



**ASSEMBLY STANDING COMMITTEE ON INSURANCE  
NOTICE OF ONLINE VIDEO PUBLIC HEARING**

**SUBJECT:** A Pause to Review: the COVID-19 Pandemic and its Ongoing Impacts on Insurance in New York

**PURPOSE:** To evaluate the impacts on consumers, businesses and all parts of the insurance industry, as a result of the COVID-19 pandemic to identify major issues, inefficiencies, potential legislative solutions and to look forward at the future of the industry in this state.

<https://www.nyassembly.gov/av/live/>

**Thursday  
February 24, 2022  
10:00 AM**

**ORAL TESTIMONY BY INVITATION ONLY**

The COVID-19 pandemic has affected all consumers and industries, governments and businesses, including insurance producers and their insureds. This event will provide an opportunity to engage with insurance stakeholders to identify major issues borne out of the global pandemic and to assess potential legislative and regulatory solutions. This hearing will explore the impacts across insurance specialties, businesses and consumers, including property casualty insurance and motor vehicle insurance, health insurance, and life insurance.

Please see the reverse side for a list of subjects to which witnesses may direct their testimony, and for a description of the bills which will be discussed at the hearing.

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.

**Hon. Kevin Cahill**

**Member of Assembly  
Chair, Committee on Insurance**

**SELECTED ISSUES TO WHICH WITNESSES MAY DIRECT THEIR TESTIMONY:**

Discussion will focus on issues affecting health, life, liability, property casualty and motor vehicle insurance, specifically related to: premium payments and grace periods; policy cancellations and renewals; givebacks and rebates; administrative requirements of insurers, agents and brokers; regulations by the Department of Financial Services and general consumer issues resulting from the COVID-19 pandemic.

**PUBLIC HEARING REPLY FORM**

Testimony will only be taken upon approval by the Committee Chair. 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:

Cynthia Jacobson  
Principal Analyst  
Assembly Program and Counsel  
Room 513 - Capitol  
Albany, New York 12248  
Email: jacobsonc@nyassembly.gov  
Phone: (518) 455-4857  
Fax: (518) 455-7250

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.

I will address my remarks to the following subjects:

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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:** \_\_\_\_\_

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**ALL INFORMATION BELOW MUST BE COMPLETED:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_