



SEATTLE CITY COUNCIL

Civil Rights, Utilities, Economic Development, and Arts Committee

Agenda

Tuesday, March 12, 2019

9:30 AM

Council Chamber, City Hall
600 4th Avenue
Seattle, WA 98104

Lisa Herbold, Chair
Kshama Sawant, Vice Chair
Mike O'Brien, Member
Rob Johnson, Alternate

Chair Info: 206-684-8803; Lisa.Herbold@seattle.gov

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and Arts Committee**
Agenda
March 12, 2019 - 9:30 AM

Meeting Location:

Council Chamber, City Hall, 600 4th Avenue, Seattle, WA 98104

Committee Website:

<http://www.seattle.gov/council/committees/utilities>

This meeting also constitutes a meeting of the City Council, provided that the meeting shall be conducted as a committee meeting under the Council Rules and Procedures, and Council action shall be limited to committee business.

Please Note: Times listed are estimated

A. Call To Order

B. Public Comment

(15 minutes)

C. Items of Business

1. [Appt 01266](#) **Reappointment of Michael B. Garrett as member, Seattle LGBTQ Commission, for a term to October 31, 2020.**

Attachments: [Appointment Packet](#)

Discussion and Possible Vote

(5 minutes, to 9:50 a.m.)

Presenter: Erika Pablo, Seattle Office for Civil Rights

2. Draft Council Bill regarding public accommodations and closed captioning

Supporting Documents: [Draft Council Bill](#)

Briefing and Discussion
(15 minutes, to 10:05 a.m.)

Presenter: Asha Venkataraman, Council Central Staff

D. Adjournment



Legislation Text

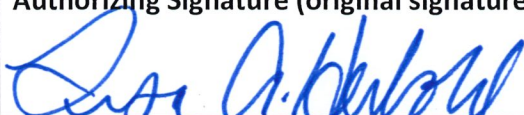
File #: Appt 01266, **Version:** 1

Reappointment of Michael B. Garrett as member, Seattle LGBTQ Commission, for a term to October 31, 2020.

The Appointment Packet is provided as an attachment.



City of Seattle Boards & Commissions Notice of Appointment

Appointee Name: Michael B. Garrett		
Board/Commission Name: Seattle LGBTQ Commission		Position Title: Commission Member
<input type="checkbox"/> Appointment OR <input checked="" type="checkbox"/> Reappointment		Council Confirmation required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Appointing Authority: <input checked="" type="checkbox"/> Council <input type="checkbox"/> Mayor <input type="checkbox"/> Other:	Date Appointed: 3/12/2018	Term of Position: * 11/1/2018 to 10/31/2020 <input type="checkbox"/> Serving remaining term of a vacant position
Residential Neighborhood: Eastlake	Zip Code: 98102	Contact Phone No.:
Background: Michael Garrett is a lifelong Washingtonian who has lived in the Eastlake District of Seattle since 1980. Michael has expertise in healthcare quality, care management, health and disability benefits, and care delivery models. He has worked in the healthcare field his entire career by working with a broad range of health and disability benefit programs with providers and payers in both private and public sectors. With a lesbian couple, Michael co-parented an adult child who identifies as LGBTQ. Michael hopes to continue to provide insights and representation of LGBTQ parents and elders through his work with the Seattle LGBTQ Commission. He also hopes to promote improvements for the LGBTQ community in the access to and experience of healthcare. Michael holds a Bachelor of Arts in psychology from Gonzaga University and a Master of Science in Clinical Psychology from the University of Idaho. He is board certified in case management, vocational evaluation, and patient advocacy.		
Authorizing Signature (original signature): 		Appointing Signatory: Councilmember Lisa Herbold Seattle City Council

*Term begin and end date is fixed and tied to the position and not the appointment date.

Michael B. Garrett, MS, CCM, CVE, NCP

Summary of Qualifications

- Possesses more than 35 years of experience in managed care, care management, utilization management, and healthcare consulting services, including managed care plans, health information technology, patient-centered medical home, and healthcare quality
- Provided leadership in operational management, business development, and quality management for care management services
- Experience with the government healthcare markets, including Medicare, Medicaid, state employees, Department of Defense, correctional health, and other government benefit programs
- Served as the leader for full range of care management services, including utilization management, case management, chronic condition management, disease management, and other specialized services
- Experience with self-funded health plans, including stop-loss, administrative and claims operations, care management, and other services for multiemployer plans (Taft-Hartley Trusts) and single employers
- Experience with fully insured commercial health plans, including sales, account management, and claims operations
- Experience with more than a dozen Medicaid programs, including outsourced utilization and case management services, health information technology consulting, and waiver program development and implementation
- Experience with workers' compensation programs, including fully insured, self-insured, and state workers' compensation funds
- Served as the leader in the successful development, implementation, and on-going maintenance of quality management programs for care management programs
- Proven success in developing and implementing healthcare management programs for wide range of public and private sector payers
- Provided executive leadership for over 75 professionals providing a range of care management, business development, customer service, data analysis and reporting, and support services
- Forged strategic business partner relationships for successful teaming arrangements in pursuing and securing new business opportunities to provide total health management services to plan sponsors

Professional Experience and Achievements

Mercer; Seattle, Washington (2015 to Present)

Principal

2015 – Present

- Leads consulting engagements with large plan sponsors regarding their health and welfare benefit plans and programs, including medical and other benefit coverages.
- Develops sophisticated benefits design and renewal strategies and drives the development of tools and solutions to address complex client issues.
- Leads complex client engagements, including managing overall service delivery, strategy development and implementation, financial and plan evaluations, plan design, renewal, benchmarking, and other related services.
- Establishes effective working relationships with vendors and suppliers to serve clients in benefit plan procurement, performance, and administration.
- Focuses on total health management and clinical management programs aimed at improving health outcomes, lowering costs, and enhancing patient experience.

Group Health Cooperative of Puget Sound; Seattle, Washington (2014 to 2015)

Director, Large Group Sales

2014 – 2015

- Responsible for developing, implementing and managing strategies to set and achieve large group sales and profitability targets on a regional basis for fully insured and self-funded benefit plans
- Leads team of sales executives, self-funded professionals, and account specialists in pursuing and securing new health plan sales
- Responsible for developing and implementing new business in partnership with purchasers, benefit consultants, plan sponsors, and Group Health's delivery system
- Leads efforts in developing and articulating the value proposition of the organization regarding quality of care and total cost of care
- Provides coaching and guidance for the proposal response process, presentations, and other documents for benefit consultants and plan sponsors
- Serves as the voice of the customer to inform and influence the organization in refining, developing, and improving solution offerings to plan sponsors

Qualis Health; Seattle Washington (1988 to 2014)

Vice President, Business Development

2003 – 2014

- Responsible for managing all business development efforts for complete suite of healthcare consulting, care management, and other services
- Responsible for leading efforts for new business including prospecting, capture planning, government relations, identifying and responding to proposals, conducting finalist presentations, and contract negotiation and execution
- Led the proposal management process, including the identification, development, and response to grants and proposals
- Coordinates new product development activities that enhance service offerings to current and prospective clients, including health plans, government agencies, and other payers
- Provides leadership in the development of relationships with strategic business partners
- Leads team of proposal management and sales professionals

Vice President, State & Private Programs

2002 – 2003

- Responsible for operational and account management of all healthcare management services provided to government and commercial clients
- Oversaw the development and implementation of new products and programs related to healthcare management services
- Responsible for the acquisition of contracts with governmental agencies, self-funded employers and Taft-Hartley Trusts, managed care organizations, and health plans
- Served as the executive sponsor for the acquisition and renewal of commercial, Medicaid, and other government contracts
- Oversaw implementation of systematic quality management program for all care management services
- Responsible for managing more than 50 nurses and support staff members providing care management services

Executive Director, Client Relations and Utilization/Case Management 1995 – 2002

- Responsible for operational and account management of all healthcare management services provided to government and non-government clients
- Oversaw the development and implementation of new products and programs related to healthcare management services

- Responsible for the acquisition of contracts with self-funded plans, Taft-Hartley Trusts, government agencies, managed care organizations, health plans, and other commercial payers
- Served as the executive sponsor for the acquisition and renewal of self-funded health plan and government clients
- Served as the operational project director for the development of a new integrated care management software system
- Oversaw implementation of systematic quality management program for all care management services
- Provided leadership for quality management and ongoing accreditation by URAC

Director of Strategic Planning

1993 – 1995

- Responsible for corporate strategic planning as a result of health care reform
- Responsible for the acquisition of contracts with self-funded plans, managed care organizations and other purchasing organizations, plans, and sponsors
- Managed a program for the research and development of new services and products for the corporation, which met the demands of new market segments
- Developed and implemented nurse case management program with significant expansion due to acquisition of new contracts with public and private sector clients
- Oversaw the implementation of a quality management program leading to full accreditation in health utilization management

Director of Utilization Management and Marketing

1991 – 1993

- Responsible for operational management for care management services, including management of 30 staff members
- Provided account management for all self-funded health plans, state government, and federal government clients
- Managed all sales and marketing activities for the company and led the development of new healthcare management services

Director of Marketing and Professional Services

1988 – 1991

- Responsible for marketing health care utilization management services to self-funded health plans, government agencies, consultants, and other payers
- Managed all sales and marketing activities for the company, including presentations to clients, development of marketing brochures, development of new health care utilization managed products and services, preparation of responses to requests for proposals, implementation of new contracts, and monitoring of client satisfaction
- Managed clinical and support staff providing care management services

Intracorp; Bellevue, Washington (1980 to 1988)

District Manager

1985 - 1988

- Duties same as Branch Manager with increased managerial responsibilities for territory including all of Washington State, Northern Idaho, Western Canada, and Alaska
- Managed a variety of departments with 60 professionals including vocational rehabilitation counselors, nurse coordinators, nurse auditors, and marketing staff
- Developed new health care cost containment programs for insurance carriers and employers

Branch Manager

1984 - 1985

- Continued responsibilities of Unit Manager while assuming additional managerial duties, including casework supervision, financial objectives, acquisition and service marketing to insurance carriers and employers, and supervision of a variety of health care professionals
- Developed new disability management services to promote business growth

Unit Manager

1982 – 1984

- Developed the company's disability management services in the new territory of Western Canada including the provinces of British Columbia and Alberta
- Penetrated new market and developed new programs and services for Canadian accounts
- Supervised activities of Rehabilitation Specialists

Rehabilitation Supervisor

1981 – 1982

- Supervised activities of Rehabilitation Specialists who conducted the assessment of needs and implementation of rehabilitation plans for physically disabled clients
- Participated in marketing activities

Senior Rehabilitation Specialist

1980 – 1981

- Assisted in supervision of Rehabilitation Specialists and managed severe cases
- Participated in marketing activities
- Provided assessment of medical, vocational, behavioral and financial needs of physically disabled clients
- Recommended, implemented, and coordinated services needed by rehabilitating clients

Rehabilitation Specialist

1980

- Assessed the medical, vocational, behavioral, and financial needs of physically disabled clients, including recommendations for necessary services and implemented and coordinated delivery of services to clients

Education

- Master of Science in Clinical Psychology
University of Idaho, Moscow, Idaho
- Bachelor of Arts in Psychology and Religious Studies, Summa Cum Laude
Gonzaga University, Spokane, Washington

Licensure and Certifications

- Certified Case Manager (CCM), Commission for Case Manager Certification
- Nationally Certified Psychologist (NCP), Professional Psychologist Certification Board
- Certified Vocational Evaluator (CVE), Commission on Rehabilitation Counselor Certification

Professional Affiliations – Leadership Positions

- The Dr. Robert Bree Collaborative; LGBTQ Health Care Workgroup
- Member (2017 – present)
- URAC's Health Standards Committee
- Member (2016 – present)
- Editorial Board of Lippincott's Journal *Professional Case Management: The Leader in Evidence-Based Practice*
- Member (2006 – present)
- URAC's Clinical Accreditation Committee
- Chair (2009 – 2010)
- Member (1999 – 2014)

- Clinical Advisory Committee, Medicaid Health Plans of America
- Member (2010 – 2012)
- Task Force, Revision of the Standards of Practice for Case Management, Case Management Society of America (CMSA)
- Member (2008-2009)
- Commission for Case Manager Certification (CCMC)
- Chair (2007-2008)
- Commissioner (2000 – 2009)
- Member; New Product Development Committee (2004 – 2010)
- Member; Governance and Nominations Committee (2013-2014)
- National Hospice and Palliative Care Organization's Managed Care Advisory Board
- Member (2006 – 2008)

Professional Affiliations - Memberships

- Case Management Society of America
- North American Association for Masters in Psychology
- National Association for Healthcare Quality

Books

- Tahan, H., editor. Garrett, M., contributor. *Case Management Society of America's Core Curriculum for Case Management, 3rd Edition*. Lippincott Williams & Wilkins; 2016.
- Tahan, H., editor. Garrett, M., peer reviewer and contributor. *Case Management Body of Knowledge*. Commission for Case Manager Certification; 2011.
- Powell, S.K., editor. Garrett, M., contributor and peer reviewer. *Case Management Society of America's Core Curriculum for Case Management, 2nd Edition*. Lippincott Williams & Wilkins; 2006.
- Garrett, M. *Case Management*. Washington, DC: Health Insurance Association of America (HIAA); 2003.
- Siefker J, Garrett M, Van Genderen A, Weis, M. *Fundamentals of Case Management: Guidelines for Practicing Case Managers*. St. Louis, MO: Mosby-Year Book, Inc.; 1998.
- St. Coeur M, ed., Garrett M, contributor and peer reviewer. *Case Management Practice Guidelines*. St. Louis, MO: Mosby-Year Book, Inc.; 1996.

Journal Publications

- Garrett M. Working with Transgender Individuals in Case Management Practice. *Professional Case Management*. January/February 2018; 23(1): 19-24.
- Garrett M. Understanding Medical Home: A New Opportunity for Case Managers. *Professional Case Management*. January/February 2009; 14(1):3-5.
- Rice L, Garrett M. Utilization Management in Workers' Compensation: A Strategy to Improve Quality While Managing Costs. *Professional Case Management*. November/December 2008; 13(6):347-351.
- Garrett M. Integrating Vendor Services to Keep Employees Healthier and on the Job. *Risk & Insurance*. August 2008; Web Edition.
- Garrett M. Understanding Medicaid: what case managers need to know. *CCMC News and Views*. May/June 2008; 13(3): 123-126.
- Garrett M. Recognize the value of certified case managers in managed healthcare. *Managed Healthcare Executive*. May 1, 2008; Web Exclusive.

- Garrett M. Promoting Governance, Professionalism, and Diversity. *CCM Update*. 2007/2008: 1 & 3-4.
- Garrett M. Health Care Vendor Summits Promote Integration of Services. "*Benefits & Compensation Digest*. Vol. 44, No. 12, December 2007 Web Exclusive, pp. 1-6.
- Garrett M. A New Look at Diversity: Gathering Strength Across the Field. *Professional Case Management*. Vol. 12, No. 6, pp. 313-315, November/December 2007.
 - Garrett M. Disease Management: How Plan Sponsors can Evaluate the Promises and Realities. *Benefits & Compensation Review*. Vol. 43, No. 2, February 2006, pp. 18-20.

Seattle Lesbian, Gay, Bisexual, Transgender and Queer Commission

February 2019

16 Members: Pursuant to **SMC 3.14.920**, all members subject to City Council confirmation, 2-year terms:

- 8 City Council-appointed
- 9 Mayor-appointed
- 4 Other Appointing Authority-appointed: Commission-appointed

Roster:

*D	**G	RD	Position No.	Position Title	Name	Term Begin Date	Term End Date	Term #	Appointed By
			1.	Member	Julia Ikaura Ricciardi	5/1/17	4/30/19	2	City Council
			2.	Member	Katrina Sanford	5/1/17	4/30/19	1	Mayor
			3.	Member	Byram Simpson	5/1/17	4/30/19	1	City Council
			4.	Member	Latosha Correll	5/1/17	4/30/19	1	Mayor
			5.	Member	Ely Hernandez	5/1/17	4/30/19	1	City Council
			6.	Member	Manuel Venegas	11/1/17	10/31/19	3	Mayor
			7.	Member	Kari Lerum	11/1/17	10/31/19	1	Commission
			8.	Member	Lindsay Church	11/1/17	10/31/19	1	Mayor
			9.	Member	Wayne Rocque	5/1/18	4/30/20	1	City Council
			10.	Member	VACANT	5/1/18	4/30/20	1	Mayor
			11.	Member	Joseph Suttner	5/1/18	4/30/20	1	City Council
			12.	Member	VACANT	5/1/18	4/30/20	1	Mayor
			13.	Member	Michael B. Garrett	11/1/18	10/31/20	1	City Council
			14.	Member	VACANT	11/1/16	10/31/18	1	Mayor
			15.	Member	Deepa Sivarajan	11/1/17	10/31/19	1	City Council
			16.	Get Engaged	Alejandro Castillo	9/1/18	8/31/19	1	Mayor
			17.	Member	VACANT	5/1/18	4/30/20	1	City Council
			18.	Member	Christopher Brown	11/1/17	10/31/19	1	Mayor
			19.	Member	Lauren Boling	11/1/17	10/31/19	1	Commission
			20.	Member	Sabel Roizen	5/1/18	4/30/20	1	Commission
			21.	Member	Jessi Murray	5/1/18	4/30/20	1	Commission

SELF-IDENTIFIED DIVERSITY CHART

SELF-IDENTIFIED DIVERSITY CHART					(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Men	Women	Transgender	Unknown	Asian	Black/ African American	Hispanic/ Latino	American Indian/ Alaska Native	Other	Caucasian/ Non- Hispanic	Pacific Islander	Middle Eastern	Multiracial	
Mayor	2	5				1	3		1	3			2	
Council	2	1			2			1		1			1	
Comm		2								3				
Total	4	8			2	1	3	1	1	7			3	

Key:

- *D List the corresponding *Diversity Chart* number (1 through 9)
 **G List *gender*, M = Male, F= Female, T= Transgender, U= Unknown
 RD Residential Council District number 1 through 7 or N/A

Diversity information is self-identified and is voluntary.



Legislation Text

File #: Inf 1336, **Version:** 1

Draft Council Bill regarding public accommodations and closed captioning

CITY OF SEATTLE

ORDINANCE _____

COUNCIL BILL _____

..title

AN ORDINANCE relating to public accommodations; requiring persons owning or managing a place of public accommodations to activate closed captioning on television receivers; and adding a new Chapter 14.05 to the Seattle Municipal Code.

..body

WHEREAS, the purpose of the Commission for People with disAbilities is to: (1) Promote equal opportunities for individuals with disabilities; (2) Strive to enable full participation in all aspects of community life for persons with disabilities; and (3) Provide disability-related technical assistance, information, referral and advocacy to City Council personnel, the community, individuals and groups; and

WHEREAS, The Commission for People with disAbilities is authorized to coordinate and provide recommendations to City personnel, citizens commissions, authorities, and committees; and community individuals and groups serving on annually designated programs to respond to identified service needs; and

WHEREAS, The Commission for People with disAbilities agrees with the findings of the City Council of Portland, Oregon in adopting Ordinance 187454 (which added Portland City Code Section 23.01.075), which requires activating closed captioning, where available, on televisions used in places of public accommodation, namely that:

“1. Hearing loss is a significant problem in the United States. A study released in 2011 by researchers at Johns Hopkins estimated that approximately one in five Americans have some type of hearing loss in one or both ears that affect their ability to communicate and receive information.¹

¹ https://www.hopkinsmedicine.org/news/media/releases/one_in_five_americans_has_hearing_loss

1 2. In 1993, the Federal Communications Commission (“FCC”) adopted
2 regulations requiring all analog television receivers manufactured and sold in the United
3 States with screens larger than 13 inches contain built-in decoder circuitry to display
4 closed captioning.

5 3. Closed captioning consists of a transcript of the audio portions of television
6 programming displayed on the television receiver screen when the user activates the
7 caption feature.

8 4. In 1996, Congress amended the Communications Act to require that all video
9 program distributors (including broadcasters, cable operators, etc.) add closed captioning
10 to certain video programming and authorized the Federal Communications Commission
11 (the FCC) to establish a transition schedule for complying with this requirement.

12 5. Following Congress's legislative directive, the FCC adopted administrative
13 rules to ensure that video programming be accessible by closed captioning to the
14 maximum extent possible. 47 CFR Part 79 sets forth the FCC's standards for accessibility
15 of video programming.

16 6. In 2002, the FCC adopted closed captioning requirements for digital television
17 receivers.

18 7. Under the FCC’s rules, video program distributors are required to add closed
19 captioning to all new English language programming. Starting in 2010, a similar
20 requirement has applied to Spanish language programming. The FCC also requires video
21 program distributors to add closed captioning to a certain percentage of previously
22 broadcast programs.

1 8. In 2010, Congress enacted the Communications and Video Accessibility Act
2 (“CVAA”), extending the scope of closed captioning requirements to all devices that can
3 play back video. Since September 30, 2012, new TV programming shown online is
4 required to have closed captioning rendered as well.

5 9. Television receivers are increasingly used in facilities open to the general
6 public, including hospital waiting rooms, bars and restaurants, health clubs, bus stations,
7 airport lounges, and appliance stores. These and other public facilities represent the kinds
8 of locations where the general public has access to television programming.

9 10. Television receivers in these locations enable members of the general public
10 to obtain the latest news reports in an emergency, watch local sports teams, or simply
11 pass the time while waiting for an appointment or service to be completed. People with
12 hearing disabilities should not be excluded from being able to meaningfully participate in
13 these activities while in public areas.

14 11. In order to avoid screening out those members of the general public who are
15 deaf or hard of hearing in places of public accommodation, there should be a requirement
16 closed captioning be activated so as to not exclude, deny service, segregate or otherwise
17 treat those with hearing disabilities differently from being able to fully participate in or
18 experience the full benefits of the television programming offered to the public in those
19 settings...”; and

20 WHEREAS, in addition to benefitting members of the public who are deaf or hard of hearing,
21 closed captioning also benefits people with learning disabilities, sensory disabilities,
22 attention deficits, and autism, as well as the elderly and persons learning English as a
23 second language; and

WHEREAS, closed captioning can help the general public with learning names and terminology,
comprehension of dialogue, and better understanding in sound-sensitive environments;

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. A new Chapter 14.05 is added to the Seattle Municipal Code as follows:

CHAPTER 14.05 CLOSED CAPTIONING IN PLACES OF PUBLIC

ACCOMMODATION

14.05.010 Definitions

For purposes of this Chapter 14.05:

“Agency” means the Seattle Office for Civil Rights.

“City” means The City of Seattle.

“Closed captioning” means a transcript or dialog of the audio portion of a television program that is displayed on the bottom portion of a television receiver screen when the user activates the feature.

“Closed-captioned television receiver” means a receiver of television programming that has the ability to display closed captioning, including but not limited to a television, digital set top box, and other technology capable of displaying closed captioning for television programming.

“Covered entity” means any place of public accommodation in Seattle.

“Director” means the Director of the Seattle Office for Civil Rights.

“Place of public accommodation” means any place, licensed or unlicensed, where the public gathers, congregates, or assembles for amusement, recreation or public purposes, or any place, store, or other establishment that supplies goods or services with or without charge to the

1 general public. “Place of public accommodation” includes, but is not limited to, the following
2 types of services or facilities: hotels, or other establishments which provide lodging to transient
3 guests; restaurants, cafeterias, lunchrooms, lunch counters, soda fountains or other facilities
4 principally engaged in selling or offering for sale food for consumption upon or off the premises;
5 public restrooms; public elevators; motion picture houses, theatres, concert halls, sport arenas,
6 stadiums, or other places of exhibition or entertainment; bowling alleys, pool halls, arcades, and
7 amusement parks; retail establishments; transportation carriers; barber shops and beauty shops;
8 bars or taverns or other facilities engaged in selling or offering for sale alcoholic beverages for
9 consumption upon the premises; and public burial facilities.

10 “Public area” means any part of a place of public accommodation that is open to the
11 general public.

12 “Regular hours” means the hours of any day in which a place of public accommodation is
13 generally open to members of the general public.

14 “Respondent” means any person who is alleged or found to have committed a violation of
15 regulations established in this Chapter 14.05.

16 **14.05.020 Requirements for closed captioning in places of public accommodation**

17 A. Any person owning or managing a place of public accommodation must activate
18 closed captioning, in accordance with the technical standards in subsection 14.05.020.C, on all
19 closed-captioned television receivers in use in any public area during regular hours.

20 B. A person owning or managing a place of public accommodation is not required to
21 make a closed-captioned television receiver available for viewing in a public area if:

22 1. No receiver of television programming of any kind is available in a public area
23 of the place of public accommodations; or

2. The only receiver of television programming available in a public area of the place of public accommodations is technically incapable of displaying closed captioning.

C. Closed-captioning on digital televisions must meet the following technical standards for display:

1. Background color: Black

2. Text font: Arial, Calibri, Helvetica, Tahoma or Verdana

3. Text size: 24

4. Text color: white

14.05.030 Enforcement

A. Powers and duties

1. The Agency shall investigate alleged violations of this Chapter 14.05 and shall have such powers and duties in the performance of these functions as are defined in this Chapter 14.05 and otherwise necessary and proper in the performance of the same and provided for by law.

2. The Director is authorized and directed to promulgate rules to enforce this Chapter 14.05.

B. Reporting and investigation of violations. The Agency may investigate any violations of this Chapter 14.05. Individual reporting of a violation of this Chapter 14.05 should include a statement of the date, location, and entity or entities responsible for such violation.

C. Advisory letter and notice of violation

1. If, after 180 days from the effective date of the ordinance introduced as Council Bill [], it is determined that a covered entity is not in compliance with the requirements set out in this Chapter 14.05, the Director shall, by service of an advisory letter by first-class mail or

1 electronic mail, notify the respondent of the violation and request that the respondent provide a
2 written response to the Director within 30 business days from the date of the advisory letter
3 either disputing the occurrence of the violation or describing how the violation has been abated
4 and how such violations will be prevented from reoccurring.

5 2. If the respondent fails to provide a written response within ten business days, or
6 the written response fails to reasonably satisfy the Director, the Director may issue a notice of
7 violation. This notice of violation will include a requirement to pay a civil penalty of up to \$125.
8 Subsequent violations shall result in a civil penalty of up to \$300.

9 D. A respondent may appeal the violation by requesting a contested hearing before the
10 Hearing Examiner in writing within 15 days of the date of the notice of violation. If the
11 respondent fails to timely appeal the violation, the violation and accompanying civil penalty shall
12 be final and enforceable. When the last day of the appeal period so computed is a Saturday,
13 Sunday, or federal or City holiday, the period shall run until 5 p.m. on the next business day.

14 E. Appeal procedure and failure to appear

15 1. Contested hearings shall be conducted pursuant to the procedures for hearing
16 contested cases contained in Section 3.02.090 and the rules adopted by the Hearing Examiner for
17 hearing contested cases. The Director shall have the burden of proof by a preponderance of the
18 evidence before the Hearing Examiner. Failure to appear for a requested hearing will result in an
19 order being entered finding that the cited respondent committed the violation stated in the
20 Director's notice of violation. For good cause shown and upon terms the Hearing Examiner
21 deems just, the Hearing Examiner may set aside an order entered upon a failure to appear.

22 2. In all contested cases, the Hearing Examiner shall enter an order affirming,
23 modifying, or reversing the violation. In determining the amount of the civil penalty to be

1 imposed for violations of the provisions of this Chapter 14.05, the Hearing Examiner may
2 consider:

- 3 a. The extent and nature of the person's involvement in the violation;
- 4 b. The harms, whether economic, financial or otherwise, which occurred
5 or were suffered as a result of the violation;
- 6 c. Whether the violations were isolated or temporary, or repeated or
7 continuous;
- 8 d. The magnitude and seriousness of the violation;
- 9 e. The City's cost of investigating the violations and correcting or
10 attempting to correct the violation; and
- 11 f. Any other applicable facts bearing on the nature and seriousness of the
12 violation.

13 3. If a respondent fails to comply with any final order issued by the Director or
14 the Hearing Examiner, the Director may refer the matter to the City Attorney for the filing of a
15 civil action a court of competent jurisdiction to enforce such order.

16 **14.05.040 Exclusions**

17 This Chapter 14.05 shall not be interpreted or applied to diminish or conflict with any
18 requirements of state or federal law. In the event of any conflict, state and federal requirements
19 shall supersede the requirements of this Chapter 14.05.

Section 2. This ordinance shall take effect and be in force 30 days after its approval by the Mayor, but if not approved and returned by the Mayor within ten days after presentation, it shall take effect as provided by Seattle Municipal Code Section 1.04.020.

Passed by the City Council the _____ day of _____, 2019,
and signed by me in open session in authentication of its passage this _____ day of _____, 2019.

President _____ of the City Council

Approved by me this _____ day of _____, 2019.

Jenny A. Durkan, Mayor

Filed by me this _____ day of _____, 2019.

Monica Martinez Simmons, City Clerk

(Seal)