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Defaulting Dignity: A Radius of Change Inquiry into Medicare Advantage and the Cost of Automation

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Introduction

At the heart of systemic transformation lies a question more profound than “What will it cost?”—it asks, “*What will it cost us?*” In May 2025, U.S. Rep. David Schweikert introduced H.R. 3467, a bill that would automatically enroll older adults into the lowest-cost Medicare Advantage (MA) plan upon eligibility and lock them into that plan for three years. This proposal has been framed as a matter of convenience and efficiency.

Through the Radius of Change lens, we see something far more consequential: an erosion of dignity, agency, and relational care.

The Radius of Change is a living framework rooted in justice and guided by Love. It invites us to view systems not as mechanized abstractions but as lived ecosystems—where power is intimate, harm is relational, and transformation is emergent. What follows is a layered inquiry into the full radius of this bill’s impact, illuminating what might otherwise remain unseen.

Radius of the Problem

The stated problem—Medicare enrollment inefficiencies—is a partial truth masking deeper intentions.

Silenced Voices: Seniors are positioned as passive recipients rather than active agents. The assumption that they will not or cannot choose reinforces systemic ageism and paternalism.

Narrative Manipulation: Despite low fraud rates in traditional Medicare, the bill’s structure suggests waste and inefficiency, redirecting the spotlight away from who benefits and toward who loses.

Structural Extraction: By defaulting enrollees into private MA plans, the government subsidizes corporate interests, increasing public spending while limiting care options.

Spiritual Harm: Behind the policy lies a worldview that treats humans as cost units, not as beings worthy of attuned, relational health care. Dignity is reduced to a line item.

This radius honors both the outer structures and the inner distortions: the belief that worth is conditional and abundance is for the few. These narratives don't just shape systems—they shape what we believe is possible. But beneath them lives an indwelling Presence that cannot be erased.

Radius of Agency

Agency is not merely about choice. It is about being seen, heard, and respected in the systems that govern our lives.

Locked In, Locked Out: Seniors are defaulted into a plan they didn't choose and barred from switching for three years—undermining their right to navigate care as needs evolve.

Relational Infrastructure Eroded: Brokers, navigators, and grassroots elders' circles—those who help seniors understand options—are excluded from the process.

Barriers to Opt-Out: The complexity of opting into traditional Medicare isn't merely an administrative issue—it becomes a gatekeeping device that disproportionately harms low-income and linguistically diverse communities.

Seeds of Resistance: This moment may ignite grassroots Medicare democracy efforts: community-led navigation, narrative campaigns, and public accountability coalitions.

When agency is flattened, disconnection flourishes. Restoring agency means restoring relational truth.

Radius of Love

Love in this context is not sentimental; it is generative and demanding—a radical, organizing force. Love asks whether our systems are built on belonging, reciprocity, and shared worth.

No Co-Design: Seniors are spoken about, not with. There is no space for deep listening, story-sharing, or honoring lived wisdom.

Hospice as Add-On: Though MA plans will now cover hospice care, we must ask: *Does coverage equal care? Does policy serve presence?*

Absence of Mutuality: The policy reflects transactional logic. A system rooted in Love would prioritize deep consent, relational continuity, and the wisdom of lived experience.

This radius reminds us: Love is not a limited resource. It multiplies in the presence of truth and expands when met with courage

Radius of Transformation

Transformation is not a destination but a process of becoming. Here, where inner awakening weaves with collective action, we pause to ask:

What is shifting in us? What are we called to unlearn, release, or grow into?

Default as Destiny: The default setting becomes the dominant logic, foreclosing nuanced models of care rooted in place and relationship.

Possibility in the Pause: The bill's current status—held in committee—offers a liminal space. This pause is fertile ground for intervention, education, and communal visioning.

Emergent Alternatives: Reimagining Medicare onboarding as ceremony, relational mapping, or intergenerational co-design could rupture false inevitabilities and birth new paradigms.

We compost old logics not just with critique, but with imagination. We shift not only *for* change, but *from* a consciousness aligned with it.

Radius of Support

Support is not secondary—it is the fertile ground from which ethical governance and equitable care grow.

Missing Scaffolding: No funding is allocated for community health educators, culturally responsive outreach, or senior-led advisory bodies.

Invisible Extraction: Rather than reinvesting saved funds into elder care infrastructure, the bill redirects money upward—toward tax cuts and administrative bloat.

Relational Care as Resistance: True support would honor relational economies—where community trust, interdependence, and rhythm hold equal weight to actuarial data.

Abundance is not just material—it is relational, rhythmic, and already present. Holistic, life-affirming scaffolding is essential for transformation to stabilize and thrive.

Closing Reflection

If policy is one form of storytelling, then H.R. 3467 is a tale of misplaced priorities—where efficiency is weaponized against dignity and choice is sacrificed at the altar of automation. Through the Radius of Change, we offer not only critique but clarity: systemic transformation begins with listening, deepens into mutuality, and blooms into co-created possibility.

Let this analysis be a gesture of care and a call to consciousness. The bill is not yet law—but the narrative is taking shape. The invitation is ours to shape it differently. Let us re-author this story.

Author's Note:

This report is not just a policy critique. It's personal.

In my former role within a Fortune 500 company, I witnessed—and was ultimately displaced by—the consequences of linear thinking: a culture that rewarded speed over synthesis, repetition over originality, and diminished the value of deep, iterative work. I was often asked to work on projects and solve problems others couldn't, only to have my work repackaged and my worth questioned.

That experience shapes this analysis. Not with bitterness, but with clarity. Because what's happening with Medicare Advantage and H.R. 3467 reflects something deeper than administrative reform—it reflects a systemic tendency to devalue complexity, silence experience, and cut what cannot be quantified.

This offering is my act of reorientation: toward justice, dignity, and a living paradigm of care. May it support those working to protect what matters and remind us that wisdom isn't outdated—it's essential.