

**BOARD OF DENTISTRY
2201 SHANNON PLACE SE – 2ND FL.
WASHINGTON, DC 20020**

**DATE: February 18, 2026
TIME: 9:00 AM**

**OPEN SESSION
MEETING AGENDA**

*****Please be advised that Board Meetings are recorded*****

WEBEX Virtual Meeting

The Board will be utilizing a hybrid schedule of virtual and in-person meetings. Please see the Board Meeting calendar under the Executive Director’s report for more information.

Information on how to access the public portion of the meeting is listed below:

This meeting is available by web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mfdb8473983deb5f9ebaf6f6e35ce922b>

Meeting number: 2305 307 2741

Password: MjzkbvjG236

This meeting is available by phone:

1-202-860-2110 United States Toll (Washington
D.C.) 1-650-479-3208 Call-in toll number
(US/Canada) Access code: 230 530 72741

Any submissions from the public for the Board’s consideration should be received by Board Staff, tiffany.johnson1@dc.gov, no later than **10 business days before the Board Meeting. **

BOARD OF DENTISTRY**Open Session Meeting Agenda February 18, 2026**

BOARD MEMBERS:	
Michelle Latortue, DDS – Chairperson	
Imani Lewis, DDS – Vice Chairperson	
Chanelle Roberts, DDS – Dentist Board Member	
Brittany Campbell, RDH, MSDH – Dental Hygienist Board Member	
Eric Bradshaw, DDS – Dentist Board Member	
Jonelle Anamelechi, DDS – Dentist Board Member	
Vacant – Consumer Member	
BOARD STAFF:	
Ericka L. Walker, MSW – Executive Director	
Mark Donatelli – Interim Compliance Officer	
Rebecca Odrick-Austin – Investigator for the Board	
Zaneta Batts – Health Licensing Specialist	
Tiffany Johnson – Health Licensing Specialist	
LEGAL STAFF:	
Carla M. Williams – Senior Assistant General Counsel	

BOARD OF DENTISTRY

Open Session Meeting Agenda February 18, 2026

CALL TO ORDER AND ROLL CALL

OS-0218-01	<p>A. Board Members</p> <p>B. Board Staff</p> <p>C. Legal Staff</p> <p>D. Department Staff</p> <p>E. Public Attendance</p>
OS-0218-02	<p>OPEN SESSION AGENDA:</p> <p><u>BOARD ACTION:</u> The Board to accept the February 18, 2026, Open Session Meeting Agenda.</p>
OS-0218-03	<p>OPEN SESSION MINUTES:</p> <p><u>BOARD ACTION:</u> The Board to approve the December 17, 2025, Open Session Meeting Minutes.</p>
STAFF REPORTS:	
OS-0218-04	<p>EXECUTIVE DIRECTOR'S REPORT:</p> <p>Mrs. Ericka Walker, Executive Director of the Board,</p> <ol style="list-style-type: none"><u>DC Health Updates</u><ul style="list-style-type: none">Compact Update<u>BOD Calendar</u><ul style="list-style-type: none">October 15, 2025 (Virtual)November 19, 2025 (Virtual)December 17, 2025 (Changed to Virtual)January 21, 2026 (CANCELLED)February 18, 2026 (Virtual)March 18, 2026 (In Person & Virtual)April 15, 2026 (Virtual)May 20, 2026 (Virtual)June 17, 2026 (In Person & Virtual)

	<ul style="list-style-type: none"> • July 15, 2026 (Virtual) • August (Recess) • September 16, 2026 (In Person & Virtual) <p>3. <u>BOD Census</u> Dentists (1160) Dental Hygienists (488) Dental Hygienists with the authority to administer Local Anesthesia (118) Dental Hygienists with the authority to administer Local Anesthesia & Nitrous Oxide (97) Dental Hygienists with the authority to administer Nitrous Oxide (2) Dental Assistant Level 1 (194) Dental Assistant Level 2 (616) Dental Assistant Level 3 (1) Teaching Licenses for Dentists (3) Teaching Licenses for Dental Hygienist (0)</p> <p>4. The Mayor’s Office of Talent and Appointments (MOTA) recruits talented and interested individuals from all eight Wards to serve on District Boards. Link to apply to serve on a Board: https://mota.dc.gov/page/boards-vacancies-or-available-seats</p>												
OS-0218-05	<p>BOARD ATTORNEY’S REPORT:</p> <p>Ms. Carla Williams, Senior Assistant General Counsel,</p> <p>The following orders have been issued since the previous Board meeting:</p> <p>Seyed Hamid Tofigh Ibraheem Samirah Ibraheem Samirah (Final Order)</p>												
OS-0218-06	<p>BOARD CHAIRPERSON’S REPORT:</p> <p>Michelle Latortue, DDS, Chairperson of the Board</p>												
OS-0218-07	<p>CONSENT AGENDA:</p> <p>The following applications were approved from December 10, 2025 – February 10, 2026:</p> <table data-bbox="300 1696 1247 1841"> <tr> <td>Edilaine</td> <td>Lucena Pereira</td> <td>DENTAL ASSISTANT- LEVEL I</td> </tr> <tr> <td>Anastasiia</td> <td>Shchepikhina</td> <td>DENTAL ASSISTANT- LEVEL I</td> </tr> <tr> <td>Onyinye</td> <td>Iwuchukwu</td> <td>DENTAL ASSISTANT- LEVEL I</td> </tr> <tr> <td>Joy</td> <td>Coles</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> </table>	Edilaine	Lucena Pereira	DENTAL ASSISTANT- LEVEL I	Anastasiia	Shchepikhina	DENTAL ASSISTANT- LEVEL I	Onyinye	Iwuchukwu	DENTAL ASSISTANT- LEVEL I	Joy	Coles	DENTAL ASSISTANT - LEVEL II
Edilaine	Lucena Pereira	DENTAL ASSISTANT- LEVEL I											
Anastasiia	Shchepikhina	DENTAL ASSISTANT- LEVEL I											
Onyinye	Iwuchukwu	DENTAL ASSISTANT- LEVEL I											
Joy	Coles	DENTAL ASSISTANT - LEVEL II											

	<p>Londen Blake DENTAL ASSISTANT - LEVEL II</p> <p>Ionna Dyson DENTAL ASSISTANT - LEVEL II</p> <p>Shanay Gibbs DENTAL ASSISTANT - LEVEL II</p> <p>Stephanie Broughton DENTAL HYGIENIST</p> <p>Brittney Crowen DENTAL HYGIENIST</p> <p>Heaven Armwood-White DENTAL HYGIENIST</p> <p>Kathleen Boelter DENTAL HYGIENIST</p> <p>Arielvys Febles DENTAL HYGIENIST</p> <p>Diana Elias DENTIST</p> <p>Doheum Choi DENTIST</p> <p>John Tran DENTIST</p> <p>Ikenna Ego-Osuala DENTIST</p> <p>Michael Foley DENTIST</p> <p>Abdullah Senjab DENTIST</p> <p>Daniel Murphy DENTIST</p> <p>Patrick Murphy DENTIST</p> <p>Saajan Vemala DENTIST</p> <p>Peter Balacky DENTIST</p> <p>Seung Yeon Bae DENTIST</p> <p>Anwar Radwan DENTIST</p> <p>Stephanie Broughton LOCAL ANESTHESIA</p> <p>Heaven Armwood-White LOCAL ANESTHESIA</p> <p>Danielle Loaiza LOCAL ANESTHESIA</p> <p>Arielvys Febles LOCAL ANESTHESIA</p>
	<p><u>BOARD ACTION:</u></p> <p>The Board to accept the December 10, 2025 – February 10, 2026, Consent Agenda.</p>
DISCUSSION ITEMS	
OS-0218-08	<u>LEGISLATIVE UPDATES – OFFICE OF GOVERNMENT RELATIONS</u>
	<p>Ms. Kera Johnson, Legislative Affairs Specialist, will speak on the following topics:</p> <p>Community Health Amendment Act of 2025</p> <ul style="list-style-type: none"> ▪ Following emergency and temporary versions, Councilmember Henderson introduced the <i>Community Health Amendment Act of 2025</i> (B26-0414) on October 6th. ▪ This legislation received a hearing on October 30th in the Committee on Health. DC Health testified in support of the bill expressing the importance of vaccine availability and access. A markup was held on December 8th and the bill passed unanimously on both first reading and on final reading on January 6th. <p>PrEP DC Act of 2025</p>

	<ul style="list-style-type: none"> ▪ Councilmember Parker introduced the <i>PrEP DC Act of 2025</i> (B26-0159) on February 28, 2025. ▪ This legislation is in the Committee on Health and received a hearing on October 30th. DC Health testified during this hearing and expressed support for the intent of the legislation to promote affordable access to HIV prevention medication. A markup was held on December 8th and will now go before the Committee of the Whole. <p>Medical Debt Mitigation Amendment Act</p> <ul style="list-style-type: none"> ▪ On October 20th, Councilmember Henderson introduced the <i>Medical Debt Mitigation Amendment Act of 2025</i> (B26-0438). ▪ This legislation is in the Committee on Health and received a hearing on December 15th. DC Health testified during this hearing and expressed support for the intent of the legislation, emphasizing the public health impacts of medical debt and urging clarifications to ensure consistent implementation, alignment with existing healthcare and Medicaid policies, appropriate facility scope, and protections that reduce financial harm while maintaining the sustainability of the District’s healthcare system.
OS-0218-09	<p><u>DENTAL BOARD SUB-COMMITTEES</u></p> <ol style="list-style-type: none"> 1. <u>Credentials & Audits</u>: Dr. Eric Bradshaw, Dr. Chanelle Roberts 2. <u>Communications</u>: Dr. Michelle Latortue 3. <u>Regulatory Affairs</u>: Dr. Imani Lewis, Mrs. Brittany Campbell, Dr. Jonelle Anamelechi <ol style="list-style-type: none"> A. 17 DCMR Chapter 90 Dental Assistants B. 6512. Administration of Immunizations and Vaccinations by Pharmacists C. Dental Hygiene Collaborative Practice Provisions Being Considered
OS-0218-10	<p><u>DC DENTAL SOCIETY LETTER TO THE BOARD OF DENTISTRY</u></p> <p>Letter on Proposed Changes to DC Municipal Regulations - Dental Assistants / Process for Hearing Public Comments</p> <ol style="list-style-type: none"> A. DC Dental Society Letter to the Board of Dentistry
OS-0218-11	<p><u>COMMENTS FROM THE PUBLIC</u></p>

BOARD OF DENTISTRY
Open Session Meeting Agenda February 18, 2026

CLOSING		
OS-0218-12	<u>MOTION TO CLOSE</u> The Board member should move as follows: “Madam Chair, I move that the Board close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14).”	
	ROLL CALL VOTE	
	This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.	

This ends the Open Session Meeting
The next meeting is scheduled for March 18, 2026

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

17 DCMR Chapter 90 Dental Assistants

9000 GENERAL PROVISIONS

- 9000.1 This chapter applies to applicants for and holders of a registration to practice as a dental assistant.
- 9000.2 Chapters 40 (Health Occupations: General Rules) and 41 (Health Occupations Administrative Procedures) of Title 17 of the District of Columbia Municipal Regulations supplement this chapter.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013).

9001 REGISTRATION REQUIRED

- 9001.1 No person shall perform or be permitted to perform any duties as a dental assistant without a registration issued by the Board.
- 9001.2 Notwithstanding Subsection 9001.1, a person who is performing the duties of a dental assistant on the effective date of this chapter shall obtain a registration no later than September 17, 2012.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852, 5853 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 2401 (March 1, 2013); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013).

9002 TERM OF REGISTRATION

- 9002.1 Subject to § 9002.2, a registration issued pursuant to this chapter shall expire at 12:00 midnight of December 31 of each odd-numbered year.
- 9002.2 If the Director changes the renewal system pursuant to § 4006.3 of Chapter 40 of this title, a registration issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birth date of the holder of the registration or other date established by the Director.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852, 5853 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013).

9003 EDUCATION REQUIREMENTS

9003.1 An applicant for a Level I Dental Assistant registration shall submit proof satisfactory to the Board that the applicant has a high school diploma or has a general equivalency diploma.

9003.2 An applicant for a Level I Dental Assistant registration with **radiography authority** shall submit proof:

- (a) Satisfactory to the Board that the applicant has a high school diploma or has a general equivalency diploma; and
- (b) Successfully completed a course in dental radiography training meeting the requirements set forth in § 9005.1 of this chapter.

9003.23 An applicant for a Level II Dental Assistant registration shall submit proof satisfactory to the Board that the applicant has:

- (a) A high school diploma or has a general equivalency diploma;
- (b) Successfully completed a course in dental radiography training meeting the requirements set forth in § 9005.1 of this chapter; and
- (c)
 - (1) Successfully completed and graduated from an educational program for dental assistants approved by the Board or the American Dental Association's (ADA) Commission on Dental Accreditation (CODA); or
 - (2) A current and valid certification as a Certified Dental Assistant in general duties from the Dental Assisting National Board (DANB), or other dental assisting certification approved by the Board.

9003.34 An applicant for a Level III Dental Assistant registration shall submit proof satisfactory to the Board that the applicant has:

- (a) A high school diploma or a general equivalency diploma;
- (b) Successfully completed a course in dental radiography training meeting the requirements set forth in § 9005.1 of this chapter;
- (c) Successfully completed and graduated from an educational program for dental assistants approved by the Board or the American Dental Association's Commission on Dental Accreditation (CODA);
- (d) A current and valid certification as a Certified Dental Assistant in general duties from the DANB or another dental assisting certification approved by the Board;

- (e) Successfully completed and obtained the DANB Certified Preventive Functions Dental Assistant Certification; and
- (f) Successfully passed a Board-approved, hands-on course in the functions and duties permitted to be performed by a Level III Dental Assistant.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852, 5853 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013); as amended by Final Rulemaking published at 68 DCR 7742 (August 6, 2021); as amended by Final Rulemaking published at 71 DCR 002153 (March 1, 2024).

9004 SCOPE OF PRACTICE

9004.1 Subject to the restrictions set forth in this section, a dentist may delegate to a registered dental assistant only those procedures which are:

- (a) Appropriate to the training and experience of the dental assistant and the practice of the supervising dentist;
- (b) Reversible; and
- (c) To be performed under the direct supervision of the dentist.

9004.2 Level I Dental Assistant may perform the following functions under direct supervision of a dentist:

- (a) Placing retraction cord;
- (b) Placing matrices;
- (c) Applying fluoride (rinse, foam tray, and fluoride varnish);
- (d) Placing periodontal dressings;
- (e) Removing temporary restorations without the use of a rotary instrument;
- (f) Removing sutures;
- (g) Taking impression for study models or diagnostic casts;
- (h) Rinsing and aspirating the oral cavity;
- (i) Retracting the lips, cheek, tongue, and flaps;

(j) Placing or removing materials for the isolation of the dentition, provided that the material is not retained by the dentition;

(k) Applying topical anesthesia;

(l) Constructing athletic mouth guards and night guards on models;

(m) Performing intraoral photography;

(n) Curing by the use of halogen light;

(o) Checking for loose bands;

(p) Whitening or bleaching using trays;

(q) Take and record vital signs; and

(r) Other functions as approved by the Board.

9004.3

Level II Dental Assistant may perform the following functions under direct supervision of a dentist:

(a) All functions permitted to Level I Dental Assistant, as enumerated in § 9004.2;

(b) Performing vitality tests;

(c) Taking alginate impressions for intraoral appliances;

(d) [Repealed];

(e) Applying desensitizing agents;

(f) Placing or removing a rubber dam;

(g) Etching;

(h) Fabricating indirect restorations in a dental office;

(i) Placing or removing a matrix band;

(j) Drying a root canal;

(k) Preparing and fitting stainless steel crowns;

(l) Preparing temporary crowns;

(m) Removing excess cement; and

(n) Removing or placing a periodontal dressing (except placing the original periodontal dressing).

9004.4 Level III Dental Assistant may perform the following functions under direct supervision of a dentist:

- (a) All functions permitted to Level I Dental Assistant or Level II Dental Assistant, as enumerated in §§ 9004.2 and 9004.3;
- (b) The application of pit and fissure sealants;
- (c) Coronal polishing to remove stain and biofilm; and
- (d) Glucose testing.

9004.5 Level I, II, or III Dental Assistant working under the direct supervision of an orthodontist may also perform the following functions:

- (a) Preparing and fitting orthodontic bands;
- (b) Removing excess cement from around orthodontic bands;
- (c) Placing and removing arch wires;
- (d) Cementing orthodontic bands, placing bonded attachments, or removing cemented or bonded orthodontic bands and attachments;
- (e) Placing elastics and ligatures; and
- (f) Selecting headgear.

9004.6 Level I, II, or II Dental Assistant may perform the following functions under the general supervision of a dentist:

(a) Cleaning and disinfecting environmental surfaces and equipment;

(b) Sterilizing instruments.

9004.67 A dentist shall not delegate to a dental assistant any of the following procedures:

- (a) Those procedures excluded by 17 DCMR § 4215.1;

- (b) A preliminary dental examination;
- (c) A complete prophylaxis, including the removal of any deposits, diseased crevicular tissue, accretion, or stain from the surface of a tooth or a restoration;
- (d) The restoration of a tooth;
- (e) The charting of cavities during preliminary examination, prophylaxis, or polishing; however, a dentist may permit an assistant to record the charting of cavities as dictated by the dentist or dental hygienist during the course of a preliminary examination or dental procedure;
- (f) The instruction of individuals or groups of individuals in oral health care, unless it is in the dental office and done as instructed by the dentist;
- (g) [Repealed];
- (h) Diagnostic screening to identify indications of oral abnormalities;
- (i) Administration of local anesthesia;
- (j) Administration of nitrous oxide;
- (k) Placement of temporary restorations;
- (l) Taking final impressions;
- (m) Adjusting occlusion of natural teeth, restorations, or appliances;
- (n) Registration of jaw relations;
- (o) Cementing permanent crowns or restorations;
- (p) Applying silver diamine fluoride;
- (q) Glucose monitoring;
- (r) Whitening or bleaching (internal, laser, or high-intensity light);
- (s) Using a high speed handpiece intraorally;
- (t) Oral cancer screenings;
- (u) Oral cancer tissue biopsy;

- (v) Placing initial periodontal dressing;
- (w) Placement of liquid dam;
- (x) Applying and removing a socket dressing;
- (y) Placement of subgingival medicaments;
- (z) Removing intracoronal temporary restorations; or
- (aa) Placing sutures.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852, 5853 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013); as amended by Final Rulemaking published at 67 DCR 2217 (February 28, 2020); as amended by Final Rulemaking published at 71 DCR 002153 (March 1, 2024).

9005 RADIOGRAPHY REQUIREMENTS

- 9005.1 A **Level I**, Level II, or Level III dental assistant shall be eligible to place or expose dental x-ray film if he or she has:
- (a) Successfully passed the Dental Assistant National Board's (DANB) Radiation Health and Safety (RHS) examination or Certified Dental Assistant (CDA) examination; or
 - (b) Successfully completed a Board-approved dental ~~radiology~~ **radiography** training program consisting of at least twenty-four (24) hours of coursework in radiology, radiation safety, biology, and physics, and has successfully passed the examination(s) required for successful completion of the program.

SOURCE: Notice of Final Rulemaking published at 58 DCR 852, 5853 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 2401 (March 1, 2013); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013); as amended by Final Rulemaking published at 68 DCR 7742 (August 6, 2021); as amended by Final Rulemaking published at 71 DCR 002153 (March 1, 2024).

9006 RESPONSIBILITY OF SUPERVISING DENTIST

- 9006.1 In all instances, the licensed dentist assumes ultimate responsibility for determining, on the basis of his or her diagnosis, the specific treatment the patient will receive and which aspects of treatment will be delegated to a dental assistant in accordance with this chapter and the Act.

9006.2 The supervising dentist and dentist owner of the dental practice shall be responsible for ensuring that the dental assistant is registered with the Board to

practice in the District of Columbia and may be subject to disciplinary action for supervising or employing an unregistered dental assistant.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852, 5856 (July 15, 2011).

9007 CONTINUING EDUCATION REQUIREMENTS

- 9007.1 Except as provided in § 9007.2, this section shall apply to all applicants for the renewal, reactivation, or reinstatement of a dental assistant registration.
- 9007.2 This section shall not apply to applicants for the first renewal of a dental assistant registration.
- 9007.3 A continuing education credit shall be valid only if it is part of a program approved by the Board.
- 9007.4 An applicant shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to attending the program.
- 9007.5 A continuing education credit shall consist of at least sixty (60) minutes of instruction in an approved continuing education program.
- 9007.6 Beginning with the licensure period ending December 31, 2021, not more than five (5) continuing education credits for approved internet continuing education courses may be accepted in any renewal period, or for reinstatement or reactivation of a license.
- 9007.7 For the licensure period ending December 31, 2019, an applicant for renewal of a dental assistant registration shall:
- (a) Have completed seven (7) hours of credit within the two-year (2) period preceding the date the registration expires, which shall include at least:
 - (1) Current certification of having completed two (2) hours in basic life support (“BLS certification”);
 - (2) Two (2) hours of infection control in approved continuing education programs;
 - (3) One (1) hour of ethics in an approved continuing education programs; and
 - (4) Two (2) hours of continuing education on cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender

identity and expression (“LGBTQ”) meeting the requirements of Section 510(b)(5) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.10(b)(5));

- (b) Attest to completion of the required continuing education credits on the renewal application form; and
- (c) Be subject to a random audit.

9007.8

Beginning with the licensure period ending December 31, 2021, an applicant for renewal of a dental assistant registration shall:

- (a) Have completed ten (10) hours of credit within the two-year (2) period preceding the date the registration expires, which shall include at least:
 - (1) Current certification of having completed two (2) hours in basic life support (“BLS certification”);
 - (2) Two (2) hours of infection control in approved continuing education programs;
 - (3) One (1) hour of ethics in an approved continuing education programs;
 - (4) Two (2) hours of continuing education on cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of Section 510(b)(5) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.10(b)(5)); and
 - (5) At least ten percent (10%) of the total required continuing education shall be in the subjects determined by the Director as public health priorities of the District every five (5) years or less frequently, as deemed appropriate by the Director, with notice of the subject matter published in the *D.C. Register*. The Board shall disseminate the identified subjects to its licensees when determined by the Director via electronic communication and through publication on its website;
- (b) Attest to completion of the required continuing education credits on the renewal application form; and

- (c) Be subject to a random audit.

9007.9 For the licensure period ending December 31, 2019, to qualify for reinstatement or reactivation of a dental assistant registration, an applicant shall submit proof of having completed a minimum of seven (7) hours of credit within the year immediately preceding the date of the application, which shall include at least:

- (a) Current certification of having completed two (2) hours in basic life support (“BLS certification”);
- (b) Two (2) hours of infection control in approved continuing education programs;
- (c) One (1) hour of ethics in an approved continuing education programs; and
- (d) Two (2) hours of continuing education on cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of Section 510(b)(5) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.10(b)(5)).

9007.10 Beginning with the licensure period ending December 31, 2021, to qualify for reinstatement or reactivation of a dental assistant registration, an applicant shall submit proof of having completed a minimum of ten (10) hours of credit within the year immediately preceding the date of the application, which shall include at least:

- (a) Current certification of having completed two (2) hours in basic life support (“BLS certification”);
- (b) Two (2) hours of infection control in approved continuing education programs;
- (c) One (1) hour of ethics in an approved continuing education programs;
- (d) Two (2) hours of continuing education on cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of Section 510(b)(5) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.10(b)(5)); and
- (e) At least ten percent (10%) of the total required continuing education shall be in the subjects determined by the Director as public health priorities of

the District every five (5) years or less frequently, as deemed appropriate by the Director, with notice of the subject matter published in the *D.C. Register*. The Board shall disseminate the identified subjects to its licensees when determined by the Director via electronic communication and through publication on its website.

9007.11 Applicants for renewal of a registration shall only be required to prove completion of the required continuing education credits by submitting proof if requested to do so as part of the random audit, or if otherwise requested to do so by the Board.

9007.12 An applicant for renewal of a registration who fails to renew the registration by the date the registration expires may renew the registration for up to sixty (60) days after the date of expiration by completing the application, submitting the required supporting documents, and paying the required late fee. Upon renewal, the applicant shall be deemed to have possessed a valid registration during the period between the expiration of the registration and the renewal thereof.

9007.13 If an applicant for renewal of a registration fails to renew the registration and pay the late fee within sixty (60) days after the expiration of applicant's registration, the registration shall be considered to have lapsed on the date of expiration. The applicant shall thereafter be required to apply for reinstatement of an expired registration and meet all requirements and fees for reinstatement.

9007.14 The Board may, in its discretion, grant an extension of the sixty (60) day period, up to a maximum of one (1) year, to renew after expiration if the applicant's failure to renew was for good cause. As used in this section, "good cause" includes the following:

- (a) Serious and protracted illness of the applicant; and
- (b) The death or serious and protracted illness of a member of the applicant's immediate family.

9007.15 An extension granted under this section shall not exempt the dental assistant from complying with the continuing education requirements for any other renewal period.

SOURCE: Final Rulemaking published at 65 DCR 4841 (May 4, 2018); as amended by Final Rulemaking published at 67 DCR 2217 (February 28, 2020).

9008 DISTRICT OF COLUMBIA DENTAL ASSISTANT LAW EXAMINATION

9008.1 An applicant for a Level I, Level II, or Level III Dental Assistant registration shall submit proof satisfactory to the Board that the applicant received a passing score on a written examination developed by the Board or a Board-approved entity on

laws and rules pertaining to the practice of dental assistants (the District of Columbia Dental Assistants Law Examination).

9008.2 The District of Columbia Dental Assistants Law Examination may consist of questions on general District laws pertaining to the practice of dental assistants including the Act, this chapter, and Chapters 40, 41, 42, and 43 of this title.

SOURCE: Final Rulemaking published at 71 DCR 002153 (March 1, 2024).

9099 DEFINITIONS

9099.1 For the purposes of this chapter, the following terms shall have the meanings ascribed:

Act - the District of Columbia Health Occupation Revision Act, effective March 15, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1203.01, *et seq.* (2007 Repl.)).

Board - the Board of Dentistry.

Dental assistant - a person who is registered by the Board and is authorized to assist a licensed dentist or licensed dental hygienist in the performance of duties related to oral care under the direct supervision of a dentist or dental hygienist.

Direct supervision - the dentist or dental hygienist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures, remains in the dental office or dental treatment facility while the procedures are being performed by the dental assistant, and personally evaluates the performance of the dental assistant before dismissal of the patient.

Director – the Director of the Department of Health or the Director’s designee.

General supervision - supervision based on instructions given by a licensed dentist or dental hygienist either in person or by a communications device, but not requiring the physical presence of the dentist or dental hygienist on the premises at the time actions are performed.

SOURCE: Notice of Final Rulemaking published at 58 DCR 5852, 5856 (July 15, 2011); as amended by Final Rulemaking published at 60 DCR 10055 (July 12, 2013).

6512. ADMINISTRATION OF IMMUNIZATIONS AND VACCINATIONS BY PHARMACISTS

6512.1 A pharmacist shall not administer immunizations and vaccinations unless certified by the Board of Pharmacy in accordance with this section to do so.

6512.2 An applicant for certification to administer immunizations and vaccinations shall do the following:

- (a) Submit a completed application and pay the required fee;
- (b) Demonstrate to the satisfaction of the Board that he or she:
 - (1) Is licensed in good standing under the Act to practice pharmacy;
 - (2) Possesses an active certification in cardiopulmonary resuscitation for health care providers; and
 - (3) Has successfully completed an ACPE approved course approved by the Board of Pharmacy which:
 - (i) Is evidence-based;
 - (ii) Includes study material;
 - (iii) Includes hands-on training in techniques for administering immunizations or vaccines;
 - (iv) Requires testing with a passing score;
 - (v) Meets current Center for Disease Control and Prevention training guidelines; and
 - (vi) Provides a minimum of twenty (20) hours of instruction and hands-on training in:
 - (A) Basic immunology and vaccine protection;
 - (B) Vaccine-preventable diseases;
 - (C) Vaccine storage and management;
 - (D) Informed consent;
 - (E) Physiology and techniques for vaccine administration;
 - (F) Pre and post-vaccine assessment and counseling;
 - (G) Immunization record management; and
 - (H) Identification, appropriate response, documentation, and reporting of adverse events.

6512.3 A pharmacist certified by the Board to administer immunizations and vaccinations shall:

- (a) Maintain current certification in cardiopulmonary resuscitation for health care providers;
- (b) Complete two (2) hours of continuing education each renewal period relevant to the administration of immunizations and vaccinations, as part of the continuing education credits required under subsection 6513.4 of this chapter and submit proof upon request to the Board; and
- (c) Administer vaccines and immunizations in accordance with CDC guidelines.

DRAFT

DENTAL HYGIENE COLLABORATIVE PRACTICE PROVISIONS BEING CONSIDERED

A dental hygienist practicing under a collaborative practiced agreement may not perform acts or services which require diagnosis and treatment planning for non-dental hygiene services, surgical or cutting procedures on hard or soft tissue, and/or the prescription of medications, unless specifically authorized in 234 CMR 5.07 and 5.12.

Provided, that the **dental hygienist** has documented completion of a Board-approved course on medical emergencies within each continuing education cycle.

A public health dental hygienist who holds a valid license to practice dental hygiene in the Commonwealth issued pursuant to M.G.L. c. 112, § 51, and who has completed the appropriate training required by the Board and has either three years of full-time or an equivalent 4,500 hours of clinical experience shall practice in accordance with Board statutes and regulations and shall enter into a written collaborative agreement (WCA)

4) A registered dental hygienist practicing in a public health setting may provide dental hygiene services, including placement of sealants, without first having a dentist examine the patient, either pursuant to a written collaborative agreement (WCA) that complies with requirements described in 234 CMR 5.08, or pursuant to a standing order under the general supervision of a dentist licensed pursuant to M.G.L. c. 112, § 45.

(e) Obtain written, signed informed consent of the patient or legal representative which complies with Board regulations contained in 234 CMR 5.08, informs the patient or legal representative that the services provided by the public health dental hygienist are not a substitute for a dental examination by a dentist and informs the patient that the patient or legal representative that the patient should obtain, or should have had a dental examination by a dentist within 90 days;

(e) Obtain written, signed informed consent of the patient or legal representative which complies with Board regulations contained in 234 CMR 5.08, informs the patient or legal representative that the services provided by the public health dental hygienist are not a

substitute for a dental examination by a dentist and informs the patient that the patient or legal representative that the patient should obtain, or should have had a dental examination by a dentist within 90 days;

(2) A dentist entering into a written collaborative agreement (WCA) with a public health dental hygienist, may, but is not required to, provide subsequent dental treatment to patients served under said agreement.

(3) Written Collaborative Agreement (WCA). A collaborative agreement between a public health dental hygienist and a municipality or state agency or institution, or with a licensed dentist who holds a valid license issued pursuant to M.G.L. c. 112, § 45 shall, at a minimum, address all of the following:

(a) Identify by name(s) the dentist(s) who shall be available to provide the appropriate level of communication and consultation with the public health dental hygienist to ensure patient health and safety;

(b) Describe, with specificity, how communication and consultation between the dentist and public health dental hygienist will be accomplished, including the frequency and arrangements for back-up coverage when the dentist is not accessible to provide communication and consultation (e.g., during vacation, illness);

(c) Provide the names, license numbers, addresses, telephone and facsimile numbers, and emergency contact information for the dentist(s) and public health dental hygienist;

(d) Include an attestation from the public health dental hygienist which is signed under the pains and penalties of perjury that describes the public health dental hygienist's qualifications to practice as a public health dental hygienist and explicitly states that the dental hygienist has a minimum of three years of full-time or an equivalent of 4,500 hours of clinical experience as a registered dental hygienist and has completed all training required by the Board;

(e) Identify entity(ies) and geographic area(s) where public health dental hygienist services will be provided pursuant to the collaborative agreement;

(f) Specify the dental hygiene procedures to be provided and the populations to be served pursuant to the collaborative agreement;

(g) Specify and describe responsibilities for creating, maintaining, storing, retrieving and providing for the confidentiality of patient records;

(h) Specify and describe responsibilities for establishing systems, policies and procedures to ensure compliance with Board regulations, including but not limited to requirements of 234 CMR 5.00 and 7.00: *Mobile and Portable Dentistry* as may be applicable;

(i) Specify and describe responsibilities for developing, implementing, and maintaining emergency medical protocols and for the provision of periodic review and training on same;

(j) Include any considerations for age- or procedure-specific protocols as may be deemed necessary by the dentist or public health dental hygienist;

(k) Include any considerations for medically-compromised patients as may be deemed necessary by the dentist or public health dental hygienist;

(l) Outline responsibilities for billing and reimbursement for services rendered by the dental hygienist in the public health setting, if indicated;

(m) Identify a process for the public health dental hygienist to legally obtain prescription products (e.g. chemotherapeutics, fluoride varnish) pertinent to the provision of dental hygiene services and which are to be utilized when rendering services in a public health setting; and

(n) Term of the collaborative agreement, if applicable.

(4) The dentist and public health dental hygienist shall review and update the written collaborative agreement at least annually.

(5) The dentist and public health dental hygienist shall immediately notify each other and, if applicable, the municipality, state agency or institution involved in the collaborative agreement of any disciplinary action imposed by the Board or any other governmental agency against his or her license to practice dentistry or dental hygiene in the Commonwealth.

(6) A copy of the written collaborative agreement shall be maintained by the public health setting facility, licensed dentist, and the public health dental hygienist. Upon written request, said agreement shall be made available to the Board, or to a patient who received treatment pursuant to the agreement or his or her legal representative.

(7) Each public health dental hygienist shall maintain the following data to be reported to the Massachusetts Department of Public Health's Office of Oral Health on forms and in accordance with procedures and timelines established by that office:

(a) The dates of each session with name and address of the site where public health dental hygiene services were provided; and

(b) The number of patients served and the type(s) and quantity(ies) of each service provided.

DRAFT



District of Columbia

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January 12, 2026

Michelle Latortue, DDS
Chairperson
Board of Dentistry, DC Health
2201 Shannon Place, SE, 2nd Floor
Washington, DC 20020

Delivery by email to dcbod@dc.gov

Dear Dr. Latortue,

We are writing on behalf of the more than 400 member dentists of the DC Dental Society—dentists who are licensed in the District and who care for District residents—to provide feedback regarding the proposed changes to the DC Municipal Regulations that were presented during the December 17, 2025 Board of Dentistry (“Board”) meeting. DCDS is encouraged by the continued willingness of the Board to advance the practice of dentistry and care available to the public through updates to DC regulations. At the same time, it is disappointing that the text of the proposed changes was not included in the minutes of the December 17 meeting posted on the Board’s website as has been the case in the past when proposed regulatory changes were considered by the Board.

We were able to capture images of some of the proposed changes during the December meeting, however due to the quick pace of the presentation and lack of availability of the proposed text, we cannot ensure that this letter comments on all matters that are of interest. Therefore these comments may be incomplete with respect to proposed changes that we support or that may be of concern.

Support for Authorizing Level I Dental Assistants to Take Radiographs

We support the proposed change to § 9003 to grant radiology authority to Level I Dental Assistants who have “successfully completed a course in dental radiography training meeting the requirements set forth in § 9005.1” of the DC Municipal Regulations. This is a reasonable expansion of the scope of practice contingent on the completion of relevant and appropriate training.

Support for Clarifying Support by and Supervision of Dental Assistants

We support the proposed changes to the definition of a dental assistant (§ 9099.1) to clarify that a dental assistant may support a licensed dental hygienist and that they may be supervised by a dental hygienist as well.

Given the specificity of § 9099.1, we recommend that the definition be further expanded to allow a dental assistant to assist another dental assistant, particularly in consideration of the three levels for dental assistants established in the District.

Opposition to Incorporation of Cleaning, Disinfecting and Sterilizing Functions into the Scope of Practice of a Dental Assistant

We have serious concerns about the proposal to expand the scope of practice of Level I, II and III Dental Assistants to include:

- Cleaning and disinfecting environmental surfaces and equipment
- Sterilizing instruments.

Based upon the comments of the legal counsel to the Board during previous public meetings, we understand the intent of this change is to prohibit the performance of the listed cleaning, disinfecting and sterilizing functions by someone who is not a registered Dental Assistant; presumably these functions could also be performed by a dental hygienist and dentist.

The Board of Dentistry provides no justification for this highly restrictive change. We cannot find any similar registration requirement in the DC Municipal Regulations from the Board of Medicine or other boards for staff who perform the listed cleaning, disinfecting or sterilizing functions in another health care settings, including in hospitals or doctor's offices.

We understand the rationale for requiring registration for dental team members as a dental assistant if they are in the position that **provides direct assistance to patient care**. If an employee does **not** work chairside and is **not** involved in the hands-on delivery of dental care to a patient, they should **not** be required to register as an assistant.

Dental offices may utilize non-registered staff as sterilization or setup technicians. Those technicians are subject to the same OSHA, CDC and ADA protocols and training in place for all dental team members. It is appropriate for a dentist to train and supervise employees on cleaning, disinfecting and sanitizing techniques.

Working as a non-registered technician—an entry-level position in a dental practice—is consistent with Mayor Bowser's goal of providing a pathway to the middle class. We have seen non-registered employees go on to pursue degrees in dentistry, dental hygiene and dental assisting after gaining professional exposure to dentistry in these critical entry level positions. Requiring registration for this entry level position that has no direct involvement in patient treatment creates a barrier to a vital workforce team member and inhibits advancement down a rewarding career pathway in dentistry.

The prohibition against "cleaning and disinfecting environmental surfaces and equipment" by someone who is not a registered dental assistant is likely to create confusion in dental practices and establish unintended liabilities. For example, would the act of providing basic cleaning services, such as trash collection, by contractors employed by an office building render the building owner financially liable to the Board of Dentistry for a violation of DC regulations? Would a front

desk employee at a dental practice be charged by the Board with working as an unregistered dental assistant if they helped to clean up a spill within the physical space of the practice? We certainly hope that the answer to these and similar questions would be an unequivocal “No.”

The District of Columbia is already at a disadvantage with respect to securing and fostering its dental workforce in part because it requires all dental assistants to register regardless of the functions they perform. In Maryland and Virginia, where registration is limited only to dental assistants who perform specified, higher-level functions, many dental assistants can begin working faster. Dental assistants may and do decide against accepting a position in the District because of unease about the registration process.

There is a direct link between adequacy of the dental workforce and the ability of the public to receive dental care. Without an adequate dental workforce, dental care will be delayed and may be inaccessible, causing the health and well-being of the public to be harmed. We strongly urge the Board of Dentistry to consider the impact of its policy decisions on the adequacy of the dental workforce and consequently on the health and safety of the public.

For these reasons, we strongly oppose requiring registration with the Board of Dentistry in order to perform cleaning, sanitizing and sterilizing functions.

Support for Additional Changes to the Scope of Practice of Dental Assistants

We wish to reiterate several recommended changes to DC Municipal Regulations that were shared with the Board last year and that are the focus of the remainder of this letter.

Authorizing Level II Dental Assistants to Perform Coronal Polishing and to Place Pit and Fissure Sealants with Certification

Despite the creation of the position of Level III Dental Assistant in the DC Municipal Regulations and in the DC Code nearly two years ago, only one person has successfully registered as a Level III Dental Assistant. While the creation of the position of Level III Dental Assistant was well intentioned, the duplicative and extensive registration requirements can cost an application several thousand dollars, which creates an impractical barrier to registration for most potential applicants. This barrier impedes the ability of dental practices to provide care to the public and limits the pathway to the middle class espoused by Mayor Bowser. We recommend that Level II Dental Assistants who complete appropriate training required by the Board be authorized to perform separate functions specifically authorized for Level III Dental Assistants. This approach would allow the dental assistant to focus on procedures appropriate for the patient base of the dental practice and their own career goals. This approach aligns with the individual certifications available from the Dental Assisting National Board (DANB) for:

- Coronal Polishing (CP);
- Sealants (SE).

Such a change would be consistent with the approach to authorize Level I Dental Assistants to take radiographs upon completion of training required by the Board that was included in the proposed changes to DC Municipal Regulations unveiled during the December 2025 Board meeting.

Furthermore, this change could be implemented under authority specifically granted in DC Code § 3-1209.05:

(g) The Mayor shall issue rules necessary to implement the provisions of this section, including the **standards of education and experience required to qualify** as a registered dental assistant, **the duties that may be performed by a dental assistant**, and the required level of supervision. [emphasis added]

We note that while § 3-1209.05.h specifies the functions that may be performed collectively by a Level III Dental Assistant, no provision in DC Code prohibits a Level II Dental Assistant from performing the functions of coronal polishing or placing pit or fissure sealants if they have completed appropriate training as required by the Board.

Removing Redundant Registration Requirements for Level III Dental Assistants

Successful registration as a Level III Dental Assistant requires both:

1. Graduation from a CODA accredited educational program for dental assistants; and
2. Current certification from DANB as a Certified Dental Assistant (CDA) in general duties.

In contrast, registration as a Level II Dental Assistant requires that only condition 1 or 2 noted above be satisfied instead of both.

In addition, registering as a Level III Dental Assistant also requires:

3. Successfully passing a Board-approved, hands-on course in the functions and duties permitted to be performed by a Level III Dental Assistant; and
4. Current certification as a DANB Certified Preventive Functions Dental Assistant.

We understand that requirements 3 and 4 are in place to ensure competence performing the expanded functions of a Level III Dental Assistant. Requiring both items 1 and 2 is redundant, particularly given the requirement for successful completion of the hands-on course in expanded functions.

Extending the application period and validity of the practice letter from 90 days to 120

Application processing times, including time periods when applicants may experience difficulty receiving a response from the Board of Dentistry, contribute to the staffing shortage in DC. For that reason, we recommend that both the application period and the practice letter be extended to 120, with an additional allowance for applicants making a good faith effort to successfully complete their application. Applicants should not be penalized for unclear guidance or status updates provided by the DC Health Licensing Portal or a delay in response from the Board of Dentistry regarding their application.

Furthermore, we urge the Board to evaluate its own communication practices with the aim to provide meaningful information to applicants. We are aware of instances where applicants requested clarification from the Board regarding what registration requirements had not yet been satisfied, but where no meaningful response was provided by the Board. Instead the Board directed

the applicant to review the list of registration requirements once again. A more meaningful response would have been to note which requirements had been satisfied and which were still pending, for the Board staff person had a clear understanding of what was missing and the applicant did not.

Creating a Pathway for Internationally Trained Dentists to be Licensed as a Dental Hygienist

The shortage of dental hygienists continues in the District, which significantly impacts the ability of dental practices to provide care and limits the number of patients who can be seen. We are aware of dental practices that have searched for more than two years unsuccessfully to find a dental hygienist. We are also aware of dental hygienists who have practiced in other states as a dental hygienist, but who could not secure a license in the District. The reason cited in such cases was because the applicant was an internationally trained dentist who had not graduated from a CODA accredited hygiene program, a requirement in the District. We acknowledge that the practice of dentistry does vary between countries, and in fact dentists often perform hygiene functions in other countries because of the lack of hygienists.

While we do not expect the shortage to be resolved by creating a pathway to licensure as a dental hygienist for internationally trained dentists, we expect such a policy would ease the shortage. The DC Council gave a clear signal to DC Health when it established the Licensure Pathways Program with the passage of the Fiscal Year 2026 Budget Support Act of 2025 “for the purpose of assisting internationally trained health professionals in obtaining the licensure and credentials necessary to practice in the District” (§ 7-736.06).

During its September 2025 meeting, the Board voted to “look into a pathway for foreign trained dentists to become dental hygienists” (Motion 2A).

- Then the Board immediately reversed course after extensive comments were offered by the Board’s legal counsel, not on a matter of law or the regulatory process, but rather to highlight that the vote on Motion 2A had one dissention.
- As a result, the Board passed Motion 2B, “The Board moved to instead of having the subcommittee start looking into this pathway, for the Board to engage stakeholder discussions and to look at the need for it as a Board.”
- Neither the Executive Director of the DC Dental Society nor any other member of the public was permitted to offer any comments when the Board discussed Motion 2B.
- No engagement with the DC Dental Society has occurred, the largest stakeholder for dentists in the District, in the nearly four months since Motion 2B was passed.
- We were disappointed that the proposed changes to the DC Municipal Regulations unveiled by the Board’s legal counsel during the December 2025 meeting included no provisions on this topic.

We strongly urge the Board to revisit this topic, proceed with the intent of Motion 2A, and establish a pathway to licensure for internationally trained dentists to be licensed as a dental hygienist.

Ensuring a Meaningful Opportunity for the Public to Provide Comments on Matters Under Consideration by the Board

We are concerned that during multiple public meetings of the Board of Dentistry during 2025, upon the advice of legal counsel or other staff, the Board conducted a vote without hearing comments from the public despite requests to offer comments. One such example is provided in the previous section. In those instances, members of the public in attendance were instructed to provide comments at the end of the meeting during the section reserved for public comments, which was after the action was taken. As a deliberative body that is responsible to the public, it is essential that the Board consider public comments before taking action. We understand that this practice may extend the duration of Board meetings. In some instances it may be reasonable for public comments to be limited. Nevertheless, to honor the democratic principles of participatory government, the Board should act only after providing an opportunity for the public to comment on matters under consideration by the Board.

We offer these comments with the collaborative intent to support the health and well-being of the public. We welcome the opportunity to engage with Board to that end.

Sincerely,



Hillary Rosse Abel, DMD
President



Kurt Gallagher, CAE
Executive Director

CC: Ayanna Bennett, MD, MSPH, FAAP, Director, DC Health
Ericka Walker, Executive Director, Board of Dentistry, DC Health
Councilmember Christina Henderson, Chair, DC Council Committee on Health
Councilmember Charles Allen, DC Council Committee on Health
Councilmember Wendell Felder, DC Council Committee on Health
Councilmember Brianne K. Nadeau, DC Council Committee on Health
Councilmember Zachary Parker, DC Council Committee on Health
Ona Balkus, Director, DC Council Committee on Health