MONDAY ALERT

New York State Alliance for Retired Americans

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From Our Friends at LiveOn NY

SNAP & HEAP Updates

SNAP: As reported in POLITICO just this afternoon, Secretary Rollins has announced that the USDA will require all SNAP beneficiaries to re-apply due to "fraud". There are no details as to deadlines or process. As we learn more, we will keep you updated. As of today 11/14, New York State has issued full SNAP benefits to all eligible households. SNAP households should continue to complete all SNAP requirements, and new applications for SNAP will continue to be accepted. More information can be found here: NYS OTDA For State by State updates on November allocations click on FRAC's spreadsheet here.

HEAP: Although the federal shutdown has ended, HEAP funds are still expected to take several weeks to reach New York. The Public Service Commission (PSC) approved a one-year halt on disenrollment from the state's Energy Affordability Program for major utilities (with LIPA–PSEG expected to follow), extended the acceptable age of benefit award letters to 18 months, and directed submetering companies to stop removing low-income customers. Advocates note ongoing concerns about disconnections and limited relief options, especially for households relying on deliverable fuels. **Note: Senator Gillibrand this week signed onto a bipartisan letter regarding the urgent need to release LIHEAP funds.**

- Read this op-ed from the Public Utility Law Project on the urgency of this issue.

Federal Updates

End to Shutdown: The government shutdown has finally ended after 43 days. In New York, SNAP benefits have already been fully disbursed, but in states where SNAP was not paid for by state governments recipients will receive benefits by Monday. Air traffic restrictions are being eased, with travel during the Thanksgiving holiday likely to proceed smoothly. Please see this article from NPR yesterday afternoon which lays out how federal programs are being turned on. See also here for the National Council on Nonprofits Statement.

Healthcare Access: As reported by Medicare Rights Center here: According to the Medicare Rights Center, Congress passed—and the president signed—a continuing resolution funding the government through January 30, 2026, with extensions for Medicare telehealth, hospital-at-home authority, and SNAP through September 30, 2026. However, the deal again leaves out extensions of ACA Marketplace tax credits, a core issue in the shutdown fight. Medicare Rights warns that allowing these credits to expire will increase the number of uninsured, strain safety-net providers, destabilize insurance markets, and raise costs for millions, including people nearing Medicare eligibility. See this map from Center for Budget and Policy Priorities showing the extreme increase in Marketplace premiums.

HUD Budget: HUD is advancing a dramatic shift in its Continuum of Care program that would cut permanent supportive housing funding by nearly two-thirds and redirect dollars to short-term programs tied to work and treatment requirements—a move that, according to internal estimates reported by POLITICO and the New York Times, could put more than 170,000 people nationwide, including 13,000 New Yorkers, at risk of losing their homes. With grant cycles set to lapse before new awards are issued, many programs may temporarily lose all funding during the coldest months of 2026, potentially displacing long-time supportive housing residents—older adults, veterans, survivors of domestic violence, and families—who have spent years rebuilding their lives. See analysis of the impact in NY from the Support Housing Network of New York (SHNNY) here.

Social Security COLA**:** The Social Security Administration announced a 2.8% increase for the 2026 Cost of Living Adjustment (COLA). See here. See also Justice in Aging's issue brief: Social Security is Vital to Americans Nationwide.

Age Strong New York Campaign: LiveOn and our Age Strong partners, **including NYSARA**, are gearing up for the State budget cycle. The campaign centers on three pillars and identifies seven MPA proposals to advance this legislative session. We are also supporting bills on EISEP modernization, elder parole, strengthening guardianship, SCRIE/DRIE improvement and protection, preventing elder financial abuse, SNAP skimming, and more. See core information here. Sign-on opportunities and more info to come in the coming weeks

Most Medicare Advantage Enrollees Sacrifice Access to Wide

Network of Medicare Providers

By Julie Carter and our Friends at Medicare Rights

Medicare Open Enrollment is currently underway and runs until December 7. During this period, people with Medicare can make changes to their Medicare coverage like going from Original Medicare to Medicare Advantage—or vice versa—or switching to new Medicare Advantage or Part D plans.

Don’t Forget Networks

Choosing between Original Medicare and Medicare Advantage can be complex. One aspect that can be easily overlooked is the importance of networks. With Original Medicare, enrollees can see any provider and use any facility that accepts Medicare (which includes both participating and non-participating providers). Enrollees in most Medicare Advantage plans are limited to seeing in-network providers if they want to avoid extra costs.

How Extensive Are Provider Networks?

A recent KFF analysis found that Medicare Advantage enrollees had access to around half (48%) of the providers that Original Medicare enrollees could see in 2022. The breadth of networks varied wildly across counties, from an average of 15% of available providers in Charles County, Maryland to 88% in Redwood, Minnesota.

Potential Enrollees Should Confirm Network Participation Before Enrolling

Importantly, the KFF analysis is based on public plan directories, which are notoriously inaccurate. Initial searches on the online Medicare Plan Finder (MPF) tool can help identify whether preferred providers contract with available plans. But directory information on Plan Finder does not include all plans and, like other directories, can also be inaccurate.

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In addition to known network issues, plans may also disguise network inadequacy using “ghost networks,” where plans hide the small number of in-network providers by including inactive providers.

Together, these network issues mean Medicare Advantage enrollees have less choice of provider than Original Medicare enrollees and may encounter issues when trying to access care.

Because of these inaccuracies, Medicare Rights always recommends potential enrollees contact plans or providers directly to double-check what providers or facilities are in-network.

Some Help for Those Misled by Medicare Plan Finder

Those who make a bad enrollment decision based on Plan Finder's inaccurate directories should be able to switch to a new plan using a temporary "Special Election Period for Incorrect Medicare Plan Finder Medicare Advantage (MA) Provider Directory Information." This SEP will offer relief for people who trust the MPF directory information to choose a plan but later discover the directory was wrong.
This temporary SEP will be available to individuals who made MA enrollments with effective dates of 1/1/26 through 12/1/26.

To qualify for the SEP, individuals must:

1. Rely on MPF provider directory information,
2. Enroll in an MA plan through MPF,
3. Within 3 months of coverage starting, discover that their preferred provider was not actually in the MA plan's provider network, and
4. Call 1-800-MEDICARE for help.

People using the SEP will be able to switch to a new MA plan or to Original Medicare (adding a Part D plan if necessary).

NYS Pension Fund Valued at $291.4 Billion at End of Second Quarter

The estimated value of the New York State Common Retirement Fund (Fund) was $291.4 billion at the end of the second quarter of State Fiscal Year 2025-26, New York State Comptroller Thomas P. DiNapoli announced today. Fund investments returned an estimated 4.13% for the quarter and 9.82% for the first six months of the fiscal year.

"Despite ongoing domestic and global volatility, financial markets have performed well over the past quarter, benefitting the state pension fund," DiNapoli said. "Yet concerns over a slowing labor market, inflation and uncertain federal policy warn of turbulence ahead. Our diversification strategy, long-term perspective and effective management strongly positions the Fund to ensure that state and local government employees will receive the retirement benefits they have earned, even amid any market fluctuations."

The Fund's audited value was $273.1 billion as of March 31, 2025, the end of the state's fiscal year.

As of Sept. 30, 2025, the Fund had 41.7% of its assets invested in publicly traded equities. The remaining Fund assets by allocation are invested in cash, bonds, and mortgages (21.5%), private equity (14.1%), real estate and real assets (14.1%) and credit, absolute return strategies and opportunistic alternatives (8.6%).

The Fund's long-term expected rate of return is 5.9%.

DiNapoli initiated quarterly performance reporting by the Fund in 2009 as part of his ongoing efforts to increase accountability and transparency.

Alliance Annual Retirement Security Symposium is Wednesday

On Wednesday, November 19, the Alliance will host its annual Retirement Security Symposium from 9:00 AM to 4:00 PM at AFL-CIO headquarters in Washington, DC.

The event will also be livestreamed. To review the agenda and RSVP click here. People who RSVP to attend virtually will receive the link for the livestream via email.

If you have any questions, please contact Joni Jones at jjones@retiredamericans.org / 202-637-5377.

Supreme Court to Consider Case That Could Affect 46 Million Americans Who Vote by Mail;
Mississippi Alliance Joins Veterans Organization to Defend Mail-in Voting

The U.S. Supreme Court has agreed to consider arguments in a key Mississippi voting rights lawsuit that threatens mail-in ballot rules nationally. The case, filed by the Republican National Committee and the Libertarian Party of Mississippi, seeks to invalidate a longstanding state
law that allows any ballots mailed on or before Election Day and received up to five business days after Election Day to be counted.

Last year, a federal district court concluded that throwing out Mississippi's statute is unnecessary because current federal law gives states the power to set ballot deadlines after Election Day. But a panel of judges on the U.S. 5th Circuit Court of Appeals disagreed, ruling in favor of the plaintiffs. The Mississippi Alliance joined Vet Voice Foundation and state lawyers in appealing the 5th Circuit Court's decision.

"Our legislature got it right when they said that no voter should have their ballot thrown out simply because of delays in the mail," said **James Sims**, President of the Mississippi Alliance.

The Supreme Court's ruling will have implications for 29 states that also allow officials to count ballots that are postmarked on or before Election Day. In 2024, 46.8 million voters cast their ballots by mail, and the U.S. Postal Service reports that 119,000 of those ballots took more than seven days to deliver.

"The right to vote is sacred, and the Alliance will always work to make sure all Americans' voices are heard," said **Robert Roach, Jr.**, President of the Alliance. "Making it harder to vote by mail doesn't make elections more secure, it simply creates obstacles that make it harder for seniors to exercise their right to vote. This is tantamount to voter suppression."

Government Shutdown Ends After 43 Days

President **Donald Trump** signed a bill passed by Congress on Wednesday night, officially ending the longest federal government shutdown in history.

The legislation provides funding for most agencies until January 30, although some parts of the government are funded through September 2026. It also includes provisions that extend telehealth services for Medicare beneficiaries through January 30 and lifts the so-called "PAYGO" rules from the Republican tax law that would have triggered automatic cuts to Medicare.

"It's good news that Congress has renewed the Medicare telehealth services that millions of seniors rely on for care," said **Richard Fiesta**, Executive Director of the Alliance. "We're also heartened to hear that lawmakers prevented Medicare cuts triggered by the budget and tax plan passed by Republicans last summer."

KFF Health News: As Health Companies Get Bigger, So Do the Bills. It's Unclear if Trump's Team Will Intervene.
By Elisabeth Rosenthal

A cancer patient might live in a town with four oncology groups, but only one accepts his insurance — the one owned by his insurer. A young couple could see huge bills after their child is born, because their insurer agreed to the health system's rates in exchange for a contract with obstetricians across the country. A woman might have to pay a big sum she can't afford for basic lab tests at a hospital — inflated rates her insurer accepted so its customers have access to the system's children's hospital elsewhere in the state.

And even well-insured patients receive unaffordable bills in this era of high-deductible health plans, narrow insurance networks, and 20% cost sharing.

Health systems, doctor groups, and insurers are merging and coalescing into ever-bigger giants. While these mergers are good for business, studies show the escalating consolidation in health care is driving up prices, harming patient outcomes, and decreasing choice for people who need care. A recent study found that six years after hospitals acquired other hospitals, they had raised prices by 12.9%, with hospitals that engaged in multiple acquisitions raising their prices by 16.3%.

These new deals are “mutually enforced monopolization,” said Barak Richman, the Alexander Hamilton professor of business law at George Washington University. “It’s not competition. It’s more like collusion. They don’t care about price.”