ROBERT PEOPLE FOR CONGRESS (FL-15)
Real Change Starts With PEOPLE

P.O. Box 89632
Tampa, FL 33619

813.255.3361
info@peopleforcongress.com

Robert People believes healthcare is a human right. Nobody in the United States should have to make a life-or-death decision on the basis of cost. He will fight for affordable, accessible healthcare through Medicare for All.

Laurel Lee voted against extending ACA subsidies and made it harder for constituents to get approved for Medicaid when she voted for the Big Ugly Bill. 27,900 elderly or disabled individuals in district 15 were dual-eligible (enrolled in Medicare and relying on Medicaid to help them with costs of care). 169,800 individuals total, including children and adults with disabilities, were enrolled in Medicaid when she made this vote to eliminate eligibility for some of them and make it easier for others to lose their benefits due to paperwork errors. 16.9% of the district, 141,151 individuals were enrolled in ACA plans and saw their costs increase as a result of her vote. Despite almost 36% of her constituents having access to healthcare made more difficult by her vote, Laurel Lee still placed her rubber stamp on Trump's agenda.

This is unacceptable. Robert People will support Universal Healthcare/Medicare for All to ensure that political games don't mean our most vulnerable populations can't get the care that they need to live and thrive.

Policy Proposals

Medical Care:

- Medicare for All
- Interim measures: ACA subsidies, reverse Medicaid cuts

Rural Healthcare:

- Preserve Rural Health Transformation Program funding

Prescriptions:

- Government program to sell generics at a discount
- Reference based drug pricing

Women's Health:

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- Fund Women's Health Research

Dental and Hearing Care:

- Expand Medicare coverage

Caregiving:

- Respite funding, tax credits and FSA/HSA flexibilities for family caregivers (see affordability policy)

Medical Care:

Medicare for All: Multiple studies prove that universal healthcare will save the US billions of dollars every year. Even right-wing think tanks found long-term cost savings were likely. Changing to Medicare for All would eliminate billions in administrative costs related to negotiating contracts with insurance companies, prescription costs would decrease, a uniform claims system would decrease fraud and even with the elimination of copays, coinsurance, and expansion of care to cover vision, hearing, dental, and long term care supports – we would still be saving money from what the US currently spends on healthcare. As it is, the government already provides coverage for two-thirds of Americans so transitioning to a Medicare for All system would involve expanding to the other 1/3 of the population and would also mean people are no longer tied to their employers for their medical benefits, freeing them to make decisions about their lives that may otherwise be out of reach. The administrative costs of Medicare, Medicaid, and Tricare are significantly less than those of insurance companies at 2-3% as compared to almost 20%.

Beyond concerns about cost, people express doubt about transitioning to a Medicare for All system based on fears of wait times and quality of care declines. Universal healthcare would not fundamentally change the system – we would still have the doctors we have and the services we have, it would take out the middle man of private insurance corporations profiting off of denying care to people in need. Yes, more people would have access which would mean a need for more doctors and increase capacities for care; however, Robert People doesn't believe that it is acceptable to allow disadvantaged populations of people to die from preventable deaths so that others are able to access care sooner. When people express concerns about Universal Healthcare meaning that care will be rationed, they ignore the reality that our current system already rations care, the poorest and individuals with the least support and resources are kept from getting the care they need by insurance, cost, and access barriers. Medicare has been implementing value-based care models for years where they have moved healthcare facilities towards measuring the outcomes of their care and ensuring they are providing good quality of care in order to receive better

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reimbursements. This model will ensure quality of care stays high under a Medicare for All system and also provides transparency to consumers on the kind of care they will receive through publicly accessible rating systems. As it is, even with the increased spending on care and current systems in place, the US does not rank the highest on many quality measures. Life expectancy is lower and chronic disease rates are higher than those of peer countries. It is well known maternal mortality is worse than other countries, access is worse, and as we can tell from the millions of dollars in medical debt, affordability is worse.

If the United States transitions to Medicare for All, the workforce of the private insurance market totals around 1 million jobs. We will definitely need many of these people within the new system we create to expand coverage to everyone. The process for transitioning these workers will need to be included in the planning phase. With the costs savings, this transition could include severance pay and assistance for transitioning to a new career if individuals are not interested in moving their employment to the Medicare for All program. Many health care professionals choose their career in health care as a calling to help people. Often, they end up taking jobs in insurance because they pay better to support their families and provide a transition from bedside care in a system that leads to burnout due to administrative requirements of insurance companies and repeated experiences of helplessness related to patients and families being unable to access the care they need. Many of these individuals would likely appreciate being able to take on a more mission-focused role to benefit people and some may even opt to return to direct care in a system that alleviates many of these barriers for the people they are trying to serve. The impacts of Medicare for All on the general labor market would decrease costs for employers, lessen economic stress when moving between jobs, enable small business growth and self-employment, and allow for increased innovations from individuals and companies.

Interim Measures: Medicare for All will take some time to pass and implement. In the interim, Robert would vote to increase and extend ACA subsidies and would vote to reverse Medicaid cuts and expand Medicaid coverage requirements for all states.

Rural Healthcare:

Rural Health Transformation Program: Years of payment through the current fee-for-service healthcare system has meant that many rural healthcare organizations have struggled to stay open as operating costs have increased and community populations have decreased. The 50 billion dollars of Rural Health Transformation Program (RHTP) funding passed in the One Big Ugly Bill is woefully inadequate to make up for the estimated $150 billion that rural hospitals will lose from Medicaid cuts, however, RHTP funding did address the underinvestment of funds in ensuring access to sustainable healthcare in rural communities. Therefore, this funding needs to be preserved to allow states to implement plans to address workforce shortages, broadband access,

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technology gaps, chronic disease management, and other initiatives. Robert People would support modifications to this funding to require that the majority of the dollars go to front-line providers and their direct support/assistance (hospitals, primary care offices, community organizations, dental offices, etc.) in these communities instead of contractors and vendors who may have lobbied state governments to receive funds for their companies. This has been a significant concern from healthcare organizations with the current structure of the RHTP funding. Shifting to a Medicare for All model allows for the shift to value-based payment structures and global budgets to ensure essential care remains in these communities.

Prescriptions:

Generic drugs at a discount: While Robert fights for Medicare for All, he will support other policies to address access and costs of care for Americans. He would support the Congressional Progressive Caucus platform of affordability policies, including the creation of a federal program to directly manufacture generic drugs such as insulin, asthma medications, and more, offering those to Americans at a discount. To do this, Robert would support the Affordable Drug Manufacturing Act with an amendment to ensure that the quality of the generic drugs is also considered in the manufacturing or procurement process as it has been found that current generics purchasing is based on price not quality. This procurement process has resulted in subpar products on the US drug market, such as cancer-causing metformin.

Drug Pricing: In order to address drug pricing in general, Robert supports the PBM reforms passed into law in 2026 to create more accountability and transparency requirements for these intermediaries that set drug prices. He would also support a reference-based pricing requirement which is the method employed by Germany and France for their drug prices. Reference pricing would have the government set a maximum cost for a particular drug with the cost determined by what the company charges in other countries. If the company does not come to an agreement with the government, they cannot bring the drug on the market. Donald Trump made promises to implement a system like this but ultimately just created a website with his name where people could find existing drug discounts instead. Robert People won't be taking money from insurance companies and pharmaceutical companies, and will instead stand up for what will benefit the people of the district.

Women's Health:

Reproductive Healthcare: Robert People supports a woman's right to bodily autonomy and to make decisions with her medical providers about her own healthcare, full stop. He would propose, cosponsor, and/or vote for federal legislation protecting a woman's right to choose whether or not she needs to have an abortion. The government does not belong in that decision any more than they

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belong in any other decision that someone makes about their own health. Maternal mortality statistics in the United States for black women and native American/native Alaskan women are several times higher than those for white women and significantly higher than those for Asian or Hispanic women. While nonprofits, communities, and healthcare organizations have made efforts to address this disparity in outcomes, the federal government can and should do more. Robert People would support continuing current investments in maternal mortality prevention efforts and would also fight to expand Medicaid coverage for telehealth for maternal care, preserve Healthy Start funding, and expand medical coverage to include midwives and doulas to support women in childbirth. Robert would also push for funding to back a Maternal Mortality Review as the funding for the Preventing Maternal Deaths Act (signed by Donald Trump in his first term) was not included in the CDC budget for 2024.

Women's Health Research: Only more recently has women's health been receiving any dedicated attention in research. It wasn't until 1993 that National Institute of Health (NIH) funded clinical trials required the inclusion of women and minorities. In 2020, only 5% of global Research and Development (R&D) funding was dedicated to women's health. These were predominantly focused on fertility and cancers. In President Trump's second term, congress has supported cuts to NIH and other research funding. Cuts under DOGE were dictated by AI searches of keywords that the administration opposed due to representing diversity, equity, and inclusion. Representative Laurel Lee presents herself as an advocate for women but was once again a rubber stamp for these actions and the legislation and budget reconciliations that cut these funds. In April of 2026, a Washington Post analysis found that there was a 31% drop in projects funded including the word "women" in 2025. These kinds of cuts in research don't just have impacts now, they have long-reaching impacts into the future as the United States continues to trail behind in understanding women's health for our daughters and granddaughters. When publicly funded research funds aren't available, research is done on areas of health that are "marketable" and can produce a profit for companies. Women deserve the same focus on their health and wellbeing that men receive in medical research. Robert People would fight to restore funding and priority status for these projects.

Dental and Hearing Care:

Expand Medicare Coverage: Currently, dental coverage and hearing coverage are not included in Medicare benefits, these require the purchase of supplemental policies. Many seniors either end up opting for Medicare Advantage plans with limited coverage for these needs and more bureaucratic barriers to accessing care or go without. We now know that this care is so critical to the continued independence and health of seniors. There are increased dementia risks when hearing loss goes untreated. Vision loss and changes can lead to falls and poor oral health can lead

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to poor nutrition. In the Medicare for All plan, these services would be covered for all Americans and until that can be implemented, we need to expand coverage requirements of Medicare to include these benefits now.

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