

DEPARTMENT: Administration/Risk Management

BY: Rick Benson

PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Approve the amendment to the Medical Malpractice Program Memorandum of Understanding (MOU) with the California State Association of Counties (CSAC) Excess Insurance Authority (EIA) and Authorize the County Administrative Officer to sign the MOU. The EIA Medical Malpractice Committee approved amendments to the MOU at the December 18, 2006, Board of Directors meeting. The amendments are primarily a result of the EIA restructure to incorporate the public entity membership, and to clean up the document and create uniformity with other EIA documents. Attached for your review are a clean version and a redlined/strikethrough version of the MOU.

The EIA is requiring each participating member to return a signed MOU by June 30, 2007. Failure to execute the MOU by this date will be tantamount to sending a notice of withdrawal from the program effective October 1, 2007.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On February 21, 2006, the Board adopted Resolution 06-69 approving an amendment to the CSAC EIA Joint Powers Agreement (JPA) to consolidate the California Public Entity Insurance Authority (CPEIA) with the EIA.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve the amendment to the Medical Malpractice MOU and do not authorize the County Administrative Officer to sign the MOU. The County will need to find another firm or organization to provide medical malpractice insurance coverage.

Financial Impact? () Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		Medical Malpractice MOU clean version
Source:		Medical Malpractice MOU redlined/strikethrough pg. 13
Internal Transfer		
Unanticipated Revenue	4/5's vote	
Transfer Between Funds	4/5's vote	
Contingency	4/5's vote	
() General () Other		

CLERK'S USE ONLY:

Res. No. 07-9 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
Approved
() Minute Order Attached () No Action Necessary

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

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion

Comments:

CAO: 