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Dear Senate staff,

It has come to our attention that a draft letter in support of Medicare Advantage (MA) is again circulating in the U.S. Senate. Although the perennial return of this letter is as alarming as it is unsurprising, we are shocked at how egregious and misleading it is this year. We'd like to point out a few of the profound errors in the letter, and we ask for your support in urging senators not to sign on to it.

As you may know, Physicians for a National Health Program (PNHP) is a non-partisan, non-profit organization of more than 26,000 physicians, medical students, and other health care advocates who believe Medicare for All is the most sensible way to organize American health care finance. But whether or not you agree with us on that policy, hopefully we all agree that Medicare is a vital public health program with a decades-long record of improving the health of seniors and people with disabilities. It is a program we must cherish and protect.

We are writing to you because, as physicians, we see on a daily basis the tragic results of the rampant profiteering in MA that is harming our patients and eroding the traditional Medicare program. Multiple studies have demonstrated that MA is overpaid by as much as [\\$140 billion](#), more than the sum total of all Part B premiums, and more than it would cost to provide a \$5,000 out-of-pocket cap in Medicare—plus hearing, vision, and dental benefits to everyone with Medicare *and* everyone with Medicaid. Despite this excessive level of funding, the program is rife with barriers to care, delays and denials of care, and narrow networks of physicians and hospitals that are designed to exclude top-tier institutions such as cancer centers of excellence.

The proposed letter flies in the face of all of this evidence. The most striking flaws include:

- MA supporters claim their program results in “better health outcomes.” Despite including seven references for other non-controversial points, it is telling that they provide zero citations of improved quality. In fact, we know that MedPAC has repeatedly demonstrated an absence of such meaningful data.

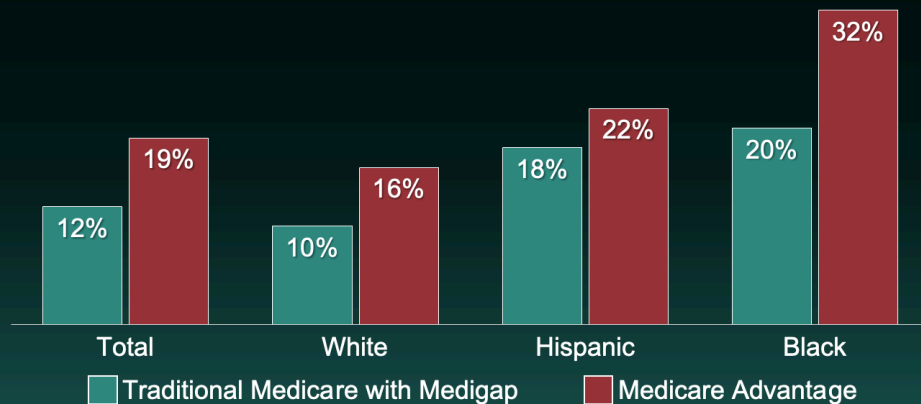
A [recent study](#) in the *Journal of Clinical Oncology* demonstrated that, compared to people in traditional Medicare, MA members with cancer have longer delays in treatment, far less access to centers of excellence, and significantly higher post-operative mortality rates.

MA insurers claim to be a vital resource for “a growing number of Americans in minority and rural communities,” and yet the only evidence they present is the success of their aggressive marketing campaigns. In fact, given that we have evidence of inferior outcomes for MA patients, the higher penetration of MA into disenfranchised communities actually contributes to disparities and inequities in health care. MA is literally the opposite of a solution to this problem. Supporting this point, evidence shows that Hispanic and Black MA members report [far more cost-related problems accessing care](#) when compared to people in traditional Medicare with Medigap.

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Medicare Advantage beneficiaries have More Cost-Related Problems

Percentage with
cost-related
problems
accessing care



June 2021 issue brief from KFF accessed Oct 26 2022

<https://www.kff.org/medicare/issue-brief/cost-related-problems-are-less-common-among-beneficiaries-in-traditional-medicare-than-in-medicare-advantage-mainly-due-to-supplemental-coverage/>



- The letter extols the virtue of MA providing a broader benefit design, but neglects to point out that people in MA are [less able to access dental care](#) because of cost barriers, or that [MA plans only cover 30% of overall vision spending](#).
- The letter is correct in its claim that “Medicare Advantage enrollees are more likely to live on less than \$20,000 per year,” but draws the precisely wrong conclusion. The reality is that this population is enticed into MA with promises of low premiums and then stuck with the delays, denials, and network barriers that we know compromise health outcomes. The real conclusion to draw here is that people with more financial resources are much less willing to accept the kind of inferior care, service, and outcomes that are rampant in the MA program, and that less fortunate patients get swindled into taking.

In fact, all but the highest income Americans report [more problems with medical bills and medical debt](#) when in MA as compared to those in traditional Medicare.

We implore all senators to look more critically at Medicare Advantage, recognize its inferior clinical outcomes, and help us protect some of the most vulnerable Americans from the damage this program causes.

In short, we call on you to reject requests to sign a letter in support of this failed program.

Sincerely,

Philip Verhoef, M.D., Ph.D.

President, Physicians for a National Health Program