

# 2025 V-BID Center Advisory Board Meeting

---

March 11, 2025



# Webinar Logistics



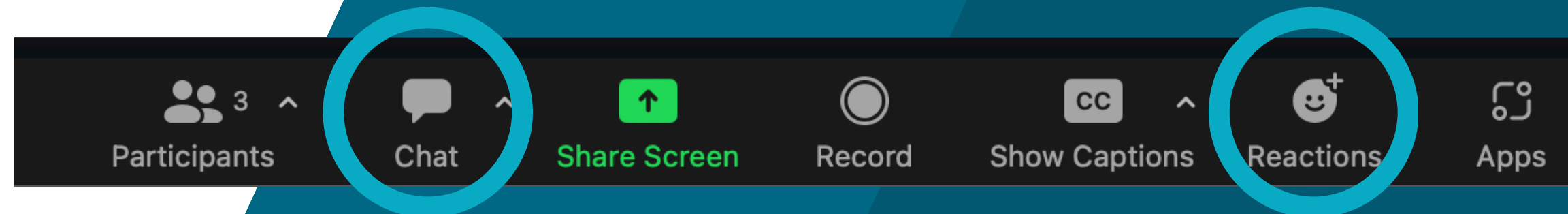
At this time, please:

- turn your microphone **off**
- turn your webcam **on**
- select “Active Camera” view from the view tab

We would like this meeting to be as interactive as possible.

When you would like to make a comment and/or ask a question, please **raise your hand** (under the “More” or “Reactions” tab) or submit via the **chat function**.

- Mark will do his best to call on members in the order that questions are submitted.
- When it is your turn to speak, please unmute yourself.



# Today's Agenda:



Welcome

---

New Member/New Role Introductions

---

Updates and accomplishments  
on key strategic initiatives:

- Legal Challenge to the ACA Preventive Care Mandate
- MA V-BID Unwinding
- Inflation Reduction Act
- Closing the Cancer Screening Coverage Gap
- HSA-HDHP Reform
- Low-Value Care

Center Communication Activities  
2025 Summit Information

---

Adjourn

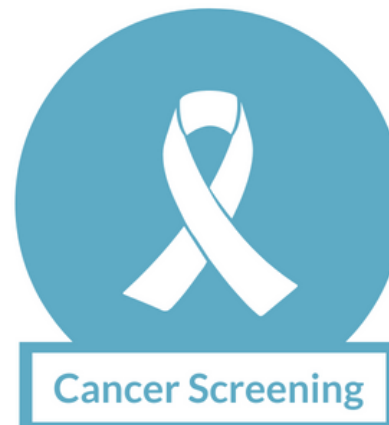
# OUR MISSION

Since its launch in 2005, the V-BID Center has collaborated with multiple stakeholders to identify, evaluate, and implement strategies that improve access to essential care, enhance equity, and improve the efficiency of the health care delivery system.



# STRATEGIC PLAN

To advance our mission, the Center is focusing on several strategic equity enhancing initiatives, including:



---

THANK YOU TO OUR SPONSORS!

---

Johnson & Johnson

abbvie



BETTER MEDICARE  
ALLIANCE

*Lilly*

EXACT  
SCIENCES



AJMC®



# INSPIRATION (STILL)



“ I can't believe you had to spend a million dollars to show that if you make people pay more for something, they will buy less of it. ”

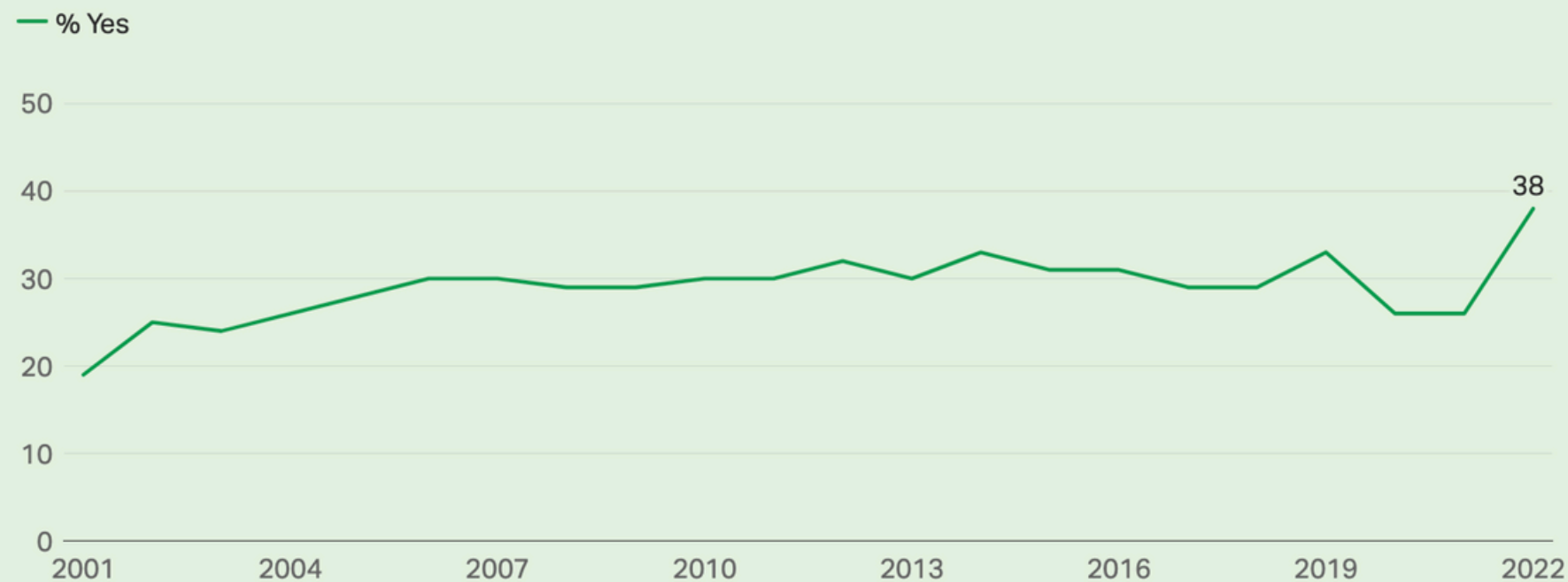
-Barbara Fendrick (my mother, 1934-2024)



# AMERICANS DO NOT CARE ABOUT WHAT HEALTH CARE COSTS; THEY CARE ABOUT **WHAT IT COSTS THEM**

## Record High in U.S. Putting Off Medical Treatment Due to Cost, 2001-2022

Within the last 12 months, have you or a member of your family put off any sort of medical treatment because of the cost you would have to pay?



[Get the data](#) • [Download image](#)

GALLUP

Health care costs are among the leading causes of:

- Personal debt
- On-line fundraisers
- Personal bankruptcy



EDITORIAL | [VOLUME 122, ISSUE 8, P699, AUGUST 2009](#)

[Download Full Issue](#)

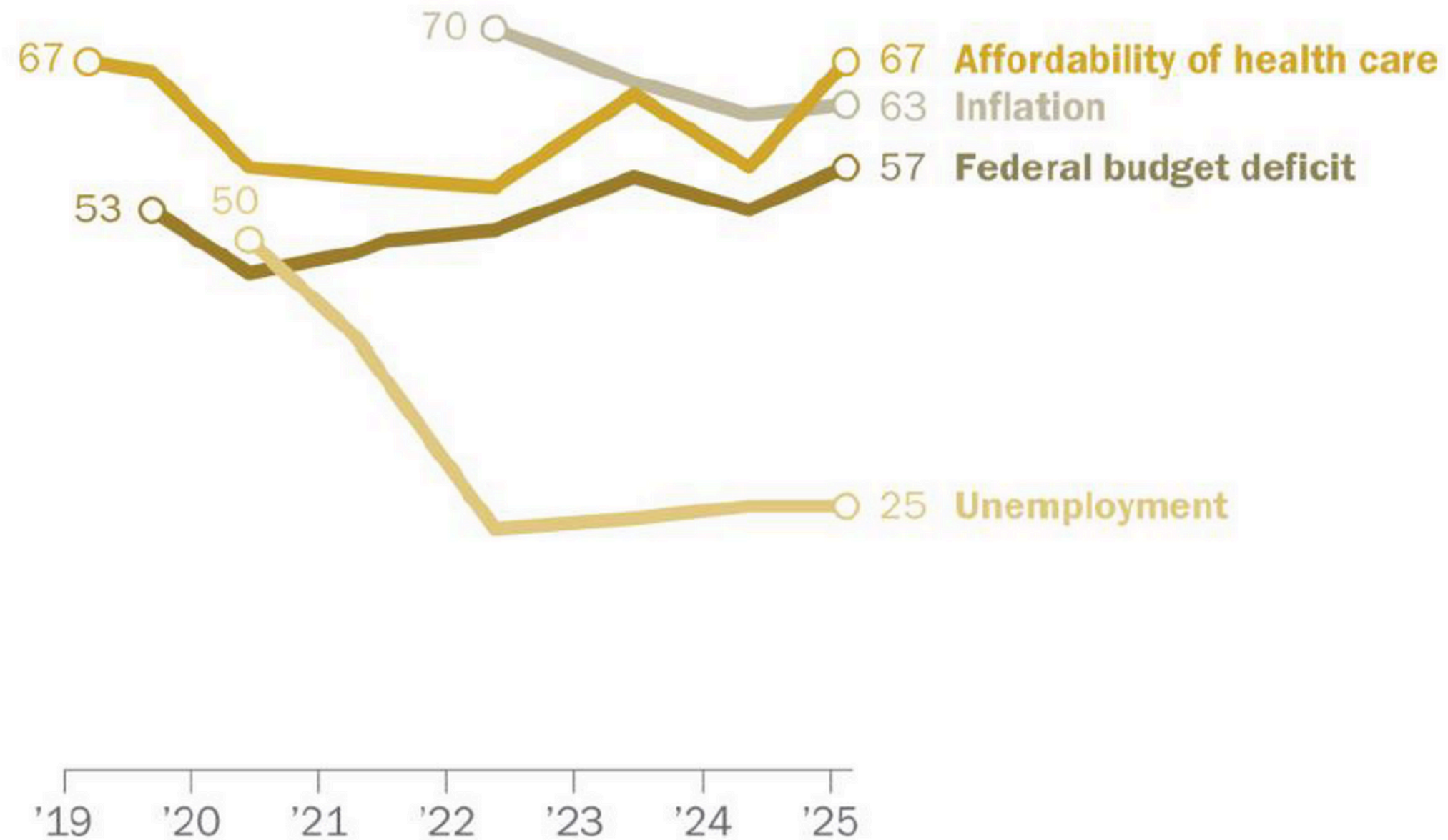
## Only in America: Bankruptcy Due to Health Care Costs

[James E. Dalen, MD, MPH](#)

# Health care costs, inflation and federal deficit are top concerns for public; unemployment remains low



*% who say each of the following is a **very big problem** for the country today*



Note: Refer to the topline for a full list of items and trends.  
Source: Survey of U.S. adults conducted Jan. 27-Feb. 2, 2025.

**PEW RESEARCH CENTER**

# DISCUSSION

# ACA PREVENTIVE CARE MANDATE





[Aging](#) · [Health Policy](#) · [Why This Matters](#)

# SCOTUS will hear case threatening no-cost preventive care

 Joseph Burns and Liz Seegert March 4, 2025

Share:     



[Home](#) / [Health Lab](#) / [A freeze, or a fix? Preventive care coverage at a crossroads](#)

## A freeze, or a fix? Preventive care coverage at a crossroads

The future of free preventive care and health screenings rests in the hands of judges and lawmakers – but for now, patients can keep getting them

March 4, 2025 7:35 AM

Author | [Kara Gavin](#) >

# ACA PREVENTIVE CARE MANDATE DISCUSSION



# V-BID IN MEDICARE





RELATED TOPICS:

MEDICARE ADVANTAGE | COSTS AND SPENDING | CHRONIC DISEASE | MEDICARE SAVINGS PROGRAMS  
| PAYMENT | COST SHARING | ACCESS TO CARE

# The End Of The MA Value-Based Insurance Design Model: What Next?

[Riya Doshi](#), [A. Mark Fendrick](#)

FEBRUARY 11, 2025

10.1377/forefront.20250207.262401



## Podcast



HEALTH AFFAIRS THIS WEEK

### Podcast: What's Happening with Value-Based Insurance Design? w/ Mark Fendrick

February 14, 2025



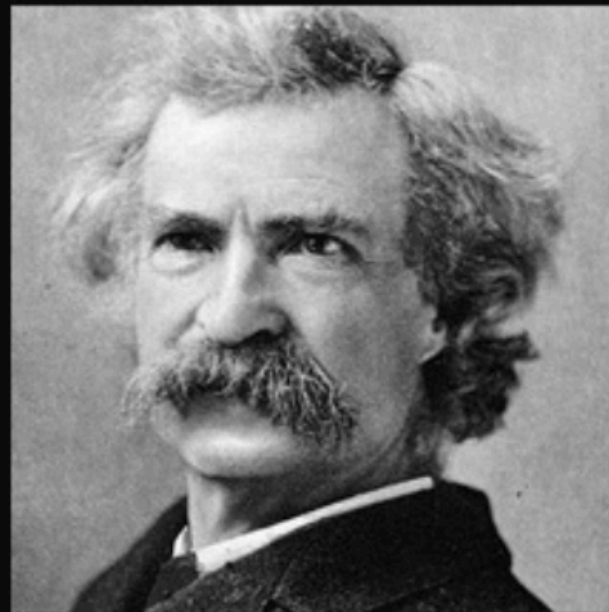


## R.I.P. VBID. IS MEDICARE ADVANTAGE ALONE OR WILL IT GO BEYOND?

ANALYSIS | BY [LAURA BEERMAN](#) | FEBRUARY 27, 2025

## R.I.P. VBID? (PART 2)

ANALYSIS | BY [LAURA BEERMAN](#) | MARCH 04, 2025



The report of my death was an exaggeration.

~ Mark Twain

# Medicare Two Dollar Drug List Model



The Medicare \$2 Drug List Model is a voluntary model under development that would test whether a simplified approach to offering low-cost, clinically important generic drugs can improve medication adherence, lead to better health outcomes, and improve satisfaction with the Part D prescription drug benefit for people with Medicare and prescribers. The model would aim to standardize cost sharing for low-cost generics through a new, easy-to-understand option for people with Medicare Part D enrolled in a participating plan and their health care providers.

Our analyses demonstrate that the implementation of the model would will lead to a 63% reduction in beneficiary spending for the selected sample of 101 drugs. However, because these products generally had lower co-payments, savings per beneficiary would be modest.

# V-BID IN MEDICARE DISCUSSION



# INFLATION REDUCTION ACT



# Inflation Reduction Act of 2022 Includes Several V-BID Elements

- Amends the Internal Revenue Code to create a safe-harbor allowing Health Savings Account-eligible plans to cover insulin prior to meeting the plan deductible
- Caps Medicare patients' out-of-pocket costs for insulin at \$35 per month
- Covers adult vaccines recommended by the Advisory Committee on Immunization Practices under Medicare Part D without cost-sharing
- Caps Medicare patients' out-of-pocket costs at \$2,000 per year, with the option to break that amount into affordable monthly payments



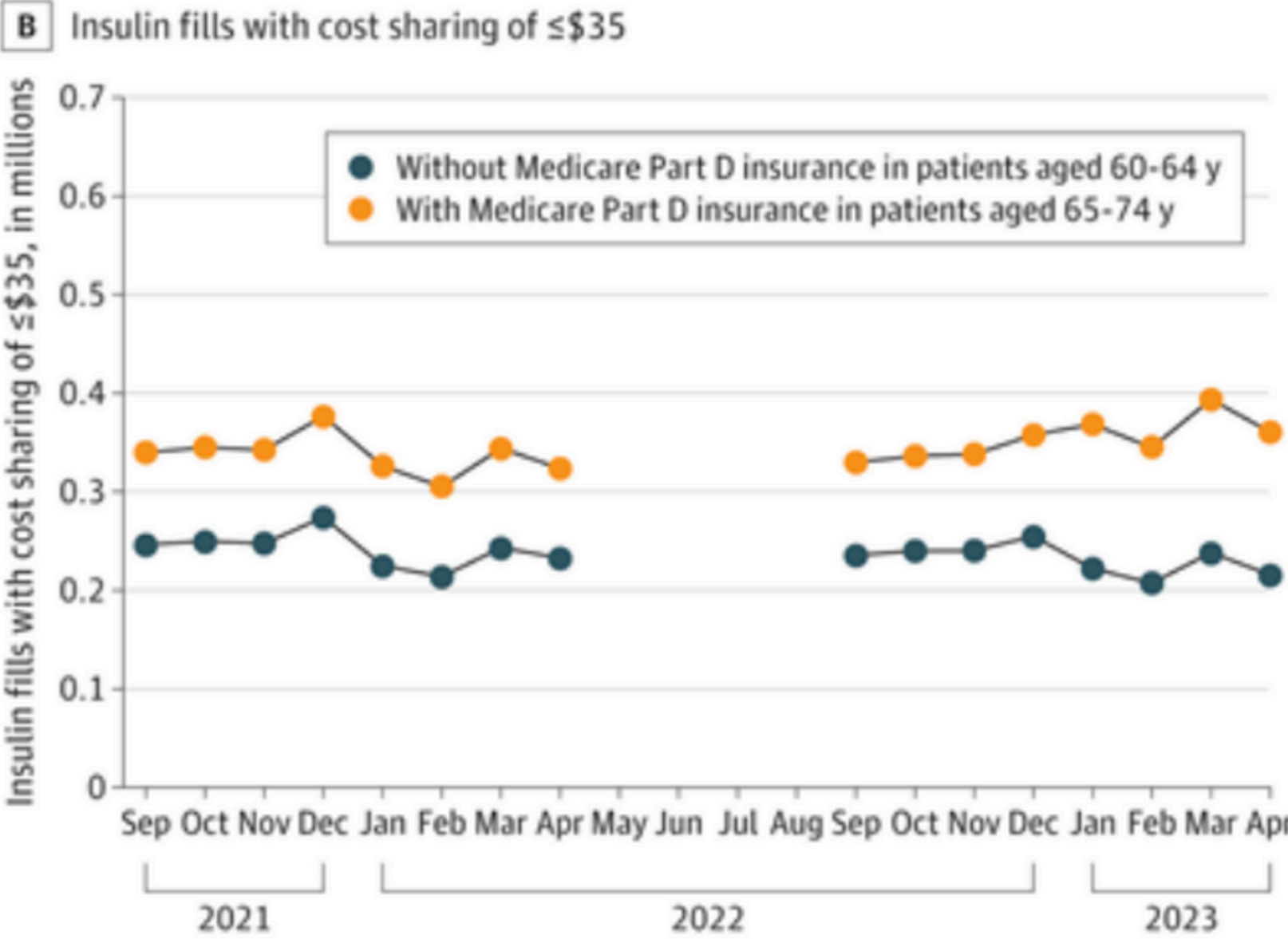
July 24, 2023

# Insulin Fills by Medicare Enrollees and Out-of-Pocket Caps Under the Inflation Reduction Act



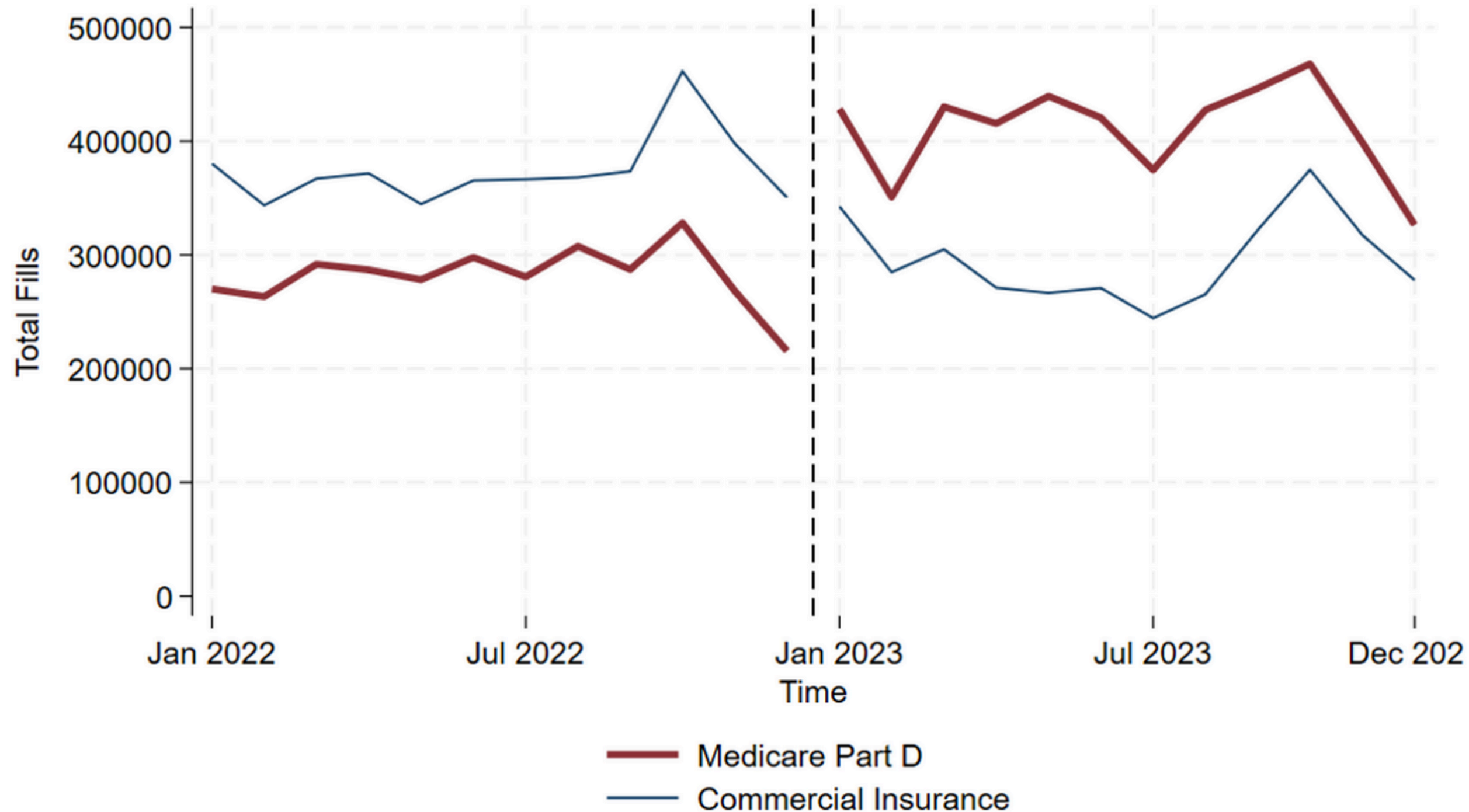
Rebecca Myerson, MPH, PhD<sup>1</sup>; Dima M. Qato, PharmD, MPH, PhD<sup>2</sup>; Dana P. Goldman, PhD<sup>3</sup>; John A. Romley, PhD<sup>3</sup>

While insulin fills increased among Medicare Part D enrollees after the cap, the number of fills for those without Medicare dropped during the same period.



Following the IRA implementation, Part D shingles vaccinations increased by 46% and decreased among commercial insurance over the same period

All Shingles Vaccine Fills<sup>b</sup>



## HEALTH AFFAIRS FOREFRONT

### RELATED TOPICS:

ACCESS TO CARE | FORMULARIES | PHARMACEUTICALS | PRESCRIPTION DRUGS  
| MEDICARE SAVINGS PROGRAMS | CANCER PATIENTS | OUT-OF-POCKET EXPENSES | PRIOR AUTHORIZATION  
| MEDICARE PART D | UTILIZATION MANAGEMENT



# Medicare Reforms Necessitate More Formulary Oversight

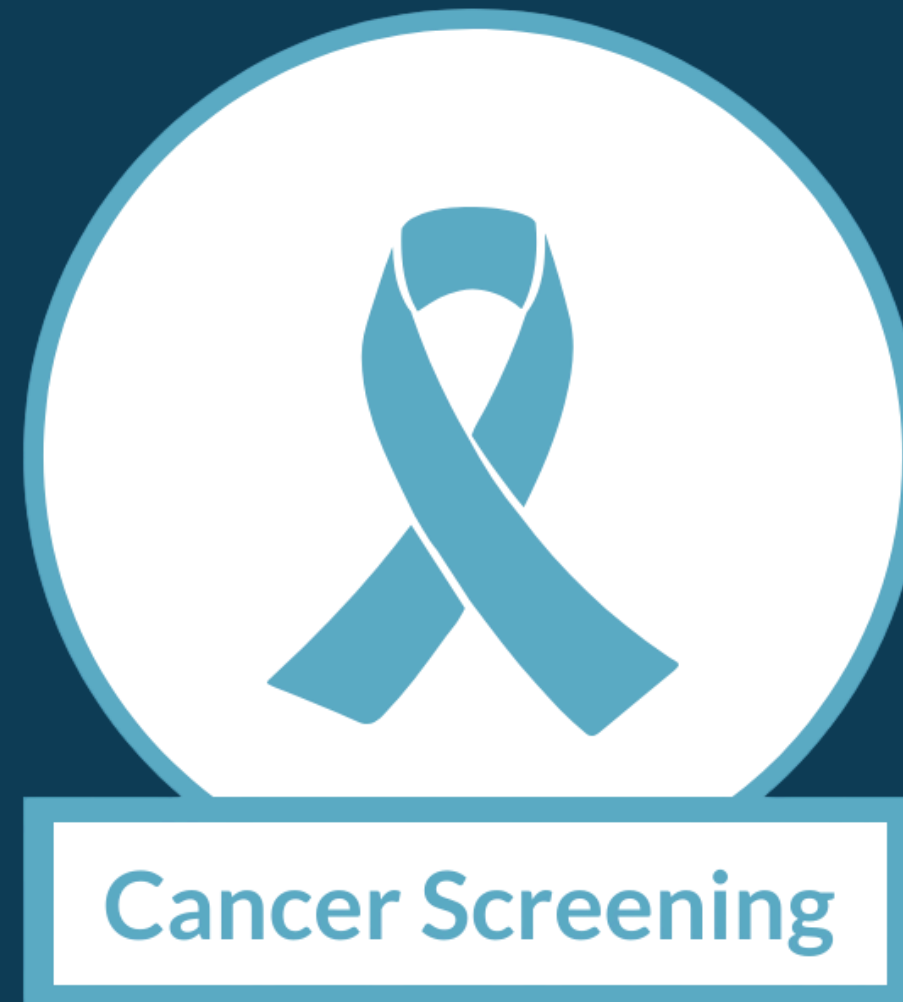
[A. Mark Fendrick](#), [Kirsten Axelsen](#)



# INFLATION REDUCTION ACT DISCUSSION



# CANCER SCREENING



# Your Free Cancer Screen Shows Trouble: What If You Can't Afford the Follow-Up?

New V-BID Center research shows that out-of-pocket costs are common and non-trivial for necessary follow-up testing after initial, abnormal no-cost cancer screening test.

- Breast<sup>1</sup>
- Cervical<sup>2</sup>
- Colorectal<sup>3</sup>
- Lung<sup>4</sup>

1. [JAMA Network Open. 2021;4\(8\):e2121347](#)

2. [Obstetrics & Gynecology. 2022;139\(1\): doi:10.1097/AOG.0000000000004582](#)

3. [JAMA Network Open. 2021;4\(12\): doi:10.1001/jamanetworkopen.2021.36798](#)

4. [JACR E-pub ahead of print. 2021.DOI:https://doi.org/10.1016/j.jacr.2021.09.015](#)

## Average out-of-pocket costs for tests after a free cancer screening

Colonoscopy after positive stool test result: **\$100**

Imaging & biopsy after suspicious mammogram: **\$152**

Biopsy after suspicious Pap smear or cervical exam: **\$155**

Follow-up tests after lung cancer screening CT scan: **\$424**

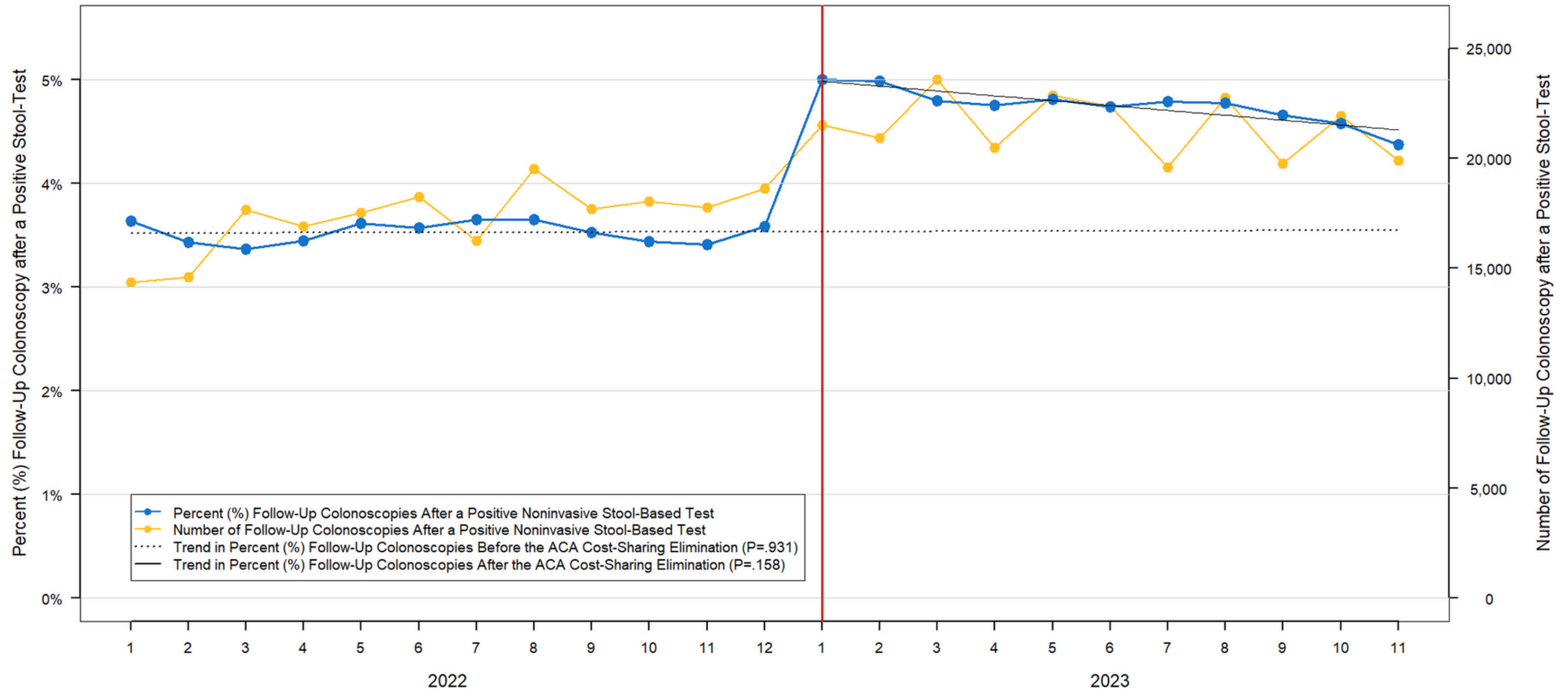
# **FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 51, FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION**

January 10, 2022

**Q7: Are plans and issuers required to cover, without the imposition of any cost sharing, a follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test (e.g., sigmoidoscopy, CT colonography)?**

Yes. A plan or issuer must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation. As stated in the May 18, 2021 USPSTF recommendation, the follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete.<sup>31</sup> The follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing in accordance with the requirements of PHS Act section 2713 and its implementing regulations.

# Impact of Cost-Sharing Elimination on Colonoscopy Utilization by Patients with a Positive Stool-Based Colorectal Cancer Screening Test



# American Cancer Society Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Testing

- It is the position of the ACS that cancer screening should be understood as a continuum of testing rather than a single screening test.
- Screening is a process that includes a recommended screening test and all follow-up tests described as diagnostic and judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer.
- These tests should be covered without any patient cost-sharing consistent with the 2022 FAQ specifying no patient cost-sharing for follow-up colonoscopy after a positive non-colonoscopy colorectal cancer screening examination.
- Insurers must cover and should not impose cost-sharing for these recommended examinations, regardless of the patient's designated risk.



## Redefining Cancer Screening Coverage—Screening to Diagnosis



Crystal D. Taylor, MD, MPH, MS<sup>1</sup>; A. Mark Fendrick, MD<sup>2</sup>; Lesly A. Dossett, MD, MPH<sup>1</sup>

## The Cost to Breathe: Eliminating Cost Sharing Associated with Lung Cancer Screening



 J'undra N. Pegues<sup>1,5</sup>, Erin E. Isenberg<sup>2,4,6</sup>, and A. Mark Fendrick<sup>3</sup>

## Eliminating Consumer Cost-Sharing for the Entire Prostate Cancer Screening Pathway



 Check for updates

A. Mark Fendrick

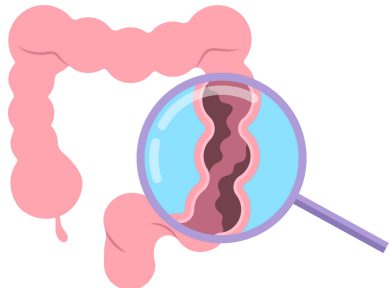

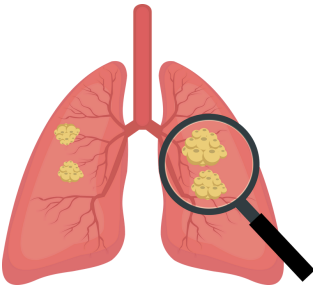
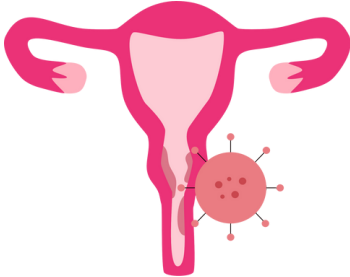
[Arnav Srivastava](#) and [A. Mark Fendrick](#)

## Coverage for the Entire Cervical Cancer Screening Process Without Cost-Sharing: Lessons From Colorectal Cancer Screening



Allison Ruff, MD, MPHE<sup>a,\*</sup>, Diane M. Harper, MD, MPH, MS<sup>b,c,d</sup>,  
Vanessa Dalton, MD<sup>c</sup>, A. Mark Fendrick, MD, MPH<sup>a</sup>

# First Dollar Coverage of the Entire Cancer Screening Continuum - 1 down, 4 to go

Cancer Type	Commercial Insurers	Medicare
	✓	✓
		
		
		



# CANCER SCREENING DISCUSSION



# HSA-HDHP REFORM





**Mark Cuban** ✓  
@mcuban



Want to know one of the biggest problems in healthcare? Deductibles.

Deductibles are defined by the plans the insurance companies design. Then they are approved to be offered by the feds or employers. Then we the people decide what deductible we want when we choose our plans.

Often we choose higher deductibles because we are healthy or because we can only afford the lowest premium plan.



# PRESS RELEASES

[Home](#) / [Media](#) / [Press Releases](#)

## House Passes Buchanan's Bill to Expand Coverage Options for Chronic Disease Treatment and Prevention

March 4, 2025

*Allows Employers Offering High Deductible Health Plans to Offer Pre-Deductible Coverage of 14 Chronic Healthcare Services*

# HSA-HDHP REFORM DISCUSSION



# LOW-VALUE CARE



# V-BID X: Creating A Value-Based Insurance Design Plan For The Exchange Market



Haley Richardson, Michael Budros, Michael E. Chernew, A. Mark Fendrick

JULY 15, 2019

10.1377/hblog20190714.437267

MAY 08, 2020 | MORE ON MEDICARE & MEDICAID

## CMS promotes value-based insurance design in final payment notice for 2021



Much of CMS's framework—including a list of high-value services that insurers could cover with little no impact on premiums but better care incentives—comes from the [University of Michigan's Center for Value-Based Insurance Design](#). The list includes a number of the same preventive care benefits that can be newly provided by a high-deductible health plan paired with a health savings account on a pre-deductible basis under [Treasury guidance](#) from July 2019.

---

### High Value Generic Drug Classes with Zero Cost Sharing

---

ACE inhibitors and ARBs  
Anti-depressants  
Antipsychotics  
Anti-resorptive therapy  
Antiretrovirals  
Antithrombotics/anticoagulants  
Beta blockers  
Buprenorphine-naloxone  
Glucose lowering agents  
Inhaled corticosteroids  
Naloxone  
Rheumatoid arthritis medications  
Statins  
Thyroid-related  
Tobacco cessation treatments

---

### High Value Branded Drug Classes with Reduced Cost Sharing

---

Anti-TNF (tumor necrosis factor)  
Hepatitis C direct-acting combination  
Pre-exposure prophylaxis for HIV (PrEP) <sup>1</sup>

---

### Specific Low Value Services Considered

---

Proton beam therapy for prostate cancer  
Spinal fusions  
Vertebroplasty and kyphoplasty  
Vitamin D testing

---

# LOW-VALUE CARE DISCUSSION





# COMMUNICATIONS



# OUTREACH



11.5K ListServ Contacts

+890 new contacts



19 V-BID Center newsletters

+15% newsletter engagement



670 Summit Webinar Registrants



74,000 Website Visits

Please Join us for our  
virtual V-BID Summit!



Tomorrow, March 12th  
12-4 PM ET



# VIRTUAL SUMMIT AGENDA

SESSION 1 | 12:05-1:25 PM ET

## SESSION 1 - HEALTH CARE VISION FOR THE SECOND TRUMP ADMINISTRATION



**STEPHANIE CARLTON**

Acting Administrator  
CMS

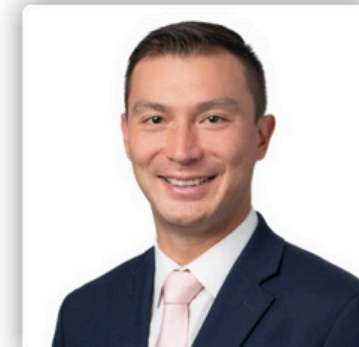
SESSION 2 | 12:25-1:00 PM ET

## SESSION 2 - HEALTH POLICY PRIORITIES IN THE 119TH CONGRESS AND SECOND TRUMP ADMINISTRATION



**JIM PARKER**

Strategic Advisor  
JTP Advisors



**NICHOLAS UEHLECKE**

Principal  
Todd Strategies

SESSION 3 | 1:00-1:45 PM ET

## SESSION 3: FIRESIDE CHAT WITH MICHAEL CHERNEW



**MICHAEL CHERNEW**

Director  
Harvard Medical School

SESSION 4 | 2:00-2:45 PM ET

## SESSION 4: 20 YEARS PURSUING VALUE-BASED CARE: STAKEHOLDER PERSPECTIVES



**ADAM BECK**

Senior Vice President, Commercial  
Product & Employer Policy  
AHIP



**ANDREW CHASIN**

Vice President,  
Government Affairs  
Blue Shield of California



**SILAS MARTIN**

Head,  
Access & Policy Research  
Johnson & Johnson

SESSION 5 | 2:45-3:30 PM ET

## SESSION 5: 20 YEARS PURSUING VALUE-BASED CARE: PROMISES AND CHALLENGES



**DAVID MIRKIN**

Principal, Physician Healthcare  
Management Consultant  
Milliman



**JASON SPANGLER**

President & CEO  
Center for Innovation & Value  
Research



**ALAN WEIL**

Senior Vice President, Public  
Policy and Director  
AARP

---

THANK YOU TO OUR SPONSORS!

---

Johnson & Johnson

abbvie



BETTER MEDICARE  
ALLIANCE

*Lilly*

EXACT  
SCIENCES



AJMC®

