



# MONDAY ALERT

New York State Alliance *for* Retired Americans

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December 22, 2025

## **Governor Hochul to Sign Controversial "Right to Die" Legislation Supported by Majority of New Yorkers**

New York Governor Kathy has indicated that she will sign into law Right to Die legislation for the terminally ill in January after the state Legislature returns to enact a series of modifications to the legislation approved this past session.

The Legislation is supported by by the New York Psychiatric Association, New York Medical Association, New York Civil Liberties Union and some Senior organizations among others. NYSARA took no formal position on the legislation.

Opponents include various Religious organizations, notably the New York Catholic Conference.

Hochul, a Catholic, called the decision the most difficult she has had to confront as an elected official. She explained her reasoning in very personal terms in an Op-Ed article in the Albany Times Union: [Gov. Hochul Op-Ed on Right to Die Legislation](#)

Polls show the issue is supported by a majority of New Yorkers. Twelve states have enacted similar legislation.

Learn more about the issue and the legislation's provisions:

[New York Times Article on Right to Die Legislation](#)

**From Our Friends at LiveOn NY**

## State Updates

***Dec & Jan in Albany:*** The start of 2026 will enter in the rush of budget and legislative advocacy in Albany. The [Governor has scheduled her State of the State](#) for Tuesday, January 13 at 1:00pm. LiveOn NY continues to closely monitor bill signage or vetoes, which must be completed by today. [See this Gothamist article on which bills to watch](#) during the last few days of the December session. Governor Hochul also announced an agreement reached this week with the Legislature on the Medical Aid in Dying Act in New York. [See this Politico article for up to date analysis](#) and [this link for information](#).

***Age Strong NYS Advocacy Push:*** Along with our partners across the State, LiveOn NY is calling on Governor Hochul to prioritize dedicated funding for Master Plan for Aging proposals to fund the service network. Add your organization to the sign-on letter [here](#). See LiveOn NY events below for opportunities to advocate with us in Albany.

***HERR Program Open:*** OTDA has announced that the HEAP Repair and Replace Furnace Program (HERR) is open as of Thursday, 12/11. Due to limited funds, eligibility is restricted to homeowners aged 60+. For now, households in need should be directed to their local County Department of Social Services or, in NYC, HRA. [Click here](#) to visit OTDA's web site for more information on HERR, HEAP and other programs, including how to connect with local County Departments of Social Services.

***Call to Action:*** Our partner, the [Center for Elder Law & Justice](#), is spearheading the fight to increase the Personal Needs Allowance (PNA) for nursing home residents, which has been stuck at \$50 per month since 1988. Advocates are urged to contact Governor Hochul—by submitting a message through her [online form](#) or calling (518) 474-8390—and press for a PNA increase in the upcoming state budget to ensure residents can afford basic personal necessities and maintain dignity.

## Stefanik Ends Gubernatorial Bid and Congressional Career

U.S. Representative Elise Stefanik (R - NY 21st CD) has abruptly suspended her campaign for NYS Governor only a month after formally announcing it. She has also stated that she will not seek re-election to Congress.

Stefanik, who had the support of the New York Republican Party leadership faced a likely primary challenge from Nassau County Executive Bruce Blakeman, another

staunch supporter of President Trump.

Last week, a Siena College poll showed Stefanik trailing Gov. Kathy Hochul by 19 points among voters. Since taking office in 2015, Stefanik who represents a district in Northern New York, has a voting record of less than 10 percent in support of legislation favored by the Alliance of Retired Americans. (Versus Democratic New York's Congressional Delegation have lifetime records between 90-100 percent)

Stefanik was a leading proponent of the the Republican House support of the "Big Ugly Bill" last summer that undermines the health care of millions, including those within her own district. She has bragged in recent weeks about being a decisive vote for the legislation.

## **Analysis Flags Potential Medicare Advantage Access Issues for Mental Health Care**

By Julie Carter and our Friends at Medicare Rights

A [new analysis of patterns of mental health care access](#) for people switching from Medicare Advantage (MA) to Original Medicare (OM) shows a small but meaningful increase in mental health care use after the switch. This may reveal that the networks for mental health practitioners in MA plans are inadequate.

### **People Accessed More Mental Health Care in Original Medicare**

The researchers followed a sampling of MA enrollees who had at least one mental health visit, then switched to OM and had at least one mental health visit. The analysis revealed that the switchers accessed more mental health care in OM, with a marked increase in such visits to nurse practitioners and decreased visits with internal medicine and emergency medicine specialties. The researchers flag that the patterns may point to broader access to psychiatrists and non-physician providers in OM.

The researchers also note that many people would not be identified through their methods. For example, they used data that allowed them to track health care

utilization, which is an imperfect proxy for demand. And because they only compare people who had a mental health visit in MA and a subsequent visit in OM, they would not be capturing those who wanted but could not access care.

## **Adequate Networks Are Vital**

Compared to OM, MA networks generally limit enrollees' access to providers. A [recent KFF analysis](#) found that MA enrollees had access to around half (48%) of the providers that OM enrollees could see in 2022.

Since most MA plans require enrollees to pay more for care received outside of the network, having access to in-network providers is vital. Access to timely care is [especially important for many people seeking help for mental health conditions](#) who may be discouraged by roadblocks.

## **Plans May Disguise Inadequate Mental Health Networks**

Despite this need for adequate networks, a [recent Department of Health and Human Services Office of Inspector General \(OIG\) report](#) showed that many plans have limited networks of mental health practitioners. Even more troubling, the plans list inactive providers in directories; OIG found that more than half of the mental health providers listed as being part of MA networks were inactive.

## **Oversight Must Hold Medicare Advantage Plans to Account**

These numbers show the need for rigorous oversight to safeguard MA enrollees' access to care, given the potential for [inadequate networks and inaccurate directories](#) to create barriers and harms for people with Medicare.

At Medicare Rights, we are deeply committed to ensuring that Medicare and taxpayers get what they pay for, and that enrollees get what they need. To realize a more reliable and appropriate system, insufficient networks and incorrect plan materials must be rooted out and prevented from endangering beneficiary access to care.

Medicare Part B covers outpatient mental health care, including the following services:

- Individual and group therapy
- Substance use disorder treatment

- Tests to make sure you are getting the right care
- Occupational therapy
- Activity therapies, such as art, dance, or music therapy
- Training and education (such as training on how to inject a needed medication or education about your condition)
- Family counseling to help with your treatment
- Laboratory tests
- Prescription drugs that you cannot administer yourself, such as injections that a doctor must give you
- An annual depression screening. Speak to your primary care provider for more information

Original Medicare covers the outpatient mental health services listed above at 80% of the Medicare-approved amount. This means that as long as you receive services from a participating provider, you will pay a 20% coinsurance after you meet your Part B deductible. If you are enrolled in a Medicare Advantage Plan, contact your plan for cost and coverage information for mental health services. Your plan's deductibles and copayments/coinsurance may apply.

## **Congress Leaves for Holiday Break Without Extending ACA Subsidies**

On Wednesday, four Republicans – Reps. **Brian Fitzpatrick** (PA), **Mike Lawler** (NY), **Rob Bresnahan** (PA) and **Ryan Mackenzie** (PA) – defied GOP leadership and [signed onto](#) a Democratic discharge petition that will force a vote in the U.S. House on a bill to extend Affordable Care Act tax credits for three years.

Now that the discharge petition has enough signatures, the vote on ACA tax credits will most likely take place in January. But House Speaker **Mike Johnson** (LA) has not discussed a specific timeline.

The U.S. Senate also failed to pass legislation to extend the subsidies last week, rejecting two separate bills – one Democratic proposal and one Republican proposal.

22 million Americans who purchase health insurance through ACA exchanges will see their premiums spike starting January 1, skyrocketing [from an average](#) of \$888

this year to \$1,904 in 2026.

"While we're optimistic to hear that there might finally be some movement on this issue in January, it's devastating to know that millions of Americans will still see huge premium increases in two weeks," said **Robert Roach, Jr.**, President of the Alliance. "We implore Speaker **Johnson** and other Republican leaders to get this measure on the floor for a vote as soon as possible."

## **Americans Worry About Future of Social Security, Brace for Higher Costs Next Year**

Seniors are worried about struggling to pay their expenses amid rising [healthcare costs](#) that will continue to surge next year.

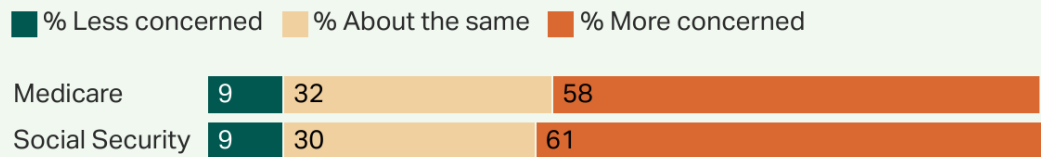
The Social Security Administration announced a 2.8 percent cost-of-living adjustment (COLA) for Social Security next year, which will provide about \$52 more per month for the average retired worker. But most seniors will have to put that extra money toward paying their Medicare Part B premium, which will increase to \$202.90 a month.

Americans aged 65 and older [will be able](#) to deduct an additional \$6,000 on their income taxes next year because of a provision in the Republican tax law passed this summer. This will primarily benefit seniors whose total income is between \$50,000 and \$200,000, but many low and middle-income beneficiaries will likely see no change at all. Whether or not someone's tax bill goes down will depend on their combined income from Social Security, pensions, retirement accounts, investments, and work. The provision is also temporary – it will only be an option until 2028.

[According to new polling data](#) from Gallup and West Health, Americans are concerned about the future of Social Security and Medicare.

## Majority of U.S. Adults More Concerned About Changes to Benefits

*Compared to a year ago, do you feel more concerned, less concerned or about the same about possible changes to Medicare/Social Security benefits?*



West Health-Gallup, 2025

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58 percent of Americans polled said they are more worried about Medicare now than they were a year ago, while 61 percent said they were more worried about Social Security now than compared to a year ago.

“Thanks to the Administration’s attacks on Social Security, seniors are ending this year on a fearful note. But it doesn’t have to be this way,” said **Richard Fiesta**, Executive Director of the Alliance. “If the wealthiest Americans paid their fair share into the system, we could actually afford to increase benefits. Next year, lawmakers should make strengthening Social Security a top priority.”

## New Research Indicates Shingles Vaccine Lowers Risk of Dementia

A [new study](#) finds a positive correlation between the shingles vaccine and a reduced risk for dementia. Shingles affects one in three Americans, and older adults are both at higher risk of developing the disease and experiencing complications. Thus, doctors recommend that all adults receive the two-dose vaccination.

The findings come as researchers seek to discover not only the preventative properties of the vaccine, but possible therapeutic properties as well. In a study that compared patients over the age of 80 who were not eligible to receive the shingles vaccine versus patients who were 79 years of age and vaccinated, the results showed that those who had received the vaccine had an approximate three percent reduction in dementia risk.

Research is ongoing, and doctors have yet to make any conclusive findings, but they have theories as to the reasoning behind the possible correlation. First, the vaccine provides protection against inflammation in the body. Second, the vaccine promotes an overall healthier immune system.

"We welcome these promising research results and encourage seniors to work with their physicians to receive the shingles vaccine if they haven't already," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "Medicare beneficiaries can get the vaccine for free thanks to the Inflation Reduction Act."

## ***KFF Health News: One Big Beautiful Bill Act Complicates State Health Care Affordability Efforts***

**By Bernard J. Wolfson**

As Congress debates whether to extend the temporary federal subsidies that have helped millions of Americans buy health coverage, a crucial underlying reality is sometimes overlooked: Those subsidies are merely a band-aid covering the often unaffordable cost of health care.

California, Massachusetts, Connecticut, and five other states have set caps on health care spending in a bid to rein in the intense financial pressure felt by many families, individuals, and employers who every year face increases in premiums, deductibles, and other health-related expenses.

Hospitals and other health care providers are citing Republicans' One Big Beautiful Bill Act, signed by President Donald Trump in July, as one more reason to challenge those limits.

The law is expected to reduce federal Medicaid spending by more than \$900 billion over a decade, which mathematically should help the overall health care system meet the caps. But the law is also expected to increase the number of uninsured Americans, mostly Medicaid beneficiaries, by an estimated 10 million people. Health care analysts predict hospitals and other providers will raise prices to cover the double whammy of lost Medicaid revenue and the cost of caring for an influx of newly uninsured patients.



## **Happy Holidays from the New York State Alliance for Retired Americans**

NYSARA wishes you and your family a safe and enjoyable holiday season. Check out union made products for your holiday celebrations by buying and using [union made products](#)!