

Executive Order by Mallon concerning Drug Plans in the U.S.A., 09-24-2026

There are some areas of this country that always have to be sufficiently taken care of because they always are active and have something requiring. They do not have to be worked on in the same ways constantly, but they have to be taken care of so that they are not constantly requiring in the same ways. These areas are the priorities and have to be handled so that other things can be done. In my Reflections Series I have expressed that the first necessities are areas such as natural disaster aid, welfare, Medicare and Medicaid, Social Security, education, and infrastructure. Before I was worked with, rewarded, and honored on my high-end levels, I worked with insurance through more than 20 years, and one area of insurance always requiring each year was involving Medicare and Medicaid and one area there in the bounds of Medicare and Medicaid was not only healthcare but was also drug coverage.

Before I cover the area of Medicare and Medicaid drug plans, I have to cover the working professional situation. As with the other types of healthcare plans involving Medicare and Medicaid, there is my professional and official involvement level involved and that has to be noted. A primarily important aspect in this U.S. healthcare plans area is that I have to be known and regarded as having my rank and status in and concerning this industry. I worked for many years in this area before receiving any career level advancement, so I have to have my career level advancement and cannot have any negation of it. I do not mind helping out or doing what I can or should be doing, but I do not want any negation or lessening, and my rank, status, tenure, and pay have to remain as is right. As said, I worked professionally in and out of healthcare and insurance for more than 20 years, and currently I am working on this preliminary U.S. Presidential level, which includes issuing Executive Orders, such as this one.

Drug coverage is usually covered as a part of a healthcare plan or as a separate stand-alone plan. People usually have one of these drug plans on their own or as part of a group such as an employer group, whether retiree or employee. With the retirees or employees, the companies are helping a little in ways such as providing some funding and providing a large group of people as members of the drug plan. With private or individual people, there is not the group additions, but there are still a large number of people who obtain drug plans each year, especially annually from October to December each year for the next year. That makes the only difference be the organization contribution, whatever that is, so when

making up for the organization contribution, there is no difference between the retirees, employees, and private individuals.

Everyone in total is paying this particular amount of money for drug coverage. The organizations make a contribution amount, which reduces that cost a drug coverage by that much money. What is left is what is not paid and has to be paid from another source such as the people themselves, the government, or drug companies. If people did not have to pay for the drug plans, the costs would be picked up by the government and drug companies. If the government paid for all the costs of the drug plans, that would leave the drug companies paying only their own costs and making money beyond their costs.

The drug plan could be a standardized government drug plan or the people could select their own preferred drug plan, and the government would pay for it. The only other money there would be is what the organizations added each year. The costs of the drug plans would be the total costs of the plans nationally, minus the total of the organizational annual contributions. Everyone in the United States would have their selected drug plan. The organizations would make their annual contribution of what they could and would allocate, and the government would have the rest, which would be not too much and a right and workable amount so that nothing more would be needed as far as money or negotiations.

The drugs of the drug plans are not all the same, but many of the drugs have similarities. That is why the tier structure can still be maintained. The more expensive drugs would be in the higher tiers, such as tiers 4 and 5. The lower costing drugs can be in tiers 1 and 2 and would have little or no cost to people. Tier 3 would be for brand drugs that would have a normal cost or a little less of what the drug manufacturing company was charging for the drug.

These drug plans would have no deductible. The drug plans themselves are not for the purposes of making money and are for the purposes of providing drug coverage for people, who are Americans and U.S. citizens. If there is any additional money needed for these drug plans, that money would be noted in taxes and would come from taxes so would be known each year and would not be from or for anything else other than the drug plans.

Thus, people would select the drug plan wanted for the next year. They would not have to pay directly for the drug plan. They would pay for the medications at the pharmacy according to the cost of the medication in the tier it is in. The drug plan would be either a stand-alone drug plan or included with a healthcare plan.

The insurance companies and drug manufacturers are still making money with the drug plans and drugs. The government and organizations can pay some money to insurance companies for administering the plans. The pharmaceutical companies can also be paid by the government and organizations to manufacture drugs and have them available at locations such as pharmacies. There will still be profitable business involved with the pharmaceutical industry in the United States, but the structure will just be a little different from the way it has been. The purpose is so that there is more fairness and is the reasonable ability for everyone of the United States to have a drug plan wanted.

Therefore, there is this Executive ORDER that each American who is a U.S. Citizen be entitled to select a drug plan during an enrollment period, such as annually in October to December at \$0 cost for the plan itself, that there be no obligation to select a drug plan and no penalty if not selecting a drug plan, and all penalty amounts, if any, from previously are not reimbursed but are not charged any further; that the insurance companies and drug manufacturers set their individual drug costs accordingly with the drug plan tier structure; that the insurance companies and drug manufacturers make their reasonable profits to keep the pharmaceutical industry profitable, and that the government and organizations make their contributions to pay down or pay off the costs of the drug plans, and that my rank, status, tenure, and pay to remain as is right concerning the United States, and that these drug plans be good for and available to Americans who are U.S. Citizens and anyone on Medicare or Medicaid.

Joseph Mallon

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