



## Profits over patients - America's sickening healthcare system

**“No one should be making money on our health care, and when we get sick, when people are at their most vulnerable and they need care, that should not be a piggy bank for Wall Street investors.” Rachel Madley**

*911. What's your emergency?*

*America's healthcare system is broken and people are dying.*

**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**.

**[music]**

This time on **Code WACK!** Medicare for All is back in the spotlight. With new bills recently introduced in Congress, what makes these proposals different from earlier versions— and why are some advocates feeling hopeful, even in the current political climate? What would a truly public, universal health care system look like, and how could it help curb the soaring costs, corporate greed, and bureaucracy plaguing our current system?

To unpack this, we spoke with **Rachel Madley**, Director of Policy and Advocacy at the Center for Health and Democracy. A former health policy advisor to Congresswoman Pramila Jayapal — lead sponsor of the House Medicare for All bill — Rachel helped shape and reintroduce the landmark legislation in 2023. She’s

also a former FDA staffer and holds a PhD in Microbiology and Immunology from Columbia University, where she was active in both Physicians for a National Health Program and Students for a National Health Program.

***Rachel, welcome back to Code WACK!.***

**Madley:** Thank you so much.

***Q: Since we last interviewed you in 2019, when you were still in graduate school and you discussed your struggles to get the medication you need to live, much has changed for you and for the country. Can you tell us a little bit about yourself and how you became committed to fixing our broken healthcare system?***

**Madley:** Definitely. So my interest in health policy and our healthcare system really started when I was diagnosed with Type 1 diabetes. As a teenager, which I discussed in my first appearance on the podcast, and that really showed me how broken our healthcare system is, but also that we have a lot of things that we can improve on, and it doesn't have to be this way.

So after I finished graduate school, I decided to go into the health policy sector. I worked as a congressional affairs specialist at the FDA, and then I went on to be health policy advisor for Congresswoman Pramila Jayapal for about three years, and she is the lead sponsor of the Medicare For All Act in the House of Representatives.

So it was a true honor to get to help her lead that work and now I am the Director of Policy and Advocacy at the Center for Health and Democracy. I work closely with our founder, Wendell Potter, who is a former health insurance executive turned whistleblower, and we work to counter the corporate influence of big health insurance companies on our healthcare system, and we advocate and push for policies that will really put patients first and remove the profit motive from our healthcare system.

***Yes. What an important and huge job you have.***

**Madley:** Yes, and it's a lot of fun doing it as well.

***Oh, good. I'm glad to hear that. When you worked with Congresswoman Jayapal, did you help craft the Medicare for All legislation?***

**Madley:** Yes. I got to help reintroduce it in 2023 and craft it. We made some really important additions and improvements to the bill that year. One thing that we did specifically, seeing the attack on reproductive healthcare, the bill had already covered abortion and reproductive health care, but we went even further. We put the word abortion in the bill so that future secretaries of Health and Human Services or other future hostile administrations would not be able to take that right away under the Medicare for All Act.

***Q: Oh, very interesting. And how do the current bills that were recently introduced compare to earlier versions? Are there any other significant shifts that you've noticed?***

**Madley:** There were not any changes from the bills that were introduced in the last Congress from 2023 to those that were introduced in 2025, and as the person who was responsible for going through with a fine tooth comb and looking through the bill and making sure it was airtight and gonna give us the Medicare for All system that we needed, there were no changes. And it's a really comprehensive and exciting bill. I will say there are some folks who have brought up things like, 'how do we get private equity out of hospitals and nursing homes and things like that' and that is definitely an important issue, and that is something that there are separate bills that Congresswoman Jayapal and many other members of Congress, some even on the Republican side, are advocating for. So things like that are not in the Medicare for All Act because they are separate and bipartisan efforts.

***Q: Good to know. Can you briefly state what you think the strengths are of these Medicare for All bills and why they're so necessary and important?***

**Madley:** Definitely. I think the top strength is that it removes the profit motive from our healthcare system, and we see at the Center for Health and Democracy, in our work of monitoring what health insurance companies are doing.

If you listen to their calls with their shareholders and you look at their quarterly financial earnings statements, the word patient is almost never used. It is all about profit margins. It's all about shareholder value, executive compensation, things like that. And the patient is often left out of those conversations totally. And so that is the real root of the problems in our healthcare system. Under the Medicare For All Act, the profit motive for insurance companies would be removed. Everyone would be covered under the improved and expanded Medicare program, which would be a fully public service. So it would leave hospitals and doctor's offices operating in much the same way.

So they would still be independent practices, things like that. But it would just mean that everyone would get Medicare public insurance, to be able to pay for their healthcare. Now, Medicare does not have earning statements. It does not have shareholders. It does not have Wall Street watching to see if it's able to squeeze out more money from patients that are on Medicare, and I think that's the biggest strength because right now investors on Wall Street see health insurance companies as an investment opportunity to build their wealth.

We have to make healthcare a bad investment opportunity. No one should be making money on our health care, and when we get sick, when people are at their most vulnerable and they need care, that should not be a piggy bank for Wall Street investors. It should be patient focused and just focused on getting that person healthy and back to work, back to their loved ones, regardless of ability to pay and not leaving them with medical debt.

***100 percent. Well said.***

**Madley:** So I think that's one of the biggest strengths of the bill. The other strength I think of the bill is it maps out exactly how we're gonna get to this system.

One of the biggest myths I hear about Medicare for All is it's too complicated. We can't get there. We're never gonna be able to do it and the bill actually breaks down the transition to the Medicare for All system. It also looks at things like physician pay. Physicians are getting paid very little amounts by Medicare Advantage companies.

They actually often get paid less by Medicare Advantage Companies, which are those private insurance companies than they do by the government for traditional Medicare. The Medicare for All Act sets up regional boards that will discuss physician pay, and those boards will have representatives from physician specialties, patient representatives and representatives from the Centers for Medicare and Medicaid Services. So there's so much detail in how to set up this system that it is designed to succeed.

And so I think that's another big strength of the bill and that's something that's evolved over the years because of the work of advocates, patients, physicians who have seen the problems in our current healthcare system and have worked with members of Congress like Congresswoman Jayapal, Congresswoman [Debbie] Dingell, who is the co-lead in the house, and Senator [Bernie] Sanders, who is the lead in the Senate. They have all worked together to craft a bill that is going to work and going to get us to the system that we need.

***Great. Given today's political climate, what are the most promising strategies, both inside and outside Congress, for moving Medicare for All forward?***

**Madley:** Definitely. That's a great question. And although we are in a time with a Republican president and Congress controlled by Republicans who do not support the Medicare for All Act, I do think there are some promising signs.

The first is on the outside in organizing and looking at patients. There is an increasing level of frustration with our current healthcare system. Now, it has been there for a long time, but the change that I've realized is more people are realizing why the system is like that.

Again, it goes back to that profit motive. And when you talk to people, and I'm seeing online and at rallies and things like that, people have started to make that connection between 'our healthcare system is too expensive because of health insurance companies and for-profit companies controlling it.'

And so I think that connection is really exciting. And also the overall frustration with health insurance companies, again, is getting to a critical moment and building to a critical point. I also think it's really promising that frustration is seen

across the ideological spectrum with voters. It is not just a Democratic issue. It's not just a Republican issue.

It is seen in voters of all types and people who are typically not engaged in the political process. Everyone shares that frustration with their health insurance, and this goes back to the article I wrote in 2019 that we discussed first when I asked, 'does anyone really love their private health insurance?'

And I think the answer is overwhelmingly no at this point and there's a real hunger for change.

On the inside, I think in terms of a path forward, we saw some of those pathways during the Biden administration start to emerge. One of the pathways that was exciting to see was there was a huge support for lowering the Medicare age to 50 or 55 while there was negotiation of the Build Back Better Act, which was the bill that eventually became renamed the Inflation Reduction Act, that had the core parts of President [Joe] Biden's agenda in it.

More than half of the Democratic caucus in the House supported lowering the Medicare age in that bill, including a lot of members who were Democratic members, but they represented very purple districts that sometimes vote for a Democrat, sometimes vote for a Republican,

A lot of moderate members of the Democratic caucus were very supportive of lowering the Medicare age too, and that is not Medicare for All, of course, but it is expanding the people who can get access to the public Medicare program because people recognize that it's a good program and more people need access to it.

***Right, that's a great example.***

**Madley:** In the same bill, there was also expansion of Medicare to include dental, vision and hearing benefits, which is another key part of Medicare for All. Because right now, Medicare does not cover those benefits and it really puts a large out-of-pocket cost on seniors and people with disabilities.

So you saw this really wide support for expanding Medicare in many of the ways that the Medicare for All Act would from a wide swath of Democratic members of Congress, many who did not support or co-sponsor the Medicare for All Act yet. So when we look at a path forward, I do think that gives us a reason to be optimistic and also steps to work for on the way to Medicare for All.

When saying that, I do want to acknowledge that for a lot of advocates who have been pushing for Medicare for all, incremental steps can sometimes be very frustrating. And from a personal standpoint, I really understand that because health care is so personal and when you're struggling to afford your insulin like I have, or cancer treatment, or you're watching a loved one, get inundated with medical bills, incremental steps can feel very frustrating.

And I think we need advocates who are pushing to get us to Medicare for All and not settling for anything less. And so I wanna acknowledge that because I know incremental steps, they're gonna broaden care, they're gonna get more people access, but also it can feel frustrating until we get to that ultimate goal. But I do think there are reasons to be optimistic that we can reach those steps soon and we can reach Medicare for All in the end.

***Supporters of Medicare for All say it would reduce overall health costs and improve access. While critics warn of high taxes and government overreach, how do these new Medicare for All bills address those?***

**Madley:** Medicare for All takes the money that we are currently spending on healthcare through taxpayer dollars and instead of using it to subsidize private insurance companies, it reroutes that money to make sure that we are using those dollars for health care. I'm gonna use an example in the current Medicare program to illustrate how that's happening. So right now in the current Medicare program, you have traditional Medicare – that is the fully public program that is administered by the government.

You also have a privatized option called Medicare Advantage, and those are private plans that are run by health insurance companies like United, Cigna, Humana. Studies have shown that the companies running Medicare Advantage plans have found out how to game the system, and what they're doing is they are

making their patients look sicker than they actually are because they learned that when a patient is sicker, you get a bigger payout from the government and the right of center Committee for Responsible Federal budget actually found that over the next decade, the government is going to be overpaying these private health insurance companies by more than \$1 trillion because they have found out a way to game the system.

Now those overpayments go to shareholder profits, executive compensation, bonuses, things like that. So that is an incredible amount of waste and abuse in our current system, and it's coming from taxpayer dollars. So you and I and everyone listening to this podcast are essentially paying money that goes directly into big health insurance pockets. So the Medicare for All Act will decrease costs first by getting rid of that waste and abuse. Again, there's no more profit motive in health care, and so we are gonna reroute that trillion dollars and make sure it's actually paying for patient care.

***Absolutely. Thank you Rachel Madley of the Center for Health and Democracy. Stay tuned for next week when we continue our discussion with Rachel about how insurance companies are gaming the system to maximize profits at patients' and taxpayers expense.***

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