

**COUNCIL OF THE DISTRICT OF COLUMBIA  
COMMITTEE ON HEALTH  
COMMITTEE REPORT  
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004**

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**TO:** All Councilmembers  
**FROM:** Councilmember Vincent C. Gray, Ward 7  
Chairperson, Committee on Health  
**DATE:** July 1, 2020  
**SUBJECT:** Report on Bill 23-0322, “Window Blind and Drape Cord Safety Notification Act of 2020”



The Committee on Health, to which Bill 23-0322 was referred, reports favorably thereon and recommends approval by the Council.

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**I. BACKGROUND & NEED**

The stated purpose of Bill 23-0322 is to require hospitals, health care facilities and birth centers to provide notice regarding the danger window blinds pose to children. The “Window Blind and Drape Cord Safety Notification Act of 2020” was introduced as the “Window Blind Safety Notification Act of 2019” on June 4, 2019 by Councilmembers Brandon Todd, Anita Bonds, Robert White, and Mary Cheh. The bill was also co-sponsored by Councilmember David Grosso.

According to the United States Consumer Product Safety Commission, corded window coverings are one of the top five hidden hazards of a home for young children under the age of 6, with nearly 17,000 window blind-related injuries and 300 deaths having occurred among children between 1990 and 2015 – this translates into an injury rate of 2.7 per 100,000 children. Cords attached to these coverings can cause of a range of injuries, from direct blows, which can result in bruises, cuts, and penetrating injury to the eyes, to entanglement and strangulation, which can prove fatal. Though research is able to provide an overview of children who have either died from

their injury or were treated in an emergency room, these statistics do not encompass the complete spectrum of injuries associated with window blinds, as some children stay home, go untreated, or seek care from a non-emergency medical professional.

In response, the Window Covering Manufacturers Association, under the guidance of the American National Standards Institute and the Consumer Product Safety Commission, has implemented a handful of safety standards and recalls to reduce injuries and deaths. Stock window covering products sold in the United States can now be cordless or have short cords that are unreachable by small children; however, many consumers cannot afford to replace their blinds, and these new safety standards are only voluntary. In tandem with increased safety standards, this legislation is needed to provide for more education on the hazards that window blind covers pose. The bill will require every hospital, health care facility, and birth center in the District to prepare and distribute an informational notice to maternity patients regarding the dangers of window blinds, equipping parents with the necessary information to properly childproof their home.

## II. LEGISLATIVE CHRONOLOGY

June 4, 2019	B23-0322 Introduced by Councilmembers Todd, Bonds, R. White, and Cheh at Legislative Meeting <a href="#">View Introduction</a>
June 4, 2019	Referred to Committee on Health
June 14, 2019	Notice of Intent to Act on B23-0322 Published in the District of Columbia Register
October 18, 2019	Notice of Public Hearing Published in the District of Columbia Register <a href="#">View Public Hearing Notice</a>
November 8, 2019	Notice of Public Hearing Published in the District of Columbia Register <a href="#">View Public Hearing Notice</a>
December 18, 2019	Public Hearing on B23-0322
July 1, 2020	Consideration and vote on B23-0322

## III. POSITION OF THE EXECUTIVE

**Dr. Sharon Williams Lewis, DHA, Senior Deputy Director, Health Regulation and Licensing Administration, Department of Health**, testified on behalf of Dr. LaQuandra Nesbitt, Director of the DC Department of Health. While the Department of Health supports the legislation and the protections it will provide, Dr. Lewis expressed several concerns:

- Terms such as “health care facility” and “prebooking” are not properly defined in the bill, leaving room for ambiguity

- The bill does not address drape cords, which can pose a danger to children
- The bill does not require primary care providers to provide notice to parents. Rather, it “allows” the pediatric primary care provider to provide notice, which makes enforcement difficult; and
- The bill creates a new law but does not include rulemaking authority. Rule making would be useful for implementing the window blind notification and allow for the development of civil infractions for violations of the law proposed in the bill.

Dr. Lewis thanked Chairperson Gray for the opportunity to testify on the Bill 23-0322 and stated that she looks forward to working with the Council on the recommended technical changes to further strengthen the bill.

#### IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The committee received no testimony or comments from Advisory Neighborhood Commissions.

#### V. LIST OF WITNESSES AND SUMMARIES OF TESTIMONY

##### Public Witness

- |                    |  |
|--------------------|--|
| 1. Sarah Combs, MD | Emergency Medicine Physician, Children’s National Hospital |
|--------------------|--|

##### Executive Witness

- |                       |  |
|-----------------------|--|
| Dr. Sharon Lewis, DHA | Senior Deputy Director, Health Regulation and Licensing Administration, Department of Health |
|-----------------------|--|

**Sarah Combs, MD, Emergency Medicine Physician, Children’s National Hospital,** testified in strong support of the bill, stating that Children’s National recognizes the importance of educating parents on the dangers of window blinds and believes raising awareness is the best way to keep children safe from injury. She stressed that the education provided to new parents can substantially help prevent injury and harm to young children.

#### VII. FISCAL IMPACT

Funds are sufficient in the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill.

#### VIII. SECTION BY SECTION ANALYSIS

- |                  |  |
|------------------|--|
| <u>Section 1</u> | States the short title of Bill 23-0202 |
|------------------|--|

Section 2 States that every hospital, birth center, and pediatric primary care provider located in the District of Columbia shall distribute an informational notice provided to it by the Department of Health (“DOH”) regarding the danger that window blinds and drape cords pose to children and how to avoid those dangers directly to:

(1) The parent or guardian following the labor and delivery of the parent’s or guardian’s child as a component of the discharge discussion and instruction;

(2) The person accompanying a child to the child’s 6-month primary care appointment; and

(3) Upon request, a member of the general public.

This section also states that DOH shall make the information contained in the notice available on DOH’s website and shall provide electronic text to hospitals, birth centers, and pediatric primary care providers.

Section 3 States that the Mayor shall issue rules to implement the provisions of this act.

Section 4 Adopts the fiscal impact statement.

Section 5 States the Act will take effect following Mayoral approval and Congressional review, and publication in the District of Columbia Register.

## **IX. COMMITTEE ACTION**

Bill 23-0322, the “Window Blind and Drape Cord Safety Notification Act of 2020.” The meeting was called to order at 9:10 a.m. after a quorum was present consisting of Committee Chairperson Vincent C. Gray and Councilmembers Brianne K. Nadeau, David Grosso and Mary M. Cheh. Bill 23-0322 was the first item on the agenda.

After discussing the chronology and purpose of the bill, Chairperson Gray gave brief remarks, and opened the floor for discussion. Hearing no discussion, Chairperson Gray moved the print and report, with leave for staff to make technical and editorial changes. The vote on the print and report were unanimous. (Chairperson Gray and Councilmembers Grosso, Cheh and Nadeau voting “aye”, Councilmember Todd being absent) The meeting adjourned at 9:43 a.m.

## **X. ATTACHMENTS**

- A. Secretary’s Notice for Bill 23-0322
- B. Bill 23-0322
- C. Hearing Notice and Witness List
- D. Copies of Written Testimony
- E. Fiscal Impact Statement
- F. Legal Sufficiency Memorandum
- G. Committee Print of Bill 23-00322

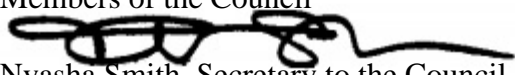
# ATTACHMENT A

**COUNCIL OF THE DISTRICT OF COLUMBIA**  
**1350 Pennsylvania Avenue, N.W.**  
**Washington D.C. 20004**

Memorandum

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To : Members of the Council

From :   
Nyasha Smith, Secretary to the Council

Date : June 05, 2019

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Legislative Meeting on Tuesday, June 4, 2019. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Window Blind Safety Notification Act of 2019", B23-0322

INTRODUCED BY: Councilmembers Todd, Bonds, R. White, and Cheh

CO-SPONSORED BY: Councilmember Grosso


The Chairman is referring this legislation to the Committee on Health.

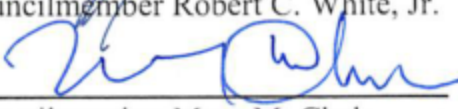
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cc: General Counsel  
Budget Director  
Legislative Services

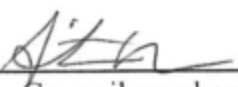
# ATTACHMENT B

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Councilmember Robert C. White, Jr.

  
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Councilmember Mary M. Cheh

  
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Councilmember Brandon T. Todd

  
\_\_\_\_\_  
Councilmember Anita Bonds

A BILL

\_\_\_\_\_  
IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
\_\_\_\_\_

To require hospitals, health care facilities and birth centers provide notice regarding the danger window blinds pose to children.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Window Blind Safety Notification Act of 2019".

Sec. 2. Window blind safety notification requirement.

(a) The Department of Health (DOH) shall require that every hospital, health care facility, and birth center shall prepare in printed or photocopied form and distribute at the time of pre-booking directly to each prospective maternity patient and, upon request, to the general public an informational notice regarding the serious danger window blinds pose to children.

(b) Such information notice shall be designed by DOH and shall contain brief definitions of maternity related procedures and practices and also include information regarding the dangers that window blinds pose to children, proper installation methods and techniques of blinds, examples of current standards and the potentially fatal consequences from strangulation



1 posed by window blinds.

2 (c) Hospitals, health care facilities, and birth centers may also elect to distribute  
3 additional explanatory material along with the maternity patients' informational notice.

4 (d) DOH shall make the information contained in the notice available on the  
5 department's website and shall cause a sufficient number of notices to be printed or photocopied  
6 to allow each pediatric primary care provider in the District to provide the notice to parents at a  
7 child's six-month appointment.

8 Sec. 3. Fiscal impact statement.

9 The Council adopts the fiscal impact statement in the committee report as the fiscal  
10 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
11 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

12 Sec. 4. Effective date.

13 This act shall take effect after approval by the Mayor (or in the event of a veto by the  
14 Mayor, override of the veto by the Council, a 30-day period of Congressional review as provided  
15 in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973  
16 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia  
17 Register.

# ATTACHMENT C

**COUNCIL OF THE DISTRICT OF COLUMBIA  
COMMITTEE ON HEALTH  
NOTICE OF PUBLIC HEARING  
1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004**

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**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON  
THE COMMITTEE ON HEALTH**

**ANNOUNCES A PUBLIC HEARING ON**

**BILL 23-0322, THE “WINDOW BLIND SAFETY NOTIFICATION ACT OF 2019”**

**BILL 23-0341, THE “PERINATAL HEALTH WORKER TRAINING ACCESS ACT OF 2019”**

**BILL 23-0362, THE “MATERNAL HEALTH CARE IMPROVEMENT AND EXPANSION  
ACT OF 2019”**

**WEDNESDAY, DECEMBER 18, 2019  
11:00 A.M., ROOM 500, JOHN A. WILSON BUILDING  
1350 PENNSYLVANIA AVENUE, N.W.  
WASHINGTON, D.C. 20004**

Councilmember Vincent C. Gray, Chairperson of the Committee on Health, announces a Public Hearing on Bill 23-0322, the “Window Blind Safety Notification Act of 2019”, Bill 23-0341, the “Perinatal Health Worker Training Access Act of 2019”, and Bill 23-0362, the “Maternal Health Care Improvement and Expansion Act of 2019.” The hearing will be held on Wednesday, December 18, 2019, at 11:00 a.m., in Room 500 of the John A. Wilson Building.

Bill 23-0322, the “Window Blind Safety Notification Act of 2019”, requires hospitals, health care facilities and birth centers to provide notice regarding the danger window blinds pose to children.

Bill 23-0341, the “Perinatal Health Worker Training Access Act of 2019”, requires the Department of Health to distribute grant funds to promote a perinatal health worker training program for residents in Wards 5, 7, and 8 in the health field.

Bill 23-0362, the “Maternal Health Care Improvement and Expansion Act of 2019”, requires individual or group health plans and health insurance coverage through Medicaid or the D.C. Healthcare Alliance program to cover at least two postpartum healthcare visits, home visits, fertility preservation services, and transportation stipends for travel to and from prenatal and postpartum visits. It also requires Medicaid to provide coverage for pregnant District residents that meet income eligibility requirements for one year postpartum. Among other things, it establishes a Center on Maternal Health and Wellness.

The Committee invites the public to testify at the hearing. Those who wish to testify should contact Malcolm Cameron, Committee Legislative Analyst at (202) 654-6179 or [mcameron@dccouncil.us](mailto:mcameron@dccouncil.us), and provide your name, organizational affiliation (if any), and title with the organization, preferably by 5:00 p.m. on Monday, December 16, 2019. Witnesses should bring 15 copies

of their written testimony to the hearing. The Committee allows individuals 3 minutes to provide oral testimony in order to permit each witness an opportunity to be heard. Additional written statements are encouraged and will be made part of the official record. Written statements may be submitted by e-mail to [mcameron@dccouncil.us](mailto:mcameron@dccouncil.us) or mailed to: Council of the District of Columbia, 1350 Pennsylvania Ave., N.W., Suite 113, Washington D.C. 20004.

**COUNCIL OF THE DISTRICT OF COLUMBIA  
COMMITTEE ON HEALTH  
NOTICE OF PUBLIC HEARING  
1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004**

**REVISED**

**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON  
THE COMMITTEE ON HEALTH**

**ANNOUNCES A PUBLIC HEARING ON**

**BILL 23-0322, THE “WINDOW BLIND SAFETY NOTIFICATION ACT OF 2019”**

**BILL 23-0325, THE “DEMENTIA TRAINING FOR DIRECT CARE WORKERS ACT OF  
2019”**

**BILL 23-0341, THE “PERINATAL HEALTH WORKER TRAINING ACCESS ACT OF 2019”**

**BILL 23-0362, THE “MATERNAL HEALTH CARE IMPROVEMENT AND EXPANSION  
ACT OF 2019”**

**BILL 23-0416, THE “BETTER ACCESS FOR BABIES FOR INTEGRATED EQUITABLE  
SERVICES ACT OF 2019”**

**BILL 23-0507, THE “POISON CONTROL CENTER DESIGNATION ACT OF 2019”**

**WEDNESDAY, DECEMBER 18, 2019  
11:00 A.M., ROOM 500, JOHN A. WILSON BUILDING  
1350 PENNSYLVANIA AVENUE, N.W.  
WASHINGTON, D.C. 20004**

Councilmember Vincent C. Gray, Chairperson of the Committee on Health, announces a Public Hearing on Bill 23-0322, the “Window Blind Safety Notification Act of 2019”, Bill 23-0325, the “Dementia Training for Direct Care Workers Act of 2019”, Bill 23-0341, the “Perinatal Health Worker Training Access Act of 2019”, Bill 23-0362, the “Maternal Health Care Improvement and Expansion Act of 2019”, Bill 23-0416, the “Better Access for Babies for Integrated Equitable Services Act of 2019”, and Bill 23-0507, the “Poison Control Center Designation Act of 2019.” The hearing will be held on Wednesday, December 18, 2019, at 11:00 a.m., in Room 500 of the John A. Wilson Building. **This notice has been revised to reflect the addition of Bill 23-0325, Bill 23-0416, and Bill 23-0507 to the hearing agenda.**

Bill 23-0322, the “Window Blind Safety Notification Act of 2019”, requires hospitals, health care facilities and birth centers to provide notice regarding the danger window blinds pose to children.

Bill 23-0325, “Dementia Training for Direct Care Workers Act of 2019”, requires dementia training for direct care workers, which includes staff whose work involves extensive contact with

residents or program participants of residential facilities or home-and community-based programs that provide supportive services.

Bill 23-0341, the “Perinatal Health Worker Training Access Act of 2019”, requires the Department of Health to distribute grant funds to promote a perinatal health worker training program for residents in Wards 5, 7, and 8 in the health field.

Bill 23-0362, the “Maternal Health Care Improvement and Expansion Act of 2019”, requires individual or group health plans and health insurance coverage through Medicaid or the D.C. Healthcare Alliance program to cover at least two postpartum healthcare visits, home visits, fertility preservation services, and transportation stipends for travel to and from prenatal and postpartum visits. It also requires Medicaid to provide coverage for pregnant District residents that meet income eligibility requirements for one year postpartum. Among other things, it establishes a Center on Maternal Health and Wellness.

Bill 23-0416, the “Better Access for Babies for Integrated Equitable Services Act of 2019”, adds provisions to the Comprehensive Newborn Screening Program to establish discharge standards and authorizes penalties for failure to comply with the standards or perform the necessary screens. It would also authorize the Department of Health to collect information from hospitals and birthing facilities to create a report card regarding compliance with newborn screening requirements, lactation support services, parent education, discharge standards, and clinical quality measures. It also creates a Perinatal and Infant Health Advisory Committee that would advise on ways to reduce preterm birth and newborn screening activities.

Bill 23-0507, the “Poison Control Center Designation Act of 2019”, designates the National Capital Poison Center, located at 3201 New Mexico Avenue NW, Suite #310 Washington, DC 20016 as the District's poison control center.

The Committee invites the public to testify at the hearing. Those who wish to testify should contact Malcolm Cameron, Committee Legislative Analyst at (202) 654-6179 or [mcameron@dccouncil.us](mailto:mcameron@dccouncil.us), and provide your name, organizational affiliation (if any), and title with the organization, preferably by 5:00 p.m. on Monday, December 16, 2019. Witnesses should bring 15 copies of their written testimony to the hearing. The Committee allows individuals 3 minutes to provide oral testimony in order to permit each witness an opportunity to be heard. Additional written statements are encouraged and will be made part of the official record. Written statements may be submitted by e-mail to [mcameron@dccouncil.us](mailto:mcameron@dccouncil.us) or mailed to: Council of the District of Columbia, 1350 Pennsylvania Ave., N.W., Suite 113, Washington D.C. 20004.

**COUNCIL OF THE DISTRICT OF COLUMBIA  
COMMITTEE ON HEALTH  
WITNESS LIST - PUBLIC HEARING  
1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004**

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**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON  
THE COMMITTEE ON HEALTH**

**ANNOUNCES A PUBLIC HEARING ON**

**BILL 23-0322, THE “WINDOW BLIND SAFETY NOTIFICATION ACT OF 2019”**

**BILL 23-0325, THE “DEMENTIA TRAINING FOR DIRECT CARE WORKERS ACT  
OF 2019”**

**BILL 23-0341, THE “PERINATAL HEALTH WORKER TRAINING ACCESS ACT OF  
2019”**

**BILL 23-0416, THE “BETTER ACCESS FOR BABIES FOR INTEGRATED  
EQUITABLE SERVICES ACT OF 2019”**

**BILL 23-0507, THE “POISON CONTROL CENTER DESIGNATION ACT OF 2019”**

**BILL 23-0362, THE “MATERNAL HEALTH CARE IMPROVEMENT AND  
EXPANSION ACT OF 2019”**

**WEDNESDAY, DECEMBER 18, 2019  
11:00 A.M., ROOM 500, JOHN A. WILSON BUILDING  
1350 PENNSYLVANIA AVENUE, N.W.  
WASHINGTON, D.C. 20004**

**WITNESS LIST**

**Bill 23-0322, the “Window Blind Safety Notification Act of 2019”**

**Public Witnesses**

- |                    |  |
|--------------------|--|
| 1. Sarah Combs, MD | Emergency Medicine Physician, Children’s National Hospital |
|--------------------|--|

**Executive Witness**

- |                       |  |
|-----------------------|--|
| Dr. Sharon Lewis, DHA | Senior Deputy Director, Health Regulation and Licensing Administration, Department of Health |
|-----------------------|--|

**Bill 23-0325, the “Dementia Training for Direct Care Workers Act of 2019”**

Public Witnesses

1. Ana Nelson Vice President of Programs and Services, National Capital Area Chapter of the Alzheimer's Association
2. Dr. Melissa Batchelor Director of the Center for Aging Health and Humanities at George Washington University
3. Maria Burrington Public Witness
4. Dean Brenner Public Witness
5. Veronica Damesyn Sharpe President, District of Columbia Health Care Association
6. Christy Kramer Director, LeadingAge DC
7. Jessica Lipper, MSJ Government Affairs Manager, Mid-Atlantic Region, Nurse-Family Partnership
8. Sally White Executive Director, IONA Senior Services

Executive Witness

Dr. Sharon Lewis, DHA Senior Deputy Director, Health Regulation and Licensing Administration, Department of Health

**Bill 23-0341, the “Perinatal Health Worker Training Access Act of 2019”**

Public Witnesses

1. Dr. Barbara J. Hatcher Washington DC Alumnae Chapter of Delta Sigma Theta Sorority, Inc
2. Dr. Dawn Godbolt Health Policy Analyst, National Partnership for Women & Families

Executive Witness

Dr. Anjali Talwalkar, MPH Principal Senior Deputy Director, Department of Health



**Bill 23-0416, the “Better Access for Babies for Integrated Equitable Services Act of 2019”**

Public Witnesses

1. Mary Revenis, MD FAAP                      Chair, Fetus and Newborn Committee, DC  
American Academy of Pediatrics Chapter
2. Sarah Viall, PPCNP-BC                      Newborn Screening Program Director-Rare Disease  
Institute, Children’s National Hospital
3. Beth Tarini, MD                              Associate Director, Center for Transitional  
Research- Children’s National Research Institute,  
Children’s National Hospital
4. Dr. Barbara J. Hatcher                      Washington DC Alumnae Chapter of Delta Sigma  
Theta Sorority, Inc

Executive Witness

Dr. Anjali Talwalkar, MPH                      Principal Senior Deputy Director, Department of  
Health

**Bill 23-0507, the “Poison Control Center Designation Act of 2019”**

Public Witnesses

1. Kelly Johnson-Arbor, MD                      Medical Director, National Capital Poison Center
2. Jessica Youniss, MBA                      COO and CFO, National Capital Poison Center

Executive Witness

Dr. Anjali Talwalkar, MPH                      Principal Senior Deputy Director, Department of  
Health

**Bill 23-0362, the “Maternal Health Care Improvement and Expansion Act of 2019”**

Public Witnesses

1. Sara Imershein, MD MPH FACOG                      Vice Chair, DC Section of the American  
College of Obstetricians & Gynecologists
2. Taylor Lee                                      Student, George Washington University

3. Skye Wheeler  
Emergencies Researcher, Human Rights Watch
4. Juan-Pablo Segurra  
CEO and Co-Founder, BabyScripts
5. Adimika Arthur  
Executive Director, HealthRTech
6. Dr. Nathaniel DeNicola  
OBGYN and Chair, ACOG Telemedicine Committee
7. Kanika A. Harris, PhD, MPH  
DC Lactation Commission
8. Jennifer Mezey  
Supervising Attorney, Public Benefits, Legal Aid Society of the District of Columbia
9. Lamia Soghier, MD, FAAP  
Neonatologist, Children's National Hospital
10. Dr. Jamila Perritt  
Reproductive Health and Family Planning Specialist, Planned Parenthood of Metropolitan Washington, DC
11. Anita Mikkilineni, MD  
Resident Physician - Class of 2020, Obstetrics and Gynecology, George Washington University
12. Dr. Jessica H. Boyd  
Chief Medical Officer, Unity Health Care
13. Dr. Barbara J. Hatcher  
Washington DC Alumnae Chapter of Delta Sigma Theta Sorority, Inc
14. Colette Chichester  
Vice President, Government Affairs - National Capital Area, CareFirst BlueCross BlueShield
15. Dorie Turner Nolt  
Communications Strategist
16. Nandi Barton  
Maternal Health Equity Action Lab
17. Shanae Bond  
Maternal Health Equity Action Lab
18. Dominique Lowrey  
Maternal Health Equity Action Lab
19. Chanelle Moore  
Maternal Health Equity Action Lab
20. Mercedes Small-Lewis  
Maternal Health Equity Action Lab
21. Stephanie Wells  
Maternal Health Equity Action Lab

22. Megan Simmons, MPA/JD

Senior Policy Attorney, Ujima, Inc.: The National  
Center on Violence Against Women in the Black  
Community

Executive Witness

Melisa Byrd

Senior Deputy Director and Medicaid Director,  
Department of Health Care Finance

# ATTACHMENT D



Testimony of  
Children's National Hospital  
on  
B23-0322 Window Blind Safety Notification Act of 2019

December 18, 2019

Good Morning Chairman Gray and members of the committee. For the record my name is Dr. Sarah Ash Combs and I am an Attending Physician in the Department of Emergency Medicine at Children's National Hospital (Children's National). Children's National has been serving the nation's capital since 1870 and is proud to be named among the Top 10 children's hospitals by *U.S. News & World Report* Best Children's Hospitals survey, including being ranked #1 for newborn intensive care in the Country. As a pediatric hospital we promote and advocate for the safety and well-being of all children. We recognize the importance of educating parents on the danger of window blinds and believe raising awareness is the best way to keep children safe from injury.

Window blinds are a known safety hazard for young children under the age of 6. The United States Consumer Product Safety Commission has identified window coverings with cords as one of the top five hidden hazards in the home. These cords can cause a range of injuries. Direct blows are common, and may result in bruises, cuts and penetrating injury to sensitive areas such as the eye. At the most severe end of the injury spectrum is entanglement; that is, the child gets the cord wrapped around him or herself and cannot get free. When wrapped tightly around the child's neck, the cord cuts off oxygen supply and results in strangulation. As the child is unable to draw breath or make sound, they cannot cry out for help. These injuries thus occur quickly and silently, and are frequently fatal: oxygen deprivation for even a few minutes commonly results in death.



**Children's National**<sup>TM</sup>

The perils associated with window blinds and cords have been known for some time.

The first known case of window-covering-related strangulation occurred in the 1940s. In a 1997 edition of the *Journal of the American Medical Association*, researchers reported a total of 183 fatal window-cord strangulations between 1981 and 1995; more than 90% of these were children aged 3 years or younger.<sup>1</sup> More recently, research published in *Pediatrics* found that over 16,000 children in the US were treated in emergency department for injuries caused by window blinds between 1990 and 2015, an average of two children every day.<sup>2</sup> 271 children died from their injury. However, emergency department visit numbers do not encompass the complete spectrum of injuries associated with blinds as some injured children stay home or seek care from a non-emergency medical professional.

Over the last decade, safety standards and recalls have been implemented to reduce the risk of these injuries. As of December 18 2018, due to the combined efforts of the Window Covering Manufacturers Association (WCMA) under the auspices of the American National Standards Institute (ANSI) and the Consumer Product Safety Commission (CPSC), stock window covering products sold in the US are either cordless or have inaccessible short cords. However, most of the vulnerable families cannot afford to buy new blinds. Free retrofit kits available through the Window Covering Safety Council help somewhat but do not eliminate the risk completely.

Children's National strongly supports this bill because the education that it will provide to new parents can help prevent injury and harm to young children. We support the requirement

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<sup>1</sup> Rauchschalbe R, Mann NC. Pediatric Window-Cord Strangulations in the United States, 1981-1995. *JAMA*. 1997;277(21):1696–1698. doi:<https://doi.org/10.1001/jama.1997.03540450052034>

<sup>2</sup>Onders, B; Kim, EH; Chounthirath T; Hodges, NL; Smith, GA. (2018). Pediatric Injuries Related to Window Blinds, Shades, and Cords. *Pediatrics*, Vol. 141 (Issue 1). Available at: <https://pediatrics.aappublications.org/content/141/1/e20172359>



**Children's National**<sup>TM</sup>

that all hospitals, health care facilities, and birth centers provide notice regarding the danger window blinds pose to children.

- When parents think of childproofing the home, it comes naturally to gate off staircases, cover electrical sockets, and safety-lock cabinets and drawers. Many, however, do not think of window coverings as a potential hazard. Through education put forth in this Bill, we hope to change this.
- Further, although progress has been made through industry regulatory measures, these standards are voluntary and only apply to newer products. Many homes still feature hanging cords. Increasing awareness of this potential danger will help parents make informed decisions around appropriate safety measures in the home.

Thank you for the opportunity to testify and I am happy to answer any questions you may have!

**Government of the District of Columbia  
Department of Health**



**Public Hearing on**

**Bill 23-0322, the “Window Blind Safety Notification Act of 2019”**

**Testimony of  
Sharon Williams Lewis DHA, RN-BC, CPM  
Senior Deputy Director  
Health Regulation and Licensing Administration**

**Before the**

**Committee on Health  
Council of the District of Columbia  
The Honorable Vincent C. Gray, Chair**

December 18, 2019  
11:00 AM  
Room 500  
John A. Wilson Building  
1350 Pennsylvania Avenue, NW  
Washington DC 20004



Good morning, Chairman Gray and members of the Committee on Health. I am Dr. Sharon Lewis, Senior Deputy Director of the Health Regulation and Licensing Administration at the Department of Health, or DC Health. On behalf of Dr. LaQuandra Nesbitt, Director of DC Health, I am pleased to provide testimony on Bill 23-0322, the “Window Blind Safety Notification Act of 2019.”

Bill 23-0322 requires hospitals, health care facilities, and birth centers to provide notice regarding the danger window blinds pose to children. Specifically, the bill requires every hospital, health care facility, and birth center to prepare and distribute—at the time of pre-booking, directly to each prospective maternity patient and upon request, to the general public, an informational notice regarding the serious danger window blinds pose to children. DC Health supports the legislation and the protections it will provide.

Corded window coverings pose a strangulation hazard to infants and children and are one of the “top five hidden hazards in American homes,” according to the U.S. Consumer Product Safety Commission. In January 2018, the official journal of the American Academy of Pediatrics reported the following:

1. From 1990 to 2015, there were an estimated 16,827 window blind–related injuries among children younger than six years of age treated in emergency departments in the United States, corresponding to an injury rate of 2.7 per 100,000 children.
2. The most common mechanism of injury was “struck by” the blind (48.8 percent).
3. Entanglement injuries accounted for 11.9 percent of all cases, and among this subgroup, 98.9 percent involved blind cords, and 80.7 percent were to the neck. Overall, most injuries (93.4 percent) were treated and released.

4. Using In-Depth Investigation (IDI) reports for 1996 through 2012, researchers identified 231 window blind cord entanglement incidents among children less than six years of age, and 98.7 percent involved the child’s neck; entanglements with the window blind’s operating cords (76.4 percent) or inner cords (22.1 percent) were the most common.
5. Two-thirds of entanglement incidents included in the IDI database resulted in death (67.1%).

While DC Health supports the legislation, we have the following concerns:

1. Subsections 2(a) and (c) use the term “health care facility” without defining the term. The term “health care facility” has been defined in other legislation in multiple ways that do or do not include prospective maternity patients.
2. Subsection 2(a) uses the term “prebooking” without defining the term. Even if the term “prebooking” is defined, Bill 23-0322 presumes each prospective maternity parent would prebook her care and delivery. That is not true in all cases. As such, some prospective maternity patients—who most need information on blind safety—may be missed. For those health care facilities licensed by the Health Regulation and Licensing Administration (HRLA), a random inspection of records would be incorporated into the required inspection process to verify, as documented, that pamphlets have been issued to the prospective parent. However, HRLA does not have regulatory authority over pediatric primary care provider offices or clinics not affiliated with a hospital’s license in the District. The bill does not address compliance for provider offices and clinics at the child’s six month appointment. DC Health recommends that health care facilities, e.g. hospitals and birthing centers, that have patients presenting for delivery without prior prebooking for care and delivery be required to issue the informational notice regarding the serious danger window blinds pose to children as a component of the discharge discussion and instruction. The facilities can add this as a component of its discharge checklist in the patient’s record.

3. Subsections 2(a) and (d) requires a “printed or photocopied form” to provide notification of window blind safety. DC Health is required by subsection 2(d) to “cause a sufficient number of notices to be printed or photocopied.” DC Health recommends that we provide electronic text to providers so that they may in turn, educate patients.
4. Subsection 2(a) and (b) would provide notice of “the serious danger window blinds pose to children” but excludes drapes. Bill 23-0322 does not address drape cords, which can be a danger to children.
5. Subsection 2(d) does not require the pediatric primary care providers to actually provide notices to parents. Rather, subsection 2(d) will “allow” the pediatric primary care providers to provide notice. This will make enforcement difficult. Under subsection 2(a), hospital, health care facilities, and birthing centers must provide the notice to parents and should be the same for pediatric primary care providers.
6. The bill would create a new law but does not include rulemaking authority. Rulemaking would be useful for implementing the window blind notification required under Bill 23-0322. Rulemaking would also allow the development of civil infractions for violations of the law proposed by Bill 23-0322. Bill 23-0322 does not state any statutory penalties.

Thank you for the opportunity to testify on this legislation and for your support in promoting patient safety in the District of Columbia. We look forward to working with Council on recommended technical changes to further strengthen this bill. This concludes my testimony, and I am available to answer any questions at this time.

# ATTACHMENT E


Government of the District of Columbia  
Office of the Chief Financial Officer



Jeffrey S. DeWitt  
Chief Financial Officer

**MEMORANDUM**

**TO:** The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia

**FROM:** Jeffrey S. DeWitt  
Chief Financial Officer 

**DATE:** February 26, 2020

**SUBJECT:** Fiscal Impact Statement – Window Blind and Drape Cord Safety  
Notification Act of 2020

**REFERENCE:** Bill 23-322, Committee Print as provided to the Office of Revenue  
Analysis on February 14, 2020

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**Conclusion**

Funds are sufficient in the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill.

**Background**

The bill requires hospitals, birth centers, and pediatric primary care providers to distribute an informational notice approved by the Department of Health (DOH) to parents and guardians regarding the danger window blind and drapery cords pose to children. DOH must design and distribute a notice that contains information regarding window blind and drapery cord safety. The information contained in the notice must be available on DOH's website.

**Financial Plan Impact**

Funds are sufficient in the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill. DOH will hire a contractor to design printed and electronic materials on the dangers of window blind and drapery cords. These materials will be made available for distribution to health care facilities and the general public. DOH can absorb the cost of hiring a contractor to complete this work within its current fiscal year 2020 budget.

# ATTACHMENT F



**OFFICE OF THE GENERAL COUNSEL**

Council of the District of Columbia  
1350 Pennsylvania Avenue NW, Suite 4  
Washington, DC 20004  
(202) 724-8026

**MEMORANDUM**

**TO: Councilmember Vincent C. Gray**

**FROM: Nicole L. Streeter, General Counsel *NLS***

**DATE: June 20, 2020**

**RE: Legal sufficiency determination for Bill 23-322, the  
Window Blind and Drape Cord Safety Notification Act of  
2020**

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The measure is legally and technically sufficient for Council consideration.

The legislation requires the Department of Health to design an informational notice on the dangers that window blinds and drapery cords pose to children and how avoid those dangers. It requires the Department of Health to provide the informational notice to each hospital, birth center and pediatric primary care provider ("health entity"), and for each health entity to, in turn, provide it to stated persons at stated events. Further it requires the Department of Health to publish the information contained in the informational notice on its website.

I am available if you have any questions.

# ATTACHMENT G



1 **Committee Print**  
2 **Bill 23-322, Window Blind and Drape Cord Safety Notification Act of 2020**  
3 **Committee on Health**  
4 **July 1, 2020**  
5  
6

7 A BILL  
8  
9  
10 \_\_\_\_\_

11  
12 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
13  
14 \_\_\_\_\_  
15

16  
17 To require hospitals birth centers, and pediatric primary care providers to provide notice  
18 regarding the danger window blinds and drape cords pose to children.  
19

20 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
21 act may be cited as the “Window Blind and Drape Cord Safety Notification Act of 2020”.

22 Sec. 2. Window blind and drape cord safety notification requirement.

23 (a) Every hospital, birth center, and pediatric primary care provider located in the District  
24 of Columbia shall distribute an informational notice provided to it by the Department of Health  
25 (“DOH”) regarding the danger that window blinds and drape cords pose to children and how to  
26 avoid those dangers directly to:

27 (1) The parent or guardian following the labor and delivery of the parent’s or  
28 guardian’s child as a component of the discharge discussion and instruction;

29 (2) The person accompanying a child to the child’s 6-month primary care  
30 appointment; and

31 (3) Upon request, a member of the general public.

32 (b) The informational notice shall be designed by DOH and provided to each hospital,  
33 birth center, and pediatric primary care provider to distribute in photocopied form to the persons

1 listed in subsection (a) of this section.

2 (c) DOH shall make the information contained in the notice available on DOH's website  
3 and shall provide electronic text to hospitals, birth centers, and pediatric primary care providers.

4 (d) The informational notice required by subsection (a) of this section shall be either:

5 (1) The informational notice created by DOH in subsection (b) of this section; or

6 (2) A similar informational notice approved by DOH.

7 Sec. 3. Rules.

8 The Mayor shall, pursuant to the District of Columbia Administrative Procedure Act,  
9 approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 et seq.), issue rules to  
10 implement the provisions of this act.

11 Sec. 4. Fiscal impact statement.

12 The Council adopts the fiscal impact statement in the committee report as the fiscal  
13 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
14 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

15 Sec. 5. Effective date.

16 This act shall take effect after approval by the Mayor (or in the event of a veto by the  
17 Mayor, override of the veto by the Council, a 30-day period of Congressional review as provided  
18 in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973  
19 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia  
20 Register.