

**County of San Diego Board of Supervisors
AGENDA ITEM INFORMATION SHEET**

AGENDA ITEM SUBJECT/TITLE:

NOTICED PUBLIC HEARING: AN ORDINANCE TO AMEND ARTICLE XX SECTION 364.6 OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE, RELATING TO MEDICAL EXAMINER FEES AND CHARGES (DISTRICTS: ALL)

REQUIRES FOUR VOTES:

Yes ☐ No ☒

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION §1000.1 REQUIRED:

Yes ☐ No ☒

NOTICED PUBLIC HEARING REQUIRED:

Yes ☒ No ☐

PROJECT UNDER CEQA:

Yes ☐ No ☒

If Yes, approval of CEQA document required?

Yes ☐ No ☐

DECISION WITHIN GOVERNMENT CODE SECTION 84308:

Yes ☐ No ☒

PREVIOUS RELEVANT BOARD ACTIONS:

June 14, 2011 (03), approved ordinance to amend administrative code sections relating to Medical Examiner fees and charges.

April 24, 2018 (01), approved ordinance to amend administrative code sections relating to Medical Examiner fees and charges.

April 30, 2024 (21), introduction of the ordinance was on the April 30, 2024 Board of Supervisors agenda and on May 1, 2024 the Board of Supervisors approved an interlineation of the ordinance to reflect the phased approach presented during the Board meeting.

May 21, 2024 (20), approved ordinance to amend administrative code sections relating to Medical Examiner fees and charges.

BOARD POLICIES APPLICABLE:

B-29, Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery

BOARD POLICY STATEMENTS:

Board Policy B-29 - Fees, Grants, and Revenue Contracts - Department Responsibility for Cost Recovery, requires County departments to recover full cost for services provided to agencies or individuals for which fees may be charged. Exceptions require specific Board approval for the non-reimbursed costs. A waiver of Board Policy B-29 is requested as full cost recovery will not be achieved in year 1 of the proposed phased fee approach.

MANDATORY COMPLIANCE:

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

ORIGINATING DEPARTMENT: Medical Examiner

OTHER CONCURRENCE(S): Auditor and Controller

INTERNAL REVIEW COMPLETED: YES ☒ NO ☐

Signature

CONTACT PERSON(S):

Myra Colon

Name
858-694-3072

Name

Phone
Myra.Colon@sdcounty.ca.gov

Phone

E-mail

E-mail

Signature

Signature