not earlier than twelve (12) months of age; and
 - (c) By nineteen (19) months of age.
- 131.5 A booster, or fifth dose of DTP or DTaP, shall be administered:
- (a) Not earlier than six (6) months after the previous dose;
 - (b) Not earlier than four (4) years of age; and
 - (c) Not later than the fifth birthday.
- 131.6 A fifth dose of DTP or DTaP shall not be required for a student who received the fourth dose on or after four (4) years of age.
- 131.7 Any licensed DTaP or DTP vaccine or combination vaccine may be administered as an alternate for any dose of the series for which it is licensed.
- 131.8 For a student under seven (7) years of age, pediatric diphtheria tetanus (DT) vaccine may be administered instead of DTaP or DTP only when the provider follows current acceptable guidelines for valid contraindications for pertussis vaccine, as recommended by the ACIP. If DT is administered instead of DTaP or DTP, a physician or Advance Practice Nurse shall also provide a signed medical exemption request for pertussis to the student's parent or guardian for the certification required by D.C. Official Code § 38-502.
- 131.9 If a student receives pediatric DT instead of DTaP or DTP, the number and timing of the doses needed to complete the DT series shall be as follows:
- (a) If the first dose of DT is administered at twelve (12) months of age or younger, four (4) doses shall be administered, with the

remaining three (3) doses being given according to the schedule stated in §§ 131.2 to 131.4;

- (b) If the first dose of DT is administered after twelve (12) months of age, three (3) doses shall be administered. The second dose shall be administered no earlier than four (4) weeks after the first dose but not later than two (2) months after the first dose. The third dose shall be administered six (6) months after the second dose; and
- (c) If the third or fourth dose of DT was administered before four (4) years of age, the student shall have a booster dose at age four (4) and not later than five (5) years of age.

132 ORAL OR INACTIVATED POLIO (OPV or IPV)

132.1 Each student under seven (7) years of age who receives his or her primary immunization shall have either oral poliovirus vaccine (OPV) or inactivated polio vaccine (IPV) administered according to §§ 132.2 to 132.6.

132.2 The first dose shall be administered no earlier than six (6) weeks of age and not later than two (2) months of age.

132.3 The second dose shall be administered no earlier than four (4) weeks after the first dose and not later than two (2) months after the first dose.

132.4 The third dose shall be administered two (2) months after the second dose and by nineteen (19) months of age, but no earlier than four (4) weeks after the second dose.

132.5 A supplementary fourth dose shall be administered at four (4) years of age and by the fifth birthday, but no earlier than four (4) weeks after the third dose. If the third dose of a primary series of all OPV or all IPV was given on or after four (4) years of age, a fourth dose shall not be required. If the fourth dose was given before four (4) years of age and not earlier than four (4) weeks after the third dose, no additional dose shall be required.

132.6 If a combination of OPV and IPV doses are administered as part of a series, a total of four (4) doses shall be administered, regardless of the student's present age or the student's age at administration of the primary series. The fourth dose shall be administered no earlier than four (4) weeks after the third dose.

133 MEASLES, MUMPS, RUBELLA (MMR)

133.1 The first dose of measles, mumps, and rubella (MMR) vaccine shall be

administered no earlier than twelve (12) months of age and not later than sixteen (16) months of age.

- 133.2 The second dose of MMR shall be administered at four (4) years of age and by the fifth birthday, but no earlier than twenty-eight (28) days after the first dose. The Department recommends administration of the second dose at the next pediatric visit after the first dose, but no earlier than twenty-eight (28) days after the first dose.
- 133.3 If single antigen measles, mumps, and rubella vaccines are used, two (2) doses of each vaccine shall be administered, with a minimum interval of twenty-eight (28) days between dose (one) 1 and dose (two) 2. A dose of MMR, Varicella, one of the single-antigen measles, mumps, rubella, or any other live parenteral vaccines shall not be administered less than twenty-eight (28) days apart, unless administered on the same day.
- 134 HAEMOPHILUS INFLUENZA TYPE B (Hib)
- 134.1 The first dose of Haemophilus influenza type B (Hib) shall be administered no earlier than six (6) weeks of age and not later than two (2) months of age.
- 134.2 The second dose of Hib shall be administered no earlier than one (1) month after the first dose and not later than two (2) months after the first dose.
- 134.3 The third dose of Hib shall be administered no earlier than one (1) month after the second dose and not later than two (2) months after the second dose. The third dose shall not be required, if the PRP-OMP (PedvaxHIB) vaccine was administered for the first and second doses.
- 134.4 If different brands of licensed Hib conjugate vaccines are administered for the first two (2) doses, a total of three (3) doses shall be required to complete the primary series. Any combination of licensed Hib conjugate vaccines for use in infants may be administered to complete the primary series.
- 134.5 A booster dose of Hib shall be administered no earlier than two (2) months after the previous dose and at twelve (12) months of age and by sixteen (16) months of age.
- 134.6 An unvaccinated infant between the ages of seven (7) and eleven (11) months shall receive two (2) doses of Hib to complete the primary series, administered no earlier than one (1) month apart but not later than two (2) months apart. A booster dose shall be administered no earlier than two (2) months after the previous dose at twelve (12) months of age and by sixteen (16) months of age.

- 134.7 An undervaccinated infant between the ages of seven (7) and eleven (11) months shall complete the series according to the requirements of §§ 134.2, 134.3, and 134.5.
- 134.8 An unvaccinated or undervaccinated infant between twelve (12) and fourteen (14) months of age shall receive one (1) dose of Hib, followed by a booster dose. The booster dose shall be administered two (2) months after the previous dose.
- 134.9 An unvaccinated student between fifteen (15) months and five (5) years of age shall receive a single dose of Hib. A booster dose shall not be required.
- 134.10 The Hib vaccine shall not be required for a student five (5) years of age or older regardless of Hib vaccination status.
- 135 HEPATITIS B
- 135.1 The first dose of hepatitis B is recommended at birth, but shall be administered not later than at one (1) month of age.
- 135.2 The second dose shall be administered no earlier than one (1) month after the first dose and by three (3) months of age.
- 135.3 The third dose shall be administered no earlier than two (2) months after the second dose, at least four (4) months after the first dose, not earlier than 24 weeks of age, and by nineteen (19) months of age.
- 136 VARICELLA (Chickenpox)
- 136.1 The first dose of varicella is recommended at twelve (12) months of age, but shall be administered not earlier than twelve (12) months of age and by sixteen (16) months of age. A dose of MMR, varicella, one of the single-antigen measles, mumps, rubella, or any other live parenteral vaccine shall not be administered less than twenty-eight (28) days apart, unless administered on the same day.
- 136.2 Beginning with the 2008/2009 school year, a second dose of varicella shall be administered at four (4) years of age and by the fifth birthday. An interval of three (3) months is recommended between each dose of varicella-containing vaccine given between twelve (12) months and twelve (12) years of age. If the second dose was given twenty-eight (28) days or more after the first dose, the second dose does not need to be repeated. A dose of MMR, varicella, one of the single-antigen measles, mumps, rubella, or any other live parenteral vaccine shall not be administered less than twenty-eight (28) days apart, unless administered on the same day.

- 136.3 The varicella vaccination shall not be required for a student who has written certification of infection with varicella that includes either:
- (a) Copy of laboratory results as evidence of varicella disease or immunity to varicella; or
 - (b) A health care provider's diagnosis or verified history of varicella or herpes zoster disease that includes the month and year of the disease.
- 137 PNEUMOCOCCAL CONJUGATE 7-VALENT VACCINE (PCV7)
- 137.1 Beginning with the 2008/2009 school year, pneumococcal conjugate 7-valent vaccine (PCV7) shall be required for all students under the age of five (5) years.
- 137.2 The first dose of PCV7 shall be administered no earlier than six (6) weeks of age and not later than two (2) months of age.
- 137.3 The second dose of PCV7 shall be administered no earlier than one (1) month after the first dose and not later than two (2) months after the first dose.
- 137.4 The third dose of PCV7 shall be administered no earlier than one (1) month after the second dose and not later than two (2) months after the second dose.
- 137.5 A booster dose of PCV7 shall be administered not earlier than two (2) months after the previous dose, not earlier than twelve (12) months of age, and by sixteen (16) months of age.
- 137.6 An unvaccinated student between seven (7) and eleven (11) months of age shall receive two (2) doses of PCV7 to complete the primary series, administered no earlier than one (1) month apart but not later than two (2) months apart. A booster dose shall be administered no earlier than two (2) months after the previous dose at twelve (12) months of age and by sixteen (16) months of age.
- 137.7 An undervaccinated student between seven (7) and eleven (11) months of age who has received one (1) or two (2) doses of PVC7 before age seven (7) months, shall receive one (1) dose administered no earlier than one (1) month after the previous dose but not later than two (2) months after the previous dose. A booster dose shall be administered no earlier than two (2) months after the previous dose at twelve (12) months of age and sixteen (16) months of age.

- 137.8 An unvaccinated student between twelve (12) and twenty-three (23) months of age shall receive two (2) doses of PCV7 administered two (2) months apart.
- 137.9 An undervaccinated student between twelve (12) and twenty-three (23) months of age who has received one (1) dose of PCV7 before twelve (12) months of age shall receive two (2) doses administered two (2) months apart.
- 137.10 An undervaccinated student between twelve (12) and twenty-three (23) months of age who has received one (1) dose of PCV7 on or after age twelve (12) months shall receive one (1) dose of PCV7 administered two (2) months after the previous dose.
- 137.11 An undervaccinated student between twelve (12) and twenty-three (23) months of age, who has received two (2) or three (3) doses of PCV7 before age twelve (12) months, shall receive one (1) dose two (2) months after the previous dose.
- 137.12 An unvaccinated student twenty-four (24) months of age or older but not yet five (5) years of age shall receive a single dose of PCV7. A booster dose shall not be required.
- 137.13 An undervaccinated student twenty-four (24) months of age or older but not yet five (5) years of age who has an incomplete schedule shall receive one (1) dose of PCV7 two (2) months after the previous dose.
- 137.14 The PCV7 vaccine shall not be required for a student five (5) years of age or older regardless of PCV7 vaccination status.

A new section 138 is added to read as follows:

- 138 HEPATITIS A
- 138.1 Beginning with the 2009/2010 school year, two (2) doses of hepatitis A vaccine shall be administered to each student born on or after January 1, 2005.
- 138.2 The first dose of hepatitis A shall be administered no earlier than twelve (12) months of age and by twenty-four (24) months of age.
- 138.3 The second dose of hepatitis A shall be administered not earlier than six (6) months and not later than twelve (12) months after the first dose and by thirty-five (35) months of age.
- 138.4 An unvaccinated or undervaccinated student more than twenty-four (24) months of age and less than age seven (7) shall receive two (2) doses of

hepatitis A vaccine administered not less than six (6) months apart and not later than twelve (12) months after the first dose.

Sections 140 through 145 are amended to read as follows:

- 140 REQUIRED IMMUNIZATIONS FOR STUDENTS BETWEEN SEVEN (7) YEARS OF AGE AND SEVENTEEN (17) YEARS OF AGE
- 140.1 A student seven (7) years of age or older and not yet eighteen (18) years of age shall receive immunizations before entry into a school, child care facility, or post high school program according to the requirements of §§ 141 through 145. Doses of immunizations shall be spaced according to these rules or the recommendations of the federal Advisory Committee on Immunization Practices (ACIP) published after the date of these rules.
- 141 TETANUS, DIPHTHERIA (Td); TETANUS, DIPHTHERIA, ACCELLULAR PERTUSSIS (Tdap)
- 141.1 A student who has not received primary immunization for tetanus, diphtheria and pertussis by seven (7) years of age shall receive tetanus, diphtheria (Td)-containing vaccine as follows:
- (a) Until the beginning of the 2008/2009 school year, each student shall receive a total of three (3) doses of Td-containing vaccine. The first and second doses shall be administered not less than four (4) weeks and not more than eight (8) weeks apart. The third dose shall be administered not less than six (6) months and not more than seven (7) months after the second dose. It is recommended that one dose be Tdap vaccine for students eleven (11) years of age or older.
- (b) After the 2008/2009 school year, the student shall receive a total of three (3) doses of Td-containing vaccine. The first and second doses shall be administered not less than four (4) weeks and not more than eight (8) weeks apart. The third dose shall be administered not less than six (6) months and not more than seven (7) months after the second dose. Tdap shall be administered in place of one (1) dose Td-containing vaccine, preferably the first dose, for students eleven (11) years of age or older.
- 141.2 DTP, DT, or DTaP doses administered before age seven (7) may satisfy § 141.1, unless given before the appropriate age or at less than the required minimum interval between doses. If the last dose of DT-containing vaccine was given before four (4) years of age, one additional dose of Td or Tdap shall be administered.

- 141.3 Beginning with the 2008/2009 school year, if the last dose of the primary DT-containing immunization series or booster was administered before age seven (7), a Tdap booster dose shall be administered no sooner than five (5) years after the previous dose at eleven (11) years of age, but no later than the twelfth (12) birthday. If the last dose of the primary DT-containing immunization series or booster was administered on or after age seven (7), a Tdap booster dose shall be administered no earlier than five (5) years and not later than six (6) years after the last DT-containing immunization.
- 141.4 A Td or Tdap-containing booster shall be administered at ten (10) years after the primary series or the last booster and by eleven (11) years of age. Tdap shall be used for one (1) dose beginning with the 2008/2009 school year.
- 142 ORAL OR INACTIVATED POLIO (OPV or IPV)
- 142.1 A student who has not received a primary immunization with an all IPV or all OPV series shall receive a total of three (3) vaccine doses. Each dose shall be administered not less than four (4) weeks apart.
- 142.2 OPV or IPV doses administered before the age of seven (7) may satisfy § 142.1, unless given before the appropriate age or at less than the required minimum interval between doses.
- 142.3 If a combination of OPV and IPV doses are administered as part of a series, a total of four (4) doses are required, regardless of current age or age at administration of primary series. The fourth dose shall be administered no earlier than four (4) weeks and not later than eight (8) weeks after the third dose.
- 142.4 For each student eighteen (18) years of age or older, the polio immunization vaccine is recommended but not required.
- 143 MEASLES, MUMPS, RUBELLA (MMR)
- 143.1 For a student who has not received a primary immunization, two (2) doses shall be administered. The second dose shall be administered not earlier than twenty-eight (28) days and not later than eight (8) weeks after the first dose.
- 143.2 MMR doses administered before the age of seven (7) may satisfy § 143.1, unless given before twelve (12) months of age or at an interval of less than twenty-eight (28) days between doses.
- 143.3 If single antigen measles, mumps, and rubella vaccines were administered, two (2) doses of each vaccine shall be administered not less than twenty-

eight (28) days apart. A dose of any one (1) of the single antigen vaccines and a dose of another of the single antigen vaccines shall not be administered less than twenty-eight (28) days apart, unless administered on the same day. A dose of MMR, Varicella, one of the single-antigen measles, mumps, and rubella vaccines, or any other live parenteral vaccine shall not be administered less than twenty-eight (28) days apart, unless administered on the same day.

144 HEPATITIS B

144.1 A student who has not received a primary immunization shall receive a total of three (3) doses. The second dose shall be administered not earlier than four (4) weeks and not later than eight (8) weeks after the first dose. The third dose shall be administered no earlier than eight (8) weeks after the second dose and no earlier than sixteen (16) weeks after the first dose.

144.2 Hepatitis B doses administered before the age of seven (7) may satisfy § 144.1, unless administered at less than the required age or minimum interval between each dose.

144.3 As an alternative to the requirements of §§ 144.1 and 144.2, an unvaccinated student between eleven (11) and fifteen (15) years of age may receive a two (2) 1mL-dose schedule of ten (10) micrograms per milliliter (mcg/mL) of Recombivax HB given between four (4) and six (6) months apart. This alternative shall apply only for students vaccinated between eleven (11) and fifteen (15) years of age. The first dose shall be administered between eleven (11) and fifteen (15) years of age, and the second dose shall be administered before age sixteen (16). The student's parent or legal guardian shall provide written certification of proper administration of the two (2)-dose schedule to the student's school. The certification shall include correct formulation for both doses administered according to the correct schedule.

145 VARICELLA (Chickenpox)

145.1 A student under thirteen (13) years of age who has not received primary immunization shall receive one (1) dose of varicella vaccine. Beginning with the 2008/2009 school year, a student under thirteen (13) years of age shall receive a second dose of varicella administered at three (3) months and by four (4) months after the previous dose. If the second dose was given twenty-eight (28) days or more after the first dose, then the second dose does not need to be repeated. Varicella shall not be administered within twenty-eight (28) days of receiving a dose of MMR, one of the single-antigen measles, mumps, or rubella vaccines, or any other live parenteral vaccine, unless administered on the same day.

- 145.2 A student thirteen (13) years of age or older who has not previously received a varicella vaccine shall receive two (2) doses administered not less than twenty-eight (28) days and not more than two (2) months apart. Varicella shall not be administered within twenty-eight (28) days of receiving a dose of MMR or one of the single-antigen measles, mumps, or rubella vaccines, unless administered on the same day.
- 145.3 Beginning with the 2008/2009 school year, a student thirteen (13) years of age or older who has previously received one (1) dose of varicella vaccination shall receive a second dose not less than twenty-eight (28) days and not more than two (2) months after the previous dose. Varicella shall not be administered within twenty-eight (28) days of receiving a dose of MMR or one of the single-antigen measles, mumps, or rubella vaccines, unless administered on the same day.
- 145.4 Varicella doses administered before the age of seven (7) may satisfy the requirements of §§ 145.1, 145.2, or 145.3, unless given before twelve (12) months of age or at an interval of less than twenty-eight (28) days between doses.
- 145.5 The varicella vaccination shall not be required for a student who has written certification of infection with varicella that includes either:
- (a) Copy of laboratory report as evidence of varicella disease or immunity to varicella; or
 - (b) A health care provider's diagnosis or verified history of varicella or herpes zoster disease that includes the month and year of the disease.

A new section 146 is added to read as follows:

- 146 HUMAN PAPILLOMAVIRUS (HPV)
- 146.1 Beginning with the 2009/2010 school year, a female student enrolling in grade six (6) for the first time shall receive the first dose of HPV vaccine at age eleven (11) and by age twelve (12).
- 146.2 The second dose of HPV vaccine shall be administered not less than four (4) weeks after the first dose and by two (2) months after the first dose.
- 146.3 A third dose of HPV vaccine shall be administered not less than twelve (12) weeks after the second dose and by six (6) months after the first dose.
- 146.4 The parent or legal guardian of a student required to receive a vaccine under this section may opt out of the vaccination for any reason by signing a form provided by the Department that states that the parent or legal

guardian has been informed of the HPV vaccination requirement and has elected not to participate.

Sections 147 through 154 are amended to read as follows:

- 147 MENINGOCOCCAL
- 147.1 Beginning with the 2009/2010 school year, one dose of quadrivalent meningococcal vaccine shall be administered at eleven (11) years of age and by twelve (12) years of age.
- 147.2 Previous doses of quadrivalent meningococcal vaccine may satisfy § 147.1 unless given before the appropriate age.
- 148 REQUIRED IMMUNIZATIONS FOR STUDENTS EIGHTEEN (18) YEARS OF AGE AND OLDER
- 148.1 The required immunizations for each student eighteen (18) years of age and older, and prior to entry into a school or post high school program shall be as set forth in sections 148 through 152. Doses of immunizations shall be spaced according to these regulations or the recommendations of the federal Advisory Committee on Immunization Practices (ACIP) published after the effective date of these regulations.
- 149 TETANUS, DIPHTHERIA (Td), ACELLULAR PERTUSSIS (Tdap)
- 149.1 A student who has not received primary immunization shall receive three (3) doses of diphtheria-tetanus-containing vaccine. Beginning with the 2008/2009 school year, Tdap shall be used for one of the three (3) diphtheria-tetanus-containing vaccines in the series, preferably, the first dose. The first and second doses shall be administered not less than four (4) weeks apart. The third dose shall be administered not less than six (6) months after the second dose.
- 149.2 DTP, DT, DTaP, Td or Tdap doses administered before the age of eighteen (18) may satisfy § 148.1, unless administered before the appropriate age or at less than the required minimum interval between doses. If the last dose of diphtheria-tetanus-containing vaccine was given before four (4) years of age, an additional dose of Td/Tdap shall be administered not less than six (6) months after the previous dose. Beginning with the 2008/2009 school year, Tdap shall be used for one (1) dose.
- 149.3 A Td/Tdap diphtheria-tetanus-containing booster dose shall be administered at ten (10) years after the primary series or the last booster and by eleven (11) years of age. Beginning with the 2008/2009 school year, Tdap shall be used for one dose.

- 150 MEASLES, MUMPS, RUBELLA (MMR)
- 150.1 A student born in 1957 or later who has not received primary immunization shall receive two (2) doses of MMR. The second dose shall be administered not sooner than twenty-eight (28) days and not later than two (2) months after the first dose.
- 150.2 MMR administered before the age of eighteen (18) may satisfy § 150.1, unless given before twelve (12) months of age or at less than twenty-eight (28) days between each dose.
- 150.3 If single antigen measles, mumps, and rubella vaccines are used, two (2) doses of each vaccine shall be administered not less than twenty-eight (28) days apart. A dose of any one (1) of the single antigen vaccines and a dose of another of the single antigen vaccines shall not be administered less than twenty-eight (28) days apart, unless administered on the same day. MMR shall not be administered within twenty-eight (28) days after a dose of varicella or one of the single-antigen measles, mumps, or rubella vaccines, unless administered on the same day.
- 151 HEPATITIS B
- 151.1 A student who has not received a primary immunization shall receive a total of three (3) doses of hepatitis B vaccine. The second dose shall be administered not earlier than four (4) weeks after the first dose and not later than eight (8) weeks after the first dose. The third dose shall be administered not earlier than eight (8) weeks and not later than sixteen (16) weeks after the second dose and not earlier than sixteen (16) weeks after the first dose.
- 151.2 Prior doses of Hepatitis B, including administration of a two (2) dose schedule of Recombivax HB pursuant to § 144.3, may satisfy §151.1, unless administered at less than the required minimum interval between doses.
- 152 VARICELLA (Chickenpox)
- 152.1 A student thirteen (13) years of age or older who has not previously received a varicella vaccine shall receive two (2) doses administered not less than twenty-eight (28) days and not more than two (2) months apart. Varicella shall not be administered within twenty-eight (28) days of receiving a dose of MMR or one of the single-antigen measles, mumps, or rubella vaccines, unless administered on the same day.
- 152.2 Beginning with the 2008/2009 school year, a student eighteen (18) years of age or older who has previously received one (1) dose of varicella

vaccination shall receive a second dose not earlier than twenty-eight (28) days and not later than two (2) months after the previous dose. Varicella shall not be administered within twenty-eight (28) days of receiving a dose of MMR or one of the single-antigen measles, mumps, or rubella vaccines, unless administered on the same day.

152.3 Varicella doses administered before the age of eighteen (18) may satisfy the requirements of §§ 152.1 or 152.2, unless given before twelve (12) months of age or at an interval of less than twenty-eight (28) days between doses.

152.4 The varicella vaccination shall not be required for a student who has written certification of infection with varicella that includes either:

- (a) A copy of a laboratory report as evidence of varicella disease or immunity to varicella; or
- (b) A health care provider's diagnosis or verified history of varicella or herpes zoster disease that includes the month and year of the disease.

153 MENINGOCOCCAL

153.1 Except as provided in § 153.3, beginning with the 2008/2009 school year, each first-year student enrolled in a school of post-secondary education in the District of Columbia and living, or who may live, in on-campus student housing shall receive one (1) dose of meningococcal vaccine.

153.2 A school of post-secondary education in the District of Columbia shall:

- (a) Notify a student eighteen (18) years of age or older or the parent or legal guardian of a student less than eighteen (18) years old, in writing, of the requirement for meningococcal vaccination. Notice shall be given at the time the school accepts a student for admission or when a student registers for classes, if students are not required to apply for admission before registering for courses.
- (b) Include written notice of the requirement for meningococcal vaccination in:
 - (1) Admission acceptance information;
 - (2) Student health-related information and materials;
 - (3) Resident life information and materials;
 - (4) The student handbook; and

- (5) The college catalog.
 - (c) Provide information about the risks of contracting meningococcal disease and about the availability and effectiveness of meningococcal vaccine to:
 - (1) A student eighteen (18) years of age or older who resides in, or may reside in, on-campus student housing; or
 - (2) The parent or legal guardian of a student less than eighteen (18) years of age who resides in, or may reside in, on-campus housing.
 - (d) Keep on file in the student's records any waiver form a student submits, or parent or guardian submits on behalf of a student, requesting waiver of the requirements of § 153.1.
- 153.3 A student eighteen (18) years of age or older, or the parent or legal guardian of a student less than eighteen (18) years of age, may obtain a waiver from the requirements in § 153.1 if the individual submits a form with information stated in § 153.4 to the school of post-secondary education.
- 153.4 A form requesting waiver of the requirements of § 153.1 shall include the following information:
- (a) A statement that the applicant is:
 - (1) Eighteen (18) years of age or older and applying on his or her own behalf; or
 - (2) The parent or legal guardian of a student who is less than eighteen (18) years of age;
 - (b) A statement that the applicant has received and reviewed the information provided by the school of post-secondary education on the risk of contracting meningococcal disease and the availability and effectiveness of meningococcal vaccine;
 - (c) A statement that the applicant refuses meningococcal vaccine on his or her own behalf, if the applicant is eighteen years of age or older, or on behalf of a student who is less than eighteen (18) years of age;
 - (d) Spaces on the form for the following:

- (1) The applicant's printed name;
- (2) The printed name of the student, if the student is different from the applicant
- (3) The applicant's Signature; and
- (c) The date of execution of the form.

154 ALTERNATIVE EVIDENCE OF IMMUNITY

154.1 Laboratory evidence of immunity for each vaccine-preventable disease may be accepted in lieu of the required immunizations for each disease described in sections 130 through 153 and may be required in particular circumstances.

A new section 199 is added to read as follows:

199 DEFINITIONS

Advisory Committee on Immunization Practices (ACIP)—the advisory body that makes recommendations on the use of vaccines in the United States including age-appropriate immunizations and the proper interval between vaccinations.

Combination vaccine—a vaccine that merges into a single product the antigens that prevent different diseases or that protect against multiple strains of infections agents causing the same disease.

Day—a calendar day, unless otherwise indicated.

Department—the District of Columbia Department of Health.

Diphtheria tetanus acellular pertussis (DTaP)—an inactivated vaccine that provides protection from contracting diphtheria, tetanus, and pertussis, containing acellular pertussis in a single dose that is intended for use only in children under seven (7) years of age.

Diphtheria tetanus whole-cell pertussis (DTP)—an inactivated vaccine that provides protection from contracting diphtheria, tetanus, and pertussis, containing whole-cell pertussis in a single dose and was intended for use only in children under seven (7) years of age. This vaccine is no longer routinely administered in the United States.

Health Care Provider—a person licensed in the District of Columbia to give health care including a Registered Nurse, Medical Doctor, Nurse Practitioner, or Physician Assistant.

Hib—an inactivated vaccine to immunize against hemophilus influenza type B.

Human papilloma virus (HPV)—an inactivated vaccine that provides protection from contracting certain forms of the human papilloma virus.

Inactivated polio vaccine (IPV)—an inactivated vaccine that provides protection from contracting polio that is administered by syringe.

Live oral polio vaccine (OPV)—an attenuated, live-virus vaccine containing that is administered orally and provides protection from contracting polio, but may also cause polio in rare cases. This vaccine is no longer routinely administered in the United States.

Measles mumps rubella (MMR)—an attenuated, live-virus vaccine containing a combination of measles, mumps, and rubella viruses.

Meningococcal vaccine—an inactivated serigroup-specific quadrivalent meningococcal vaccine against serigroups A, C, Y, and W-135.

Month—a period of thirty (30) consecutive days.

On-campus student housing—housing provided to students, regardless of the fee, that is owned, rented, or contracted for and operated by a school of post-secondary education, or through written agreement, with an agent of the school of post-secondary education.

PCV-7—an inactivated heptavalent pneumococcal conjugate vaccine composed of purified polysaccharides of seven (7) serotypes (C4, 6B, 9V, 14, 18C, 19F, and 23 F).

Primary immunization—the initial series of immunizations a child receives at age-appropriate intervals excluding booster doses.

School year—the period established by the District of Columbia Schools, Public Charter Schools, or a private or parochial school as the beginning and end dates of a regular school program, typically spanning parts of two calendar years.

Student—a child enrolled in a public, private, parochial, or charter school in the District of Columbia or a child enrolled in a child development center in the District of Columbia.

Tetanus diphtheria-containing (Td-containing)—an inactivated vaccine that contains at least tetanus and diphtheria toxoids and provides protection from contracting diphtheria and tetanus in a single dose that is intended for children over seven (7) years of age.

Tetanus diphtheria acellular pertussis (Tdap)—a vaccine that provides protection from contracting tetanus, diphtheria, and pertussis, containing acellular pertussis in a single dose that is intended for children over seven (7) years of age.

Undervaccinated—the circumstance of having received an incomplete immunization series.

Unvaccinated – the circumstance of having received no immunizations in an antigen series.

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Acting Director of the Department of Health, pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 7, 1967 (81 Stat.744; D.C. Official Code § 1-307.02), Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption of an amendment to Chapter 9, Title 29 of the District of Columbia Municipal Regulations (DCMR), entitled "Reimbursement of Intermediate Care Facilities for the Mentally Retarded".

The Medicaid reimbursement rates for intermediate care facilities for the mentally retarded (ICF/MR) have not been increased since 2002. These rules will adjust the rates for inflation from Fiscal Year (FY) 2002, the last Fiscal Year when the rates were adjusted to FY 2008 and annually thereafter.

The District of Columbia Medicaid Program is also amending the District of Columbia State Plan for Medical Assistance (State Plan) to reflect these changes. The Council of the District of Columbia (Council) and the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) must approve the corresponding State Plan amendment. The Council has approved the State Plan amendment. By letter dated February 13, 2003, CMS has approved the attendant State Plan amendment with an effective date of October 1, 2007.

A notice of emergency and proposed rulemaking was published in the *DC Register* on November 9, 2007 (54 DCR 010866). Comments were received. No substantive changes have been made. Sections 970.1 and 970.2 have been revised to reflect the October 1, 2007 effective date consistent with the approved State Plan. Section 970.2 has also been revised to clarify that the base year per diem rates shall be indexed for inflation consistent with the approved State Plan. These rules became effective on October 1, 2007.

Chapter 9 (Reimbursement of Intermediate Care Facilities for the Mentally Retarded) of Title 29 DCMR is amended as follows:

Section 968.1 is amended to read as follows:

968.1 Each intermediate care facility for the mentally retarded ("ICF/MR") shall be reimbursed on a prospective basis at a facility-specific per diem rate for all services provided. The facility-specific per diem rate shall be developed by establishing a base year per diem rate for each facility, subject to ceiling and indexed annually for inflation, subject to adjustments.

Section 969.3 (Computation of Ceilings) is amended to read as follows:

969.3 The median cost per diem for each category shall be calculated based on total patient days, including reserved bed days and shall not be based on Medicaid patient days. The median cost per diem for each category set forth in section 969 shall be indexed for inflation from the District's Fiscal Year 2002 through the District's Fiscal Year 2008 using the using the Centers for Medicare and Medicaid Services Prospective Payment Skilled Nursing Facility Input Price Index and thereafter on an annual basis.

Section 970.1(Calculation of Rate) is amended to read as follows:

970.1 For services rendered on or after October 1, 2007 each ICF/MR shall be paid its base year per diem rate calculated in accordance with sections 968 and 969 and adjusted for inflation pursuant to this section.

Section 970.2 (Calculation of Rate) is amended to read as follows:

970.2 Beginning October 1, 2007 through September 30, 2008, the base year per diem rate paid in the District's Fiscal Year 2002 shall be indexed for inflation from the District's Fiscal Year 2002 through the District's Fiscal Year 2008 using the Centers for Medicare and Medicaid Services Prospective Payment Skilled Nursing Facility Input Price Index ("CMS Index"). On October 1st of each successive year after Fiscal Year 2008, the base year per diem rate shall be indexed for inflation using the CMS index.

Sections 970.3 and 970.4 (Calculation of Rate) are deleted in their entirety.

A new Section 974.4 (Reimbursement for New Providers) is added to read as follows:

974.4 A provider that enters the Medicaid program after October 1, 2007 shall submit a pro forma cost report based on a budget of estimated first year costs. MAA reserves the right to review and adjust each facility's pro forma cost report. The provider shall be paid an interim rate which is based on the lesser of the base year median rates adjusted for inflation pursuant to section 969 or budgeted operating costs and budgeted capital costs. The interim rate shall remain in effect until the provider's first complete Fiscal Year including 12 months of operational costs has been audited and a final rate is established. Upon completion of the audit of the facility's cost report, the facility shall be notified of the final rate and the facility's payments shall be adjusted accordingly.

DISTRICT DEPARTMENT OF TRANSPORTATION

NOTICE OF FINAL RULEMAKING

The Director of the District Department of Transportation, pursuant to the authority of section 5(3)(A) and 5(3)(C) of the Department of Transportation Establishment Act of 2002, effective May 21, 2002 (D.C. Law 14-137; D.C. Official Code § 50-921.04(3)(A) and (3)(C)), and section 6(a)(1) and 6(b) of the District of Columbia Traffic Act, 1925, approved March 3, 1925 (43 Stat. 1121; D.C. Official Code § 50-2201.03(a)(1) and -03.(b)), hereby gives notice of the intent to take final rulemaking action to amend section 2100 of Chapter 21 (Traffic Signs, Signals, Symbols, and Devices) of Title 18 (Vehicle and Traffic) of the District of Columbia Municipal Regulations. The rulemaking will allow the District of Columbia to adopt the Federal Highway Administration's *Manual on Uniform Traffic Control Devices* (2003 ed., rev. 1 Nov. 2004), and all subsequent editions thereof, with exceptions as defined in the text of the amendment, as the official standard for traffic signs, traffic signals, pavement markings, traffic control devices, and temporary traffic control measures in the District of Columbia.

Notice of Proposed Rulemaking was published in the D.C. Register on December 21, 2007, at 54 DCR 012344. No comments were received with regard to this rule. This final rule will be effective upon publication of this notice in the D.C. Register.

Section 2100 of Chapter 21, Title 18 DCMR is amended to read as follows:

2100 STANDARDS FOR PLACEMENT OF TRAFFIC CONTROL DEVICES, SIGNS, AND PAVEMENT MARKINGS

- 2100.1 The Director of the District Department of Transportation (Director) shall place and maintain such traffic control devices upon all streets and highways as the Director shall deem necessary to indicate and to carry out the provisions of this chapter or to regulate, warn, or guide traffic.
- 2100.2 The District of Columbia adopts the Federal Highway Administration's *Manual on Uniform Traffic Control Devices* (2003 ed., rev. 1 Nov. 2004) (MUTCD), and all subsequent editions thereof, as the official standard for traffic signs, traffic signals, pavement markings, and traffic control devices in the District of Columbia, with the following exceptions:
- (a) The centerline pavement markings on Pennsylvania Avenue, N.W., between 3rd Street, N.W., and 15th Street, N.W., shall be white rather than yellow as required by Chapter 3B, Section 3B.01 of the MUTCD.

- (b) The countdown display on pedestrian crossing signals shall operate for the duration of the "WALK" interval for pre-timed traffic signals rather than operate only during the "DON'T WALK" interval as required by Chapter 4E, Section 4E.07 of the MUTCD.
 - (c) Lane control signs installed prior to January 1, 2008, shall be mounted along the side of the roadway rather than over the centerline of the controlled lane as required by Chapter 4J, Section 4J.03 of the MUTCD.
- 2100.3 Temporary traffic control measures, as published in the District of Columbia Work Zone Manual, shall conform to the standards set by Part 6 of the MUTCD. The Director may adopt additional temporary traffic control measures that are relevant to the unique traffic conditions of the District of Columbia.
- 2100.4 The most recent edition of the MUTCD and the District of Columbia Work Zone Manual may be reviewed at the offices of the District Department of Transportation, 2000 14th Street, N.W., 7th Floor, Washington, D.C. 20009. Copies may also be obtained, upon request, from the Director upon payment of a reasonable copying fee to be determined by the Director. The most recent edition of the MUTCD may also be found on the District Department of Transportation website: <http://www.ddot.dc.gov/>.

DISTRICT DEPARTMENT OF TRANSPORTATION

NOTICE OF FINAL RULEMAKING

The Director of the District Department of Transportation, pursuant to the authority of section 2 of the Capitol Hill Historic District Protection Temporary Act of 2007, effective October 3, 2007 (D.C. Act 17-122; 54 D.C.R. 10002), and any substantially identical permanent legislation; Mayor's Order 2007-185 (August 9, 2007); Sections 3(b), 5(3), and 6 of the Department of Transportation Establishment Act of 2002, effective May 21, 2002 (D.C. Law 14-137, D.C. Official Code §§ 50-921.02(b), 50-921.04(3), and 50-921.06); Mayor's Order 2007-179 (March 6, 2007); and Sections 6(a)(1), 6(a)(6) and 6(b) of the District of Columbia Traffic Act, approved March 3, 1925 (43 Stat. 1121; D.C. Official Code § 50-2201.03(a)(1), (a)(6) and (b)), hereby gives notice of the adoption of the following amendments to add three new subsections to Chapter 40 of Title 18, "Vehicle and Traffic Regulations," of the District of Columbia Municipal Regulations ("DCMR"). The amendments prohibit commercial tour buses in the Capitol Hill Historic District except on certain arterial roads. The rulemaking does not apply to tour buses used for government purposes.

Notice of Emergency and Proposed Rulemaking was published in the D.C. Register on August 24, 2007, at 54 DCR 8382, and on December 28, 2007, at 54 DCR 12707. No comments were received with regard to this rule.

These final rules will be effective upon publication of this notice in the *D.C. Register*.

Title 18 DCMR, Section 4025, **BUS RESTRICTIONS**, is amended to read as follows:

By adding §§ 4025.4, 4025.5 and 4025.6 to read as follows:

- 4025.4 No person shall operate a commercial tour bus in the Capitol Hill Historic District except upon the following roads:
- (a) Pennsylvania Ave., S.E. between 2nd St., S.E. and 13th St., S.E.;
 - (b) Maryland Ave., N.E. between 2nd St., N.E. and 11th St., N.E.;
 - (c) Massachusetts Ave., N.E. between 2nd St., N.E. and East Capitol St.;
 - (d) Massachusetts Ave., S.E. between East Capitol St., and 14th St., S.E.; and
 - (e) Independence Ave., S.E. between 2nd St., S.E. and 14th St., S.E.
- 4025.5 Buses used for government purposes and Washington Metropolitan Area Transit Authority buses shall be exempt from the provisions of Subsection 4025.4.
- 4025.6 For purposes of Subsection 4025.4, the phrase "commercial tour bus" means any motor vehicle used for the transportation of persons for profit that:

- (a) Has a gross weight in excess of twenty-six thousand (26,000) pounds;
- (b) Has three or more axles, regardless of weight; or
- (c) Has a seating capacity of sixteen (16) or more passengers, exclusive of the driver.