SENATE STANDING COMMITTEE ON LOCAL GOVERNMENT
SENATE STANDING COMMITTEE ON CITIES 1
SENATE STANDING COMMITTEE ON CITIES 2

NOTICE OF PUBLIC HEARING

SUBJECT: Water Security and Preparedness

PURPOSE: This hearing will provide an opportunity for public water system operators, officials, stakeholders, and experts to discuss potential vulnerabilities and the steps needed to prevent a targeted digital attack on their networks.

Thursday
October 1, 2026
12:00 pm
Senate Hearing Room
250 Broadway, 19th Floor
New York, NY 10007

ORAL TESTIMONY BY INVITATION ONLY

This hearing will examine the cybersecurity threats facing New York's municipal water and wastewater infrastructure following a series of digital attacks targeting water systems nationwide, where suspected state-affiliated cyber actors disrupted operational technology at several facilities in the United States.

The hearing will bring together and provide an opportunity for operators, officials, cybersecurity experts, and other stakeholders to discuss these emerging threats, the vulnerabilities facing water and wastewater systems in the state, and the resources and preparedness measures needed to protect these critical systems.

Persons wishing to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form by Monday, September 21, 2026. It is important 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 a **10 minute duration.** 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 meet the needs of those who may have a disability, the Committees, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), have made their 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.

Senator Monica R. Martinez
Member of the Senate
Chair, Committee on Local Government

Senator Erik Bottcher
Member of the Senate
Chair, Committee on Cities 1

Senator Chris Ryan
Member of the Senate
Chair, Committee on Cities 2

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Water Security and Preparedness are requested to complete this reply form by **9/21/26** for those seeking to testify in person, and by **9/24/26** for those seeking to submit written testimony. Please return this form by mail, or email to both:

James Cuddy
Director of Operations / Committee Clerk
Senate Standing Committee on Local Government
LOB 903, Albany
Email: cuddy@nysenate.gov
Phone: (518) 455-2768

Seth Squicciarino
Director of Communications
Senate Standing Committee on Local Government
250 Veterans Highway Hauppauge State Office Building, Room 3B-41-42
Hauppauge, NY 11788
Email: sqiccia@nysenate.gov
Phone: (631) 341-7111 ext. 1050

Oral Testimony by Invitation Only

☐ I plan to attend the public hearing on Water Security and Preparedness to be conducted by the Committees on October 1, 2026.

☐ 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:

TELEPHONE / FAX: