



**ASSEMBLY COMMITTEE ON HEALTH
ASSEMBLY HISPANIC/PUERTO RICAN TASKFORCE
ASSEMBLY TASKFORCE ON NEW AMERICANS**

NOTICE OF PUBLIC HEARING

SUBJECT: Immigrant access to healthcare

PURPOSE: To examine immigrant access to, and utilization of, health care services.

New York City
Wednesday, December 13, 2017
10:00 A.M.
Assembly Hearing Room
19th Floor, 250 Broadway

ORAL TESTIMONY BY INVITATION ONLY

According to the Office of the State Comptroller, New York State has the second largest immigrant population in the United States with immigrants comprising about twenty-five percent of the State's population. These individuals are an integral part of New York's communities contributing to the workforce, culture, and economic revitalization. However, according to advocates, immigrants are less likely to have health insurance than people born in the United States and they face additional challenges when accessing healthcare services.

This hearing will focus on obstacles that immigrants may face when trying to access and utilize health care services, including: issues of cultural competency and language barriers; insurance coverage options for immigrants; Federal laws restricting coverage; how potential Federal policy changes could impact immigrants' ability to obtain health care services; and what the State can do to respond to such obstacles.

Persons invited to participate in the 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 in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes. All testimony will be under oath. In preparing the order of witnesses, the 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 Committees would appreciate receiving prepared statements in advance.

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.

**Richard N. Gottfried
Member of Assembly
Chair
Committee on Health**

**Marcos A. Crespo
Member of Assembly
Chair
Puerto Rican/Hispanic Task Force**

**Michaëlle C. Solages
Member of Assembly
Chair
Task Force on New Americans**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the hearing on “**Immigrant access to healthcare**” are requested to complete this reply form as soon as possible, and mail, email or fax it to:

Anthony Kergaravat
Principal Analyst
Assembly Program and Counsel
Room 442 - Capitol
Albany, New York 12248
Email: kergaravata@nyassembly.gov
Phone: (518) 455-4371
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I have been invited and plan to attend the hearing on “Immigrant access to healthcare” to be conducted by the Assembly Committee on Health the Assembly Hispanic/Puerto Rican Taskforce, and the Assembly Taskforce on New Americans on December 13, 2017, in New York, New York.

I plan to make a public statement at the hearing.

My statement 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 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:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____