



ASSEMBLY STANDING COMMITTEE ON INSURANCE

NOTICE OF PUBLIC HEARING

SUBJECT: A Pause to Review: The Ongoing Impacts of the COVID-19 Pandemic on Insurance in New York.

PURPOSE: To evaluate the impacts of the COVID-19 pandemic on insurance, consumers, businesses and the industry, including identifying major issues, inefficiencies, potential legislative solutions, and looking forward to the future of the insurance in this state.

Albany

Friday, May 20, 2022

10:00 AM

Hearing Room C, Legislative Office Building

198 State Street

Albany, NY

ORAL TESTIMONY BY INVITATION ONLY

The COVID-19 pandemic has affected all consumers and industries, governments and businesses, including insurance consumer and producers. 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 need for legislative and regulatory solutions. This hearing will explore the impacts across insurance specialties, businesses and consumers, including property and casualty, motor vehicle, health 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, liability, property and casualty, life 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 insurance 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
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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:

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: _____