

1 **Resolution to Call for Policy that Would**
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3 **Restore, Improve, and Expand Traditional Medicare**
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5 **Whereas:** Healing the sick was central to Jesus' ministry (Matt 9:35) and his identity as the Messiah
6 (Luke 7:21-22); Jesus made his healing ministry freely available to all (Luke 4:40; Luke 5:15; Luke
7 6:18), and Jesus empowered his disciples with the authority to heal the sick in his name (Luke 9:1-6);
8 Jesus' healing ministry continued after his resurrection through the Apostles (Acts 5:15-16) and through
9 his followers today, and

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11 **Whereas:** As Christians and members of the United Church of Christ, we are called to continue Jesus'
12 ministry of healing the sick, to seek and serve Christ in all people, to love our neighbors as ourselves, to
13 strive for justice and peace among all people, and to respect the dignity of every human being, and

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15 **Whereas:** The United Church of Christ has long supported the concept of Universal Health Care. (In
16 2009, the UCC 27th General Synod delegates adopted Resolution 13: An Urgent Call for Advocacy in
17 Support of Health Care For All, As In H.R. 676. HR 676 asserted the right of all individuals to medically
18 necessary health care, including long-term services, and encouraged all UCC members to advocate for
19 legislation for comprehensive medical benefits), and

20 **Whereas:** The Central Pacific Conference of the United Church of Christ adopted a Resolution of Policy
21 Urging Support for Universal Publicly Funded Health Care in Oregon at their 2018 annual assembly,

22 **Whereas:** The U.S. Congress created Traditional Medicare (TM) in 1965 as a public good to
23 provide a national healthcare system for seniors and people with disabilities, and Medicare has
24 proven to be our most efficient and effective public healthcare program so far, and

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26 **Whereas:** In 1999, Congress began Part C of the Medicare program authorizing CMS to contract
27 with public or private organizations to offer a variety of health plan options (in 2003, Part C of
28 Medicare was renamed the Medicare Advantage [MA] Program), and

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30 **Whereas:** Inserting insurance companies between patients and Medicare has turned out to be
31 complex, costly, confusing, and inequitable for Medicare patients¹ and entails an 8-15%
32 administrative overhead compared to only 2-3% for TM,^{2,3} and

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34 **Whereas:** MA companies take advantage of TM by, at minimum, the following:

- 35 1. Lobbying for and gaining unjustifiably high per-member payments from the Medicare
36 Trust Fund,¹ and
- 37 2. Aggressively up-coding patients' diagnoses to maximize profit,¹ and
- 38 3. Recruiting (cherry-picking) clients who have a low risk of requiring care and refusing
39 and driving out (lemon-dropping) high-risk clients,¹ and
- 40 4. Restricting access to care by narrowing provider networks and increasing pre-
41 authorization requirements¹ that delay or deny services that TM would otherwise
42 approve, and
- 43 5. Diverting as much as 15% of the Medicare funds they receive into profit and
44 administrative overhead,⁴ and
- 45 6. Abandoning unprofitable geographic regions at will, forcing patients to search for new
46 care providers,¹ felt most heavily in rural areas where alternative MA options are few or
47 absent, and
- 48 7. Overcharging the Medicare Trust Fund by \$75 billion annually⁸, and

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50 **Whereas:** Presidential administrations and Congress have accelerated the privatization of
51 Medicare since 2016, which instead of achieving promised efficiency and better care, allows
52 private equity firms and Wall Street companies to divert even more (up to 25%) of the Medicare
53 money they receive^{5,6,7} away from health care into administration and profit, and

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55 **Whereas:** Recent investigations from academic researchers, investigative journalists, and the
56 Inspector General's Office at Health and Human Services (HHS), have confirmed wide-ranging
57 practices by MA companies that defraud the Medicare Trust Fund and Medicare beneficiaries of
58 \$75 billion annually,⁸ and

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60 **Whereas:** Private insurers and Wall Street continually lobby for an ever-larger share of the soon-
61 to-be \$1.6 trillion in annual Medicare spending⁷ and strive to privatize Medicare further, turning it
62 into a profit center, thereby limiting services at a time when Medicare beneficiaries are among the
63 most vulnerable populations served in health care and need more, not fewer benefits, and

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65 **Whereas:** The Medicare for All Act of 2023-24 (H.R. 3421, and its Senate companion bill S.
66 1655) update the H.R. 676 Medicare for All bill that the UCC 27th Synod endorsed in 2009,
67 creating a system that eliminates the excessive administrative overhead of our current healthcare
68 system and allows Americans equitable and fiscally responsible access to healthcare.

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70 THEREFORE, BE IT RESOLVED that members of the Central Pacific Conference of the United Church
71 of Christ at its 2023 Annual Meeting urge U.S. Senators and Representatives of Oregon, Idaho, and
72 Washington, President Biden, and Secretary of Health and Human Services Xavier Becerra to:
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- 74 1. Save Traditional Medicare from privatization and restore the original Congressional intent in 1965 for
75 Medicare that:
- 76 a. Healthcare be equally accessible for all Americans over age 64 and all disabled Americans,
 - 77 b. There be no discrepancies in service or cost among Medicare recipients, and
 - 78 c. There be no discrepancies in reimbursement to health care providers.
- 79 2. Rescind the 20% co-pay requirement for Traditional Medicare. The requirement draws and strongly
80 inclines Medicare recipients, essentially irreversibly, into privatized commercial insurance under
81 MA. MA plans offer low or no premiums and extra services only because Congress has allowed
82 them to be highly subsidized by the Medicare Trust Fund, and
- 83 3. Require the Centers for Medicare and Medicaid Services (CMS) to define, monitor, and end the well-
84 documented and extensive fraud in MA plans and is destined to occur under other privatization
85 schemes such as ACO REACH (Accountable Care Organization Realizing Equity, Access, and
86 Community Health), and,
- 87 4. Cap administrative costs and profits in the MA and ACO REACH programs at no more than the
88 administrative overhead of TM (overhead is currently 2-3% for TM, 8-15% for MA and up to 25%
89 under ACO REACH), and,
- 90 5. Support and pass the [Medicare for All Act of 2023-24, H.R. 3421](#), and [S. 1655](#).

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92 THEREFORE, BE IT RESOLVED that the Conference Minister send a copy of this Resolution to
93 the U.S. Senators and Congressional House members of Oregon, Washington, and Idaho, President
94 Biden, and Secretary of Health and Human Services Xavier Becerra.

95 THEREFORE, BE IT FURTHER RESOLVED that the Conference call on its members to educate
96 themselves and their congregations on the status of the Medicare System by hosting house parties,
97 and gatherings and by creating a Library of Healthcare Stories from their communities, that will
98 enable them to become advocates for Traditional Medicare.

99 FINANCIAL IMPACT: Funding for the implementation of this resolution will be made in
100 accordance with the overall mandates of the affected agencies and the funds available.

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103 **References:**

- 104 1. New York Times 10/8/22. The Cash Monster Was
105 Insatiable. [https://docs.google.com/document/d/1wY324tTTmKnFeSTh4ZcvT4mXX7C3xh7v/edit](https://docs.google.com/document/d/1wY324tTTmKnFeSTh4ZcvT4mXX7C3xh7v/edit?usp=share_link&oid=100368795517610323998&rtpof=true&sd=true)
106 [?usp=share link&oid=100368795517610323998&rtpof=true&sd=true](https://docs.google.com/document/d/1wY324tTTmKnFeSTh4ZcvT4mXX7C3xh7v/edit?usp=share_link&oid=100368795517610323998&rtpof=true&sd=true).
- 107 2. September 20, 2011 Health
108 Affairs <https://www.healthaffairs.org/doi/10.1377/forefront.20110920.013390/>
- 109 3. Milliman Report November, 2015. [https://www.milliman.com/-](https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2015/2115hdp_20160108.ashx#:~:text=If%20an%20MA%20carrier%20or,the%20second%20succeeding%20contract%20year.)
110 [/media/Milliman/importedfiles/uploadedFiles/insight/2015/2115hdp_20160108.ashx#:~:text=If%2](https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2015/2115hdp_20160108.ashx#:~:text=If%20an%20MA%20carrier%20or,the%20second%20succeeding%20contract%20year.)
111 [0an%20MA%20carrier%20or,the%20second%20succeeding%20contract%20year.](https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2015/2115hdp_20160108.ashx#:~:text=If%20an%20MA%20carrier%20or,the%20second%20succeeding%20contract%20year.)
- 112 4. Politifact, September 17, 2017. [https://www.politifact.com/factchecks/2017/sep/20/bernie-](https://www.politifact.com/factchecks/2017/sep/20/bernie-sanders/comparing-administrative-costs-private-insurance-a/)
113 [sanders/comparing-administrative-costs-private-insurance-a/](https://www.politifact.com/factchecks/2017/sep/20/bernie-sanders/comparing-administrative-costs-private-insurance-a/)
- 114 5. Bloomberg Law, February 24, 2022. [https://news.bloomberglaw.com/health-law-and-](https://news.bloomberglaw.com/health-law-and-business/trump-era-medicare-pilot-program-to-get-reboot-from-biden-hhs)
115 [business/trump-era-medicare-pilot-program-to-get-reboot-from-biden-hhs](https://news.bloomberglaw.com/health-law-and-business/trump-era-medicare-pilot-program-to-get-reboot-from-biden-hhs)
- 116 6. CMS February 24, 2022. ACO Realizing Equity, Access, and Community Health (REACH)
117 Model: Request for Applications. Page 35 Table 6.5 "Risk Band 1 Gross Savings/Losses Less than
118 25%." <https://innovation.cms.gov/media/document/aco-reach-rfa>
- 119 7. Physicians for a National Health Program, February 22, 2022. [https://pnhp.org/news/physicians-](https://pnhp.org/news/physicians-to-hhs-rebranding-wont-fix-direct-contractings-fatal-flaws/)
120 [to-hhs-rebranding-wont-fix-direct-contractings-fatal-flaws/](https://pnhp.org/news/physicians-to-hhs-rebranding-wont-fix-direct-contractings-fatal-flaws/)
- 121 8. Overpayments to Medicare Advantage Plans Could Exceed \$75 Billion in 2023, USC Schaeffer
122 Center Research Find. June 13, 2023.
123