

The Honorable Mike Crapo
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chair Crapo and Ranking Member Wyden,

On behalf of the 27 undersigned organizations, representing health care consumers, providers, patients, and caregivers we urge the Senate Finance Committee to take action this year to examine and address abuses in the Medicare Advantage (MA) program. With health care costs continuing to climb and placing an ever-greater financial strain on American families — including for older adults and people with disabilities who depend on Medicare and Medicare Advantage for coverage — this is an urgent moment for the Committee to evaluate the current state of the MA program and assess whether it is truly delivering on its founding promises.

As you know, Medicare Advantage was created more than two decades ago to give older adults the option to receive their Medicare benefits and coverage through private insurance plans, while promising to save the underlying Medicare program and taxpayers money, provide more generous coverage and benefits to enrollees, and improve health care quality.¹ Yet, the program has not lived up to these goals.

Since its creation, the MA program has not achieved net savings for Medicare or taxpayers — and is in fact costing the program billions of dollars in excess spending every year. Since 2015, this inflated spending in MA has cost the federal government nearly \$600 billion.² In 2026 alone, Medicare was projected to pay 14 percent more to cover enrollees in MA than it would spend if those same beneficiaries were enrolled in Traditional Medicare — a difference that amounts to \$76 billion per year.³ Meanwhile, the MA program has grown rapidly: It now provides coverage to more than half (55%) of all eligible Medicare beneficiaries,⁴ and the Congressional Budget Office projects that 62% of all Medicare beneficiaries will be enrolled in an MA plan by 2033.⁵ This rapid growth makes it even more urgent to understand and address troubling patterns at the heart of the program.

Too often, MA insurers manipulate flaws in the MA payment system that directly undermine the health and financial wellbeing of our nation's older adults, as well as the federal government.⁶ These harmful practices include systematic upcoding of patient diagnoses that do not reflect the actual care that beneficiaries are receiving, gaming the star rating

program, predatory and deceptive marketing schemes to prospective beneficiaries, and overly aggressive and medically inappropriate care denials, among others.⁷

Given these widespread predatory behaviors, American voters' interest in addressing existing abuses in MA is growing. For example, recent polling shows that 79% of voters across all political parties supported prohibiting Medicare Advantage companies from exaggerating health risks to get paid more.⁸

The Senate Finance Committee has both the power and the responsibility to ensure the MA program is providing the high-value health care and coverage that the more than 34 million older adults and people with disabilities who rely on MA for health insurance deserve. We urge the Committee to provide appropriate scrutiny to the program and find solutions to rein in abuses that are making health care harder to access and less affordable for everyone.

Sincerely,

Families USA

ACA Consumer Advocacy

Autistic Women & Nonbinary Network

Bridges to Empowerment

California Association for Adult Day Services

Center for Health and Democracy

Center for Medicare Advocacy

Colorado Consumer Health Initiative

Dientes Community Dental Care

Doctors for America

Florida Voices for Health

Justice in Aging

Long Term Care Community Coalition

Medicare Rights Center

National Alliance for Caregiving

National Association of Social Workers (NASW)

Network Lobby for Catholic Social Justice

NHMH - No Health without Mental Health

Northwest Health Law Advocates (NoHLA)

PNHP

Public Advocacy for Kids (PAK)

SC Appleseed Legal Justice Center

Serving at-risk families everywhere, Inc.

Triage Cancer

Utah Health Policy Project

Voices of Health Care Action

3SISTERS

¹ Erin Fuse Brown, et al., *Legislative and Regulatory Options for Improving Medicare Advantage*, December 2023. <https://pubmed.ncbi.nlm.nih.gov/37497876/>

² MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2025. https://www.medpac.gov/wp-content/uploads/2025/03/Mar25_MedPAC_Report_To_Congress_SEC-1.pdf; See also, Robert Berenson, Bowen Garrett, and Adele Shartzer, *Understanding Medicare Advantage Payment: How the Program Allows and Obscures Overspending*, September 27,

³ MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2026. https://www.medpac.gov/wp-content/uploads/2026/03/Mar26_Ch12_MedPAC_Report_To_Congress_SEC.pdf

⁴ KFF, *Medicare Advantage in 2023: Enrollment Update and Key Trends*, August 9, 2023. <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2023-enrollment-update-and-key-trends/>

⁵ MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2026. https://www.medpac.gov/wp-content/uploads/2026/03/Mar26_Ch12_MedPAC_Report_To_Congress_SEC.pdf

⁶ Richard Gilfillan and Donald M. Berwick, *Medicare Advantage, Direct Contracting, And the Medicare ‘Money Machine,’ Part 1: The Risk-Score Game*, Health Affairs, 2021, <https://data.cms.gov/tools/medicare-enrollment-dashboard>; See also, HHS OIG, *Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments to Disproportionately Drive Payments*, September 20, 2021. OEI-03-17-00474. <https://www.oig.hhs.gov/oei/reports/OEI-03-17-00474.asp>; Chapter 11, MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2023, https://www.medpac.gov/wp-content/uploads/2023/03/Ch11_Mar23_MedPAC_Report_To_Congress_SEC.pdf; MedPAC Report to the Congress: Chapter 12- The Medicare Advantage Program: Status Report, March 2024, https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_Ch12_MedPAC_Report_To_Congress_SEC-1.pdf; Christi A. Grimm, *Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care*, OIG, 2022, [Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care" \(OEI-09-18-00260\) \(hhs.gov\)](https://www.hhs.gov/oei/reports/OEI-09-18-00260); Jeannie Fuglesten Biniek, Nolan Sroczynski, Meredith Freed, and Tricia Neuman, *Medicare Advantage Insurers Made Nearly 50 Million Prior Authorization Determinations in 2023*, KFF, 2025, [Use of Prior Authorization in Medicare Advantage Exceeded 46 Million Requests in 2022 | KFF](https://www.kff.org/medicare/issue-brief/medicare-advantage-prior-authorization-determinations-in-2023)

⁷ MedPAC Regulatory Comment on Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, March 1, 2023. https://www.medpac.gov/wpcontent/uploads/2023/03/Mar2023_MA_C_AND_D_CY2024_MedPAC_COMMENT_v2_SEC.pdf; Tricia Neuman, Juliette Cubanski, & Meredith Freed, *Monthly Part B Premiums and Annual Percentage Increases*, January 12, 2022. <https://www.kff.org/medicare/slide/monthly-partb-premiums-and-annual-percentageincreases/>; CMS, *Medicare Savings Programs*, <https://www.medicare.gov/basics/costs/help/medicaresavings-programs>; See Chapter 11, MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2023, https://www.medpac.gov/wpcontent/uploads/2023/03/Ch11_Mar23_MedPAC_Report_To_Congress_SEC.pdf; See also, page 265 of MedPAC, *January 2024 Public Meeting Transcript*, MedPAC, January 2024, <https://www.medpac.gov/wpcontent/uploads/2023/10/January-2024-meeting-transcript.pdf>.

⁸ <https://familiesusa.org/resources/americas-voters-we-demand-lower-healthcare-costs/>