

Cannabis and the Workplace

Employer Strategies that Support
a Healthy Workforce



Executive Summary

As medical cannabis continues to be legalized across the US, its access and use are expanding, compelling employers to deal with increasingly urgent workplace issues including drug testing, appropriate mental health and substance use disorder treatment, workplace safety, and accommodations.

In mid-summer and fall 2020, the [National Alliance of Healthcare Purchaser Coalitions](#) conducted a series of employer roundtables with these regional coalitions: Kentuckiana Health Collaborative, Pittsburgh Business Group on Health, Greater Philadelphia Business Coalition on Health, and Washington Health Alliance. Each of the roundtables brought together purchasers' human resource executives, including benefit managers, to understand their perspectives on cannabis use in the current landscape, identify challenges posed by increased employee use, and consider comprehensive employer policy options.

This report examines the implications of cannabis in the workplace, not the politics or the pros and cons of legalization.

Key Findings from the Roundtables

1. Employers generally do not have sophisticated knowledge of cannabis compounds and how they could affect the workplace. They want to be better educated.

Employers want to better understand the wide variation in cannabis claims and labels and the available evidence-based medical information and research data.

2. Employers plan to adhere to best practices for employee health benefits regarding medical uses of cannabis.

Employers were unanimous in supporting the current practice of health plans, which require FDA approval before placing a drug on their formulary. Under these plans, only formulary drugs are eligible for prescription by healthcare practitioners and qualify for benefit coverage.

3. Employers want better employee education and training resources to provide employees with basic information, address cannabis



health claims and risks, and explain the implications of employee drug testing.

Many employers agreed that the roundtable discussion on cannabis in the workplace made them more aware and better informed about the growing urgency of this topic, implications for employee health, and potential health benefit plan issues.

4. Employers want to better understand the implications of employee cannabis use for safety, as well as best practices regarding testing, hiring and firing.

Employers agreed unanimously that the safety of the workforce will always be a priority. They said cannabis testing to determine immediacy of use and level of impairment was critical to decision-making. Employers also wanted to better understand whether cannabis use requires reasonable accommodations.

Employer Recommendations

1. Programs need to be developed to educate management and employees about cannabis.
2. Employers want guidance to establish policies and programs addressing cannabis.
3. In light of increased use of cannabis by employees, employers can advance employee health and safety on the job by adjusting certain employment and operations practices.
4. To help evaluate the implications for organizations of increased cannabis use, employers can begin by systematically gathering data (on claims and other impacts).
5. Employers can advocate for public policy advancing better (not just more) independent cannabis research to understand the plant's true therapeutic potential.

About this Report

Section I (page 4) provides background information, including the current cannabis landscape, complex legal issues, and myths and facts about cannabis as a medicine.

Section II (page 7) presents the key findings from the employer roundtables. This section:

- ▶ Summarizes the discussions and comments from the employer roundtables, which outline the need for better information on cannabis.
- ▶ Explains the dangers of promoting cannabis use, given poor manufacturing and labeling standards.
- ▶ Presents the effects of current cannabis use by employees on workplace and employee safety.
- ▶ Explores the financial costs and liabilities to employers unless and until they address cannabis use both with policy and in practice.

Section III (page 11) contains the results of a “pre-survey” of participating employers to determine their level of knowledge on cannabis issues and what actions they had undertaken prior to the roundtables, while **Section IV (page 13)** includes employer recommendations, with a key focus on education.

What is Cannabis?

Cannabis sativa L., or marijuana, as it is commonly called, is a flowering plant that has been cultivated for centuries and used for a variety of purposes. Cannabis is also the source of more than 500 chemical compounds and 100 plant-derived chemical compounds called cannabinoids. The two most well-known and commonly occurring cannabinoids are tetrahydrocannabinol (THC, the intoxicating component) and cannabidiol (CBD).

SECTION 1 The Current Landscape

Before exploring the science of cannabis, it is important to understand the scope and confusion around cannabis legalization and access, which is driving employee use. The state-level legality of cannabis has spread across the US, especially in recent years, but not in a consistent manner. Cannabis is legal for medicinal use in 36 states, as well as the District of Columbia. Cannabis is legal for recreational use in 17 states (New York and New Mexico legalized cannabis in March 2021). In medical-only states, products are available at dispensaries to those with a medical access card. In states where recreational cannabis is legal, products can also be procured from dispensaries. As of 2020, cannabis had grown to a \$19.3 billion industry.

Under Federal Law, Cannabis Is Illegal

An important caveat to a discussion about recent state laws allowing some types of cannabis use is that possessing, manufacturing and distributing cannabis remains illegal under federal law.

Under the [Controlled Substances Act](#), cannabis is a “[Schedule 1](#)” drug. Drugs in this class—heroin and ecstasy are two examples—have “a high potential for abuse” and “no currently accepted medical use.” This means Americans who use cannabis to treat health issues can’t legally possess, sell, give away, or grow it. This is true even if they are living in one of the 36 states or territories that allow

An important caveat to a discussion about recent state laws allowing some types of cannabis use is that possessing, manufacturing and distributing cannabis remains illegal under federal law.

medical cannabis or the 17 states that allow the use of recreational cannabis.

Complicating this legal landscape, hemp production, which is the production of cannabis plants with no more than 0.3% THC, is now legal under the federal Controlled Substances Act, thanks to a provision of the

2018 Farm Bill. However, it remains unlawful under the federal Food, Drug and Cosmetic Act to include CBD or THC derived from hemp (or any other cannabis plant) in foods and dietary supplements.

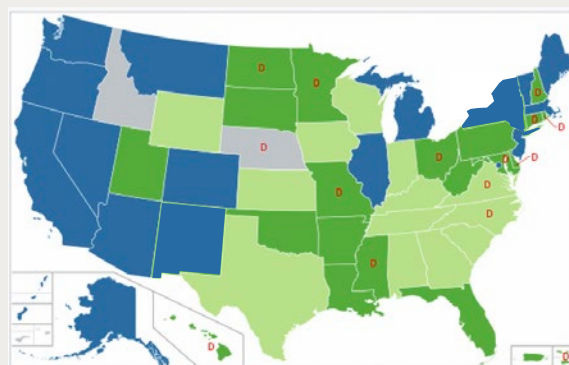
The consequence of the federal prohibition is that doctors, physicians and other healthcare providers can’t prescribe cannabis to patients (although they can recommend it). And it means insurance companies and plans cannot cover it. Additionally, there are no special health insurance supplemental plans that cover cannabis, nor can employees use flexible spending accounts or health savings accounts to pay for cannabis.

No National Policies on Regulation and Use

Legal status at the state level is driving employee cannabis use. Because both recreational and medicinal cannabis is legal in some of our roundtable states, but illegal federally, there are banking, labeling and supply-chain issues that are fraught with confusion and misinformation.

One other important consequence of cannabis remaining illegal at the federal level is that the US

Legality of Cannabis in the United States



- Legal
- Legal for medical use
- Legal for medical use, limited THC content
- Illegal for any use
- D Decriminalized

Food and Drug Administration cannot regulate its use. Insurance companies rarely cover drugs the FDA has not approved. The FDA won't approve a cannabis product as a drug until research proves it is a safe and effective treatment for a specific medical condition.

A Closer Look at Chemical Components and Manufacturing Issues

Because cannabis products sold in dispensaries are not FDA-approved medicines, they are not subject to national regulatory standards. Inconsistent regulation from one state to another — or no regulation — has resulted in deficiencies in product purity, manufacturing consistency, and labeling. Lack of regulation also leads to the widespread marketing of cannabis as a safe and effective treatment for disease without sufficient scientific evidence to support these claims.

Manufacturing Inconsistencies in Components and Doses

If the safe use of a drug is contingent on dose purity and consistency, manufacturing of non-FDA-approved cannabis products falls dramatically short. At present, no state has testing labs or processes that have been validated using national standards.

On the issue of purity, [studies show](#) high contamination of CBD products with harmful substances. In one nationwide sampling of CBD products, 70% of products were found “highly contaminated” with heavy metals, herbicides and a host of other contaminants, including pesticides and toxic mold.

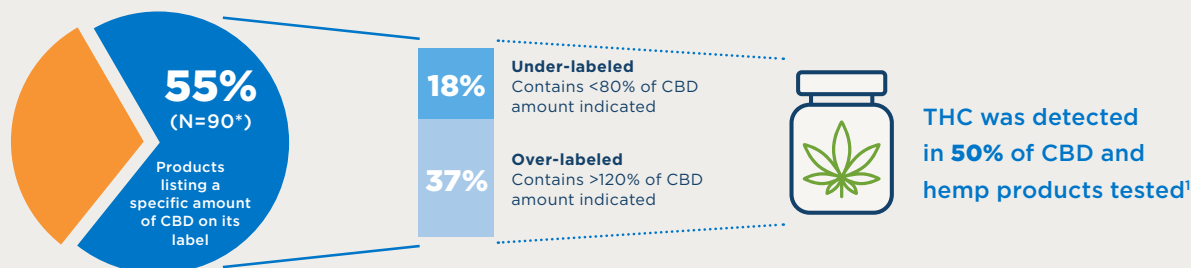
Cannabis product manufacturers frequently introduce THC into products that claim to contain only CBD. The *Journal of the American Medical Association* [published a letter](#) reporting the results of “undercover” purchases of CBD. Of 84 samples tested, THC was detected in 21%. There were other defects in the mislabeled products; only 30.95% were accurately labeled.

Dosage consistency is also unreliable. According to [FDA testing](#), of 102 products that indicated a specific amount of CBD, 18 products (18%) contained less than 80% of the amount of CBD indicated, 46 products (45%) contained CBD within 20% of the amount indicated, and 38 products (37%) contained more than 120% of the amount of CBD indicated. Of great concern is that 49% of the products tested contained THC.

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What’s on the Label According to FDA¹?

In an FDA sampling study of commercially available CBD and hemp products, many were found to be inaccurately labeled.



¹ U.S. Food and Drug Administration Report to the U.S. House Committee on Appropriations and the U.S. Senate Committee on Appropriations Sampling Study of the Current Cannabidiol Marketplace to Determine the Extent That Products Are Mislabeled or Adulterated. Report in Response to Further Consolidated Appropriations Act, 2020. July 2020.
^{*} Two hundred products from several public sources (i.e., internet, online distributors, firms previously issued warning letters, industry event participants, and advertisers in trade journals) were randomly selected for testing, of which FDA has completed testing on 147 products. Of the 102 products that indicated a specific amount of CBD, 12 pet products were excluded for this analysis (N=90); 9 pet products also excluded for products containing THC (N=125).

Health Impact on Cannabis Users

Cannabis use is associated with various known health risks. Below are some resources to explore:

- ▶ The National Academies of Sciences, Engineering and Medicine found cannabis use is associated with [changes in brain structure](#), development of psychoses (e.g., schizophrenia), and also lower birth weight for children exposed to cannabis in utero.
- ▶ In 2019, the U.S. Surgeon General issued a rare health advisory warning the public of the risks of [cannabis use by adolescents and pregnant women](#).
- ▶ Recent research indicates cannabis use can increase the risk of [heart attacks](#) and [strokes](#) and also impair [heart functioning](#).
- ▶ CBD can also cause liver injury, and drug interactions with cannabis may alter the effects of other medicines and lead to serious side effects.

Despite these and other known health risks associated with cannabis use, unlike FDA-approved medicines, there has been no scientific or medical review to determine if dispensary product benefits outweigh their risks.

Impact on worker safety

A recent study by the [National Institute on Drug Abuse](#) found that workers who tested positive for THC had 55% more industrial accidents, 85% more injuries, and 75% greater absenteeism than those who tested negative for THC.

“The [current] delivery system is not consistent with current models for medication, promoting speculative treatment, poor product choices, self-medication, and unintended side-effects.”

—AARON WEINER, PhD

Board member of the Physician Speakers Bureau for the National Safety Council and the Science Advisory Board for Smart Approaches to Marijuana and former Board member for the Society of Addiction Psychology



SECTION II Roundtable Key Findings

Roundtables of HR executives and employee benefit managers on the topic of cannabis in the workplace were hosted by the National Alliance and four regional coalitions: Kentuckiana Health Collaborative, Pittsburgh Business Group on Health, Greater Philadelphia Business Coalition on Health, and Washington Health Alliance. The roundtables were an open dialogue with participating employers to better understand their perspectives on cannabis and explore the current landscape, the challenges posed by increased employee use, and the lack of comprehensive employer policy options.

Key Finding 1

Employers generally do not have sophisticated knowledge of cannabis products and how they could affect their workplace. They want to be better educated.

Employers need and want factual information on cannabis: Its legal status, quality (manufacturing and labeling) issues, effectiveness in treating disease, and implications for benefit plans and healthcare costs.

Roundtable participants had a limited knowledge of the chemical components of cannabis, the difference between CBD and THC, the extent of legalization across the US, the inconsistent clinical data about the safety and effectiveness of cannabis as a medical treatment, and the challenges for employers posed by federal prohibitions and state legalization. Participants wanted to better understand how the use of medical cannabis by employees could have harmful effects on employee health and wellbeing and could contribute to costly safety issues, employment testing issues, and drains on EAP and chronic-condition management resources.

Many of the roundtable participants agreed that there is a dearth of objective information and that the cannabis industry paints a positive (and non-evidenced based) picture. Industry lobbyists actively pressure



state legislatures for formulary coverage of their products and promote unproven uses of cannabis, while ignoring the lack of regulatory and FDA approval.

A consensus from all the roundtables was that objective education for both employers and their employees will lead to a greater understanding of the limits and risks of cannabis. Employers want employees to understand why they cannot promote or reimburse for cannabis use.

Key Finding 2

Employers plan to adhere to best practices for employee health benefits regarding medical uses of cannabis.

Roundtable participants were unanimous in supporting the current practice of health plans, which require FDA approval before placing a drug on the formulary. Under these plans, only formulary drugs are eligible for prescription by health care practitioners and qualify for benefit coverage.

Although ERISA plans are exempt from state mandates, insured plans are required to conform to state mandates. As more states legalize its use, pressure to consider covering medical cannabis will



be unavoidable. This will require policy discussions and determinations on a variety of related issues—all further complicated by the fact that although it is legal in some states, cannabis is in schedule I of the federal level under the Controlled Substances Act and therefore its possession, manufacturing and distribution are illegal. This pertains to employers who operate across state lines, have federal contracts, or must comply with other industry regulations that require a drug-free workplace.

No health insurance company covers CBD or non-FDA-approved cannabis products. The FDA, as the federal watchdog over the pharmaceutical system, requires clinical trials before any drug is accepted, but, to date, has not approved an application for cannabis.

The Americans with Disabilities Act (ADA) requires employers to make reasonable accommodations for qualified workers with disabilities. The act does not protect illegal drug use, though it does afford some protections for recovering addicts. Cannabis is an illegal drug under federal law, with no exceptions for medicinal use, so its use is not protected under the ADA. If an employee has a cannabis recommendation from a doctor for treatment of a condition,

the employer is not legally liable to accommodate that condition under the ADA.

Key Finding 3

Employers want better employee education and training resources to provide employees with basic information, address cannabis health claims and health risks, and explain the implications for employee drug testing.

Many roundtable participants admit to being blindsided by issues regarding cannabis in the workplace, in part because while more states have recently approved cannabis use, employers have been focused on the pandemic and its direct impact on employee health, wellness and safety.

Many employers agreed that the roundtable discussion on cannabis in the workplace made them better aware of the growing urgency of this topic, implications on employee health, and potential benefit plan issues. Participants saw a need for employee education materials, in particular:

- ▶ Facts about cannabis and medicinal claims.
- ▶ Cautions regarding the health dangers from impurities, contamination, dosage inaccuracies, label inaccuracies, and the lack of manufacturing standards.
- ▶ Information about how cannabis use affects behavior and poses health and safety risks at work.

“There’s so much myth and urban legend about the great things CBD can do. I want my employees to know why it isn’t covered, the dangers, that if they use CBD and are drug tested, because of the impurity of CBD and that it likely contains THC, they could test positive and lose their job. We have to do a better job of educating employees.”

—Roundtable participant

- ▶ Current health benefit policies on cannabis.
- ▶ Warnings about how cannabis could be detected in employment drug tests and lead to termination.

Participants recognized that educating employees about responsible cannabis use and the dangers of unregulated cannabis products is likely to be helpful. However, they also fear that cannabis use could lead to increases in other health conditions, mental health claims, absenteeism, recruiting costs, and chronic-condition management. Another concern is added costs for other employer health programs, such as EAPs, addiction treatment programs, and workers' compensation.

Key Finding 4

Employers want to better understand the implications of employee cannabis use for safety, as well as best practices regarding testing, hiring, and firing.

Participating employers had drug-free workplaces with pre-employment drug screening that includes cannabis testing. Employers also monitor current

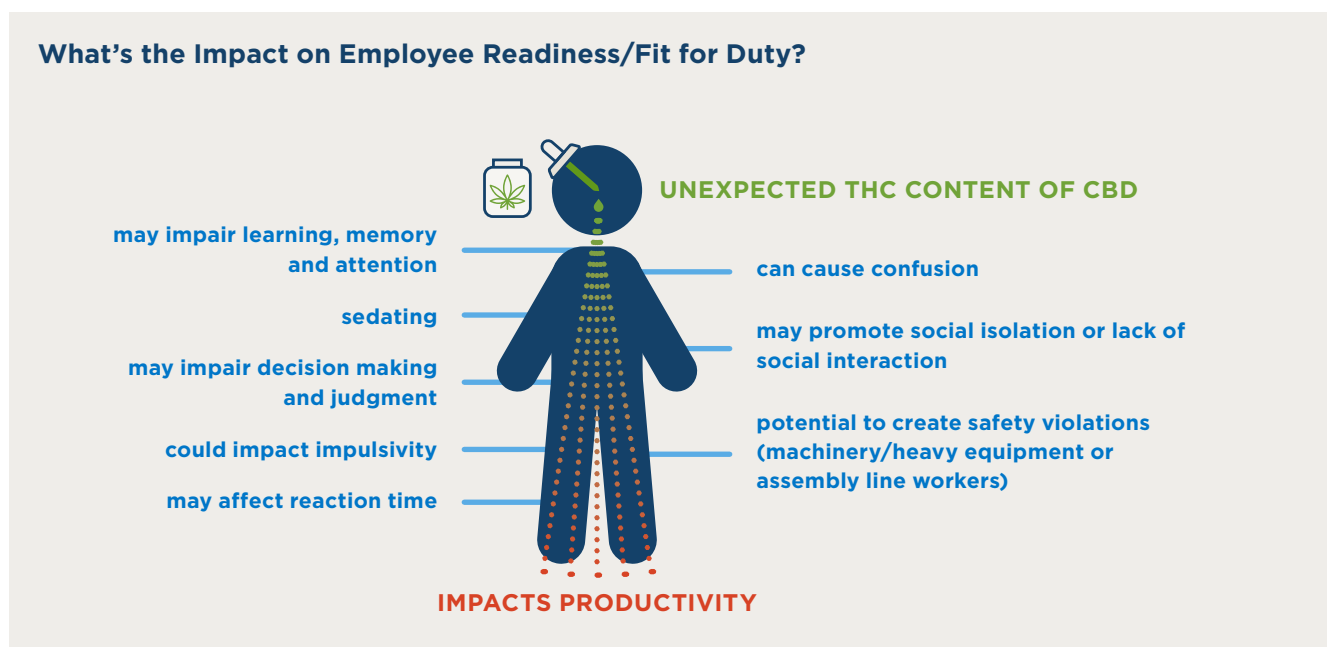
“If a positive test for marijuana would be grounds for dismissal, I would have no employees left in the warehouse. So, this whole issue is a big problem for me.”

—Roundtable Employer

employees' impaired or unsafe behaviors through random or immediate drug testing. Participants wanted more information about whether drug testing for medical cannabis use violates worker privacy or is an issue separate from their “drug-free workplace” policies prohibiting drugs and alcohol in the workplace, especially in states where cannabis use is legal.

Participants were shown information on how THC use affects behavior (see graphic below) and raised serious concerns about the impact of THC on workplace safety, especially for those employees in safety-sensitive positions (e.g., operating a vehicle or machinery).

In response to these concerns about THC as an impairing substance, and in light of increasing state laws making access legal, the National Safety Council



in late 2019 called on employers to [restrict the use of cannabis among workers in safety-sensitive](#) positions, regardless of whether state law permits cannabis use.

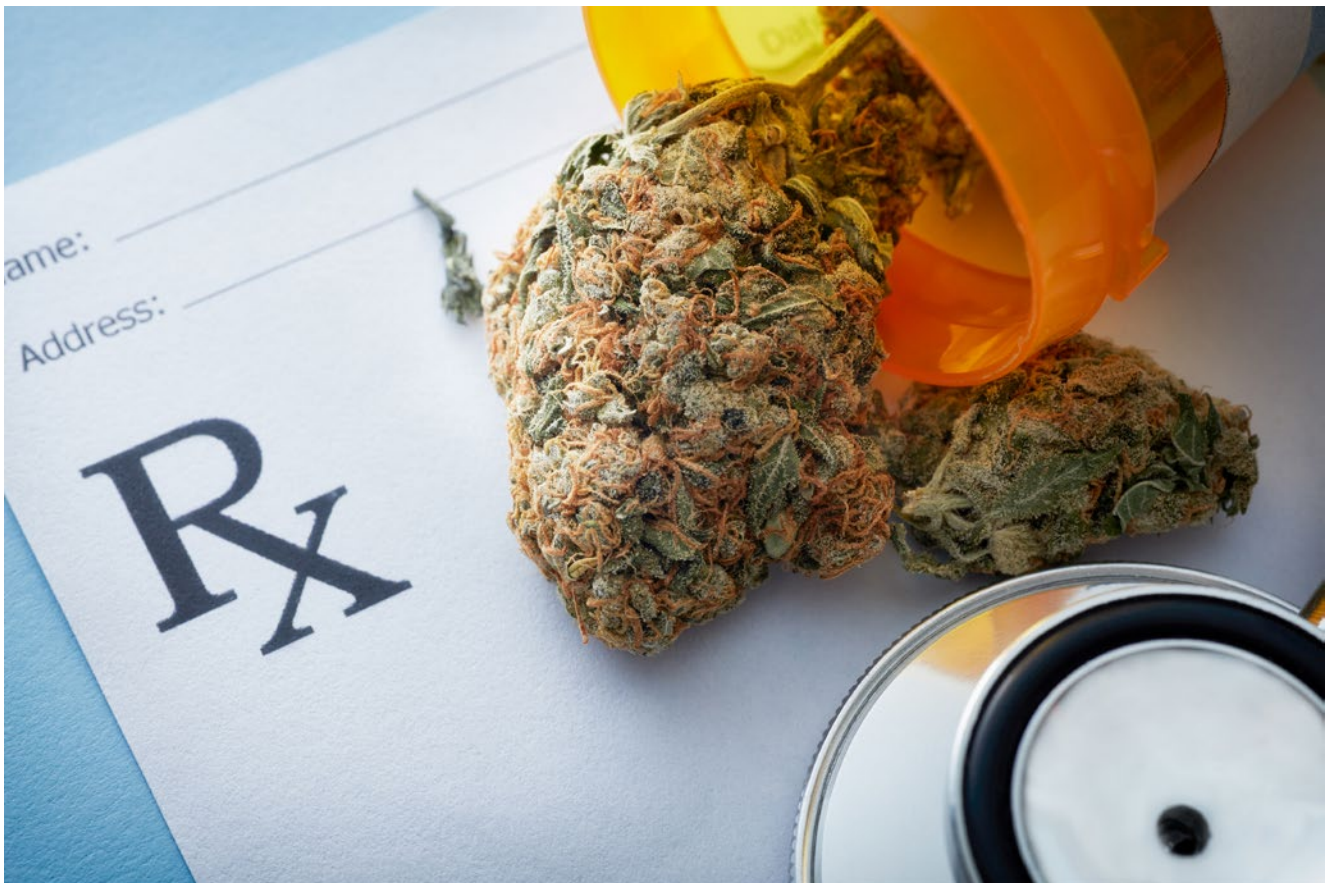
Many participants pointed out the effect of mixed messages about cannabis legalization on employees, saying some state legislators seemed to be saying that use of CBD is safe. For example, one participant said, “When employees get tested, they show us their access card to a medical cannabis dispensary to make sure they are not penalized by the test. What are we to say?”

Employers agreed unanimously that the safety of the workforce would always be a priority. They said cannabis testing to determine immediacy of use and level of

impairment was critical to their decision-making. Employers also wanted to better understand whether cannabis use requires reasonable accommodations.

“We have really high turnover in our medical system areas, which I think most hospitals and maybe medical clinics do. In testing that we do for pre-employment, I’m seeing more and more positive marijuana cases. But I am seeing a lot more medical marijuana cards. So, this is the challenge for us now. What are we really willing to change as far as policies and procedures?”

—Hospital Head of HR



SECTION III Employer Survey Findings

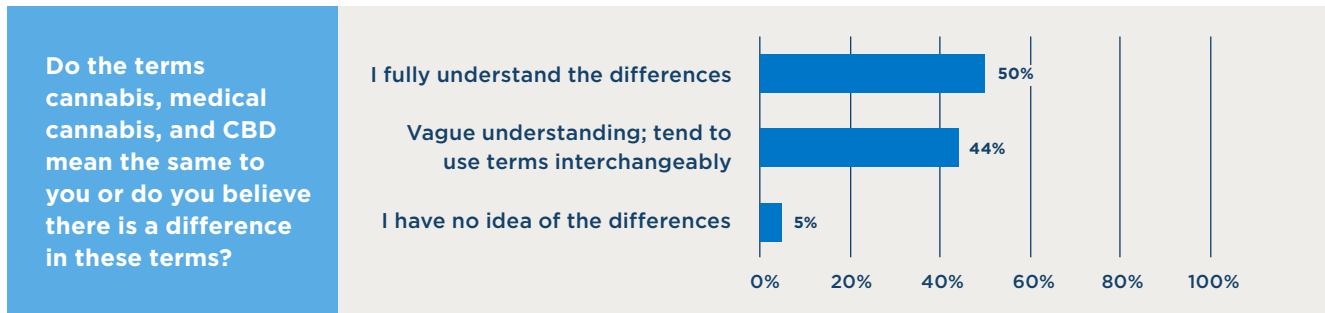
Employers participating in the “Cannabis in the Workplace” roundtables were asked to complete a survey to determine their understanding of related issues. Below are combined survey findings from Pittsburgh Business Group on Health, Washington Health Alliance, and Kentuckiana Health Collaborative.

In general, HR executives and benefit managers have a low level of understanding about cannabis. They are confused about health plan coverage issues, and their hesitation to promote cannabis stems from fears concerning employee safety and employer liability.



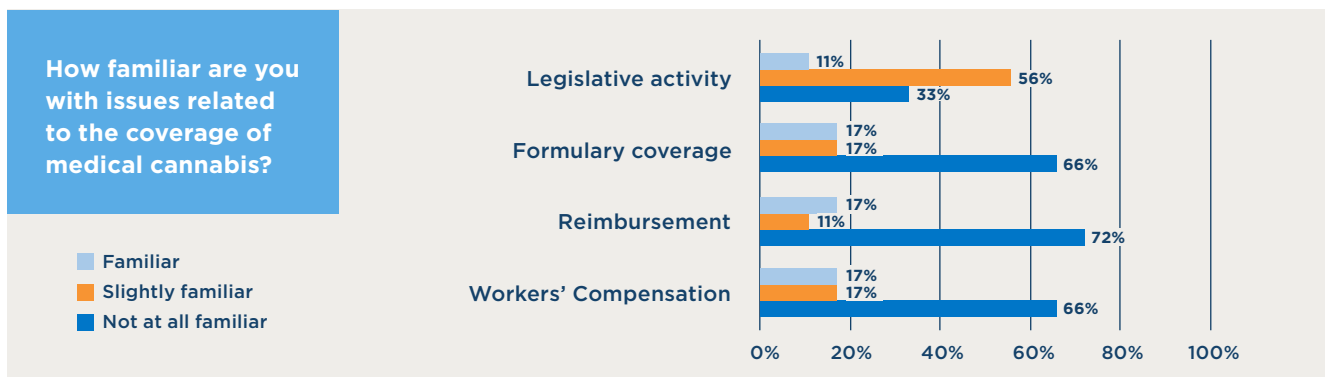
1. About half of benefit managers and HR executives lack knowledge of cannabis terminology.

While half of survey participants said they fully understand the terminology, the other half admitted to having a vague understanding or no understanding of the components of cannabis.



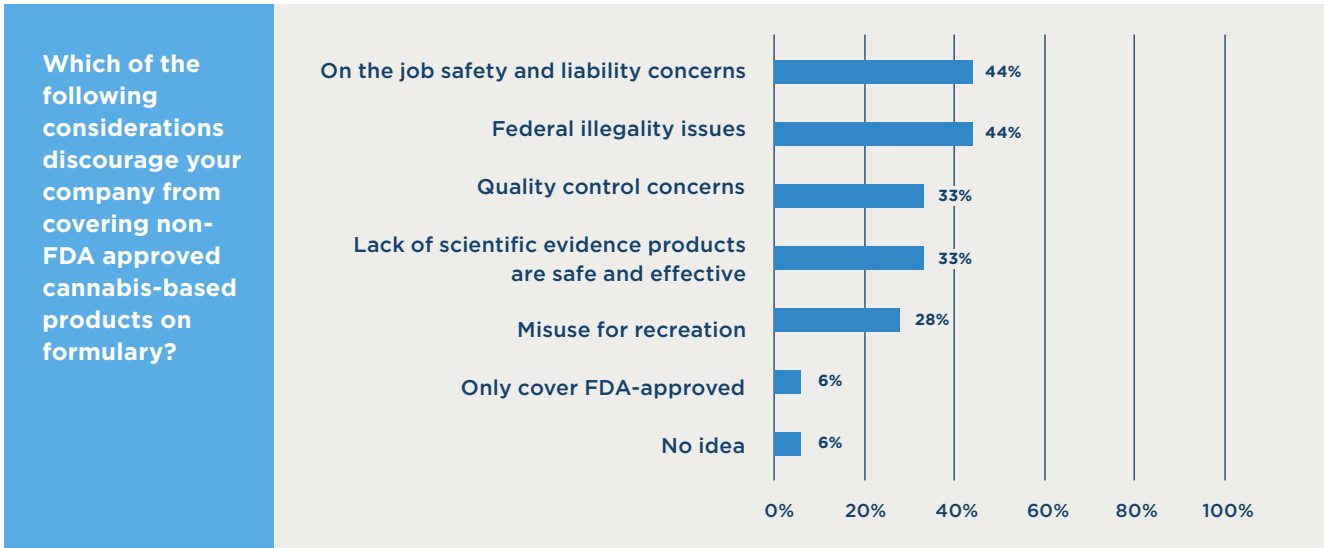
2. The majority of employers do not follow cannabis coverage issues.

In general, only 11% to 17% of respondents were familiar with cannabis legislative activity, formulary coverage issues, reimbursement, and workers compensation contingencies. In the case of formulary coverage, reimbursement, and workers comp, 6 to 7 of 10 respondents said they had no familiarity with issues.



3. The biggest employer concerns about covering cannabis products are safety, liability, and lack of federal legalization.

When asked what discourages their company from covering non-FDA-approved cannabis products in the formulary, benefit managers and HR executives cited safety and liability concerns and federal legality issues. Secondarily, they were concerned about quality control and the lack of scientific evidence that products are safe and effective.



SECTION IV **Employer Recommendations**



1. Programs need to be developed to educate management and employees about cannabis.

The National Alliance supports the development of materials that provide definitions of cannabis and its compounds; the status of state and federal laws; the science behind medical uses; health risks from use; and company policies regarding workplace safety, reasonable accommodations, and employment testing, hiring, and firing.

Information and education will be most helpful if it relies on evidence-based, independent information and education, rather than on literature from cannabis growers or lobbyists. Excellent employer resources for education and guidance on the issue of adding cannabis-based products to the formulary are the National Alliance [webinar](#), “Cannabis: Employer Strategies that Improve Health and the Safety of your Workforce,” and [Action Brief](#). “Cannabis Products on the Formulary: Adhering to Evidence- and Value-based Standards.”

2. Employers want guidance to establish policies and programs addressing cannabis use.

The National Alliance recommends that member coalitions and other employers work together to develop cannabis policies. Policies are needed to address whether onsite use of cannabis is allowed, which cannabis products (if any) are covered in the health plan formulary, how cannabis affects employment testing and terminations, employee confidentiality, and health and welfare programs for employees with cannabis overuse issues.

Most employers do not have formal policies about coverage of non-FDA-approved cannabis products; however, coverage is excluded under provisions that bar all investigational (i.e., non-FDA-approved) drugs. Employers must begin by answering broader policy questions. Here are some to consider:

- ▶ Are you willing to cover the use of non-FDA-approved cannabis products, or will you only cover FDA-approved drugs?
- ▶ Are there consistent laws across the states where you operate regarding the use of medical and recreation cannabis? If not, how will you proceed?
- ▶ Are you waiting for federal legalization of cannabis before you consider coverage?
- ▶ Do you have federal work contracts that prohibit you from approving cannabis drugs because of the federal prohibition on cannabis use or requirements that you maintain a “drug-free” workplace?
- ▶ Are there safety issues created by approving cannabis-based drugs (e.g., driving, heavy equipment operation, front-line healthcare workers)?

Policies may need to account for industry variations. For example, standard workplace cannabis policies for airline pilots might be different for retail sales associates.

Presenters at the employer roundtables advised that employers apply the same evidenced-based and value-based standards to cannabis-derived products that they apply to all formulary drugs.

3. In light of increased use of cannabis by employees, employers can advance employee health and safety on the job by adjusting employment practices.

Employers are advised to document causes of safety failures due to employee use of cannabis products both on and off the job. Create guidelines for when an employee will be cleared to return to work after either medical or recreational cannabis use.

Employers have a duty to provide a safe workplace and to take all necessary steps to protect the health and safety of employees and others in the workplace. When deciding whether to include cannabis use as a covered benefit, employers need to consider the potential for increased cannabis use among employees, the



impairing effects of THC, and the potential negative workplace safety implications.

Covering cannabis as part of an insurance benefit will likely result in greater use by employees. But increased use of cannabis by employees can create a significant risk of injury to workers and members of the public. The research is clear. THC in cannabis has an impairing effect, even at low levels, and can cause dizziness, disturbances in attention and concentration, disorientation, impairment of motor skills, and loss of full control of bodily movements. For employees with safety-sensitive positions, such as the operation of machinery or vehicles, THC-induced impairment can have serious consequences.

Studies link cannabis use to adverse workplace consequences, including increased risk of injury or accidents. A recent study by the [National Institute on Drug Abuse](#) found that workers who tested positive for THC had 55% more industrial accidents, 85% more injuries, and 75% greater absenteeism compared with those who tested negative for THC.

At the same time, employers are increasingly considering second-chance employment practices to improve workforce participation, as well as the hiring of workers in recovery, who are more productive and less prone to turnover. Some employers are creating

policies that give employees a chance to complete education or treatment after failing pre-employment drug screening or drug screening prompted by workplace impairment. Employers can consider policies that both support employees who have a history of substance misuse and simultaneously help maintain a drug-free workplace.

4. To help evaluate the implications of cannabis use for their organization, employers can begin by systematically gathering data (of claims and other impacts).

Employers are encouraged to establish metrics that measure the cost of cannabis use on health and welfare programs, retention, turnover, and productivity.

In particular, employers can examine claims and changes in program-usage rates tied to employee use of cannabis in these areas:

- ▶ Medical claims
- ▶ Mental health and substance use disorder claims (e.g., cannabis use disorder, depression, anxiety, PTSD)
- ▶ Absenteeism
- ▶ Hiring and turnover costs
- ▶ Overall productivity
- ▶ Workers' Compensation claims
- ▶ Chronic condition management
- ▶ EAP use

Misuse of cannabis products will have a ripple effect on health and welfare program costs, workplace safety, and morale and productivity. If monitored and measured, these consequences can be addressed through better employee education, employment policies, and remedial programs.

5. Employers can advocate for public policy advancing better (not just more) independent cannabis research to understand the plant's true therapeutic benefit.

Employers are encouraged to collaborate and use their collective purchasing power to become a resource for policymakers, advocating that cannabis undergo the same rigorous testing as other FDA-approved drugs to ensure its quality and efficacy in treating specific conditions.

As background to this issue, a [clinical brief](#) prepared by the National Alliance in October 2019 features the difference between FDA-approved cannabinoid products and non-FDA approved hemp-derived dispensary products and medical cannabis. The clinical brief also provides baseline education on cannabis-derived medical therapies, their impact on cognition, and safety concerns related to use of THC/CBD products.

A benefit-risk assessment is the foundation of the FDA's system for approving medicines and protecting patient safety. Before a therapy can be delivered to patients, a comprehensive, rigorous review of the drug to determine its effectiveness in treating, preventing or mitigating disease and whether the drug's expected benefits outweigh its potential risks to patients.

Report Acknowledgments

The National Alliance thanks the following regional coalitions for their efforts, participation and support of this project.



**Greater Philadelphia
Business Coalition
On Health**
"Building Bridges to Better Healthcare"

Greater Philadelphia Business Coalition on Health

Established in 2012, the Greater Philadelphia Business Coalition on Health (GPBCH) is a membership organization open to any employer that is corporately based or that has a significantly employed population in our service area. The Coalition's service area includes the Philadelphia five-county region (Philadelphia, Bucks, Montgomery, Chester and Delaware Counties), the State of Delaware, and Southern New Jersey (Camden, Burlington, Gloucester, Salem, Cumberland, Atlantic and Cape May Counties). GPBCH also offers affiliate memberships to organizations that do not participate as employers but have an interest in supporting GPBCH's mission. Our mission is to increase the value of health benefit spending for employer members by improving workforce and community health, increasing healthcare quality and safety, and reducing health care costs. The Coalition represents employer interests in working with health plans, health care providers, benefits consultants, suppliers, and other system stakeholders to address population health priorities and to ensure that when health care is needed it is accessible, affordable, high-quality, and safe.



**Kentuckiana
Health Collaborative**

Kentuckiana Health Collaborative

The Kentuckiana Health Collaborative is a nonprofit coalition of businesses and healthcare stakeholders working to solve complex health problems with the goal of improving the health status and healthcare

delivery in Greater Louisville and Kentucky. The collaborative is particularly useful in solving problems where multiple sectors can accomplish more together than alone. The KHC works to accomplish this mission through a variety of healthcare measurement and community health initiatives that leverage employer engagement, multi-stakeholder collaboration, and education to transform and optimize healthcare. The mission of the KHC is to coordinate action-oriented efforts to mobilize the community to improve health and well-being. The KHC works collaboratively to improve access to high quality care and drive cost-efficient solutions, enhancing the economic competitiveness of the region.



**Pittsburgh
Business Group
on Health**

Pittsburgh Business Group on Health

Since the 1980s, the Pittsburgh Business Group on Health has been driving change in healthcare, giving a voice to employers in their efforts to contain rising costs for care and prescription drugs that are suppressing the ability of their employees to receive the care they need when they need at a price they can afford. More than 100 leading employers from across southwestern Pennsylvania enjoy the benefits of and solutions provided by PBGH – one of the nation's leading non-profit organizations dedicated to helping companies protect and promote their ability to provide high-quality, equitable and affordable healthcare for their employees. From award-winning prescription drug containment initiatives to nationally renowned educational programs for human resources, benefits managers, and C-suite officers, PBGH delivers the comprehensive cost-savings and health and wellness solutions companies need today to drive and implement change in healthcare. PBGH's targeted voice advocates for employers at the highest local, state and federal levels – lobbying and pursuing real transformation in the way healthcare is delivered and paid for so companies and organizations have the power to be competitive and succeed so our region thrives.



Washington Health Alliance

The Washington Health Alliance (Alliance) is a 501(c)(3) nonprofit nonpartisan organization working collaboratively to transform Washington state's health care system for the better. The Alliance brings together more than 185 committed member organizations to improve health and healthcare by offering a forum for critical conversation and aligned efforts by health plans, employers, union trusts, hospitals and hospital systems, health care professionals, start-up companies, consultants, consumers, and other healthcare partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on healthcare quality, value, pricing, and overall spending. The Alliance publishes its reports at www.WACommunityCheckup.org and provides guidance for consumers at www.OwnYourHealthWA.org so that individuals can make informed healthcare decisions.

National Alliance of Healthcare Purchaser Coalitions (National Alliance)

(National Alliance) is the only nonprofit (501(c)6) purchaser-led organization in the country with a national and regional structure. The National Alliance and its members are a powerful force for change representing more than 45 million Americans, who collectively spend more than \$300 billion annually on healthcare.

The National Alliance thanks Greenwich Biosciences for their support of in this project and the employer roundtables and formulation of this report include:

Greenwich Bio Sciences





National Alliance of Healthcare Purchaser Coalitions

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National Alliance
of Healthcare Purchaser Coalitions
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