



The Council of the District of Columbia

The Office of Councilmember Mary M. Cheh, Ward 3

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Cheh introduces bills to increase quality of health care in D.C., curb tax evasion

WASHINGTON, D.C. – Today, Councilmember Mary M. Cheh (D–Ward 3) introduced several bills in the Committee of the Whole. Two of them, the “False Claims Act of 2013” and the “Nurses Safe Staffing Act of 2013,” were assigned to the Committees on Finance and Revenue and Health, respectively.



Under current District law, the False Claims Act does not apply to violations of the tax code. Therefore, the District cannot obtain information from whistleblowers that may be relevant to the investigation and prosecution of tax evaders. This bill would allow the District to use the tools of the False Claims Act against the District's biggest tax evaders in a manner already authorized for other applications of the Act.

Under this bill, whistleblowers would be eligible to receive a reward for providing information that helps the District collect money that it is owed. As with all other applications of the False Claims Act, the whistleblower would only be eligible for a reward if the District recovered money from the tax evader, the recovery was based in part on information supplied by the whistleblower, and the supplied information was non-public information that the government did not already have. Thus, people with information that could actually help the government would have an incentive to come forward, but those who just have a hunch or hold a grudge would not.

The bill would only authorize whistleblowers and the government to bring tax-related claims under the False Claims Act when the claims are worth \$350,000 or more and are brought against persons or entities that have an income above \$1 million.

Councilmember Cheh also introduced the "Nurses Safe Staffing Act of 2013" during today's session. The bill was co-sponsored by Councilmembers David Catania (I-At Large), Jack Evans (D-Ward 2), and Muriel Bowser (D-Ward 4).

"Ensuring the safety of every hospital patient in the District is a top priority," said Councilmember Cheh. "Everyone agrees that the people of the District are entitled to skilled, attentive, and well-trained nurses in every hospital, but we may have different approaches to how to get there. The legislation I am proposing today would provide a flexible and precise answer to the problem of patient safety by allowing hospitals and nurses to work together to improve patient care through individual hospital staffing plans."

Some lawmakers today proposed mandatory staffing minimums for every hospital, but Cheh said that "a wooden, "one-size fits-all" approach is not the answer to improved patient care – in fact, these rigid ratios may degrade it."



Currently, in District hospitals, nurses and ancillary staff comprise clinical teams that provide care for patients. The costs of increasing a hospital's nursing staff to fulfill arbitrary ratios may lead to the decline of ancillary staff, which will require nurses to take on additional, non-nurse related responsibilities. Mandatory staffing ratios also require a blanket number of nurses despite the fact that each District hospital provides specialized care and the patients at these facilities have different needs.

Councilmember Cheh's bill is based on legislation crafted by the American Nurses Association, the national professional association for nurses, to draft this bill.

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