



ASSEMBLY STANDING COMMITTEE ON AGING

SUBJECT: The impact of COVID-19 on programs and support services for older adults and their caregivers within the state

PURPOSE: To examine how the COVID-19 pandemic has impacted the availability, effectiveness, and efficiency of programs and services for older adults and their caregivers

ALBANY

Monday, November 22, 2021
10:00 A.M.
Hearing Room C
Legislative Office Building
Albany, New York

The Committee oversees a variety of programs for older adults and their caregivers including the Expanded In-Home Services for the Elderly Program (EISEP), Community Services for the Elderly (CSE) program, the Long Term Care Ombudsman Program, social adult day programs, caregiver resource centers, the Elder Abuse Education and Outreach Program, Senior Citizen Rent Increase (SCRIE) program, Naturally Occurring Retirement Communities (NORCs), and locally based meals-on-wheels. The COVID-19 pandemic has greatly impacted New York's older adult population not only from a physical standpoint in that the virus has greatly affected those who are immunocompromised, but mentally, socially, and economically. These programs and services have been vital to keeping older adults healthy and safe in their communities.

This hearing seeks to examine how the COVID-19 pandemic has impacted the availability, effectiveness, and efficiency of these programs and services for older adults and their caregivers. Additionally, the Committee also seeks testimony to evaluate what may be needed to ensure the effectiveness of these programs in the future.

Persons wishing 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 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.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

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.

Ron Kim
Member of Assembly
Chair
Committee on Aging

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on the impact of COVID-19 on programs and additional support services for older adults and their caregivers within the state are requested to complete this reply form as soon as possible and mail, email or fax it to:

Felicia Harris
Committee Analyst
Assembly Committee on Aging
Room 513 – Capitol Building
Albany, New York 12248
Email: harrisf@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

- I plan to attend the following public hearing on the impact of COVID-19 on programs and additional support services for older adults and their caregivers within the state to be conducted by the Assembly Committee on Aging on November 22, 2021.
- I plan 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 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: _____