



# MONDAY ALERT

New York State Alliance *for* Retired Americans

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October 6, 2025

**"The government shutdown is the Democrats wanting to give free health care to undocumented immigrants."**

**NOT**

The assertion that the government shutdown in America is caused by the Democratic party that wants to give free health care to undocumented immigrants, said directly by President Trump, Vice President Vance, Speaker of the House Johnson and Majority Leader of the Senate Thune is a blatant lie. The fact is that according to the current federal law the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 **prohibits** undocumented immigrants from receiving most federally funded health care benefits.

Key provisions of PRWORA:

- **Bars eligibility:** PRWORA created categories of immigrants for benefits eligibility, explicitly barring undocumented immigrants from access to "federal public benefits," including major federal health coverage programs like the Affordable Care Act, Medicare, Medicaid and the Children's Health Program (CHIP)
- **Created a "qualified immigrant" standard:** The law defined who qualifies for federal benefits, with undocumented individuals falling outside this category.
- **Established limited exceptions:** PRWORA includes exemptions that allow undocumented immigrants to receive certain limited federal

benefits necessary for "the protection of life and safety. These include:

- - Treatment for emergency medical conditions under Medicaid. (FEDERAL LAW the **Emergency Medical Treatment and Labor Act** that requires hospitals with emergency departments to provide a medical screening exam and stabilizing treatment to anyone with an emergency medical condition, regardless of their immigration status or ability to pay. For undocumented immigrants, the costs associated with this emergency care are often reimbursed through the limited emergency Medicaid)
  - Immunizations for communicable diseases. (This protects other Americans from disease)
  - Limited services at Federally Qualified Health Centers.

## **From our Friends at LiveOn NY about what will be impacted for Seniors during the Federal Government Shutdown**

Here's what older New Yorkers and advocates need to know about key federally-funded programs:

- **Area Agencies on Aging:** AAAs throughout the state will not be affected by the shutdown until after December.
- **Direct Benefits for Older Adults:** The shutdown will not affect the payment of cash assistance, unemployment, Social Security, Medicare, or Medicaid.

- Social Security offices will not be able to provide benefit letters or earning statements during the shutdown.
- **SNAP:** The October allotment will not be affected, but future allotments may be. 92% of USDA staff will be furloughed, which will likely affect New York State's cost burden. People should continue to apply for benefits and recipients should continue to recertify. More info [here](#).
- **Hospital at Home Program:** The Medicare-sponsored HAH telehealth program is directly affected: hospitals have been forced to discharge patients due to the shutdown, leaving many seniors without telehealth services.
- **WIC:** The program will continue, but may be affected later in the year.

As the forecast of federal budget cuts remains unclear, LiveOn NY's [Age Strong](#), which NYSARA is a part, campaign is redoubling its advocacy for New Yorkers at the state and city level, calling for bold investments in affordable housing, food and nutrition, and community infrastructure to allow New Yorkers to age in dignity.

## MEDICARE REMINDER

By our friends at Medicare Rights

## [How to switch Medicare Advantage Plans or switch from Medicare Advantage to Original Medicare](#)

Typically, you can only enroll in a different Medicare Advantage Plan or switch between Original Medicare and Medicare Advantage during specific times each year. Make sure to enroll in a timely manner to avoid gaps in coverage when using these enrollment periods.

- **Fall Open Enrollment Period:** You can make a number of changes to your Medicare coverage during Fall Open Enrollment (also known as the Annual Election Period, or AEP). The Fall Open enrollment Period occurs each year from October 15 through December 7, with your new coverage starting January 1.
  - During this period you can:
    - Change your choice of health coverage
    - Add, drop, or change Medicare drug coverage
  - You can make as many changes as you need during this period, and your last coverage choice will take effect January 1. To avoid enrollment problems, it is usually best to make as few changes as possible.
- **Medicare Advantage Open Enrollment Period:** You can switch from your Medicare Advantage Plan (excluding Medical Savings Accounts, cost plans, and PACE) to another Medicare Advantage Plan, or to Original Medicare with or without a stand-alone prescription drug plan (Part D), during the Medicare Advantage Open Enrollment Period (MA OEP). The MA OEP occurs each year from January 1 through March 31. Remember, you can only use this enrollment period if you have a Medicare Advantage Plan. Changes made during this period take effect the first of the month following the month you enroll. For example, if you switch to a new Medicare Advantage Plan in February, your new coverage begins March 1. Unlike Fall Open Enrollment, you can only make a single change during the MA OEP.

- **Special Enrollment Period:** Under certain circumstances, you may be eligible for a Special Enrollment Period (SEP). SEPs allow you to change your health and/or drug coverage outside normal enrollment periods. For example, if your Medicare Advantage Plan would leave your area or you would move out of your plan's service area, you would receive an SEP to switch to another MA Plan or to Original Medicare. There are several circumstances that may trigger an SEP.

## **Capital District Chapter of NYSARA Plans Alzheimer's Program**

Join fellow NYSARA members, and learn about the heartbreak and challenges of Alzheimer's Disease, how it affects individuals and families and how to access the help and resources you may need.

**Date:** Thrs. Oct. 23

**Time:** 1-2:30 pm

**Place:** Jos. Zaloga

American Legion Post

4 Everett Road

Albany, NY

**Guest Speaker:** Bill Gustafson, Alzheimer's Association of New York State

*Nearly 7 million Americans are living with Alzheimers -  
Come and Learn what you need to know!*

**Please RSVP to Jack Rohl : [jack\\_rohl@yahoo.com](mailto:jack_rohl@yahoo.com) or (518) 275-5073**

**Medicare Prior Authorization Pilot Program.**

## **A gateway to Medicare Advantage being the default option for those turning 65 (As per Project 2025)**

Medicare provides health insurance for over 68 million Americans, including 61 million who are 65 years of age or older and more than seven million with disabilities under the age of 65.

The NYS Alliance for Retired Americans opposes all cuts to Medicare and any effort to reduce benefits or privatize the program. Older Americans earned their guaranteed Medicare health benefits over a lifetime of hard work. NYSARA is extremely concerned about a recent Trump administration pilot program, discovered by our affiliate **NYSUT 2nd Vice President and NYSARA Board Member Ron Gross**, that is set to begin in January, 2026. Named the “[WISer Model](#)” Medicare Pilot Program, it is planned for six states (Arizona, New Jersey, Ohio, Oklahoma, Texas, and Washington) and is being carried out under the pretense of addressing “fraud, waste and abuse” in traditional Medicare.

In the pilot, health care providers need to obtain approval from for-profit insurance companies prior to administering certain health services. In addition, the companies that CMS hires plan to utilize Artificial Intelligence (AI) to determine whether Medicare patients should be covered for certain medical procedures. Traditional Medicare has only rarely required [prior authorization](#) for health care services, and enrollees in Medicare Parts A and B can generally see specialists, visit hospitals, and get care out of state without having to ask for Medicare’s permission.

A stated goal of Project 2025 is to “[g]ive beneficiaries direct control of how they spend Medicare dollars.” Yet the result of making MA the default Medicare enrollment option will be the opposite: to give for-profit

corporations more control by restricting the choices of even more older Americans.

Once a Medicare enrollee has chosen an MA plan, they are constrained to a network of providers, which restricts their choice of doctors and hospitals, compared with traditional Medicare enrollees, who can see nearly any Medicare provider nationwide. Sometimes, MA networks can be very limited: According to a 2017 report, MA networks, on average, included fewer than half (46 percent) of all Medicare physicians in a given county. Data show that some MA plan networks are restricted to an area as small as a single county, and nearly half of MA plan networks include no psychiatrists. One study of cancer patients from 2015 to 2017 found that MA enrollees were 6 percent less likely than TM enrollees to use “top-ranked cancer hospitals for complex cancer surgery,” suggesting that beneficiaries in MA plans also have less access to at least the best cancer care.

In the name of cost savings, MA plans also often require burdensome prior authorization for services and medications and sometimes deny doctor-recommended care.

In 2022, physicians submitted more than 46 million prior authorization requests to MA plans. According to the American Medical Association, in 2023, physicians submitted an average of 45 requests per week and 1 in 3 physicians had staff members assigned exclusively to prior authorizations.

Prior authorization’s excessively complicated review process used in the Medicare Advantage program has been severely criticized for many reasons. Chief among them is that requiring prior authorization for a medical procedure very often delays or leads to denials of necessary health care procedures for older Americans enrolled in MA. The Alliance has great concerns that this pilot program, once implemented in the six states, for Medicare beneficiaries.

## Health Care Cuts Loom As Government Shutdown Begins

On Wednesday, the federal government [officially shut down](#) after Congress failed to pass a funding bill. House Republicans passed a so-called “clean” funding bill that would have kept government spending at previous levels for seven weeks, but their bill did not extend the Affordable Care Act tax credits, which expire this year. The budget measure failed in the Senate, where 60 votes are required for passage, causing the shutdown.

Social Security and Medicare are not directly affected, but won’t go completely unscathed. Beneficiaries [will not be able](#) to access certain in-person services at Social Security Administration (SSA) offices or replace Medicare cards due to staff furloughs. The shutdown could also delay the official announcement of the 2026 Social Security cost-of-living adjustment (COLA) and Medicare Part B premium.

Without Congressional action, on January 1, health insurance premiums [will increase](#) as much as 114 percent for the 22 million Americans who purchase health insurance through Affordable Care Act exchanges – including four million Americans between the ages of 45 and 64 years of age. More than [half of the adults](#) with these plans are small business owners or employees, including farmers, or are self-employed.





Democrats, including Senator **Raphael Warnock** (GA), are sharing examples of skyrocketing premiums from constituents to increase pressure on Republicans to negotiate.

More than three-quarters of the public say they want to extend Affordable Care Act tax credits, according to a [new KFF poll](#).

"The Administration has chosen to let the government shut down and forced hundreds of thousands of federal workers to either work without pay or get put on leave all to put health care out of reach for millions of families," said **Robert Roach, Jr.**, President of the Alliance. "We must let them know that this is absolutely unacceptable. It's time to get to work, fund the government and renew ACA subsidies."

## **Report: Poverty is Rising, But Only for Seniors**



The percentage of older Americans living in poverty increased from 14.2 to 15 percent between this year and last year, [according to a new report](#) from the U.S. Census Bureau.

The uptick is specific to seniors, as every other age group analyzed either had poverty rates that decreased or remained steady. Previous data shows that senior poverty has risen every single year since 2020.

Experts say this percentage will continue to increase as seniors are hit with elevated inflation and rising health care costs. The problem will also be compounded by the Administration's looming cuts to food assistance, Medicaid, and other benefits that usually provide relief.

Research demonstrates that increasing Social Security benefits would help, as it [is a critical lifeline](#) for reducing the senior poverty rate, lifting more than 16 million Americans 65 years and older out of poverty in 2023 alone.

"This should be a wakeup call for every member of Congress. Rather than working to preserve and enhance retirement security, Congress and the President have slashed health care and food assistance," said **Richard Fiesta**, Executive Director of the Alliance. "Congress can take the first step

by making the wealthy pay their fair share into Social Security so we can actually increase benefits.”

## **Reminder: Only Six Weeks Until the Alliance’s Annual Retirement Security Symposium on November 19**

It’s time to register for our annual Retiree Security Symposium, *The Looming Retirement Security Crisis*, on Wednesday, November 19, 2025, from 9:00 AM to 4:00 PM at AFL-CIO headquarters in Washington, DC.

**Liz Shuler**, President of the AFL-CIO, and Rep. **John Larson** (CT), Ranking Member, House Committee on Ways and Means Social Security Subcommittee, have been invited to speak at the event.

Due to limited space, please RSVP at <https://tinyurl.com/Symposium111925> by **November 1, 2025**. A continental breakfast and lunch will be provided. The event will also be livestreamed. Respondents who RSVP to attend virtually will receive the link for the livestream.

If you have any questions, please contact Joni Jones at [jjones@retiredamericans.org](mailto:jjones@retiredamericans.org) / 202-637-5377.

## **KFF Health News: Shutdown Halts Some Health Services as Political Risks Test Parties’ Resolve** **By Stephanie Armour and Julie Rovner and Amanda Seitz and Arielle Zions and Rachana Pradhan**

Threats of a federal government shutdown have gone from being an October surprise to a recurring theme. This time around, though, the stakes are higher.

Federal funding ran out at midnight on Oct. 1, after Congress failed to pass even a stopgap budget while negotiations continued.

Now the question is how long the deadlock will last, with Democrats pitted against Republicans and a presidential administration that has broken with constitutional norms and regularly used political intimidation and primary threats to achieve its ends. Because Republicans hold only a slim majority in the Senate, any deal will need to attract at least a few Democratic votes.

Ramifications from a shutdown on public health systems and health programs will be felt far beyond Washington, D.C., halting almost all of the federal government's nonessential functions, including many operations related to public health.