

# LEGISLATIVE FACT SHEET 2014-0043

DATE: November 26, 2013

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Medical Examiners Office MEME011

## PURPOSE/SUMMARY:

- To amend Section 124.103 of the Municipal Code. Fee Schedule for Medical Examiner Services and Records.
- The updated Fee Schedule will allow the City of Jacksonville to collect revenue from District III and District IV participating counties that more accurately reflects the actual unit cost to provide services.
- Medical Examiner's Office does not fall under Ordinance 2010-216-E where the Chief Financial Officer files fee structure changes to the Council Secretary.
- Ordinance 2008-703-E amends Section 124.103 of the Ordinance Code to establish new fees for services supplied by the Medical Examiner based on approval of a proposed Fee Schedule by City Council.
- The proposed Fee Schedule (Exhibit 1) proposes fees based on two points of reference: 1. the actual unit cost to provide service, and 2. comparison of fee schedules of other Florida District Medical Examiners.

APPROPRIATION : Total Amount Appropriated: \$ \_\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of In-Kind Contribution Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

## IMPACT - FINANCIAL/OTHER:

### ACTION ITEMS:

Emergency?	Yes ___ No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes ___ No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>X</u>	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes <u>X</u> No ___	Ord. # of Previous <u>Ord. #2011-561</u>

Ord. #2013-0464 Ord. #2008-703

Report Required to City Council/Council Auditors

Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Frequency \_\_\_\_\_

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Mayor's Office, Fourth Floor, City Hall at St. James

From: Valerie J. Rao, MD, Chief Medical Examiner, Medical Examiner's Office  
(Name, Job Title, Department)

Phone: 255 4000 Fax: 630-0964 E-mail: vrao@coj.net

Contact person: Kimberly Bynum, Operations Manager, Medical Examiner's Office  
(Name, Job Title, Department)

Phone: 255 4012 Fax: 630-0964 E-mail: kbynum@coj.net

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**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**