

The "WE DEMAND OUR HEALTH CARE BACK" ACT

Reallocates that \$48.6 billion from corporate profit into a direct-action health fund.

By stripping these earnings away from the "Big 7" insurers, the Act establishes a public trust that funds baseline care for all 349 million Americans without premiums, deductibles, or copays.

Pillar of Care
Scope of Service
Funding (Billions)
Generational Wellness
Pediatrics & Family
Medicine: Full coverage for 1 comprehensive annual check-up per citizen.

\$18.0 B The Mind Initiative
Psychiatry & Psychology: 1 "No-Barrier" mental health session (virtual or in-person) for all.

\$10.0 B Aging with Dignity
Geriatric Medicine: Dedicated home-health and specialized senior wellness visits for the 65+ population.

\$7.5 B Recovery & Restoration
Rehab Services: Subsidies for physical therapy, occupational therapy, and post-injury care.

\$4.0 B Essential Lifeline
Medications: Zero-cost access to a list of the 50 most essential generic drugs (Insulin, Asthma, Heart).

\$5.1 B The Calamity Shield
Emergency Response: Immediate liquidity fund to bolster FEMA medical response during national disasters.
\$4.0 B

The "Calamity Shield" Provision

Under this Act, the \$4.0 Billion Emergency Fund acts as a secondary "surge" budget. If a region is declared a federal disaster area, these funds bypass traditional insurance bureaucracy to:

Deploy mobile medical clinics to the affected area.

Cover all out-of-pocket costs for emergency room visits resulting from the disaster.

Replenish local pharmaceutical supplies lost to floods, fires, or power outages.

BASIC FAMILY CARE

The \$18.0 billion allocated for Generational Wellness, Pediatrics, and Family Medicine would be distributed by establishing a "Federal Wellness Voucher" or credit system. This system would function as a public utility to cover one annual comprehensive wellness visit for every citizen, ensuring that cost is never a barrier to basic preventive screening.

How the \$18.0 Billion Reaches Citizens

Unlike the cash UBI, these funds are "restricted-use" to ensure they are spent on health outcomes. The distribution would likely follow this structure:

The Federal Wellness Credit: Every qualifying citizen would receive a digital credit (stored on their SSN or a dedicated health card) valued at approximately \$51.50 per person (\$18B / 349M citizens).

Negotiated National Rate: To make \$51.50 cover a full check-up—which typically costs \$100–\$350 for the uninsured—the government would use its massive scale to negotiate a "National Wellness Rate" with providers. This is similar to how the Medicare Physician Fee Schedule sets fixed reimbursements for codes like G0439 (Subsequent Annual Wellness Visit) at roughly \$126–\$138.

Direct Provider Reimbursement: When you visit a doctor for your annual check-up, you would simply provide your ID. The clinic would bill the \$18.0B fund directly for the negotiated "Wellness Fee," and you would walk away with a \$0 out-of-pocket cost.

ThoroughCare +3

Coverage Breakdown by Life Stage

The package prioritizes different screenings based on the "Generational" needs of the population:

Category	Focus Area	Estimated Citizen Count
Pediatrics	Developmental milestones, immunizations, and growth tracking.	~70-74 Million (Under 18)
Adult Wellness	Chronic disease screening (BP, Cholesterol), mental health check-ins, and lifestyle counseling.	~230 Million (Ages 18-64)
Senior Care	Cognitive assessments and fall risk prevention, supplementing existing Medicare Wellness Visits.	~45-50 Million (Ages 65+)

Why \$18 Billion Works (and where it falls short)

Preventive Efficiency: By funding check-ups via a dedicated \$18B pool, the system can bypass the administrative "bloat" of traditional insurance billing, which can add 30%+ to the cost of a visit.

The Gap: While this covers the doctor's time for the exam, it does not fully cover expensive add-ons like extensive lab work (which can add \$50–\$300+) or specialized imaging. Most "comprehensive" packages without insurance still average closer to \$199.

Implementation: This would likely be managed through a partnership between the Health Resources and Services Administration (HRSA) and local [lchcommunityhealth.org/...](http://lchcommunityhealth.org/), which already offer sliding-scale fees for the uninsured.

"Mind Initiative"

The "Mind Initiative" uses the remaining budget to provide a "No-Barrier" mental health session for every U.S. citizen. To fund one session for all 349 million people within the proposed package, the allocation would be approximately \$12.3 Billion annually.

How the \$12.3 Billion Reaches Citizens

This initiative functions as a federal entitlement that bypasses the "red tape" of insurance deductibles and prior authorizations.

Federal Mental Health Voucher: Every citizen receives a digital credit linked to their Social Security number or tax ID.

Negotiated Federal Rate: Since standard private-pay sessions range from findoctave.com/blog/ins..., the government would use its massive bargaining power to set a national "No-Barrier" reimbursement rate.

Rate Target: Roughly \$35 per session if every citizen used it, or \$110+ if used by the ~30% of Americans who typically seek mental health care annually.

Medicare Benchmark: This aligns with [behavehealth.com/mental...](https://www.behavehealth.com/mental...) for 45-minute psychotherapy sessions (CPT 90834), which is roughly \$104.16 for 2025.

Direct Provider Clearinghouse: Therapists and psychologists sign up for a federal "Mind Network." When a citizen books their free annual session, the provider bills the [transamericainstitute.o...](https://www.transamericainstitute.org) directly through a centralized portal, receiving payment within 48 hours.

Delivery Methods

To ensure accessibility, the funds support two primary session formats:

Virtual First (Telehealth): A large portion of the budget would fund national telehealth platforms (like [facebook.com/liuna183/p...](https://www.facebook.com/liuna183/p...)) to reach rural "mental health deserts" where in-person providers are scarce.

In-Person Voucher: Citizens in areas with high provider density can use their credit at participating private practices, community clinics, or dhcs.ca.gov/provgovpart... centers.

Workforce & Implementation Facts

Provider Pool: The program would leverage the roughly 600,000 licensed mental health professionals in the U.S., including psychologists, LCSWs, and LPCs.

Targeting the Shortage: By providing a guaranteed federal payment, the initiative encourages the 51% of U.S. counties currently without a psychiatrist to attract new practitioners through a stable, no-billing-hassle revenue stream.

Cost Efficiency: Eliminating insurance "middlemen" for this single visit can reduce administrative costs by up to 20%, allowing more of the \$12.3B to go directly to clinical time.

"Aging with Dignity"

The \$7.5 Billion for "Aging with Dignity" is specifically targeted at the approximately 55 to 60 million Americans aged 65 and older. Because this population is smaller than the total U.S. population, the "per person" value is much higher, allowing for more intensive care.

The Distribution Mechanism

This fund would be administered as a Geriatric Supplemental Benefit, integrated with current Medicare infrastructure but operating as a "first-dollar" benefit (meaning it pays before any other insurance and has no deductible).

Individual Benefit Value: Roughly \$125 to \$135 per senior annually.

The "Home-Health" Trigger: Unlike general wellness visits, these funds are specifically coded to cover in-home visits. This removes the mobility barrier for the roughly 2 million "homebound" seniors and reduces the burden on family caregivers [1, 2].

Provider Incentives: To ensure participation, the \$7.5B would be used to pay a "Premium Access Fee" to geriatricians and home-health nurses. This fee would be higher than standard Medicare reimbursements to incentivize doctors to spend more time (typically 60+ minutes) on complex senior assessments [2, 3].

What the \$7.5 Billion Covers

The funds are distributed directly to home-health agencies and geriatric practices to provide:

Comprehensive In-Home Assessment: A specialized visit focused on "Activities of Daily Living" (ADLs), such as mobility, medication management, and home safety (fall prevention) [2, 3].

Geriatric Care Coordination: The funds pay for a nurse or social worker to coordinate between multiple specialists, a service that is currently underfunded and often results in medical errors for seniors [3].

Home Safety Grant: A portion of the \$135-per-senior credit could be "cashed in" for small but critical home modifications, such as the installation of grab bars or improved lighting, which significantly reduces emergency room visits [2].

Regional Allocation

Since the senior population is not distributed evenly across the U.S., the funds would be allocated to State Units on Aging (SUAs):

High-Density States: States like Florida, Arizona, and Maine would receive larger blocks of the \$7.5B to staff mobile "Geriatric Wellness Vans" [4].

Rural Outreach: In "geriatric deserts," the funds would subsidize travel costs for specialized nurses to reach isolated seniors, a cost typically not covered by standard insurance [1, 4].

Efficiency Metrics

By spending \$7.5B on home-based geriatric wellness, the program aims to prevent a portion of the \$68 billion spent annually on falls and the \$300 billion spent on senior hospital readmissions.

"Recovery & Restoration"

The \$4.0 Billion allocated to "Recovery & Restoration" provides a safety net for physical, occupational, and post-injury rehabilitation services. Because rehabilitation often requires multiple sessions to be effective, this fund acts as a rehab subsidy rather than a single-visit voucher.

Distribution via the "Rehab Credit" System

The funds would be distributed as a targeted credit for citizens who have suffered an acute injury or surgery.

Subsidy Value: Approximately \$400 to \$500 per qualifying claimant.

Targeting the Need: Unlike universal wellness visits, these funds are reserved for the roughly 8–10 million Americans who experience a major injury (e.g., sports injuries, post-surgery, or workplace accidents) each year and do not have adequate rehab coverage.

The "Rehab Bridge": In 2026, the average cost of physical therapy (PT) or occupational therapy (OT) is roughly \$75–\$150 per session. This \$400+ credit would fully cover an initial evaluation plus 3 to 4 follow-up sessions, providing the critical "bridge" needed to start recovery before insurance or personal savings take over.

miraclerehabclinic.com +3

How Citizens Access the Funds

Clinical Trigger: A physician or licensed therapist submits a "Rehab Activation" through a federal portal using the patient's ID.

Point-of-Service Credit: The \$400 credit is applied instantly at the clinic. The patient pays \$0 for their first few sessions while the clinic is reimbursed directly by the fiscal.treasury.gov.

Flexible Usage: Citizens can split the credit between different therapies (e.g., two PT sessions for a knee and two OT sessions for hand dexterity) depending on their specific recovery needs.

Best Ever ABA +3

Strategic Impact of \$4 Billion

Reducing Long-Term Disability: By providing immediate, free access to the first week of rehab, this initiative targets the 45% of Americans who report skipping necessary treatment due to high out-of-pocket costs.

Support for Rural Areas: A portion of the \$4B would be set aside as "Travel & Telehealth Stipends" to help rural patients access specialized rehab centers or remote therapy platforms.

Preventing Readmission: This funding is specifically designed to reduce the \$213 billion currently lost annually in the U.S. due to musculoskeletal conditions and lost wages.

American Addiction Centers +4

Summary of the \$81 Billion Package Distribution

Package Component Budget Benefit to Citizen Universal Basic Income \$39.2 B ~\$245/year cash payment (for those <\$250k income), Generational Wellness \$18.0 B 1 Full Physical Check-up (\$0 cost), The Mind Initiative \$12.3 B 1 "No-Barrier" Mental Health Session (\$0 cost), Aging with Dignity \$7.5 B 1 Specialized In-Home Geriatric Visit (\$0 cost), Recovery & Restoration \$4.0 B ~\$400 Credit for Post-Injury Rehab Subsidies.

"Essential Lifeline Medications"

The \$5.1 Billion for the "Essential Lifeline Medications" package is distributed through a Federal Bulk-Purchase and Direct-Reimbursement model. Instead of paying retail prices, the government uses its \$5.1B as a massive "buyer's club" to drive the cost of these 50 essential generics down to near-production levels.

The Distribution Mechanism: "The Pharmacy Pass"

To ensure every citizen can walk into any pharmacy and walk out with their life-saving meds for \$0, the fund operates like a national prescription discount card with a 100% subsidy.

The Zero-Pay Formulary: The hhs.gov would establish a list of the 50 most critical generic drugs (e.g., Metformin for diabetes, Albuterol for asthma, Lisinopril for heart health, and generic Insulin).

Direct-to-Pharmacy Reimbursement: When a citizen presents a prescription for a "Lifeline" medication, the pharmacist checks their ID against the federal database. The patient pays \$0. The pharmacy is then reimbursed by the \$5.1B fund for the wholesale acquisition cost (WAC) plus a modest dispensing fee (roughly \$10–\$12).

Bulk Federal Procurement: To make \$5.1B cover 349 million people, the government leverages the [va.gov/opa/pressrel/pre...](https://www.va.gov/opa/pressrel/pre...), which allows for prices far lower than those found on the private market.

Why \$5.1 Billion is Sufficient for 50 Generics

While \$5.1B sounds small for the entire U.S., the cost of producing generic medications is extremely low once the patent expires.

Case Study (Heart Health): A 90-day supply of Lisinopril costs less than \$4.00 at wholesale.

The "Amazon" Effect: Similar to the costplussdrugs.com model, this fund eliminates the 300%–1000% markups typically added by Pharmacy Benefit Managers (PBMs) and insurance "middlemen."

Targeted Volume: Since these are the top 50 generics, they account for the highest volume of prescriptions but the lowest manufacturing costs. \$5.1B is enough to cover over 400 million individual prescriptions annually at an average wholesale cost of ~\$12 each.

Strategic Impact: The "Hidden" Savings

By ensuring "zero-cost" access to these 50 drugs, the program targets the \$300 billion in annual U.S. costs associated with "medication non-adherence" (people ending up in the ER because they couldn't afford their blood pressure or asthma meds).

The Final Budget Allocation (\$81.1 Billion Total)

Program Budget Benefit Universal Basic Income \$39.2 B ~\$245/year Cash (Income <\$250k), Generational Wellness \$18.0 B 1 Annual Physical Check-up (\$0), The Mind Initiative \$12.3 B 1 Mental Health Session (\$0), Aging with Dignity \$7.5 B 1 Senior Home-Health Visit (\$0), Lifeline Medications \$5.1 B 50 Essential Generics (\$0), Recovery & Restoration \$4.0 B ~\$400 Rehab/PT Credit.