



December 2, 2024

President-Elect Donald J. Trump  
Mar-a-Lago Club  
1100 South Ocean Boulevard  
Palm Beach, FL 33480

Subject: **Requesting reconsideration of the nominations of Drs Mehmet Oz and Janette Nesheiwat and suggesting alternative nominees for Surgeon General and CMS Administrator**

Dear President-Elect Trump,

Congratulations on your re-election. I and the entire team at Citizens' Council for Health Freedom are pleased that you will be returning to the White House. I am contacting you about two of your health care nominees. As head of a national organization dedicated to protecting patient and doctor freedom, I would like to ask you to reconsider two nominations: Dr Mehmet Oz, MD and Dr. Janette Nesheiwat, MD.

**Dr. Nesheiwat openly supported censorship.** She pushed social media to censor the voices of those who did not want to take the Covid shot or follow the Covid vaccine narrative. America's surgeon general should never oppose free speech or support censorship. In time of debate, Americans need more speech, not less. Her call to expand censorship included censoring people like your excellent nominee to head the National Institutes of Health (NIH), physician and economist, **Dr. Jay Bhattacharya**, the author of the **Great Barrington Declaration** and "Focused Protection."

**May we suggest Dr. Joseph Ladapo, MD, Ph.D, as a more suitable nominee for the Surgeon General position?** During four years of Covid lockdown, restrictions and obfuscation, as state surgeon general of Florida, Dr. Ladapo was a strong voice for health freedom and following real science.

**Dr. Oz is a proponent of government-funded universal health care.** In June 2020, Dr. Oz and George Halvorson, former CEO of Health Partners and Kaiser Permanente, penned an article called, "**Medicare Advantage for All Can Save Our Health-Care System.**" They supported government coverage through Medicare Advantage for all Americans not on Medicaid. To pay for it, Halvorson and Dr. Oz wrote, "We could fund this universal coverage entirely with full financial security by using an affordable **20% payroll tax.**" **Socialized medicine is not an American value.** In a Trump administration, CMS should support free markets, competitive pricing, and a return to affordable real (major medical) insurance as an option for all, including senior citizens. The head of CMS should not support government-imposed, corporate-controlled, 'managed care for all.' **Thus, we ask you to nominate Dr. Scott Atlas, MD**—Special Advisor to the President, member of the White House Coronavirus Taskforce, and author of "Restoring Quality Health Care: A Six-Point Plan for Comprehensive Reform at Lower Cost"—**in place of Dr. Oz.**

CCHF has long opposed the Medicare Advantage program. It is not the “private” version of Medicare. (See our recently issued *Medicare How-To Guide*). Rather, these health plans, created to merge financing and delivery of care in a conflict of interest with patients, are the corporate version of socialized medicine. Health plans, by law, are allowed to control the data, the dollars, the decisions, and the doctors.

Medicare Advantage (MA) health plans, also known as Medicare Advantage Organizations (MAOs), have enrolled 54 percent of the Medicare population and in 2024 will receive **\$83 billion in additional taxpayer dollars** above what is paid under Original Medicare for the other 46 percent. **Per MedPac, this is 22% more per enrollee.** As a result, MA plans offer zero-dollar premiums, SilverSneakers® gym passes, and more – driving senior citizens into MAOs where the MAO is authorized by law to keep these dollars by withholding or delaying care, according to the MAO’s determination of “medical necessity.”

**The HHS OIG has charged MAOs with rationing medically-necessary care to senior citizens.** In 2018, in the second of three reports, *Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials* reported 75% of appealed denials are overturned by the MAOs (216,000/year), but **only 1 percent of denials are appealed** even to the first level. Thus, denial of care and denial of payment may be lucrative strategies for MA health plans, but they can be life-threatening events for Medicare patients. <https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf>

MA plans also use extensive profiling to falsely upcode the health status of patients, making them look sicker than they are. This tactic has been used to secure billions in ACA “risk adjustment” dollars. From the HHS OIG Impact Brief: **“Medicare Advantage Fraud”** regarding The Cigna Group in July 2024:

“HHS-OIG has examined risks in payments made to MAOs, issuing over 40 reports since 2019. In a series of reports on HRAs and chart reviews, **HHS-OIG raised concerns that MAOs could use these tools to generate \$9.2 billion in potential improper payments annually for 2017.** HHS-OIG audited specific diagnosis codes submitted by MAOs and found that 70% were not supported by underlying medical records.” (<https://oig.hhs.gov/documents/impact-briefs/9930/Medicare%20Advantage%20Fraud%20Impact%20Brief.pdf>)

Also, from the OIG on October 21, 2024, **“Medicare Advantage: Questionable Use of Health Risk Assessments [HRAs] Continues to Drive Up Payments to Plans by Billions”**:

“[T]axpayers fund billions of dollars in overpayments to MA companies each year based on unsupported diagnoses for MA enrollees. . . Diagnoses reported only on enrollees’ HRAs and HRA-linked chart reviews, and not on any other 2022 service records, resulted in an estimated \$7.5 billion in MA risk-adjusted payments for 2023. . . . Just 20 MA companies drove 80 percent of the estimated \$7.5 billion in payments.”

Medicare Advantage is a rip-off to taxpayers and a danger to patients in need of care.

Thank you for considering my two requests and substitute nominees. I look forward to hearing from you. May God bless you in all you will do to return sanity, safety, self-sufficiency, and prosperity to America.

For patient and doctor freedom,



Twila Brase, RN, PHN  
Co-founder and President