



CARE – Comprehensive American Rights to Essentials

Full Master Document for Public Logic Vault & Public Release

OVERVIEW

CARE replaces America's fragmented, profit-driven healthcare system with a publicly owned, cost-based model that guarantees care for every person—no networks, no billing games, no surprise costs. It is not socialized medicine. It is health infrastructure: designed to deliver care efficiently, transparently, and with human dignity.

Problem: Americans pay more than any country on earth for healthcare—but millions are uninsured, providers are burned out, and outcomes are stagnating.

Solution: CARE provides universal coverage through a single national system, funded through a monthly contribution (~\$770/adult) that replaces premiums, co-pays, deductibles, and out-of-pocket costs. All medically necessary services are included. Fraud is deterred through system design. Providers are paid more. Care is tracked—not billed.

MECHANICS

Eligibility & Access

- Every U.S. citizen and legal resident is enrolled by default. No sign-ups. No forms. No opt-ins required.
- Children are covered fully, with no per-child fee.

System Structure

- **Nationalized care system**—not government-run hospitals, but a public back-end infrastructure.
- **CARE App** enables tracking, feedback, transparency, and user co-verification.
- **Public Health Corps (PHC)** provides emergency response, rural access, and crisis care.

Service Delivery

- All licensed healthcare providers are automatically included in CARE.
- Patients choose their provider. No network restrictions.
- Providers receive base pay + performance-based bonuses.

Operational Infrastructure

- Peer-review boards replace malpractice litigation
- Real-time fraud detection via outlier analytics + co-signed visits

- Elective and cosmetic care may be offered separately or as a tiered add-on
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FINANCIALS & MATH

Current System:

- ~\$4.5 trillion/year in national health spending
- Average adult cost: ~\$1,006/month (blended premiums + OOP + taxes)

CARE System:

- Target cost: ~\$3.2 trillion/year
- Average adult monthly contribution: ~\$770

Cost Breakdown:

- Universal coverage (including children): ~\$2.2–2.4T
- Healthcare worker compensation: ~\$600B
- PHC and mobile infrastructure: ~\$80B
- App development, fraud tracking, admin: ~\$20B
- Drug/device cap (10% over production cost): ~\$400B

Savings vs. Status Quo:

- Insurance and billing overhead: -\$300–400B
 - Admin inefficiency: -\$250B+
 - Pharma overpricing: -\$200–300B
 - Hospital pricing manipulation: -\$200–400B
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JUSTIFICATIONS

- **Moral:** Access to healthcare should not depend on employment, wealth, or ZIP code.
 - **Logical:** Eliminating denial-based profit systems increases efficiency and outcomes.
 - **Historical:** Medicare and the VA already operate at lower cost per capita than private insurance.
 - **Comparative:** Other nations offer universal care with better outcomes for less money—CARE adapts and improves upon those models.
 - **Behavioral:** Fraud is discouraged through co-verification and system design—not policing.
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PROJECTED IMPACT (AI-MODELED)

In 5 Years: - >95% of Americans receive uninterrupted care - Burnout rates among providers drop - Public trust in healthcare begins to rebound

In 10 Years: - Chronic illness rates decline - U.S. life expectancy begins to rise - Systemwide cost-per-person decreases annually

In 20 Years: - America becomes global leader in nonprofit cures - Medical bankruptcy is eliminated - “If you need help, come get help” becomes a cultural norm

MORAL & EMOTIONAL FRAMING

- “You already pay more—for less.”
- “We don’t fix insurance. We fix health.”
- “If you’re sick, come get help. That’s it.”
- “Built to cure, not to bill.”
- “This isn’t utopia. It’s just what happens when we remove the interference.”

CARE reframes healthcare as a shared investment—not a commodified risk pool. It restores dignity by removing desperation. It rewards care—not billing strategy.

OBJECTION HANDLING

“This sounds like socialism.”

No—it’s public infrastructure. You keep your doctor. The only thing gone is the paperwork and profiteering.

“Won’t people abuse the system?”

Every visit is co-verified. Claims are logged. Fraud triggers review, not denial.

“Will this raise taxes?”

You’re already paying over \$1,000/month on average. CARE replaces that with a lower, flat amount.

“Will innovation suffer?”

No. R&D is publicly funded, cures are the goal—not ongoing treatment markets.

“What about choice?”

CARE expands choice: every provider is included. Your options grow, not shrink.

tone, identity & integration

CARE is fully aligned with the Public Logic platform: - Calm, sharp, principled tone - No fear-mongering, no partisan spin - Systemic logic replaces piecemeal reform - Designed to pass all five Public Logic criteria (Logic, Reason, Math, Clarity, Fairness)

CARE is not a subsidy. It’s a shield. Not a Band-Aid. A blueprint. Not a handout. A public covenant.

This is CARE. Let's build it.