Spring 2025 Newsletter

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

Welcome letter from PNHP's new president, Dr. Diljeet Singh

With appalling health outcomes, deplorable health inequities, and staggering rates of medical bankruptcy, we have long known American health care has been broken by an unregulated, profit-driven health insurance industry that must be dismantled. Since taking office, the Trump administration has taken us in the opposite direction. They have begun the destruction of our medical research and public health infrastructure while simultaneously threatening the foundations of traditional Medicare and Medicaid.

At PNHP, we know the fight for health justice is a long one—but we take strength from our growing coalition, and from members like you, who continue to speak out and organize for a truly equitable health care system. We have hope and deep gratitude for all our members engaged with the movement and working to support the well-being of all.

We are especially proud to congratulate our graduating SNaHP (soon to be PNHP!) members who have matched in various specialties across the country. In them, we see the future of our profession: bold, principled, and committed to transforming the system. We are grateful for their co-leadership in our organizing efforts and are excited to support them through their residencies and fellowships.

PNHP president Dr. Diljeet K. Singh

As we continue building power within our movement, we want to share a few highlights from what we've been working on this year: Our Moral Injury Project continues to shine a light on how profit-driven "care" harms both patients and health professionals, our Equity Project is exploring how privatized Medicare plans exacerbate racial inequities, and our legislative advocacy has been in full force, with PNHP members organizing 45 legislative visits, calling for action against corporate abuse, overpayments, and care denials.

Our work does not happen in isolation—we are constantly collaborating with allied organizations to build collective power and push for systemic change. One powerful example was the recent Dr. Oz "shadow hearing," which we co-hosted with Social Security Works and which was co-sponsored by 12 other organizations. This event spotlighted the devastating harms of corporate health care and amplified the voices of patients, providers, and advocates demanding a better system.

Working together makes us stronger—and brings us closer to the just and equitable health care system we all deserve. That spirit of collaboration and collective action will be front and center at PNHP's Annual Meeting in Washington, D.C. on Nov. 1-3. We'll dig deeper into our campaigns to challenge Medicare privatization and strategize together on how to grow our movement in the year ahead.

Thank you so much for your membership, your engagement, and your strength during these politically turbulent times. We are proud to be in this movement with you. Please reach out if I can help support you in any way.

In this issue:

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"Shadow Hearing" for Dr. Mehmet Oz

On Friday, March 14, at 9:00 a.m. Eastern—one hour before Mehmet Oz's official hearing in Washington, D.C.—PNHP hosted a virtual "shadow hearing" to expose the truth about his plans for CMS: Medicaid cuts, Medicare privatization, and the devastating consequences of Medicare Advantage (MA). This event, which was co-sponsored by 13 allied health justice organizations, featured 11 speakers who shared firsthand experiences of the harm caused by privatized health care, whether as patients struggling to access care or as providers fighting insurance denials.

Social Security Works executive director Alex Lawson and PNHP board member Dr. Alankrita Olson joined us live from outside the hearing room in D.C., offering real-time updates on the scene. Together, we worked to counter the pro-privatization narrative pushed by Dr. Oz, whose self-serving perspective disregards the health and well-being of the American people.

The speakers underscored the dangerous reality of so-called "Advantage" plans, which systematically deny care to boost corporate profits, leaving patients in medical and financial distress. Stories highlighted insurers' routine delays and denials, the administrative burdens placed on providers, and the real-life consequences for those trapped in a system designed to prioritize profits over patients.

This event served as a direct call to action, urging Americans to contact their legislators and demand that they reject policies that would further entrench the privatization of our public health programs.

To view our "shadow hearing" and learn more about actions you can take today, visit **pnhp.org/Oz**.

PNHP's Moral Injury Project receieves IRB approval

The PNHP Moral Injury Project has officially received Institutional Review Board (IRB) approval, and we are moving forward with full-scale research and outreach efforts! Since January 2025, our working group of 25 PNHP members and SNaHP students has been meeting regularly, organizing into four dedicated teams to advance different aspects of the project.

The Presentations Team is focused on developing and delivering presentations on moral injury at PNHP chapter meetings, medical society events, and residency programs to raise awareness and spark discussion. The Materials Team is creating essential outreach materials, including an FAQ sheet, flyers, an information sheet, and an outreach toolkit, equipping members with the necessary resources to educate and engage others. (All of these materials can be found at pnhp.org/MoralInjury.) The Research Team is exploring nontraditional research strategies, such as social media outreach, to expand the project's visibility and impact. Finally, the Network Outreach Team is working to establish connections with medical societies and residency programs to distribute our survey and link the Presentations Team with opportunities to present.

We are also advancing into the second phase of our interviews, where we are designing guides and structuring physician interviews to gather firsthand accounts of moral injury in U.S. health care. Our first round of physician interviews are anticipated to be conducted by the end of April 2025.

If you would like to be involved in our Moral Injury Working Group, please contact Rebecca Delay at rebecca@pnhp.org. Stay tuned for further updates as we expand our outreach, research, and advocacy efforts!

PNHP's Moral Injury Project is funded with generous support from the Robert Wood Johnson Foundation.

Medicare "Advantage" report to measure racial inequities in MA

PNHP's Medicare Advantage Equity Project is well underway, focusing on developing a comprehensive report analyzing the impact of MA on racial health inequities. This project seeks to examine and debunk insurers' claims that privatized Medicare plans promote health equity, and challenge misleading narratives used to justify MA's expansion. It will strengthen PNHP's advocacy by ensuring policymakers have access to credible research and critical stakeholder insights that expose the harm corporate insurers inflict on marginalized communities.

To guide this project, we have established two advisory bodies. An internal advisory committee of eight PNHP and SNaHP members is helping shape the research process and ensure validity in our analysis. Additionally, an external steering committee of seven health equity experts from various organizations is advising on research practices, guiding our focus areas, and structuring a framework to align with the project's mission. Their expertise ensures that our research remains thorough, relevant, and impactful.

So far, we have conducted a literature review exploring existing research on health outcomes for marginalized communities with heavy enrollment in MA plans. This review has helped us identify gaps in current research and begin structuring the framework for our report and the next phase of research. Moving forward, we are working to build upon these findings to present a clear, evidence-based critique of insurers' equity claims while developing accessible materials for policymakers. As we continue, our goal remains clear: to expose how MA exacerbates racial health inequities and provide lawmakers with the resources needed to push back against privatization efforts that disproportionately harm vulnerable communities.

Bringing our fight to Washington

On March 27, Rep. Pramila Jayapal sent a letter to the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS), urging them to curb waste, abuse, and patient harm in Medicare Advantage (MA).

The letter calls for eliminating waste and abuse by improving risk adjustment calculations in the proposed 2026 Medicare Advantage Rate Notice, strictly enforcing overpayment regulations outlined in the 2025 Medicare Physician Fee Schedule rule, and strengthening enforcement against MA insurers that illegally deny care. The letter also calls for reforms to promote health equity by addressing disparities in care outcomes and improving data-sharing mechanisms to help enrollees make informed choices.

PNHP has been actively engaging legislators on this issue, having conducted 45 legislative visits to urge lawmakers to sign onto this letter. Our efforts built on last year's success, when PNHP's advocacy helped CMS stand firm against aggressive industry opposition to a more reasonable 2024 MA rate hike. By mobilizing our network to support actuarially sound rate adjustments, we helped counter the immense lobbying power of corporate insurers.

While the political landscape may be more challenging in 2025, PNHP's advocacy has proven highly effective, and continued mobilization is essential to holding CMS and HHS accountable. Our members are off to an impressive start this year; Rep. Jayapal's pro-Medicare letter was signed by 78 members of the U.S. House, compared to 65 who signed a similar letter in 2024.

Looking ahead, we are anticipating the introduction of the Medicare for All Act in April. Reps. Jayapal and Dingell will be sponsoring the House bill while Sen. Bernie Sanders sponsors the Senate bill. As with previous versions, this legislation would establish a single-payer national health program, removing the profit-driven middlemen that exploit both patients and providers.

PNHP and our allies are already working to urge legislators to sign on as co-sponsors once the bill is introduced. We encourage all PNHP members and supporters to join this effort by contacting their legislators after the bill's launch and either thanking them for co-sponsoring or urging them to get on board.

Rep. Pramila Jayapal meets with PNHP and SNaHP members at our Annual Meeting in Chicago on Nov. 16, 2024.

DATA UPDATE: HEALTH CARE CRISIS BY THE NUMBERS

CORPORATE PROFITEERING

OIG: Insurers Should Pay Feds Millions: A new watchdog audit found that Humana and CVS Medicare Advantage plans owe the federal government $11 million in overpayments. The HHS Office of the Inspector General (OIG) audited medical claims from 2017-2018 and determined that 202 out of 240 reviewed diagnostic codes from Humana were unsupported by medical records, leading to an estimated $6.8 million in overpayments. Similarly, HealthAssurance Pennsylvania, a CVS subsidiary, had 222 out of 269 diagnostic codes lacking proper documentation, resulting in $657,744 in overpayments. The audit will be sent to CMS officials, who will decide whether to recoup the overpayments. The findings highlight ongoing scrutiny of Medicare Advantage plans and concerns that private insurers are overpaid by CMS. *"Feds seek $11M refund from Humana, CVS," Politico, September 26, 2024.*

Report Reveals Billions in Excess Medicare Payments: A new inspector general's report found that private Medicare insurers received approximately $4.2 billion in extra federal payments in 2023 for diagnoses obtained through company-initiated home visits—many of which did not lead to treatment. These diagnoses, including potentially inaccurate ones, triggered higher payments because Medicare Advantage insurers receive increased reimbursements when patients are classified with costly conditions. The findings raise concerns about how home visits are used to inflate payments without providing meaningful medical care. *"Medicare Paid Insurers Billions for Questionable Home Diagnoses, Watchdog Finds," The Wall Street Journal, October 24, 2024.*

Private Medicare Plans Collected $7.5 Billion in Questionable Payments: A new report from the HHS Office of Inspector General (OIG) reveals that private Medicare Advantage plans received $7.5 billion in enhanced payments in 2023 based on potentially suspect patient diagnoses. Most of these risk-adjusted payments came from in-home "health risk assessments" and chart reviews—evaluations often conducted by individuals with no direct involvement in a patient's care. UnitedHealth Group alone collected over $3.7 billion from these assessments, while Humana received nearly $1.71 billion and Cigna Group took in $237 million. The OIG is calling for greater oversight of these practices to ensure Medicare Advantage insurers are not inflating payments without providing necessary follow-up care. *"Watchdog Flags $7.5 Billion Paid to Private Medicare Plans," Bloomberg Law, October 24, 2024.*

Medicare Advantage Denied 1.5 Million Claims in a Single Year, Leaving Patients Vulnerable: In 2019 alone, Medicare Advantage insurers denied 1.5 million claims—18% of all payments—even when they met Medicare coverage rules. These denials force enrollees to either forgo needed medical care or pay out-of-pocket. In 2024, the government will give private insurers an additional $64 billion to cover "free" benefits like dental and vision, yet insurers refuse to disclose how much they actually spend on patient care. A study found that only 11% of enrollees used dental benefits, while another found that a quarter never used any of the advertised perks. Meanwhile, major hospitals like Scripps Health and Mayo Clinic are rejecting Medicare Advantage patients due to unpaid bills. *"The Medicare Advantage Trap: What They Don't Tell You," The Hartmann Report, October 5, 2024.*

BARRIERS TO CARE

80% of Mental Health Providers in Medicare Advantage Directories Are Unreachable: A Senate Finance Committee investigation found that Medicare Advantage (MA) plan directories are riddled with "ghost networks," where listed mental health providers are often inaccurate, unavailable, or out-of-network. In a secret shopper study across six states, staff contacted 120 listed providers and found that 33% had incorrect or non-working numbers, while appointments could only be scheduled 18% of the time. In some states, the success rate was as low as 0%. The report highlights the serious barriers individuals face when seeking mental health care and calls on CMS to strengthen oversight of MA provider directories. It also urges Congress to mandate stricter accuracy requirements, transparency measures, and financial penalties for non-compliance. *"Majority Study Findings: Medicare Advantage Plan Directories Haunted by Ghost Networks," Senate Finance Committee, May 3, 2023.*

Medicare Advantage Insurers Deny Critical Post-Acute Care at Alarming Rates: A U.S. Senate investigation found that UnitedHealthcare, Humana, and CVS—covering nearly 60% of Medicare Advantage enrollees—used prior authorization to deny critical post-acute care at disproportionately high rates. In 2022, UnitedHealthcare

and CVS denied prior authorization for post-acute care at three times their overall denial rates, while Humana's denial rate for such care was 16 times higher than its overall rate. UnitedHealthcare's denials for skilled nursing facilities surged ninefold between 2019 and 2022, while CVS "saved" over $660 million in a single year by denying inpatient care requests. Internal documents show insurers used automation and predictive algorithms to increase denial rates, prioritizing financial savings over medical necessity. *"Refusal of Recovery: How Medicare Advantage Insurers Have Denied Patients Access to Post-Acute Care," U.S. Senate Permanent Subcommittee on Investigations, October 17, 2024.*

Prior Authorization Delays Linked to Severe Patient Harm, Physicians Report: A 2024 AMA survey found that 29% of physicians reported prior authorization (PA) has led to a serious adverse event for a patient in their care. Additionally, 23% said PA resulted in a patient's hospitalization, 18% reported it caused a life-threatening event or required intervention to prevent permanent harm, and 8% stated that PA led to disability, permanent bodily damage, congenital anomalies, or even death. The findings highlight the significant risks PA policies pose to patient safety and the urgent need for reform. *"2024 AMA Prior Authorization Physician Survey," AMA, June 18, 2024.*

Medicare Advantage Delays and Denials Worsen Rural Health Care Challenges: A report from the American Hospital Association found that 81% of rural clinicians say insurer requirements under Medicare Advantage (MA) reduce the quality of care, while MA patients experience 9.6% longer hospital stays before receiving post-acute care compared to traditional Medicare patients. Administrative burdens have also intensified, with nearly 80% of rural clinicians reporting increased paperwork over the past five years, and 86% stating that these challenges negatively affect patient outcomes. Delayed or denied MA payments further strain rural hospitals' finances, threatening access to care in underserved areas. *"The Growing Impact of Medicare Advantage on Rural Hospitals Across America," American Hospital Association, February 2025.*

Private Insurance and Medicare Advantage Have Higher Claim Denial Rates Than Traditional Medicare: An analysis found that 21% of people with employer-sponsored insurance and 20% of those with marketplace insurance experienced denied claims, compared to 10% of Medicare beneficiaries and 12% of Medicaid enrollees. A separate 2024 survey of hospitals and post-acute care providers by Premier, Inc. found that nearly 15% of medical claims submitted to private insurers were initially denied, with Medicare Advantage having a higher denial rate of 15.7%. *"Breaking Down Claim Denial Rates by Healthcare Payer," TechTarget, January 9, 2025.*

Majority of Congress Receives Significant Contributions from Pharmaceutical Industry: An analysis of OpenSecrets data found that most U.S. lawmakers receive substantial financial contributions from pharmaceutical and health product companies. On average, House Republicans received $45,000 and House Democrats $47,000, while Senate Republicans averaged $50,000 and Senate Democrats $69,000 in the 2024 election cycle. At least 72 of 100 U.S. senators received at least $10,000 from pharmaceutical PACs or employees, with 12 senators surpassing $100,000—including seven Democrats and five Republicans. The findings highlight the deep financial ties between lawmakers and the pharmaceutical industry. *"How Many Members of Congress Receive Money from Pharmaceutical Company PACs?" DeseretNews, January 31, 2025.*

PHARMA

Eli Lilly CEO Took Home $114 Million in 2024 Amid Record Profits and Perks: Eli Lilly CEO Dave Ricks made $114 million last year, a rare nine-figure payout for a health care executive, according to a new proxy statement. The company also reimbursed Ricks and two other executives for $186,000 in expenses related to a "global executive leadership meeting" held in Paris alongside the 2024 Olympics. Lilly's soaring profits—$10.6 billion in 2024, more than double the previous year—were driven by its blockbuster GLP-1 drugs, Mounjaro and Zepbound. With investor enthusiasm for next-generation treatments, Lilly has become the world's wealthiest health care company. *"Lilly CEO Got a Big Payday (and an Olympics Treat)," STAT, March 12, 2025.*

Pharmaceutical Companies Have Already Raised Prices on Over 800 Drugs in 2025: Drugmakers have increased the prices of more than 800 brand-name prescription drugs this year, with a median hike of 4%. Leadiant Pharmaceuticals raised prices significantly: by 15% to $149 per pill for Matulane, a Hodgkin disease treatment, and by 20% (to $2,597) for Cystaran, eye drops for cystinosis. The total number of price hikes has risen sharply from 140 announced in late December, with more expected by the end of 2025. *"Big Pharma Has Already Raised the Prices of Hundreds of Drugs This Year," Quartz, January 28, 2025.*

Nearly 72 Million Americans Skipped Needed Care Due to Cost in 2024: The West Health-Gallup 2024 Survey on Aging in America found that an estimated 72.2 million adults—nearly one in three—did not seek nec-

essary health care in the past three months (May-July 2024) due to cost, including 8.1 million Americans aged 65 and older. Additionally, nearly one-third (31%) of respondents expressed concern about affording prescription drugs in the next 12 months, a sharp rise from 25% in 2022. The findings highlight a worsening affordability crisis in the U.S. health care system. *"Americans' Ability to Afford Healthcare Hits New Low in 2024," News Medical Life Sciences, July 17, 2024.*

HEALTH INEQUITIES

Medicare Advantage Networks Restrict Access to Racially Concordant Physicians: A Health Affairs report found that Medicare Advantage (MA) network limitations exacerbate racial and ethnic disparities by restricting access to Black and Hispanic physicians, who are known to improve preventive care use among these populations. Black and Hispanic physicians are underrepresented in MA networks compared to White physicians (43.2% and 44.0% vs. 51.1%), and many Black and Hispanic beneficiaries lack any in-network doctors of their race. In 41.3% of counties, there are no Black physicians in MA networks, while 47.2% of counties lack Hispanic physicians. These restrictions limit culturally competent care, reinforcing barriers to preventive services and worsening health disparities for MA enrollees. *"Medicare Advantage Networks Include Few Black or Hispanic Physicians, Making Concordant Care Inaccessible for Many," Health Affairs, January 2025.*

MA Enrollees Report Widespread Unfair Treatment in Health Care: A Health Affairs study of 1,863 Medicare Advantage (MA) enrollees from 21 plans found that 9% reported experiencing unfair treatment in a health care setting, with the most common reasons being health condition (6%), disability (3%), and age (2%). Among those reporting unfair treatment, 40% cited multiple forms of discrimination. Enrollees qualifying for Medicare via disability were more likely to report unfair treatment based on disability, age, income, race and ethnicity, sex, sexual orientation, and gender identity. *"Medicare Advantage Enrollees' Reports of Unfair Treatment During Health Care Encounters," Health Affairs, May 29, 2024.*

Fewer High-Quality Medicare Advantage Plans Available in Socially Vulnerable Areas: A study found that markets with greater unmet social needs—measured by higher Social Vulnerability Index (SVI) scores—have fewer high-quality Medicare Advantage (MA) plans. The most vulnerable markets had 1.5 fewer MA plans overall and 1.1 fewer plans rated 4 stars or higher compared to the least vulnerable markets. This disparity was most pronounced in the southern U.S., where a higher proportion of Black/African American populations reside. *"Association of Social Vulnerability and Access to Higher Quality Medicare Advantage Plans," Journal of General Internal Medicine, December 20, 2024.*

Medicare Advantage Attracts Low-Income Enrollees with Limited Benefits While Restricting Care: Claims that Medicare Advantage (MA) improves equity obscure the reality that many low-income beneficiaries choose these plans out of financial necessity rather than for superior care. A JAMA Health Forum study found that Black beneficiaries were 9.0 percentage points more likely to enroll in a plan with any dental benefit and 11.2 percentage points more likely to choose a comprehensive dental plan than White beneficiaries. However, this trend reflects cost-driven decision-making rather than expanded access to quality care. MA plans use zero-premium options and supplemental benefits to attract enrollees while simultaneously restricting provider networks and specialized care, ultimately reinforcing disparities rather than addressing them. *"Enrollment Patterns of Medicare Advantage Beneficiaries by Dental, Vision, and Hearing Benefits," JAMA Health Forum, January 12, 2024.*

Medicare Advantage Enrollment Growth Among Racial Minorities Driven by Financial Barriers, Not Equity: While industry apologists point to the increasing enrollment of racial and ethnic minorities in Medicare Advantage (MA) as a sign of greater equity, research suggests this trend is largely driven by financial necessity rather than improved access to quality care. A study in The American Journal of Managed Care found that 40% of Black and Hispanic Medicare beneficiaries are near-poor, earning between 101% and 250% of the federal poverty level (FPL). These individuals do not qualify for Medicare supplemental insurance but often struggle to afford necessary care. Compared to White beneficiaries, Black and Hispanic enrollees are less likely to have savings or supplemental coverage, making MA's lower cost-sharing and additional benefits an economic relief rather than a fundamental improvement in care access. *"Racial/Ethnic Disparities in Cost-Related Barriers to Care Among Near-Poor Beneficiaries in Medicare Advantage vs Traditional Medicare," The American Journal of Managed Care, October 23, 2024.*

BURNOUT

Physician Burnout Continues to Drive Early Retirements and Exits in 2024: A MGMA Stat poll found that 27% of medical groups had a physician leave or retire early in 2024 due to burnout, while 41% reported that burnout worsened this year. Meanwhile, 45% said burnout levels remained the same as last year. The poll, based on 449 responses, highlights the persistent impact of burnout on the health care workforce, even as unexpected turnover stabilizes. *"Physician Burnout Still a Major Factor Even as Unexpected Turnover Eases," MGMA, September 4, 2024.*

Higher Nurse Turnover Intentions Linked to Increased Patient Mortality: A multinational study analyzing data from 1,046 nurses across 15 public hospitals in Italy found a direct correlation between nurse intentions to quit and patient mortality. The study focused on surgical patients aged 50 and older who had hospital stays of at least two days. Researchers found that for every 10% increase in nurses intending to leave their jobs, inpatient hospital mortality rose by 14%. *"Study Links Nurse Intention to Quit with Patient Mortality," Health Policy, March 16, 2024.*

Emergency Medicine Tops List of Most Burned-Out Specialties in 2024: A Healthgrades survey of 9,226 physicians across 26 specialties found that emergency medicine had the highest burnout rate at 63%, followed by obstetrics/gynecology (53%), oncology (53%), and pediatrics (51%). 42% of physicians said they had been burned out for over two years, and 16% considered leaving medicine due to burnout. Key contributors included excessive bureaucratic tasks, long work hours, lack of respect from colleagues, and inadequate compensation. *"2024's Most and Least Burned Out Physicians by Specialty," Healthgrades, April 16, 2024.*

Medicare Advantage Prior Authorization Delays Harm Patients, Fuel Burnout: A 2024 AMA survey found that over 90% of physicians, including those treating nursing home patients, reported that prior authorization (PA) delays have caused significant patient harm. For 24% of these doctors, the delays resulted in hospitalization, permanent disability, or death. Physicians spend an average of 12 hours per week handling 43 PA requests, contributing to widespread burnout; 95% cite PA as a reason for stress, and one in five are considering leaving medicine within two years. *"'Broken System' of Medicare Advantage Prior Authorizations Leads to Nursing Home, Hospital Woes," Skilled Nursing News, October 29, 2024.*

INSURANCE

Humana Faces Billions in Losses After Medicare Advantage Ratings Drop: Humana, one of the largest Medicare Advantage providers, saw its stock plunge to a 15-year low after the federal government downgraded the rating for one of its major plans. In a filing to the SEC, Humana disclosed that only 1.6 million members—about 25% of its total—will be enrolled in Medicare Advantage plans rated four stars or higher in 2025, a sharp drop from 94% this year. CMS assigns star ratings based on factors like provider performance and plan administration, with higher ratings leading to lucrative government bonuses. A key Humana plan covering 45% of its Medicare Advantage members is expected to drop from 4.5 to 3.5 stars, potentially costing the company nearly $3 billion in 2026 bonus payments. Humana is appealing the rating but acknowledged its impact on future earnings. *"Medicare Advantage Giant Humana Reels After Ratings Cut," The Washington Post, October 2 2024.*

UnitedHealth Faces Stock Decline Amid Medicare Billing Investigation and Industry Scrutiny: UnitedHealth's Medicare Advantage division, the largest in the country with over 7.8 million enrollees, is under investigation by the U.S. Department of Justice for potential civil fraud related to its Medicare billing practices. When this story broke, it sent UnitedHealth's stock plummeting more than 10% in pre-market trading, dropping over $52 to below $447 per share. Other Medicare Advantage insurers, including Humana, also saw stock declines. The company has faced mounting challenges, including increased health care usage, rate cuts, and a difficult period following the December shooting death of CEO Brian Thompson, which led to a sharp $100 drop in stock value. *"UnitedHealth Stock Plummets Following US Medicare Billing Investigation Report," CloudBrain, February 21, 2025.*

Dr. Oz Tapped to Lead Medicare Despite Millions in Health Care Investments: President Trump's pick to oversee the Centers for Medicare and Medicaid Services (CMS), Dr. Mehmet Oz, has reported owning up to $600,000 in stock from companies benefiting from private Medicare contracts. In 2022, Oz and his wife held at least $8.5 million in health care investments, including up to $550,000 in UnitedHealth Group stock and as much as $50,000 in CVS Health shares—both major Medicare Advantage insurers. As a Senate candidate, Oz promoted a "Medicare Advantage for All" plan, which would expand the privately run Medicare option despite research showing it costs taxpayers 22% more than traditional Medicare. *"Dr. Oz is Trump's Pick to Oversee Medicare. He Owns Healthcare Stocks That Could Benefit," Quartz, November 20, 2024.*

PNHP CHAPTER REPORTS

To form a chapter in your area, contact lori@pnhp.org

The **ARIZONA** chapter held two legislative meetings with staff from Sen. Gallego and Rep. Ciscomani's offices to discuss Medicaid cuts, Medicare Advantage, threats to the ACA, and global issues such as reductions to U.S. aid. Medicare Advantage was a central focus in both discussions. Chapter leaders have also been encouraging members to complete the moral injury survey. *To get involved in Arizona, contact Dr. Eve Shapiro at shapiroe@u.arizona.edu.*

On February 27, the **COLORADO** chapter hosted a powerful webinar titled "Denied," featuring real-life experiences from U.S. and Canadian doctors and medical office staff. The panel highlighted the stark contrast between the two health care systems, particularly the ease of access and administration in Canada. The chapter continues to hold monthly joint meetings with PNHP members and Medical Professionals for Universal Healthcare, fostering collaboration and strategy-sharing. Recent recruitment efforts have resulted in 40 members signing up with expiration dates in 2026. Advocacy efforts have included outreach to four congressional offices, including Reps. Jeff Hurd and Jason Crow. The chapter also contacted Sens. Michael Bennet and John Hickenlooper, urging them to vote against the nominations of RFK Jr. and Dr. Mehmet Oz, and reached out to Rep. Diana DeGette to ask her to oppose Dr. Oz and support Rep. Jayapal's letter to rein in Medicare Advantage overpayments and deceptive recruitment tactics. *To get involved in Colorado, contact Dr. Leslie Reitman at Les.reitman@gmail.com.*

GEORGIA members met with the staff of Sens. Ossoff and Warnock, as well as Reps. Nikema Williams, Barry Loudermilk, and Rick Allen, to discuss the harms of Medicare Advantage and to encourage support for the Rep. Jayapal and Sen. Warren letters to CMS. Participants in these meetings included a large and engaged group of physicians, students, and advocates. On January 20, an op-ed by Dr. Belinda McIntosh and Dr. Toby Terwilliger was published in the *Atlanta Journal-Constitution*, raising awareness about the urgent need for a single-payer system. The chapter also co-hosted a candlelight vigil for the uninsured on February 16, featuring speakers and community members calling for universal health care. *To get involved in Georgia, contact Dr. Toby Terwilliger at toby.terwilliger@gmail.com.*

ILLINOIS chapter leaders Dr. Sydney Doe and Dr. Winnie Lin participated in Second City's "Funny You Should Care" event to raise funds and share PNHP's key talking points through comedy and performance. Dr. Doe also gave a talk on Medicare Advantage and the case for single payer at the Ethical Humanist Society in Skokie. Additionally, Dr. Monica Maalouf and Dr. Claudia Fegan took part in a virtual forum hosted by the Health & Medicine Policy Research Group on February 13. The chapter also organized legislative meetings with Rep. Jan Schakowsky, and the staff for Reps. Sean Casten and Mike Quigley, to encourage support for Rep. Jayapal's letter to CMS. *To get involved in Illinois, contact Dr. Sydney Doe at sydney.doe94@gmail.com.*

Members of PNHP Georgia participate in a candlelight vigil for the uninsured on Feb. 16.

Drs. Sydney Doe (L) and Winnie Lin attend "Funny You Should Care" at Second City on Feb. 11.

MAINE members have been active on both the federal and state levels. Between January 29 and February 5, Maine AllCare board members and supporters met with staff from Sens. Angus King and Susan Collins, and Rep. Jared Golden, to express concerns about MA—specifically, its overpayments and the impact on patient care. They also urged each office to support Rep. Jayapal's letter calling for reforms to the MA program. On the state level, Maine AllCare is supporting three state bills: a universal health care study bill, the creation of an All Maine Health Program, and a moratorium on private equity and REIT ownership of hospitals. In addition, Maine AllCare has launched an LTE team, resulting in over a dozen letters and op-eds published across major state newspapers in the past six months, advancing the message of publicly-funded universal health care. *To get involved in Maine, contact Dr. Henk Goorhuis at info@maineallcare.org.*

The Health Care for All **NORTH CAROLINA** chapter in Raleigh hosted their 30th Anniversary Annual Meeting on October 6, 2024, featuring Rose Roach as keynote speaker and a presentation by Dr. Diljeet Singh via Zoom. The chapter launched a new initiative, Action Hours, including one on February 4, 2025, to oppose the nomination of RFK Jr. as HHS Secretary, and another on March 10, 2025, focused on preventing cuts to Medicaid. Two chapter members were nationally recognized for their advocacy work: Rebecca Cerese received the Health Justice Advocate of the Year Award from Families USA and Dr. Eleanor Greene received the Founder's Award for Excellence in Advocacy, presented by Dr. Vivek Murthy on behalf of Doctors for America at their National Leadership Conference in June 2024. The chapter has also been engaged in educating colleagues and fellow advocates about the harms of Medicare Advantage and the need for a single-payer system. *To get involved in North Carolina, contact Dr. Eleanor Greene at eleanorgreene@northstate.net, or Dr. Conny Morrison at conny.morrison@healthcareforallnc.org.*

The Cincinnati, **OHIO** chapter recruited five new members, including four physicians and one nurse, bringing their chapter roster from 15 to 20 members. Three members gave a combined 15 presentations on single-payer health care reform to audiences of physicians, nursing students, and community groups. In autumn, the chapter launched a petition drive urging Rep. Greg Landsman to support the Congressional Progressive Caucus's efforts to reform Medicare Advantage. The campaign collected over 500 signatures, which were scheduled to be delivered to Rep. Landsman in person, and which most likely inspired him to sign Rep. Jayapal's MA letter in March. The chapter has maintained an ongoing dialogue with Rep. Landsman and his health policy aide, providing research and articles on profiteering by MA insurers. *To get involved in Cincinnati, contact Dr. Philip K. Lichtenstein at lichtensteinphil1@gmail.com.*

Drs. Bob Devereaux (L) and Jay Brock join medical student Rachel Fox at Popular Democracy's "March to Save Our Healthcare" in Washington, D.C. on March 12

The **VIRGINIA** chapter has been active on multiple fronts. Members, especially Dr. Bruce Silverman and Sandra Klassen, worked with state legislators on a bill that would allow Medicare Advantage enrollees to switch to traditional Medicare without underwriting—an effort that was unsuccessful this session, but will be pursued again. The chapter also formed a coalition with Arlington Medicare for All and the Northern Virginia DSA to advocate for Medicare for All and oppose Medicare Advantage. Raymond Uymatiao, MS4, helped launch a new SNaHP chapter at Virginia Tech Carilion and spoke at the People's Action protest at UnitedHealthcare in D.C. Additionally, fourth year medical student Rachel Fox spoke at a Popular Democracy-led rally that included both Rep. Jayapal and Sen. Sanders as speakers. She focused on fighting Medicaid cuts and MA overpayments. *To get involved in Virginia, contact Dr. Robert Devereaux at robdev56@icloud.com.*

The **WASHINGTON** state chapter has been deeply engaged in coalition building and education. They serve on the Steering Committee of Health Care is a Human Right Washington and co-organized the first-ever Single-Payer Summit, bringing together representatives from 20 organizations committed to single payer. The summit group continues to meet regularly. The chapter also holds monthly meetings featuring speakers on timely health care issues and sent a delegation of 12 PNHPWA and SNaHP WA members to the PNHP Annual Meeting in Chicago. *To get involved in Washington, contact Dr. David McLanahan at mcltan@comcast.net.*

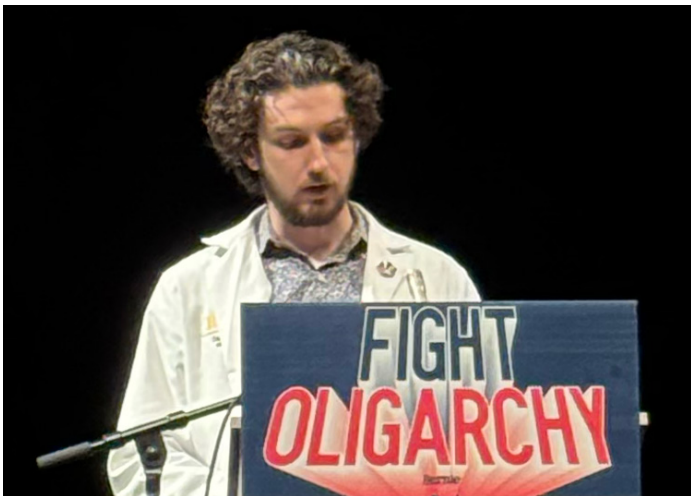
SNaHP CHAPTER REPORTS

To form a chapter at your medical school, contact lori@pnhp.org

Florida SNaHP members met with the offices of Reps. Maxwell Frost, Sheila Cherfilus-McCormick, Jared Moskowitz, and Frederica Wilson to encourage them to sign on to Rep. Jayapal's letter calling for reform of Medicare Advantage. The chapter also hosted a powerful Town Hall with Reps. Jayapal and Cherfilus-McCormick to raise awareness about the dangers of Medicare privatization. The event drew 140 attendees on Zoom, and over 80 participants took action by emailing their representatives to oppose Medicare "Advantage." In addition, Florida students joined forces with PNHP Florida and Medicare4All Florida for Lobby Day in Tallahassee, where they advocated for the Healthy Florida Act (single payer), the creation of the Task Force on Universal Health Care, and a $35 Insulin Copay Cap. *To get involved in Florida, contact Pat Haley at patrickhaley59@gmail.com.*

Florida SNaHPers advocate for health care legislation during Lobby Day in Tallahassee on March 13.

The **Iowa SNaHP** chapter launched in fall 2024 and has quickly gained momentum. From having no formal structure in September, the group now has around 40 members on paper, with 17 actively involved in planning and executing events. Their programming is widely advertised to the entire College of Medicine MD and PA student body. The chapter's first event, "Single Payer 101" with Dr. Arya Zandvakili, took place on October 24, 2024, followed by a student-led presentation on Medicare DISadvantage on December 4, 2024, which utilized Dr. Ed Weisbart's "Naked Profiteering" slide deck to highlight the advantages of traditional Medicare over Medicare Advantage. Most recently, I-SNaHP members attended the Sen. Bernie Sanders rally in Iowa City on February 22, 2025, where Zach Grissom was one of the speakers who addressed the crowd before the Senator, speaking about MA and Medicaid work requirements. *To get involved with I-SNaHP, contact Zach Grissom at zach-grissom@uiowa.edu.*



Medical student Zach Grissom speaks during Sen. Bernie Sanders' rally in Iowa City on Feb. 22.

In partnership with Midwestern University Chicago College of Osteopathic Medicine, the **KYCOM (University of Pikeville - Kentucky College of Osteopathic Medicine) SNaHP** chapter submitted a SOMA resolution on the harmful effects of MA. Serina Sajjad, Adam Sayler, and Sammy Jaber were key contributors to the resolution's writing and editing. The chapter also implemented a Community Aid initiative within the school's student-run free clinic, launching the Bear Cove, a mutual aid corner offering food, hygiene products, clothing, and reproductive health supplies. The initiative, led by Cassie Craig and in partnership with All Access EKY, includes ongoing donation drives, needs assessments, and plans to expand into harm reduction services like Narcan training and safe needle disposal. In February, the chapter launched a statewide medical debt relief campaign in collaboration with Undue Medical Debt, aiming to abolish $33 million in defaulted medical debt across Kentucky. They also hosted an on-campus presentation highlighting how MA's practices limit care and increase corporate profit. This training supported their Medicare Advantage Bingo events at Myers Tower and Pikeville Nursing and Rehabilitation Center, where students educated residents using interactive games, word searches, and coloring sheets. The events were led by Sammy Jaber and Serina Sajjad and co-hosted with the KYCOM Geriatrics Club. *To get involved with KYCOM SNaHP, contact Evan Hawthorn at EvanHawthorn@upike.edu.*

Americans Are Angry About Their Health Insurance—With Good Reason

By CLAUDIA FEGAN ·Jan 01, 2025

How should we react when a man is shot to death on the street on his way to work? Our humanity tells us that we should be shocked and horrified—and feel that something is deeply wrong with such a brazen act of murder. Ideally, we would do what we could to help sooth the survivors, condemn the violence, and bring the perpetrator to justice.

So why did hundreds of thousands of people have the exact opposite reaction when UnitedHealthcare CEO Brian Thompson was executed in New York City last month? Because Americans are furious with health insurance corporations—and they have every right to be.

In the immediate aftermath of the shooting, many Americans took to social media not to mourn, but to celebrate. Caustic posts about prior authorization and denied medical claims were common. Sympathetic statements were met with rancor—and in the case of UnitedHealth Group's own statement, over 70,000 "laugh reactions" before the company made that tally private. Even verbose political figures like Elon Musk and President-elect Donald Trump declined to comment for days. This shooting touched a raw nerve.

As a physician who's treated countless victims of gun violence, and who's life's work is to care for all of my patients, I found this response to be deeply unnerving. But I also can't waive it away with simple explanations like online radicalization or trolling. Something much deeper is at play.

For decades, health insurance corporations like United have been growing more powerful and more profitable. How do they generate these profits? By taking in as much money as possible in premiums and paying out as little as possible in medical claims. Over time, they have tried everything from requiring "prior authorization" of care, to excluding high-quality providers from their networks, to imposing a Byzantine series of charges including ever-growing copays, coinsurance, and deductibles. When all else fails, many insurers simply deny claims.

Behind each of these practices are millions of Americans who are made to suffer. I hear these stories routinely in my practice, and they never become easier to stomach. I have seen patients with aggressive cancer who avoided seeing a doctor for months because they feared bankruptcy; patients with chronic conditions like diabetes who are denied treatments that would improve their quality of life; and gunshot victims whose fight to recover and gain a semblance of normalcy is complicated by their health plans saying no, no, and no again.

I have seen patients suffer and die in order to pad the bottom lines of corporate health insurers—and in recent years I have seen this problem getting much worse.

These are the stories that Americans are sharing in this fraught moment. We have to ask ourselves: Are we listening? And what are we going to do about it?

Insurers like UnitedHealthcare will have their own responses. Their PR teams will no doubt work overtime to marginalize aggrieved voices and to highlight what they consider to be the "value" of their health plans. Expect to see glossy commercials and towering billboards touting the "peace of mind" that Americans should enjoy knowing that their medical needs are "covered." But the health insurance industry doesn't have a communications problem, it has a profiteering problem—and no amount of marketing will convince people who have already been burned.

Behind the scenes, corporate insurers will no doubt lobby for the preferential treatment they have come to expect. Our newly elected Congress may acquiesce, or they may decide that the industry needs to be regulated—a strategy that has failed to live up to its promise. Republicans and Democrats have made separate attempts to combine federal requirements with federal largesse in order to make corporate health insurers play nice. But both the Affordable Care Act and the Medicare Advantage program have only succeeded in ballooning the profits of firms like United—without improving Americans' health or sparing their wallets.

It's also clear that violence is not the answer, both on a purely human level and because corporate insurers will simply not be moved. UnitedHealthcare will have a new CEO in short order, and it will be that person's responsibility to boost profits and make shareholders wealthier. Responding to patients' cries will not serve these ends, so it is not in the cards.

What *would* help is a proven reform proposal that is long overdue: a single-payer national health program. Such a system would provide universal coverage and comprehensive benefits—with zero out-of-pocket costs. It could be easily implemented given the gargantuan sums we spend on healthcare in this country, and it would be a boon for those who are suffering, and for those who are fearful.

Americans are crying out in pain—and are recognizing that they are not alone in their pain. We should listen to these cries and we should finally, after decades of delay, do something about it.

PNHP encourages all members to raise their voices and speak out on urgent health justice issues. Looking for support for an op-ed or letter to the editor? Email PNHP policy and communications specialist Anika Thota at anika@pnhp.org.