A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To establish a health impact assessment program within the Department of Health to evaluate the potential health effects of proposed projects on individuals and communities and to support healthy communities, healthy community design, and development that promotes physical and mental health by encouraging healthy behaviors, quality of life, social connectedness, safety, and equity.

BE IT ENACTED BY THE COUNCIL FOR THE DISTRICT OF COLUMBIA, That this act may be cited as the “Health Impact Assessment Program Establishment Act of 2019”.

Sec. 2. Definitions.

For the purposes of this act, the term:

(1) “Affected community” means any community impacted by a proposed project.

(2) “Health impact assessment” means the evaluation mandated pursuant to section 3 of this act, which informs the health impact statement.

(3) “Health impact statement” means a written document published by the Department of Health, describing the effects of a proposed project on the health of individuals
and populations within an affected community and the impacts of alternatives, as well as a plan

to mitigate the adverse health impacts, and certifying that a proposed project has been evaluated.

(4) “Proposed project” means a project or activity, such as those relating to new

construction, mixed-use development, use modifications, changes to roadways from two-way to

one-way, traffic calming solutions, and crime prevention through environmental design, that

require an environmental impact statement pursuant to the District of Columbia Environmental


and any other project the Director of the Department of Health deems appropriate for a health

impact assessment, including at the request of the community.

Sec. 3. Establishment of the health impact assessment program.

(a) There is established a health impact assessment program within the Department of

Health to eliminate health disparities among communities, mitigate the adverse health impacts

and maximize health benefits of proposed projects, and promote health equity for all District

residents.

(b) The health impact assessment program shall include:

(1) An advisory committee, appointed by the Mayor, made up of individuals with

specialized knowledge of health impact and environmental impact analysis;

(2) Procedures for taking public comment on and appealing a health impact

statement;

(3) A procedure for enhanced public notification of and involvement in

developing community health awareness and mitigation options.

(c) The Department of Health shall complete a health impact assessment on every

proposed project.
(d) The health impact assessment may use a combination of procedures, methods, and
tools to analyze the actual or potential effects of a proposed project on the affected community,
including the distribution of those effects within the population, and shall include:

(1) Evidence of the anticipated relationship between the proposed project and the
health of the affected community, including a description of the persons whose health is most
likely affected by the project and the cumulative health effects that may result from the project;

(2) The opinions, experience, and expectations of residents of the affected
community;

(3) Information and analysis of the potential health effects resulting from a
proposed project; and

(4) Any other information the Director of the Department of Health determines to
be relevant.

Sec. 4. Requirement for health impact statement.

(a) Except as provided in subsection (b) of this section, a person may not begin
construction or development of a proposed project, unless the person has received from the
Department of Health a health impact statement analyzing the positive and adverse health effects
of the project on the following within the affected community:

(1) The quality of the air, water, and soil;

(2) The quality, accessibility, and affordability of housing;

(3) Physical activity of residents;

(4) Mental health of residents;

(5) Accessibility for individuals with disabilities;

(6) Transportation choices, to include access to public transportation and active
transportation;
(7) Food and nutritional choices;

(8) Green space, parks, recreation centers, and community gardens and farms;

(9) Noise levels;

(10) Access to public services such as libraries, schools, and child care;

(11) Employment and economic opportunities for residents in the affected community;

(12) Other factors as determined by the Director of the Department of Health or raised by public comment.

(b) Subsection (a) of this section shall not apply to a proposed project that is identified by the Director of the Department of Health as a project that is in response to an emergency declared by the Mayor.

(c) The Department of Health shall have 60 days to complete a health impact assessment and issue a health impact statement for each proposed project that is to be evaluated.

(d) The Department of Health shall make all health impact statements available to the public.

Sec. 5. Violations and penalties for noncompliance.

(a) Any person that fails to obtain a health impact statement, prior to beginning construction or development of a proposed project, or fails to mitigate identified adverse health impacts shall be subject to the imposition of a fine, penalty, or fee.

(b) The Department of Health shall, by rule, list the fine, penalty, or fee to be imposed on a person for the failure to obtain a health impact statement and the failure to mitigate identified adverse health impacts.

Sec. 6. Rulemaking.
Within 180 days of the effective date of this act, the Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 et seq.), shall issue rules to implement the provisions of this act.

Sec. 7. Fiscal impact statement.


Sec. 8. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.