



At the intersection of business and health

January 2024



## Is it an employer's responsibility to coach their employees about good food and nutrition?

### What if doing so contributed to better mental health?

A growing body of evidence links the consumption of unhealthy and ultra-processed foods with an increase in mental health conditions like depression and anxiety. A [2022 study](#) found that the more ultra-processed foods a participant consumed, the more likely they were to report anxiety and depression. Other studies have linked poor diet to conditions like [ADHD](#) and [dementia](#).

This research has sparked a broader conversation around nutrition's impact on mental health and the risks of eating ultra-processed foods, which make up 57% of U.S. adults' diets and 67% of children and teens' diets. So is grabbing fast food for dinner a conscious decision to trade-off mental health? (Not likely).

Whose job is it to educate on good food and nutrition? We can all start by ramping up education and re-setting expectations with health care partners to provide a more integrated approach to 'food as medicine'. I.e., that food and diet play important roles in disease prevention and management.

### What food choices are in YOUR breakroom and vending machines?

Source: *MEDPAGEToday* by Anisha Patel-Dunn, DO January 16, 2024

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### 6 healthcare trends that will shape 2024, according to Business Group on Health

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## Medical Minute

### Drug Costs and Biosimilars: Is Your Plan Optimized To Reduce Cost?

The Collective belongs to a nationwide organization of self-funded employers called The National Alliance of Healthcare Purchaser Coalitions (NA). In 2023, NA conducted a survey to determine the main concerns of employers that sponsor health plans.

Of the 172 participating employers, 93% saw drug prices as a significant threat to plan affordability. This was even higher than "high cost claims" (88%) and hospital prices (83%), two previous top concerns. This makes sense as we're now seeing drug prices approaching 50% of the total medical spend, and in some cases, more than that.

While some non-specialty drugs almost always hit the top ten in cost (such as Eliquis & Farxiga), having just a handful of members on biologic drugs can be the equivalent of a predictable high-cost claim every month. And the majority of these drugs are still under patent, meaning there is no generic version at this time.

**Biosimilars are drugs developed to be close enough to the original biologic drug that substitution is possible. Some biosimilars can be substituted immediately; others require consent of the prescribing physician.**

Two factors impede a substitution: First, patient coupons that drastically reduce co-pays may remove price as an incentive for them to change. Second, some patients will hit their maximum out-of-pocket as quickly as the first dose in a plan year, providing little incentive to change from something that is giving good results.

**What can you do? Assure that your plan has a cogent, purposeful strategy and tactics to navigate members to biosimilars when those drugs and the situation are medically appropriate. Things to look for:**

- Is the plan intentional?

- Who has the responsibility to execute?
- Are your people with privacy clearance getting current reports on a regular basis?
- Is place-of-service optimal for biologics requiring infusion?
- Are you getting clear and accurate pricing that's not confused by opaque rebates that don't benefit the plan?

Email: [thecollective@okstate.edu](mailto:thecollective@okstate.edu) for a link to the NA 'Playbook on Biosimilars'

## Advocacy

### NEW DRAFT BILL TO REVEAL HEALTH CARE PRICES

#### Braun-Sanders Senate Health Care PRICE Transparency Act 2.0,

#### S. 3548 bill

The Health Care PRICE Transparency Act 2.0, introduced into the 118th congress, will finally introduce true transparency into health care pricing by requiring all negotiated rates and cash prices between plans and providers to be accessible. The bill requires actual prices for 300 shoppable services be published, with all services by 2025. To enforce these new transparency measures, the bill will increase maximum annual penalties to \$10,000,000.

#### The PRICE Transparency Act will do the following:

- **Provide group health plans the right to access, audit, and review claims encounter data.**
- **Impose data sharing standards.**
  - Require machine-readable files of all negotiated rates and cash prices between plans and providers, not estimates.
  - Expand price transparency requirements to clinical diagnostic labs, imaging centers, and ambulatory surgical centers.
  - Require pricing data standards including all billing codes for services.
  - Require actual prices for 300 shoppable services with all services by 2025.
  - Require attestation by executives that all prices are accurate and complete.
  - Increase maximum annual penalties to \$10,000,000 (includes specific minimum and maximum penalties according to number of hospital beds in the facility).
  - Prevent pre-emption of state price transparency laws, except for ERISA group health plans.
- **Codify the Transparency in Coverage (TIC) rule.**

SOURCE: Midwest Business Group on Health, a sister coalition in Chicago, IL

#### What is TROA?

An acronym for the [Treat and Reduce Obesity Act of 2023](#). This is a bi-partisan bill that has been reintroduced into the 118th congress to amend Title XVIII of the Social Security Act. This bill, (H.R. 4818), would expand Medicare coverage to include screening and treatment of obesity from a diverse range of healthcare providers who specialize in obesity

care. The bill would also include coverage of FDA-approved medications for chronic weight management (which assumes the newer GLP-1's).

#### Why employers should care

Though Medicare recipients will benefit directly from this bill, be aware that health insurance companies traditionally model their coverage plans after Medicare.

[TROA H.R. 4818](#)

[S 3548 Draft Bill](#)



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#### Our mailing address is:

The Oklahoma Business Collective on Health  
c/o OSU Center for Health Systems Innovation  
1111 W 17th Street  
Tulsa, OK 74104

Website: [drivinghealthvalue.org](http://drivinghealthvalue.org)

[thecollective@okstate.edu](mailto:thecollective@okstate.edu)

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