ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7TH FLOOR
SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE: JULY 28, 2004

MAY 28, 2004, NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT, THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 28, 2004, 10:00 A.M., 7TH FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60744, MM&S, INC. T/A SODERE RESTAURANT, RETAILER'S "C"RESTAURANT, 1930 – 9TH ST., NW, WARD 1 SMD 1B02

NATURE OF OPERATION
NEW RESTAURANT WITH THREE PIECE BAND AND VOCALIST FEATURING ETHIOPIAN, JAZZ AND BLUES.

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
SUNDAY- THURSDAY, 11AM-2AM
FRIDAY AND SATURDAY, 11AM-3AM

PETITION AND/OR REQUEST TO APPEAR BEFORE THE BOARD MUST BE FILED ON OR BEFORE
JULY 13, 2004

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7TH FLOOR
SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE: JULY 28, 2004

MAY 28, 2004, NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT, THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 28, 2004, 10:00 A.M., 7TH FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60756, KRAKATOA, INC. T/A CHIEF IKE'S MAMBO ROOM, RETAILER'S "C"TAVERN, 1723-25 COLUMBIA RD., NW, WARD 1 SMD 1C05

LICENSEE REQUEST PERMISSION TO CHANGE THE LICENSE CLASS FROM RETAILER'S CLASS "C" RESTAURANT TO RETAILER'S CLASS "C" TAVERN.

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
MONDAY-THURSDAY, 4PM-2AM
FRIDAY, 4PM-3AM
SATURDAY, 6PM-3AM
SUNDAY CLOSED

PETITION AND/OR REQUEST TO APPEAR BEFORE THE BOARD MUST BE FILED ON OR BEFORE JULY 13, 2004

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7TH FLOOR, SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE JULY 28, 2004

MAY 28, 2004 NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 28, 2004, AT 10:00 A.M., 7TH FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60752 KAFALGN A. TEKLE & TIRUWORK MEKONNEN T/A TENA CAFÉ RETAILER "C" RESTAURANT, 1119 V STREET, NW

WARD 1 SMD 1B02

NATURE OF OPERATION
NEW RESTAURANT, WITH ETHIOPIAN AND AMERICAN FOOD, RECORDED AND BACKGROUND MUSIC. NO ENTERTAINMENT

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
SUNDAY THROUGH THURSDAY 11:00AM – 2:00AM
FRIDAY AND SATURDAY 11:00AM – 3:00AM

PETITION AND/OR REQUEST TO APPEAR BEFORE THE BOARD MUST BE FILED ON OR BEFORE
JULY 13, 2004

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7TH FLOOR, SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE JULY 28, 2004

MAY 28, 2004 NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 28, 2004, AT 10:00 A.M., 7TH FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60748 NEBEYU SAMUEL T/A HALF STREET LIQUOR STORE, RETAILER "A" 1260 HALF STREET, SE

WARD 6 SMD 6D07

NATURE OF OPERATION
NEW RETAIL LIQUOR STORE CLASS "A"

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
MONDAY THROUGH SATURDAY 9:00AM – 10:00PM

PETITION AND/OR REQUEST TO APPEAR BEFORE
THE BOARD MUST BE FILED ON OR BEFORE
JULY 13, 2004

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7TH FLOOR, SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE JULY 28, 2004

MAY 28, 2004 NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 28, 2004, AT 10:00 A.M., 7TH FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60745 UMANA'S INC. T/A GLORIA'S RESTAURANT
RETAILER "D" RESTAURANT, 3411 14TH STREET, NW

WARD 1 SMD 1A05

NATURE OF OPERATION
NEW RESTAURANT WITH MEXICAN CUISINE, NO ENTERTAINMENT.

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
SUNDAY 11:00AM – 11:00PM
MONDAY THROUGH SATURDAY 9:00AM – 11:00PM

PETITION AND/OR REQUEST TO APPEAR BEFORE
THE BOARD MUST BE FILED ON OR BEFORE
JULY 13, 2004

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7TH FLOOR
SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE: JULY 21, 2004

MAY 21, 2004, NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT, THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 21, 2004, 10:00 A.M., 7TH FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60754, BIZNICH, INC. T/A THE PHARMACY BAR, RETAILER'S "C"TAVERN, 2337 – 18TH ST., NW, WARD 1 SMD 1C07

LICENSEE REQUEST PERMISSION TO CHANGE THE LICENSE CLASS FROM RETAILER'S CLASS "C" RESTAURANT TO RETAILER'S CLASS "C" TAVERN.

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
SUNDAY, 2PM-2AM
MONDAY-THURSDAY, 11AM-2AM
FRIDAY, 11AM-3AM
SATURDAY, 2PM-3AM

PETITION AND/OR REQUEST TO APPEAR BEFORE THE BOARD MUST BE FILED ON OR BEFORE JULY 6, 2004

ALCHOLIC BEVERAGE REGULATION ADMINISTRATION
941 NORTH CAPITOL ST., NE, 7th FLOOR, SUITE 7200
WASHINGTON, DC 20002
(202) 442-4423

HEARING DATE: JULY 21, 2004

MAY 21, 2004 NOTICE IS HEREBY GIVEN THAT THE FOLLOWING PERSONS HAVE APPLIED FOR A LICENSE UNDER THE D.C. ALCOHOLIC BEVERAGE CONTROL ACT, THAT THE OBJECTORS ARE ENTITLED TO BE HEARD BEFORE THE GRANTING OF SUCH LICENSES ON JULY 21, 2004 AT 10:00 AM, 7th FLOOR, SUITE 7200, 941 NORTH CAPITOL ST., N.E.

APPLICATION NO. 60740, BILLY GOAT DC, INC.
T/A BILLY GOAT TAVERN & GRILL, RETAILER CLASS"C" TAVERN
500-NEW JERSEY AVENUE , NW, WARD 6 ANC 6C08

NATURE OF OPERATION
NEW CLASS "C" TAVERN SERVING AMERICAN CUISINE, WITH A SUMMER GARDEN.

SALE AND SERVICE OF ALCOHOLIC BEVERAGES
MONDAY THROUGH THURSDAY 8:00AM-2:00AM
FRIDAY AND SATURDAY 8:00AM-3:00AM
SUNDAY 10:00AM-2:00AM

PETITION AND/OR REQUEST TO APPEAR BEFORE THE BOARD MUST BE FILED ON OR BEFORE
JULY 06, 2004

D.C. BOARD OF EDUCATION

NOTICE OF INTENT TO CLOSE PUBLIC SCHOOL PROGRAM AND MERGER OF ATTENDANCE ZONE

AND

NOTICE OF PUBLIC HEARING

Monday, June 14, 2004
6:30 p.m. – 9:00 p.m.
Van Ness Elementary School Auditorium
1150 5th Street, SE

The D.C. Board of Education is considering the closure of the Van Ness Elementary educational program, pursuant to 5 DCMR §3600.6 and the merger of the Van Ness Elementary School attendance zone with the Bowen Elementary School attendance zone, pursuant to 5 DCMR §2001.

The D.C. Board of Education will conduct a public hearing to receive comments and input on the proposed closing of the Van Ness educational program and merger of its attendance zone with Bowen Elementary School.

A copy of the Notice of the Proposed Closing and Merger of Attendance Zones, including supporting criteria and findings of the Superintendent, will be available for public review on May 28, 2004 at the following locations:

D.C. Public Schools
Offices of the Superintendent, room 9026, and D.C. Board of Education, room 9108
825 N. Capitol Street, NE

Van Ness Elementary School
Office of the Principal
1150 5th Street, SE

Each individual or representative of an organization who wishes to present testimony at the public hearing is requested to furnish his or her name, address, telephone number, and name of organization represented (if any) by calling 202-442-4289 no later than Friday, June 11 at 3:00 p.m.

All oral presentations shall be limited to three (3) minutes. Written statements may be submitted for the record until Monday, June 14, 2004. Written statements should be addressed to: Russell Smith, Executive Director, D.C. Board of Education, 825 N. Capitol St. NE, Washington, DC 20002.

BOARD OF ELECTIONS AND ETHICS

NOTICE OF PUBLIC HEARING
RECEIPT AND INTENT TO REVIEW INITIATIVE MEASURE

The Board of Elections and Ethics shall consider in a public hearing whether the proposed measure "Healthcare Liability Reform Act of 2004" is a proper subject matter for initiative, at the regular Board meeting on Wednesday, July 7, 2004 at 10:30am., One Judiciary Square, 441 4th Street, N.W., Suite 280, Washington DC.

The Board requests that written memoranda be submitted for the record no later than 4:00 p.m., Friday, July 2, 2004 to the Board of Elections and Ethics, General Counsel's Office, One Judiciary Square, 441 4th Street, N.W., Suite 270, Washington, D.C. 20001.

Each individual or representative of an organization who wishes to present testimony at the public hearing is requested to furnish his or her name, address, telephone number and name of the organization represented (if any) by calling the General Counsel's office on 727-2194 no later than Tuesday, July 6, 2004.

The Short Title, Summary Statement and Legislative Text of the proposed initiative read as follows:

> To improve patient access to healthcare services and provide improved medical care by amending existing law to broaden the immunity afforded healthcare professionals providing volunteer medical services; requiring a, certificate of merit in medical malpractice actions; reducing the excessive burden the liability system places on the healthcare delivery system; and establishing limits on compensation for noneconomic damages in medical malpractice claims.

BE IT ENACTED BY THE CITIZENS OF THE DISTRICT OF COLUMBIA That this act may be cited as the "Healthcare Liability Reform Act of 2004".

TITLE I. VOLUNTEER HEALTHCARE PROFESSIONAL IMMUNITY

Sec. 101. Short title.

This title may be cited as the "Volunteer Healthcare Professional Immunity Amendment Act of 2004".

Sec. 102. Section 2 of An Act to relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-402) is amended as follows:

(a) Subsection (a) is amended to read as follows:

"A licensed healthcare provider, who in good faith provides health care or treatment lawfully in the District of Columbia without the expectation of receiving or intending to receive compensation shall not be liable in civil damages for any act or omission in the course of rendering the health care or treatment, unless the act or omission is an intentional wrong or manifests a willful or wanton disregard for the health or safety of others.

TITLE II. CERTIFICATE OF MERIT IN MEDICAL MALPRACTICE ACTIONS

Sec. 201. Short title.

This title may be cited as the "Medical Malpractice Certificate of Merit Requirement Act of 2004".

Sec. 202. Findings.

(a) The Citizens find that upward pressures on already high malpractice premiums continue to threaten the public health by discouraging physicians from continuing their practice in the District of Columbia and by contributing to the rising cost of health care as premium costs are passed along to healthcare consumers.

(b) The Citizens find that requiring certificates of merit in medical malpractice actions will improve the quality of medical malpractice adjudications and deter the commencement of frivolous cases, thereby reducing the upward pressure on malpractice premiums.

Sec. 203. Certificate of merit in medical malpractice actions.

(a) In any action for medical malpractice, the complaint shall be accompanied by a certificate, executed by a healthcare provider on behalf of the claimant, declaring that:

(1) the healthcare provider has reviewed the facts of the case;

(2) the healthcare provider is licensed to practice in the District or any other state, is board certified in the specialty of the defendant, has at least ten (10) years of experience as a physician, spends at least 75% of his or her professional time as a physician treating patients, and is knowledgeable in the relevant issues involved in the particular action; and

(3) the healthcare provider has concluded on the basis of such review that there is a reasonable basis for the commencement of such action.

(b) If an attorney on behalf of a claimant, or the claimant acting pro se, executes and files a certificate declaring that the certificate required by subdivision (a) of this section could not reasonably be obtained before the expiration of the time established by section 304 of this act for the commencement of a healthcare liability action or claim, the certificate required by this section shall be filed within ninety days after service of the complaint.

(c)Where the attorney intends to rely solely on the doctrine of "res ipsa loquitur", this section shall be inapplicable. In such cases, the complaint shall be accompanied by a certificate, executed by the attorney, declaring that the attorney is solely relying on such doctrine and, for that reason, is not filing a certificate required by this section.

(d) If a request by the claimant for the records of the claimant's medical treatment by the defendant has been made and such records have not been produced by the defendant within 45 days of the request, the claimant shall not be required to serve the certificate required by this section until ninety days after such records have been produced.

(e) For purposes of this section, and subject to the rules of the District of Columbia Superior Court, an attorney who submits a certificate as required by subdivision (a) of this

section shall, upon request of a defendant, disclose the identity of the physician consulted and the contents of such consultation.

TITLE III. MEDICAL INJURY COMPENSATION REFORM.

Sec. 301. Short title.

This title may be cited as the "Medical Injury Compensation Reform Act of 2004".

Sec. 302. Findings; purpose.

(a) The Citizens find that the District's current civil justice system is adversely affecting patient access to healthcare services, better patient care, and cost-efficient health care, in that the healthcare liability system is a costly and ineffective mechanism for resolving claims of healthcare liability and compensating injured patients, and is a deterrent to the sharing of information among healthcare professionals which impedes efforts to improve patient safety and quality of care.

(b) It is the purpose of this title to implement reasonable, comprehensive, and effective healthcare liability reforms designed to:

(1) improve the availability of healthcare services;

(2) reduce the incidence of "defensive medicine" and lower the cost of healthcare liability insurance, all of which contribute to the escalation of healthcare costs;

(3) ensure that persons with meritorious healthcare injury claims receive fair and adequate compensation, including reasonable noneconomic damages;

(4) improve the fairness and cost-effectiveness of our current healthcare liability system to resolve disputes over, and provide compensation for, healthcare liability by reducing uncertainty in the amount of compensation provided to injured individuals; and

(5) provide an increased sharing of information in the healthcare system which will reduce unintended injury and improve patient care.

Sec. 303. Definitions.

For purposes of this title the term:

(a) "Alternative dispute resolution" or "ADR" means a system that provides for the resolution of healthcare liability actions or claims in a manner other than through the litigation process to judgment in a civil action brought in a District or Federal court.

(b) "Claimant" means any person who brings a healthcare liability action or claim, including a person who asserts or claims a right to legal or equitable contribution, indemnity or subrogation, arising out of a healthcare liability claim or action, and any person on whose behalf such a claim is asserted or such an action is brought, whether deceased, incompetent, or a minor.

(c) "Collateral source benefits" means any amount paid or reasonably likely to be paid in the future to or on behalf of the claimant, or any service, product or other benefit provided or 2 reasonably likely to be provided in the future to or on behalf of the claimant, as a result of the injury or wrongful death, pursuant to:

(1) any District or Federal health, sickness, income-disability, accident, or workers' compensation law;

(2) any health, sickness, income-disability, or accident insurance that provides health benefits or income-disability coverage;

(3) any contract or agreement of any group, organization, partnership, or corporation to provide, pay for, or reimburse the cost of medical, hospital, dental, or income 10 disability benefits; and

(4) any other publicly or privately funded program.

(d) "Compensatory damages" means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) healthcare services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities, damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, 19 injury to reputation, and all other nonpecuniary losses of any kind or nature. The term "compensatory damages" includes economic damages and noneconomic damages, as such terms are defined in this section.

(e) "Contingent fee" includes all compensation to any person or persons which is payable only if a recovery is effected on behalf of one or more claimants.

(f) "District" means the District of Columbia.

(g) "Economic damages" means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) healthcare services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities. Such term does not include a claim or action which is based on criminal liability; which seeks civil fines or penalties paid to District or Federal government; or which is grounded in antitrust.

(i) "Healthcare liability action" means a civil action brought in a District or Federal court or pursuant to an alternative dispute resolution system, against a healthcare provider, a healthcare organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, regardless of the theory of liability on which the claim is based, or the number of

claimants, defendants, or other parties, or the number of causes of action, in which the claimant alleges a healthcare liability claim.

(j) "Healthcare liability claim" means a demand by any person, whether or not pursuant to ADR, against a healthcare provider, healthcare organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, including, but not limited to, third-party claims, cross-claims, counter-claims, or contribution claims, which are based upon the provision of, use of, or payment for (or the failure to provide, use, or pay for) healthcare services or medical products, regardless of the theory of liability on which the claim is based, or the number of claimants, defendants, or other parties, or the number of causes of action.

(k) "Healthcare organization" means any person or entity which is obligated to provide or pay for health benefits under any health plan, including any person or entity acting under a contract or arrangement with a healthcare organization to provide or administer any health benefit.

(l) "Healthcare provider" means any person or entity required by District or Federal laws or regulations to be licensed, registered, or certified to provide healthcare services, and being either so licensed, registered, or certified, or exempted from such requirement by other statute or regulation.

(m) "Healthcare goods or services" means any goods or services provided by a healthcare organization, provider, or by any individual working under the supervision of a healthcare provider, that relates to the diagnosis, prevention, or treatment of any human disease or impairment, or the assessment of the health of human beings.

(n) "Malicious intent to injure" means intentionally causing or attempting to cause physical injury unrelated to the delivery of healthcare goods or services.

(o) "Medical product" means a drug, device, or biological product intended for humans,

and the terms "drug," "device," and "biological product" have the meanings given such terms in sections 201(g)(1) and 201(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321) and 16 section 351(a) of the Public Health Service Act (42 V.S.C. 262(a)), respectively, including any component or raw material used therein, but excluding healthcare services.

(p) "Noneconomic damages" means damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature.

(q) "Punitive damages" means damages awarded, for the purpose of punishment or deterrence, and not solely for compensatory purposes, against a healthcare provider, healthcare organization, or a manufacturer, distributor, or supplier of a medical product. Punitive damages are neither economic nor noneconomic damages.

(r) "Recovery" means the net sum recovered by the claimant after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim, including all costs paid or advanced by any person. Costs of health care incurred by the claimant and the attorneys' office overhead costs or charges for legal services are not deductible disbursements or costs for such purpose.

Sec. 304. Resolution of claims.

A healthcare liability action or claim may be commenced no later than 3 years after the date of injury or 1 year after the claimant discovers and/or through the use of reasonable diligence should have discovered the injury, whichever occurs first. In no event shall the time for commencement of a healthcare liability action or claim exceed 3 years, except that in the case of an alleged injury sustained by a minor before the age of 6, a healthcare liability action or claim

may be commenced by or on behalf of the minor until the later of 3 years from the date of injury, or the date on which the minor attains the age of 8.

Sec. 305. Compensating patient injury.

(a) In any healthcare liability action or claim, the full amount of a claimant's economic damages may be fully recovered without limitation.

(b) In any healthcare liability action or claim, the amount of noneconomic damages recovered may be as much as $250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same occurrence.

(c) In any healthcare liability action or claim, an award for future noneconomic damages shall not be discounted to present value. The jury shall not be informed about the maximum award for noneconomic damages. An award for noneconomic damages in excess of $250,000 shall be reduced either before the entry of judgment, or by amendment of the judgment after entry of judgment, and such reduction shall be made before accounting for any other reduction in damages required by law. If separate awards are rendered for past and future noneconomic damages and the combined awards exceed $250,000, the future noneconomic damages shall be reduced first.

(d) In any healthcare liability claim or action, the liability of each defendant for noneconomic damages shall be several only and shall not be joint. Each party shall be liable only for the amount of noneconomic damages allocated to such party in direct proportion to such party's percentage of responsibility. A separate judgment shall be rendered against each defendant for the amount allocated to such defendant. For purposes of this section, the trier of fact shall determine the proportion of responsibility of each party for the claimant's harm.

Sec. 306. Maximizing patient recovery

(a) In any healthcare liability claim or action, the court shall supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants. In particular, in any healthcare liability claim or action in which the attorney for a party claims a financial stake in the outcome by virtue of a contingent fee, the court shall have the power to restrict the payment of a claimant's damage recovery to such attorney, and to redirect such damages to the claimant based upon the interests of justice and principles of equity. In no event shall the total of all contingent fees for representing all claimants in a healthcare liability claim or action exceed the following limits:

(1) 40 percent of the first $50,000 recovered by the claimant(s).

(2) 33 1/3 percent of the next $50,000 recovered by the claimant(s).

(3) 25 percent of the next $500,000 recovered by the claimant(s).

(4) 15 percent of any amount by which the recovery by the claimant(s) is in excess of $600,000.

(b) The limitations in this section shall apply whether the recovery is by judgment, settlement, mediation, arbitration, or any other form of alternative dispute resolution. In a healthcare liability claim or action involving a minor or incompetent person, a court retains the authority to authorize or approve a fee that is less than the maximum permitted under this section. The requirement for court supervision in the first two sentences of subsection (a) applies only in civil actions.

Sec. 307. Additional health benefits

In any healthcare liability claim or action, a defendant may introduce evidence of

collateral source benefits. If a defendant elects to introduce such evidence, the claimant may introduce evidence of any amount paid or contributed or reasonably likely to be paid or contributed in the future by or on behalf of the claimant to secure the right to such collateral source benefits. No provider of collateral source benefits shall recover any amount against the claimant or receive any lien or credit against the claimant's recovery or be equitably or legally subrogated to the right of the claimant in a healthcare liability claim or action. This section shall apply to any healthcare liability claim or action that is settled, as well as a healthcare liability claim or action that is resolved by a fact finder. This section shall not apply to section 1862(b) (42 U.S.C. 1395y(b)) or section 1902(a)(25) (42 U.S.C. 1396a(a)(25)) of the Social Security Act.

Sec. 308. Punitive damages

(a) Punitive damages may, if otherwise permitted by applicable District or Federal law, be awarded against any person in a liability claim or action only if it is proven by clear and convincing evidence that such person acted with malicious intent to injure the claimant, or with reckless disregard of the claimant's safety. In any healthcare liability claim or action where no judgment for compensatory damages is rendered against such person, no punitive damages may be awarded with respect to the claim in such claim or action. No demand for punitive damages shall be included in a healthcare liability claim or action as initially filed. A court may allow a claimant to file an amended pleading for punitive damages, only upon a motion by the claimant and after a finding by the court, upon review of supporting and opposing affidavits or after a 10 hearing, after weighing the evidence, that the claimant has established by a substantial probability that the claimant will prevail on the claim for punitive damages. At the request of any party in a healthcare liability claim or action, the trier of fact shall consider in a separate proceeding:

(1) whether punitive damages are to be awarded and the amount of such award; and

(2) the amount of punitive damages following a determination of punitive liability. If a separate proceeding is requested, evidence relevant only to the claim for punitive damages, as determined by applicable District law, shall be inadmissible in any proceeding to determine whether compensatory damages are to be awarded.

(b) In determining the amount of punitive damages, the trier of fact shall consider only the following:

(1) the severity of the harm caused by the conduct of such party;

(2) the duration of the conduct or any concealment of it by such party;

(3) the profitability of the conduct to such party;

(4) the number of products sold or medical procedures rendered for compensation, as the case may be, by such party, of the kind causing the harm complained of by the claimant;

(5) any criminal penalties imposed on such party, as a result of the conduct complained of by the claimant;

(6) the amount of any civil fines assessed against such party as a result of the conduct complained or by the claimant;

(7) awards of punitive or exemplary damages to persons similarly situated to the claimant; and

(8) prospective awards of compensatory damages to persons similarly situated to the claimant.

(c) In no event shall the amount of punitive damages awarded exceed two times the amount of compensatory damages awarded, or $250,000, whichever is greater. The jury shall not be informed of this limitation.

(d) No punitive damages may be awarded against the manufacturer or distributor of a medical product based on a claim that such product caused the claimant's harm where:

(1) (A) such medical product was subject to premarket approval or clearance by the federal Food and Drug Administration with respect to the safety of the formulation or

performance of the aspect of such medical product which caused the claimant's harm or the adequacy of the packaging or labeling of such medical product; and

(B) such medical product was so approved or cleared; or

(2) such medical product is generally recognized among qualified experts as safe and effective pursuant to conditions established by the federal Food and Drug Administration and applicable Food and Drug Administration regulations, including without limitation those related to packaging and labeling, unless the Food and Drug Administration has determined that such medical product was not manufactured or distributed in substantial compliance with applicable Food and Drug Administration statutes and regulations.

(3) RULE OF CONSTRUCTION-Subparagraph (A) may not be construed as establishing the obligation of the Food and Drug Administration to demonstrate affirmatively that a manufacturer, distributor, or supplier referred to in such subparagraph meets any of the conditions described in such subparagraph.

(e) A healthcare provider who prescribes a drug or device, including blood products approved by the Food and Drug Administration, or who dispenses pursuant to a prescription, a medical product approved, licensed, or cleared by the Food and Drug Administration shall not be named as a party to a product liability lawsuit involving such drug or device and shall not be liable to a claimant in a class action lawsuit against the manufacturer, distributor, or product seller of such drug or device. Nothing in this paragraph prevents a court from consolidating cases involving healthcare providers and cases involving products liability claims against the manufacturer, distributor, or product seller of such medical product.

(f) In a healthcare liability claim or action for harm which is alleged to relate to the adequacy of the packaging or labeling of a drug which is required to have tamper-resistant packaging under regulations of the Secretary of Health and Human Services, including labeling regulations related to such packaging, the manufacturer or product seller of the drug shall not be held liable for punitive damages unless such packaging or labeling is found by the trier of fact by clear and convincing evidence to be substantially out of compliance with such regulations.

(1) Paragraph (d) shall not apply in any healthcare liability claim or action in which:

(A) a person, before or after premarket approval clearance, or licensure of such medical product, knowingly misrepresented to or withheld from the Food and Drug Administration information that is required to be submitted under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or section 351 of the Public Health Service Act (42 U.S.C. 262) that is material and is causally related to the harm which the claimant allegedly suffered; or (B) a person made an illegal payment to an official of the Food and Drug Administration for the purpose of either securing or maintaining approval or clearance of such medical product.

Sec. 309. Authorization of payment of future damages to claimants in healthcare liability claims or actions.

(a) In any healthcare liability claim or action, if an award of future damages, without reduction to present value, equaling or exceeding $50,000 is made against a party with sufficient insurance or other assets to fund a periodic payment of such a judgment, the court shall, at the request of any party, enter a judgment ordering that the future damages be paid by periodic payments in accordance with the Uniform Periodic Payment of Judgments Act promulgated by the National Conference of Commissioners on Uniform State Laws.

(b) This section applies to all actions which have not been first set for trial or

retrial before the effective date of this title.

Sec. 310. Effect on other laws.

(a) To the extent that title XXI of the Public Health Service Act establishes a Federal rule of law applicable to a civil action brought for a vaccine-related injury or death:

(1) this title does not affect the application of the rule of law to such an action; and

(2) any rule of law prescribed by this title in conflict with a rule of law of such title XXII shall not apply to such action.

(b) If there is an aspect of a civil action brought for a vaccine-related injury or death to which a Federal rule of law under title XXI of the Public Health Service Act does not apply, then this title or otherwise applicable law (as determined under this Title) will apply to such aspect of such action.

(c) Except as provided in this section, nothing in this title shall be deemed to affect any defense available to a defendant in a healthcare liability claim or action or action under any other provision of Federal law.

TITLE IV. EFFECTIVE DATE

Sec. 401. Effective date.

This act shall take effect 30 days after its transmission to Congress, unless within 30 days of its transmission Congress passes a joint resolution disapproving the act, and thereafter that joint resolution is signed by the President.

D.C. OFFICE OF PLANNING
NOTICE OF PUBLIC HEARING

Monday, June 21, 2004
7:00 P.M.

Raymond Elementary School
915 Spring Rd., N.W.
Washington, DC 20010

The D.C. Office of Planning will conduct a public hearing to receive comments on the "Georgia Avenue-Petworth Metro Station Area & Corridor DRAFT Plan." The purpose of the Plan is to: leverage the public investment of the Georgia Avenue-Petworth Metro Station and employ Transit-Oriented Development (TOD) principles; balance growth and development by identifying and guiding opportunities for redevelopment along the Georgia Avenue corridor; identify strategies to encourage a better mix of uses, including quality neighborhood-serving retail and housing; maintain and enhance neighborhood character; and prioritize when and where public investment should occur.

The Draft Plan is available for public review at the following locations:

D.C. Office of Planning
801 North Capitol Street,
Suite 4000, N.E.

Petworth Public Library
4200 Kansas Avenue, NW

Banneker Recreation Center
2500 Georgia Avenue, NW

The draft plan is available online at: http://planning.dc.gov

Each individual or representative of an organization who wishes to present testimony at the public hearing is requested to furnish his or her name, address, telephone number and name of organization represented (if any) by calling Rosalynn Frazier, Ward 4 Neighborhood Planning Coordinator at 202-442-7620 or Vivian Guerra, Ward 1 Neighborhood Planning Coordinator at 202-442-7701, no later than 5:00 p.m., Friday, June 18, 2004. All oral presentations will be limited to three (3) minutes.

Written statements may be submitted for the record until 5:00 p.m., Monday, June 21, 2004. Written statements should be addressed to:

Vivian Guerra, Ward 1 Neighborhood Planning Coordinator or Rosalynn Frazier, Ward 4 Neighborhood Planning Coordinator: D.C. Office of Planning, 801 North Capitol Street, N.E., Suite 4000, Washington, DC 20002.

BOARD OF ZONING ADJUSTMENT
PUBLIC HEARING NOTICE
TUESDAY, JULY 13, 2004
SECOND FLOOR HEARING ROOM, SUITE 220-S
441 4TH STREET, N.W.
WASHINGTON, D.C. 20001

TO CONSIDER THE FOLLOWING: The Board of Zoning Adjustment will adhere to the following schedule, but reserves the right to hear items on the agenda out of turn.

9:30 A.M. TO 12:00 P.M. MORNING SESSION
1:00 P.M. TO 6:00 P.M. AFTERNOON SESSION

A.M.

WARD SIX

17186
ANC-6C

Application of TC MidAtlantic Development, Inc. on behalf of Avalon Bay Communities, Inc. and 777 6th LLC, pursuant to 11 DCMR § 3103.2, for a variance from the rear yard requirements under section 774, and pursuant to 11 DCMR § 3104.2, for a special exception from the roof structure provisions under section 411 (770.6), to permit the construction of a ten story office building with ground floor retail in the DD/C-2-C District at premises 777 6th Street, N.W. (Square 486, Lots 10 through 13, 36, 804 through 808).

WARD THREE

17187
ANC-3E

Application of Greg Stack and Gabrielle Boccher, pursuant to 11 DCMR § 3104.1, for a special exception to allow a two story rear addition to a single-family semi-detached dwelling under section 223, not meeting the lot occupancy (section 403) and side yard (405) requirements in the R-1-B District at premises 4611 Van Ness Street, N.W. (Square 1555, Lot 1).

WARD SIX

17188
ANC-6C

Application of Deborah Miles, pursuant to 11 DCMR § 3103.2, for variances from the lot occupancy requirements under section 403, and a variance from the alley set-back requirements under subsection 2300.2 (b), to construct an accessory garage serving a single-family

row dwelling in the CAP/R-4 District at premises 409 3rd Street, N.E. (Square 780, Lot 26).

P.M.

WARD SIX

17189 ANC-6A **Application of Joseph Tortorici**, pursuant to 11 DCMR § 3103.2, for a variance from the lot occupancy requirements under section 403, and a variance from the nonconforming structure provisions under subsection 2001.3, to construct an accessory garage at the rear of a single family row dwelling in the R-4 District at premises 903 9th Street, N.E. (Square 932, lot 3).

WARD ONE

17190 ANC-1C **Application of Katharine P. Rigby**, pursuant to 11 DCMR § 3103.2, for a variance from the alley setback requirements under subsection 2300.2 (b), and pursuant to 11 DCMR § 3104.1, a special exception under section 223 to construct an accessory garage at the rear of a single-family row dwelling not meeting the nonconforming structure provisions (subsection 2001.3) in the R-5-B District at premises 1816 Belmont Road, N.W. (Square 2552, Lot 36).

WARD TWO

17191 ANC-2F **Application of 14th & R Partners LLC**, pursuant to 11 DCMR § 3103.2, for a variance from the residential recreation space requirement under section 773, a variance from the open court requirements under subsection 776.3, and a variance from the off-street parking requirements under subsection 2101.1, to construct a seven story seven (7) unit residential building with retail on the ground and first floors, in the ARTS/C-3-A District at premises 1634 14th Street, N.W., 1638 14th Street, N.W., and 1402 R Street, N.W. (Square 208, Lots 806, 807, and 808).

PLEASE NOTE:

Failure of an applicant or appellant to appear at the public hearing will subject the application or appeal to dismissal at the discretion of the Board.

Failure of an applicant or appellant to be adequately prepared to present the application or appeal to the Board, and address the required standards of proof for the application or appeal, may subject the application or appeal to postponement, dismissal or denial.

The public hearing in these cases will be conducted in accordance with the provisions of Chapter 31 of the District of Columbia Municipal Regulations, Title 11, and Zoning. Pursuant to Subsection 3117.4 of the Regulations, the Board will impose time limits on the testimony of all individuals.

Individuals and organizations interested in any application may testify at the public hearing or submit written comments to the Board. Individuals and organizations wishing party status in any case before the Board must request that status and should do so in writing not less than fourteen (14) days prior to the date set for the public hearing on the particular application in accordance with Subsection 3106.2. All requests and comments should be submitted to the Board through the Director, Office of Zoning, 441 4th Street, NW, Suite 210, Washington, D.C. 20001. Please include the case number on all correspondence. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF ZONING AT (202) 727-6311.

GEOFFREY H. GRIFFIS, CHAIRPERSON, RUTHANNE G. MILLER, VICE CHAIRPERSON, CURTIS L. ETHERLY, JR., JOHN A. MANN II, AND A MEMBER OF THE ZONING COMMISSION ---------- BOARD OF ZONING ADJUSTMENT, BY JERRILY R. KRESS, FAIA, DIRECTOR.

PHN 7/13/04 rsn