

TO: Senate Finance Committee

RE: Oct 18 hearing Medicare Advantage Annual Enrollment: Cracking Down on Deceptive Practices and Improving Senior Experiences

From:

Thank you for the opportunity to add to the record and for holding a hearing about Medicare, especially during this open enrollment period. I am a volunteer with PSARA Puget Sound Advocates for Retirement Action but this my personal statement.

For over a year, I have been following the ever-more alarming news about what was created as a public good, Medicare, being taken over and exploited by the private insurance industry to the detriment of the very people it was intended to serve, our seniors and people with disabilities. The deceptive advertising and misinformation coming from for-profit private insurers in Medicare Advantage (MA) via television and social media is the tip of the iceberg. The massive fraud and abuse by these insurers in the billions of dollars, documented by both media and government investigations, plus the failure of CMS to exert real oversight and to put beneficiaries' health and welfare first, cannot be overstated.

I am already enrolled in Traditional Medicare (T M), but have seen many examples of the deceptive, and obviously costly, advertising from so-called Medicare Advantage plans (private insurance). In addition, I have read about how the on-the-ground experiences of Medicare Advantage beneficiaries are very different from those of us on Traditional Medicare.

This situation appears to be far beyond simply making small adjustments. Action from our elected leaders is necessary and urgent. Since this is the Senate Finance Committee please add this recently released report from PNHP Physicians for a National Health Program to the record: <https://default.salsalabs.org/Tf70ffaa1-4264-4e55-b795-8e37d961c33a/e22a406d-0e4a-4abf-9f6f-fffc96d789f4>. The data there shows that the amount of overpayments to MA insurers for just the past year totals between \$88 and \$140 billion. If you are looking for why the Medicare Trust Fund is losing money, and how to recover it, please start here.

On the human experience side, I've learned that MA insurers have caused undue harm and even deaths due to prior authorizations, delays and denials of care. In MA's capitated system, it is obvious that the built-in incentive for them to contradict a beneficiary's own provider's recommended treatment or drug is greater profit.

Also regarding finances: There is a gross inequity problem for individuals just signing up when they must choose between the 2 options. While those with limited incomes, many of them people of color, likely are not informed of the limited networks plus the delays and denials they will experience in MA, the lower upfront costs virtually force them to choose an MA plan. After months of following reports and hearing personal testimonies from beneficiaries, I conclude, along with PSARA, that the only solution is to immediately "level the playing field" between T M and MA.

The 3 fixes necessary to "level the playing field" are:

- 1) adding benefits to T M including vision, dental and hearing
- 2) eliminating the 20% co-pays in T M and capping out-of-pocket expenses

3) paying for improvements to T M by eliminating excessive administration costs and profits in private insurance plans; and returning funds to the Medicare Trust Fund that were lost to the fraud and abuse by insurance companies

I urge you to stop the crimes and malfeasance from the private Medicare Advantage insurers, and honor the trust that Americans still have in true Medicare and in the ability of you, our elected representatives, to fix it. Thank you.