



Cordova for President

Moving Forward Together



www.vincentcordova.com | info@cordova2028.com | (350) 229-1046 | MANTECA, CA 95336

The United States Constitution

Article II, Section 1 of the U.S. Constitution imposes only three eligibility requirements on persons serving as president, based on the officeholder's age, time of residency in the U.S., and citizenship status:

U.S. Constitution – Presidential Candidate Eligibility

"No person except a natural born Citizen, or a Citizen of the United States, at the time of the Adoption of this Constitution, shall be eligible to the Office of President; neither shall any person be eligible to that Office who shall not have attained to the Age of thirty-five Years, and been fourteen Years a Resident within the United States."

Executive Order

Ensuring the Right to Medically Necessary Care and Protecting Patients from Unjust Claim Denials

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Preamble

In the pursuit of a more equitable and compassionate healthcare system, it is the duty of the United States to uphold the rights and dignity of every individual. Access to medically necessary care is a cornerstone of a just society, yet countless patients have been denied the treatments they urgently need due to unjust practices and profit-driven motives. These denials not only undermine the trust placed in our healthcare institutions but also jeopardize the lives and well-being of those who depend on them most.

This Executive Order is grounded in the principles enshrined in the U.S. Constitution. The **Preamble to the Constitution** commits our government to "promote the general welfare" and "secure the blessings of liberty to ourselves and our posterity." The **General Welfare Clause** (Article I, Section 8) empowers Congress to legislate and allocate resources for the betterment of public health and safety. The **Equal Protection Clause** (14th Amendment) ensures that every person is treated fairly under the law, including access to necessary healthcare services. Furthermore, the **Due Process Clauses** (5th and 14th Amendments) protect individuals from unjust deprivation of life, liberty, or property, guaranteeing fairness and accountability in all governmental actions. Lastly, the **Commerce Clause** (Article I, Section 8) provides the authority to regulate the systems and markets that underpin our nation's healthcare infrastructure.

By invoking these constitutional provisions, this Executive Order reaffirms our collective commitment to safeguarding the health and welfare of the American people. It establishes clear



Cordova for President

Moving Forward Together



www.vincentcordova.com | info@cordova2028.com | (350) 229-1046 | MANTECA, CA 95336

protections to eliminate unwarranted claim denials, ensures accountability for unethical practices, and prioritizes transparency in healthcare. By placing the needs of patients above corporate interests, this order seeks to restore fairness, integrity, and compassion in our nation's healthcare system. Together, we will create a system that serves all Americans and upholds the fundamental right to medical care.

By the authority vested in me as President of the United States by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1: Purpose

Healthcare is a fundamental right, and no patient should ever be denied care that their doctor has determined to be medically necessary. This Executive Order establishes protections against the denial of healthcare claims and creates penalties for unethical practices by providers or doctors acting against the best interests of patients. It is a moral responsibility to prioritize the health and well-being of every individual, ensuring fairness and justice in the healthcare system.

Section 2: Prohibition on Claim Denials

(a) **Mandatory Coverage:** Effective immediately, all health insurance providers operating in the United States are prohibited from denying claims for any medically necessary care prescribed or recommended by a licensed medical professional.

- "Medically necessary care" shall include, but is not limited to, procedures, treatments, medications, and diagnostic tests deemed essential for a patient's health and well-being.

(b) **Guaranteed Coverage for Medical Professionals:** Licensed doctors do not require prior approval from insurers to proceed with medically necessary treatments. Insurance providers must guarantee full coverage for treatments deemed medically necessary by the attending physician.

(c) **Presumption of Medical Judgment:** A licensed doctor's determination of necessity shall take precedence over insurance company policies or guidelines. Insurers may not override or question medical determinations except through an independent review process described in Section 3.

Section 3: Independent Review Mechanism

(a) **Establishment:** An Independent Medical Review Board (IMRB) shall be created under the Department of Health and Human Services (HHS) to handle disputes between insurers and healthcare providers.



Cordova for President

Moving Forward Together



www.vincentcordova.com | info@cordova2028.com | (350) 229-1046 | MANTECA, CA 95336

- The IMRB will consist of impartial, licensed medical professionals, patient advocates, and representatives from underserved communities to ensure equity.

(b) **Expedited Reviews:** The IMRB must issue a decision within seven calendar days of receiving a claim dispute. All decisions by the IMRB are final and binding.

(c) **Review of Previously Denied Claims:** Insurance companies are required to review all claims previously denied on the basis of medical necessity where a licensed doctor recommended the care. These claims must:

- Be reprocessed and approved if found to meet the criteria of medical necessity within 30 days of this order's implementation.
- Be submitted to the IMRB for investigation if there is evidence of unethical or systemic denial practices.

(d) **Patient Compensation:** For previously denied claims that caused financial or physical harm to patients, insurers must provide restitution covering:

- All out-of-pocket expenses incurred.
- Compensation for delays in treatment and resulting harm.

(e) **Emergency Protocols:** Claims involving critically ill patients or life-saving care shall bypass standard review timelines and be approved within 48 hours to prevent delays in urgent medical treatment.

(f) **Public Participation and Oversight:** Members of the public, including patient advocacy groups, shall have representation on the IMRB to ensure transparency and fairness in decision-making.

Section 4: Penalties for Unethical Practices

(a) **Prohibition on Profit-Driven Decisions:** Any medical professional found to have recommended denial of claims or limited care on behalf of an insurer for personal financial gain shall be subject to:

- Immediate suspension of their medical license pending investigation.
- Fines of up to \$500,000 per incident, imposed immediately.
- Criminal prosecution under federal anti-fraud statutes.



Cordova for President

Moving Forward Together



www.vincentcordova.com | info@cordova2028.com | (350) 229-1046 | MANTECA, CA 95336

(b) **Insurer Accountability:** Insurance companies found to engage in systematic denial of claims in violation of this order will face:

- Immediate fines of up to \$1,000,000 per denied claim.
- Mandatory restitution to affected patients, including coverage of all medical expenses and additional compensation for damages.
- Immediate suspension of operations pending compliance for repeated violations.

(c) **Penalties for IMRB Members:** Any IMRB member found to have compromised their impartiality for financial gain or personal interest shall be:

- Removed from their position immediately.
- Subject to fines of up to \$1,000,000.
- Referred for criminal prosecution under anti-corruption laws.

(d) **Whistleblower Protections:** Healthcare providers, employees, or patients who report unethical practices by insurers, IMRB members, or colleagues shall be protected from retaliation, including reinstatement of employment if terminated, and compensation for any damages incurred.

Section 5: Transparency and Reporting

(a) **Public Reporting Requirements:** All insurance companies must publish quarterly reports detailing:

- The total number of claims received, approved, and denied.
- Justifications for denials, categorized by medical necessity disputes.
- Outcomes of any independent reviews conducted by the IMRB.

(b) **Federal Oversight:** The Department of Health and Human Services shall audit these reports to ensure compliance and accuracy.

(c) **Penalties for Non-Compliance:** Insurance companies that fail to meet transparency requirements or misrepresent data shall face:

- Immediate fines of up to \$5,000,000 per violation.
- Immediate suspension of operations pending compliance.



Cordova for President

Moving Forward Together



www.vincentcordova.com | info@cordova2028.com | (350) 229-1046 | MANTECA, CA 95336

(d) **State-Level Harmonization:** The Department of Health and Human Services shall work with state insurance regulatory bodies to harmonize this order with existing state laws and ensure seamless implementation nationwide.

Section 6: Enforcement

(a) **Task Force Creation:** A "Healthcare Justice Task Force" is hereby established within the Department of Justice to investigate and prosecute violations of this Executive Order. The task force shall consist of legal experts, medical professionals, and community representatives to ensure comprehensive oversight. The task force shall provide quarterly public updates on its findings and enforcement actions.

(b) **Public Hotline:** A national hotline and online portal shall be created to allow patients and healthcare providers to report claim denials and unethical practices.

Section 7: Implementation

(a) The Department of Health and Human Services, in coordination with the Department of Justice and state health agencies, shall issue regulations to implement this Executive Order within 60 days. A progress report on implementation shall be provided at the 45-day mark.

(b) All healthcare insurers, providers, and licensed medical professionals shall comply with this order no later than 90 days from its issuance.

(c) **Patient Outreach:** The Department of Health and Human Services shall develop an educational campaign to inform patients of their rights under this Executive Order, including access to compensation for previously denied claims and how to report unethical practices. This campaign shall include multilingual and culturally sensitive resources to ensure equitable access to information.

Section 8: General Provisions

(a) Nothing in this order shall be construed to impair or otherwise affect:

- The authority granted by law to an executive department or agency.
- The functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.



Cordova for President

Moving Forward Together



www.vincentcordova.com | info@cordova2028.com | (350) 229-1046 | MANTECA, CA 95336

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Signed,

A handwritten signature in black ink, appearing to read "V. Cordova".

Vincent Cordova
President of the United States