



**ASSEMBLY STANDING COMMITTEE ON
CORPORATIONS, AUTHORITIES AND COMMISSIONS;
ASSEMBLY STANDING COMMITTEE ON
CONSUMER AFFAIRS AND PROTECTION**

NOTICE OF PUBLIC HEARING

SUBJECT: Robocalls, spoofing and nuisance calls.

PURPOSE: The purpose of the hearing is to examine actions to combat robocalls and spoofing.

POSTPONED NEW DATE TBD

**June 17, 2019
10:30 AM
Hearing Room B
Legislative Office Building, 2nd Floor
Albany, NY 12248**

ORAL TESTIMONY WILL BE BY INVITATION ONLY

While the annoyance and burden of unwanted spoofing and robocalls continues to affect phone consumers, various initiatives are proceeding in an effort to minimize these nuisances. Regulatory and enforcement steps have been taken to address these concerns, such as an industry-wide commitment from telecommunications corporations to implement and deploy call authentication technology known as the Secure Telephone Identity Revisited and Signature-based Handling of Asserted Information Using toKENs (STIR/SHAKEN). Once deployed, it is anticipated that this technology will provide consumers with additional information about the identity of a caller or the type of call a person is receiving. Additionally in 2019, two major U.S. telecommunication corporations successfully verified authentication of calls between respective networks, while another major carrier has implemented the STIR/SHAKEN technology on their wireless network. The Committees seek testimony on new technologies and whether potential legislation could be utilized to decrease the amount of robocalls and spoofed calls.

This hearing is an opportunity for the Assembly Committee on Corporations, Authorities, and Commissions, and the Committee on Consumer Affairs and Protection to assess industry technology, including STIR/SHAKEN, and explore whether there are potential legislative remedies regarding robocalls and spoofing. The Committees will explore how to improve the safety and reliability of communication networks by better identifying legitimate callers and enhancing consumer satisfaction.

Persons invited to present testimony to the Committees for 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.

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

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.

Amy Paulin
Chair
Committee on Corporations,
Authorities and Commissions

Michael DenDekker
Chair
Committee on Consumer Affairs
and Protection

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing are requested to complete this reply form **as soon as possible** and mail or fax it to:

Theophilus Alexander
Committee Assistant
Assembly Committee on Corporations, Authorities and Commissions
NYS State Capitol Building
Room 513
Albany, New York 12224
Phone: (518) 455-4857
Fax: (518) 455-7250

- I plan to attend the public hearing on Robocalls, spoofing and nuisance calls to be held by the Assembly Standing Committee on Corporations, Authorities, and Commissions and the Assembly Standing Committee on Consumer Affairs and Protection.
- I have been invited to make a public statement at the hearing. I will answer any questions that may arise. I will provide 15 copies of my prepared statement.
- I would like to be added to the Committees' mailing list for notices and reports.
- I would like to be removed from the Committees' 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: _____