

## BILL/ RESOLUTION REQUEST

**1. Title:** Approves revisions to Ordinance No. 881 Series 1997 for Qualified Needle Exchange and Treatment Referral Programs.

**2. Requesting Agency:** Environmental Health

**3. Contact Person *with actual knowledge of proposed ordinance***

**Name:**Robin Valdez

**Phone:**720-865-5415

**Email:**robin.valdez@denvergov.org

**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:**Robin Valdez - Debra Knapp (City Attorney)

**Phone:**720-865-5415 - 720-913-8408

**Email:**robin.valdez@denvergov.org - debra.knapp@denvergov.org

**5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**

**a. Scope of Work**

The proposed ordinance will make some changes to the City's existing qualified needle exchange and treatment referral programs ordinance as outlined in the attached redline version of the ordinance.

**b. Duration**

N/A

**c. Location**

N/A

**d. Affected Council District**

All

**e. Benefits**

Reduced rates of infectious disease.

**f. Costs**

N/A

**6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

No

**Bill Request Number: BR11-0181**

**Date: 3/2/2011**