CITIZENS' COUNCIL FOR HEALTH FREEDOM
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15 Questions Trump Should Ask Health Plan Companies

January 6, 2026

To: President Donald J. Trump
From: Twila Brase, RN, PHN - Co-founder and President

On January 6, 2026, you indicated that you would hold a meeting with every health plan company to pressure them to lower health care prices for consumers. Citizens' Council for Health Freedom provides 15 questions that President Trump should pose to health plans:

1. **ACA WINDFALL:** Bloomberg Government reported in 2010 that the Affordable Care Act (ACA) was a **$1 trillion windfall** to health plans over 10 years. Was that windfall because Americans are forced to buy a "Qualified Health Plan" (QHP)? A study published in JAMA Health Forum in December 2025 found a "money pit for taxpayers." (WSJ 12/28/25).
   - Taxpayers paid more than **$114 billion** directly to health plans in 2024, more than double the amount in 2020 (before enhanced subsidies) and more than six times as much as in 2014.
   - In 2024, taxpayers paid nearly **80 percent** of the cost of premiums for subsidized ACA plans, compared with only 30 percent in 2014.
   - **90 percent** of subsidy-eligible enrollees had access to ACA plans with premiums of $10 or less per month.

2. **UNAFFORDABLE OBAMACARE:** President Obama promised Americans the ACA would make health insurance affordable. To what extent do the following ACA provisions make coverage and care more affordable?
   - Coverage options for most limited to an ACA-approved QHP
   - Prohibition on true catastrophic (major medical indemnity) insurance policies
   - Consolidation of the coverage and care industry
   - Almost no government limits on health plan premium increases
   - Mandate that all pre-existing conditions be covered
   - Health plans owning hospitals and hospitals owning health plans
   - Prohibition on physician-owned hospitals
   - Value-based payments that allow health plans to limit access to medical care

3. **DOLLARS TO PATIENTS:** Do you support (1) giving patients control over health care dollars through HSAs, (2) tax equity (employees get same tax benefit as employers providing coverage), (3) return to individual catastrophic medical indemnity insurance policies that pay patients directly, and (4) Medicare dollars flowing directly to patients?

4. **CHARGED TWICE:** Why should the federal government continue taxing Americans to pay for ACA subsidies, which Americans cannot afford on top of their own unaffordable premiums, deductibles, and co-pays?

15 Questions Trump Should Ask Health Plan Companies (cont.)

5. **COST OF MANDATES:** What percent of premium inflation is caused by ACA essential health benefit mandates and the law's prohibition on the sale of affordable major medical policies for catastrophic and insurable events? How low could health insurance premiums go if these mandates and this prohibition were repealed? Do you support the repeal of these provisions?

6. **COMPETITIVE OPTION:** If Americans were again free to buy major medical indemnity policies, pay directly for routine care, and opt out of restrictive health plans, would you offer these affordable policies?

7. **NATIONWIDE:** Would you support major medical indemnity policies being sold across state lines to expand consumer choice and restore cost-cutting competitive forces?

8. **BLACK HOLE:** Americans pay more every year for health coverage—often double-digit increases—while spending less time with their practitioners, not having direct physician access, and receiving more denials of care. Where is the money going—administration, building corporate subsidiaries (UnitedHealth Group lists 2,694 subsidiaries and affiliates), mergers and acquisitions, executive salaries, lobbying, profit?

9. **MISSED THE MEMO:** If "insurance" protects against catastrophic risk, why are you selling policies that micromanage routine care, offer restrictive networks, limit access to physicians, and still put families at risk of medical bankruptcy?

10. **REAL HEALTH INSURANCE:** Why do health plans refer to themselves as health insurance when they are prepaid capitation plans, meaning they receive per-member-per-month payments coupled with legal authority to deny coverage or limit treatment options using medical necessity definitions, corporate treatment protocols, and other mechanisms of delay or denial (of care and/or payment)?

11. **PRE-EXISTING CONDITION MANDATE:** Should the expensive pre-existing condition mandate be repealed so Americans can buy affordable health insurance for unexpected high-cost medical events that have not yet taken place?

12. **POWER IMBALANCE:** Why are the most critical people in medical care—patients and doctors—locked out of price and care decisions, while health plans and third-parties decide what care is paid for? How can this be reversed?

13. **RATIONING REPORTS:** Why should CMS not end its Medicare Advantage contracts with health plans where the HHS OIG has issued several reports discussing the rationing of care to senior citizens in Medicare Advantage, and where health plans and news reports reveal Medicare Advantage as a profit center for health plans?

14. **CONFLICT OF INTEREST:** What incentives do health plans have to lower prices, given that federal subsidies, ACA mandates, and per-member-per-month payments insulate them from real market competition?

15. **SOCIALIZED MEDICINE:** To what degree are America's prepaid (capitation) health plans the corporate version of prepaid health care in other countries with a taxpayer-funded, government controlled, socialized medicine infrastructure?

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