



## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

### Board Clerk Use Only

Meeting Date: 10/18/11  
Agenda Item #: B.1  
Est. Start Time: 10:00 a.m.  
Date Submitted: 10/12/11

**Agenda Title:** Board Briefing on Proposed Board of Health Action to Address Bisphenol-A (BPA)

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

**Requested Meeting Date:** October 18, 2011 **Time Needed:** 90 minutes  
**Department:** Non-Departmental—Chair's Office **Division:** Chair Jeff Cogen  
**Contact(s):** Marissa Madrigal, Sonia Manhas  
**Phone:** 503-988-3308 **Ext.:** **I/O Address:**  
Sonia Manhas, MSW – Manager, Office of Public Health Policy  
**Presenter Name(s) & Title(s):** Gary Oxman, MD, MPH - Health Officer, Multnomah, Clackamas and Washington Counties  
Lila Wickham, RN, MS - Manager, Multnomah County Environmental Health

### General Information

**1. What action are you requesting from the Board?**

The purpose of this briefing is to provide information on Bisphenol-A, the proposed Policy Order to address it locally, and the associated process.

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

Please find the attached Health Effects of Bisphenol-A and draft Policy Order.

**3. Explain the fiscal impact (current year and ongoing).**

N/A.

**4. Explain any legal and/or policy issues involved.**

There will be an explanation of the role of the Board of Health and of the rule-making process associated with the approval of a Policy Order.

**5. Explain any citizen and/or other government participation that has or will take place.**

This is an informational briefing from the Multnomah County Health Department. There will be future opportunity for public testimony on this matter.

### Required Signature

**Elected  
Official or  
Dept Director:**

**Date:** 10/12/11