

The Insurance Industry's Old Trick: Flooding the Zone

Nearly 47,000 comments hit regulators. Most weren't written by seniors — they were engineered by insurers and their front groups.

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When the federal government opened a public comment period earlier this year on Medicare Advantage payment rates for 2027, which were far lower than what private health insurers had expected from the Trump administration, something remarkable happened. Comments poured in at a record-breaking pace — nearly 47,000 in all, an all-time high for a Medicare rate notice.

Regulators took notice. A senior CMS official, perhaps trying to lighten the mood, joked that the flood of input might be “another innovation related to AI.”

It was a good line. But the reality was less amusing.

According to an [analysis](#) earlier this month by KFF Health News, about 82% of the more than 16,400 publicly available comments were identical to a letter that appeared on the website of a secretive advocacy group called Medicare Advantage Majority — a “dark money” organization that does not reveal its funders, other than to say it is “dedicated to protecting and strengthening Medicare Advantage” and is “powered by hundreds of thousands of local advocates nationwide.”

The letter warned that without higher reimbursements, seniors would face higher costs and fewer benefits. It was signed by thousands of people who almost certainly believed they were speaking for themselves. They were speaking for the industry.

The extent of the deception ran deeper than form letters. KFF Health News found at least one case that illustrates the tactic's recklessness. Corenia Branham, a 90-year-old widow and cancer survivor in West Virginia, said she never submitted any comment to CMS — yet four form

letters appeared online under her name. Branham, who isn't even on Medicare Advantage, was unambiguous about her views: "I wouldn't recommend it to nobody." A spokesperson for Medicare Advantage Majority claimed she had responded to an ad on Facebook. Whether she understood that doing so would put her name on federal regulatory comments is another matter entirely.

Alongside the comment flood, insurers and MA associations funded research, launched [ads](#), rounded up signatures, and met with government officials, submitting a barrage of comments arguing the proposed rule would be disastrous for payers and the seniors they serve. The Better Medicare Alliance, backed by the nation's largest health insurers, led the charge. So did AHIP, the industry's primary lobbying group. (And don't believe for a minute that Medicare Advantage Majority wasn't funded by the industry, too. In my old career in the insurance business I used to work with Washington propaganda shops to help set up front groups like that.)

The advertising blitz was impossible to miss if you spent any time in Washington. If you visited Washington's Union Station in recent months and checked the monitor listing train departure times, you would be hard pressed to miss the large electronic billboards around them from an organization called the Coalition for Medicare Choices, another front group, featuring worried-looking seniors warning against cuts to Medicare Advantage. Despite billing itself as a grassroots organization, the Coalition for Medicare Choices was founded out of the same offices as AHIP. The Better Medicare Alliance — whose membership includes UnitedHealth, Humana, and Aetna — ran its own [paid media campaign](#). The group spent over \$13.5 million on ads, while yet another dark-money group added \$2 million more.

What looked like a nationwide groundswell of concerned seniors was, in large part, a carefully coordinated pressure campaign designed to move our tax dollars — tens of billions of them — to insurance conglomerates that operate private Medicare Advantage plans.

This playbook is not new. It has a name: astroturfing. The term was coined in 1985 by Texas Senator Lloyd Bentsen, who described a "mountain of cards and letters" sent to his office demanding his support for a bill favorable to the insurance industry. "A fellow from Texas can

tell the difference between grass roots and AstroTurf,” Bentsen famously said. “This is generated mail.”

Forty years later, the insurance industry is still running the same play — only now with the tools of the internet, AI-assisted drafting, Facebook ads, and front groups bearing names designed to sound like patient advocates.

I know this tactic well. I helped write the playbook.

For years, as a senior executive at one of the country’s largest health insurers, I watched — and participated in — campaigns that manufactured the appearance of public support for industry-friendly policies. The goal was always the same: to make regulators and lawmakers believe that ordinary Americans were rising up in defense of private insurance, when in fact it was the industry pulling the strings. We called it grassroots outreach. It was anything but.

Shooting the Messenger: The Campaign to Discredit MedPAC

Flooding the CMS comment docket with form letters was only one front in the industry’s pressure campaign. Another target was the independent agency whose numbers made the strongest case for reform: the Medicare Payment Advisory Commission, better known as MedPAC.

MedPAC is a nonpartisan congressional advisory body with no financial stake in the outcome of Medicare policy. As we reported earlier, [MedPAC’s January 2026 status report estimated that Medicare Advantage overpayments are projected to be \\$76 billion](#) — or 14% more — above what spending would be in traditional Medicare for the same beneficiaries this year. That finding was politically inconvenient for the industry, so the industry set about undermining it.

The Wall Street Journal published an op-ed calling MedPAC’s methodology into question, with the editorial board going so far as to call for MedPAC to be defunded. Industry-backed lobbying groups like the Better Medicare Alliance and the Healthcare Leadership Council — an outfit formed by Humana founder David Jones and other top industry executives in the late 1980s to shape federal policy — amplified the editorial and supported legislation that would dictate how MedPAC’s staff can conduct research.

But perhaps the most striking element of the discrediting campaign came in the form of a February 5 [op-ed](#) in STAT News, written by two former secretaries of Health and Human Services — Democrat Donna Shalala and Republican Tommy Thompson. The bipartisan duo argued that Medicare Advantage was being undermined by “an inaccurate Washington narrative,” and took aim at the MedPAC analyses underpinning reform efforts, warning that the program’s erosion was “the direct, predictable consequence of flawed policy.”

It read like statesmanship. It was something else.

What the op-ed did not mention: Shalala’s deep financial ties to the industry she was defending. After leaving her post as HHS Secretary under President Clinton, Shalala joined the board of UnitedHealth Group in 2001, where over the following years she accumulated tens of thousands of shares of company stock. She ultimately sold more than 61,000 shares in 2005 for over \$5.3 million. As recently as 2020, she was reported to still hold between \$301,000 and \$615,000 in UnitedHealth stock — the same company currently under federal criminal investigation for its Medicare Advantage billing practices.

Thompson’s conflicts are no less notable. After leaving HHS in 2005, he joined the board of Centene Corporation, one of the nation’s largest Medicare Advantage insurers, where he served for nearly two decades — from 2005 to 2022. Critics at the time noted that Thompson’s post-HHS policy advocacy frequently benefited companies in which he held a financial stake.

None of this was disclosed to readers of their STAT News op-ed.

This is how the influence campaign works at its most sophisticated level. It isn’t just form letters and front groups. It’s the careful deployment of credentialed, bipartisan voices — people whose government service lends them authority — to cast doubt on independent analysis that threatens industry profits. The messengers look trustworthy. The message sounds reasonable. What you don’t see is who’s behind them.

I know, because I helped write that playbook too.

What’s Actually at Stake

The Trump administration proposed a rate bump of less than 0.1% for MA plans in 2027, along with tighter guardrails on how plans adjust for their members' health risks — reforms aimed at curbing the tens of billions of dollars in overpayments that independent analysts say flow to MA insurers every year. The final rate announcement is due in early April but could come any day now.

In the meantime, the industry will continue doing everything it can to move the needle. This is not the first time CMS has tried to crack down on these practices, only to back off amid what one agency official once described as an “uproar” from the industry. It is quite common, analysts say, for CMS to partially backtrack when faced with opposition — phasing in changes over several years to soften the blow on health plans. People I've talked to who've held top positions at CMS tell me they expect that to happen this year, and they expect the government will also agree to pay the private insurers much more than the .09% increase proposed earlier this year.

It is quite common for CMS to cave not only because of the intense pressure campaign that has been underway for months but also because of another tool in the industry's toolbox: the promise of campaign donations. If the industry gets what it wants, expect millions of dollars from insurers' political action committees to flow to Republican congressional candidates later this year. I know that game, too. My team and I at Cigna wrote talking points for our lobbyists, who sometimes spent as much time in the White House as in the Capitol, and we doled out the company's PAC money to influence elections.

We'll be keeping a close eye on this and will let you know what CMS does in the coming days. But regardless of the outcome, the next time you hear that tens of thousands of Americans wrote to Washington to protect Medicare Advantage, ask one question: who wrote the letter?