ORDINANCE/RESOLUTION ADMINISTRATIVE FACT SHEET

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| Title of O/R: | APPROVAL OF CORNEA DONOR REFERRAL AGREEMENT WITH LIONS EYE BANK OF WISCONSIN TO ACT AND OBTAIN CORNEA DONOR REFERRALS |
| Submitting Department: | MEDICAL EXAMINER |
| Department Contact(s):(Make sure to include dept. manager or staff who has worked on this ordinance in addition to the dept. head) | Lynda Biedrzycki, M.D., Nicole Bauer |
| Who will appear at committee meetings? | Lynda Biedrzycki, M.D. |
| Date of Co. Board Meeting at which you plan O/R to be considered: | 03/26/2019 | Fiscal Note by DOA? No |
|  | Routing #220-01-19 |  |

**Does this O/R create or abolish any positions or involve other Human Resources issues in your department?**

 Yes\* X No

\* If yes, the ordinance should be reviewed by HR prior to submission to Corp. Counsel.

**Does this O/R appropriate or transfer expenditure authority, additional resources or change the Budget intent?**

 Yes\* X No

\*If department staff developed a fiscal impact statement, please send to your assigned budget analyst concurrent with forwarding of O/R to Corp. Counsel.

**Does this O/R authorize the execution of any new or extended contracts/leases/MOUs or other agreements that obligate the County?**

 X Yes\* No

**\***If yes, the proposed documents must be forwarded to risk management and Corp. Counsel for approval. The O/R will not be forwarded to the Co. Board until related agreements receive approval. Departments are responsible for putting approved documents on file with the Co. Clerk.

**Are there documents (other than contracts, leases or MOUs) that should be included with this O/R before it goes to the County Board office?**

 x Yes\* No

The same attachment applies to both ordinances for the Medical Examiner’s Office: 220-01-19 and 220-02-19.)

If yes, all documents must be received by Corp. Counsel before the ordinance can be forwarded to DOA for review. Contracts or leases that are affected by or are the subject of an O/R must be provided to Corp. Counsel.

[Sec. 59.14(1m)](http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&jd=59.14(1m)) Summary (for publication purposes): This ordinance approves the agreement for Lions Eye Bank of Wisconsin to obtain and act upon cornea donor referrals from the Medical Examiner’s office and to utilize Medical Examiner’s office space and staff in furtherance of same.

ENROLLED ORDINANCE 173-104

APPROVAL OF CORNEA DONOR REFERRAL AGREEMENT WITH LIONS

 EYE BANK OF WISCONSIN TO ACT AND OBTAIN CORNEA DONOR

 REFERRALS FROM THE MEDICAL EXAMINER’S OFFICE

WHEREAS, § 157.06(24m), Wis. Stats. authorizes the Medical Examiner to enter into a written, general referral agreement with one or more tissue banks to which the Medical Examiner shall refer decedents for potential donation of tissue; and

WHEREAS, the Medical Examiner’s office requested proposals from qualified eye banks to obtain and act upon County cornea donor referrals; and

WHEREAS, having considered the proposal received and the eye bank’s history, services, traditional referral patterns, geographic service area and tissue distribution record, the Medical Examiner has determined that Lions Eye Bank of Wisconsin was the sole applicant and is qualified to provide the required services; and

WHEREAS, Lions Eye Bank of Wisconsin is accredited by the Eye Bank Association of America; and

WHEREAS, the Corporation Counsel has reviewed and approved the agreement with Lions Eye Bank of Wisconsin pursuant to § 157.06(24m)(b)2.a., Wisconsin Statutes; and

WHEREAS, pursuant to § 157.06(24m)(b)2.b., Wisconsin Statutes, the agreement is subject to review and approval of the County Board.

THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF WAUKESHA ORDAINS that the agreement with the Lions Eye Bank of Wisconsin to obtain and act upon cornea donor referrals from the Medical Examiner’s office is approved.

BE IT FURTHER ORDAINED that the Waukesha County Medical Examiner, or her designee, is authorized to execute with Lions Eye Bank of Wisconsin the “Waukesha County Facility Use AGREEMENT For Tissue or Cornea Donor Recoveries at the Waukesha County Medical Examiner’s Office” and any other documents to effectuate its intent.