Chairman Phil Mendelson	Councilmember Yvette Alexander
Councilmember Marion Barry	Councilmember Anita Bonds
Councilmember Jack Evans	Councilmember Jim Graham
Councilmember David Grosso	Councilmember Kenyan McDuffie
Councilmember Vincent Orange	

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

Chairman Phil Mendelson and Councilmembers Yvette Alexander, Marion Barry, Anita Bonds, Jack Evans, Jim Graham, David Grosso, Kenyan McDuffie, and Vincent Orange introduced the following bill, which was referred to the Committee on _____.

To require an acute care general hospital or psychiatric hospital to submit to the Department of Health a staffing plan that provides sufficient, appropriately qualified nursing staff in each unit within the facility; establish and implement an acuity system for addressing fluctuations in actual patient acuity levels and nursing care requirements requiring increased staffing levels; require the Department of Health to set minimal levels of nurse staffing and registered nurse staff ratios for schools.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, that this act may be cited as the "Patient Protection Act of 2013."

Sec. 2. Findings

The Council of the District of Columbia finds that:

(1) Health care services are becoming more complex and it is increasingly difficult for patients to access integrated services. Competent, safe, therapeutic and effective patient care is jeopardized because of staffing changes implemented in response to market-driven managed care.

(2) The Government of the District of Columbia has a substantial interest in assuring that acute care general hospitals and psychiatric hospitals retain sufficient nursing staff so as to promote optimal and safe health care outcomes.

(3) Acute care general hospitals and psychiatric hospitals in the District of Columbia have inadequate staffing of registered nurses to protect the well-being and health of patients.

(4) To ensure the health and welfare of District of Columbia citizens, mandatory acute care general hospital and psychiatric hospital professional nursing practice standards and professional practice protections must be established to assure that hospital nursing care is provided in the exclusive interests of patients. Direct care registered nurses have a fiduciary duty to assigned patients and necessary duty and right of patient advocacy and collective patient advocacy to satisfy professional fiduciary obligations.

(5) To ensure effective protection of patients in acute care general hospital and psychiatric hospital settings, it is essential that qualified direct care registered nurses be accessible and available to meet the individual needs of the patients at all times.

(6) The basic principles of staffing in acute care general hospital and psychiatric hospital settings should be based on the individual patient's care needs, the severity of condition, services needed, and the complexity surrounding those services. Clinical research has demonstrated that there is a direct correlation between nurse staffing levels and patient outcomes. Current unsafe hospital direct care registered nurse staffing practices has resulted in adverse patient outcomes. Mandating adoption of uniform, minimum, numerical and specific registered nurse-to-patient staffing ratios by licensed acute care general hospitals is necessary for competent, safe, therapeutic and effective professional nursing care and for retention and recruitment of qualified direct care registered nurses.

(7) Direct care registered nurses must be able to advocate for their patients without fear of retaliation from their employer. Whistle blower protections that encourage registered nurses and patients to notify government and private accreditation entities of suspected unsafe patient conditions, including protection against retaliation for refusing unsafe patient care assignments by competent registered nurse staff, will greatly enhance the health, welfare and safety of patients.

(8) Direct care registered nurses have an irrevocable duty and right to advocate on behalf of their patient's interest and this duty, and that right shall not be encumbered.

(9) Acute care general hospitals and psychiatric hospitals continue to utilize mandatory overtime as a staffing methodology despite evidence that job dissatisfaction and increased overtime contribute to the departure of nurses from their chosen profession.

(10) The practice of mandatory overtime contributes to medical errors and other consequences that compromise patient safety.

(11) Limitations on the use of mandatory overtime will ensure that acute care general hospitals and psychiatric hospitals in the District of Columbia operate in a manner that safeguards public safety, guarantees the delivery of quality health care services and facilitates the retention and recruitment of nurses.

Sec. 3. Definitions

(1) "General acute care hospital" means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services.

(2) "Psychiatric hospital" means an inpatient psychiatric facility for individuals with serious and persistent mental illness who need intensive inpatient care to support their recovery

(3) "Medication/somatic treatment services" means medical interventions including: physical examinations; prescription, supervision or administration of mental health-related medications; monitoring and interpreting results of laboratory diagnostic procedures related to mental health-related medications; medical interventions needed for effective mental health treatment provided as either an individual or group intervention; monitoring the side effects and interactions of medications and the adverse reactions an individual may experience; and providing education and direction for symptom and medication self-management.

(4) "Acuity-Based Patient Classification System" or "acuity system" means an established measurement tool that:

(A) Predicts registered nursing care requirements for individual patients based on the severity of patient illness, the need for specialized equipment and technology, the intensity of required nursing interventions and the complexity of clinical nursing judgment required to

design, implement and evaluate the patient's nursing care plan consistent with professional standards, the ability for self-care, including motor, sensory and cognitive deficits, and the need for advocacy intervention;

(B) Details the amount of nursing care needed, the additional number of direct care registered nurses and other licensed and unlicensed nursing staff the acute care general hospital or psychiatric hospital must assign, based on the independent professional judgment of the direct care registered nurse, to meet the individual patient needs at all times; and Is stated in terms that can be readily used and understood by direct care nursing staff.

(5) “Competence” means the ability of the direct care registered nurse to act and integrate the knowledge, skills, abilities, independent professional judgment that underpin safe, therapeutic and effective patient care.

(6) Current documented, demonstrated and validated competency is required for all direct care registered nurses and must be determined based on the satisfactory performance of:

(A) The statutorily recognized duties and responsibilities of the registered nurses, as set forth in Chapter 54 Title 22 – Registered Nurses, and regulations promulgated there under; and

(B) The standards required under sections 44-1933.3 and 44-1933. 4 which are specific to each hospital unit.

(7) “Declared state of emergency" means an officially designated state of emergency which has been declared by a federal or District of Columbia government official who has the authority to declare that the District of Columbia is in a state of emergency. The term does not include a state of emergency that results from a labor dispute in the health care industry.

(8) “Direct Care Registered Nurse or Direct Care Professional Nurse” means a registered nurse currently licensed by the District of Columbia Board of Nursing to engage in “professional nursing” under Chapter 54 of Title 22- Registered Nurses with documented clinical “competence” as defined herein, who has accepted a direct, hands-on patient care assignment to implement medical and nursing regimens and provide related “clinical supervision” of patient care while exercising independent professional judgment at all times in the exclusive interest of the patient.

(9) “Hospital unit or clinical patient care area” means an intensive care/critical care unit, burn unit, labor and delivery room, antepartum and postpartum, newborn nursery, post-anesthesia service area, emergency room, operating room, pediatric unit, step-down/intermediate care unit, specialty care unit, telemetry unit, general medical/surgical care unit, psychiatric unit, or rehabilitation unit.

(10) “Critical care unit” or “intensive care unit” means a nursing unit of an acute care general hospital that is established to safeguard and protect patients whose severity of medical conditions require continuous monitoring and complex interventions by direct care registered nurses and whose restorative measures, level of nursing intensity requires intensive care through direct observation by the direct care registered nurse, complex monitoring, intensive intricate assessment, evaluation, specialized rapid intervention, and education/teaching of the patient, the patient’s family, or other representatives by a competent and experienced direct care registered nurse which includes: an intensive care unit, a burn center, a coronary care unit, or an acute respiratory unit.

(11) “Step down/intermediate intensive care unit” is defined as a unit established to safeguard and protect patients whose severity of illness, including all co-morbidities, restorative

measures and level of nursing intensity requires intermediate intensive care through direct observation by the direct care registered nurse, monitoring, multiple assessments, specialized interventions, evaluations, and education/teaching of the patient's family, or other representatives by a competent and experienced direct care registered nurse, and provide care to patients with moderate or potentially severe physiologic instability requiring technical support but not necessarily artificial life support. "Artificial life support" is defined as a system that uses medical technology to aid, support, or replace a vital function of the body that has been seriously damaged. "Technical support" is defined as specialized equipment and/or direct care registered nurses providing for invasive monitoring, telemetry, and mechanical ventilation, for the immediate amelioration or remediation of severe pathology for those patients requiring less care than intensive care, but more than that which is required from medical/surgical care.

(12) "Medical/surgical unit" is a unit established to safeguard and protect patients whose severity of illness, including all co-morbidities, restorative measures and level of nursing intensity requires continuous care through direct observation by the direct care registered nurse, monitoring, multiple assessments, specialized interventions, evaluations, and education/teaching of the patient's family, or other representatives by a competent and experienced direct care registered nurse. These units may include patients requiring less than-intensive care or step-down care, and patients receiving 24 hour inpatient general medical care, post-surgical care, or both general medical and post-surgical care; and may include mixed patient populations of diverse diagnoses and diverse age groups excluding pediatric patients.

(13) "Telemetry unit" is defined as a unit established to safeguard and protect patients whose severity of illness, including all co-morbidities, restorative measures and level of nursing intensity requires intermediate intensive care through direct observation by the direct care

registered nurse, monitoring, multiple assessments, specialized interventions, evaluations, and education/teaching of the patient's family, or other representatives by a competent and experienced direct care registered nurse, and is also designated for the electronic monitoring, recording, retrieval, and display of cardiac electrical signals.

(14) "Specialty care unit" is a unit which is established to safeguard and protect patients whose severity of illness, including all co-morbidities, restorative measures and level of nursing intensity requires continuous care through direct observation by the direct care registered nurse, monitoring, multiple assessments, specialized interventions, evaluations, and education/teaching of the patient's family, or other representatives by a competent and experienced direct care registered nurse, and provides intensity of care for a specific medical condition or a specific patient population; is more comprehensive for the specific condition or disease process than that which is required on medical/surgical units, and is not otherwise covered by the definitions in this section.

(15) "Staffing plan" means a written plan that establishes the minimum specific number of direct care registered nurses required to be present in each unit for each shift to ensure safe patient care.

Sec. 4. Staff Ratio Regulations

(a) Within one year after the effective date of this Act, an acute care general hospital or psychiatric hospital shall submit to the Department of Health a staffing plan as provided under this section. Each acute care general hospital or psychiatric hospital is responsible for the development and implementation of a written staffing plan that provides sufficient, appropriately qualified nursing staff in each unit at all times within the facility. In addition to the direct care registered nurse-ratios requirements of subsection 4 (d), each acute care general hospital or

psychiatric hospital shall assign additional nursing staff, such as, licensed practical nurses, licensed psychiatric technicians and certified nursing assistants, through the implementation of a valid Patient Classification System for determining nursing care needs of individual patients that reflects the assessment, made by the assigned direct care registered nurse of patient nursing care requirements and provides for shift-by-shift staffing based on those requirements. The ratios specified in subsection 4(d) shall constitute the minimum number of registered nurses who shall be assigned to direct patient care.

(b)(1) To assist in the development of a staffing plan, the acute care general hospital or psychiatric hospital shall establish a staffing committee for each unit and at least one half of the members shall be registered professional nurses who are direct care providers in that unit. If the nurses in the acute care general hospital or psychiatric hospital are represented by a labor organization, the collective bargaining representative shall designate the nurses from within each unit to serve on the staffing committee for that unit. Participation on the staffing committee shall be considered a part of the nurse's regularly scheduled workweek. An acute care general hospital or psychiatric hospital shall not retaliate against a nurse who participates on the staffing committee. The staffing committee shall establish a staffing strategy for that unit if the patients' needs within that unit for a shift exceed the required minimum direct care registered professional nurse-to-patient ratios set forth under subsection (d).

(2)Within two years after the effective date of this Act, each acute care general hospital or psychiatric hospital shall have established and implemented an acuity system for addressing fluctuations in actual patient acuity levels and nursing care requirements requiring increased staffing levels above the minimums set forth under subsection (d). The assessment tool

shall be used annually to review the accuracy of the acuity system established under this subsection.

(c) To assist in the development of an acuity system, the acute care general hospital or psychiatric hospital shall establish an acuity committee for each unit and at least one-half of the members shall be registered professional nurses who are direct care providers in that unit. If the nurses in the acute care general hospital or psychiatric hospital are represented by a labor organization, the collective bargaining representative shall designate the nurses from within each unit to serve on the acuity committee for that unit. Participation on the acuity committee shall be considered a part of the nurse's regularly scheduled workweek. An acute care general hospital or psychiatric hospital shall not retaliate against a nurse who participates on the acuity committee.

(d) Within four years after the effective date of this Act, an acute care general or psychiatric hospital's staffing plan shall incorporate, at a minimum, the following direct care registered professional nurse-to-patient ratios which shall be applicable for each of the corresponding units:

(1) Critical Care – Adult/Pediatric/Neonatal: 1 to 2.

(2) Operating Room: 1 to 1.

(3) Labor and Delivery:

(A) During 2d and 3d stages of labor: 1 to 1.

(B) During the 1st stage of labor: 1 to 2.

(C) Intermediate care newborn nursery: 1 to 3.

(D) Inpatient antepartum: 1 to 1.

(E) Postpartum mother baby couplet: 1 to 4.

(F) Postpartum or well-baby care: 1 to 4.

(4) Post-anesthesia care unit: 1 to 2.

(5) Emergency Department:

(A) Non-trauma or noncritical care: 1 to 4.

(B) Trauma or critical care patient: 1 to 1.

(C) Two RNs for triage.

(6) Stepdown: 1 to 3.

(7) Telemetry: 1 to 4.

(8) Medical/Surgical: 1 to 4.

(9) Pediatrics: 1 to 4.

(10) Behavioral Health: 1 to 6.

(11) Rehabilitation care: 1 to 5.

(12) Antepartum/Postpartum Unit (Non-Labor & Delivery)

(A) Antepartum: 1 to 2.

(B) Postpartum: 1 to 3.

(e) Except as otherwise provided under this subsection, in computing the registered professional nurse-to-patient ratio required under subsection (d), the acute care general hospital or psychiatric hospital shall not include a registered professional nurse who is not assigned to provide direct patient care in that unit or who is not oriented, qualified and competent to provide safe patient care in that unit. In the event of a declared state of emergency, an acute care general hospital may include a staff member who is a registered professional nurse who is not normally used in computing the ratio requirement because the staff member performs primarily administrative functions if the staff member provides direct patient care during the unforeseeable declared state of emergency, but shall be included in the computation only for the duration of the

declared state of emergency. In computing the registered professional nurse-to-patient ratio for the operating room, the acute care general hospital shall not include a circulating RN or a first assistant RN.

(f) The registered professional nurse-to-patient ratio established for each unit under subsection (d) does not limit, reduce or otherwise affect the need for other licensed or unlicensed health care professionals, assistants or support personnel necessary to provide safe patient care within the unit.

(g) The acute care general hospital or psychiatric hospital shall post its staffing plan for each unit in a conspicuous place within the unit for public review. Upon request, the acute care general hospital or psychiatric hospital shall provide copies of the staffing plan that are filed with the Department of Health to the public. The hospital shall make available for each member of the nursing staff a copy of the staffing plan for his or her unit, including the number of direct care registered professional nurses required for each shift and the names of those registered professional nurses assigned and present during each shift. A staffing plan developed under this section and the minimum staffing ratios established under this section are minimums and shall be increased as needed to provide safe patient care as determined by the acute care general or psychiatric hospital's acuity system or assessment tool. An acute care general hospital or psychiatric hospital shall not use mandatory overtime as a staffing strategy in the delivery of safe patient care except in the event of a declared state of emergency.

(h) In addition to any staffing requirements in health care facilities otherwise provided by law or regulation, the Director of the Department of Health shall adopt regulations that provide, at a minimum, for the following registered nurse staff ratios for schools:

(1) Senior High School 1 to 900 (with a medical technician)

(2) Middle School 1 to 750 (with or without a medical technician)

(3) Elementary School 1 to 700 (with or without a medical technician)

(i) Prohibition Against Averaging.

An acute care general hospital or psychiatric hospital shall not average the number of patients and the total number of direct care registered nurses assigned to patients in a clinical unit during any one shift or over any period of time for purposes of meeting the requirements under section 3 (d).

(j) Patients shall only be cared for on units or clinical patient care areas where the level of intensity, type of care, and direct care registered nurse-to-patient ratios meet the individual requirements and needs of each patient. The use of patient acuity-adjustable units is strictly prohibited.

(k) These regulations shall require acute care general hospitals and psychiatric hospitals to meet the staffing requirements in this section by maintaining or increasing the current number of registered professional nurses in an acute care general hospital and not replacing registered professional nurses with licensed practical nurses or unlicensed professional care givers.

Sec. 5. Prohibition on Overtime

(a) No registered nurse of an acute care general hospital or psychiatric hospital may be required to work overtime. Attempts to compel or force registered nurses to work overtime are contrary to public policy, and any such requirement contained in a contract, agreement, or understanding is void.

(b) The acceptance by any registered nurse of overtime is strictly voluntary, and the

refusal of a registered nurse to accept such overtime work is not grounds for discrimination, dismissal, discharge, or any other penalty, threat of reports for discipline, or employment decision adverse to the employee.

(c) This section does not apply to overtime work that occurs:

(1) Because of a declared state of emergency;

(2) Because of prescheduled on-call time;

(3) When the employer documents that the employer has used reasonable efforts to obtain staffing. An employer has not used reasonable efforts if overtime work is used to fill vacancies resulting from chronic staff shortages; or

(4) When an employee is required to work overtime to complete a patient care procedure already in progress where the absence of the employee could have an adverse effect on the patient.

(d) This section may not be construed to prohibit a registered nurse from voluntarily agreeing to work more than the number of scheduled hours provided in this section.

(e) A registered nurse may not be disciplined for refusing to work more than 12 consecutive hours except where the registered nurse refuses to work mandatory overtime in the case of circumstance declared state of emergency or when overtime is required as a last resort to ensure patient safety. Any registered nurse who is required to work more than 12 consecutive hours, as permitted by this subsection, must be allowed at least 12 consecutive hours of off-duty time immediately following the worked overtime. This subsection does not apply to overtime for performance of services in response to an emergency declared by the Mayor under the laws of the District of Columbia.

Sec. 6. Compliance.

(a) If an acute care general hospital or psychiatric hospital fails to submit an annual staffing plan as required in Section 3(a) of this Act or does not meet the required staffing plan established for each unit during each shift, as adjusted in accordance with the acute care general or psychiatric hospital's acuity system or assessment tool to maintain safe patient care, the acute care general or psychiatric hospital is in violation of this Act. Each violation shall be reported to the Department of Health by the acute care general or psychiatric hospital's designated representative.

(b) Any person who fails to comply with any of the provisions of this act shall be subject to a fine not to exceed $25,000 for each violation. Each day of the violation shall constitute a separate violation and the penalties prescribed shall be applicable to each separate violation unless otherwise indicated. An acute care general hospital or psychiatric hospital licensed pursuant to D.C. Code § 7-731, that is in violation of the staffing requirements of this Act shall be subject to a civil penalty of not more than $25,000 for each day the hospital or facility is in violation.

(c) The Council shall direct the District of Columbia Department of Public Health to amend Chapter 20, Section 2005 of Title 22, District of Columbia Municipal Regulations to include provisions for monitoring the enforcement of this Act.

Sec. 7.Whistleblower and Patient Protections:

(a) A registered nurse shall have the right to act as the patient's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which, in the professional judgment of the nurse, are against the interests and wishes of

the patient; and giving the patient an opportunity to make informed decisions about health care before it is provided.

(b) A registered nurse may refuse to accept an assignment as a nurse in a health care facility if the assignment would violate subsection (a) of this section, or the nurse is not prepared by education, training, or experience to fulfill the assignment with out compromising the safety of any patient or jeopardizing the license of the registered nurse.

(c)(1) No health care facility shall discharge, discriminate, or retaliate in any manner with respect to any aspect of employment, including discharge, promotion, compensation, or terms, conditions, or privileges of employment against a nurse based on the nurse's refusal of a work assignment pursuant to this section.

(2) No health care facility shall file a complaint or a report against a registered nurse with the appropriate District professional disciplinary Council or Designee because of the nurse's refusal of a work assignment pursuant to this section.

(d) Any registered nurse who has been discharged, discriminated against, retaliated against or against whom a complaint has been filed in violation of this act may bring a cause of action in the District of Columbia Superior Court. A registered nurse who prevails on the cause of action shall be entitled to one or more of the following:

(1) Reinstatement.

(2) Reimbursement of lost wages, compensation, and benefits.

(3) Attorneys' fees.

(4) Court costs.

(5) Other damages.

(e) A registered nurse, patient, or other individual may file a complaint with the Council or Designee against a health care facility that violates the provisions of this Act. For any complaint filed, the Council or Designee shall:

(1) receive and investigate the complaint;

(2) determine whether a violation of this title as alleged in the complaint has occurred; and

(3) if such a violation has occurred, issue an order that the complaining nurse or individual shall not suffer any retaliation described in this section.

(f) Toll-Free Telephone Number.

The Council or Designee shall provide for the establishment of a toll-free telephone hotline to provide information regarding the requirements under Act and to receive reports of violations of such section.

(2) A health care facility shall provide each patient admitted to the hospital for in patient care with the hotline described in subsection (a) above, and shall give notice to each patient that such hotline may be used to report inadequate staffing or care.

(g)(1) An acute care general hospital or psychiatric hospital shall not discriminate or retaliate in any manner against any patient, employee, or contract employee of the hospital, or any other individual, on the basis that such individual, in good faith, individually or in conjunction with another person or persons, has presented a grievance or complaint, or has initiated or cooperated in any investigation or proceeding of any governmental entity, regulatory Council or Designee, or private accreditation body, made a civil claim or demand, or filed an action relating to the care, services, or conditions of the hospital or of any affiliated or related facilities.

(2) For purposes of this subsection, an individual shall be deemed to be acting in good faith if the individual reasonably believes:

(A) the information reported or disclosed is true; and

(B) a violation of this title has occurred or may occur.

(g) Prohibition on Interference with Rights.

(1) It shall be unlawful for any hospital to:

(A) interfere with, restrain, or deny the exercise, or attempt to exercise, by any person of any right provided or protected under this title; or

(B) coerce or intimidate any person regarding the exercise or attempt to exercise such right.

(2) It shall be unlawful for any hospital to discriminate or retaliate against any person for opposing any hospital policy, practice, or actions which are alleged to violate, breach, or fail to comply with any provision of this title.

(3) An acute care general hospital or psychiatric hospital(or an individual representing an acute care general hospital or psychiatric hospital) shall not make, adopt, or enforce any rule, regulation, policy, or practice which in any manner directly or indirectly prohibits, impedes, or discourages a direct care registered nurse from, or intimidates, coerces, or induces a direct care registered nurse regarding, engaging in free speech activities or disclosing information as provided under this act.

(4) An acute care general hospital or a psychiatric hospital (or an individual representing an acute care general hospital or psychiatric hospital) shall not in any way interfere with the rights of nurses to organize, bargain collectively, and engage in concerted activity under section 7 of the National Labor Relations Act (29 U.S.C. 157).

(5) An acute care general hospital or psychiatric hospital shall post in an appropriate location in each unit a conspicuous notice in a form specified by the Council or Designee that:

(A) explains the rights of nurses, patients, and other individuals under this section;

(B) includes a statement that a nurse, patient, or other individual may file a complaint with the Council or Designee against an acute care general or psychiatric hospital that violates the provisions of this title; and

(C) provides instructions on how to file a complaint under section.

Sec. 8: Training Registered Professional Nurses

(a) Within one year after the effective date of this Act, the District of Columbia Department of Health shall submit a detailed plan, working with the Department of Nursing and Allied Health, Community College of the University of the District of Columbia, (UDC-CC), to increase the number of registered professional nurses in the District of Columbia by increasing the number of students graduating from the Associate in Applied Science (AASN) Degree in Nursing program by at least fifty per cent (50%) annually within two years. The Department of Health, the Workforce Investment Council, and other relevant District of Columbia government agencies shall seek federal funds which may be available through the Workforce Investment Act, the Affordable Care Act, or other monies, to develop nurse training and development. The plan may include strategies or incentives to encourage District residents to apply for and be admitted to this program. The plan should include encouragement for acute care general hospitals or psychiatric hospitals located in the District of Columbia to cooperate with and/or support the training of registered professional nurses.

Sec. 9. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02).

Sec. 4. 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), and publication in the District of Columbia Register.