Healthcare Briefing
to
Guam Chamber of Commerce
2-26-25

By: Frank Campillo, MHP
President & CEO
Calvo's SelectCare Insurance, Inc

Briefing Outline

- Introduction
- Global trends
- U.S. trends and cost
- Guam healthcare status
- New Hospital
- Q&A

Global Trends

Key trends and Changes

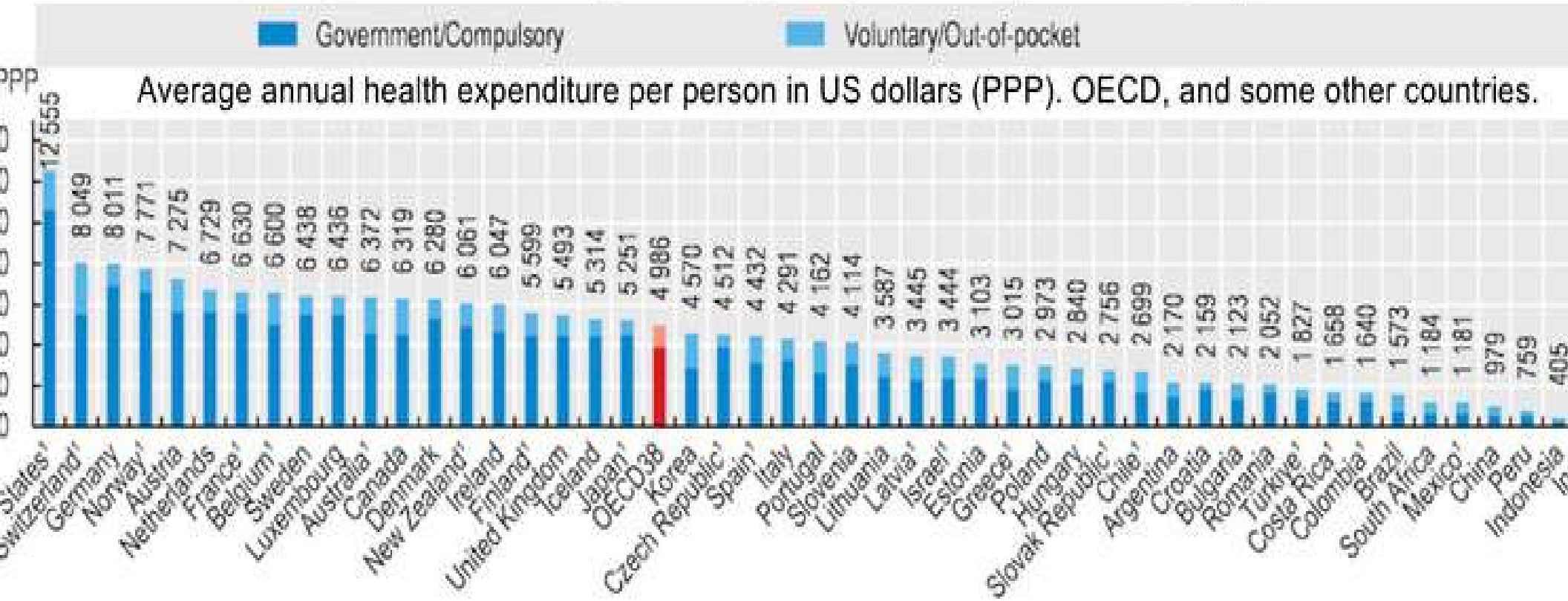
- **Increased Global healthcare spending:** 10.3% of global GDP over USD 10 Trillion. Growing at 3.9% CAGR
- **Trends in U.S. Costs Remain Highest**: The U.S. continues to lead in healthcare expenditure with over USD $5 Trillion or 17.5% of GDP. NHE growth (5.6 percent) is projected to outpace average GDP growth (4.3 percent), resulting in an increase in the health spending share of GDP from 17.3 percent in 2022 to 19.7 percent in 2032
- **Increased Prescription Drug Expenditures**: This segment continues outpace other healthcare areas with over 1.5 Trillion USD globally and over 723 Billion the USA alone. For instance, the cost of insulin (Lantus) in the U.S. remains high at **$412**, while Greece offers the same medication for **$55**.
- **More Digital and AI integration**: AI powered diagnostics and predictive analytics. Some U.S. outpatient costs, such as imaging and endoscopy, have shown minor shifts toward the mid-range of global pricing. However, the U.S. still sees elevated costs for advanced diagnostic procedures compared to most countries.
- **Increased Used of GLP-1 Drugs:** Drugs including Ozempic – Wagovy used to treat type 2 diabetes are becoming more popular on weight management and escalation healthcare cost globally.
- **Expanding Generic and Biosimilar Markets**: Wider adoption of generics and biosimilars has started to reduce costs in Europe and Australia, although high-priced biologics remain a challenge in the U.S.
- **Centralized Price Negotiations to Reduce Costs**: Medicare emulating what Countries such as Spain and Australia have in place to control costs, especially for pharmaceuticals.
- **Outpatient Efficiency**: Health systems continue shifting routine treatments to outpatient settings, relieving pressure on hospitals, and improving cost efficiencies

Global Trends

Key trends and Changes

- **Delays in medical care:** The world has not been able to get caught up with the accumulated delays in medical care since the pandemic
- **Shortage of healthcare professionals in U.S.:** pandemic caused burnt out on the medical profession and still not backfilling needs
- **Personalized Precision Medicine:** genomic targeted therapies in cancer and rare diseases.
- **Increased use of Telemedicine:** Telemedicine became more acceptable during the pandemic and is now growing at double digits annually in usage and expenditures.
- **Increased used of wearable devices:** Apple watch and similar wearables continue to gather more popularity for healthcare related use.
- **Increased incidents and expenditure in mental health:** Trends in mental health across the globe continue to escalate. In 2024, disparities in mental health outcomes will cost $477.5 billion from expenditures related to chronic health conditions, emergency department overutilization, productivity loss and premature death, researchers estimated

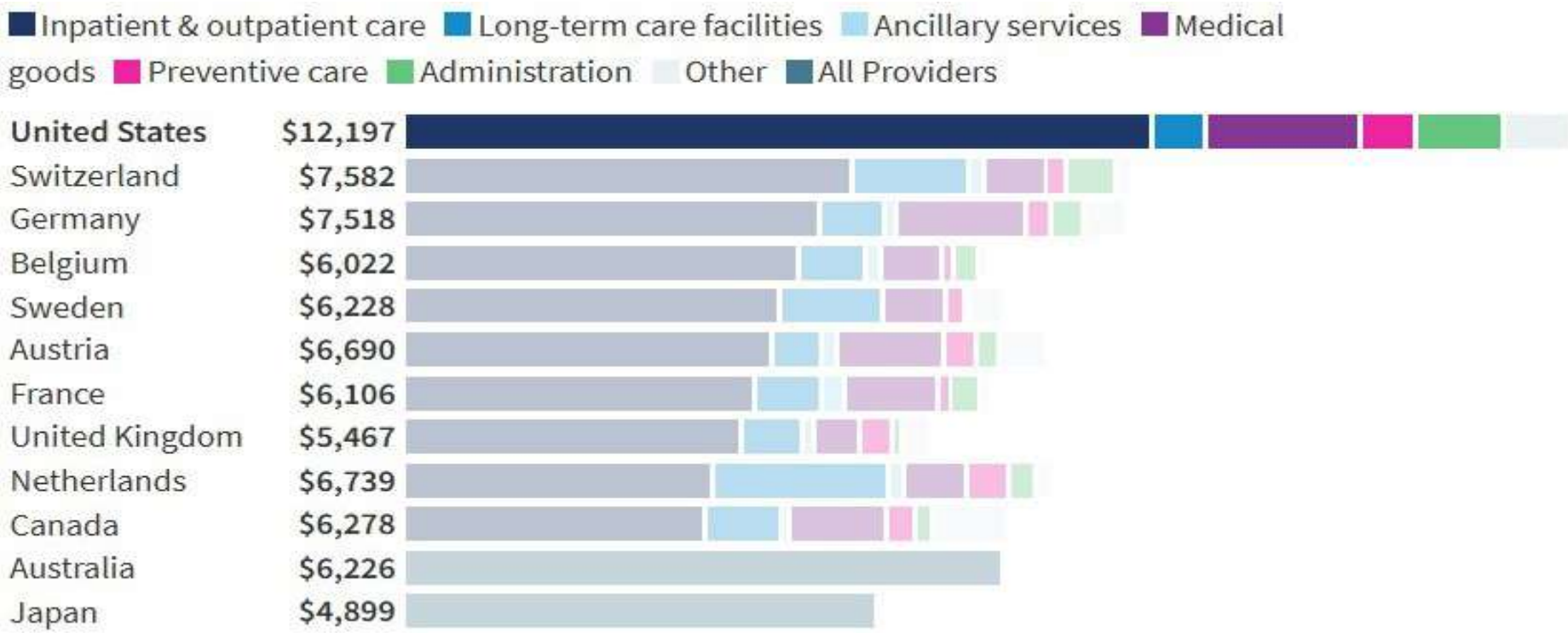
Health expenditure per capita, 2022 (or nearest year)



OECD estimates.

ource: OECD Health Statistics 2023; WHO Global Health Expenditure Database.

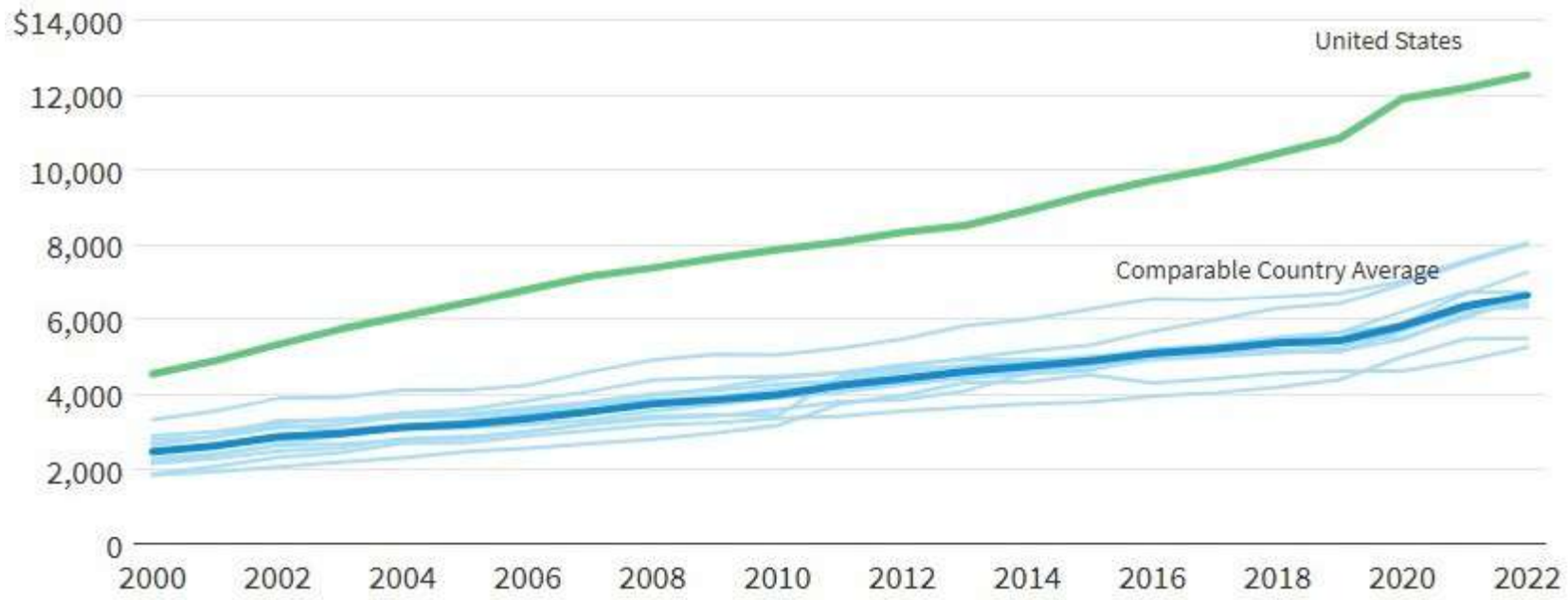
Comparative Health Spending per Capita, U.S. Dollars, 2021



ce: *Organisation for Economic Co-operation and Development*

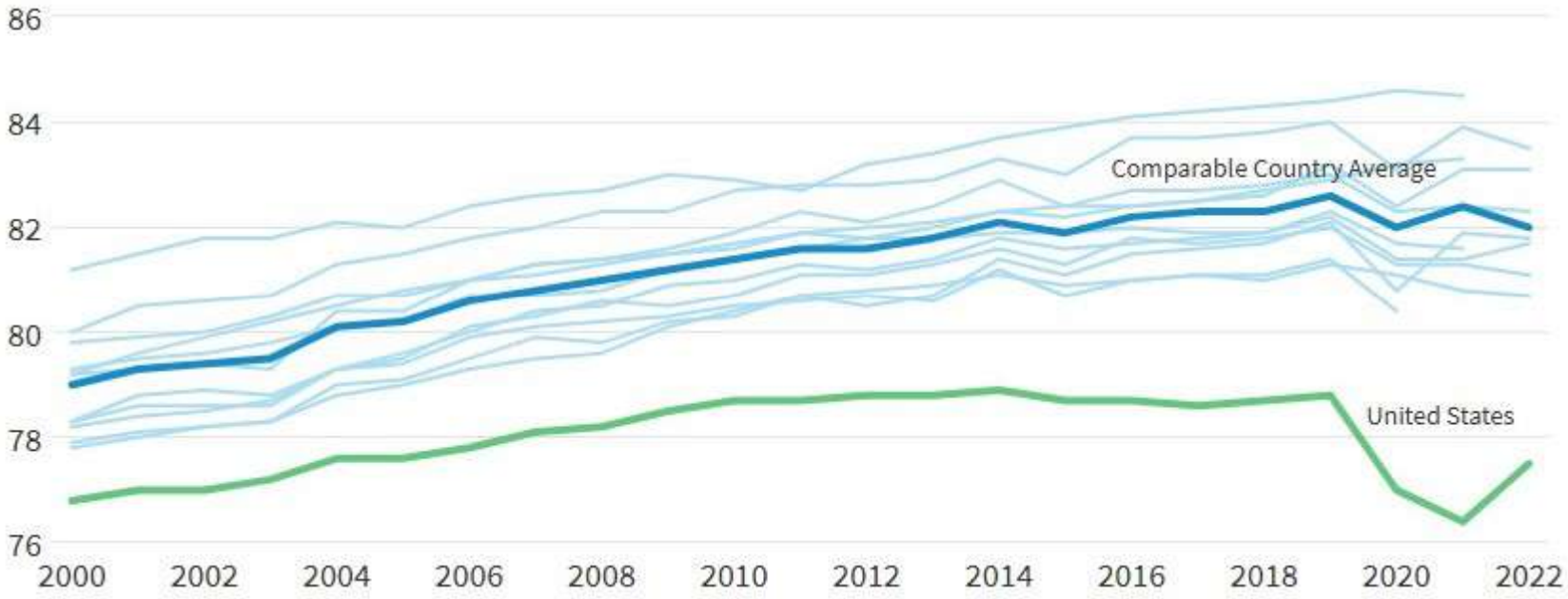
Guam GDP as of 2022 was 6.91B – Estimated Health Expenditures around 1.2B or 17.4%

Total Health Spending Per Capita, U.S. and Peer Nations, 2000-2022



ce: *Organisation for Economic Co-operation and Development*

Total Life Expectancy at Birth, U.S. and Peer Nations, 2000-2022



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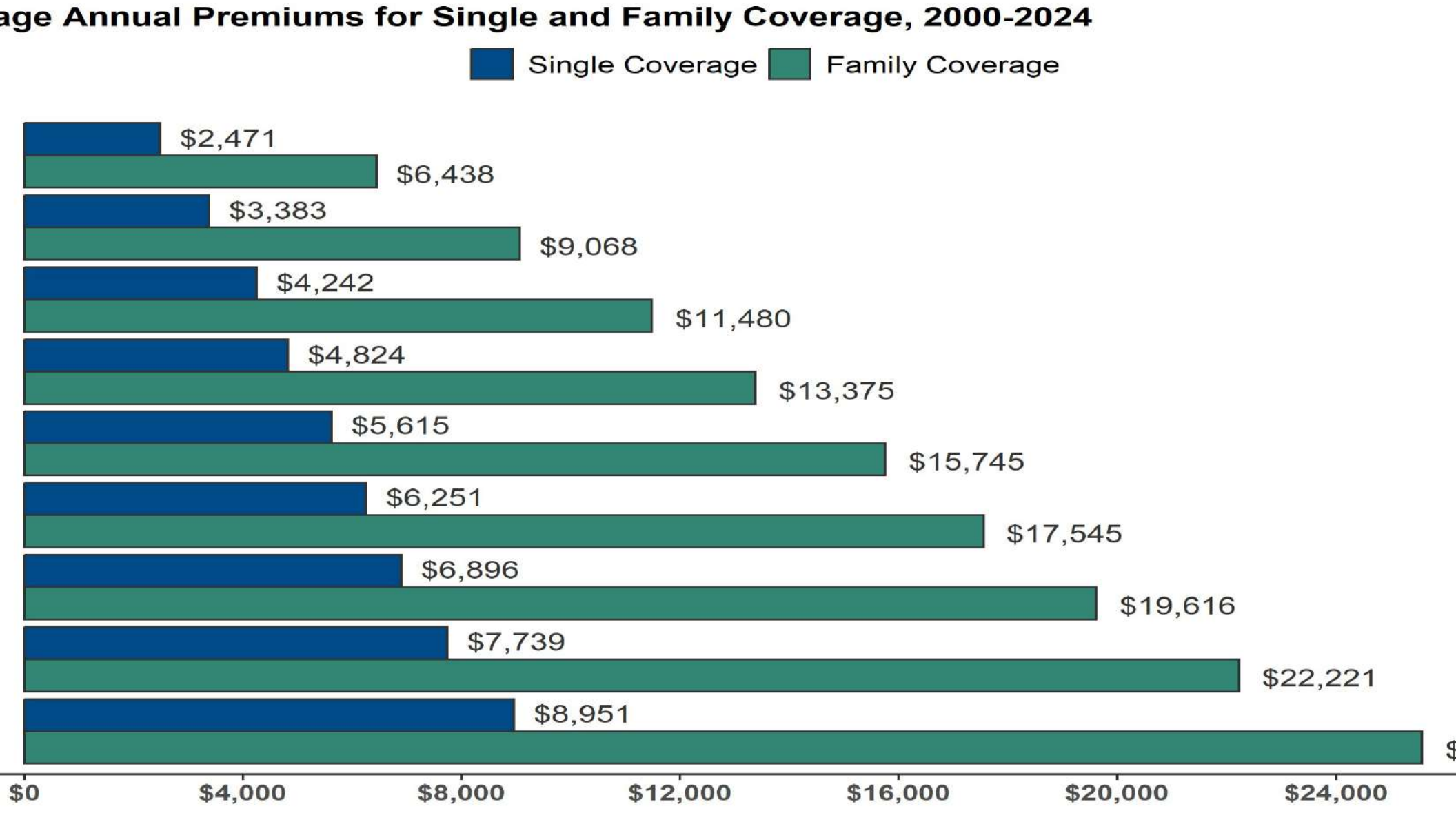
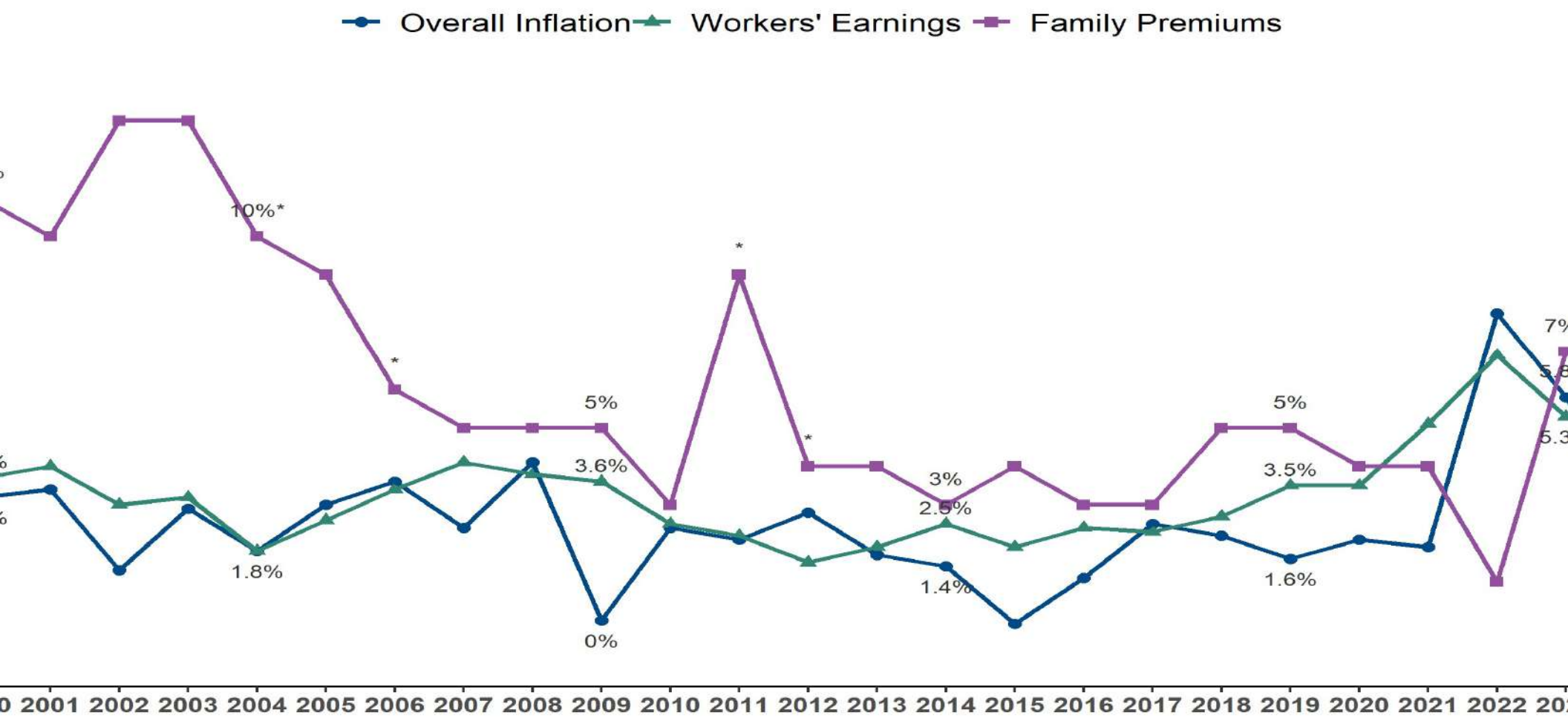


: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2000-2017

K

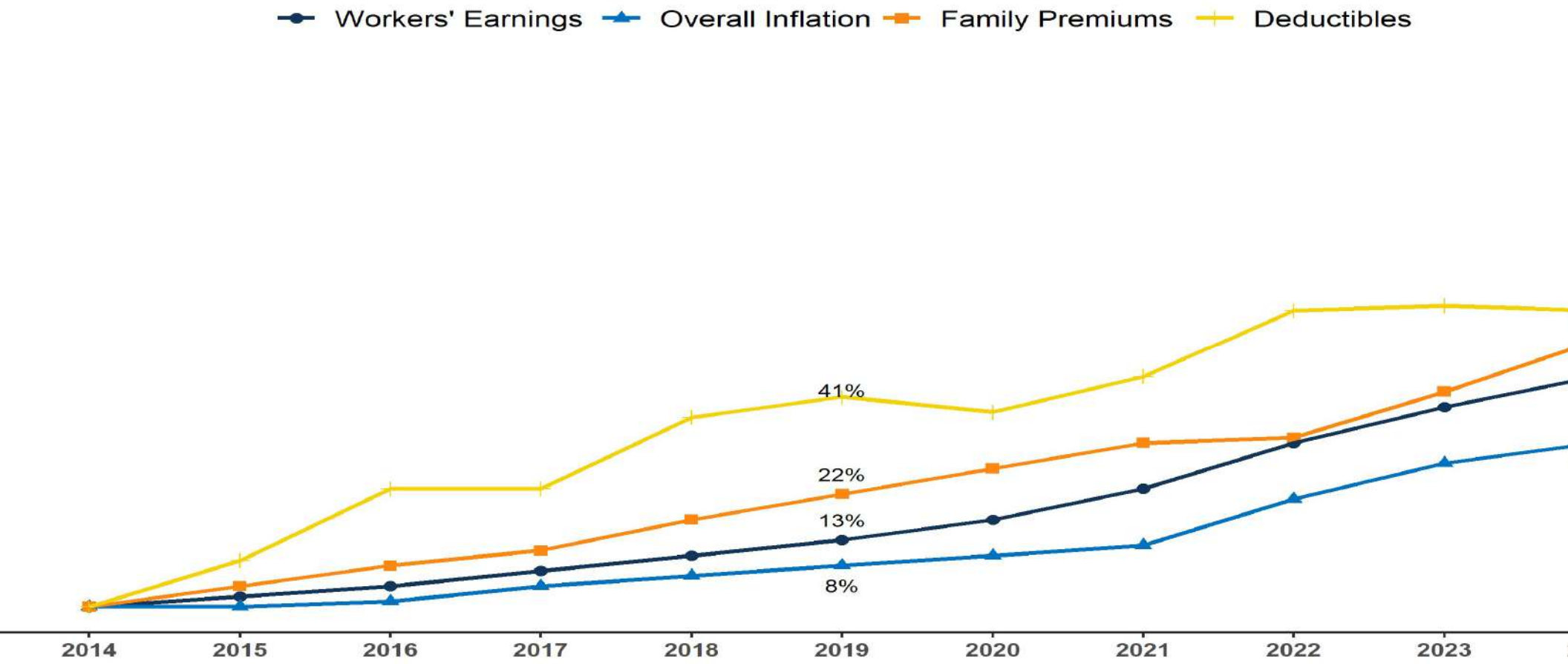
age Annual Increases in Premiums for Family Coverage Compared to Other Indicators, -2024



Premiums Estimate is statistically different from estimate for the previous year shown (p < .05).

KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017. Bureau of Labo
Consumer Price Index, U.S. City Average of Annual Inflation, 1999-2024; Bureau of Labor Statistics, Seasonally Adjusted Data from the
mployment Statistics Survey, 1999-2024.

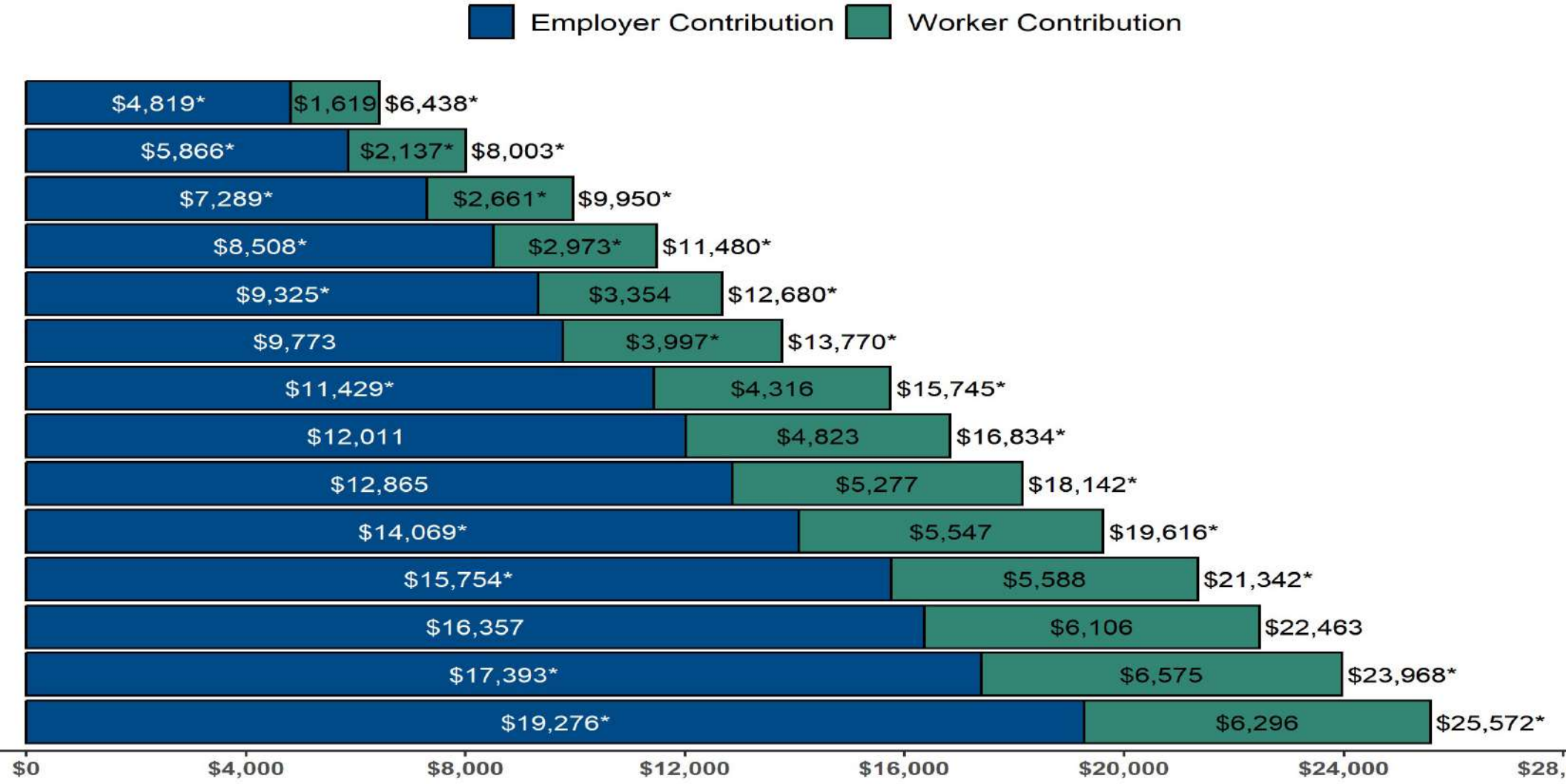
ulative Increases in Family Coverage Premiums, General Annual Deductibles, Inflation, Workers' Earnings, 2014-2024



verage general annual deductibles are for single coverage and are among all covered workers. Workers in plans without a general annual e for in-network services are assigned a value of zero.

E: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014-2017. Bureau of Labo , Consumer Price Index, U.S. City Average of Annual Inflation, 2014-2024; Bureau of Labor Statistics, Seasonally Adjusted Data from the Employment Statistics Survey, 2014-2024.

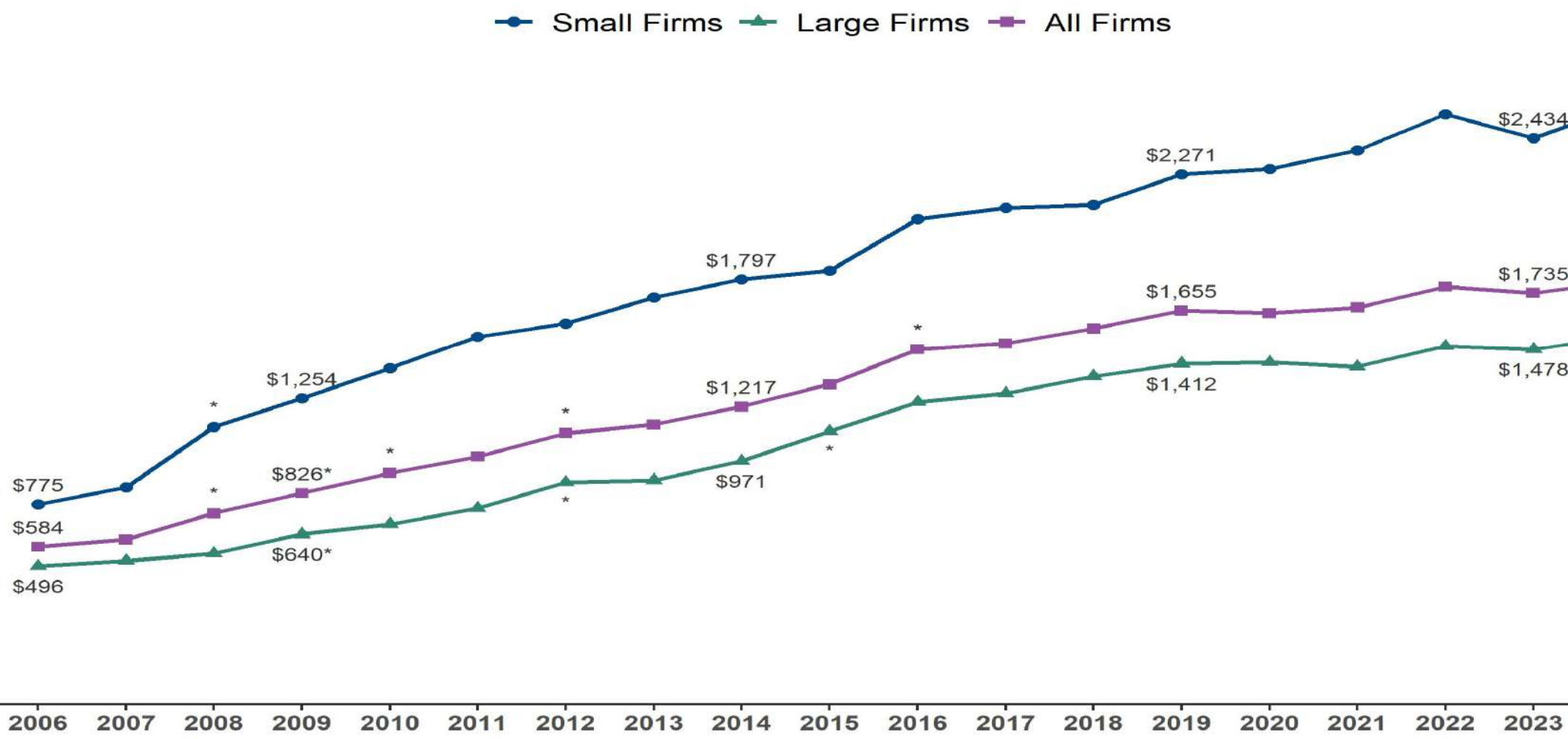
age Annual Worker and Employer Contributions to Premiums and Total Premiums for ly Coverage, 1999-2024



e is statistically different from estimate for the previous year shown ($p < .05$).

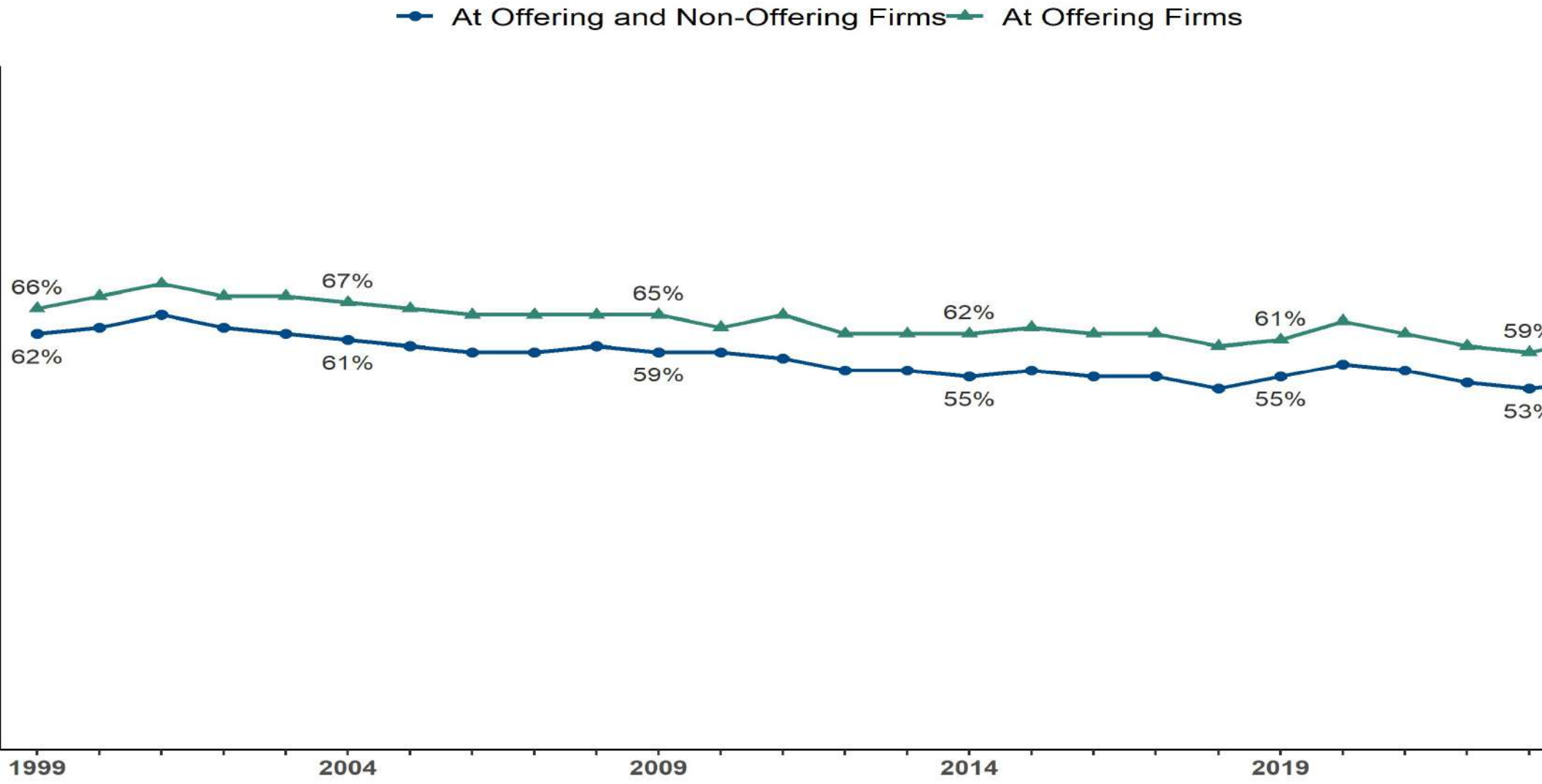
: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

ong Covered Workers Who Face a Deductible for Single Coverage, Average General Annu
uctible for Single Coverage, by Firm Size, 2006-2024



te is statistically different from estimate for the previous year shown ($p < .05$).
Small Firms have 3-199 workers and Large Firms have 200 or more workers. Average general annual deductibles are for in-network providers.
E: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017

entage of Workers Covered by Their Firm's Health Benefits, 1999-2024

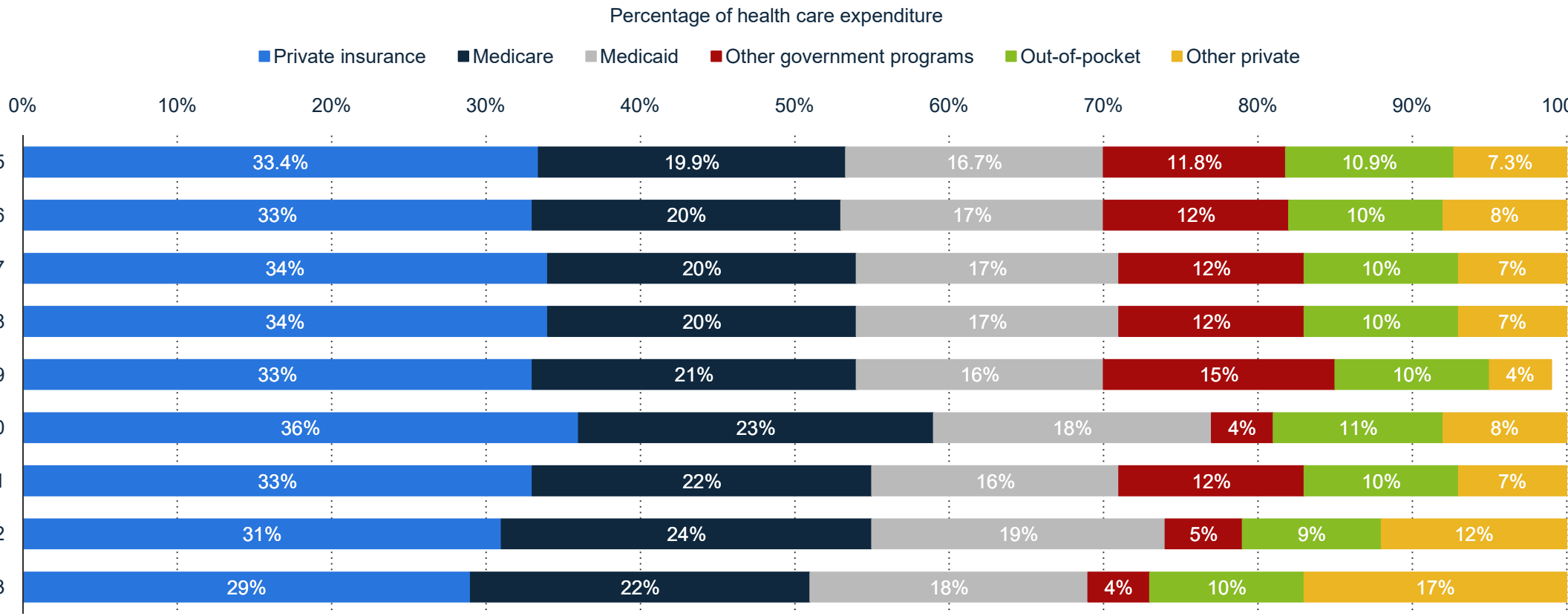


nd no statistical difference from estimate for the previous year shown (p < .05).

E: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

stribution of U.S. health care expenditure from 2015 to 2023, by payer

S. health care expenditure distribution by payer 2015-2023



Note(s): United States; financial years 2015 to 2023

Further information regarding this statistic can be found on page 8.

Source(s): US Department of the Treasury; CMS; ID 237043

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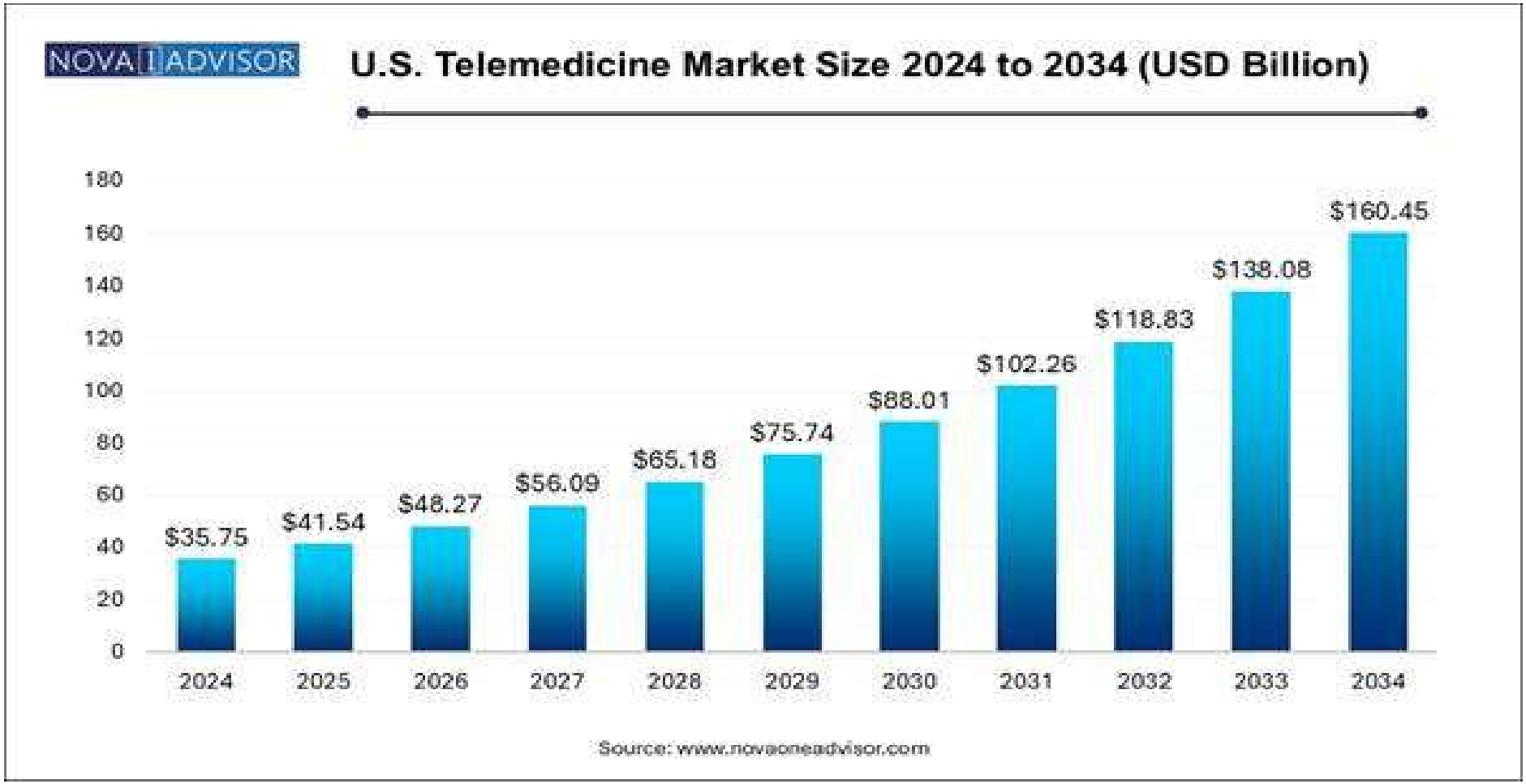

NOVA ADVISOR
U.S. Telemedicine Market Size 2024 to 2034 (USD Billion)
180
160
140
120
100
80
60
40
20
0
$35.75
$41.54
$48.27
$56.09
$65.18
$75.74
$88.01
$102.26
$118.83
$138.08
$160.45
2024
2025
2026
2027
2028
2029
2030
2031
2032
2033
2034
Source: www.novaoneadvisor.com

uam Healthcare system

Guam Health System

- 3 hospitals (GMH-GRMC-Navy)
- About 90 clinics – including allied and dental
- 70 - not including allied and dental
- 12 total number of medical providers
- 30 pharmacies
- Support a population of around 160K people

Top Five Health Conditions Affecting Guam

Heart Disease: The leading cause of death on the island, accounting for a significant percentage of fatalities.

Cancer: Another major health concern, with various types of cancer affecting the population.

Diabetes: A prevalent condition that has become a normal part of life for many families.

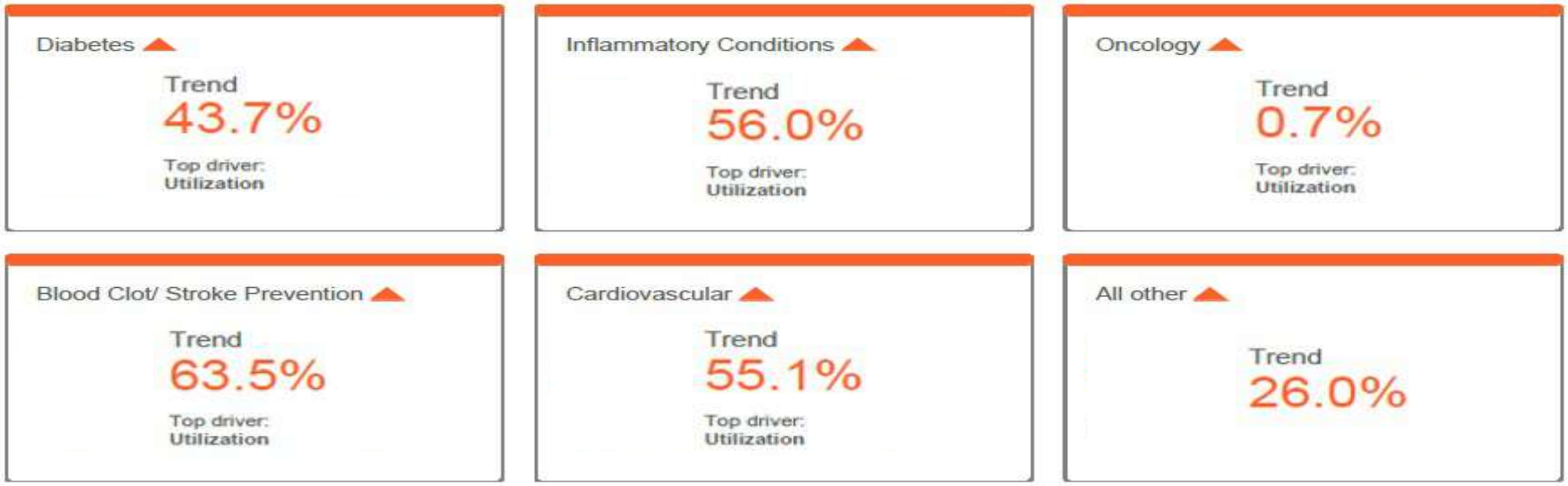
Hypertension: High blood pressure is a common issue, often linked to other chronic diseases.

Obesity: A significant risk factor for many other health conditions, including diabetes and heart disease.

Calvo's All LOB - Top 5 Disease States

Top 5 disease states account for 76% of total Plan Paid

- Diabetes accounts for 46.5% of total plan paid, with trend driven by Utilization. JARDIANCE was the top drug
- Inflammatory Conditions accounts for 10.2% of total plan paid, with trend driven by Utilization. ENBREL was the top drug



Calvo's All LOB – Top 5 Disease States (Traditional)

Top 5 disease states account for 84% of traditional Plan Paid

- Diabetes accounts for 61.7% of traditional plan paid with JARDIANCE as the top drug
- Blood Clot/ Stroke Prevention accounts for 7.8% of the traditional plan paid with ELIQUIS as the top drug



Calvo's All LOB – Top 5 Therapy Classes

Traditional

Cu	Pv	Bench	Therapy class	Disease state
1	1	3	SGLT-2 Inhibitors & Combos	Diabetes
2	2	1	GLP-1 Receptor Agonists	Diabetes
3	3	15	DPP-4 Inhibitors & Combos	Diabetes
4	5	6	Oral Anticoagulants	Blood Clot/ Stroke Prevention
5	6	11	Diabetes Monitoring and Testing Supplies	Diabetic Supplies

Specialty

Cu	Pv	Bench	Therapy class	Disease state
1	2	1	Chronic Inflammatory Disease	Inflammatory Conditions
2	1	2	Oncology	Oncology
3	3	6	Antihemophilic Products	Blood Disorders
4	5	17	Hepatitis C	Hepatitis
5	8	22	Osteoporosis Agents	Osteoporosis

Calvo's All LOB – Top 5 Drugs

Traditional

Cu	Pv	Bench	Drug name	Therapy class
1	1	4	JARDIANCE	SGLT-2 Inhibitors & Combos
2	2	7	TRULICITY	GLP-1 Receptor Agonists
3	3	19	JANUVIA	DPP-4 Inhibitors & Combos
4	8	1	OZEMPIC	GLP-1 Receptor Agonists
5	5	6	ELIQUIS	Oral Anticoagulants

Specialty

Cu	Pv	Bench	Drug name	Therapy class
1	2	198	NUWIQ	Antihemophilic Products
2	1	26	ENBREL	Chronic Inflammatory Disease
3	3	1	HUMIRA PEN	Chronic Inflammatory Disease
4	7	15	REVLIMID	Oncology
5	5	7	ENBREL SURECLICK	Chronic Inflammatory Disease

Guam CPI (All Items) per quarter - last 5 years

Calendar Year	Q1	Q2	Q3	Q4	Annual Average	Average Annual Percent Change
2020	133.5	134.9	132.9	134.2	133.9	1.7%
2021	135.8	137.8	140.9	141.3	139.0	3.8%
2022	143.7	147.9	151.1	156.8	149.9	7.9%
2023	163.6	164.3	161.1	162.6	162.9	8.7%
2024	164.0	171.1	171.4		168.8	3.6%

Source: https://bsp.guam.gov/CPI/

Guam Medical CPI per quarter last 5 years

Calendar Year	Q1	Q2	Q3	Q4	Annual Average	Average Annual Percent Change
2020	179.3	181.2	185.2	188.0	183.4	3.9%
2021	189.4	193.7	193.7	199.4	194.1	5.8%
2022	200.4	203.9	203.9	214.6	205.7	6.0%
2023	229.2	229.2	229.2	235.4	230.8	12.2%
2024	236.6	267.9	267.9		257.5	11.6%

Q4 2024 Data is not yet available.

Source: https://bsp.guam.gov/CPI/

Average Commercial Premiums for the past 5 years

Calendar Year	Annual Average Premiums	Annual Average Premiums Percent Change
2020	$311.90	4.3%
2021	$330.50	6.0%
2022	$358.20	8.4%
2023	$382.20	6.7%
2024	$403.70	5.6%

ew Government Hospital

INDIVIDUAL HOSPITAL STATISTICS FOR GUAM

Statistics by State › Guam

Statistics for non-federal, short-term, acute care hospitals.
Data are based on each hospital's most recent cost report and other sources / Definitions

Hospital Name	City	Staffed Beds	Total Discharges	Patient Days	Gross Patient Revenue
Guam Memorial Hospital Authority	Oka Tamuning	201	8,675	42,979	$244,936
Guam Regional Medical City	Dededo	120	5,098	40,794	$437,600
Naval Hospital Guam	Agana Heights	0	0	0	$0
TOTAL		**321**	**13,773**	**83,773**	**$682,536**

Source: https://www.ahd.com/states/hospital_GU.html

Inpatient Utilization Statistics by Medical Services - GRMC

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	300	6.22	$36,053	1.1694
Cardiovascular Surgery	15	3.87	$53,829	2.7347
Medicine	584	7.04	$40,405	1.2782
Neurology	143	9.86	$57,574	1.2709
Neurosurgery	22	25.86	$147,806	4.3556
Oncology	16	7.19	$51,717	1.4214
Orthopedic Surgery	108	13.47	$81,359	2.6693
Orthopedics	50	12.86	$58,992	1.2306
Pulmonology	359	8.94	$59,623	1.3101
Surgery	110	15.07	$98,338	3.5349
Urology	134	7.60	$38,272	1.0802
Vascular Surgery	29	11.72	$80,341	3.5411
Total	1,874	8.79	$52,927	1.5483

Source: https://www.ahd.com/free_profile.php?hcfa_id=d7d35bbe01796abe471523f374eeb04a&ek=22a12ab62dc02ce36bd0a12bb0e9143e

Beds and Patient Days by Unit - GRMC

	Available Beds	Inpatient Days
HOSPITAL (including swing beds)		
Routine Services	107	36,813
Special Care	13	3,981
Nursery		0
Total Hospital	120	40,794

Source: https://www.ahd.com/free_profile.php?hcfa_id=d7d35bbe01796abe471523f374eeb04a&ek=22a12ab62dc02ce36bd0a12bb0e9143e

Inpatient Utilization Statistics by Medical Services - GMH

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	281	5.13	$21,771	1.1200
Cardiovascular Surgery	35	7.00	$58,142	2.6578
Medicine	304	7.53	$28,474	1.1978
Neurology	51	7.49	$25,108	1.1989
Oncology	15	16.20	$46,666	1.3284
Orthopedic Surgery	46	15.61	$58,309	2.8060
Orthopedics	36	11.67	$30,752	1.2690
Pulmonology	220	7.09	$34,888	1.3397
Surgery	117	16.41	$79,839	3.7003
Urology	133	7.29	$31,983	1.3499
Vascular Surgery	16	11.94	$66,026	2.6201
Total	1,266	8.25	$35,658	1.5796

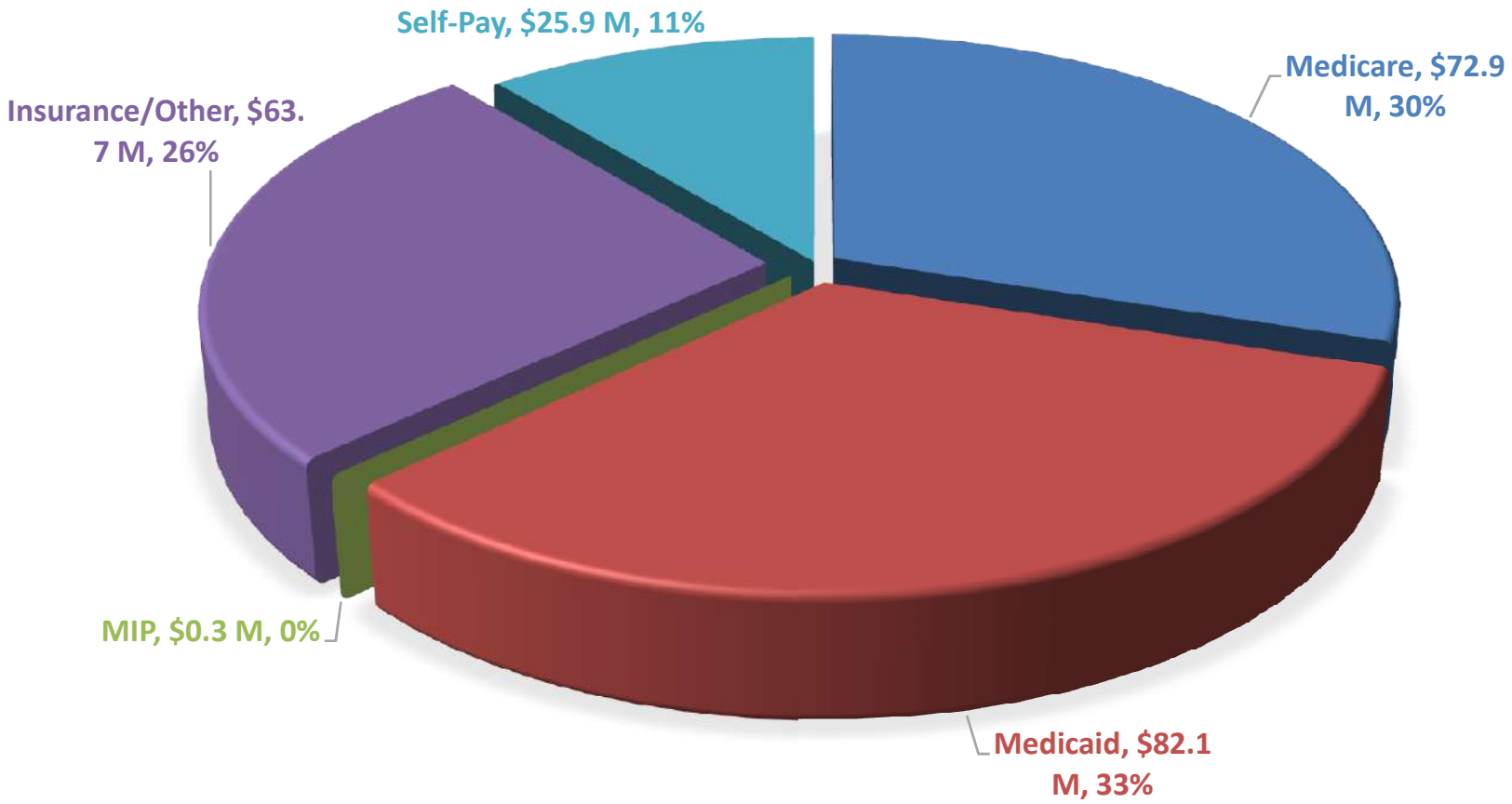
Source: https://www.ahd.com/free_profile.php?hcfa_id=0dd5e974f06e90874e1182255c9c6f04&ek=d92e7a82852d858a0fa7278615ca6ce3

Beds and Patient Days by Unit - GMH

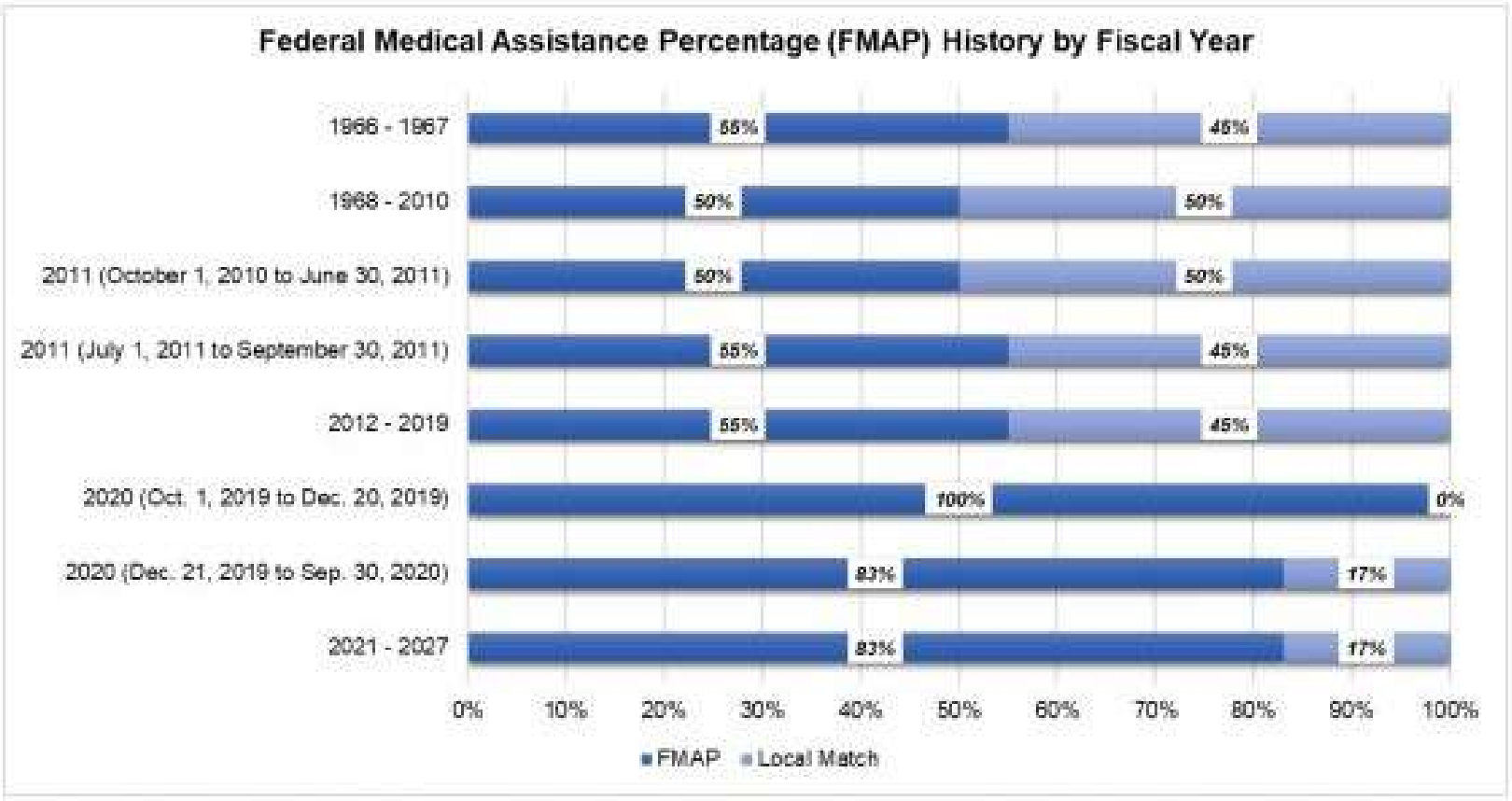
	Available Beds	Inpatient Days
HOSPITAL (including swing beds)		
Routine Services	138	31,407
Special Care	23	6,705
Nursery		4,867
Total Hospital	201	47,807

Source: https://www.ahd.com/free_profile.php?hcfa_id=0dd5e974f06e90874e1182255c9c6f04&ek=d92e7a82852d858a0fa7278615ca6ce3

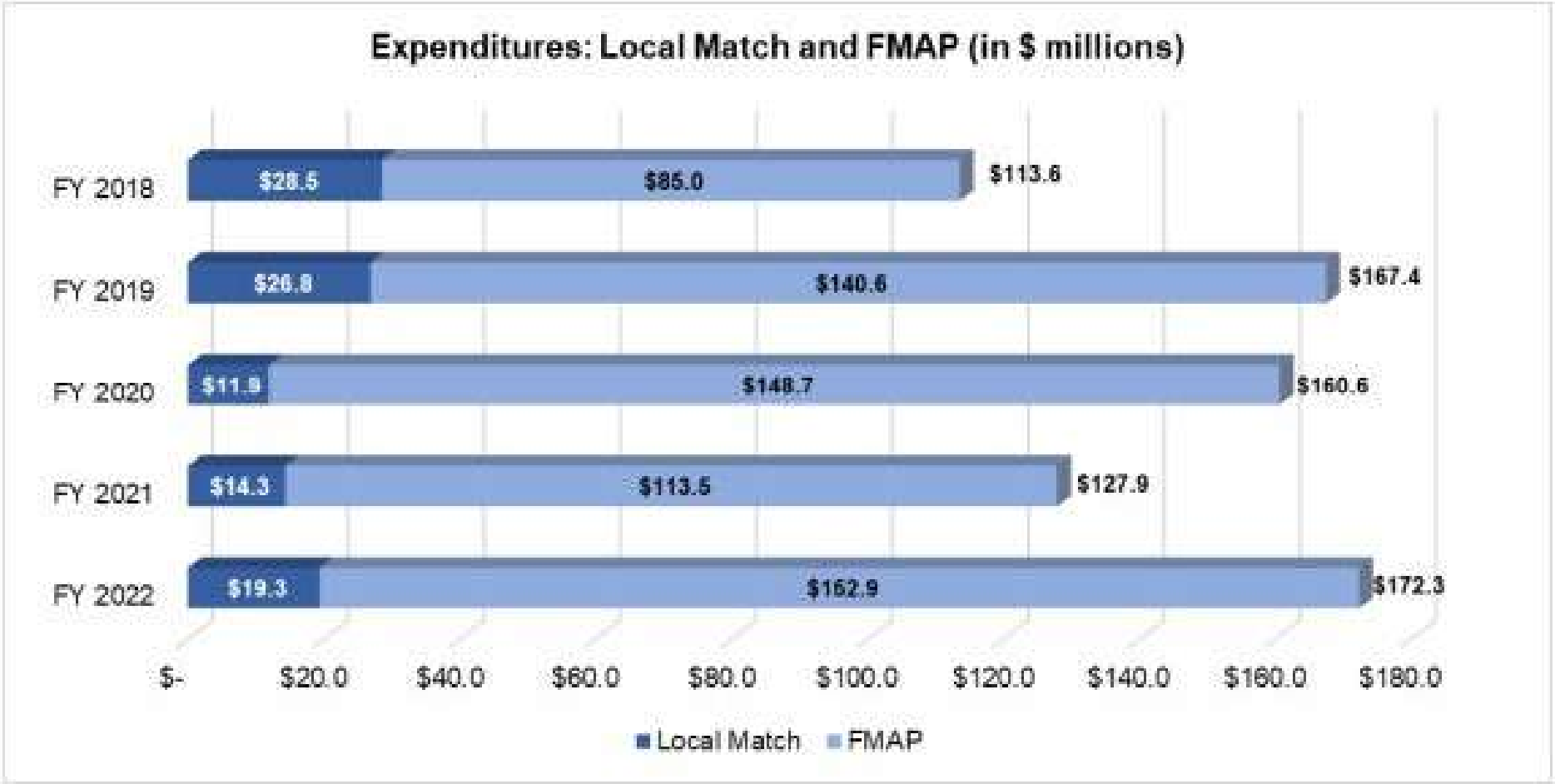
PAYER'S MIX GMHA 2023



ource: 2023 E&Y audit Report



urce: Congressional Research Service



urce: Congressional Research Service

Where do we go from here with the new hospital?

Pipeline Updates



Selected generic launches through 3Q 2025

23 US Sales

lockbuster drug
3 in annual U.S. sales)

Brilinta (ticagrelor): Thrombotic events **$1.3B**

Aptiom (eslicarbazepine): Seizures

Fycompa (perampanel): Seizures

Tasigna (nilotinib): Leukemia **$1.2B**

1Q:2025 | **2Q:2025** | **3Q:2025**

Auryxia (ferric citrate)†: Kidney disease

Xarelto (rivaroxaban)*: Thrombotic events *(2.5 mg dose only)*

Isentress (raltegravir)†: HIV-1 infection

Bosulif (bosutinib): Leukemia

Jynarque (tolvaptan)†: Kidney disease **$1.5B**

Ravicti (glycerol phenylbutyrate)†: Urea cycle disorders

Entresto (sacubitril/valsartan): Heart failure

Promacta (eltrombopag)†: Thrombocytopenia

tions outlined have 2024 & 2025 utilization by Calvo's members.

† Generic has 180-days of exclusivity

- Xarelto 2.5 mg has potential to launch in 2025; 10 mg, 15 mg, and 20 mg likely won't launch until 2027
- HIV = Human immunodeficiency virus

Brilinta (ticagrelor) by AstraZeneca

enerics possible in May 2025

a accounted for $1.3 billion in ales in 2023

c information

titive launch with 3+ generic manufacturers
e generic launch in May 2025

ed indications

uce the risk of CV death, MI, and stroke in patients
acute coronary syndrome or a history of MI

uce the risk of a first MI or stroke in patients with
onary artery disease at high risk for such events

uce the risk of stroke in patients with acute ischemic
ke or high-risk transient ischemic attack

ility

60 mg, 90 mg

Optum Rx Book of Business)

Optum Rx formulary status

Brilinta was last reviewed by the Optum Rx P&T Committee in December 2020.

P&T decision: Essential drug

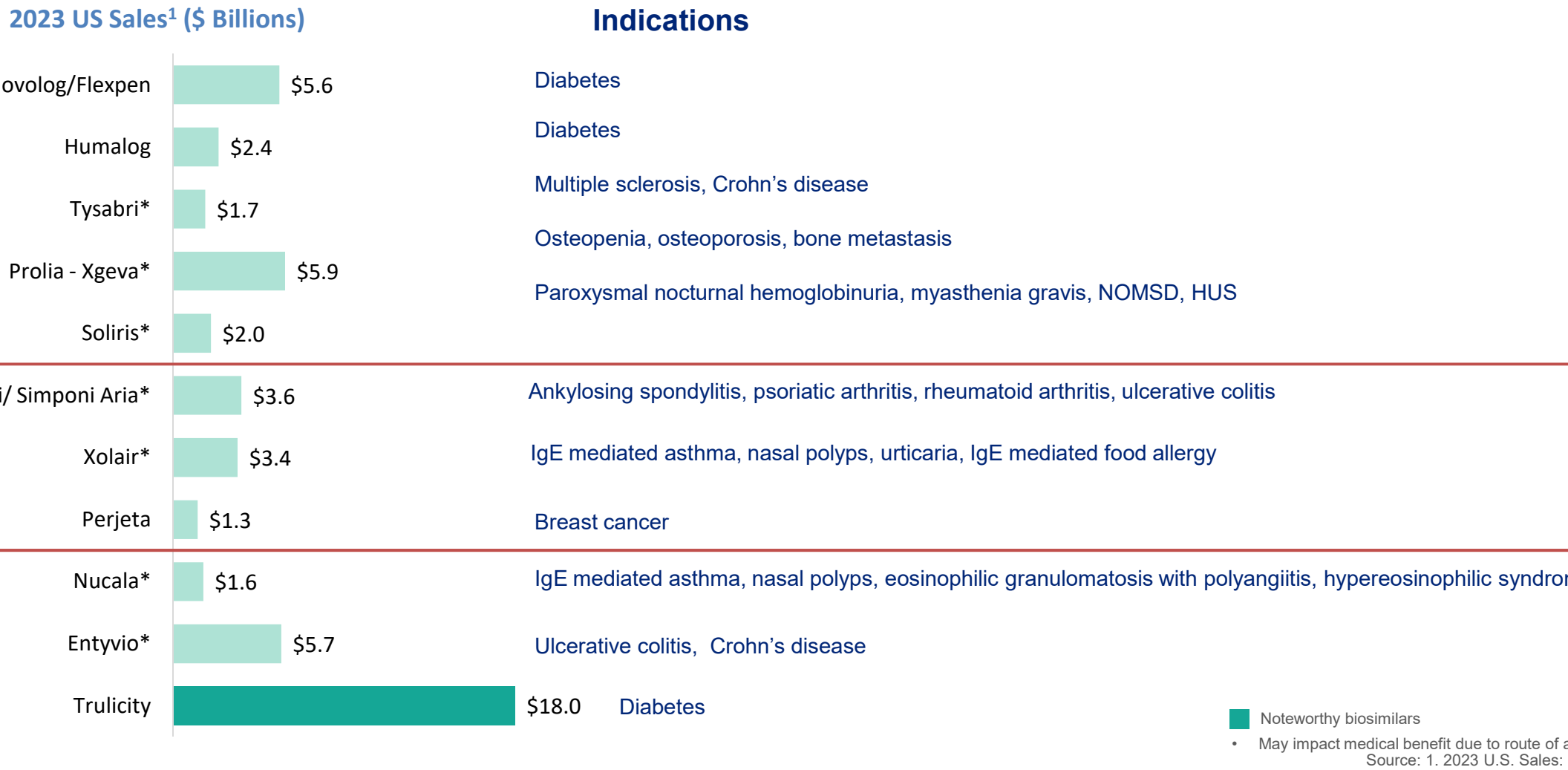
Drug	Optum Rx Standard	Optum Rx Premium
Brilinta	2	2

Optum Rx 3rd quarter 2024 utilization

Drug	Rx Count	Member Count	Cost (per 30 day
Brilinita	170,314	106,201	~$448

iosimilars: What is coming next?

ooking forward to potential launches in 2026-2027



• May impact medical benefit due to route of a

Source: 1. 2023 U.S. Sales:

GLP-1 AGONISTS

P-1s/GIPs are standard of diabetes care and continue to evolve in obesi

ucose-lowering efficacy
ocus on achieving greater
mic control with GLP-1s/GIPs
viding high levels of efficacy

Weight loss efficacy
Weight management is a distinct treatment goal and GLP-1s/GIPs provide high levels of efficacy

Risk reduction
ADA recommends risk reduction and GLP-1s/GIPs provide risk reduction in ASCVD and CKD

s/GIPs are featured in the 2024 ADA guidelines as a **key treatment for type 2 dia**



Obesity: Guidelines support weight loss health benefits but most do not specifically indicate GLP-1s/GIPs vs. other drugs

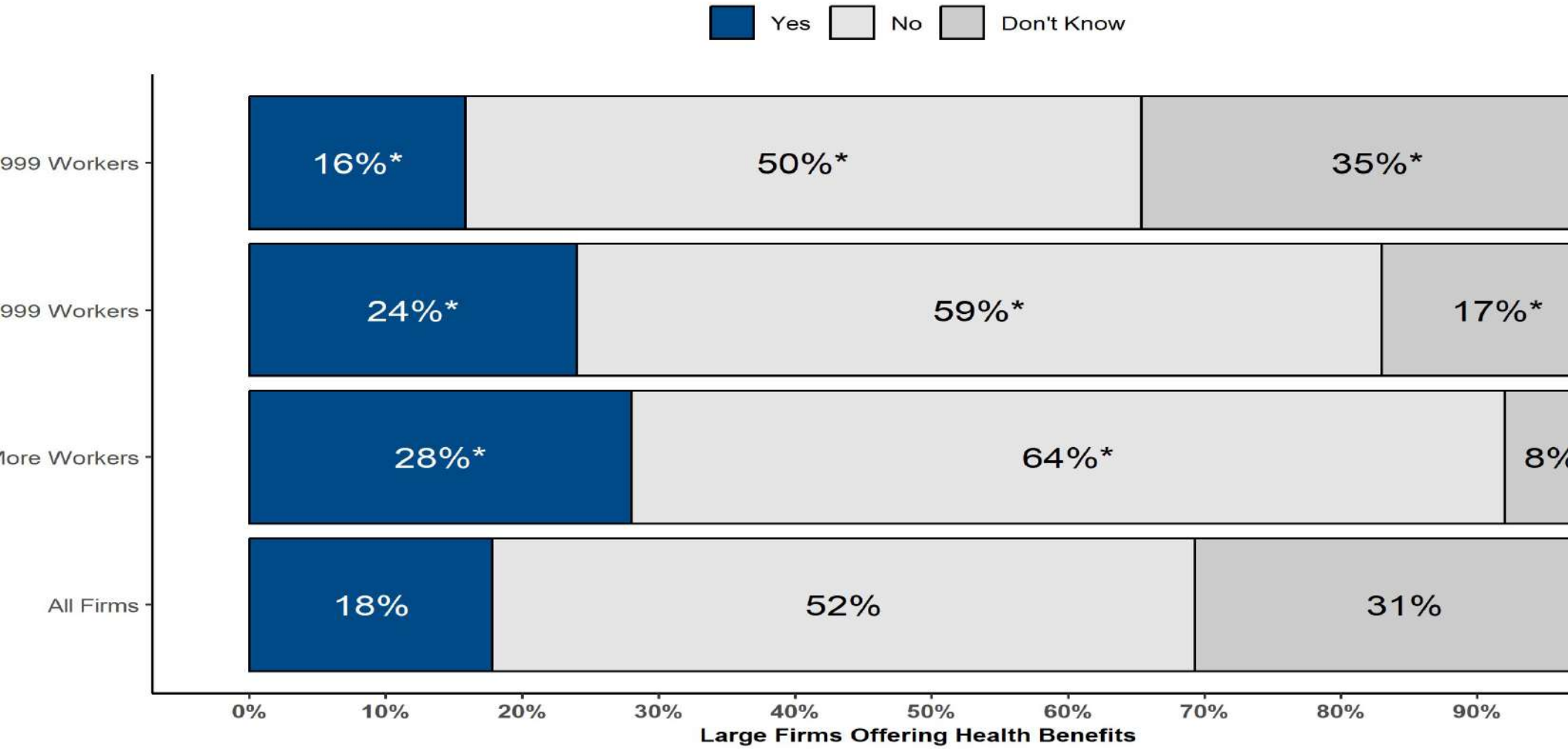
Health benefits observed with 5% weight loss

Lifestyle modifications that includes diet and exercise are the foundation of any long-term weight management plan

Cardiovascular trials with GLP-1s/GIPs are in progress and starting to read out (e.g., SELECT trial)

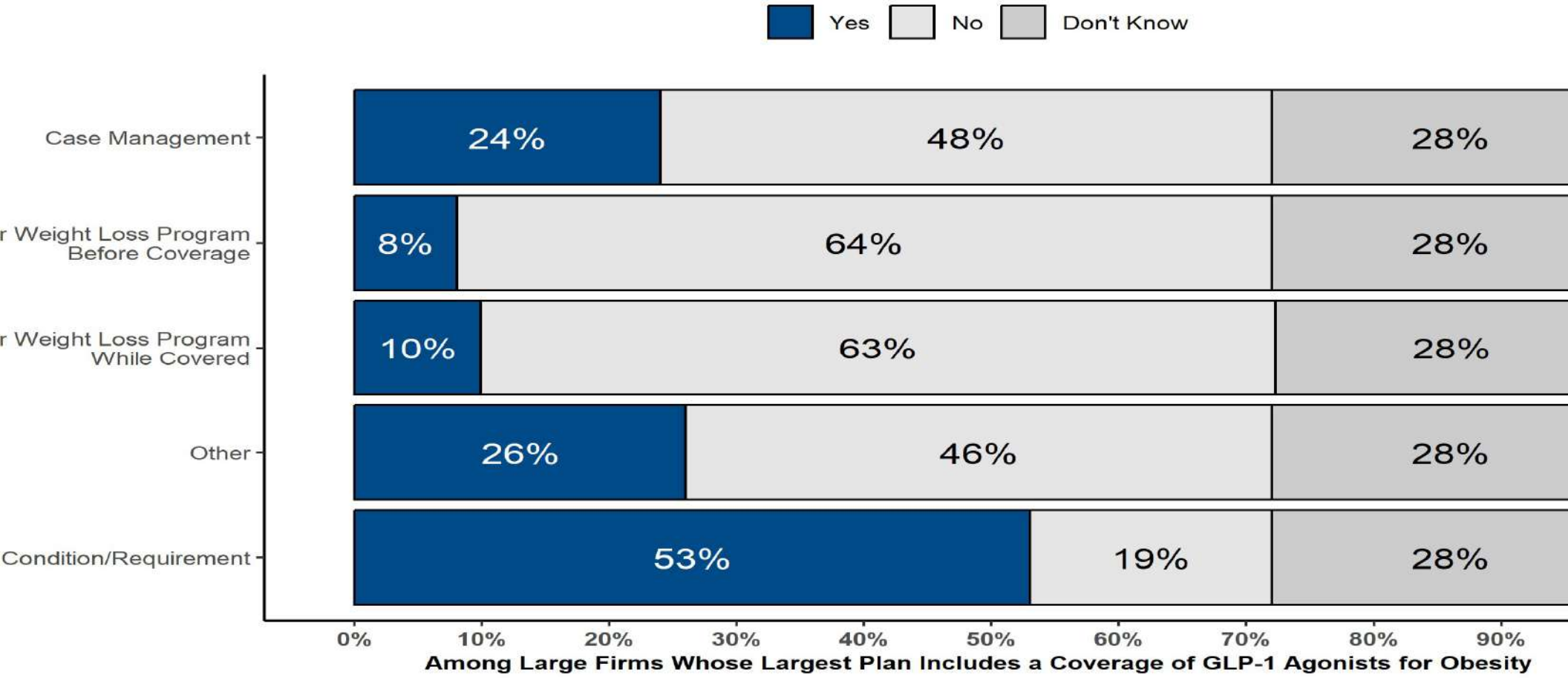
1. ADA 2024 Stand

entage of Firms Whose Largest Plan Includes Coverage For GLP-1 Agonists When Used arily For Weight Loss, by Firm Size, 2024



es are statistically different from estimate for all other firms not in the indicated category within each firm size ($p < .05$).
arge Firms have 200 or more workers. Firms with multiple plans were asked about their plan with the largest enrollment.
E: KFF Employer Health Benefits Survey, 2024

entage of Firms Who Require Steps to Be Taken Before GLP-1 Agonist Coverage for ht Loss is Approved, 2024



rge Firms have 200 or more workers. Firms with multiple plans were asked about their plan with the largest enrollment. Among firms with 2 orkers that offer health benefits, 18% reported that their largest plan included coverage for any GLP-1 inhibitor drugs when used primarily loss. Case management is defined as requiring employees to meet with a professional such as a dietitian, psychologist, case worker, or before approving a GLP-1 drug prescription.

KFF Employer Health Benefits Survey, 2024

Obesity Across states and Territories

n 2023, all U.S. states and territories had an obesity prevalence higher than 20% (more than 1 in 5 adults).
verall, the Midwest (36.0%) and South (34.7%) had the highest prevalence of obesity, followed the West (29.
nd the Northeast (28.6%).

C and Colorado had an obesity prevalence between 20% and less than 25%.

even states had an obesity prevalence between 25% and less than 30%.

7 states and the U.S. Virgin Islands had an obesity prevalence between 30% and less than 35%.

0 states, Guam, and Puerto Rico had an obesity prevalence between 35% and less than 40%.

hree states (Arkansas, Mississippi, and West Virginia) had an obesity prevalence of 40% or greater.

GLP-1/GIP space to remain dynamic in 2025

nasis on new indications within populations already indicated for these drugs in addition to new populations

tructive Sleep Apnea

Approved 12/20/2024
patide)

subpopulation of patients with obesity
any already eligible if tirzepatide covered
weight loss
rst drug approved for this indication

Chronic Kidney Disease

FDA Approval January 2025
(semaglutide)

- A subpopulation of patients with type 2 diabetes
- Many already eligible if semaglutide covered for diabetes
- First GLP-1 approved for this indication
- Alternative or add-on to SGLT2 inhibitors

Heart Failure

FDA Approval Mid-2025
(semaglutide and tirzepatide)

- A subpopulation of patients with obesity
- Many already eligible if GLP-1s covered for weight loss
- Comparative efficacy (semaglutide vs tirzepatide) unknown
- Alternative or add-on to SGLT2 inhibitors

Metabolic-Dysfunction Associated Steatohepatitis (MASH)

Late 2025
(semaglutide)

- First GLP-1 for MASH, second drug for this condition
- Diabetes and obesity are major risk factors for MASH
- Many members may already be on semaglutide for diabetes or obesity
- Some MASH patients will not have diabetes or obesity

Alzheimer's Dise

Trial data in 2025/20
(oral semaglutide)

- New patient popula
- No data yet on if G will work

When will we see competition in the GLP-1 class?

cted launches of pipeline drugs for weight loss that could compete with current GLP-1s

2025

ral Semaglutide
GLP-1 agonist
Novo Nordisk
Oral

Nordisk has been silent ated plans for Rybelsus ity – unclear when/if they for the new indication)

2026

cagrilintide/semaglutide (CagriSema)
GLP-1/amylin agonist
Novo Nordisk
SC Injection
1H 2026

2027

Orforglipron
GLP-1 agonist
Eli Lilly
Oral
1H 2027

Survodutide
GLP-1/glucagon agonist
Boehringer Ingelheim
SC Injection
2Q 2027

Retatrutide
GLP-1/glucagon agonist
Eli Lilly
SC injection
4Q 2027

2028 or later*

Maridebart cafraglutide (MariTide)
GLP-1 agonist, GIP antagonist
Amgen
SC Injection (Monthly)

GSBR-1290
GLP-1 agonist
Structure Therapeutics
Oral

VK2735
GLP-1 agonist
Viking Therapeutics
Oral

RG-6641
GLP-1/GIP agonist
Roche
SC Injection

S-309309
MGAT2 inhibito
Shionogi
Oral

K-757, K-833
Nutrient receptor ag
Kallyope
Oral

Pemvidutide
GLP-1/Glucagon ag
Altimmune
SC Injection

* Drugs with phase 2 data but not yet started Phase 3 tri
Assumes 3 years to FDA approval from start of Phase 3
1.5 years to complete Phase 3 trial (requires 52 weeks da
0.5 years to prepare NDA for FDA filing, 1 year for FDA re
Interim analyses / data read-outs could alter outlook and t

Until then what can we expect?

- **GLP-1 space will remain dynamic for the foreseeable future**

Trials will clarify CV benefit associated with treatment

Wegovy FDA approval for CV benefit in obesity
FDA approved on 3/8/2024

Mounjaro CV data in diabetics
SURPASS trial results expected in 2024

Authorized brand alternative for Victoza: Launched 6/24/2024 at 13.5% discount to Victoza (WAC price)

- At least 10 other generic manufacturers have filed with FDA but none have yet been approved.

New indications in the pipeline could broaden usage for other conditions

Sleep Apnea
DA approval expected
Late 2024
(tirzepatide)

Heart Failure
Semaglutide – FDA approval expected mid-2025
Tirzepatide – FDA approval expected in mid-2025

Chronic Kidney Disease
FDA approval expected
January 2025
(semaglutide)

Non-alcoholic Steatohepatitis (NASH)
Trial data in 2025
(semaglutide)

Alzheimer's D
Trial data
2025/202
(oral semagl

2025 and beyond

panded indications for GLP-1s will continue to drive demand

GLP-1s could be approved for **4 key new indications**, across **multiple common chronic conditions** (each individual disease affecting millions of people in the U.S.)

New indications will add to the overall body of evidence for GLP-1s, particularly in patients with obesity; **utilization trends will depend on existing coverage for GLP-1s**

- Plans that cover GLP-1s for weight loss: These indications are likely to lead to a modest increase in spend/trend because of the overlap with covered indications
- Plans that exclude GLP-1s for weight loss: These indications will have a more significant impact on spend/trend because they represent new populations and utilizations to cover

The global GLP-1 receptor agonist market size is calculated at USD 53.5 billion in 2024, trend to grow to USD 62.86 billion in 2025, and is projected to reach around USD 268.37 billion by 2034. The market is expanding at a CAGR of 17.5% between 2025 and 2034. The rising prevalence of diabetes and obesity, growing research and development activities, and increasing investments drive the market.

Outlook on New Administration's key issues

Looking ahead, the Trump administration and GOP are in a position to accelerate their health agenda with four key areas

- **Flexibility and choice:** Shift decision making on healthcare from federal level to states and individuals
- **Fiscal conservativism:** Emphasize policies that reduce government spending in an effort to balance the budget and pass upcoming tax legislation
- **Public health reform:** Revaluate the current health system to "Make America Healthy Again"
- **Deregulation:** Reduce the volume of existing federal regulations

President Trump's second term marks a significant shift in the political landscape, with considerable implications for the health industry. It is important to consider how the landscape has changed since President Trump's first term. For one, the debate to repeal and replace the ACA no longer retains the level of political or public support it did in 2016 and healthcare resources and policy efforts that had been focused on the pandemic during the last term can now focus on regulatory and market reform.

Affordable Care Act Preventive Medication List

ng preventive medications affordable

The **Affordable Care Act (ACA)** offers 10 categories of preventive therapies recommended by the **U.S. Preventive Services Taskforce (USPSTF)** and other scientific experts at **$0 member cost-share**

Under the **Health Care Reform law**, **Patient Protection and Affordable Care Act (PPACA),** also known as the ACA, benefit plans must cover certain Preventive Care Medications at 100% – without charging a copay, coinsurance or deductible. These products include:

- USPSTF A & B recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives)
- Routine vaccines, as recommended by the Advisory Committee on Immunization Practices (ACIP)

Medication Categories

Include but are not limited to:



Breast Cancer

Tobacco Cessation

Flu



Gastrointestinal



HIV Pre-exposure Prophylaxis (PrEP)



Sta



Women's Reproductive Health



Immunizations



Contrac

Summary

- Trends are for higher medical expenditures
- New administration and HHS secretary may change focus in trying to control expenditures
- Federal funding on Medicaid may be reduced
- Higher focus on W.F.A.
- Higher utilization of telemedicine
- Wider use of GLP-1s

Thank you!

Q&A