



## Weekly Bulletin – July 10, 2025

**This Weekly Bulletin is a benefit of your organization's Employer Membership in the Florida Alliance and is meant to ONLY be shared within Employer Member organizations unless approval has been given by the Florida Alliance CEO.**



### **INVITATION TO EVENT IN WASHINGTON, DC**

#### **Invitation: Your Voice is Needed in Washington, DC on July 22-23, 2025**

This year's National Alliance of Healthcare Purchaser Coalitions Advocacy Day will focus on critical policy issues impacting employer-sponsored health care, including hospital fair price legislation, pharmacy benefit management reform, 340B drug pricing program reform, and other top employer health policy priorities.



**Employer participation is essential. The National Alliance will cover the hotel and travel expenses for participating employers (see below). Policymakers need to hear directly from the organizations that provide health coverage to more than 160 million Americans. Please consider joining Florida Alliance President and CEO Karen van Caulil and Rosa Novo, Administrative Benefits Director for Miami-Dade County Public Schools and Board Chair of the Florida Alliance, who will be attending and are urging more of our Employer Members to join them in representing the employer perspective on the Hill.**

The employer voice brings valuable, real-world experience and credibility to the discussions with elected officials, helping to shape policy solutions that are both effective and sustainable for businesses and the families they support.

To prepare for these important conversations to be held from 10:00AM – 4:00PM on July 23, a prep call has been scheduled next Wednesday, and a pre-fly-in dinner and briefing will be held the evening of Tuesday, July 22 at the University Club of Washington, DC, offering attendees the opportunity to connect, align messaging, and review key materials ahead of Hill meetings.

**The National Alliance will cover the hotel cost for one night (there is a room block) and up to \$500 for travel expenses.**

If you are interested in attending, please contact Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org). Karen is the co-chair of the National Alliance's Advancing Health Policy Strategy Group and can answer any questions you may have.



## ACTION ITEM

### 2025 “Pulse of the Purchaser” Employer Survey: Please complete by Thursday, July 17



#### Take the 2025 Pulse of the Purchaser Survey

Employers and purchasers are invited to participate in the National Alliance's Pulse of the Purchaser 2025 Survey. The survey gathers critical insights on benefit strategies, healthcare affordability, employee wellbeing, and workforce priorities.

- Amplify employer voices
- Takes 15 minutes or less
- All responses are confidential
- Participants can revise answers and come back before submission
- Receive national results by providing your email

Take the survey: [Here](#)

National Alliance's 4 previous survey's have found that nearly 8 out of 10 employers consider drug prices, high-cost claims, and hospital prices a significant threat to affordability



Is this still the case if 2025?

Take 2025 Survey Here

[https://naahpc.qualtrics.com/jfe/form/sv\\_39WZAPr8g2Y1NA](https://naahpc.qualtrics.com/jfe/form/sv_39WZAPr8g2Y1NA)



The National Alliance of Healthcare Purchaser Coalitions is conducting its annual survey to gather employer and purchaser perspectives on key issues impacting today's workforce.

We use the information from this survey to plan our research and education activities, so please consider responding! It takes no more than 15 minutes to complete, and participants can revisit or revise their answers before final submission. All responses are confidential, and those who provide

an email address will receive a summary of the overall results. Additionally, we will receive a report of Florida Alliance member responses if we have enough participation.

**Key Areas of the Survey include** workforce environment, healthcare affordability, benefit design strategies, and health and wellbeing initiatives

**The survey includes questions about the resources developed by the National Alliance that we always share with our Employer Members through our Weekly Bulletins.** We were surprised last year when most of the Florida Alliance respondents said that none of the resources were familiar to them. The National Alliance staff asked us why we had not shared the information, when we definitely had! This year, the National Alliance has provided links to the resources in the document below if you need to see them again.

To view the questions ahead of time, click [HERE](#). To access the Survey, click [HERE](#).

Please contact Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) if you have any questions.



## WHAT'S NEW THIS WEEK?

### Kennedy v. Braidwood: The Supreme Court Upheld ACA Preventive Services

The Supreme Court delivered its long-awaited decision on June 27 affirming that the Affordable Care Act (ACA) requirement for private health plans to cover U.S. Preventive Services Task Force (USPSTF) rated “A” and “B” preventive services without cost-sharing is constitutional.

The plaintiffs argued that the USPSTF members were improperly appointed, claiming they are “principal officers” under the Appointments Clause since they are not name-checked by statute. They also cited religious objections to covering HIV pre-exposure



prophylaxis (PrEP). The Court ruled these members are “inferior officers” because they are removable by the HHS Secretary and their recommendations are overseen by the Secretary, thus maintaining the chain of command.

Section 2713 of the Public Health Service Act (added via the ACA) mandates first-dollar coverage for services rated “A” or “B” by the USPSTF, the Advisory Committee on Immunization Practices (ACIP), or the Health Resources and Services Administration (HRSA). This mandate spans screenings, counseling, immunizations, and preventive medications. Since its enactment, it has expanded coverage to over 150 million people, improved health outcomes, and reduced racial and economic disparities.

Initially, Judge Reed O’Connor blocked enforcement of Section 2713 citing Appointments Clause violations and compelling coverage of PrEP, which the plaintiffs contested on religious grounds. The Fifth Circuit affirmed the decision but limited its effect to the plaintiffs. The Biden Administration appealed, and the Supreme Court’s 6–3 verdict upheld the nationwide mandate.

To view an article on the decision posted by the University of Michigan V-BID Center, click [HERE](#). To view an article on the decision posted by Kaiser Family Foundation Health News, click [HERE](#).

To read the full Supreme Court Ruling, click [HERE](#).

Please contact Ashley Tait-Dinger at [ashley@flhealthvalue.org](mailto:ashley@flhealthvalue.org) if you have any questions.



## EMPLOYER MEMBER EDUCATIONAL PROGRAMS, REPORTS, RESOURCES AND EMPLOYER LEARNING COLLABORATIVES

**Registration is Open! 30<sup>th</sup> Annual “Best of the Best” Event – Thursday, December 11, 9:00AM – 1:30PM ET**



Join the Florida Alliance for our 30th Annual “Best of the Best” event on Thursday, December 11, 2025, from 9:00AM to 1:30PM ET at the Center for Health and Wellbeing in Winter Park, Florida. Proudly hosted by Affiliate Member Winter Park Health Foundation, this special milestone event celebrates three decades of employer-led innovation in healthcare. This year’s “Best of the Best” will showcase pioneering employers who are advancing high-value, person-centered care through practical, results-oriented strategies. Attendees will gain insights from respected industry

leaders, engage in meaningful dialogue, and explore actionable approaches to improving workforce health and transforming care delivery.

**If you or your organization are making a meaningful impact in health care, we invite you to share your work at this special 30th anniversary event. To express interest in speaking or presenting, please contact Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) as soon as possible.**

**Registration is NOW OPEN!** We encourage you to join us for this signature event and be part of a forward-thinking community committed to transforming healthcare value.



### Hotel Accommodations:

Hotel information is located on the event webpage on our website. Click [HERE](#) for more information.

#### Details of the event:

- **Date:** Thursday, December 11, 2025
- **Registration:** 8:30AM – 9:00AM EDT
- **Program Time:** 9:00AM – 1:30PM EDT
- **Location:** Center for Health and Wellbeing, 2005 Mizell Avenue, Winter Park, FL 32792
- **Your Complimentary Member Promo code:** **EMPLOYERBOTB122025** (Please do not share this code outside your organization. If you have a colleague at an organization that is not a member of the Florida Alliance, please reach out to Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) for a guest code and flyer that you can share with them.)
- **Register** [HERE](#)

Thank You to Our Early Sponsors of “Best of the Best”!



Please contact Lisa Hain at [lisa@flhealthvalue.org](mailto:lisa@flhealthvalue.org) if you have any questions or need help registering.



#### FLORIDA ALLIANCE MEMBER AND STAFF EXTERNAL INVOLVEMENT

#### Women’s Health Roundtable and Dinner



*Jane Lutz, Karen van Caulil, Kimberly Eisenbise, and Caroline Nyugen*

On Thursday, June 26, **President and CEO Karen van Caulil** attended and spoke at an **exclusive in-person roundtable and dinner** hosted by **Affiliate Member Genentech** and **Healthcare Advisory Council Member Florida Blue**, fostering a candid exchange of ideas and best practices. The discussion focused on pressing clinical challenges, care gaps, utilization trends, and disparities in women’s health examined from the perspectives of providers, payers, employers, and community advocates to identify

opportunities for improved outcomes and greater value. Karen was joined at the roundtable by Kimberly Eisenbise from Employer Member Orange County Public Schools and Caroline Nguyen from Employer Member Kobé Steakhouse Restaurants. We were invited to participate in this event by Jane Lutz from Affiliate Member Genentech.

Karen shared the Florida Alliance’s [\*Employer Guide and Insights for Oncology Management\*](#), with the attendees and also discussed our plans to conduct a Women’s Health Employer Learning Collaborative and how the two efforts will intersect.

Please contact Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) if you have any questions and thank you to Caroline and Kimberly for providing their valuable insights!



## Midwest Business Group on Health 2025 Employer Forum on Pharmacy Benefits, Specialty & Biopharma Therapies - *Trends, Talk Tracks & Takeaways* Highlight

Rosa Novo, Administrative Benefits Director for Miami-Dade County Public Schools and Board Chair of the Florida Alliance, participated in a panel session at the Midwest Business Group on Health (MBGH) 2025 Employer Forum on Pharmacy Benefits, Specialty & Tracks & Takeaways, held June 25 in Chicago.



*Sherri-Samuels-Furst, Rosa Novo, Sandra Morris, and Cheryl Larson*

The panel included Rosa, Sherri Samuels-Furst, Vice President Advisor, Total Rewards of Sargento Cheese (a featured speaker at last year's "Best of the Best" event), Sandra Morris, Principal of About Quality Benefits Design and MBGH Advisor (retired from Procter & Gamble), and Cheryl Larson, President and CEO of MBGH. Sandra and Cheryl have worked closely with us during our Oncology Employer Learning Collaborative. The panel session was about our [Employer Guide and Insights for Oncology Management](#).

Please contact Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) if you have any questions. Thank you to Rosa for representing us at this important event while Karen attended The Leapfrog Board of Directors meeting in Baltimore.



### IN CASE YOU MISSED IT

## Catalyst for Payment Reform Announces First-Ever National Principles for Value-Based Payment



Catalyst for Payment Reform (CPR) recently announced the release of their first-ever National Principles for Value-Based Payment, marking a major milestone in the movement toward more accountable and affordable healthcare. **Developed through a year-long collaborative process involving purchasers, providers, health plans, and policymakers, the 25 evidence-based principles are designed to bring greater consistency and effectiveness to value-based payment**

**models.** The principles address key areas such as person-centeredness, provider engagement, health equity, program design, purchaser involvement, and program evaluation. CPR emphasizes that nearly 30% of U.S. healthcare payments are now tied to value-based contracts with downside risk, highlighting the growing importance of these models. In partnership with the [Utilization Review Accreditation Commission](#) (URAC), CPR will integrate these principles into a new accreditation program, allowing organizations to demonstrate their commitment to delivering high-quality, value-driven care.

To view the CPR media release, click [HERE](#).

Please contact Hannah McChesney at [hannah@flhealthvalue.org](mailto:hannah@flhealthvalue.org) if you have any questions.

## Benign Breast Disease: More Common Than You Think

A "Benign Breast Disease: More Common Than You Think" article in *US News & World Report* highlights the prevalence and nature of benign breast conditions, which are noncancerous but can still cause concern due to symptoms like lumps, pain, tenderness, and nipple discharge. These conditions are especially common in women and often linked to hormonal fluctuations throughout the menstrual cycle, though men can also be affected. While benign breast disease is not cancer, some types may slightly increase the risk of developing breast cancer later. This article emphasizes the importance of regular screenings, prompt evaluation of any changes, and open communication with healthcare providers to ensure appropriate care and peace of mind.



To view the article, click [HERE](#).

Please contact Karen van Caulil at [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) if you have any questions.



## AFFILIATE MEMBER CORNER

### Why the Blind Spot in Your Health Plan Stems from Architectural Issues



Even with a trusted Third-Party Administrator (TPA), an effective Pharmacy Benefit Manager (PBM), and a reputable stop-loss carrier, many organizations continue to face escalating healthcare costs due to unexpected catastrophic claims. The root cause lies not with these partners, but with the underlying architectural framework within which they operate.

#### The Core Disconnect

Rather than functioning as a unified system, most health plans consist of separate silos. Provider networks generate clinical data, PBMs manage pharmacy information, TPAs handle medical claims, and stop-loss carriers intervene when substantial losses occur. Although each party possesses vital information, there is often limited communication among them.

For example, while PBMs are aware of prescribed medications, they may not know the clinical rationale behind them. TPAs process incoming claims without a comprehensive understanding of a member's overall health status. Providers could potentially access a complete profile if all information were consolidated within a single Electronic Health Record (EHR) and they had sufficient time to review it thoroughly. In practice, however, no entity has full visibility into the members' situation.

Frequently, these informational silos only converge when significant costs arise, typically around 50% of the specific stop-loss deductible. At this juncture, the TPA aggregates data, initiates case management, and notifies the stop-loss carrier, culminating in a shared understanding only after a financial crisis is underway.

### **Transitioning from Reaction to Prevention**

Such a reactive approach creates considerable blind spots, particularly regarding “Rising Risk Members,” individuals who, though not yet high cost, exhibit clear indicators of likely future expenses. Key warning signs, such as a new chronic condition diagnosed by one provider coupled with a risky prescription from another, may go unnoticed until costs escalate dramatically.

An effective solution requires moving beyond cost-driven responses and prioritizing early identification of “Rising Risk Members.” This can be achieved by establishing an integrated clinical data layer that consolidates medical and pharmacy claims from the outset, enabling intervention based on clinical, rather than solely financial, triggers.

By detecting risky drug-disease interactions early, while associated costs remain low, health plans can facilitate timely clinical interventions, such as coordinated consultations between clinical pharmacists and physicians, ultimately optimizing patient care.

### **Advocating for Integration**

Organizations should seek more than a reactive, alarm-based approach. It is essential to ask your TPA, PBM, and consultants: **What processes are in place to identify and manage “Rising Risk Members” proactively, before claims become catastrophic?**

If the strategy relies solely on financial triggers, it serves merely as an alert system rather than a comprehensive risk mitigation framework.

**To gain a detailed understanding of your “Rising Risk Member” population, consider contacting Affiliate Member Meeko Health for a complimentary assessment as a Florida Health Alliance Employer Member.**

Please contact Alan Huynh, Head of Growth at Meeko Health, at [alan.huynh@meekohealth.com](mailto:alan.huynh@meekohealth.com) if you have any questions or want to receive the free assessment.

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