



April 16, 2024

UnitedHealthcare (UnitedHealth Group)
9700 Health Care Ln
Minnetonka, MN 55343

Dear Chief Executive Officer Sir Andrew Witty,

We, the undersigned community and labor member-based organizations, write to you to demand that UnitedHealth Group and its subsidiaries stop engaging in delays and denials of health care.

We are engaged with People's Action's [Care Over Cost](#) campaign that is organizing people impacted by the systemic problem of delays and denials of care and campaigning to win people the care they need, address the problem at its root cause and win policy change to improve health care. Together, we represent one million people in America – many of whom have been harmed by the epidemic of care denials within the private health industry and specifically by UnitedHealthcare.

Our organizations are collectively hearing from our members that despite having health insurance coverage, people are experiencing barriers to receiving care. **The largest barrier to receiving care is the private health insurance corporations themselves refusing to authorize or pay for care.** United Healthcare stands out in particular as a company that is dominating the privatized Medicare market, making most of its profits off of tax dollars and yet, engaging in systemic delays and denials of care. Everyone should have the health care they need, when and where they need it, and we demand you stop profiting by denying people their health care.

76% of people in America get their health insurance from a private company¹ based on the promise, explicit or implicit, that they and their covered family members will be able to afford and receive the care they need and their doctors recommend. Instead, private health insurance companies deny health care for their members well over 248 million times annually.² This averages out to more than once per covered member.

¹ <https://www.census.gov/library/publications/2021/demo/p60-274.html> (66.5% exclusively through a private plan and then an additional 9.5% including privatized Medicaid and Medicare = 76% total insured through private plans)

² ACA Marketplace 48.3 million in 2020 in-network claim denials (source: <https://www.kff.org/private-insurance/issue-brief/claims-denials-and-appeals-in-aca-marketplace-plans/>) . Dept of Labor est. 200 million for employer delivered health insurance in 2017. 2023 number including other private health insurance coverage (Medicare Advantage & Privatized Medicaid) plus increase in ACA/employer markets likely to be much greater.

Delays and denials of care result in suffering for tens of millions of people annually in the form of medical debt, bankruptcy, ongoing sickness or injury, increased stress and lost wages, worsened health outcomes and even premature death. According to the Kaiser Family Foundation, 1 in 11 adults reported they delayed or went without care because of the cost and nearly 1 in 10 adults (23 million people) owe over \$250 in medical debt³.

Delays and denials of care is an even greater problem in privatized public programs within Medicaid and Medicare (managed care and Medicare Advantage, respectively). Private health insurance corporations denied claims that otherwise met Medicare coverage rules 18% of the time⁴ in Medicare Advantage plans. For privatized Medicaid, UnitedHealthcare denied care an average of 13.6% of the time across states, and one state's denial rate was an astonishing 27%⁵. Your corporation is taking public money meant to provide health care for seniors, people with disabilities, and poor people, and is instead using it to pad executive salaries and profits by denying medically necessary care.

In fact, here are just a few examples of UnitedHealth's profiteering:

- In 2022, UnitedHealthCare CEO, Brian Thompson was paid \$9,859,429.⁶
- Between the five years of 2018 - 2022, UnitedHealth Group's CEO Sir Andrew Witty extracted over \$90 million in executive and board pay for himself.
- UnitedHealth Group took \$22.4 billion in profit in 2023 alone.⁷
- UnitedHealth Group sent \$14.8 billion to shareholders through buybacks and dividends in 2023 alone.⁸
- Just today UnitedHealth Group reported taking *\$7 Billion* in profits so far in 2024.
- UnitedHealth Group spent \$3,102,539 on political contributions and \$6,430,000 on lobbying in 2022 alone.⁹

The U.S. has a lower average life expectancy by six years than our peer countries, yet we pay \$5,000 more per capita for health care. Meanwhile, private health insurance corporations rake in tens of billions in profits, while purchasing tens of billions of dollars in shares to raise prices and over-compensate executives. These profits are taken through hiked premiums from your policyholders, denied claims, and inflated charges to public health insurance programs.

³ <https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/>

⁴ <https://www.nytimes.com/2022/04/28/health/medicare-advantage-plans-report.html>

⁵ <https://oig.hhs.gov/oei/reports/OEI-09-19-00350.pdf>

⁶ <https://www1.salary.com/UNITEDHEALTH-GROUP-INC-Executive-Salaries.html>

⁷ <https://finance.yahoo.com/news/unitedhealth-group-full-2023-earnings-130707601.html>

⁸

<https://www.marketwatch.com/press-release/advisory-unitedhealth-group-reports-2023-results-0ee8ec8a>

⁹ <https://www.opensecrets.org/orgs/unitedhealth-group/summary?id=D000000348>

UnitedHealth Group's profiteering by denying care is a disgrace, leaving people across Minnesota & all of the United States without the care they desperately need. We demand UnitedHealth Group take the following steps to remedy the situation:

- Execute a publicly shared audit and reimburse federal and state governments for the public money diverted by claim and prior-authorization denials within Medicaid (Managed Care), and Medicare (Medicare Advantage);
- Stop the overbilling of Medicare by your corporation's Medicare Advantage plans¹⁰ & the overbilling of state Medicaid plans by your managed care plans;
- Stop denying claims and overturn any existing denials for treatments recommended by medical professionals
- Expedite payment of claims;
- Stop denying claims and overturn any existing denials for treatments covered by Medicare/Medicaid rules;
- Immediately cease the practice of using Artificial Intelligence and algorithms to initiate claims denials in bulk¹¹;
- Make public details of denied claims/prior-authorizations by market, plan, state, geography, gender, disability and race;
- Disclose monetary value of total denied claims/prior-authorizations broken down by internal and external appeals processes and total percentage of profits taken by denying care for your corporation;
- Hold quarterly open microphone meetings with policyholders to discuss problems with your insurance products in each state you sell insurance in just as you hold public meetings with your shareholders to discuss the profits
- Relinquish ownership of and transfer over the claim appeals process to relevant public authorities;
- Accept an in-person meeting to discuss these demands and to reverse the specific care and claim denials in the cases we will bring to you in that meeting; and
- Cease overriding the will of people who need health care by lobbying and donating your members' money to politicians' campaigns, PACs and any other entities that can advocate for or against the defeat of elected officials.
- Cease using public funds and policyholder premiums for stock buybacks
- Document and publicly release the time and money spent by healthcare professionals and policyholders requesting prior-authorizations for treatments that are eventually approved

We and our members take seriously the harm UnitedHealthcare and other UnitedHealth Group subsidiaries cause our people. On March 13, 2024, we hosted a [livestream](#) where people shared stories of UnitedHealthcare denials. We demand your timely response through an agreement to

¹⁰ https://pnhp.org/system/assets/uploads/2023/09/MAOverpaymentReport_Final.pdf

¹¹

<https://www.statnews.com/2023/03/13/medicare-advantage-plans-denial-artificial-intelligence/#:~:text=Health%20insurance%20companies%20have%20rejected.more%20than%2031%20million%20people.>

meet with us in-person or over a video call by July 1st to respond to these concerns and negotiate an in-writing explanation of changes you will make.

Sincerely,

Sulma Arias
Executive Director
People's Action

Aija Nemer-Aanerud
Health Care for All Campaign Director
People's Action

Cate Readling
Board Chair
The People's Lobby

Mike Walsh
Progressive Maryland

Rose Roach
Board Chair
Health Care for All Minnesota

Sandra Larson, Nancy McLean, & Martha Winslow
Group Leaders
St. Croix Valley Indivisible

Jesse Hoyt
Executive Director
ONE Northside

Jamila Headley
Executive Director
Be A Hero

Matthew Covington
Strategic Operations Director
Iowa CCI

Elianne Farhat & Amanda Otero
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