

SENATE STANDING COMMITTEE ON INVESTIGATIONS AND GOVERNMENT OPERATIONS

ASSEMBLY STANDING COMMITTEE ON GOVERNMENTAL OPERATIONS

<u>SUBJECT</u>: Videoconferencing by the Legislature

<u>PURPOSE</u>: To authorize the use of videoconferencing by the New York State Senate and Assembly to conduct meetings pursuant to the requirements of the Open Meetings Law.

Thursday December 19, 2024 10:00 am Hearing Room B Legislative Office Building Albany, New York 12248

ORAL TESTIMONY WILL BE BY INVITATION ONLY

Section 103-a of Article 7 of the Public Officers Law, constituting the Open Meetings Law, requires any state and local public body, including the New York State Senate and Assembly, to conduct a public hearing prior to adopting a resolution authorizing the use of videoconferencing to conduct open meetings under certain circumstances.

Persons invited to present pertinent testimony to the Committees 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 10 minutes' duration. 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 Committees staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees 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 Committees' 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.

James Skoufis Member of Senate Chair Committee on Investigations and Government Operations John T. McDonald III Member of Assembly Chair Committee on Governmental Operations

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on Videoconferencing by the Legislature are requested to complete this reply form as soon as possible and mail, email, or fax it to:

| Inve | Julianna Glassanos Associate Counsel Senate Standing Committee on stigations & Government Operations Room 500D, Capitol Albany, New York 12247 Email: glassano@nysenate.gov Phone: (518) 455-2711 Fax: (518) 426-6906 | Olivia Alderman Analyst Assembly Committee on Governmental Operations Room 513 – Capitol Albany, New York 12248 Email: aldermano@nyassembly.gov Phone: (518) 455-4355 Fax: (518) 455-7250 |
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| | I plan to attend the following public hearing on videoconferencing by the Legislature to be conducted by the Senate Committee on Investigations and Government Operations and the Assembly Committee on Governmental Operations on December 19, 2024. | |
| | I have been invited to make a public statement at the hearing. My statement will be limited to 10 of 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 followi | ng subjects: |
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| | 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: | | |