



Will Project 2025 sink traditional Medicare?

*Featuring
Diljeet K. Singh, MD, DrPH*

This time on Code WACK!

What could another Trump presidency mean for the rise in Medicare private plans and what would that mean for patient care and financial waste in our healthcare system and for the Medicare Trust Fund?

To find out, we recently interviewed **Dr. Diljeet Singh**, an integrative gynecologic oncologist and incoming president of [Physicians for a National Health Program](#) [PNHP]. With more than 25,000 members across the United States, PNHP advocates for a universal, comprehensive, single-payer national health program. This is the second episode in a two-part series.

SHOW NOTES

WE DISCUSS

If the upcoming Trump administration implements Project 2025's policies for Medicare, what do you think will happen?

"... what they said they plan to do...is to automatically enroll people [and] ... make the default ending up on a private plan. And that could be a mess in a couple different ways. The one way it could be a mess is all the ways we just talked about, ... why it sucks for patients and why their care might not be as good.

"We didn't talk about the waste, right? Medicare Advantage, private Medicare, they waste money. And I say waste because I think any money that isn't spent on actual health care is waste. But United Healthcare, Aetna, these are extremely profitable businesses and their profiting off people not getting medical care, right?

"So the estimate of **how much more money** do we spend on ... private Medicare plans versus traditional Medicare is somewhere between \$120 and \$140 billion a year of wasted money -- of money that we could literally give everybody in Medicare, dental, vision, real dental vision and hearing coverage, right?

"We could do a lot of things with that money, but right now we're just overspending ...

"And so not only will people get suboptimal health coverage and potentially worsen their health outcomes in all different kinds of ways, but also we may absolutely bankrupt our Medicare trust fund ... " - **Dr. Diljeet K. Singh**

What would that mean, then, for seniors?

"... what would it mean if we bankrupted this system because we gave all this money to these companies? I'd like to think that we wouldn't get there, that we would see it, that the office of the OMB [[Office of Management & Budget](#)] would help us figure this out and prevent us from getting there.

“But what we do know is that people go into debt, people get medical bankruptcy, people spend their lifetime savings, sell their houses, find themselves in unimaginable situations.

“And between Medicare and Social Security, the idea was that we were going to, over the course of our lifetime, put money into these systems that would support us when we were older. This is not somebody giving us money. This is money that we worked over the course of our lifetimes to have.” – **Dr. Diljeet K. Singh**

So what is at the root of Project 2025's health policy recommendations and how do you think patients will be affected?

“... the problem with that project 2025 [is] it was written by people who do not understand healthcare policy. And it was written from a perspective of like, *'how do we get corporations to make more money? Because that's who we're thinking about.'*

“And even if we think about now, you know, the idea that the Centers for [Medicare and] Medicaid would be run by Dr. [Mehmet] Oz, who himself is somebody who makes money and has invested in some of these private health insurance companies, right? So his own personal gain is tied up in all that.

“So what does it really mean? We have no idea. Would you automatically get signed up on the one [Medicare Advantage plan] that's most popular in your town? We don't know. What does that mean ‘the default?’ How are they going to do it?

“And then what's gonna happen to healthcare providers who are not ... there are hospitals now who don't take some of these private Medicare plans because they couldn't afford the staff to get the prior authorization, or they couldn't deal with not being paid for months because of these denials and these authorizations. So what happens to those hospitals?

"I think there's a lot of things that these Project 2025 plans have not thought through in a meaningful way. And so what does it mean? I have no idea. And how do we deal with it? I think we just have to constantly engage with our legislators, whatever party they belong to, about 'let's do sensible things for people and their health care.'" - **Dr. Diljeet K. Singh**

Helpful Links

[The quiet privatization of government health insurance programs](#), *Axios*

[Project 2025's Medicare Changes Would Restrict Older Americans' Access to Care and Imperil the Program's Financial Health](#), *Center for American Progress*

[Project 2025 would compound existing public health challenges](#), *Public Health Newsire*

[What Project 2025's Potential Medicare Changes Mean for You](#), *Investopedia*

[UnitedHealth Group says cyberattack impact tops \\$2B, but profits remain strong](#), *Chief Healthcare Executive*

[Medicare Dis-Advantage: Overpayments and Inequity](#), *The Nation*

[Support Traditional Medicare by Leveling the Playing Field with Medicare Advantage](#), *Center for Medicare Advocacy*

[About PNHP](#), *Physicians for a National Health Program*

[FAQs on Medicare Financing and Trust Fund Solvency](#), *KFF*

Episode Transcript

Read the [full episode transcript](#).

Biography: Diljeet K. Singh, MD, DrPH

My name is Diljeet K. Singh and I am a women's health advocate using she/her pronouns. I am an integrative gynecologic oncologist and I've been in practice since 1999. I work with women who have ovarian, endometrial, cervical, vulvar, or vaginal cancer or have symptoms or a test that suggests there's a possibility of one of these cancers or have a genetic risk for getting one of these cancers.

I love my calling which is fulfilling and inspiring; however, the work has shown me the catastrophic shortcomings of our healthcare system and the pernicious effects of racism, classism, sexism and misogyny in medicine and their harmful impact on the health of our society as individuals and collectively.

The innumerable stories of the people I have cared for compel me to give them voice and to use their experiences to advocate for equity and access to opportunities for best health for all.

I currently work with Virginia Oncology Associates in Norfolk, VA. I received my medical degree from Northwestern University and master's degree from the Harvard School of Public Health. I completed an obstetrics and gynecology residency at the Johns Hopkins Hospital and a gynecologic oncology fellowship at the MD Anderson Cancer Center.

I completed a doctoral degree in public health on cost analysis at the University of Texas School of Public Health and an associate fellowship in integrative medicine at the University of Arizona. I am the incoming president of [Physicians for a National Health Program](#) working to achieve universal health care.

Get Involved / Take Action

[Join Physicians for a National Health Program](#) *(You don't need to be a doctor to join, you can join as an ally!)*

[Subscribe to Code WACK!](#) *to catch all our weekly podcast episodes.*

[Subscribe to HEAL California](#) *for health policy news with a California focus*

[Join Healthy California Now](#) *- a coalition working toward a California single-payer system. Individual and organizational memberships available.*