ASSEMBLY STANDING COMMITTEE ON AGING

NOTICE OF PUBLIC HEARING

SUBJECT: New York State's Aging in Place Services and Programs

PURPOSE: To review and examine the effectiveness of existing programs and services offered by the New York State Office for the Aging to support aging in place

Tuesday
December 1, 2026
11:00 AM
Legislative Office Building, Hearing Room C
Albany, New York 12248

ORAL TESTIMONY WILL BE BY INVITATION ONLY

New York State has remained committed to supporting older adults and providing medical and non-medical services which allow them to remain as independent as possible for as long as possible. To support this mission and promote aging in place, the New York State Office for the Aging (NYSOFA) has established a wide range of programs and services, such as the GoGoGrandparent Transportation Program, Social Adult Day Services (SADS), Naturally Occurring Retirement Communities (NORCS), and the Expanded In-Home Services for the Elderly Program (EISEP).

New York currently has one of the nation's largest populations of older adults, and according to LeadingAge New York, its population aged 65 and over is expected to grow by 25% by 2040. To ensure that the needs of older adults and caregivers may continue to be met in real time, the Assembly Standing Committee on Aging seeks to examine the effectiveness of NYSOFA's existing programs and services that support older adults who wish to age in place. The Committee seeks feedback on regional disparities in program and service availability, gaps in services, barriers to aging in place, and opportunities to strengthen the state's readiness and capacity to support a growing aging population.

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 in the event of emergency postponement or cancellation.

Oral testimony will be limited to five (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.

Rebecca A. Seawright
Member of Assembly
Chair
Committee on Aging

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on New York State's Aging in Place Services and Programs are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Joseph Garofalo, Esq.
Associate Counsel
Room 513 – Capitol
Albany, New York 12248
Email: garofaloj@nyassembly.gov
Phone: (518) 455 - 4881
Fax: (518) 455 - 7250

☐ I plan to attend the following public hearing on New York State's Aging in Place Services and Programs to be conducted by the Assembly Committee on Aging on December 1, 2026.

☐ I have been invited to make a public statement at the hearing. My statement will be limited to five (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: