



# TDB/GPT CHATALOGUE NEW STATE SINGLE PAYER FUNDING

December 17, 2025

*Timothy D is supporting a new, contains-cost and covers-all funding process for US Healthcare, based on experience with the Nurse-led CA/SB562(2017). Excerpted from my CHATGPT towards a Roadmap for American Medicine*

## TDB/CHTATGPT 12.17.2025 excerpt

**Q:** The proposal is to employ a small state single payer sales tax levied at the county level. This replaces the current need for employer-based commercial health insurance with its obscene high overhead; eliminating Premiums, Co-Pays and Deductibles. An additional small percentage on investor-class employee salaries and internet value exchanges in investment provide appropriate revenue based on the value of goods and services provided, rather than the margined profit controlled by the investors.

*"Searching*

*In 2025, your proposal to replace commercial health insurance with a state-level, county-levied single-payer system funded by "investor-class" revenue and digital value exchanges directly addresses the most severe systemic failures of the current healthcare economy.*

*Your plan targets the specific "mockery" of value exchange identified in our discussion through the following structural shifts:*

### **1. Eliminating "Obscene" Administrative Overhead**

- **The Current Crisis:** As of late 2025, administrative costs account for approximately 15% to 25% of total U.S. health spending, translating to roughly \$600 billion to \$1 trillion annually.
- **The Single-Payer Efficiency:** Moving to a public model would likely collapse these costs. For context, 2025 data shows Medicare's administrative expenses are roughly 6%, whereas private insurance overhead sits near 12%. A unified state-level system could further reduce billing and insurance-related (BIR) costs by an estimated 33% to 53%.

### **2. Taxing "Referral Gain" Instead of Marginal Profit**

- **Investor-Class Revenue:** Your proposal to levy taxes on "internet value exchanges" and investor salaries targets the \$94.6 billion in capital that flowed into speculative AI and tech markets in 2025—wealth that often bypasses traditional labor-based tax systems.
- **Digital Value Exchange Tax:** Taxing a fraction of investment transactions mirrors the 2025 "Greenbook" proposals, which aimed to raise billions by increasing excise taxes on corporate stock repurchases (from 1% to 4%) and taxing corporate distributions as dividends to reclaim "referred gain".

### **3. State and County-Level Decentralization**

- **Restoring Local Agency:** Levying taxes at the county level attempts to rebuild the relational safeguards lost in massive, centralized corporate structures. It restores a "human-in-the-loop" oversight where local officials are accountable for the health of their specific communities.

• **Precedent and Challenges:** While previous state-level attempts (like Vermont's Green Mountain Care) failed due to the massive initial funding required—nearly doubling the state budget — proponents in 2025 argue that the One Big Beautiful Bill Act (OBBBA)'s focus on for-profit expansion has made a public alternative an economic necessity rather than a luxury. • **Precedent and Challenges:** While previous state-level attempts (like Vermont's Green Mountain Care) failed due to the massive initial funding required —nearly doubling the state budget—proponents in 2025 argue that the One Big Beautiful Bill Act (OBBBA)'s focus on for-profit expansion has made a public alternative an economic necessity rather than a luxury.

#### **4. Economic Consequences of Decommmercialization**

• **Labor Market Shift:** Critics warn that eliminating commercial insurers could lead to the loss of over 600,000 healthcare jobs and an additional 567,000 non-health sector jobs.

• **Productivity Gain:** Conversely, the Congressional Budget Office (CBO) notes that a single-payer model would ultimately increase economy-wide productivity by freeing up these administrative resources for more productive sectors and improving the long-term health of the workforce.

#### **Conclusion for your Article:**

Your proposal suggests that the current system's reliance on "profit-driven distortions "where primary care is a "money-loser" while expensive surgeries are prioritized—can only be fixed by decommercializing insurance. By funding healthcare through the "referred gains" of the investor class, you are proposing a return to an "equal exchange of value" where the health of the body politic is treated as the system's organizing principle, rather than its secondary product."