



End of Year Review 2024

PHYSICIANS FOR A NATIONAL HEALTH PROGRAM | 29 E. MADISON STREET, SUITE 1412, CHICAGO, IL 60602 | PNHP.ORG

Standing strong: Building momentum for health justice in 2025

As the year draws to a close, we reflect on a pivotal moment in the fight for equitable health care—and prepare for the challenges ahead. This election season underscored the urgent need for systemic change. PNHP and our allies are gearing up for major battles against privatized models like Medicare Advantage, and against corporate-driven health policies that continue to harm patients and physicians alike. At our post-election Annual Meeting, we were inspired by a powerful keynote speech from Congresswoman Pramila Jayapal, lead sponsor of the Medicare for All Act. Her words reminded us why grassroots movements are crucial to achieving transformational change against daunting odds. The meeting also featured powerful video messages from Congresswomen Jan Schakowsky and Delia Ramirez, reaffirming their commitment to health equity and single-payer reform.

As we move forward, PNHP members like you will continue to lead the charge. Together, we can amplify the voices of physicians and patients, hold policymakers accountable, and ensure that meaningful health care reform returns to the forefront of the national agenda.

Thank you for standing with us. Let's make 2025 the year we turn the tide for health justice.



Dr Sanjeev Sriram (R) rallies for Medicare for All during our Nov. 2023 Annual Meeting in Atlanta.

Meet PNHP's new board of directors

The results of PNHP's board elections are in. Newly elected board members include: Belinda J. McIntosh, MD (At-large); Ashley A. Duhon, MD (North East); Shannon Rotolo, PharmD, BCPS (North East); Toby Terwilliger, MD (South); and Monica Maalouf, MD, FACP (North Central). Re-elected board members

include: Diljeet Singh, MD, DrPH (At-large); Jessica Schorr Saxe, MD, FAAFP (South); and Eve Shapiro, MD, MPH (West). Outgoing board members include: Mary O'Brien, MD (North East); Wayne Strouse, MD, FAAFP (North East); Jonathan Michels (South); and Peter Orris, MD, MPH (North Central).

Spotlight on Strategy: Meeting with our legislators

Bloomberg

Industries | Health

Health Insurers Tumble as Final Medicare Advantage Rates Disappoint

- Limits increase for 2025 despite insurers' cost fears
- Decision shows tougher government stance on health expenses

PNHP is proud to celebrate a crucial win in the fight against the corporate takeover of Medicare. Earlier this year, the Centers for Medicare and Medicaid Services did something it rarely ever does: Despite industry lobbying for a massive Medicare Advantage rate hike, administrators held firm to their actuarially derived payment proposal. This marks a major victory in holding MA plans accountable, and would not have been possible without PNHP members voicing their strong support for the actuarially-based proposal. Backed by PNHP research, our members sent thousands of emails, met with dozens of Congressional representatives, and sat down with key Biden administration officials—and we prevailed,

PNHP's MA Harms Report: Exposing the profit-driven threat to patients, providers, and Medicare's mission

PNHP published a major report on the harms of Medicare Advantage (MA) in May, revealing the detrimental effects that corporate health plans have on patients, health care providers, and the broader health care system (pnhp.org/harmsreport). While insurers promote so-called “Advantage” plans on the basis of perceived cost savings and enhanced benefits, our report challenges these claims, exposing a system where profit-driven middlemen jeopardize patient health and the integrity of health care delivery. Report highlights include:

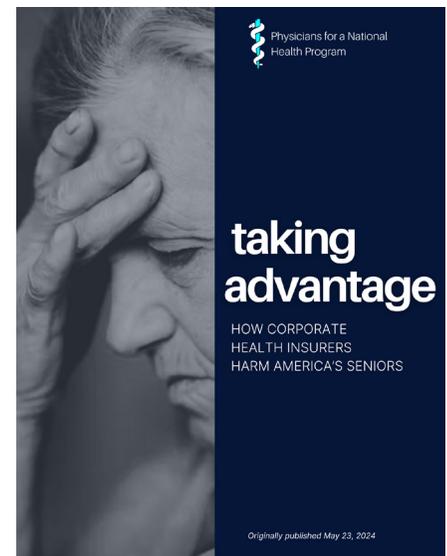
Key Issues for Patients: MA plans restrict patients’ access to care through narrow provider networks and mandatory prior authorizations. These restrictions, combined with misleading information about network coverage, delay necessary treatments and, in many cases, result in preventable harm or even death. According to a 2024 estimate, 11.7 million MA beneficiaries are in plans that exclude over 70% of physicians in their county. Many beneficiaries—about 7.3 million—are considered underinsured due to high out-of-pocket costs, pushing them into medical debt. MA enrollees also face uniquely burdensome prior authorization requirements, which delay essential care and can endanger lives. For example, cancer patients in MA have a twofold increase in the likelihood of death after pancreatic surgery, compared to those in the traditional Medicare (TM) program.

Barriers for Providers: Health care providers face excessive administrative hurdles in MA. Prior authorization alone wastes between 11.1 and 20.5 million hours annually, diverting precious resources from patient care. Additionally, MA plans frequently delay or deny payment for approved services, creating financial instability, especially for resource-limited

hospitals and clinics. Our report highlights that 36 studies collectively document negative outcomes for patients and providers under MA, undermining the insurance industry’s claim that it delivers higher quality care.

Patient Entrapment: Many patients are unable to leave MA for TM due to limitations on Medigap coverage in most states. Without Medigap, TM becomes unaffordable, leaving seniors effectively trapped in MA, regardless of their dissatisfaction with the coverage. This practice restricts patients’ freedom of choice and often forces them to stay in plans that prioritize profit over their well-being.

Misleading Quality Claims: Our report highlights the failure of MA to deliver promised quality improvements. Studies, including those from MedPAC, show no consistent pattern of better outcomes under MA, despite higher costs. Insurers selectively enroll healthier individuals to skew outcome data, making MA appear more effective than it is. Marketing tactics also mislead patients about MA benefits, emphasizing perks while downplaying limitations and restrictions.



Spotlight on Strategy: Changing the narrative on so-called “Advantage” plans

On June 3, PNHP hosted an impactful webinar featuring Senator Elizabeth Warren. During the event, Sen. Warren delivered a powerful message, reassuring activists that the movement to protect Medicare from corporate profiteers is gaining ground in Washington, D.C. Sen. Warren spotlighted the deceptive practices of MA plans, which restrict access to needed care and place profits over patients. Thousands of viewers tuned in live as she encouraged attendees to share stories of how MA plans harm patients, to engage with their legislators, and to build grassroots support. “Together, we can take on corporate insurers and reclaim Medicare,” she urged.



PNHP's Sept. 30 Day of Action: Taking a stand against Medicare profiteering

Medicare advocates across the country united for PNHP's Day of Action on Sept. 30, highlighting the urgent need to end profiteering. Supporters nationwide exposed the harmful practices of private insurers like Aetna, Humana, and UnitedHealthcare, who continue to prioritize their own financial interests over patient health. These plans often force seniors to switch doctors, pay unexpected out-of-pocket costs, and endure delays in care that can result in severe harm or even death. Highlights from our Day of Action include:

New York City: Seniors, health care workers, and activists marched from City Hall to Aetna CVS Health headquarters, demanding accountability for their profiteering practices.

Hartford, CT: U.S. Senator Richard Blumenthal announced that his Senate subcommittee is finalizing a report on Medicare Advantage, revealing that private insurers are charging more for lower-quality care. Speaking alongside advocates, Sen. Blumenthal stated, "There is no advantage for patients in Medicare Advantage...and for taxpayers, there is definitely a waste of money."

Philadelphia: Supporters rallied outside Blue Cross Blue Shield's local offices to call out its role in perpetuating the Medicare Advantage crisis.

Seattle: Demonstrators gathered at the Jackson Federal Building, urging policymakers to protect Medicare from privatization.

Madison, WI: AFGE union leaders joined Lt. Gov. Sara Rodriguez to address how Medicare Advantage undermines health care for seniors.

Morgantown, WV: Advocates rallied in the rain outside Peak Health, highlighting how MA plans mislead seniors with promises of low premiums and perks, while restricting access to care. Dr. Dan Doyle, PNHP West Virginia Chapter Secretary, warned that MA plans profit by delaying, denying, or underpaying for care, leaving patients and physicians with less control.

Online: Illinois leaders hosted a Tweet-A-Thon using the hashtag #MedicareDisadvantage to amplify the movement nationwide.



(L to R) PNHP activists rally in Philadelphia, New York City, and Madison, Wisc. in support of traditional Medicare.

Spotlight on Strategy: Organizing with NYC retirees

About 250 retirees gathered at City Hall Park in Manhattan this fall to demand the preservation of their traditional Medicare and supplemental benefits, opposing Mayor Eric Adams' efforts to transition them to a for-profit "Advantage" plan. Retirees argued the private plan would break long standing promises of secure health benefits and pensions, as it often requires prior authorizations and limits access to care. Courts have repeatedly sided with retirees, but the city continues to appeal. PNHP members, including Dr. Donald Moore, actively supported the retirees, emphasizing the inequities of corporate health care and urging the crowd to persist.



PNHP launches yearlong research and advocacy project on physician moral injury

Over the summer, PNHP began our Moral Injury Project, which explores the profound emotional and ethical distress experienced by health care professionals working in a profit-driven system. Moral injury occurs when physicians and healthcare workers are forced to act against their professional and ethical standards due to systemic barriers: external entities that prioritize financial goals over patient care. This distress not only harms providers, but also compromises patient outcomes.

Currently, our project is in the critical survey and data collection phase, gathering firsthand accounts from physicians and health care workers nationwide. By collecting this data, we aim to quantify the prevalence and impact of moral injury, identify systemic contributors, and provide a foundation for targeted

advocacy. This phase is essential to ensuring that the experiences of frontline health care workers are central to the conversation and that reform efforts are grounded in evidence.

Our project also highlights structural issues like restrictive insurance policies, denials of care, and bureaucratic hurdles that impede physicians. These challenges—driven by the financialization of health care—lead to burnout, frustration, and disillusionment among health care professionals and exacerbate disparities for patients.

Through this project, we will shed light on the hidden costs of profit-driven health care while equipping advocates with the data and stories needed to drive systemic reform.

Funded by the Robert Wood Johnson Foundation (RWJF).

Understanding Moral Injury

- Physicians suffer moral injury when they are unable to care for their patients due to **forces outside of their control**
- **Moral injury causes real harm** to both physicians and patients
- **Moral injury is often misdiagnosed as “burnout”** and therefore not treated effectively
- **Physicians can do something about moral injury** but only by working together

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