



Legislation Text

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Int. No. 897

By Council Members Narcisse, Schulman, Banks and Brannan

A Local Law to amend the New York city charter, in relation to the committee on city healthcare services

Be it enacted by the Council as follows:

Section 1. Section 20-e of the New York city charter, as added by local law 6 for the year 2018, is amended to read as follows:

§ 20-e. Committee on city healthcare services. a. There shall be a committee on city healthcare services established by the mayor, or the mayor's designee, to review community-based health indicators in New York city, and evaluate community-level health needs that can be addressed by city healthcare services.

b. Such committee shall consist of, but need not be limited to: a representative from the department of health and mental hygiene; representatives from city agencies that provide healthcare services or that contract with entities for the provision of healthcare services; the speaker of the council or their designee; and the chairperson of the council committee on health, or successor committee, or their designee. A representative of the New York city health and hospitals corporation shall be invited to join. In addition, the mayor and the speaker shall each appoint [five]5 members representing healthcare stakeholders throughout the city~~[.]~~, and at least 3 of the 5 such members appointed by the mayor and by the speaker shall represent healthcare stakeholders that focus on providing care to vulnerable populations, as listed in paragraph 2, subdivision d of this section.

c. The mayor or the mayor's designee shall designate the chairperson of the committee from among its members who shall preside over meetings. Members will be eligible for reappointment every [four] 4 years.

d. The committee shall issue a report on October 15, 2018, and every [two] 2 years thereafter. Such report shall be submitted to the mayor and the speaker of the council and posted [online] publicly on the department of health and mental hygiene's website. The report shall include, but not be limited to, the following information and data:

1. A review and compendium of reports produced by the city over the previous [two]2-year period pertaining to the provision of healthcare services[.];

2. Recommendations for utilizing city healthcare services to address the healthcare needs of, and engage in outreach to, vulnerable populations, including, but not limited to: low-income individuals; the uninsured; the under-insured; homeless individuals and families; incarcerated individuals; communities of color; the aging; lesbian, gay, bisexual and transgender individuals; immigrants; women; people with limited English proficiency; individuals under the age of 21; and people with disabilities;

3. A summary of any projects or programs undertaken to coordinate healthcare services across city agencies, with particular emphasis on historically underserved or vulnerable populations, and recommendations to improve such coordination and make optimal use of existing healthcare services;

4. A description for the immediately preceding fiscal year of allocations for healthcare services by the department of health and mental hygiene and all other agencies directly providing healthcare services to anyone other than an employee of such agency, or which contract with entities for the direct provision of healthcare services, and the number of persons served by the department and such agencies. The information described in this subparagraph shall be provided to the mayor and the speaker annually on October 15; [and]

5. A review and analysis of existing reportable city agency data for the immediately preceding fiscal year that may include, but need not be limited to, the following data, disaggregated geographically to the extent the data is available in such a disaggregated format:

(a) insurance coverage,

(b) infant mortality rates per 1000 live births,

(c) immunizations,

(d) smoking,

(e) obesity,

(f) hypertension,

(g) asthma,

(h) preventive care visits,

(i) emergency room visits,

(j) number of unique inpatients and outpatient visits at facilities operated by health and hospitals corporation, and

(k) other data or indicators of community health and healthcare service delivery[.];

6. An overview of the locations of clinical healthcare services operated by the city, inclusive of current street addresses[.];

7. An explanation of the methodology used to solicit input from members of the public, as required by subdivision e of this section; and

8. A summary of the steps taken to implement any of the recommendations discussed in the preceding report.

e. In carrying out the requirements of this section, the committee shall provide opportunity for meaningful and relevant input from, and duly solicit and consider the recommendations of, additional local providers of healthcare services, healthcare workers and organizations representing them, social service providers, community groups, patient and community advocacy organizations, and other members of the public. Such input shall be solicited through a community survey or a public hearing.

§ 2. This local law takes effect 120 days after it becomes law.

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