

ORDINANCE No. 112260

Law Department

COUNCIL BILL No. 104823

WR

The City of Seattle--Legis

All ORDINANCE relating to the Seattle-King County Department of Public Health; authorizing the establishment of a virus antibody test project for Acquired Immune Deficiency Syndrome (AIDS); increasing an expenditure allowance in the 1985 Budget of the Department, making an appropriation from the Emergency Fund, and declaring the emergency therefor.

REPORT OF COM

Honorable President:

Your Committee on _____
to which was referred the within Council Bill No. _____
report that we have considered the same and respectfully

COMPTROLLER FILE No. _____

Introduced: MAR 25 1985	By: EXECUTIVE REQUEST
Referred: MAR 25 1985	To: <i>[Signature]</i>
Referred: <i>4-1-85</i>	To: <i>HR&H</i>
Referred:	To:
Reported: APR 29 1985	Second Reading: APR 29 1985
Third Reading: APR 29 1985	Signed: APR 29 1985
Presented to Mayor: APR 30 1985	Approved: MAY 9 1985
Returned to City Clerk: MAY 9 1985	Published:
Vetoed by Mayor:	Veto Published:
Passed over Veto:	Veto Sustained: <i>(OK)</i>

4-10-85
H, R & H S
HOLD TILL 4-24-85
H, R & H S
4-24-85
Do pass as amended

[Signature]

Committee

Law Department

WP

The City of Seattle--Legislative Department

Date Reported
and Adopted

REPORT OF COMMITTEE

Honorable President:

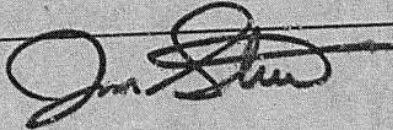
Your Committee on _____

to which was referred the within Council Bill No. _____
report that we have considered the same and respectfully recommend that the same:

4-10-85
H, R & HS
~~HOLD TILL~~ 4-24-85
H, R & HS

4-24-85

Do pass as amended



Committee Chair

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ORDINANCE 112260

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AN ORDINANCE relating to the Seattle-King County Department of Public Health; authorizing the establishment of a virus antibody test project for Acquired Immune Deficiency Syndrome (AIDS); increasing an expenditure allowance in the 1985 Budget of the Department, making an appropriation from the Emergency Fund, and declaring the emergency therefor.

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. The Director of the Seattle-King County Department of Public Health shall implement the AIDS virus antibody test project which will provide blood screening tests and counseling to those individuals who are at risk for AIDS.

Section 2. To implement the AIDS virus antibody test project, the expenditure allowance for Object of Expenditure 55000 - Governmental Services in the 1985 Budget of the Seattle-King County Department of Public Health, Program Category "Support to King County" (CFMS Code 8340) is hereby increased by the sum of Forty Thousand Dollars (\$40,000.00) by the appropriation and transfer, hereby made and authorized, of a like amount from the Emergency Fund to the appropriate expenditure account in the General Fund. The City Comptroller is authorized to draw and the City Treasurer to pay the necessary warrants and make the necessary transfers.

Section 3. WHEREAS, the appropriation herein made is to meet actual necessary expenditures of the City for which no appropriation has been made due to causes which could not reasonably have been foreseen at the time of making the 1985 Budget; Now, Therefore, in accordance with RCW 35.32A.060, by reason of the facts above stated and the emergency which is hereby declared to exist, this ordinance shall become effective immediately upon

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the approval or signing of the same by the Mayor or passage over his veto, as provided by the Charter of the City.

Passed by the City Council the 29th day of April, 1985, and signed by me in open session in authentication of its passage this 29th day of April, 1985.

Edward J. ...
President of the City Council

Approved by me this 9th day of May, 1985.

Charles ...
Mayor

Filed by me this 9th day of May, 1985.

ATTEST: *June Hill*
City Comptroller and City Clerk

(SEAL)

Published _____

By *Theresa Dunbar*
Deputy Clerk

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ORDINANCE _____

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Section 3. WHEREAS, the appropriation herein made is to meet actual necessary expenditures of the City for which no appropriation has been made due to causes which could not

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Passed by the City Council the _____ day of _____, 1985, and signed by me in open session in authentication of its passage this _____ day of _____, 1985.

President of the City Council

Approved by me this _____ day of _____, 1985.

Mayor

Filed by me this _____ day of _____, 1985.

ATTEST:

City Comptroller and City Clerk

(SEAL)

Published _____ By _____
Deputy Clerk

City of Seattle

Executive Department-Office of Management and Budget

Gary Zarker, Director
Charles Royer, Mayor



March 20, 1985

COPY OF WITHIN RECEIVED

MAR 20 1985

The Honorable Douglas Jewett
City Attorney
City of Seattle

OK

Douglas N. Jewett
CITY ATTORNEY

Dear Mr. Jewett:

JH *CP# 17273*

The Mayor is proposing to the City Council that the enclosed legislation be adopted.

REQUESTING
DEPARTMENT: Public Health

SUBJECT: Virus Antibody test project for Acquired Immune Deficiency Syndrome: Emergency Fund appropriation

Pursuant to the City Council's S.O.P. 100-014, the Executive Department is forwarding this request for legislation directly to your office for review and drafting.

After reviewing this request and drafting appropriate legislation:

- (X) File the legislation with the City Clerk for formal introduction to the City Council as an Executive Request.
- () Do not file with City Council but return the proposed legislation to OMB for our review. Return to _____.

Sincerely,

Charles Royer
Mayor

By

GARY ZARKER
Budget Director

GZ/rp/lc

Enclosure

cc: Director, Public Health

SOP-100-014

828716

Section 1

AIDS Virus Antibody Test Project

Section 2

In order to protect the nation's blood supply and control and prevent the spread of Acquired Immunodeficiency Syndrome (AIDS), the Seattle-King County Department of Public Health (SKDPH) is proposing that it begin offering AIDS virus antibody testing to high-risk groups.

Existing King County data suggest that even if all person-to-person transmission of the AIDS virus were to stop today, we could expect 300-500 cases of AIDS within the next five years. This is based on a positivity rate of 50% and a progression to AIDS by 6-10% of that group. The cost of providing health care to each AIDS case is estimated to be between \$50,000 and \$150,000. Thus, prevention of as few as 2-4 AIDS cases annually will make the proposed program cost-effective. The saving in terms of human life cannot be quantified in economic terms.

Section 3

The Seattle-King County Department of Public Health is requesting \$40,000 new general fund dollars for the calendar year 1985. Funds from King County, private physician lab fees and client donations will also be used for this project (see attached budget). Whether this is a one-time-only request or whether dollars will be requested in 1986 will be determined prior to budget submittal.

Section 4

For the period April-December 1985 the Health Department will be reassigning the following existing staff:

- 1 FTE Nurse Practitioner (AIDS Assessment Clinic)
- 1 FTE Nurse Practitioner (STD Clinic)
- 0.25 FTE Communicable Disease Investigator (STD Clinic)
- 0.13 FTE Senior Health Services Assistant (AIDS Assessment Clinic)

For the period April-December 1985 the Health Department has requested the following new staff:

- 1 FTE Physician
- 1 FTE Communicable Disease Investigator (hourly)
- 1 FTE Microbiologist (hourly)

All positions listed are County-funded positions. No Seattle positions will be created due to this project.

Section 5

The project will be housed at the Seattle-King County Department of Public Health clinic housed at Harborview Medical Center. New equipment includes a personal computer (\$3500) which will be used for patient records and epidemiological and disease control functions.

Section 6

Because the project is new and all planning is being done without actual historical experience, the project will need to be evaluated weekly. With the exception of the physician, which is an exempt position, staff will be hired on an hourly basis.

Section 7

The project will benefit the City of Seattle in two major areas:

1. It will protect the blood supply.

Public demand to protect the blood supply will dictate that testing begin as soon as laboratory supplies are available, which will begin April 18, 1985. It is the consensus of the Centers for Disease Control, the Food and Drug Administration, and other public health officials that AIDS virus testing must be made available to screen high-risk individuals at additional sites as soon as possible after blood bank screening is started. If this is not done, large numbers of high-risk individuals will go to blood banks for AIDS testing. The test is not 100% sensitive, and some false-negative tests (negative result in a person who is an AIDS virus carrier) will occur. Therefore, if persons at risk for AIDS attempt to donate blood in order to obtain an AIDS virus test, there may be a paradoxical increase in the risk of blood supply contamination. This would result in:

- o a contaminated blood supply,
- o the spread of AIDS to transfusion recipients,
- o a possible human rights backlash against the gay community,
and
- o a loss of confidence in a critical life support system resulting in decreased donations and reluctance to be transfused.

A recent survey by the Health Department suggested that 70-75% of the gay population will seek testing when it becomes available.

2. It will assist in the control and prevention of AIDS, a fatal and costly disease.

The test has the potential for providing high-risk individuals with information that may result in measurable improvement in public health efforts to control and prevent the spread of AIDS. Individuals whose test results are positive (which could be as high as 50% of the high-risk community, based on existing data) will be counseled to alter their behavior to reduce the risk of transmitting the virus to others. Because a healthy body may reduce the changes of progressing to overt AIDS, they will be apprised of ways to reduce their personal risk. This will include information on avoidance of additional infection, nutrition, and generally improving health habits. Individuals whose test results are negative will be counseled in risk reduction behavior that may reduce their risk of contracting AIDS virus infection. High-risk groups include homosexual and bisexual men, IV drug users, former drug users, individuals who have been transfused within the last five years, and prostitutes. In addition, although AIDS has not yet been documented in homeless children ("street kids"), their lifestyle and behavior patterns undoubtedly confer substantial risk for this disease.

The Seattle-King County Department of Public Health will be the only governmental institution offering AIDS virus testing. WAC 70-05-070 provides that the local Health Officer shall control and prevent the spread of any dangerous, contagious or infectious disease that may occur within his jurisdiction. The control of the spread of AIDS, a communicable disease, is clearly a public health responsibility.

The Seattle-King County Department of Public Health also recommends that testing be available at appropriate community clinics. The private medical community also will have access to the test. The extent to which community clinics and private physicians will elect to provide screening and educational counseling is unknown; certainly many will refer their patients to SKDPH.

For your information, a complete project narrative and budget are attached.

AIDS SUPPLEMENTAL REQUEST

BACKGROUND

Acquired immunodeficiency disease syndrome (AIDS) is an almost uniformly fatal infectious disease that primarily affects young, productive citizens. It is caused by a blood borne virus that is transmitted by sexual contact or by contact with infected blood. The number of reported AIDS cases in King County rose from 8 at the end of 1983 to 65 at present. Preliminary surveys suggest that 5,000 or more persons in King County may be infected with the AIDS virus and are at risk of acquiring the disease or transmitting it to others. We estimate that at least 300 and perhaps as many as 3,000 new cases will be diagnosed in Seattle-King County over the next five years. Since there is no effective treatment or vaccine, the only potentially effective control measure is prevention. The development and imminent availability (late March) of a diagnostic test to detect exposure to (and probably infection with) the AIDS virus is a major advance that will facilitate preventive strategies.

The AIDS virus antibody test will show whether an individual's blood contains antibodies to the AIDS virus. A positive blood test means that, at some point, an individual has been exposed to the AIDS virus, and that his body has produced antibodies to the virus. Scientific data suggest that many individuals with a positive test could spread the virus to others. A positive test does not necessarily mean that the individual will develop AIDS. However, the general consensus of the Centers for Disease Control, the Food and Drug Administration, and national and local scientists is that in high risk group members (both IV drug users and gay men) a positive test usually denotes active infection with the AIDS virus that is persistent, perhaps indefinitely. Among San Francisco gay men who had positive tests in 1980-1982, the minimum rate of progression to overt AIDS has been 6-10% over the subsequent 5 years.

WAC 70-05-070 provides that the local Health Officer shall control and prevent the spread of any dangerous, contagious or infectious disease that may occur within his jurisdiction. The control of the spread of AIDS, a communicable disease, is clearly a public health responsibility.

The purpose of providing testing falls into two major areas: 1) the protection of the blood supply, and 2) the potential for controlling and preventing the spread of the disease in high risk groups (and the general population).

1. Protection of Blood Supplies

Public demand to protect the blood supply will dictate that testing begin as soon as laboratory supplies are available, which will begin April 18, 1985. It is the consensus of the CDC, FDA, and other public health officials that AIDS virus testing must be made available to screen high risk individuals at additional sites as soon as possible after blood bank screening is started. If this is not done, large numbers of high risk individuals will go to blood banks for AIDS testing. The test is not 100% sensitive, and some false-

negative tests (negative result in a person who is an AIDS virus carrier) will occur. Therefore, if persons at risk for AIDS attempt to donate blood in order to obtain an AIDS virus test, there may be a paradoxical increase in the risk of blood supply contamination. This would result in:

- a contaminated blood supply,
- the spread of AIDS to transfusion recipients,
- a possible human rights backlash against the gay community, and
- a loss of confidence in a critical life support system resulting in decreased donations and reluctance to be transfused.

A recent survey by the Health Department suggested that 70-75% of the gay population will seek testing when it becomes available.

2. AIDS Prevention in High Risk Groups (and the General Population)

The test also has the potential for providing high risk individuals with information that may result in measurable improvement in public health efforts to control and prevent the spread of AIDS. Individuals whose test results are positive (which could be as high as 50% of the high risk community, based on existing data) will be counseled to alter their behavior to reduce the risk of transmitting the virus to others. Because a healthy body may reduce the chances of progressing to overt AIDS, they will be apprised of ways to reduce their personal risk. This will include information on avoidance of additional infections, nutrition, and generally improving health habits. Individuals whose test results are negative will be counseled in risk reduction behavior that may reduce their risk of contracting AIDS virus infection. High risk groups include homosexual and bisexual men, IV drug users, former drug users, individuals who have been transfused within the last five years, and prostitutes. In addition, although AIDS has not yet been documented in homeless children ("street kids"), their lifestyle and behavior patterns undoubtedly confer substantial risk for this disease.

Existing King County data suggest that even if all person-to-person transmission of the AIDS virus were to stop today, we could expect 300-500 cases of AIDS within the next five years. This is based on a positivity rate of 50% and a progression to AIDS by 6-10% of that group. The cost of providing health care to each AIDS case is estimated to be between \$50,000 and \$150,000. Thus, prevention of as few as 2-4 AIDS cases annually will make the proposed program cost-effective. The saving in terms of human life cannot be quantified in economic terms.

PROBLEM STATEMENT

- To protect the blood supply, readily accessible testing must be made available to high risk groups as soon as possible after blood banks begin screening.

- To control and prevent the spread of this fatal and costly disease, high risk individuals should be tested for AIDS virus antibody and must be counseled on ways to avoid contracting the virus, to avoid transmitting the virus to others, and ways to reduce their personal risk of progressing to overt AIDS.

PROPOSAL

The SKDPH proposes that it offer accessible screening education, physical examination, and counseling at the AIDS Assessment Clinic and the STD Clinic located at Harborview Medical Center (HMC). Further, that it provide free laboratory services to community clinics desiring to participate in the testing and testing at \$5.00 per test to private physicians. Community clinics cannot be expected to advertise or encourage large scale testing.

ISSUES

Services:

The following services will be provided at all Health Department-supported testing sites:

- Securing Informed Consent--this process will entail explaining the test, what the results will show, and the system for maintaining confidentiality.
- Drawing Blood--a health care provider will draw 10 ml (2 teaspoons) of blood from the arm of each individual.
- Physical Examination--individuals who are positive will receive a brief physical examination and health history from either a public health nurse/nurse practitioner or a physician to ascertain if the client is experiencing any symptoms of AIDS or pre-AIDS. This will include:
 - 1) Risk factors history, including information about sexual orientation, numbers of sexual partners, and IV drug use.
 - 2) History of symptoms potentially related to AIDS.
 - 3) Physical examination, with particular attention to the skin, mouth, lymph gland-bearing areas, chest and lungs, abdomen, genitals, and rectum.
 - 4) Most patients will require screening tests for STD (gonorrhea, chlamydia, syphilis).

Individuals with symptoms or signs suggestive of AIDS or related diseases will be referred to the Harborview Medical Center AIDS clinic for further evaluation and/or follow up treatment.

- Counseling--a health professional (communicable disease investigator) will meet with all persons to explain the meaning of test results and to educate the individual on risk reduction. Individuals will be told that a negative blood test means that their blood does not contain antibodies to the AIDS virus and that a negative result does not mean that they could not be infected in the future. Staff will strongly urge persons who have a negative blood test to follow the AIDS risk reduction guidelines. Individuals who have a positive blood test will be told that, at some point, they have been exposed to the AIDS virus, that their body produced antibodies to the virus and that this does not necessarily mean that they will develop AIDS. They will be informed that a positive blood test may mean that they could spread the virus to others. Counselors will strongly urge those with a positive blood test to strictly adhere to AIDS risk reduction guidelines and will encourage them to inform their sex partner(s) and to consult their doctor. Individuals will be told that if their test is positive, their day-to-day contact with other people at work and in the community and their relations with family and friends can be normal.

Given the nature of the disease, this component will be time consuming and require a high degree of professional skills. If, as anticipated, there are at a minimum 5,000 King County residents who are seropositive members of high risk groups, and if half of these are tested or counseled in SKDPH facilities (at an estimated average of one hour per person, including pre-test counseling), then 2,500 person-hours are obligated (more than one FTE). This does not account for administrative duties, telephone time, and medical evaluation of these clients.

Quantity:

The SKDPH estimates that in King County 148,000 to 175,000 screening tests will be performed in the first year. Blood banks will account for 125,000 and high risk group members approximately 23,000. The 23,000 figure is based on the King County population figure of 1.3 million; if 5% of the total population is high risk* and one half of those request screening, we will see up to 23,000 in the first 12 months. The number of confirmatory tests that will need to be performed annually will be 2,000 to 5,000 in King County. Blood banks estimate that they will require 1,250 and high risk group members at least 2,000 Western blot tests annually.

There are other risk groups that could be potential test recipients and have not been considered in the attached budget proposal. They include 200,000 individuals who have received blood transfusions in the last five years in the Puget Sound Blood Center's catchment area (mostly King County), individuals who donate blood for a fee to plasma centers, individuals who may initially test negative for AIDS antibodies who return to be

* Based on Kinsey Report statistics indicating that 10% of urban males (5% of the population) are partly or exclusively homosexual.

retested, and former IV drug users. If some or all of these individuals demand testing, additional resources will need to be allocated.

Confidentiality:

The fears related to problems about the confidentiality of test results expressed by the gay community fall into several categories, including:

- Fear that the legal records may be subpoenaed in the event of legal proceedings.
- Fear that test results could be used to deny individuals critical human rights such as employment, housing, and other basic services.
- Fear that the government may use test results to enforce quarantine laws.

The Health Department probably has the most secure system available. The Health Department has extensive experience and an unblemished record of maintaining security and confidentiality of sensitive records (e.g., for STDs).

Accessibility:

The SKDPH proposes that testing and appropriate counseling services be available through both the AIDS Assessment Clinic and the STD Clinic as soon as possible after blood banks begin screening. To provide individuals with alternative sites and to reduce the work load of any one site, the SKDPH also recommends that testing be available at appropriate community clinics. The private medical community also will have access to the test. The extent to which community clinics and private physicians will elect to provide screening and educational counseling is unknown; certainly many will refer their patients to SKDPH.

The SKDPH plans to use general community media, the gay press, the news letters of such organizations as The Dorian Group, and the Greater Seattle Business Men's Association as well as community forums to alert the high risk community of the availability of the test. The SKDPH will print an informational brochure that will be distributed to gay bars, baths, and gay social gatherings. Additionally, the SKDPH AIDS task force will be used to disseminate the information into the high risk community.

Staffing:

For the period April - December 1985 the Health Department will be reassigning the following existing staff:

- 1 FTE Nurse Practitioner (AIDS Assessment Clinic)
- 1 FTE Nurse Practitioner (STD Clinic)
- .25 FTE Communicable Disease Investigator (STD Clinic)
- .13 FTE Senior Health Services Assistant (AIDS Assessment Clinic)

For the period April - December 1985 the Health Department has requested the following new staff:

- 1 FTE Physician
- 1 FTE Communicable Disease Investigator
- 1 FTE Microbiologist

Funding:

Clients will be asked to make a donation equal to the actual \$20 cost of the test, with the understanding that a smaller or no donation will be acceptable. Private physicians sending their tests to the Department's laboratory will be charged a \$5 fee for lab costs. The balance of program costs not covered by revenues will be supported by the Public Health Pooling fund balance and the City of Seattle General Fund.

REVENUES

<u>Source</u>	<u>Amount</u>
1. Client Donations	\$ 56,925
2. Private Physician Lab Fees	17,250
3. City of Seattle (requested)	40,000
4. Public Health Pooling Fund Balance	<u>53,156</u>
TOTAL	\$ 167,331

1. Client Donations/Cost = \$20	
10% pay \$20	\$ 20,000
20% pay \$10	20,700
30% pay \$5	15,525
40% pay 0	<u>0</u>
	\$ 56,925

2. Lab Cost \$3/at x 17,250 = 51,750 + 1 FTE micro @ 17,116 = 68,866 - 17,250 = \$3.99/test. Charge \$5.

3. These funds currently being requested for appropriation by the Seattle City Council.

EXPENDITURES

<u>Position</u>	<u>Health Department</u>	<u>\$</u>
Staff Physician	Permanent 1.0 FTE/9 mos.	\$ 51,914
C.D. Investigator	1.0 FTE/9mos.	17,831
Microbiologist	1.0 FTE/9 mos.	<u>21,416</u>
	Subtotal	\$ 91,161
<u>Account</u>		
Office Supplies		\$ 375
Med/Dental Supplies		51,750
Miscellaneous		150
Operating		750
Postage		525
Advertising		4,538
Travel		666
Private Auto		188
Insurance		2,828
Data Processing		3,500
Lab Equipment		900
Contract Service		10,000
	Subtotal	<u>\$ 76,170</u>
		<u>91,161</u>
	TOTAL	\$ 167,331

STAFFING PROPOSAL

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	
Number of tests	1380	1380	1380	1035	1035	1035	1035	1035	1035	10,350
Number of + F/U	690	690	690	518	518	518	518	518	518	5,178
Required hrs (40" avg/test)	920	920	920	690	690	690	690	690	690	
FTEs 174 hrs/mo	5.3	5.3	5.3	4.0	4.0	4.0	4.0	4.0	4.0	
150 hrs/mo	6.1	6.1	6.1	4.6	4.6	4.6	4.6	4.6	4.6	
Clinic visits/day	99	99	99	73	73	73	73	73	73	
est	66	66	66	49	49	49	49	49	49	
+ F/U	33	33	33	24	24	24	24	24	24	
Staff hrs/mo										
NP-STD	174	174	174	174	174	174	174	174	174	
NP-AIDS	174	174	174	174	174	174	174	174	174	
CD invest-STD	174	174	174	-	-	-	-	-	-	
CD Invest-New	174	174	174	174	174	174	174	174	174	
Sr. HSA-AIDS	87	87	87	-	-	-	-	-	-	
MD-New	174	174	87	87	87	87	87	87	87	
Total Hours	<u>957</u>	<u>957</u>	<u>870</u>	<u>609</u>	<u>609</u>	<u>609</u>	<u>609</u>	<u>609</u>	<u>609</u>	
Balance	+37	+37	-50	-81	-81	-81	-81	-81	-81	
Covered by:										
Other STD Staff										
Other AIDS Staff										
Efficiency/ Reduced demands										
Lab hrs/mo										
Direct	160	160	160	120	120	120	120	120	120	
Community	14	14	14	54	54	54	54	54	54	

City of Seattle

Executive Department-Office of Management and Budget

Gary Zarker, Director
Charles Royer, Mayor



March 20, 1985

The Honorable Douglas Jewett
City Attorney
City of Seattle

Dear Mr. Jewett:

The Mayor is proposing to the City Council that the enclosed legislation be adopted.

REQUESTING
DEPARTMENT: Public Health

SUBJECT: Virus Antibody test project for Acquired Immune Deficiency
Syndrome: Emergency Fund appropriation

Pursuant to the City Council's S.O.P. 100-014, the Executive Department is forwarding this request for legislation directly to your office for review and drafting.

After reviewing this request and drafting appropriate legislation:

- (X) File the legislation with the City Clerk for formal introduction to the City Council as an Executive Request.
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Sincerely,

Charles Royer
Mayor

By

GARY ZARKER
Budget Director

GZ/rp/lc

Enclosure

cc: Director, Public Health

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Section 1. The Director of the Seattle-King County Department of Public Health shall implement the AIDS virus antibody test project which will provide blood screening tests and counseling to those individuals who are at risk for AIDS.

Section 2. To implement the AIDS virus antibody test project, the expenditure allowance for Object of Expenditure 55000 - Governmental Services in the 1985 Budget of the Seattle-King County Department of Public Health, Program Category "Support to King County" (CFMS Code 8340) is hereby increased by the sum of Forty Thousand Dollars (\$40,000.00) by the appropriation and transfer, hereby made and authorized, of a like amount from the Emergency Fund to the appropriate expenditure account in the General Fund. The City Comptroller is authorized to draw and the City Treasurer to pay the necessary warrants and make the necessary transfers.

Section 3. WHEREAS, the appropriation herein made is to meet actual necessary expenditures of the City for which no appropriation has been made due to causes which could not reasonably have been foreseen at the time of making the 1985 Budget; Now, Therefore, in accordance with RCW 35.32A.060, by reason of the facts above stated and the emergency which is hereby declared to exist, this ordinance shall become effective immediately upon

(\$10,000.00)
Ten thousand dollars of the above amount shall be reserved for contracts with community agencies for the purpose of providing counseling services in connection with alternative sites testing programs administered by those agencies.

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the approval or signing of the same by the Mayor or passage over his veto,
as provided by the Charter of the City.

Passed by the City Council the _____ day of _____, 19____,
and signed by me in open session in authentication of its passage this
_____ day of _____, 19____
President _____ of the City Council.

Approved by me this _____ day of _____, 19____
Add line for Mayor's signature Attest _____
City Comptroller and City Clerk.

(SEAL)
Published _____ By _____
Deputy Clerk.