

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Amends portions of Chapter 18 of the Denver Revised Municipal Code to change the City's participation in medical insurance plans and contributions in compliance with the Patient Protection and Affordable Care Act.
- 2. Requesting Agency:** Career Service Authority
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:** Heather Britton  
**Phone:**  
**Email:**
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***  
**Name:**  
**Phone:**  
**Email:**
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
  - a. Scope of Work**
  - b. Duration**
  - c. Location**
  - d. Affected Council District**
  - e. Benefits**
  - f. Costs**
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

**Bill Request Number: BR14-0646**

**Date: 7/30/2014**