

The background of the entire page is a photograph of a person's hand being held by a hand wearing a blue nitrile glove. The image is overlaid with a semi-transparent dark blue filter. Numerous solid red rectangular blocks of various sizes are scattered across the page, primarily in the top and bottom sections, creating a layered, graphic effect.

HEALTHCARE

CARE WHEN YOU NEED IT

**MORE CARE
PROVIDERS**

**CHEAPER AND
FASTER CURES**

LESS WASTE

America spends more on healthcare than any other country in the world. But our healthcare system still isn't affordable, accessible, or easy to navigate. Finding a doctor is painstaking, booking appointments takes too long, prescription drugs cost too much, and the paperwork involved in all of it is exhausting for patients and doctors alike. And even when Americans have insurance, coverage doesn't guarantee that they can get the care they need, when and where they need it.

That's why **our plan is to start by producing more of what patients need: more providers, cheaper medicines, and less bureaucracy standing between them and their care.** That means training more primary care doctors and making better use of the healthcare workforce we already have. It means lowering prescription drug prices by increasing competition and making it easier to test promising new treatments. And it means cutting administrative burdens so doctors and nurses can spend more of their time doing what they were trained to do: **provide care.**

Americans should have a better healthcare system. And while the challenge is significant, these are concrete steps we can take now to begin building one.

1

EXPAND THE AVAILABILITY OF CARE

TRAIN THE DOCTORS WE
NEED, WHERE WE NEED THEM

GET DOCTORS BACK INTO
THE EXAM ROOM

GUARANTEE ACCESS TO
TELEHEALTH

LET NURSES DO THEIR JOB

2

LOWER DRUG COSTS AND ACCELERATE INNOVATION

REPURPOSE GENERIC DRUGS

MODERNIZE CLINICAL TRIALS

EXPAND ACCESS TO
CHEAPER MEDICINES

3

STOP PAYING FOR WASTE

ENSURE HEALTH RECORDS
FOLLOW THE PATIENT

PAY THE SAME PRICE FOR
THE SAME CARE

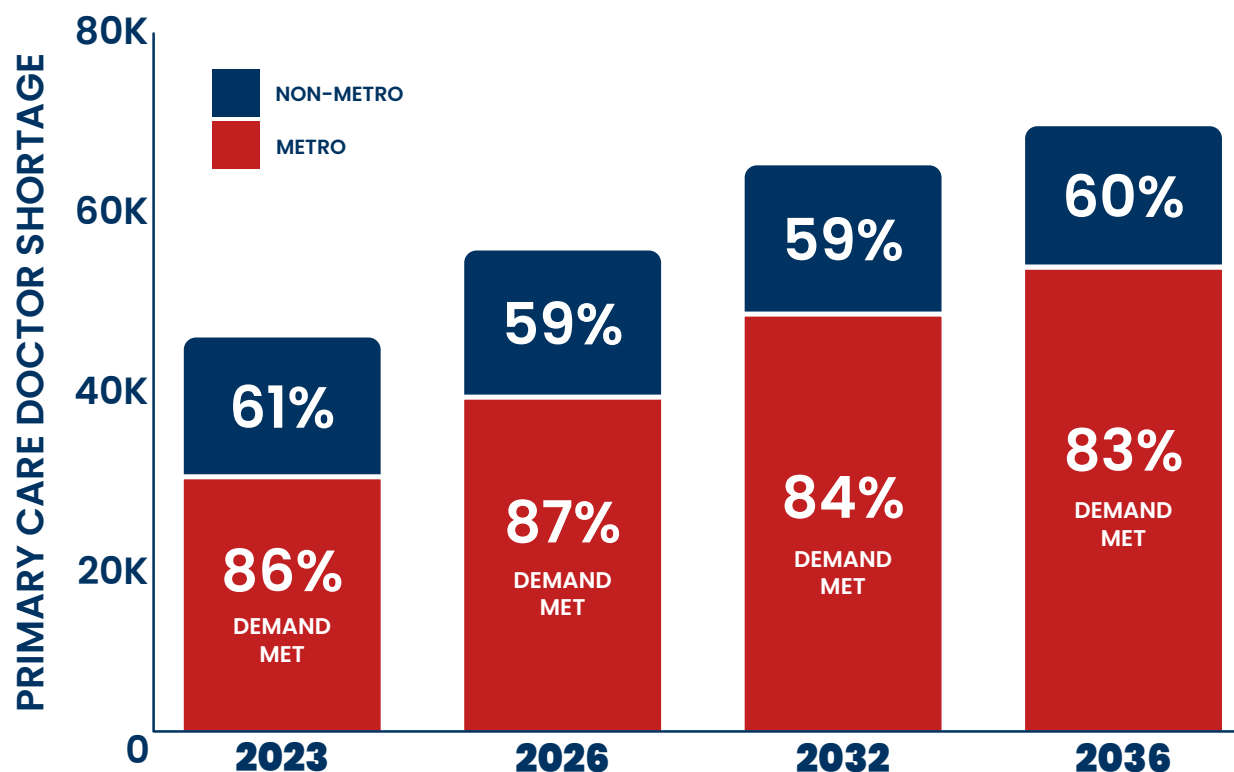
1 EXPAND THE AVAILABILITY OF CARE

The United States doesn't have enough doctors to meet patient demand today. Over the next decade, the gap is projected to grow – especially in primary care – while non-metro communities continue to face particularly severe shortages.

At the same time, we aren't getting enough out of the providers we do have. **Doctors now spend less than half of their working hours directly caring for patients**, and spend the rest focused on documentation, administrative requirements, and other non-patient-facing work. And nurse practitioners can be prohibited from providing patients with care they are already qualified, and in many states licensed, to provide.

As the baby boom generation ages and chronic disease becomes more common, demand for healthcare will continue to rise. But unless we act now to train more doctors and make it easier for existing providers to treat their patients, the problems will only get worse. Patients will face longer waiting times for appointments, fewer care options, and less time with providers when they finally do get seen.

PROJECTED PRIMARY CARE SHORTAGE



TRAIN THE DOCTORS WE NEED, WHERE WE NEED THEM

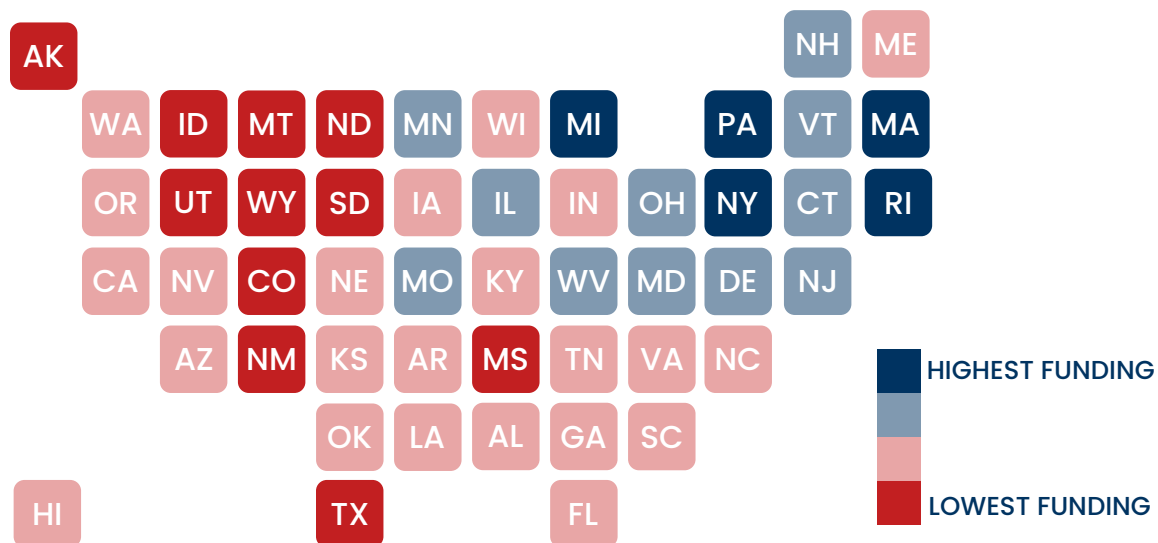
In the next decade, nearly half of America's projected physician shortage will be in primary care, and rural communities will have around 60% of the primary care doctors they need. **But the more than \$21 billion Medicare invests in physician training each year isn't focused on solving those problems.**

101M+

Americans live in a primary care health professional shortage area

Instead, Medicare funding – which is still allocated using decades-old hospital cost data and residency figures – favors hospital-based training over primary care, and established urban hospitals over smaller, newer, and more rural ones. Because Medicare is the largest funder of residency training, and about half of all doctors practice in the state where they completed their residency, this outdated formula locks in existing shortages and makes it harder for communities that already lack doctors to catch up.

RESIDENCY FUNDING BY STATE



OUR SOLUTION

Direct more resident education funding to training primary care doctors, as well as doctors in underserved communities.

GET DOCTORS BACK INTO THE EXAM ROOM

Prior authorizations – when a doctor has to get an insurance company’s approval before their patient can get a test, procedure, or drug – are supposed to help control health-care costs by confirming care is necessary before it’s delivered. Instead, they’ve become one of the biggest sources of delay and paperwork in American medicine, **consuming an average of 13 hours of combined physician and staff time each week.**

But for all that effort, the vast majority of prior authorization requests – including over 90% under Medicare Advantage plans – are ultimately approved, meaning that in many cases, the process just delays care that everyone agrees should be provided. Redirecting even one hour of physician time each week away from all this paperwork and back to seeing patients could **generate the patient care equivalent of adding thousands of full-time doctors to the workforce.**

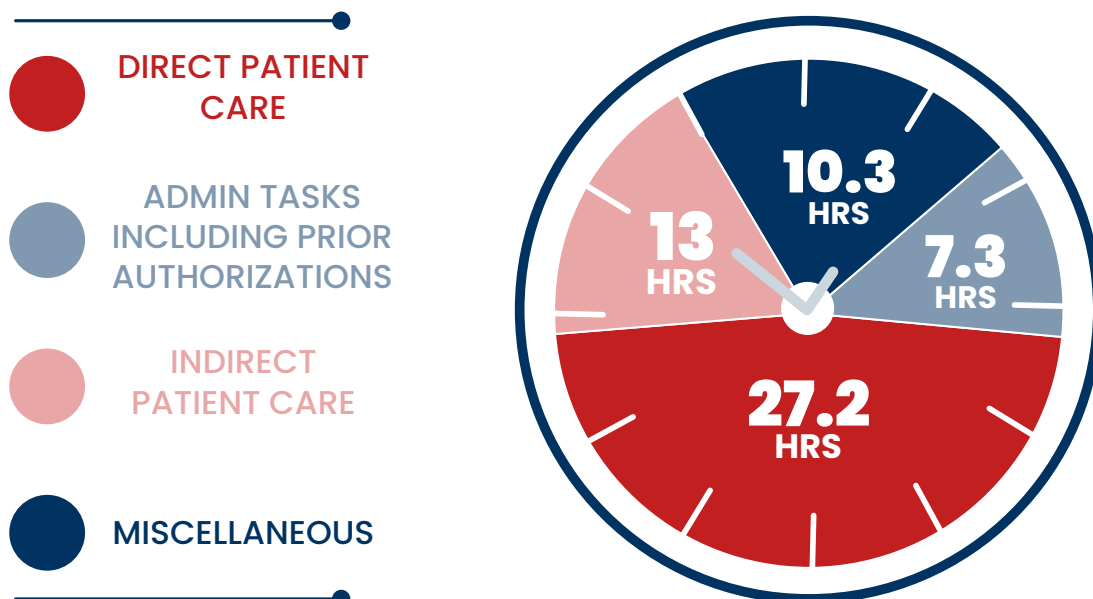
90%+

of physicians say prior authorization delays access to necessary care and harms clinical outcomes

40%

of physicians have staff who work exclusively on prior authorizations

PHYSICIANS' TIME SPENT



OUR SOLUTION

Eliminate insurance company approvals for low-risk, routine care.

GUARANTEE ACCESS TO TELEHEALTH

Telehealth is now a routine part of Medicare. Roughly seven million beneficiaries use it each year to manage conditions like diabetes and high blood pressure from home. But the rules that make this possible are temporary, and expire at the end of 2027. If that happens, much of the care that's been safely delivered virtually since 2020 will move back into the doctor's office, becoming more costly, less convenient, and for some patients, out of reach altogether. Especially for patients in rural communities, the results would be absurd: **they would have to drive to a clinic just to take the same video call they could have taken from home.**

2X

more beneficiaries
used telehealth in Q1
2025 than Q1 2020

OUR SOLUTION

Guarantee Medicare patients can see their doctor from home.

LET NURSES DO THEIR JOB

27

states + DC where
Medicare restricts
nurse practitioners
beyond state law

In more than half of states, nurse practitioners are permitted to diagnose illnesses, prescribe medication, and manage chronic diseases without physician oversight, consistent with their advanced education and training. But Medicare imposes restrictions that those states do not. As a result, the same nurse practitioner who prescribes a Medicare patient's heart medication can't sign off on their cardiac rehab, and the one who manages a patient's diabetes can't certify their need for therapeutic shoes – even when state law would otherwise allow it. With about 40% of Medicare beneficiaries now receiving care from nurse practitioners, **these federal restrictions waste clinician time, delay care, and leave invaluable healthcare capacity on the table.**

OUR SOLUTION

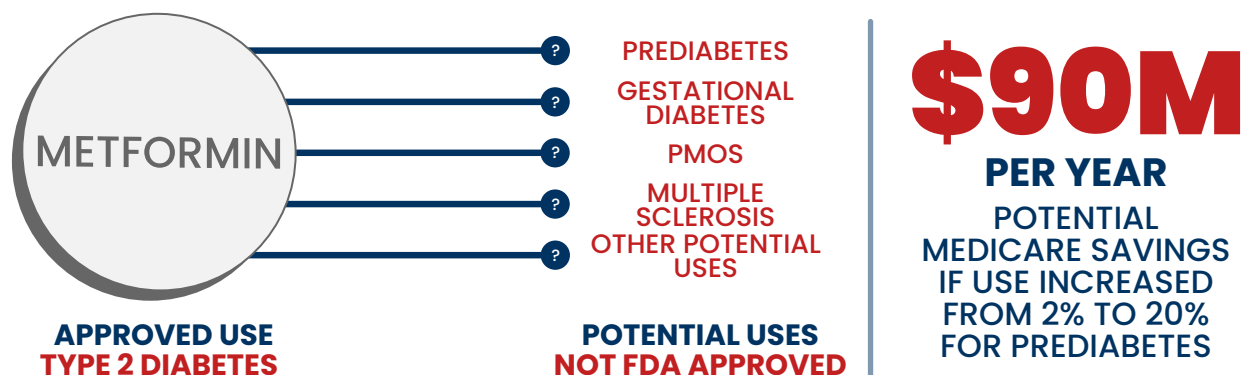
Let nurse practitioners provide the care they're already qualified and licensed to provide.

2 LOWER DRUG COSTS AND ACCELERATE INNOVATION

America leads the world in developing life-changing medicines, but patients often wait too long for new treatments and pay too much for existing ones. Burdensome rules, broken incentives, and patent abuse can slow down or prevent the most promising treatments from getting approved, keeping cheaper versions of existing drugs off the market for years. To bring costs down, and to get more cures to patients faster, we need to remove the barriers so that new treatments, generics, and biosimilars can reach patients faster and at lower cost.

REPURPOSE GENERIC DRUGS

Affordable generic drugs can sometimes be repurposed to treat conditions beyond the ones they were initially approved for. But companies often have little incentive to fund the clinical trials needed to prove a new use since their competitors can also benefit without bearing any of the trial's cost. For example, two decades ago, NIH-funded research found that the generic type 2 diabetes drug, metformin, is also effective at reducing the progression of prediabetes to diabetes. But today, that repurposed use still lacks FDA approval and usage remains low. Addressing this market failure by rewarding repurposing research and trials could make it easier for patients to access cost-effective treatments, improve health outcomes, and potentially **save patients and taxpayers tens of millions of dollars in drug costs and avoided healthcare spending per drug.**



OUR SOLUTION

Create a prize for proving inexpensive generic medicines can successfully treat new diseases.

MODERNIZE CLINICAL TRIALS

Clinical trials are how promising discoveries in a lab are proven safe and effective enough to become medicines patients can use. But our system for conducting them is too slow and too hard to access. Today, it takes over a year on average just to prepare the FDA application to start an early-phase trial, in part because FDA's requirements don't clearly scale with a trial's level of risk. That delay has pushed some companies to move early trials to places like Australia, **where a streamlined review process can get trials started within a few months.**

12+

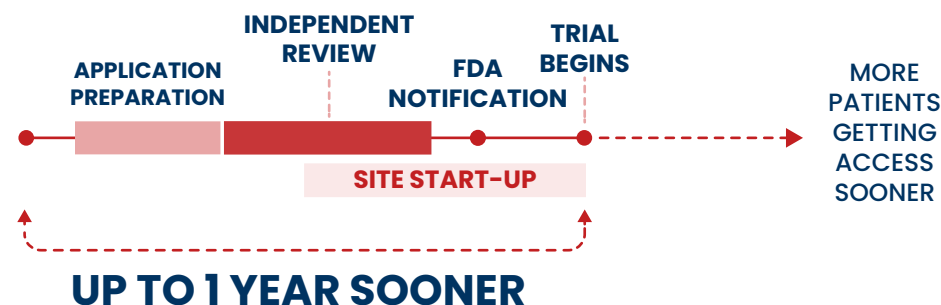
months to prepare the application needed to seek FDA clearance

At the same time, access to clinical trials is also a problem, in part because they are often run at institutions far from the patient's home. For example, fewer than 5% of eligible cancer patients participate, despite 70% being willing. Ultimately, **more than half of trials take longer to get started than planned**, promising treatments take longer to reach patients, and the patients who could benefit most may not be able to join a trial at all.

CURRENT SYSTEM



ALTERNATIVE PATHWAY



OUR SOLUTION

Get early-phase trials started sooner and make it easier for patients to access trials closer to home.

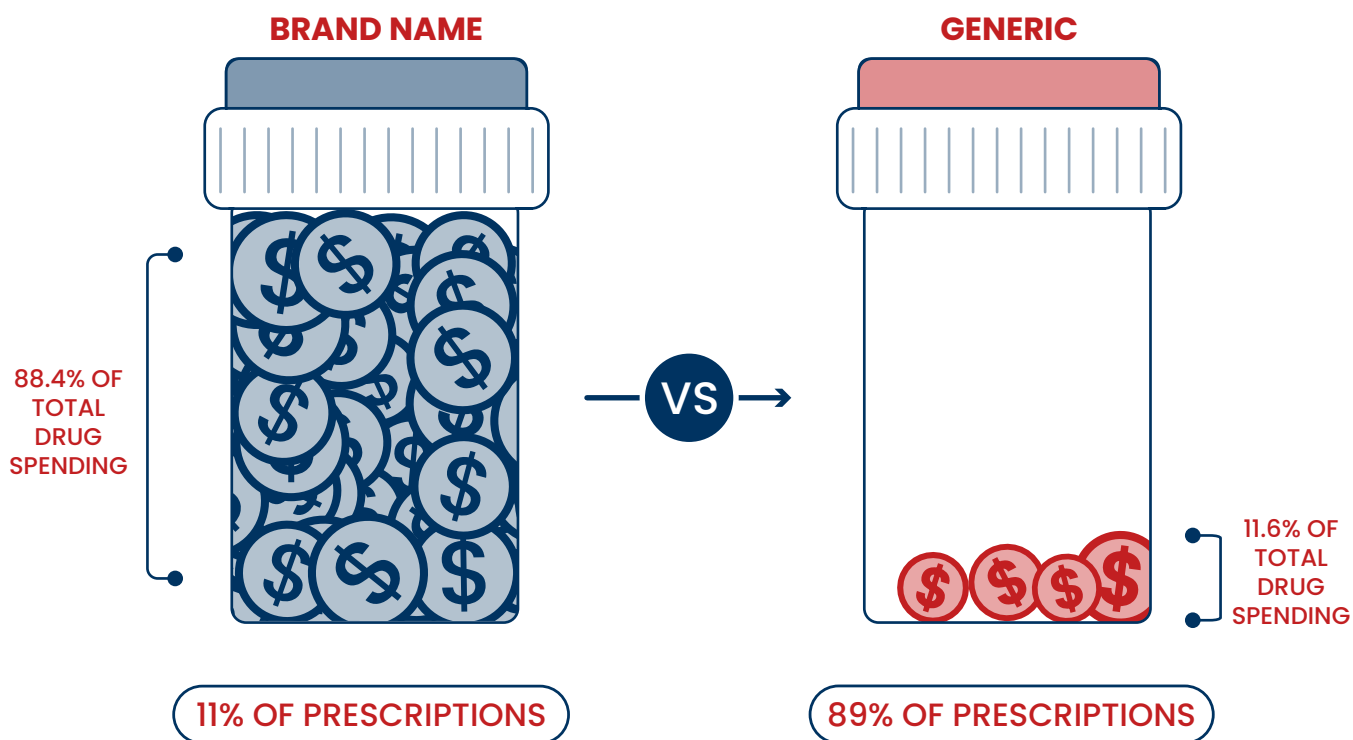
EXPAND ACCESS TO CHEAPER MEDICINES

Generics and biosimilars are the lower-cost alternatives to brand-name drugs that can become available once a brand's patents expire. They're the single biggest source of drug savings in the country, **saving patients and the health system an estimated \$496 billion in 2025 alone**. But brand-name manufacturers can use dozens or hundreds of layers of overlapping patents to delay competition from generic drugs. The practice can keep lower cost alternatives off the market for years and leave patients and taxpayers paying brand-name prices long after competition should have arrived.

\$166B

savings to Medicare from generics in 2025

BRAND NAME VS. GENERIC SPENDING



OUR SOLUTION

Stop drug companies from using piles of overlapping patents to keep low-cost alternatives off the market.

3 STOP PAYING FOR WASTE

Too much of what America spends on healthcare never makes anyone healthier. Those costs include higher payments for the same care depending on where it is delivered, and the inefficiencies that arise when patients' records don't follow them from one provider to the next. Cutting these unnecessary costs can lower what patients and taxpayers pay while improving the care patients receive.

ENSURE HEALTH RECORDS FOLLOW THE PATIENT

When a patient moves from one doctor's office to another, or visits the hospital, their health records should follow. When that doesn't happen, patients may undergo tests they have already had, while clinicians spend time tracking down or re-entering data and make decisions on incomplete information.

Federal information-blocking rules were designed to address this by barring providers and vendors from making it harder for other providers to access a patient's records. And a new CMS rule, taking effect in 2027, will require certain insurers to give treating providers electronic access to the claims, encounter, clinical, and prior authorization information of tens of millions of patients. But enforcement of the existing rules has lagged, and the success of the new rule will depend on its implementation.

71%

of hospitals report routine access to necessary clinical information from outside providers

OUR SOLUTION

Make it easy and secure for doctors and hospitals to share healthcare records.

PAY THE SAME PRICE FOR THE SAME CARE

Our tax dollars shouldn't pay more for a service just because a hospital owns the building where it is delivered. But for many procedures, Medicare pays multiple times more for care when it's delivered at a hospital's outpatient department rather than a doctor's office. **Eliminating that gap would save taxpayers more than \$150 billion over the next decade** while reducing cost-sharing payments for patients. It would also remove an incentive for hospitals to buy up independent physician practices and rebill their services at a higher hospital rate, which has contributed to consolidation and diminished competition across the healthcare industry.

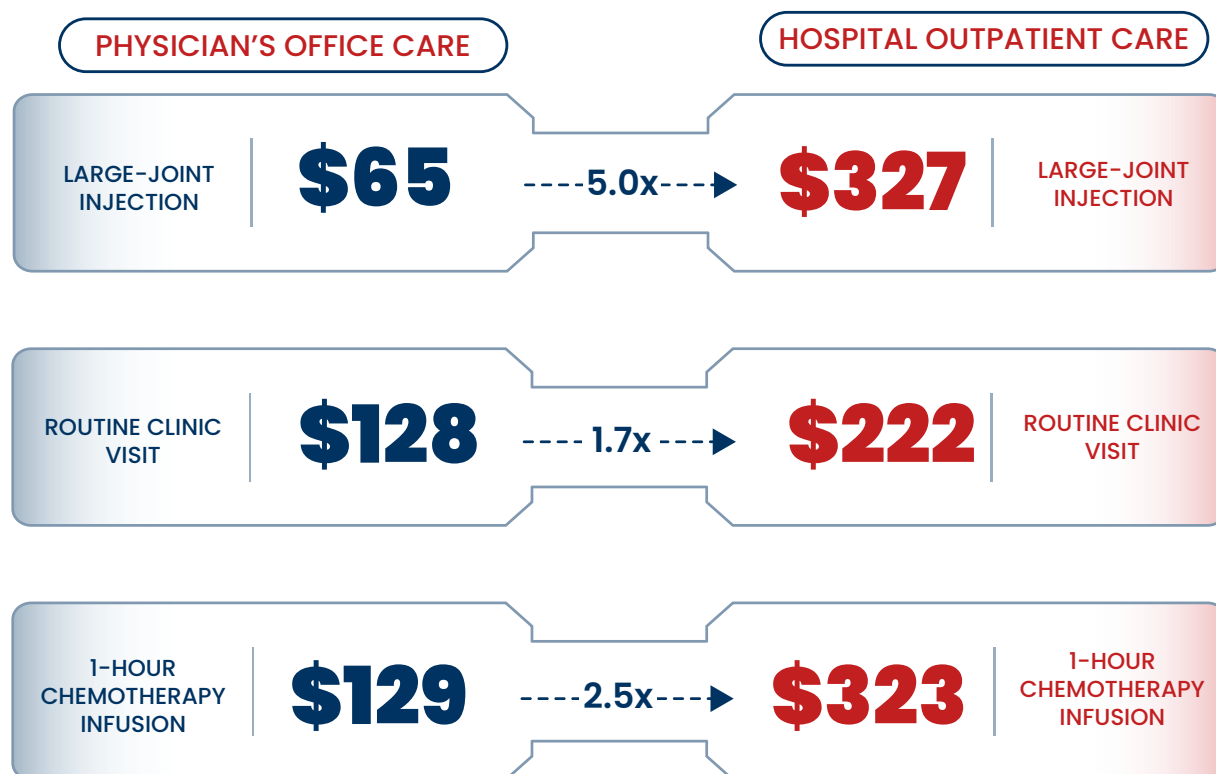
47%

of physicians worked for hospitals or health systems in 2024

30%

of physicians worked for hospitals or health systems in 2012

SAME CARE. HIGHER PRICE.



OUR SOLUTION

Stop Medicare from paying more for routine services just because they're delivered at a hospital-owned clinic instead of a doctor's office.