FLORIDA ALLIANCE FOR HEALTHCARE VALUE

Employer Member Bulletin – June 5, 2026

This Employer Member 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.

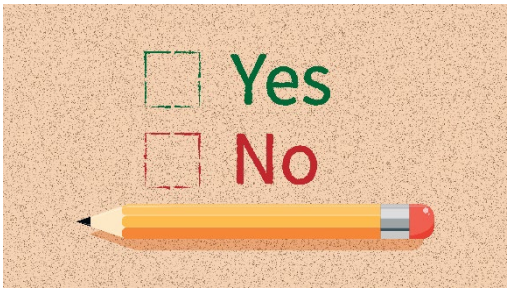
PULSE OF THE PURCHASER SURVEY – PLEASE RESPOND BY JUNE 11!

We need your input on the issues impacting employer healthcare strategy most.

We know you are all facing growing pressure to manage rising healthcare costs while supporting a healthy, productive workforce. From pharmacy benefit challenges and hospital pricing to mental health, obesity management, and workforce wellbeing, the decisions you make today are shaping the future of health care across our state.

That is why we are asking employers to participate in the 2026 Pulse of the Purchaser Survey.

The Florida Alliance for Healthcare Value uses these survey findings to guide the research, education, and employer resources we develop for our Employer Members throughout the year. Your feedback helps us to better understand the real challenges Florida employers are experiencing and strengthens our ability to advocate for practical solutions that improve healthcare value, affordability, and accountability.



Participation also helps ensure Florida employer perspectives are represented in national conversations around:

- Healthcare affordability and transparency
- PBM and pharmacy benefit practices
- High-cost claims
- Fiduciary oversight
- Mental health
- Women's health
- Workforce strategy and wellbeing
- Health equity
- Chronic condition management

More than one individual from each organization may participate, and responses remain confidential. Participants who provide an email address will receive a summary of the national survey findings.

Importantly, if enough Florida Alliance members participate, we will receive a Florida-specific member report that will help benchmark trends, priorities, and challenges impacting employers across our very unique state.

- See how employer participation shaped last year's findings by exploring the 2025 report HERE.
- Want to preview the questions before getting started? View the survey PDF HERE.
- Take the survey and help shape the future of healthcare value in Florida.

TAKE THE SURVEY

The deadline to respond has been extended to June 11.

Please contact Karen van Caulil at karen@flhealthvalue.org if you have any questions.

WHAT'S NEW THIS WEEK?

New Florida Hospital Patient Safety Culture Survey Results Now Available

Florida employers have a new tool to help evaluate the quality and safety culture of hospitals and ambulatory surgery centers throughout the state. The Florida Agency for Health Care Administration (AHCA) launched its public Patient Safety Culture Survey dashboard this week, making **Florida the first state in the nation to publicly report this type of information on a statewide basis.**

Unlike traditional quality measures that focus on outcomes such as infections, readmissions, or complications, patient safety culture surveys assess the workplace environment that supports safe patient care. The survey asks healthcare workers about communication, teamwork, leadership support for safety, error reporting, and whether staff feel comfortable speaking up about patient safety concerns. The survey instrument is based on nationally recognized tools developed by the Agency for Healthcare Research and Quality (AHRQ).

Research has consistently shown that organizations with strong safety cultures are better positioned to identify risks, learn from mistakes, and continuously improve patient care. The goal of Florida's initiative is to increase transparency, strengthen accountability, and provide healthcare organizations with actionable information to improve patient safety. AHCA encourages facilities to use the survey results to identify strengths and opportunities for improvement while providing consumers and purchasers with additional insight into healthcare quality.

Why This Matters to Employers: As purchasers of health care, employers have long sought greater transparency regarding the quality and safety of the care received by employees and their families. The Patient Safety Culture Survey adds a new dimension to existing quality information by measuring the

organizational culture that influences patient outcomes. Employers can use these results alongside other publicly available measures including infection rates, readmissions, patient experience scores, and safety ratings when evaluating hospitals and health systems in their communities.

The Florida Alliance encourages employers to explore this new resource and consider how patient safety culture can be incorporated into discussions with health plans, provider partners, and employees seeking high-quality care.

The development and implementation of Florida's Patient Safety Culture Survey program has been guided by the State Consumer Health Information and Policy Advisory Council (SCHIP), which advises AHCA on healthcare transparency initiatives. Florida Alliance President and CEO Karen van Caulil serves as Chair of the Council. Please reach out to Karen with any questions at karen@flhealthvalue.org

Click here to view the dashboard: Patient Safety Culture Survey (PSCS) | Florida Agency for Health Care Administration

New Milliman Report: 340B Considerations for Self-Funded Employers

Florida Alliance President & CEO Karen van Caulil and Vice President Ashley Tait-Dinger recently participated in the review of a new Milliman white paper examining the impact of the federal 340B Drug Pricing Program on self-funded employers. The research was commissioned by Affiliate Member Genentech. During the review process, Karen and Ashley emphasized the importance of providing practical, actionable recommendations that employers can use to better understand and manage the financial implications of 340B within their health benefit programs. The resulting report highlights how the rapid growth of the 340B program may be increasing pharmacy benefit costs for self-funded employers and outlines several steps plan sponsors can take to improve transparency and protect plan assets.

The 340B program allows eligible hospitals and health systems to purchase outpatient drugs at significant discounts. While originally intended to support providers serving vulnerable populations, the program has expanded dramatically from $6.6 billion in drug purchases in 2010 to more than $81 billion in 2024. As participation has grown, so has its financial impact on employer-sponsored health plans. **The paper notes that prescriptions dispensed through 340B entities are generally ineligible for manufacturer rebates, which are an important source of pharmacy savings for self-funded plans. Milliman cites research estimating that the loss of rebate eligibility may increase prescription drug costs for self-insured employers by more than four percent.** Additional concerns include reduced use of lower-cost biosimilars, potential shifts to higher-cost sites of care, and retrospective rebate "clawbacks" that can create budget uncertainty.

The white paper recommends employers:

- Review PBM contracts to ensure 340B claims are narrowly and accurately defined
- Request regular reporting on 340B claim volume, rebate impacts, and any rebate clawbacks
- Preserve network discount and dispensing fee guarantees, even when claims are classified as 340B
- Evaluate pharmacy networks and specialty pharmacy arrangements to better understand 340B exposure

• Consider formulary strategies that emphasize lower-net-cost drugs, generics, and biosimilars rather than relying heavily on manufacturer rebates

• Review medical benefit drug management, site-of-care programs, and medical rebate arrangements for potential 340B-related impacts

• Carefully assess any "340B shared savings" arrangements to determine whether they truly reduce net plan costs

Questions to Ask Your PBM

• How are 340B claims identified in our plan?

• What percentage of our pharmacy spend is attributable to 340B claims?

• How much rebate value is being excluded due to 340B?

• Are there any retrospective rebate clawback provisions in our contract?

• What reporting can you provide to help us understand our 340B exposure?

As healthcare purchasers continue to seek greater transparency and affordability, understanding the impact of the 340B program on pharmacy and medical spending is becoming an increasingly important component of employer health benefit strategy.

To view the full white paper, click HERE.

Please contact Karen van Caulil at karen@flhealthvalue.org with any questions.

OTHER EMPLOYER MEMBER EDUCATIONAL PROGRAMS, REPORTS, AND RESOURCES

Employer Member Benefit: Meet *Generation Fine*: J&J Launches New Campaign Encouraging Patients to Expect More from Their Depression Care

Recently, **Affiliate Member Johnson & Johnson** announced the launch of *Generation Fine*, a global initiative designed to challenge what it means to feel “fine” in depression care and empower patients to expect more from their treatment.

For many people living with depression, “fine” can hide a much more complicated reality – persistent symptoms, unmet needs, and a quiet acceptance of “good enough.” In a *Generation Fine* global survey, nearly 4 in 5 patients living with major depressive disorder said they do not believe antidepressants will address all their symptoms or help them reach remission.

Developed alongside mental health advocates and grounded in patients’ lived experiences, *Generation Fine* highlights the unique challenges and experiences of people living with depression and provides valuable resources to support more productive conversations about their care.

J&J believes that no one should have to settle for “fine” when it comes to their depression care. They hope together we can help shift the conversation beyond “good enough.”

Check out their multimedia news release and visit www.Generation-Fine.com to view resources, stories from *Generation Fine* ambassadors, results from the global survey, and more!

If you have any questions, please reach out to Leah Baldwin, J&J Healthcare Policy & Advocacy Director, at Lbaldw10@its.jnj.com

AFFILIATE CORNER

Orthobiologics Can Transform Your MSK Challenges – *provided by Affiliate Member, Regenexx*

As presented during the 2026 Florida Alliance Annual Conference last month, the non-invasive use of orthobiologics is positively impacting the overuse of orthopedic surgeries. Regenexx Corporate Executive Vice President Dr. Mark Testa shared the stage with Dawn Hunt, MarineMax Director of Human Resources and Florida Alliance Board member, as well as Florida Alliance VP Ashley Tait-Dinger to discuss the dramatic impact of needle-based procedures utilizing stem cells derived from a patient’s bone marrow and concentrated platelet rich plasma from a patient’s blood for treatment of a wide variety of musculoskeletal (MSK) conditions.

Dr. Testa provided statistics from a recent research study conducted by Duke University comparing the outcomes of Regenexx patients to similarly situated patients of traditional orthopedic treatments for knee and spine. The Duke research team focused on total knee replacement, partial knee replacement, and meniscus surgery. These procedures are receiving more scrutiny because of their cost, outcomes, and risks. For example, nearly one in four patients report chronic pain after total knee replacement. Meniscus surgery has also been linked with later arthritis and a higher chance of needing total knee

replacement in the future. Other concerns include infection, metal allergies, blood clots, opioid use, longer recovery, and a higher financial burden.

Orthobiologic knee protocols are positioned as a way to avoid or postpone those surgeries. Reported outcomes include up to 76 percent average knee function regained, less downtime, faster return to activities, and less pain after the procedure. Long-term knee research found that 80 percent of knees treated once with bone marrow concentrate did not need total knee replacement for an average of 10 to 15 years, with long-term outcomes described as about the same as total knee replacement.

The researchers at Duke University also reviewed Regenexx protocols with spinal fusion. The reported findings showed significant cost savings over one to four years, low crossover to surgery, lower downstream healthcare use, and rare major adverse events. The cost comparison is especially important. Spinal fusion was reported to cost about three to four times more than the orthobiologic approach. Commercial payer savings were reported at roughly $45,326 to $49,634. At year one, the spine comparison showed about 77 percent cost savings.

For employers, the takeaway is that orthobiologics can support MSK cost control in self-funded health plans. Procedures using Regenexx injectates were reported as about 50 percent less expensive than the avoided surgery, with possible reductions of up to 70 percent on individual surgeries.

For more information about the Regenexx Corporate Program, contact Florida Alliance Affiliate members Jeffrey A. Scarpinato, MHA at jscarpinato@regenexx.com or Mark Testa, DC, MPH at mtesta@regenexx.com and Click here to check out a short video about the Duke Study and click HERE for slides that were shared at the Florida Alliance Annual Conference.

MEMBERSHIP UPDATE

Thank you to *The Mosaic Company* for renewing their Employer membership!

Welcome to our new Affiliate Members, *Bristol Myers Squibb, Hanley Center,* and *FlyteHealth*!

At Bristol Myers Squibb, we work every day to transform patients' lives through science. We have built a sustainable pipeline of potential therapies and are leveraging translational medicine and data analytics to understand how to deliver the right medicine to the right patient, at the right time, to achieve the best outcome. Briston Myers Squibb is on the cutting edge of powerful innovation in oncology, hematology, immunology, cardiovascular disease, and fibrosis, with colleagues united in the mission to help patients.

Please contact Paul Madrazo, Director Alliance Development, Southeast at Paul.Madrazo@bms.com if you have any questions.

Hanley Center is a nonprofit leader in clinically sophisticated, age- and gender-specific behavioral health care. Located on a serene tropical campus in West Palm Beach, we provide an integrated continuum of care—including medical detox, residential treatment, and mental health services—grounded in evidence-based therapies and a 12-Step immersion experience.

Dedicated to healthcare value and transparency, Hanley Center partners with self-insured employer groups through innovative direct contracting models. Our "Preferred Partner Rate" provides a transparent per diem structure that ensures predictable cost-containment and reduces billing variability. Designed for easy integration, our model requires no change to existing TPA carriers or workflows, allowing employers to offer high-quality, high-acuity care while maintaining strict fiscal oversight and administrative simplicity.

Please contact Samuel Bovard, Director of Community Relations at sbovard@hanleyfoundation.org if you want more information.

FlyteHealth is an integrated early cardio-kidney-metabolic (eCKM) care platform addressing obesity, prediabetes, type 2 diabetes, hypertension, and hyperlipidemia.

We deliver a single, risk-based clinical model that combines lifestyle intervention, multidisciplinary medical care, medication optimization, and long-term maintenance — replacing fragmented solutions and GLP-1-only approaches.

Designed for employers and health plans, FlyteHealth drives measurable outcomes, optimized Rx spend, and a clear path to ROI.

For questions, contact Pete Moen, VP Partnerships at Pete.Moen@flytehealth.com

We appreciate Affiliate Members *Cigna, Ethos Benefits, finHealth, Florida Blue, and WTW* for renewing their memberships with us!

Cigna is health benefits provider that advocates for better health through every stage of life. We guide our customers through the health care system, empowering them with the information and insight they need to improve their health and vitality.

Contact Osvaldo Guerra, Manager of Florida Government & Education at Osvaldo.Guerra@CignaHealthcare.com if you have any questions.

At Ethos Benefits, we bring transparency, fiduciary alignment, and financial clarity to an industry built on confusion. Our team helps employers design and manage high-value benefits plans without the bloated costs, fine print, or "just trust us" explanations. And we do not stop at strategy. We walk with you through every audit, every negotiation, every step toward a better system.

For questions, contact Donovan Ryckis, CEO, at Donovan@EthosBenefits.com

finHealth helps self-insured employers safeguard their healthcare dollars and address all forms of waste. Our real-time analytics reviews 100% of all claims enabling organizations to simplify and optimize their healthcare spend through cost transparency, deep understanding, benchmarking, and actionable insights. finHealth's innovative solution profiles your medical and pharmacy spend versus internal and external benchmarks, offers unparalleled access to your data, and delivers immediate measurable cost savings through powerful analytics and proprietary algorithms.

Contact Chris Chan, Chief Value Officer at cchan@finhealth.com for more information.

At Florida Blue, we are so much more than an insurer. We are your health partner, working to lower your costs, make your benefits easy to access, and providing you with a broad range of health services that include traditional medical care, mental well-being, preventive care, and so much more. As a policyholder-owned organization, we invest resources to keep health care costs lower and work hard to ensure as many people as possible have access to high-quality, affordable, and equitable care.

To get more information, please reach out to Nisha Brice, Sr. Corporate Social Responsibility Integrator at Nisha.Brice@bcbsfl.com

At WTW, we provide data-driven, insight-led solutions in the areas of people, risk, and capital. Leveraging the global view and local expertise of our colleagues serving 140 countries and markets, we help you sharpen your strategy, enhance organizational resilience, motivate your workforce, and maximize performance.

Learn more by contacting Alison Archer, Director of Health & Benefits, Alison.Archer@wtwco.com

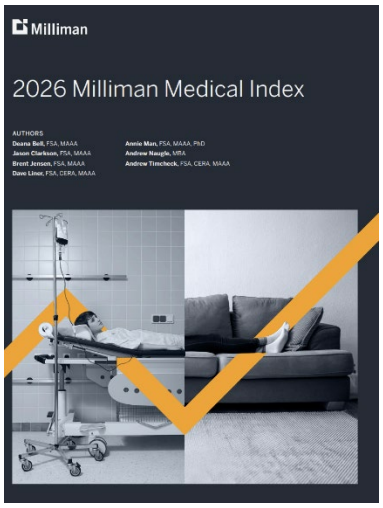
IN CASE YOU MISSED IT

Rising Healthcare Costs Continue to Challenge Employers – *Milliman report*

The 2026 Milliman Medical Index (MMI) reports that healthcare costs for a typical family of four covered by employer-sponsored insurance have reached **$37,824 annually**, while costs for the average covered individual rose to **$8,460** which is a **7.9% increase** from 2025 and the largest increase in more than a decade outside of pandemic-related fluctuations.

The report identifies **outpatient care and prescription drugs** as the primary drivers of rising costs, accounting for nearly 70% of the annual increase. Pharmacy spending grew by 14.8%, driven in part by expanding use of GLP-1 medications, while outpatient facility costs increased 7.5% as more services continue to shift to higher-cost outpatient settings.

The findings underscore the growing affordability challenges facing employers and employees alike. As healthcare spending continues to outpace inflation and wage growth, employers are increasingly focused on strategies that promote transparency, improve value, and address the underlying drivers of healthcare costs. Emerging issues such as GLP-1 coverage, pharmacy benefit manager reforms, and AI-enabled billing practices will be important trends to watch in the years ahead.



As affordability challenges continue to grow, the Florida Alliance remains focused on advancing transparency, accountability, and high-value care solutions that improve outcomes while helping employers and employees manage rising healthcare expenses.

To read the full 2026 Milliman Medical Index, click HERE.

Please contact Karen van Caulil at karen@flhealthvalue.org with any questions.

Study Finds Cash-Pay Pharmacies Can Lower Prescription Costs for Some Employees

A new study published in *Annals of Internal Medicine* found that commercially insured patients may save money by purchasing certain generic medications directly from cash-pay pharmacies such as Mark Cuban Cost Plus Drug Company rather than using their insurance benefits. Researchers found that when an employee's out-of-pocket cost for a generic prescription exceeded $15, direct purchasing was less expensive nearly 80% of the time. For prescriptions with more than $100 in cost-sharing, patients saved a median of $119 per prescription.

The findings highlight a growing challenge for employer-sponsored health plans as higher deductibles, coinsurance, and specialty drug cost-sharing leave some employees facing significant prescription expenses. While direct-to-consumer pharmacy models can provide substantial savings for certain medications, purchases made outside the health plan generally do not count toward an employee's deductible or annual out-of-pocket maximum.

For employers, the study underscores the importance of improving prescription drug transparency and helping employees identify the most affordable options at the point of prescribing. As pharmacy costs continue to rise, tools that compare health plans and cash-pay prices may offer opportunities to improve medication affordability and access.

Click HERE to view the article.

Please contact Ashley Tait-Dinger at ashley@flhealthvalue.org with any questions.

FLORIDA ALLIANCE RESOURCES

- 2026 Prevention Learning Series
- Pulse of the Purchaser Research Institute (PPRI)
- Mental Health Parity Compliance
- 340B Drug Pricing Program
- Direct Contracting
- Women's Health Employer Learning Collaborative
- Oncology Learning Collaborative
- Diabetes – Obesity Employer Learning Collaborative
- Mental Health/Substance Use Employer Learning Collaborative
- Enhanced Recovery After Surgery/Delivery Collaborative
- Expanding the Generosity of HSA-Eligible Health Plans
- Fair Hospital Price Initiative

We will also be sharing access to attendee materials from recent events, including:

- 33rd Annual Conference (May 13, 2026)
- 30th Annual "Best of the Best" (December 11, 2025)
- 32nd Annual Conference (May 1, 2025)