



SENATE STANDING COMMITTEE ON TRANSPORTATION

NOTICE OF PUBLIC HEARING

SUBJECT: To examine the state of inter-city passenger rail in New York State.

PURPOSE: Hearing to examine the current state of passenger rail, comparisons with other states, examination of future plans including the state's "90B" passenger rail improvement plan, and discussing how to implement high speed rail in the future.

**Friday, January 29th, 2024
10:00 A.M.
Hearing Room A
Legislative Office Building
Albany, New York 12248**

ORAL TESTIMONY BY INVITATION ONLY

This public hearing will examine the current state of passenger rail in New York and suggest solutions to improve the system in the future, including, but not limited to, examining High Speed Rail's feasibility within the state. New York's passenger rail is often unreliable, with frequent delays and speeds slower than comparable states and nations. The federal Infrastructure Investment and Jobs Act (IIJA) is providing funds to improve passenger rail nationwide, yet New York has not received much, if any, funding for improvement. Additionally, the current preferred state plan for improvement would cost billions of dollars, take decades to fully implement, while eventually only improving speeds to 90 mph. By comparison, projects in other states propose trains capable of 200 mph. This hearing will examine the current state of inter-city passenger rail, proposals to improve service and time, and the feasibility of true High Speed Rail in the state.

Persons wishing to present pertinent testimony to the Transportation 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 10 minutes' duration. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Transportation 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 meet the needs of those who may have a disability, the Transportation Committee, in accordance with the Senate's 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 State Legislature facilities and activities.

Timothy M. Kennedy
Chair, Committee on
Transportation

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on inter-city passenger rail are requested to complete this reply form as soon as possible: by January 19th, 2024 for those seeking to testify in person, and by January 25th, 2024 for those seeking to submit written testimony. Please return this form by mail, email, or fax to both:

Rick Rodgers
Committee Director
New York State Senate Committee on Transportation
708 LOB, Albany, NY 12210
Email: rrodgers@nysenate.gov
Phone: 518-455-2426
Fax: 518-426-6851

Oral Testimony by Invitation Only

- I plan to attend the public hearing on inter-city passenger rail to be conducted by the Committee on Transportation on January 29th.
- I plan to make a public statement at the above hearing. My statement 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:

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