

UNIVERSAL U.S. HEALTHCARE

Broad care. Independent providers. One public payer.

GO / DEVELOP CONCEPT

NO-GO / NATIONAL LAUNCH

Savings and implementation readiness are not yet certified.

26

BENEFIT AREAS

Full-spectrum coverage

\$0

AT COVERED CARE

No point-of-care charge

1

PRIMARY PAYER

Independent delivery

THE 30-YEAR PRICE TEST

nominal cumulative U.S. healthcare spending

A / EXISTING SYSTEM



\$347.90T

D / UNIVERSAL + LIMITED REPRICING



\$363.58T

+\$15.68T / LIMITED-PRICE CASE

Not the full regulated-price test

STRONGER RATE-SETTING CAN CHANGE THE SIGN

30-year D - A, historical mixed-source tariff illustrations

JAMA



+2.31T

Milliman / RAND



-1.81T

Milliman / HCCI



-2.35T

RAND / Milliman



-4.07T

\$5.279T

Already spent in 2024 by federal, state/local, household, business and other sponsors. Funding would be redirected; replacement contributions and new costs still require a yearly financing plan.

FOUR EVIDENCE GATES BEFORE A LAUNCH DECISION

01

Provider-safe
service rates

02

Added-care
capacity

03

Financing
transition

04

Net health &
financial value

Study boundary: Modeled scenarios, not enacted policy or a certified budget score. Pricing sensitivities are constructed cross-dataset examples, not national savings forecasts. Detailed calculations and qualifications are in the accompanying full feasibility report.

100-year stress test (Doc 3): central D-A +\$314.59T nominal through 2124; deeper-price crossovers unverified. Technical record: Doc 4.

PRIMARY SOURCES [CMS](#) [RAND](#) [Milliman](#) [HCCI](#) [JAMA](#) [MedPAC](#)