

SENATE STANDING COMMITTEE ON INVESTIGATIONS AND GOVERNMENT OPERATIONS

ASSEMBLY STANDING COMMITTEE ON GOVERNMENTAL OPERATIONS

LEGISLATIVE COMMISSION ON GOVERNMENT ADMINISTRATION

NOTICE OF PUBLIC HEARING

<u>SUBJECT</u>: New York State's Response to Federal Government Shutdowns

<u>PURPOSE</u>: To gather information on past actions and potential future actions by the State to respond to lapses in Federal appropriations

New York City Senate Hearing Room 250 Broadway, 19th Floor Hearing Room New York, NY October 29, 2019 11:30 a.m.

Once rare, lapses in Federal appropriations have been occurring with greater frequency and duration. In addition to imposing financial burdens on Federal workers and contractors, the 35-day government shutdown of 2018-2019 also threatened public services, from air traffic safety to tax refunds to food stamps. The purpose of this hearing is to gather information on the response to recent Federal shutdowns by New York and other jurisdictions, to determine what additional helpful measures might be undertaken in the future, and to take testimony on whether New York State should have a formal process for shutdown contingency planning.

People wishing to present pertinent testimony 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 people may be notified in the event of emergency postponement or cancellation.

Prepared oral testimony will be limited to ten minutes. In creating an order of witnesses, the Commission and Committees 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.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate receiving prepared statements in advance. In order to further publicize this hearing, please inform interested parties of the Chairs' interest in hearing testimony from all sources.

In order to meet the needs of those with 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.

James Skoufis Member of Senate Chair Committee on Investigations and Government Operations Michele Titus Member of Assembly Chair Committee on Governmental Operations David Buchwald Member of Assembly Chair Legislative Commission on Government Administration

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on New York State's Response to Federal Government Shutdowns are requested to complete this reply form as soon as possible, and mail, email or fax it to:

Brian Williams
Committee Analyst
Assembly Program and Counsel
Room 513 – Capitol
Albany, New York 12248
Email: williamsb@nyassembly.gov
Phone: (518) 455-4355
Fax: (518) 455-7250

Elijah Reichlin-Melnick Legislative Director Office of Senator James Skoufis 47 Grand Street Newburgh, NY 12550 Email: <u>Reichlin@nysenate.gov</u> Phone: (845) 786-6710 Fax: (845) 567-1276

- □ I plan to attend the hearing on "New York State's Response to Federal Government Shutdowns" to be conducted by the Senate Committee on Investigations and Government Operations, the Assembly Committee on Governmental Operations and the Legislative Commission on Government Administration on October 29, 2019.
- I plan to testify at the hearing. My prepared testimony will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- □ 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 Committees' mailing lists for notices and reports.
- □ I would like to be removed from the Committees' mailing lists.
- I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required:

NAME:
TITLE:
ORGANIZATION:
ADDRESS:
E-MAIL:
TELEPHONE:
FAX NUMBER: