



ASSEMBLY COMMITTEE ON HEALTH

NOTICE OF PUBLIC HEARING

SUBJECT: Rural Health Care Services

PURPOSE: To gather information and input on rural health care.

Albany

Friday, May 31, 2019

10 A.M.

Hearing Room C

Legislative Office Building

Albany, New York, 12248

Rural patients and health care providers face particular challenges relating to health care access, delivery and financing. Concerns raised by such providers involve emergency and non-emergency transportation; workforce recruitment and retention; and rate adequacy for comparatively low-volume health care providers. This hearing is an opportunity for both healthcare providers and stakeholders to share their concerns about these unique challenges experienced in maintaining access to necessary health care services in rural areas across New York State.

People wishing to testify at this 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 people 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 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 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**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on **Rural Health Care Services** are requested to complete this reply form as soon as possible, and mail, email or fax it to:

Cynthia Jacobson
Committee Assistant
Assembly Program and Counsel
Room 520 - Capitol
Albany, New York 12248
Email: jacobsonc@nyassembly.gov
Phone: (518) 455-4311
Fax: (518) 455-7095

I plan to attend the hearing on "Rural Health Care Services" to be conducted by the Assembly Committee on Health on May 31, 2019 in Albany, New York

I plan to testify at the hearing.

My testimony 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: _____