



# MONDAY ALERT

New York State Alliance *for* Retired Americans

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## New York State Laws 2026

State lawmakers passed more than 850 bills during the 2025 session and some of the fruits of the legislative activity are ripening now. Several of the laws taking effect Thursday are intended to make New York more affordable for residents.

“New Yorkers shouldn’t have to choose between putting food on the table or being able to afford lifesaving medical devices and procedures,” the Democratic governor said in a statement Wednesday. “With these new laws going into effect, individuals will be able to focus on their health and well-being without having to worry about the financial burdens tied to treatments.”

Here are some of the more than a dozen New York state laws taking effect with the new year:

### **Cost cap for EpiPens**

Health insurance copays on EpiPens, the devices that auto-inject epinephrine for people with severe allergies, will now be capped at \$100 per pack. State officials said the measure was important for consumers as the cost of the lifesaving devices rose as high as \$600 for a two-pack.

The new cap was enacted in 2024 but takes effect now. However, if someone has a high-deductible insurance plan and hasn’t yet met their deductible, the cap won’t apply, according to a separate law enacted in 2025.

Hochul cheered the cap, along with two other health-related laws taking effect in 2026.

One would require health insurance companies to [cover breast cancer screening and diagnostic imaging](#). Another would require coverage for “scalp cooling,” a treatment that helps prevent hair loss for chemotherapy patients.

A major health insurer said the laws will increase the overall cost for consumers. Lev Ginsburg, executive director of the New York State Conference of Blue Cross and Blue Shield Plans, said the state now has more than 70 legal mandates on health plans.

“We must be honest about the economics,” Ginsburg said. “Every time the state adds a new mandate, it increases the underlying cost of insurance. ... The cumulative effect is a significant and unsustainable increase in premiums for every individual and small business in the state.”

### **A higher minimum wage**

The minimum wage across New York state will rise by 50 cents an hour this year. The hourly rate in New York City, Westchester County and Long Island will rise to \$17. That rate will reach \$16 in the rest of the state.

The change will affect an estimated 821,000 workers in New York, according to the state Department of Labor. Unions that pushed for the increase said it will provide meaningful help to low-income workers.

New York State AFL-CIO President Mario Cilento said he’s happy that starting in 2027, the minimum wage will increase automatically based on the rate of inflation.

“Indexing wages to inflation and phasing in increases responsibly were critical to ensuring workers and employers had predictable, reliable increases going forward,” he said in a statement. “This hard-won victory is another example of the labor movement fighting to ensure all working people are paid wages they can live on.”

[Some groups and officials are calling for further increases](#). The New York chapter of the National Federation of Independent Business has said additional hikes will force small businesses to raise prices and possibly close.

The federal minimum wage has remained at \$7.25 per hour since 2009.

## **Making organ donation easier**

A close friend can now authorize the anatomical gift of a deceased person's body for organ and tissue donation. New York had been an outlier among states in not including close friends among the people who can authorize the gift. Previously that list included designated health care agents, spouses, adult children and parents of a deceased person.

"This legislation is about ensuring that no opportunity to save a life is lost simply because the person who knew the decedent best wasn't legally recognized," said state Assemblymember Amy Paulin, a Democrat from Scarsdale who sponsored the bill.

"Close friends often serve as caregivers, decision-makers, and are the people who know an individual's values more than anyone else. It's only right that they be trusted with this responsibility when no family member is available."

A separate law expands the requirement that people be asked if they wish to be added to the organ donation registry when they sign up for an insurance policy.

## **Paid sick leave**

New York City's Paid Safe and Sick Time Act [will require employers](#) to provide 32 hours of unpaid safe and sick leave per year, effective Feb. 22, 2026, and employees may use this time immediately.

Employers must track and report both paid and unpaid leave balances, and events once covered under the Temporary Schedule Change Act will now qualify as valid reasons for leave. While employees may still request schedule changes, employers will no longer be required to approve them.

## **Updated driver points system**

New York will [implement stricter penalties](#) for traffic violations starting Feb. 2026. The license suspension threshold will shift from 11 points in 18 months to 10 points in two years. Penalties for common violations will increase. For example, speeding up to 10 mph over the limit will rise from 3 to 4 points, cell phone violations from 5 to 6 points, and reckless driving from 5 to 8 points.

Additional violations that previously carried no points will now be penalized, including 1 point for broken headlights or taillights and 2 points for illegal U-turns. Officials say

the changes are intended to improve road safety.

### **Standardized gratuity options for delivery workers**

Apps like Uber Eats and Instacart must include a gratuity option of at least 10% of the purchase price on every order as of January 26, 2026.

## **What happens if I leave SNF and then return?**

From Our Friends at Medicare Rights

Dear Marci,

While recovering from a stroke I spent three weeks in a skilled nursing facility (SNF). I chose to go home early, but I later realized I need more therapy. Will Medicare still cover another SNF stay? Are there time limits or special rules for readmission?

- Sam (Helena, MT)

Dear Sam,

Great question! If you leave a skilled nursing facility (SNF) and return Medicare will cover your stay as long as you meet certain requirements.

Medicare covers a SNF stay if you enter a Medicare-certified SNF within 30 days of leaving the hospital. If you return to that SNF or another one within 30 days of leaving, you can be readmitted without completing the [three-day qualifying hospital stay](#), and you will still be in the same benefit period. But if you return after 30 days have passed, Medicare won't cover your stay unless you have been in the hospital for another three-day qualifying stay in the 30 days before you enter the SNF.

Also keep in mind that Medicare will only cover your care in a SNF while you are there. If you need to leave the SNF for any reason, including going to the hospital, Medicare will not pay to hold your bed at the SNF. Though you may qualify for Medicare-covered SNF care after you leave the hospital, you might not be able to return to the same SNF, for instance if the SNF no longer has space for you.

In some cases, you may be able to save a bed at a SNF if you need to leave the SNF for a short period.

The SNF can charge for this service, and you will be responsible for paying the full cost of the charge out of pocket. In some states, Medicaid may pay for the bed-hold. If you have Medicaid, contact your local Medicaid office for more information.

Hope this is helpful!

-Marci

## **Most Billionaires Are Already Finished Paying into Social Security for 2026**

By the end of the first week of January, Americans who earn more than \$10,000,000 a year will be finished paying Social Security taxes for 2026. This year the cap on earnings subject to Social Security tax is \$[184,500](#).

[New research](#) from the Economic Policy Institute suggests that scrapping the Social Security tax cap would actually benefit many wealthy Americans in the long run. EPI estimates that 70 percent of workers between the ages of 32 and 66 who earned more than the taxable amount in 2024 would lose more from future benefit cuts than they would pay in additional taxes if lawmakers eliminated the cap.

Lawmakers can change this by raising or eliminating the cap on earnings subject to Social Security taxes, or by including more income sources — interest, business receipts, and capital gains — as Medicare does.

“We could strengthen Social Security and increase benefits if all Americans paid their fair share into the system,” said **Robert Roach, Jr.**, President of the Alliance. “Congress should take action to lift the cap now so we can get one step closer to retirement security for all.”

## **Reminder: Alliance National Membership Meeting is this April**

The Alliance looks forward to seeing you at our National Membership Meeting in April at the recently renovated [Sahara hotel](#) in Las Vegas, Nevada.

Come celebrate the Alliance’s 25th anniversary and chart our path forward in fighting

for retirement security and older Americans!



**The event will kick off with a late afternoon welcome reception on Monday, April 27 and will continue through Thursday, April 30.** Attendees will elect the Alliance's officers, participate in special workshops, learn about emerging issues and what's at stake in the 2026 elections, and how to grow our retiree activism.

More information, including registration details, will be announced in early January. In the meantime, please contact Joni Jones at [jjones@retiredamericans.org](mailto:jjones@retiredamericans.org) or call 888-373-6497 with any questions.

**[Click here to sign up for updates as more information becomes available.](#)**

## **Medicare Negotiated Prices for Ten Expensive Drugs Kick In This Year**

Seniors [will pay dramatically less](#) at the pharmacy counter for 10 high-priced prescription drugs this year, thanks to the Inflation Reduction Act (IRA) signed into law by President **Joe Biden** in 2022.

Old Prices Versus New Prices for 30-Day Supply of First 10 Negotiated Drugs			
Drug	Treats	Old Price	New Price
Eliquis	Blood clotting	\$521	\$231
Jardiance	Diabetes	\$573	\$197
Xarelto	Blood clotting	\$517	\$197
Januvia	Diabetes	\$527	\$113
Farxiga	Diabetes	\$556	\$178
Entresto	Heart failure	\$628	\$295
Enbrel	Autoimmune conditions	\$7,106	\$2,355
Imbruvica	Cancer	\$14,934	\$9,319
Stelara	Psoriasis and Arthritis	\$13,836	\$4,695
Novolog/Fiasp	Diabetes	\$495	\$119

The drugs – part of the first round selected for Medicare price negotiation – treat common health conditions, including but not limited to heart failure and diabetes. The Centers for Medicare and Medicaid Services (CMS) estimates that Medicare beneficiaries [will save](#) \$1.5 billion in out-of-pocket costs this year thanks to the negotiated prices.

Last year, Medicare selected fifteen additional drugs for negotiation. Negotiated prices for those will take effect in 2027.

As of January 1, the annual out of pocket cap for prescription drugs increased to \$2,100 for people with Medicare Part D. Once a beneficiary's prescription drug spending reaches that limit, the rest of their eligible costs will be covered.

Older Americans will continue to receive other benefits from the IRA this year, including:

- Insulin costs capped at \$35/month;
- Free recommended vaccines;
- An expanded Medicare Extra Help program to help pay for prescription drugs

“Since its inception, the Inflation Reduction Act has delivered savings and peace of mind for millions of older Americans struggling to pay for their prescription drugs, and this year will be no different,” said **Richard Fiesta**, Executive Director of the Alliance.



"We urge the Trump Administration to build upon the law's legacy and work to make health care more affordable for seniors."

## ***KFF Health News: Wheelchair? Hearing Aids? Yes. 'Disabled'? No Way.*** **By Paula Span**

In her house in Ypsilanti, Michigan, Barbara Meade said, "there are walkers and wheelchairs and oxygen and cannulas all over the place."

Barbara, 82, has chronic obstructive pulmonary disease, so a portable oxygen tank accompanies her everywhere. Spinal stenosis limits her mobility, necessitating the walkers and wheelchairs and considerable help from her husband, Dennis, who serves as her primary caregiver.

"I know I need hearing aids," Barbara added. "My hearing is horrible." She acquired a pair a few years ago but rarely uses them.

Dennis Meade, 86, is more mobile, despite arthritis pain in one knee, but contends with his own hearing problems. Similarly dissatisfied with the hearing aids he once bought, he said, "I just got to the point where I say, 'Talk louder.'"

But if you ask either of them a question included on a recent University of Michigan survey — "Do you identify as having a disability?" — the Meades answer promptly: No, they don't.

Disability "means you can't do things," Dennis said. "As long as you can work with it and it's not affecting your life that much, you don't consider yourself disabled."

Their daughter Michelle Meade, a rehabilitation psychologist and the director of the Center for Disability Health and Wellness at the university, accompanies her parents to medical appointments and tends to roll her eyes at their reluctance to acknowledge needing support.

Working with other researchers on the recent national poll has shown her how often older adults feel that they are not disabled despite ample evidence to the contrary.



