

(h) The Commissioner shall supply information and staff support as reasonably requested by the Health Policy Board so that it may be fully informed.

(i) The Commissioner shall attend all meetings of the Cambridge Health Policy Board except for justifiable cause such as illness, absence from the City or unless otherwise assigned by the City Manager, and attend as many sub-committee meetings of said Board as is reasonably practical or possible.

(j) The Commissioner shall present the budget for the Department of Health and Hospitals to the Cambridge Health Policy Board for review and comment, prior to its submission to the City Manager.

(k) The Commissioner shall develop needed proposals and programs; shall approve and coordinate all grant proposals relating to health matters in the community; shall coordinate the delivery of care by city and private health providers; shall monitor the quality of private facilities such as hospitals, nursing homes, day care centers, and community residences; shall promote health education and advocate health standards.

(l) The Commissioner shall prepare and submit to the City Manager an annual report on the activities of his department during the preceding fiscal year.

(m) The Commissioner shall perform such other duties and responsibilities as may from time to time be assigned by the City Manager.

(n) The Commissioner shall promulgate and enforce such rules and regulations necessary or proper for the administration of the Department of Health, Hospitals and Housing as may be required by this Chapter and by law.

Section 11-3. Compensation.

(a) The Commissioner shall receive such salary as the City Council shall determine from time to time. The Commissioner shall be provided with suitable office accommodations at the expense of the city and under the direction of the City Manager.

(b) Members of the Health Policy Board shall serve without compensation, but they may be reimbursed for any expense which may reasonably be incurred through service on the board.

Section 11-4. Cambridge Health Policy Board.

(a) There shall be a Cambridge Health Policy Board consisting of fifteen (15) members, which number may be altered by an amendment to this ordinance by the City Council.

(b) The members shall be appointed by the City Manager for terms of three years. Initial appointments shall be for the following terms: five (5) members for a term of three (3) years, five (5) members for a term of two (2) years and five (5) members for a term of one (1) year.

(c) One month prior to making said appointments or reappointments, the City Manager shall solicit nominations from as many public service groups and other sources as possible, including but not limited to:-

1. Medical professionals - physicians, dentists, nurses and social workers.

2. Other professionals and people representing the public interest - lawyers, clergy, environmentalists, financial professionals (bankers, accountants,) and individuals suggested by business organizations, social agencies and universities.

3. Consumers - representing low income, elderly, non English speaking, and other consumer groups.

The City Manager shall at all times endeavor to achieve and maintain a fair balance on the Board among these three major categories. He shall endeavor to locate individuals who have made significant contributions to public service activities, and who represent a broad cross section of the city's consumer interests. Such individuals must also have been residents of Cambridge for at least four (4) years.

(d) The Health Policy Board shall hold regular meetings at least once each month, and if board members fail to attend a third of the regular meetings without adequate explanation, the City Manager shall replace them automatically by the same method.

(e) The Health Policy Board shall effectively address all aspects of the health of the City of Cambridge and to accomplish this end, shall establish sub-committees as outlined below.

There shall be at least but not limited to four (4) standing sub-committees, one on the Cambridge Hospital and Clinics, a second on the Michael J. Neville Manor, and a third concerned with Public Health-Environment, Code Enforcement and Sanitation and a fourth for over all planning. These sub-committees shall advise the administrative directors concerned, who shall attend their respective sub-committee meetings. To the extent possible, each sub-committee should reflect the composition of the Board as outlined in (c) above.

Each sub-committee shall report in writing to the full Board on matters taken up in sub-committee.

All matters necessitating a vote shall be put to the full Board. The City Manager shall appoint a part time secretary for the sub-committee on the Hospital and the Clinics, and for such other sub-committees as the Board shall request assistance therefor.

(f) The City Manager shall appoint a secretary or a part time secretary for the Health Policy Board who shall prepare meeting agendas, coordinate the gathering of information for said Board, record minutes of Board meetings, distribute the above material to Board members, and perform whatever additional functions as may be assigned by said Board from time to time.

Section 11-5. Adoption of Housing Code Regulations.

The Housing Code Regulations of the City of Cambridge, dated May 1, 1962, are hereby adopted and by this reference made a part of this Code with the same force and effect as though set out in full herein. At least three (3) copies of said Housing Code Regulations are on file and open to public inspection in the office of the City Clerk.

Section 11-6. Severability of Sections.

If any section, sub-section, sentence, clause, phrase or portion of this ordinance is for any reason held invalid or unconstitutional by any Court of competent jurisdiction such portion shall be deemed a separate, distinct and independent provision, and such holding shall not affect the validity of the remaining portions thereof.

In City Council November 15, 1976.

Passed to be ordained as amended by a yeas and nays vote:-
Yeas 5; Nays 4; Absent 0.

James L. Sullivan,

City Manager.

Paul E. Healy,

City Clerk.

ATTEST:-

(C)Dec2

ORDINANCE NO. 670.

Final Publication No. 1886. First Publication in the Chronicle Sun on July 15, 1976.

CITY OF CAMBRIDGE

In the Year One Thousand,
Nine Hundred Seventy-Six

AN ORDINANCE

In amendment to an Ordinance formerly entitled: "The General Ordinances of the City of Cambridge" as revised in 1972 and now designated as "The Code of the City of Cambridge."

Be it ordained by the City Council of the City of Cambridge as follows: Chapter Eleven entitled: "Health and Housing" is hereby amended by striking out the present Chapter Eleven and substituting in place thereof a new Chapter Eleven which reads as follows:-

CHAPTER ELEVEN HEALTH, HOSPITALS AND HOUSING.

Section 11-1. Qualifications of Commissioner of Health and Hospitals.

There shall be a Commissioner of Health and Hospitals and in addition to the qualifications required by any Special Act of the Legislature, the Commissioner shall have proven administrative experience in the areas of planning, establishing priorities, personnel, program management, and-or budgeting.

Section 11-2. Duties and Powers of Commissioner.

(a) The Commissioner shall not engage in the private practice of medicine and shall devote his entire time to the performance of the duties of Commissioner. In the absence of the Commissioner the City Manager shall appoint an Acting Health Commissioner who will not be bound by this article.

(b) The Commissioner shall be responsible for promoting and protecting the health of the citizens of Cambridge. The Commissioner shall see that, within the City, the laws of the Commonwealth, including regulations, and the Ordinances of the City pertaining to public health, hospitals and housing are faithfully executed and enforced. The Commissioner shall have overall charge of all city operated health care programs and treatment facilities.

(c) The Commissioner shall appoint and supervise health department personnel and shall appoint the members of the medical staff or staffs of said facilities and their assistants from those recommended by the medical staff in conformity with the medical staff by-laws, with the approval of the City Manager.

(d) The Commissioner shall acquire, analyze, use and store health related statistics for program planning and evaluation purposes.

(e) The Commissioner shall identify anticipated community health needs and assess the adequacy of public and private health resources to meet those needs.

(f) The Commissioner shall coordinate with federal, state, regional and private health planning and-or delivery groups to ensure that the Department of Health and Hospitals is responsive to the health service needs of all members of the community.

(g) Although the Commissioner retains full authority for action, the Commissioner shall discuss major problem areas and proposed policy changes with the Health Policy Board and is expected to reach agreement with them before making policy changes.

