



Whole Health America

A Better Way to Deliver Care

Integrated Care, Lower Costs

Your Primary Care Hub



One Place for More Services



Medical, Dental, Vision & Mental Health

Earlier & Coordinated Care



Helping Before Problems Get Worse

Lower Costs for Everyone



Fewer ER Visits & Hospital Stays



Less Waiting



No Surprise Bills



Affordable Coverage

Health Care that Works Better for You.

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About This Framework

Whole Health America outlines a practical approach to improving how healthcare is delivered in the United States. It focuses on aligning existing federal programs, state partnerships, and private-sector participation to create a more coordinated, accessible, and effective system of care. This framework reflects how Kishla Askins would prioritize healthcare reform through legislative action, implementation strategy, and oversight if elected.

Disclaimer

This document presents the Whole Health America framework as a policy approach developed by Kishla Askins as a candidate for the United States Congress. It is intended to inform public discussion and outline a pathway for improving healthcare delivery. It does not represent an official government program, enacted policy, funding guarantee, or contractual obligation. Any future legislative or executive actions would be subject to congressional authority, statutory requirements, appropriations, and applicable oversight processes.



Executive Summary

The United States spends more than any country in the world on healthcare, yet too many Americans still struggle to afford care, delay treatment, and face unpredictable costs. Coverage alone has not solved the problem because the underlying issue is not just who pays for care, it is how care is delivered.

Today's system is fragmented, reactive, and expensive. Patients often navigate separate systems for primary care, mental health, dental, vision, and hearing services, each with different providers, costs, and barriers to access. As a result, people delay care until conditions worsen, leading to higher use of emergency departments and hospitals, the most expensive parts of the system.

Whole Health America addresses these challenges by redesigning how care is delivered within the existing system. It builds on Medicare, Medicaid, Affordable Care Act marketplace plans, and employer-sponsored insurance, while transforming delivery across all of them. The goal is not to replace coverage, but to make that coverage work more effectively and affordably. Patients maintain choice of providers within a more coordinated system that improves access, continuity, and outcomes. Whole Health America also addresses key cost drivers, including prescription drug costs, by strengthening price transparency, supporting negotiation, and aligning prescribing with coordinated care.

At the center of this approach is a redefinition of primary care. Primary care becomes the front door and coordinating hub for a broader set of services, including medical care, behavioral health, dental, vision, hearing, public health, and occupational health. Instead of navigating multiple providers and systems, patients receive coordinated, continuous care through one integrated model. This improves access, reduces delays, and ensures that conditions are identified and treated earlier.

By expanding access to integrated primary care, Whole Health America lowers costs over time. Earlier care reduces the need for emergency visits, hospitalizations, and repeated testing. Coordinated care reduces duplication and improves outcomes. Administrative complexity is reduced through aligned systems and standardized processes. Together, these changes lower total healthcare spending, slow the growth of insurance premiums, and make out-of-pocket costs more predictable.

The plan is implemented through a phased transition supported by existing federal authorities and the Whole Health America Act. Early demonstration programs allow for testing and refinement, followed by expansion and alignment across states and systems.

A key component of this approach is the Farmer and Rancher Center of Excellence, which delivers integrated care directly to agricultural communities through mobile and community-based models. This improves access in rural areas, supports workforce stability, and strengthens economic resilience.



Whole Health America provides a realistic, scalable path forward. It improves access by bringing care closer to where people live and work, lowers costs by addressing the root drivers of spending, and creates a more coordinated and sustainable healthcare system. By focusing on how care is delivered, it offers a solution that is both practical and effective for the long term, a system that finally HEALS.



Whole Health America: A System That HEALS

I. Introduction: A System Misaligned with the American Reality

Healthcare in the United States is defined by a fundamental contradiction: we spend more than any nation in the world, yet Americans experience higher rates of preventable disease, delayed care, and financial strain. The leading causes of death—heart disease, cancer, stroke, chronic respiratory disease, diabetes, Alzheimer’s disease, and preventable injuries—are largely driven by conditions that can be delayed, managed, or mitigated with earlier and more consistent care. At the same time, chronic disease and behavioral health conditions account for the majority of healthcare spending and are directly tied to reduced workforce participation, long-term disability, and rising federal costs.

Access to care remains uneven and often delayed, not because of lack of coverage alone, but because of affordability, fragmentation, and system design. Nearly half of adults report postponing or avoiding care due to cost. High deductibles, opaque pricing, and disconnected services force patients to wait until conditions worsen. Mental health care is too often accessed only at the point of crisis, while dental, vision, and hearing services—critical to learning, safety, and long-term health—remain separated from comprehensive care delivery. These gaps increase emergency utilization and drive long-term system costs.

In Nebraska and across rural America, these challenges are not abstract—they define daily reality. Hundreds of thousands rely on Medicare and Medicaid, while many more depend on employer-sponsored or marketplace coverage. At the same time, large portions of the state face shortages in primary care and behavioral health providers, particularly in rural areas where hospital instability and workforce gaps weaken both healthcare delivery and local economies.

The core problem is not a lack of programs or funding. It is a system that is not designed to deliver care in a coordinated, timely, and accessible way. We have built a system that pays for treatment after conditions worsen, rather than supporting care that keeps people healthy in the first place.

Whole Health America addresses this challenge by redesigning how care is delivered. It aligns access, coordination, and incentives around a single goal: delivering the right care, at the right time, in the right place. By strengthening primary care as the front door of the system and integrating services around the patient, Whole Health America creates a model that improves outcomes, lowers costs, and supports long-term system sustainability.

This is not an incremental reform. It is a structural redesign aligned with how Americans live, work, and access care.



II. The Structural Problem: A System That Does Not HEAL

The current healthcare system does not HEAL. It is structured in ways that delay care, fragment services, increase costs, and underutilize the workforce. These failures are not isolated. They are interconnected and self-reinforcing, creating a system that becomes more expensive and less effective over time.

Cost Burden and Affordability

Healthcare is one of the largest and fastest-growing expenses for American families, employers, and the federal government. National health expenditures exceed \$4 trillion annually, yet many Americans still struggle to afford care. Insurance coverage does not guarantee access when out-of-pocket costs remain high. Employers face rising premiums that limit wage growth and competitiveness, while federal spending continues to increase, driven largely by chronic disease and late-stage care.

Delayed and Reactive Care

The system is designed to treat illness after it becomes severe rather than prevent it early. Chronic diseases account for the majority of healthcare spending, yet many of these conditions can be prevented or better managed with earlier, consistent care. Delays in access increase complexity, drive hospital utilization, and raise long-term costs. Behavioral health follows the same pattern, with limited early access leading to crisis-driven care.

Fragmentation of Care Delivery

Healthcare is delivered across disconnected systems that do not operate as one. Primary care, mental health, dental, vision, hearing, and public health services function separately, creating duplication, gaps, and inefficiencies. Patients are left to navigate multiple providers without coordination, while providers lack full visibility into a patient's care. This fragmentation reduces effectiveness and increases cost.

Workforce Constraints and Underutilization

Workforce shortages are compounded by structural inefficiencies. Many trained professionals are limited by outdated regulations and delivery models that prevent them from practicing at the top of their training. This is not only a workforce shortage. It is a workforce utilization problem that limits access and increases delays in care.

Rural Instability and Access Gaps

Rural communities face compounded challenges, including hospital closures, workforce shortages, and geographic barriers. These pressures weaken access to care and destabilize local economies. In agricultural states like Nebraska, healthcare access is directly tied to workforce stability, economic resilience, and community sustainability.

These failures reinforce one another. High costs delay care. Delayed care increases severity and spending. Fragmentation reduces effectiveness. Workforce constraints limit access. Rural instability amplifies each of these pressures.



The result is a system that is reactive instead of preventive, fragmented instead of coordinated, and expensive instead of effective. It is a system that does not HEAL.



III. Whole Health Doctrine: The HEALS Framework

Whole Health America is built on a clear doctrine: we need a healthcare system that HEALS. This framework defines how care should work in practice, not just what we value, but how the system operates for patients, providers, and communities.

Each element of HEALS addresses a core structural failure in the current system and replaces it with a clear, actionable standard.

H – Health First

A health-first system prioritizes keeping people well, not just treating them when they are sick. Today, most healthcare spending is driven by chronic conditions that develop over time and can often be prevented or better managed earlier. In practice, this means prioritizing preventive care, regular check-ups, screenings, and ongoing management of conditions before they become emergencies. Instead of waiting until someone enters the hospital, the system intervenes early to keep them healthy.

E – Early Access

Early access ensures care is available when and where people need it. Delays in care lead to worse outcomes and higher costs. In practice, this means expanding access points beyond traditional clinics through mobile care, telehealth, workplace-based services, and community locations. When care is easier to reach, people use it sooner, improving outcomes and reducing reliance on emergency services.

A – Aligned Care

Aligned care means the system functions as one coordinated whole rather than a series of disconnected parts. Today, patients move between separate systems for physical health, mental health, dental, vision, and other services. In a whole health system, these services are integrated. Care teams share information, coordinate treatment, and manage the full needs of the patient within a single, connected system. This reduces duplication, closes gaps, and improves outcomes.

L – Lower Costs

Lower costs are achieved by fixing how care is delivered, not by reducing access or services. The current system is expensive because it is fragmented, delayed, and inefficient. In practice, lowering costs means reducing unnecessary hospital visits, avoiding duplicated services, simplifying administrative processes, and improving care coordination. When care is delivered earlier and more effectively, total costs decrease while quality improves.

S – Sustainable System

A sustainable system is one that works over the long term for patients, providers, employers, and government. Rising healthcare costs are not only a health issue, they are an economic one. In practice, sustainability means improving outcomes while controlling long-term cost growth, strengthening the healthcare workforce, and supporting economic productivity. It ensures that healthcare remains accessible and affordable for future generations.



Conclusion of Doctrine

The HEALS framework provides a clear operational blueprint for reform. It ensures that care is delivered at the right time, in the right place, and in a coordinated way that improves outcomes while reducing costs. Whole Health America is built on this foundation, a system designed not just to treat illness, but to keep Americans healthy, supported, and able to thrive.



IV. Operational Design: How Whole Health America HEALS

Whole Health America turns the HEALS framework into a system people can actually use. Instead of navigating multiple disconnected providers, locations, and systems, individuals experience a single, coordinated pathway of care. This model is designed to work in cities, suburbs, and rural communities, ensuring that access is consistent, care is connected, and services are delivered in a way that reflects how people live and work.

A Single-Entry Point with Continuous Care

Under Whole Health America, primary care becomes the front door to the healthcare system and the central point of coordination. Every patient is anchored to a primary care team responsible for managing care across services, ensuring continuity and accountability.

In practice, this means a patient entering the system for a routine visit can access mental health support, dental screening, vision care, or hearing services through the same coordinated network. Specialty care remains essential, but it is accessed through a connected system rather than in isolation.

Care is no longer a series of disconnected appointments. It becomes a continuous relationship, where responsibility for coordination is clearly defined and care follows the patient over time.

Hub-and-Spoke System with Local Access

Whole Health America ensures access through a hub-and-spoke model that strengthens, rather than replaces, existing infrastructure. Regional hubs provide advanced diagnostics, specialty care, and hospital services, while local clinics, mobile units, telehealth, and community-based access points extend care into communities.

In practice, individuals in rural areas receive routine and preventive care locally, reducing unnecessary travel and delayed treatment. Mobile care and telehealth are deployed strategically to fill access gaps, not duplicate services, and are supported through aligned federal, state, and private funding streams. This model stabilizes rural healthcare systems by reducing uncompensated care and avoidable strain while preserving the essential role of hospitals in delivering emergency and advanced services.

Team-Based Care in Practice

Whole Health America delivers care through coordinated, team-based models led by a primary care provider responsible for overall care management. Physicians, physician associates, nurse practitioners, behavioral health providers, and other professionals work together within clearly defined roles.



In practice, patients receive care from the right professional at the right time, with all providers operating within a shared care plan and accountable for outcomes. This approach improves access, reduces delays, and ensures that each member of the workforce is utilized effectively.

Quality is maintained through shared data, standardized care pathways, and outcome-based accountability across the care team.

Connected Data and Real-Time Coordination

A coordinated system requires shared information. Whole Health America uses interoperable data systems that allow providers involved in a patient's care to access relevant information in real time while maintaining strong privacy protections. This is not a centralized national database, but a connected system built on secure data-sharing standards across providers and payers.

In practice, this reduces repeated testing, prevents gaps in care, and supports better clinical decision-making. It also allows the system to identify risks earlier, such as patients who need additional support before conditions worsen.

Data is used to improve coordination and outcomes, with clear safeguards to protect patient privacy and ensure appropriate use.

Care Where People Live and Work

Whole Health America expands access by bringing care into workplaces, schools, and community settings through voluntary partnerships and aligned incentives. These models are supported through existing insurance structures, employer participation, and public health funding streams.

In practice, individuals can access preventive services and routine care without significant disruption to their daily lives. Employers are not required to provide care but are incentivized to participate through improved workforce health, reduced absenteeism, and lower long-term costs.

This approach increases access while maintaining flexibility across communities and sectors. This approach also supports family caregivers by expanding access to home-based care, coordination services, and resources that reduce the burden on families.

Public Health Built into Care

Whole Health America integrates public health directly into care delivery so that prevention, early detection, and response are part of the same system, not separate functions. Today, public health and clinical care operate in parallel, with limited coordination, fragmented data, and delayed response.



In a whole health system, public health is embedded at the point of care. Preventive services such as vaccinations, screenings, and chronic disease monitoring are integrated into routine care, ensuring earlier identification of risks and more consistent management of population health. Providers contribute to a real-time understanding of community health trends, strengthening both individual care and population-level insight.

Integrated data systems connect clinical care with public health surveillance, enabling earlier detection of outbreaks, environmental exposures, and emerging health threats. This allows for faster, more targeted responses at the local, state, and national level. Instead of reacting to crises after they escalate, the system identifies and mitigates risks earlier.

Public health integration also strengthens community-based care. Partnerships with schools, workplaces, agricultural networks, and local organizations ensure that prevention and outreach occur where people live and work. This expands access, improves trust, and increases participation in preventive services, particularly in rural and underserved communities.

For rural and agricultural regions, this approach supports monitoring of occupational risks, environmental exposures, and community-specific health challenges, ensuring interventions are tailored and timely.

This model strengthens national preparedness. A system that integrates public health with clinical care is better equipped to respond to pandemics, natural disasters, and other large-scale health threats. It improves coordination, accelerates response time, and reduces both human and economic impact.

By embedding public health into everyday care, Whole Health America shifts the system from reactive to proactive, improving population health while lowering long-term costs.

Agricultural Health and Resilience: Farmer and Rancher Center of Excellence

Whole Health America establishes a Farmer and Rancher Center of Excellence to address the unique health, safety, and economic challenges facing agricultural communities, where access barriers, occupational risk, and financial stress are closely linked.

This model delivers integrated care directly to agricultural communities through mobile units, telehealth, and trusted local access points such as co-ops and community hubs. Services include preventive care, chronic disease management, behavioral health support, dental services, vision and hearing screenings, and occupational health, all coordinated within a single system. Care is delivered by teams trained to understand agricultural work and its associated risks, ensuring services are practical, accessible, and relevant. Mental health services are embedded into care delivery, recognizing the importance of early, stigma-free access to support.

The Center also functions as a national model for rural health delivery, supporting research, workforce development, and scalable solutions that can be adapted across regions. This approach



improves health outcomes, reduces injury and suicide risk, supports workforce stability, and strengthens the economic foundation of agricultural communities.

Conclusion of Operational Design

Whole Health America creates a system that is coordinated, accessible, and accountable. Patients have a clear place to start, providers work together within a unified system, and care is delivered where it is needed. By addressing fragmentation, delays, and inefficiencies directly, this model improves outcomes while reducing unnecessary costs. It replaces a system that reacts to illness with one that prevents it, manages it earlier, and supports long-term health. It is a system designed to HEAL, delivering better outcomes at lower cost.



V. Financing, Payment Reform, and Sustainability

Whole Health America lowers healthcare costs by addressing the root drivers of spending, not by reducing care. Today's system is expensive because care is delayed, services are fragmented, coordination is limited, and administrative processes are inefficient. These structural problems drive higher costs without consistently improving outcomes.

Whole Health America realigns financing to support earlier care, better coordination, and more efficient delivery, ensuring that resources are used where they have the greatest impact.

Aligning Payment with How Care Is Delivered

The current fee-for-service model rewards the volume of services rather than the health of the patient. This drives unnecessary testing, fragmented care, and higher costs.

Whole Health America moves beyond a one-size-fits-all payment model by aligning incentives with how care is delivered. It uses a blended approach that includes stable base payments to support access and continuity, performance accountability tied to outcomes, and targeted incentives for prevention and care coordination.

This approach reduces administrative burden, limits unnecessary utilization, and gives providers the flexibility to manage care effectively while maintaining or improving quality. By aligning payment with coordinated, integrated care delivery, the system supports earlier intervention, better chronic disease management, and fewer avoidable hospitalizations.

Coordinating Public and Private Financing

Healthcare financing in the United States is distributed across Medicare, Medicaid, Affordable Care Act marketplace plans, and employer-sponsored insurance. While these programs provide coverage, they operate with different incentives and limited coordination.

Whole Health America maintains this multi-payer structure while aligning it under a common delivery model centered on integrated primary care. Medicare and Medicaid serve as foundational platforms for scaling integrated care, while employer-sponsored insurance plays a central role in expanding access to preventive and workplace-based services.

This coordination reduces fragmentation and ensures that incentives across the system support earlier, more efficient care.

Redefining Essential Care and Integrating Services

Whole Health America redefines essential care to include medical care, behavioral health, dental, vision, and hearing services as integrated components of primary care delivery.



These services are often treated as separate or optional, creating barriers to access and delays in care. By integrating them into a coordinated system, Whole Health America improves early detection, reduces fragmentation, and addresses conditions before they become more complex and costly.

Investing Earlier to Reduce Long-Term Costs

Healthcare spending is heavily concentrated in late-stage care. Chronic conditions account for the majority of spending, much of it driven by conditions that could have been prevented or better managed earlier.

Whole Health America shifts investment toward early intervention, primary care, and coordinated services. Targeted investments in workforce, mobile care, telehealth, and integrated delivery systems reduce long-term costs by preventing complications and reducing reliance on emergency and inpatient care.

This represents a shift from paying for crisis care to investing in prevention.

Total Cost and Budget Impact

Whole Health America requires targeted upfront investment but reduces total healthcare spending over time. The United States already spends more than \$4 trillion annually on healthcare, and this plan focuses on improving how those resources are used rather than creating a new parallel system.

Initial federal investment is estimated at approximately \$150 to \$300 billion over the first five years. These investments support workforce expansion, mobile care deployment, telehealth infrastructure, data integration, and the transition to integrated care delivery models.

Funding is derived primarily from reallocating existing healthcare spending within Medicare, Medicaid, and marketplace programs, supported by demonstration authority and targeted appropriations under the Whole Health America Act. Private-sector participation further supports system alignment.

These investments are time-limited and designed to build system capacity. Over time, Whole Health America generates savings by reducing emergency department utilization, preventable hospitalizations, administrative inefficiencies, and unnecessary testing.

The result is a gradual shift in the cost curve. Early investments build capacity. Over time, cost growth slows and total spending is reduced relative to current projections, improving affordability and long-term fiscal sustainability.

Reducing Administrative Waste



Administrative complexity is one of the largest sources of inefficiency in the healthcare system. Multiple billing systems, prior authorization requirements, and fragmented payer rules create unnecessary overhead and delays.

Whole Health America simplifies these processes through standardized payment approaches, integrated data systems, and aligned reporting requirements. Reducing administrative burden lowers costs and allows providers to focus more fully on patient care. These administrative savings directly reduce the costs passed on to patients through premiums, deductibles, and out-of-pocket expenses.

Reducing Defensive Medicine and Unnecessary Utilization

Defensive medicine contributes to unnecessary testing and higher costs, often driven by legal risk rather than clinical need.

Whole Health America supports targeted reforms that protect providers who follow evidence-based guidelines, including safe harbor protections and alternative dispute resolution models. These reforms reduce unnecessary utilization while maintaining patient safety and accountability.

Addressing Prescription Drug Costs

Prescription drug costs remain a major driver of healthcare spending for families and the federal government. Whole Health America strengthens price transparency, supports federal negotiation where authorized, and aligns prescribing with coordinated care to reduce unnecessary and duplicative medication use. Integrating pharmacy management into care delivery improves safety, lowers costs, and ensures patients receive the most effective treatments.

Lowering Costs by Fixing System Drivers

The primary drivers of high healthcare costs are delayed care, fragmentation, lack of coordination, administrative waste, and inefficient use of resources.

Whole Health America addresses each of these directly by shifting care earlier, integrating services, improving access, and aligning incentives with delivery.

As care becomes more coordinated and accessible, reliance on high-cost services decreases. This lowers total spending without reducing access or quality.

Long-Term Sustainability

Whole Health America creates a system that is financially and operationally sustainable. By improving health outcomes, reducing long-term costs, and increasing workforce participation, the system strengthens both individual well-being and economic productivity.



Healthcare becomes more predictable for families, more manageable for employers, and more sustainable for federal and state budgets.

Conclusion of Financing

Whole Health America reorganizes how healthcare spending is used, shifting resources toward prevention, coordination, and efficiency.

By aligning payment with how care is delivered, investing earlier, and reducing inefficiencies, it lowers total costs over time while improving outcomes and maintaining access.

This is how the system transitions from one driven by delays to one that consistently HEALS.



VI. Legislative and Regulatory Authorities: The Whole Health America Act and the Federal Path to Execution

Whole Health America is designed to move from concept to execution through a combination of existing federal authorities and targeted new legislation. This approach enables immediate action while establishing a durable national framework for long-term transformation. Existing authorities allow early implementation within current programs, while the Whole Health America Act provides the statutory structure to align delivery, financing, workforce, and accountability across the system.

Using Existing Federal Authorities to Begin Immediately

Whole Health America begins on Day 1 using authorities already available to the federal government.

The Center for Medicare and Medicaid Innovation (CMMI) provides authority to test and scale new care delivery and payment models across Medicare and Medicaid. Whole Health America will use CMMI to launch large-scale demonstration models that integrate primary care with behavioral health, dental, vision, hearing, and public health services. These demonstrations will include both urban and rural regions to ensure scalability.

Medicaid Section 1115 waivers allow states to implement coordinated care models tailored to their populations. States will be supported in using these waivers to integrate services, expand access points, and align delivery systems with Whole Health America principles. Federal guidance will standardize key elements to ensure consistency while preserving state flexibility.

Additional federal authorities will be aligned to support implementation, including:

- **Health Resources and Services Administration (HRSA):** workforce training, primary care expansion, and community health centers
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** behavioral health integration and crisis system alignment
- **USDA Rural Development and FRSAN programs:** rural infrastructure, telehealth, and agricultural health support
- **FCC and NTIA programs:** broadband expansion to support telehealth access

These programs will be coordinated to support a unified delivery model rather than operating independently. This approach ensures that implementation begins immediately, using existing tools to expand access, integrate services, and test operational models.

The Whole Health America Act: Establishing a National Framework

While existing authorities enable early action, they do not create a consistent national system. The Whole Health America Act establishes the statutory framework necessary for long-term transformation.



The Act defines integrated, primary care–centered delivery as the national standard for healthcare programs. It establishes that care must be coordinated, accessible, and inclusive of medical, behavioral, dental, vision, hearing, public health, and occupational health services. It aligns Medicare, Medicaid, Affordable Care Act marketplace plans, and employer-sponsored insurance under a shared delivery framework, ensuring that incentives, access, and care coordination are consistent across the system. The Act also provides the authority to scale successful demonstration models nationally once performance benchmarks are met.

Core Legislative Structure

The Whole Health America Act includes the following core components:

1. National Demonstration and Scaling Authority

- Authorizes multi-state demonstration regions representing urban, suburban, rural, and agricultural populations
- Requires evaluation based on cost, access, outcomes, and workforce capacity
- Establishes a clear pathway to scale successful models nationwide

2. Payment Alignment Framework

- Authorizes blended payment models combining base payments, performance accountability, and targeted incentives
- Directs CMS to align Medicare and Medicaid payment structures with integrated care delivery
- Encourages private payer alignment through regulatory and market incentives

3. Integrated Care Standards

- Establishes requirements for integration of behavioral health, dental, vision, hearing, public health, and occupational health within primary care delivery
- Defines minimum access and coordination standards for participating systems
- Ensures continuity of care across providers and settings

4. Workforce Development and Utilization

- Expands federal training programs for primary care, behavioral health, and rural health providers
- Supports team-based care models and removes federal barriers to full scope of practice
- Provides incentives for workforce placement in underserved and rural areas

5. Infrastructure and Technology Investment

- Funds mobile healthcare delivery, telehealth systems, and interoperable data platforms
- Supports integration of clinical and public health data systems



- Prioritizes rural and underserved communities for infrastructure expansion

6. Rural and Agricultural Health Authorization

- Establishes and scales the Farmer and Rancher Center of Excellence as a national program
- Supports agricultural health, occupational safety, and rural behavioral health integration
- Aligns healthcare delivery with economic and community resilience

7. Governance and Accountability

- Requires performance reporting across access, outcomes, cost, and workforce metrics
- Establishes federal oversight mechanisms to ensure program integrity and effectiveness
- Creates accountability for both federal agencies and participating systems
- Federal participation incentives and performance requirements ensure adoption, with continued funding tied to measurable improvements in access, outcomes, cost control, and system efficiency.

Federal-State Partnership and Implementation Alignment

Whole Health America is implemented through a federal-state partnership that balances national standards with local flexibility.

The federal government sets core requirements, funding pathways, and performance expectations. States retain authority over implementation, including:

- Scope-of-practice laws
- Medicaid program design
- Integration of public health and clinical systems
- Workforce deployment strategies

Federal incentives support states in aligning with Whole Health America, while technical assistance ensures consistent implementation. This model allows adaptation to local conditions while maintaining national consistency in outcomes.

Employer and Private Sector Integration

Employer-sponsored insurance covers a significant portion of the U.S. population and is essential to system-wide transformation.

The Whole Health America Act creates pathways for employer participation in integrated care models, including:

- Workplace-based preventive and primary care services
- Occupational health integration



- Participation in aligned payment and delivery models

Employers are incentivized through improved workforce productivity, reduced absenteeism, and lower long-term healthcare costs.

Private insurers are encouraged to align with Whole Health America standards through regulatory incentives and market-based adoption.

Regulatory Modernization and Barrier Reduction

Implementation requires targeted regulatory updates to remove barriers and improve system efficiency.

The Act directs:

- Standardization of administrative processes across federal programs
- Expansion of interstate provider mobility to improve access
- Strengthening of interoperability standards for data sharing
- Reduction of unnecessary prior authorization and reporting requirements

These changes reduce administrative burden, improve access, and support coordinated care delivery.

Governance, Coordination, and Oversight

Whole Health America is led by the Secretary of Health and Human Services and coordinated through the White House Domestic Policy Council and National Economic Council to ensure alignment with economic, workforce, and national priorities.

A Whole Health Task Force coordinates implementation across federal agencies, including:

- HHS
- USDA
- Department of Labor
- Department of Education
- Department of Veterans Affairs

This ensures a whole-of-government approach to healthcare delivery, workforce development, and community resilience.

Performance is tracked through measurable outcomes, including:

- Access to care
- Health outcomes
- Cost trends



- Workforce capacity
- System efficiency

Continuous evaluation enables real-time adjustments and ensures accountability.

Conclusion of Authorities

Whole Health America begins with existing federal authority and builds toward a durable national framework through targeted legislation. It aligns funding, delivery systems, workforce policy, and accountability into a coordinated structure that can be implemented immediately, scaled nationally, and sustained over time. This approach transforms a fragmented system into one that is integrated, efficient, and designed to deliver better outcomes at lower cost.



VII. Implementation and National Rollout: Transitioning to Whole Health America

Whole Health America is implemented through a phased transition that improves how care is delivered while maintaining existing coverage. Medicare, Medicaid, Affordable Care Act marketplace plans, and employer-sponsored insurance remain in place, but care delivery shifts to a coordinated, primary care-centered system that integrates services, expands access, and lowers costs over time.

This approach ensures continuity for patients, stability for providers, and a clear pathway for system transformation. Rather than replacing existing programs, Whole Health America reorganizes how care is delivered within them, allowing the system to evolve without disruption.

Phase I: Foundation and Demonstration (Years 1–2)

The first phase focuses on launching demonstration regions and building the operational foundation for integrated care delivery using existing federal authorities.

Demonstration regions are selected to reflect urban, suburban, rural, and agricultural communities, ensuring that models developed are scalable nationwide. These regions implement integrated primary care as the central entry point for care, incorporating behavioral health, dental, vision, hearing, and public health services within a coordinated system.

During this phase:

- Primary care teams expand to include multidisciplinary providers
- Mobile care and telehealth increase access, particularly in rural areas
- Data systems begin integration to support coordination and early intervention
- Workforce training and deployment programs are scaled to meet demand

Patients experience improved access and coordination early in this phase, while providers transition to team-based models with support and training.

Nebraska serves as a leading demonstration state, showcasing how integrated care, rural access models, and agricultural health delivery can be implemented effectively and scaled.

This phase prioritizes careful implementation, allowing systems to adapt, workflows to be refined, and early outcomes to be measured before expansion. Early savings begin within the first two years through reduced emergency utilization, improved care coordination, and administrative simplification.

Phase II: Expansion and Alignment (Years 3–5)

The second phase focuses on scaling successful models and aligning systems across states and payers.



Integrated care models expand across additional regions, with primary care functioning as the coordinating hub for a broader range of services. Behavioral health, dental, vision, hearing, and public health integration become standard components of care delivery.

During this phase:

- Hub-and-spoke systems expand nationally, strengthening local access supported by regional expertise
- Workforce capacity increases through expanded training pipelines and improved utilization of existing providers
- Payment models align with integrated delivery, supporting prevention, coordination, and outcomes
- Employer-based care models expand, bringing services into workplaces and communities

As coordination improves, duplication decreases, complications are prevented earlier, and cost growth begins to stabilize.

The Farmer and Rancher Center of Excellence expands into a regional network, supporting agricultural communities across multiple states and serving as a model for rural healthcare delivery.

This phase requires continued coordination across federal agencies, states, and private-sector partners, ensuring consistent implementation while allowing flexibility for local adaptation. As integrated care expands, system-wide cost growth slows as preventable complications, duplication, and high-cost utilization decline.

Phase III: National Standardization and Sustainability (Years 5 and Beyond)

The final phase establishes Whole Health America as the standard framework for care delivery across federal programs and the broader healthcare system.

Primary care is fully redefined as a comprehensive platform managing the majority of patient needs across medical, behavioral, dental, vision, hearing, and public health services. Care is continuous, coordinated, and accessible across all communities.

During this phase:

- Medicare and Medicaid are fully aligned with integrated delivery models
- Private-sector adoption expands through employer and insurer participation
- Data systems support continuous performance improvement and system optimization
- Workforce pipelines are sustained to ensure long-term capacity

The Farmer and Rancher Center of Excellence operates as a national network, strengthening rural access, supporting agricultural resilience, and reducing disparities in care.



At this stage, healthcare becomes more predictable, accessible, and affordable, with improved outcomes and controlled cost growth.

Parallel Transition Within Existing Programs

The transition to Whole Health America occurs within existing programs rather than replacing them. Patients retain their current coverage while experiencing improved access, coordination, and continuity of care.

Workforce expansion, infrastructure development, and payment alignment occur in parallel, ensuring steady progress without disruption. Providers are supported throughout the transition, allowing them to adapt to new models while continuing to deliver care.

This approach ensures that transformation occurs without instability, maintaining trust in the system while improving performance over time.

Governance and Accountability in Implementation

Implementation is led by the Department of Health and Human Services and coordinated through a Whole Health Task Force with representation across federal agencies.

Performance is tracked continuously using clear metrics, including:

- Access to care and wait times
- Health outcomes and prevention measures
- Cost trends and system efficiency
- Workforce capacity and distribution

Public reporting ensures transparency and accountability, while ongoing evaluation allows for real-time adjustments to improve performance and address emerging challenges.

What This Means for Americans

Today, patients often pay for inefficiency through higher premiums and unexpected bills. Whole Health America reduces that burden by simplifying systems, coordinating care, and lowering the underlying cost of delivering care.

For individuals and families, this transition preserves coverage while improving how care is delivered. Care becomes easier to access, more coordinated, and available earlier, so patients spend less time navigating the system and more time receiving the care they need.

Costs become more predictable and, over time, lower. By catching conditions earlier and managing them before they worsen, individuals avoid expensive emergency visits, hospitalizations, and repeated testing. More care is delivered in lower-cost settings, including at home when appropriate, reducing the need for hospital stays and lowering total costs.



Coordinated care reduces duplication, and simpler administrative processes cut waste that is currently built into premiums and out-of-pocket expenses. For families, this means fewer surprise bills, fewer high-cost crises, and more care delivered earlier in more convenient, lower-cost settings.

For rural communities, care is delivered closer to home, reducing travel, delays, and lost income. For providers, systems become more sustainable and less fragmented. For employers, a healthier workforce leads to lower long-term healthcare costs and improved productivity.

Conclusion of Implementation

Whole Health America transforms healthcare by improving how care is delivered within the system people already rely on. Patients keep their coverage, but experience a system that is more coordinated, accessible, and centered on prevention and early care.

This transition lowers costs in practical, measurable ways. By reducing delays in care, avoiding preventable hospitalizations, delivering more services in lower-cost settings, including at home when appropriate, and eliminating administrative waste, the system reduces the expenses that drive rising premiums and out-of-pocket costs. Over time, these changes make healthcare more affordable and more predictable for families, employers, and the federal government.

At the same time, access improves. Care is delivered closer to where people live and work, providers operate within more sustainable systems, and communities, especially in rural and agricultural regions, gain reliable access to integrated services.

This is a phased, realistic transition that strengthens what works, fixes what does not, and delivers results without disruption. It aligns how care is delivered, how it is supported, and how it is paid for into a system that is coordinated, efficient, and built for long-term sustainability.

Whole Health America creates a system that prevents illness earlier, manages conditions more effectively, and reduces unnecessary costs while improving outcomes.

It is a system designed to HEAL, delivering better care, at lower cost, for every American.