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ISSUE BRIEF | Healthy America

It's Your Money: Making Your Health Dollar Work For You, The Patient

Introduction (Part I)

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"Our plan finally puts you first…nobody has ever heard of that before, and that's the way it is…."
-President Donald J. Trump

Overview

By the end of 2025, American patients are estimated to individually have paid $16,570 in total medical expenses. This is an all-time high and is only predicted to grow: $18,247 in 2027 and $24,200 by the end of 2033 (Keehan et al., 2025). Healthcare spending is also growing faster than America's gross domestic product, which means health costs will take an ever-larger share of Americans' paychecks. What is driving this increase?

The main driver of healthcare costs is not Obamacare subsidies, which only impact a small part of the population and a small amount of premium increases (Kalisz, 2025; Patzman et al., 2025). It is also not just glucagon-like peptide-1s (GLP-1s), as health costs have been growing before this blockbuster drug. Instead, the cost comes from a health system that no longer works for the patient, with opacity in payments, perverse incentives that drive consolidation, and restrictions on health benefits that leave patients to suffer through high costs with no end in sight.

America's health system of doctors, hospitals, innovative treatments, and medical payments was originally designed with patients and their well-being in mind. Providers

and hospitals were created as quasi-independent entities to allow a patient a direct relationship with their doctors, but now it takes on average 31 days to schedule a visit with a new doctor, up 48% since 2004 (AMN Healthcare, 2025). Over time, more expensive treatments need more innovative financing structures, pushing Americans into insurance-only products, yet now roughly a third of all patients find themselves with medical debt, even with insurance (Collins & Gupta, 2024). Employers and unions were given the option to provide health benefits to meet their employees' specific needs, but now the coverage requirements have become untenable for the same businesses who offer them. Small businesses have been particularly impacted, with record lows in health coverage for their employees (Altman, 2023). All these entities want to continue serving the patient but are challenged in doing so.

Over the last few decades, changes to the U.S. healthcare system have shifted incentives away from the patient's best interests. The Patient Protection and Affordable Care Act (ACA) mandated coverage, eliminated health choices, and increased requirements on employers, health plans, and physicians (Blase, 2025; Haislmeier & Slagle, 2021; Jindal & Katebi, 2025). By stripping patients of their role as the system's primary customer, the American healthcare model has undermined its own purpose and leaves Americans sicker than before (Genovese, 2025).

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The modern-day healthcare system is now costly, complex, and hard to navigate, often leaving patients feeling powerless to make the best healthcare decisions for themselves and their families. Patients feel that the system does not serve them, but instead serves government regulators, other health care stakeholders, intermediaries, and the bottom lines of health care companies. This is not to say that the system or the stakeholders within it are bad; rather, it is a matter of bad incentives. The United States leads the world in curing diseases but fails to prevent chronic conditions. Unless the patient becomes the customer again, realigning the incentives, we will never be able to Make Americans Healthy Again.

It's Your Dollar and It Should Work for You, the Patient

It is the patient's dollar, and it should work for them. It is not the government's dollar, the hospital's dollar, the health insurer's dollar, or the employer's dollar. It is the patient's dollar, and it should do what they need it to do to make them healthy. However, patients-last policymakers will say that the only way to bring more accountability and costs down for

the patient is more government control of their healthcare dollar, along with new one-size-fits-all measures to regulate prices, restrict care, and regulate access, such as through a single-payer system like Medicare for All or expansion of government-run health systems.

These policymakers promise the government can better manage patients' healthcare dollars. They have promised to reduce premiums, increase access, protect deductibles, and lower drug prices, if only patients let them block their choices, restrict competition, hamstring innovation, or blind patients from price information. These reforms have failed, and in doing so, they have simultaneously resulted in a healthcare system with historically high numbers of people with insurance but with record-high premiums (Ways & Means Committee, 2025). Patients find themselves with more barriers than ever before, resulting in more paperwork, denials of care, and with fewer provider choices. Patients-last reforms in the ACA and previous patients-last regulatory actions have taken away options for patients in the name of increasing comprehensive coverage for all, while making it harder for patients to access this comprehensive coverage (Centers for Medicare & Medicaid Services et al., 2024). Patients who want to harness greater control over their healthcare dollars are denied the ability to do so, as previous, patients-last administrations restricted such alternative options: association health plans, short-term medical plans, independent, non-coordinated excepted benefits (fixed indemnity), and even putting more over-the-counter products under bureaucrat control (Centers for Medicare & Medicaid Services, 2024).

Giving bureaucrats more authority over which services and products are covered by insurance and under what circumstances has led to increased wait times, more utilization management tools, greater barriers to access, and ultimately, poorer health (Anderson, 2014). Giving bureaucrats more authority over the profits of health plans has increased consolidation and, ironically, increased profits for health plans (Guardado et al., 2013; The Wall Street Journal Editorial Board, 2023b). Top-down government control through the Inflation Reduction Act has barely shifted the needle on costs and instead cut the number of options for patients in half (Cubanski, 2025; Walker, 2025). These patients-last proposals are how Americans became unhealthy, not how they get better.

The Success of Patients-First Policies

Thankfully, patients-first supporters in the Trump Administration and policymakers in Congress have made reforms to the system that build upon its strengths and make it easier for patients to take hold of their health. Executive orders to reduce prescription drugs already have a measured impact on drug costs (Trump, 2025a; Trump, 2025b) . Recent efforts show that giving patients more choice over spending their healthcare dollars is key to bringing down costs and improving the quality of care—not just for certain patients, but for all patients.

- Cutting the red tape around Direct Primary Care (DPC) so that patients can use tax-preferred dollars for subscriptions to primary care doctors and better prevent their chronic conditions (U.S. House of Representatives, 2025).

- ★ Giving more Americans on Obamacare access to Health Savings Accounts (HSA), so that they can use health dollars for more options. (U.S. House of Representatives, 2025).
- ★ Immediately lowering the cost of drugs through TrumpRx (White House, 2026; Anderson, 2026).
- ★ Allowing multi-year chronic disease plans, along with catastrophic plans, so that patients suffering from diabetes and other metabolic diseases can get specialized, multi-year health insurance (Centers for Medicare & Medicaid Services, 2026).
- ★ …And the Great Healthcare Plan, which will continue to lower costs by putting more dollars in Americans pockets (The White House, 2026).

Other sectors of the U.S. economy leverage market choice to drive down costs: American travelers pay 44.9% less for airline tickets since airfare deregulation; American consumers benefit in states with a deregulated electricity market compared to vertically integrated utilities; American households experience larger gains in their retirement savings through 401(k) plans than publicly-managed pension accounts; and American schoolchildren fare better in school systems with choices than ones without (Bowen et al., 2023; Smith & Cox, 2026). So why should a patient's dollar work in healthcare any differently than it does in the rest of the economy?

The Good, the Bad, and the Ugly: Why Private Health Insurance Can Fail Americans

In the days leading up to the passage of the ACA, then-President Barack Obama said, "[W]hat's happening to your premiums? What's happening to your co-payments? What's happening to your deductible? They're all going up. That's money straight out of your pocket...So, the bottom line is this: The status quo on health care is simply unsustainable" (Obama, 2009). Fifteen years later, after the passage of the largest overhaul to the American healthcare system, these trends continue. American patients continue to pay more and more every year for their health insurance, but with more limited access to benefits (Bell et al., 2025; Meyer & Mengesha, 2021).

What Happened to Health Insurance?

Originally, health insurance protected an American against financial loss in a catastrophic health event, like a car accident requiring an emergency room visit. Health insurance coverage was limited to hospital events (Gordon, 2018). Over time, insurance was expanded as the preferred tool to pay for prescription drugs, primary care visits, outpatient visits, and other medical services (Institute of Medicine U.S. Committee on Employment-Based Health Benefits, 1993; Kaiser Family Foundation, 2013). Regardless of whether this was the best choice for the patient, regulators and stakeholders saw a benefit in using insurance to finance a patient's health benefits.

Today, health insurance no longer prominently prevents financial loss (as 32% of working-age adults report having medical or dental debt) but has been warped from protecting from financial loss to providing benefits by virtue of being a very expensive "discount card" (Collins & Gupta, 2024). The patient knows they need the discount card because, without it, they might not be permitted to access care. In some cases, the discount card might cover most of their expenses. But for many patients, achieving the savings from the discount card is elusive, lacks clear instructions on how to achieve them, requires a threshold spending level before achieving these discounts (a deductible), and has become an empty promise of protection against high health costs.

This is in large part because patients-last policymakers have limited patient choices in paying for healthcare. First, it is virtually impossible for patients to access their healthcare dollars without going through their insurance plan (or "discount card"). If a patient gets additional funds put towards their healthcare (a subsidy), either directly through the Obamacare exchanges or indirectly through the employer, it goes to the cost of the "discount card," not the cost of care. Patients cannot access the employer premium contribution on care outside of their discount card. Other options that allow for more direct purchase of healthcare, such as DPC (and other forms of direct contracting), fixed-indemnity insurance, or employer contributions through a Health Reimbursement Account (HRA), are generally not accepted by these same policymakers. Their solution? Patients should only be able to access healthcare through health insurance.

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A doctor or hospital is also bound by the restrictions of the discount card. What started as commonsense limits on waste, fraud, and abuse, as well as baseline quality standards, has turned into restrictions on care: Care can be changed or switched by the terms and conditions of the card. The card can keep patients from seeing a doctor in a timely manner or dictate which provider can be seen for what service. Care could be declared an unnecessary service or require a patient to jump through hoops prior to receiving care. Since patients only have the option to use a discount card, an unintended consequence is that doctors have no other choice than to accept the discount card, gradually driving down reimbursement and increasing administrative burden.

The cost of health insurance has risen over time, matching the growing costs across the healthcare system. This has ultimately been at the detriment of American patients, who are faced with the high price tag of both the 'discount card' and out-of-pocket costs that remain after its application.

Escaping the Government-First, Patients-Last Mentality

Faced with record-high health care costs on an unsustainable trajectory, patients-last policymakers offered patients a false choice: either accept the status quo and allow the government to dictate more of Americans' healthcare choices or accept a loss of health. This is not an overstatement. During congressional consideration of the American Health Care Act (AHCA) of 2017, political strategists designed "die-in" events, which endorsed the same ideology: either accept what they give patients, through the ACA, or accept death (Knox News, 2017; Fox Illinois, 2017). For these types of policymakers, comprehensive health coverage can only be achieved through no exceptions, no flexibilities, or no greater patient choices in healthcare—all things required in a patients-first system.

This is why patients-last policymakers pursue Medicare for All and other patients-last health programs. They promise that if the government controls all care, American patients can have their cake and eat it too: universal health coverage through the Medicare program, the cost-savings of Medicaid, and innovation from private sector health investment. If the American patient does not accept, the only choice is no protection at all. But the truth is, combining these into a singular government-run health program would be a failure for patients. Medicare is not comprehensive; it is not free healthcare, and its benefits are limited. It includes premiums, cost-sharing, visit frequency limitations, and no protections of comprehensive coverage (unless covered through a privately purchased supplemental plan). Medicaid achieves savings at the cost of patient outcomes and steep limitations on reimbursement. Advances in medical innovation are made due to the flourishing private market, stemming from commercial dollars that do not face the same constraints as federal funds.

There are other international health systems that try and fail to combine these three programs into one universal health system, with disastrous results for patients. Universal health coverage in Canada comes at a high tax burden to Canadian citizens, ranging from 36-51% higher than that of Americans, despite paying similar out-of-pocket costs for healthcare. Establishing a one-size-fits-all system, with no ability to tailor for patient need, made everyone worse off (Moir & Esmail, 2025; St. Onge, 2020). In the United Kingdom, another country with a universal health system, it finds itself chronically underfunded and understaffed, exacerbating income inequality in the country (The Wall Street Journal Editorial Board, 2023a). There, a one-size-fits-all system does not provide basic protections for all citizens, but paradoxically hurts the lowest-earning citizens.

Even Obamacare, which made similar big government promises, has failed patients. As President Obama said, the "status quo is unacceptable." That is still true today—Obamacare's status quo is unacceptable. Patients on one-size-fits-all Obamacare plans face increasing health costs, as their average deductibles have grown by almost a thousand dollars since 2021. They are in the most restrictive health plans, with 83% in narrow networks. They are paying higher costs, both out-of-pocket, in their deductible, and through their premiums (Cruz & Fann, 2024; Overton & Katebi, 2024). They have medical debt, fewer plan options, and restrictive access (Collins & Gupta, 2024; Corlette & Levitis, 2025).

These are models of the radical Left's, patients-last healthcare plan, doubling down on the choices that continue to fail American patients: making America unhealthy. But this is not the only way.

The Great Healthcare Plan

The next century promises advancements in personalized, individualized healthcare, which deserves innovations in how patients pay for the care as well. Patients-last policymakers have no plan to design more agile health plans or more personalized health spending—only more one-size-fits-all plans. Yet America First policymakers have a proven track record of moving forward policies that protect patients, lower costs, and promote personalized, individualized healthcare models. These patients-first policymakers advanced faster and better approvals of innovative therapies and care models through the 21st Century Cures Act, fought for patients to know their health costs through the elimination of gag clauses, protected Americans from surprise medical bills, created new price transparency tools for patients, and advanced prescription drug reforms. Recent changes to the law have allowed greater control of healthcare dollars, given greater autonomy to disabled adults and the elderly poor, and promoted more options for the working poor (U.S. House of Representatives, 2025). Patients-first regulators have expanded choices in how patients can buy healthcare, given doctors and patients better tools to know their health costs, and reduced premium amounts (Centers for Medicare & Medicaid Services, 2026).

So, instead of embracing a patients-last vision that overpromises and underdelivers, policymakers should continue building on these meaningful healthcare reforms that give control back to American patients. The person with the most to lose from bad health is the patient—and poor outcomes, rampant chronic disease, and a nonexistent prevention strategy show that our country has pursued patients-last policies in health insurance too long. As President Trump said, "… [Healthcare dollars should] BE SENT DIRECTLY TO THE PEOPLE SO THAT THEY CAN PURCHASE THEIR OWN, MUCH BETTER, HEALTHCARE, and have money left over" (Trump, 2025; Nitzberg, 2025). This, plus the other reforms in the Great Healthcare Plan—increased transparency, increased patient control, increased affordability—will make Americans Healthy again.

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