Will Project 2025 sink traditional Medicare?

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Welcome to Code WACK!, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

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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,** a single-payer advocacy group. This is the second episode in a two-part series.

Welcome back to Code WACK! Dr. Singh.

Singh: Thank you so much.

Q: So what do you expect to happen now that Trump has been elected the next president of the United States? If the Heritage Foundation's Project 2025 is implemented, what could happen with Medicare privatization?

Singh: The way things are written, it's what they said they plan to do ... is to automatically enroll people ... 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 [in the previous podcast] is 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 [billion] 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 there's good evidence that if we waste all this money, give it away to UnitedHealthcare and Aetna and these other private companies, the money that those of us who are working right now are putting in is not going to be adequate to cover the healthcare needs and the profit needs of these CEOs and these shareholders. And so, I don't know, maybe I'm an optimist. I don't think that's going to happen because I think we'll figure it out before it happens. But that is what they're planning on doing. 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 and how we think about the money that we are putting into our own system right now, right?

A lot of times I'll hear people say, 'that's that taxpayer money or whatever.' It's not taxpayer [money]. It's all of our money. It's the money we earn, the hours of time you spend, and then you look at your own paycheck ... that's paid to these CEOs that's paid to shareholders and even go the low estimate – $120 billion a year [in wasted money.] That is a lot of money. So they were like, 'okay, if I get hearing with my private plan, I'm going to do it.' 'Oh, you know what? Most hearing aids cost $4,000 and my hearing benefit is a thousand dollars. So I guess I didn't actually get that hearing benefit,' but what if we could give everybody real coverage with that money? So there wasn't people making profit off health care, but just every healthcare dollar covered healthcare.

Q: So what does that mean for seniors then in the future, if this happens?

Singh: I'd like to think we would figure it out and fix the problem. But is it possible and depending on who is in charge and what they believed, I don't know. This is

terrible, I'm an oncologist... and I'm the president to be of -PNHP, I should be thinking about the future. But 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 OMB [Office of Management and Budget] would help us figure this out and prevent us from getting there. But I don't know the answer to that question and I would find it really challenging. 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 courses 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. And so the idea that we are going to give it away.... When UnitedHealthcare got hacked, they couldn't pay hospitals, they couldn't pay doctor's offices. They struggled to get things approved, but the CEO of United [Health Group] had a call with the shareholders and his board and reassured them, 'Hey, we're actually going to make extra money this week because we're not providing health care this week.' Now, I'm not quoting him accurately, but that's essentially what he said. And a lot of people were like ... 'Oh my God, you [said] that in public.' And he was like, 'I'm in the business of making money for my shareholders.' He's not a physician. He's not somebody who's in the business of making people healthier. That's not his job description, even in his own mind.

Dr. Singh is referring to comments made by Andrew Witty, CEO of UnitedHealth Group, which owns Change Healthcare, the claims and payment clearinghouse that got hacked in early 2024. Meanwhile, Brian Thompson, CEO of UnitedHealthcare, the company's insurance arm, was fatally shot in Manhattan in late 2024.

Singh: And I think that's where we're really messed up, is that somehow in America, we have decided it is reasonable for hospice to be a for-profit business, for getting your mammogram to be something that people make money off of. And it really just doesn't make any sense whatsoever. If everybody has the best, longest quality of life they can. And you might say, 'oh, that's too Suzy Sunshine, blah, blah, blah.' Let's not even do that. Let's just talk about Medicare and the fact that most people who have Medicare paid for it their entire lives, nobody's just given them money. Right? They invested in this.

Q: Yeah, for sure. So if people are automatically enrolled into Medicare Advantage, what does that mean for seniors and for their health care?

Singh: I mean, I think this is the problem with Project 2025. 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 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 going to 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 the 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.'

Q: So what would this mean for the amount of time physicians spend on prior authorizations?

Singh: One of the calculations that was made based on the idea that the average prior authorization takes somewhere between 20 minutes and 35 minutes, depending on what study you look at and what you look at. But let's be conservative, 20 minutes. So then based on that, it's 11 million hours per year wasted by practices getting prior authorization. And I just think about my patients, cancer patients struggling with, 'I'm having side effects with my chemo,' or 'I'm nauseated and just wanting like 15 minutes of my nurse's time,' wanting 20 minutes of my time that they can't get. And then meanwhile, my practice is going to spend <laugh> hours and hours like on the phone with an insurance company getting a CAT scan that's part of a National Comprehensive Cancer Network guideline approved. And the only reason they're having to do that is because they don't want to pay for it, not because my patient doesn't need it?

And on the off hope that for a certain percentage of my patients, maybe they could afford to cover an MRI or a CAT scan, or they just decide like they don't want to wait and they'll move forward and then they're in debt. Then they're in debt for

thousands of dollars, right? And we're not talking about $300, we're talking about $5,000. Right?

I saw a patient last week who has fluid buildup in her abdomen. For her, it's not about cancer, it's about a liver issue that she has and she sees a liver specialist and it's all documented that's what she has. Every time they take the fluid off, she pays between $300 and $450 and so often that summer between every four to six weeks, depending on what's going on with her.

Q: And she has a Medicare Advantage plan?

Singh: Yes, she has a Medicare Advantage plan. A Medicare Disadvantage plan.

Wow.

Singh: Crazy. And then even just, let's say she was having symptoms, her stomach was hurting. Let's just get an ultrasound that's a $50 copay for her. And again, like depending on who you are, $50 might not sound like a lot, but it sure adds up. And then the other part that was really hard for me was she said, 'I'm not *that* uncomfortable. Let's just wait.' And that just made me nuts. Thanksgiving, her family's coming. She's going to be running around her house.

Q: That's so sad. So it was probably the cost that was scaring her away?

Singh: Oh, absolutely it was the cost. She told me black and white right this second, like, 'I can't spend that money.'

Q: So what is PNHP doing to combat the privatization of Medicare?

Singh: Just to be clear, PNHP's main goal is achieving universal health care for everyone, not just seniors. Universal health care for everyone, free of profit driven conflicts of interest. So we believe everyone should have access. We believe profit should not be something that is part of the healthcare picture, that any dollar that's committed to health care should actually provide health care, that CEOs shouldn't be buying yachts with our healthcare dollars.

Specifically, what's the work we're doing for Medicare and trying to limit privatization in Medicare and trying to make sure our seniors get the best care they deserve? We work with legislators to try to get legislation. We educate other physicians. We educate patients, and we're working to get the word out. We're doing different studies looking at the impacts of Medicare Advantage on health equity. We know that there's racism built into our healthcare system and that although some of these Medicare Advantage plans try to say, 'well there's a lot of

historically disadvantaged people who are in our plans – that just proves that we're giving them health care.' Many of them are in their plans 'cause they can't afford that Medigap, that supplemental insurance thing we talked about.

And we know that there's a whole bunch of health outcomes that are decreased in the setting. I focused on oncology care because that's what I do. But we know that people aren't getting the health care that they need consistently. They're not able to necessarily fill prescriptions. They have something we call under-insurance because they can't pay the deductibles or once they get to a certain amount of... A lot of Medicare private plans have a limit on the number of days that they will cover in the hospital. And after that, you're paying for it.

Q: In addition to single-payer Medicare for All, what policy solutions do you recommend?

Singh: I think that we do a lot of work with other organizations who are part of a group that currently is focused on trying to limit so one of them is trying to make sure that people have access to traditional Medicare. Our biggest thing is leveling the playing field. Let's make traditional Medicare as good as these private plans, right? Let's include vision and dental. Let's get that out-of-pocket deductible down so most people can afford it. Let's think hard about this 80-20 thing, right? So let's make traditional Medicare what it was supposed to be, right? Health care for seniors that they paid for their entire working lives. Not 80% of your outpatient health care <laugh>, right? Making traditional Medicare better is a huge part of it.

And then how else? I think the devil may be in the details, but I think there's lots of ideas. We were really lucky. Congresswoman [Pramila] Jayapal, who is the person who put the Medicare-for-All bill forward in the House [of Representatives], was at our most recent annual meeting. She gave us a really wonderful inspiring talk, but just talking with her and her health policy people about where are the places that we can get the most for people the fastest?

And we're committed to working with everybody, right? It doesn't matter what party. We are not politically affiliated. Anyone who is struggling for their constituents to get health care in their area of the country. We're happy to work with and think about policies that can help. I think a lot of rural areas in America do not have good quality basic health care and there's no reason in a country like America that they shouldn't have access and we'll work with anyone. I think there's lots of policies. Universal healthcare coverage would be the first step. How do we get it to all the people we need? How do we think through 'what are the things that really give people the best, longest quality of life?' All of those are issues worth fighting for but I think you have to start with a basic, and to me, the

basic is every healthcare dollar goes to providing healthcare not to profit, and everybody gets access.

Thank you, Dr. Diljeet Singh, of Physicians for a National Health Program.

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