NOTICE OF JOINT SENATE AND ASSEMBLY ONLINE VIDEO PUBLIC HEARING

SENATE STANDING COMMITTEE ON HEALTH
SENATE STANDING COMMITTEE ON AGING
SENATE STANDING COMMITTEE ON INVESTIGATIONS AND GOVERNMENT OPERATIONS

ASSEMBLY STANDING COMMITTEE ON HEALTH
ASSEMBLY STANDING COMMITTEE ON AGING
ASSEMBLY STANDING COMMITTEE ON OVERSIGHT, ANALYSIS AND INVESTIGATION

SUBJECT: Residential health care facilities and COVID-19

PURPOSE: To receive testimony on COVID-19’s impact on residential healthcare facilities and other long-term care providers, as well as recommendations for improving systems, protocols and practices to reduce transmission and mortality rates of contagious diseases.

New York City, Westchester and Long Island
August 3, 2020
Time 10 am
Web Link: https://www.nysenate.gov/events
https://www.nyassembly.gov/av/live/

Upstate New York
August 10, 2020
Time 10 am
Web Link: https://www.nysenate.gov/events
https://www.nyassembly.gov/av/live/

ORAL TESTIMONY BY INVITATION ONLY

According to the Department of Health (DOH), as of July 13, 2020, there were approximately 6,300 individuals who have died or are presumed to have died of COVID-19 who resided in residential health care facilities representing approximately 20% of the total COVID-19 fatalities in the state of New York.

Though residential healthcare facilities and other long-term care providers are subject to various laws and regulations related to controlling the spread of various infectious diseases, many facilities have still experienced significant outbreaks of COVID-19. The hearing seeks to receive input from stakeholders across the State related to distribution of medical supplies and personal protective equipment (PPE), safety inspections and enforcement during the State of Emergency as well as the practices and procedures of residential health care facilities in responding to COVID-19. These hearings will seek to identify what steps can be taken to reduce the rate of infection and mortality rate and improve the outcomes and experiences of patients, families, caregivers, and providers.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes’ duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.
Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gustavo Rivera</td>
<td>Chair, Senate Committee on Health</td>
</tr>
<tr>
<td>Rachel May</td>
<td>Chair, Senate Committee on Aging</td>
</tr>
<tr>
<td>James Skoufis</td>
<td>Chair, Senate Investigations &amp; Government Operations</td>
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<tr>
<td>Richard N. Gottfried</td>
<td>Chair, Assembly Committee on Health</td>
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<tr>
<td>Harry B. Bronson</td>
<td>Chair, Assembly Committee on Aging</td>
</tr>
<tr>
<td>John T. McDonald III</td>
<td>Chair, Assembly Oversight, Analysis &amp; Investigation</td>
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PUBLIC HEARING REPLY FORM

Testimony will only be taken upon approval by the Committee Chairs. Individuals who have been invited to present testimony are requested to complete this reply form as soon as possible and email a copy of planned testimony. Individuals invited to participate will be notified within 48 hours of the hearing. All replies and testimony submissions must be emailed to:

Carolyn Sheridan  
Policy Analyst  
Senate Majority Counsel’s Office  
Capitol - Room 500  
Albany, NY 12248  
Email: csherida@nysenate.gov  
Phone: (518) 455-2872

Anthony Kergaravat  
Principal Analyst  
Assembly Program and Counsel  
Room 442 – Capitol  
Albany, New York 12248  
Email: kergaravata@nyassembly.gov  
Phone: (518) 455-4371

☐ I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise.

   _____ August 3, 2020, for New York City, Westchester and Long Island (deadline for response July 30)
   _____ August 10, 2020, for Upstate New York (deadline for response August 6)

☐ I will address my remarks to the following subjects:

____________________________________________________________________________________

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required:

____________________________________________________________________________________

ALL INFORMATION BELOW MUST BE COMPLETED:

NAME: ______________________________________________________________________________

TITLE: ______________________________________________________________________________

ORGANIZATION: _______________________________________________________________________

ADDRESS: ___________________________________________________________________________

E-MAIL: ______________________________________________________________________________

TELEPHONE: ___________________________________________________________________________