

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 2-27-90
AGENDA ITEM NO. 10

DEPT.: COUNTY COUNSEL

BY: JEFFREY G. GREEN

PHONE: 966-3625

RECOMMENDED ACTION AND JUSTIFICATION:

Adopt resolution authorizing Chairman to sign CSAC Memorandum of Understanding relative to Medical Malpractice.

The above-mentioned MOU attached hereto as Exhibit "A" and incorporated herein by this reference, provides coverage for the County in an area in which no current coverage exists. Coverage would be in the amount of Five Million Dollars (\$5,000,000) with Ten Thousand Dollars (\$10,000) deductible and would provide insurance coverage for all of the County's clinics and physician's related activity. In that regard, I strongly recommend that the Board approve the County's participation in this insurance program. Further, our County's anticipated annual premium is approximately Eight Thousand Dollars (\$8,000).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

None.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

If no action is taken, the health coverage program would remain the same.

COST: () Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$8,000
C. Required add'l funding \$ _____
D. Source: Insurance Set-Aside

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:
Exhibit "A"

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:

Resolution No. 90-106
Ordinance No. _____
Vote: Ayes: 5 Noes: _____
mw Absent: _____ Abstained: _____
Approved () Denied
() Minute Order Attached

ADMINISTRATIVE OFFICER'S
RECOMMENDATION:

This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.

DATE: _____
ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.
By: _____
Deputy

Comment: _____

A.O. Initials: JWG
by mw