

Project 2025

Privatizing Medicare for Profit

Forcing seniors into corporate “Advantage” plans

Project 2025 would automatically enroll seniors in corporate health insurance plans instead of Medicare—**without their full consent**. As Medicare shrinks, it would open the door to benefit cuts, vouchers, or other privatization schemes that put patients at risk.

Consequences for Patients

If Project 2025 achieves its implicit goal of fully privatizing Medicare, **15 million seniors could become under-insured** due to reduced benefits. Every senior would be exposed to harm from corporate insurers, including care denials, higher cancer death rates, and ghost networks.

Consequences for Health Care Providers

In 2024 alone, more than 100 hospitals have dropped Medicare Advantage plans due to **dragged out payments and prior authorizations**. Under fully privatized Medicare, health care staff would spend an estimated 43 million hours annually on prior authorizations.

Consequences for Medicare

If all Medicare beneficiaries were enrolled in a so-called “Advantage” plan, the hospital trust fund would immediately slip into deficit spending and would face **bankruptcy within 5 years**. Taxpayers would be on the hook for an additional \$1.5 trillion over 10 years—all to benefit corporate health insurers.



Corporate insurers like Aetna and UnitedHealthcare **overcharge Medicare by up to \$140 billion annually**, and cause significant harm to seniors and health care providers alike. Instead of rewarding them, we should reclaim these overpayments; doing so would allow us to establish a low out-of-pocket maximum for Medicare, add robust dental/hearing/vision benefits, or fund other priorities.

“Our Payments, Their Profits: Quantifying Overpayments in the Medicare Advantage Program,” Physicians for a National Health Program, October 2023, pnhp.org/MARReport

“Taking Advantage: How Corporate Health Insurers Harm America’s Seniors,” Physicians for a National Health Program, May 2024, pnhp.org/HarmsReport

