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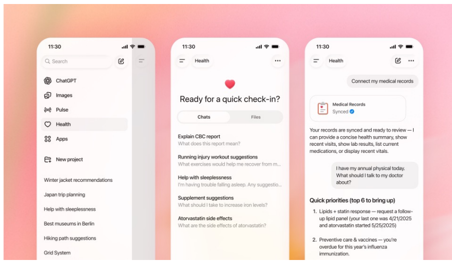
AI Is Becoming a Bigger Part of Healthcare — Along With New Risks



Hundreds of millions of people use ChatGPT for health-related questions each week. OpenAI recently introduced Health in ChatGPT, allowing users to upload information such as lab results and medications and, with permission, connect with Apple Health data. The system can help users compare results over time, summarize changes, and identify patterns involving sleep, activity, and exercise.

While AI may improve access to health information, experts caution that it can provide inaccurate or misleading guidance and should not replace professional medical care. As it currently stands, the onus is on the user to determine when to escalate concerns to a medical professional — and when not to trust advice given by a chatbot. Privacy is another consideration when sharing sensitive health information. While OpenAI says Health in ChatGPT includes additional encryption protections and that health records are not used to train its models or target advertising, the FTC has warned consumers about the risks of sharing data.

As employees increasingly use AI for health guidance, employers should reinforce available benefits-navigation resources, encourage consultation with qualified providers, and promote awareness of privacy risks. Source: *CBS News*

Nearly One in Four Employees Report "Job Lock" Because of Health Insurance

A West Health-Gallup study found that 24% of U.S. workers with employer-sponsored health coverage — approximately 23 million adults — report staying in a job they would prefer to leave because they fear losing their health insurance. That's an eight-percentage-point increase since 2021.

Healthcare affordability appears closely connected to the trend. Among workers with medical debt, 44% reported job lock, compared with 21% without medical debt. The rate increased to 48% among those who described healthcare expenses as a major financial burden.

Health status also matters. Workers with one or more chronic conditions reported job lock at a higher rate than those without chronic conditions (29% vs. 17%), increasing to 41% among workers with three or more diagnoses. Women also reported job lock at a higher rate than men (30% vs. 20%).

Rising premiums, prescription costs, out-of-pocket expenses, and exposure under high-deductible health plans may make employees increasingly reluctant to leave established employer coverage. Source: *Gallup*

How Self-Funding Helped One Employer Cut Drug Costs by 41%

Without considering self-funding, many employers may be overpaying for their health plans. Managing drug costs can have the greatest impact on overall plan costs, as drugs now comprise a significant share of medical care and treatment in the U.S. (CDC.gov).

An employer with 520 employees received a 31% health plan renewal increase. The health insurer cited a large, ongoing drug claim of more than $1.7 million as the primary cost driver. One of the greatest advantages of self-funding is access to cost-containment and risk-management levers unavailable with fully insured plans.

They chose a self-funded arrangement that allows the employer to contract directly with a PBM of their choice. By controlling the PBM contract terms and negotiating Average Wholesale Price (AWP) discounts on prescription drugs, the employer paid 41% less than the previous year.

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How to Move Your Child's Healthcare to College

Managing a college student's out-of-state healthcare transition requires proactive steps before departure.

Doctors and therapists are licensed by state. The state governing your child's doctor visit is where the child is sitting, not the location of the clinician. The single most important question to ask providers if your child no longer lives where you live: "Can you still treat my child when they're in [your child's new state]?" Largely, the answer will be no. Rather than wait until care is needed, parents may want to help their child secure local referrals and manage prescription refills early.

One other note: at 18, your child is a legal adult. If they end up in an emergency room, a parent who calls can be told nothing — not the diagnosis, not the treatment plan, not even whether their child is there. Two documents fix this: a HIPAA authorization, which allows providers to share medical information with you, and a FERPA release, which covers school records, including, at many institutions, health center records. That paperwork can allow and limit parental access. Students are allowed to have their own doctor and maintain privacy. Source: *Forbes*

Cardio and Strength Training May Work Best Together

A recent study in the British Journal of Sports Medicine examined whether resistance training, alone and combined with aerobic activity, affects all-cause and cause-specific mortality. The study followed a large cohort of U.S. health professionals for 30 years.

Seventy-five percent of participants achieved the weekly equivalent of 2 hours 10 minutes of brisk walking or 45 minutes at a 10 minute mile pace of running. The lowest risk for death was observed in individuals with high levels of both aerobic AND resistance training, or with very high aerobic activity alone. Specifically, the study found that 90–119 minutes of resistance training per week was associated with a 13% lower risk of death from any cause. More than 120 minutes per week was not associated with additional mortality benefits. This was consistent for deaths from heart disease, cancer, and neurological diseases.

Importantly, having low resistance training and low aerobic activity did not increase risk beyond having either at low levels, indicating no extra harm from doing neither.

Source: *News Medical Life Sciences*

GLP-1 Use Surges Among Teens and Young Adults

GLP-1 use for obesity treatment among adolescents and young adults has increased substantially, while bariatric surgery has declined.

Researchers analyzed more than 200,000 patients aged 13 to 25 treated for obesity between May 2022 and January 2026. Exclusive GLP-1 use increased from 88% in 2022 to 96% by early 2026, while bariatric surgery declined from 11.6% to 3.7%.

Researchers say additional evidence-based guidance and research are needed regarding long-term GLP-1 use among younger populations.

Expanding GLP-1 utilization could further affect prescription drug spending. Employers and health plans should consider changing utilization patterns when evaluating GLP-1 coverage and future pharmacy costs. Source: *Health Day*