

The New York City Council

Legislation Details (With Text)

File #: Int 0043-2002 Version: * Name: Interagency Coordinating Council on Health

Type: Introduction Status: Filed

In control: Committee on Health

On agenda: 2/6/2002

Enactment date: Enactment #:

Title: A Local Law to amend the New York city charter, in relation to establishing an interagency

coordinating council on health.

Sponsors: Christine C. Quinn, Bill De Blasio, James F. Gennaro, Margarita Lopez, Michael E. McMahon, Philip

Reed, James Sanders, Jr., Larry B. Seabrook, Kendall Stewart, Gale A. Brewer, Tracy L. Boyland

Indexes:

Attachments: 1. Hearing Transcript - Stated Meeting - 2/6

Date	Ver.	Action By	Action	Result
2/6/2002	*	City Council	Introduced by Council	
2/6/2002	*	City Council	Referred to Comm by Council	
12/31/2003	*	City Council	Filed (End of Session)	

Int. No. 43

By Council Members Quinn, DeBlasio, Gennaro, Lopez, McMahon, Reed, Sanders Jr., Seabrook, Stewart and Brewer; also Council Member Boyland

A Local Law to amend the New York city charter, in relation to establishing an interagency coordinating council on health.

Be it enacted by the Council as follows:

Section 1. Chapter 22 of the New York City charter is amended by the adding thereto a new section 569 to read as follows:

§ 569. Interagency coordinating council. a. There shall be an interagency coordinating council established by the mayor, which shall consist of a representative from each city agency providing health services, a representative of the Health and Hospitals Corporation, a representative of the board of health and a representative of the council who shall be appointed by the speaker of the council. The mayor shall designate the chairperson of the interagency coordinating council who shall preside over all meetings.

b. The interagency coordinating council shall: (1) prepare an annual breakdown for the immediately

preceding fiscal year of each member agency's allocations for health services and the number of persons served; (2) recommend, in consultation with the mayor's office of operations, means for improving the delivery, management and supervision of health services in order to improve the efficiency, effectiveness and economy of service; (3) consider proposals from member agencies, the council and the board of health for the improvement of health service delivery; (4) recommend to the mayor projects or programs to be undertaken by one or more agencies which could make more efficient use of existing resources; (5) plan and develop a comprehensive information service for the benefit of the general public, service providers and school and government personnel, which shall include citywide, boroughwide and community board program directories, hotlines and other such services designed to facilitate public accessibility to such information; (6) conduct an annual comprehensive health service needs assessment on a citywide, boroughwide and community district basis; (7) formulate an integrated, comprehensive, and coordinated plan for the delivery of community-based health services by or on behalf of member agencies; (8) annually compile, collect and analyze data relating to all health services provided by member agencies and make such data and analysis publicly available; and (9) submit a report on November thirtieth of each year to the council and the mayor summarizing its activities during the immediately preceding fiscal year and making recommendations with respect to, but not limited to, improving service delivery and reducing duplication and fragmentation and facilitating the more efficient use of existing resources. Such report shall also include an annual breakdown of member agencies' budgetary allocations for health services and the number of persons served as required by paragraph one of this subdivision, an annual comprehensive health services needs assessment as prescribed in paragraph seven of this subdivision, and a two-year proposed agenda consisting of specific issues to be addressed by the interagency coordinating council and its plans for addressing those issues during the current and subsequent fiscal years.

c. The interagency coordinating council shall meet a least three times each calendar year and, in addition, shall hold at least one public hearing on health care needs and service delivery annually on one or more separate date(s).

