

# HEALTH STARTS AT HOME

A Practical Plan to Lower Costs, Improve Care, and Put Patients First

## Overarching Framework

This plan focuses on the real drivers of health, not just insurance premiums.

By putting health care professionals back in charge, treating food as healthcare, strengthening primary care, and addressing root causes like housing stability, food access, and affordable child care, we reduce costs while improving outcomes for families and communities.

## The Problem

Health care costs keep rising, but families are not getting better care. Health care professionals spend too much time navigating insurance rules instead of caring for patients. To much money is spent a people get sick instead of preventing illness in the first place.

### KEY DATA

- The United States spends nearly twice as much per person on health care as other high-income countries, with worse overall outcomes  
*Source: Commonwealth Fund, 2023*
- Administrative costs account for 15–25% of total U.S. health care spending  
*Source: JAMA; Annals of Internal Medicine*

### BOTTOM LINE

Bottom line: Insurance companies are practicing medicine, and it is driving up costs for families, providers, and taxpayers.

## PHASE I

### 1 Put Health Care Professionals Back in Charge

*Health care decisions should be made by licensed professionals, not insurance company algorithms.*

#### What this means

- End prior authorization for evidence-based and preventive care
- Define medical necessity by licensed clinicians
- Insurance pays the bill, it does not override clinical judgment

#### Why it works

- 94% of physicians report prior authorization delays necessary care  
*Source: American Medical Association, 2023*
- 1 in 3 physicians say prior authorization has led to a serious adverse patient event  
*Source: American Medical Association*
- Reducing administrative burden could save hundreds of billions of dollars annually  
*Source: Health Affairs*

### 2 Make Food a Covered Health Benefit

*Food is medicine. Nutrition is one of the strongest predictors of lifelong health.*

#### What this means

- Cover medically tailored meals and produce prescriptions through Health Savings Accounts (HSAs)
- Provide nutrition support for children, seniors, and people with chronic conditions
- Allow families flexibility to choose food that meets medical and cultural needs

#### Why HSAs?

HSAs allow families to use existing, pre-tax health dollars for medically necessary food, just like prescriptions or medical supplies. This builds on infrastructure already in place, avoids creating a new federal program, and keeps decision-making with patients and providers.

#### Why it works

- Medically tailored meals reduce hospital admissions by up to 49%  
*Source: JAMA Internal Medicine*
- Food-as-medicine programs reduce health care spending by \$2,500–\$4,000 per patient per year  
*Source: Commonwealth Fund*
- Food insecurity is linked to higher rates of diabetes, heart disease, and poor mental health  
*Source: Centers for Disease Control and Prevention*

#### Why this is Cost-Neutral

This approach does not require new federal spending. It allows health dollars to be used earlier and more effectively, helping prevent costly emergency care and hospitalizations.

### 3 *Invest in Primary Care and Community Health Teams*

Strong primary care systems prevent costly emergency and crisis care.

#### What this means

- Fundcare teams that include behavioral health providers, community health workers, and care coordinators
- Pay for prevention instead of paperwork
- Give clinics flexibility to address patients' real-life needs

#### Why it works

- Every \$1 increase in primary care spending is associated with lower total health care costs  
*Source: JAMA*
- Regions with strong primary care systems have lower mortality rates and fewer emergency room visits  
*Source: National Academy of Medicine*
- Community health workers improve outcomes while lowering costs, especially in rural and tribal communities  
*Source: Centers for Disease Control and Prevention*

### 4 *Lower Costs by Addressing Root Causes Upstream*

We cannot lower health care costs by arguing over premiums alone. The biggest savings come from prevention.

#### What this means

- Align federal, state, tribal, and local investments around:
  - Housing stability
  - Food access
  - Affordable child care
  - Preventive care
- Maintain local and tribal control with clear outcome tracking

#### Why it works

- Housing instability increases health care costs by \$7,000–\$10,000 per person per year  
*Source: Health Affairs*
- Preventable hospitalizations cost the system billions of dollars annually  
*Source: Agency for Healthcare Research and Quality*
- Access to affordable child care improves parental employment, income stability, and long-term family health  
*Source: U.S. Department of Health and Human Services*

## PHASE II *Accountability and Patient Protections*

### Insurance Transparency

- Prices for the same medical service can vary by **300% or more** within the same region  
*Source: RAND Corporation*
- Lack of price transparency limits competition and keeps costs high  
*Source: Government Accountability Office*

### Patient Bill of Rights

- Right to timely care without unnecessary insurer delays
- Right to clinician-determined medical necessity
- Right to transparent decisions and fair appeals  
*Source: Kaiser Family Foundation; National Association of Insurance Commissioners*

### Real Competition

- Public plans with simplified rules consistently show **lower administrative costs**  
*Source: Congressional Budget Office*

## THE RESULT

- Lower costs for families
- Better care for patients
- Less red tape for health care professionals
- Decisions made locally and clinically, not by corporations

**Health starts at home, not in an insurance office.**

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