Fact vs Fiction – A Blunt Perspective on Trends and Cost Drivers in the Healthcare Ecosystem & The Questionable Future of Health Insurance

Michael Menerey, EVP
Zach Peterson, Pharmacy Consultant

Agenda

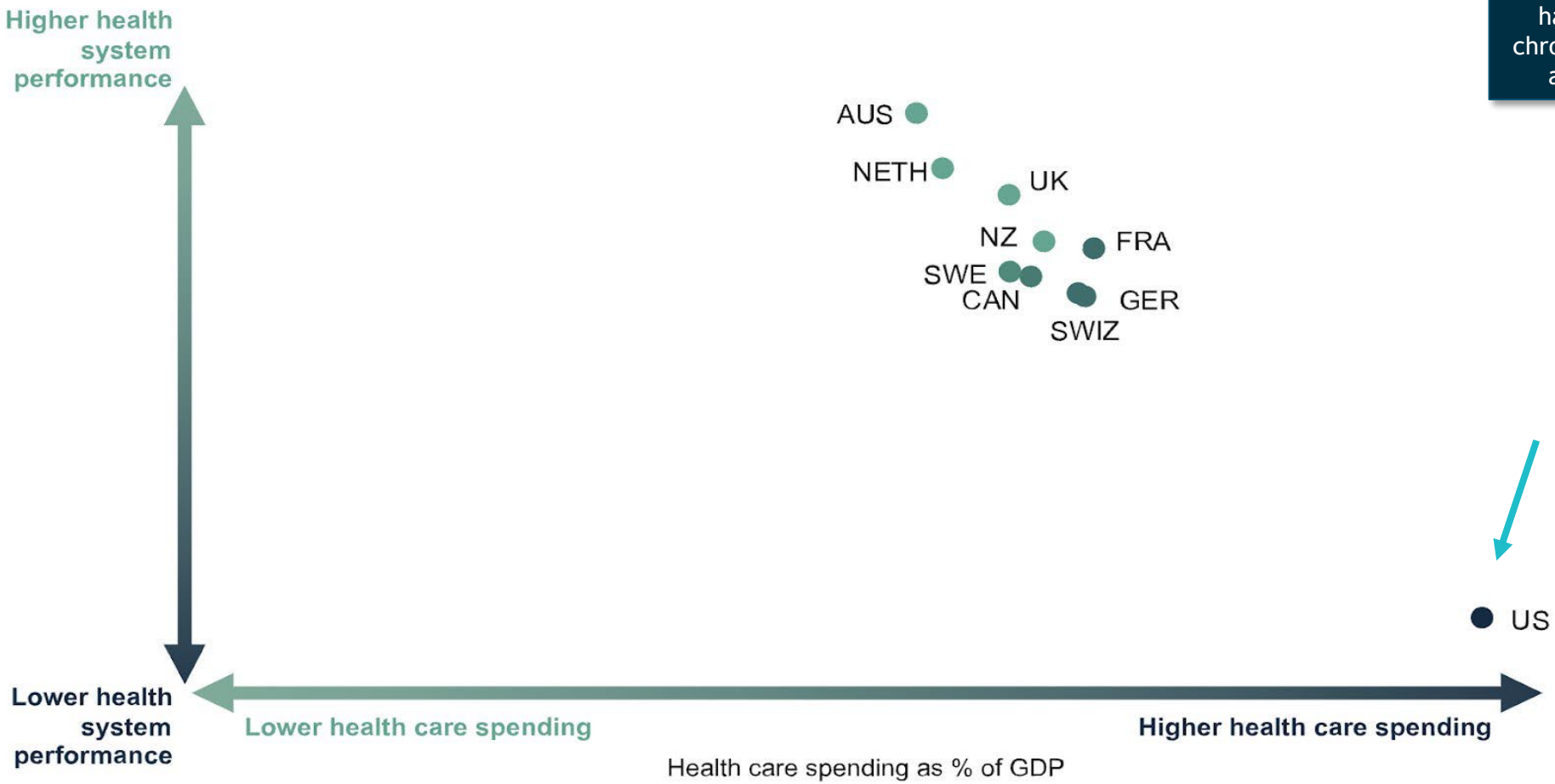
The Big Picture

Key Trends in Healthcare & Health Insurance

The Future of Health Insurance??

How We Compare to Other Industrialized Nations

Of the top 10 leading causes of death in the US, half are related to preventable and treatable chronic diseases. Cardiovascular disease, cancer, and diabetes are the top 3 causes of death.

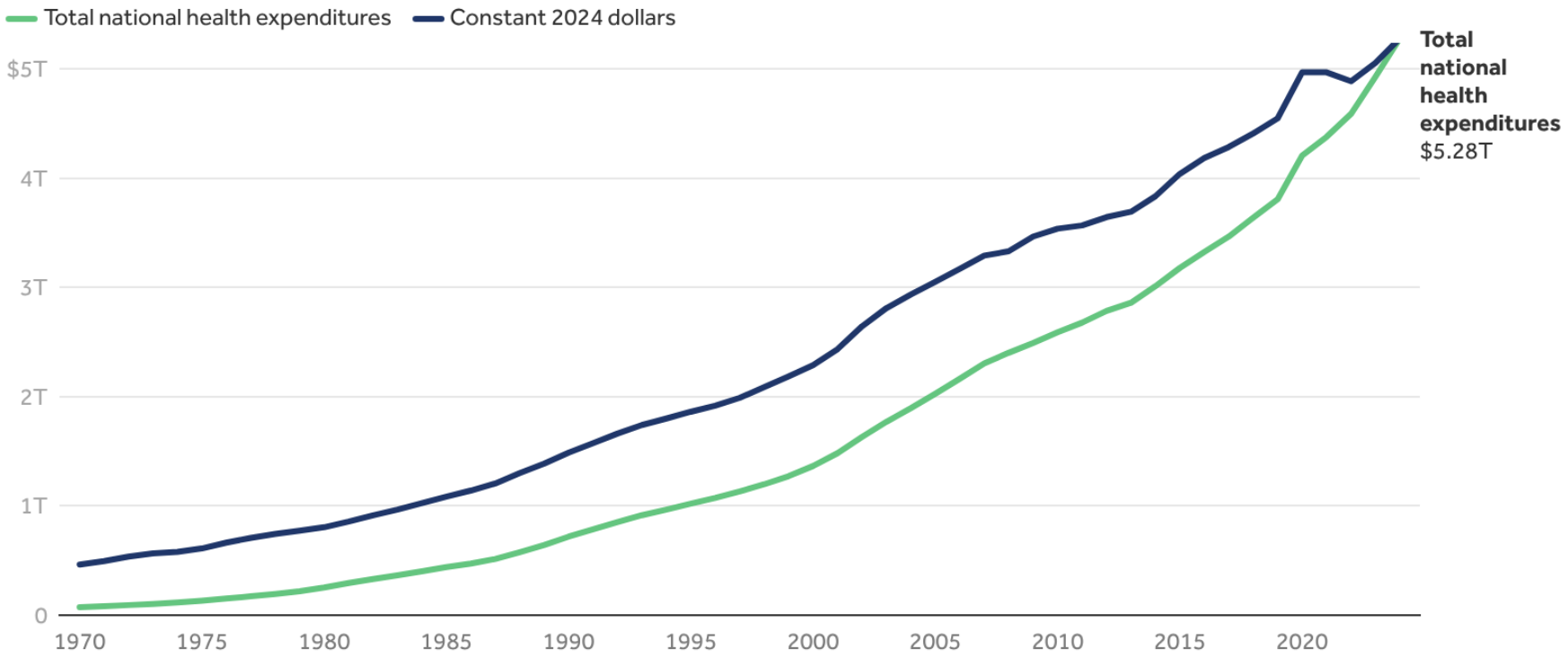


The U.S. spends the most on health care, and has the worst performance

Source: Mirror. Mirror 2024 Commonwealth fund

The Problem

Total national health expenditures, 1970-2024



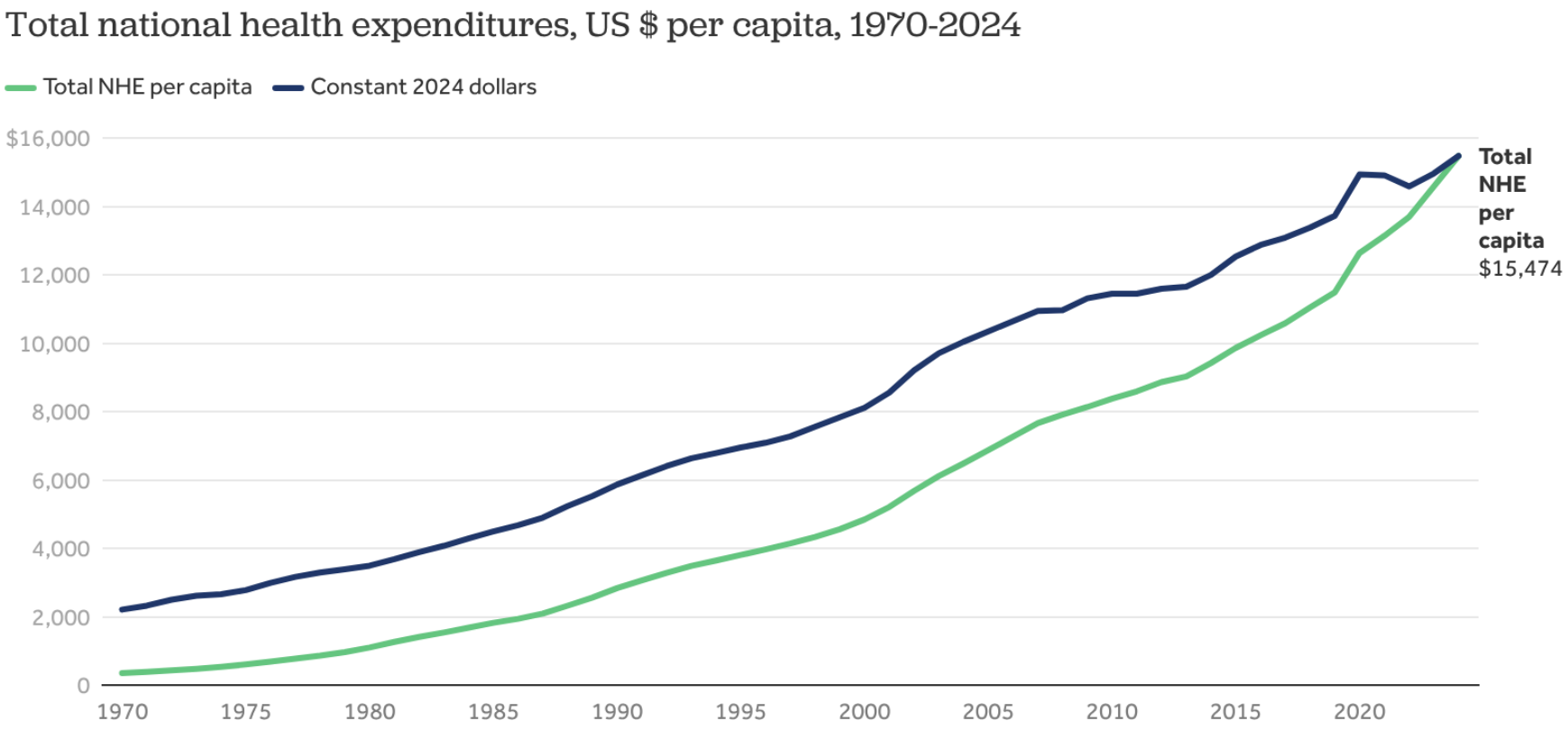
Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another. Originally published in How has U.S. spending on healthcare changed over time?

Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF Health System Tracker

The Problem

Annual per person health spending reached $15,474 in 2024



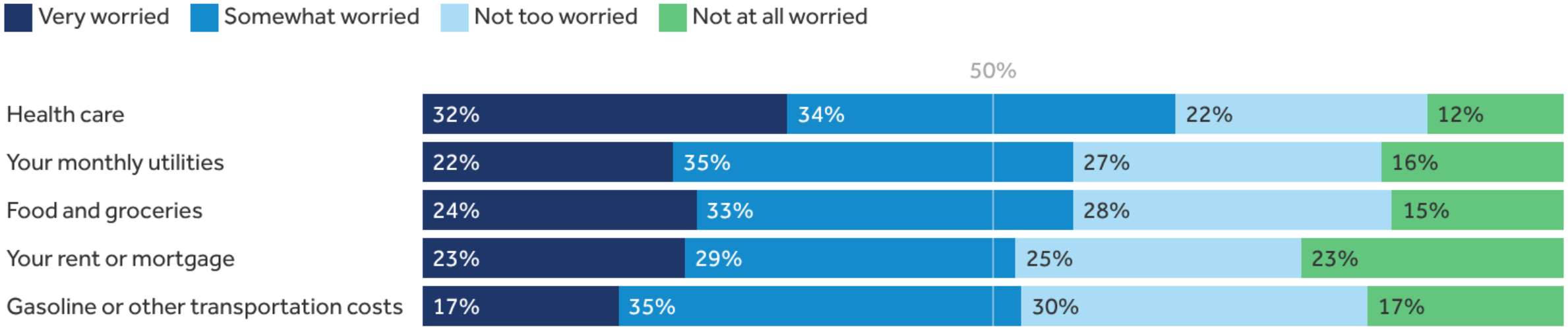
Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another. Originally published in How has U.S. spending on healthcare changed over time?

Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF Health System Tracker

The Problem - Affordability

How worried, if at all, are you about being able to afford each of the following for you and your family?



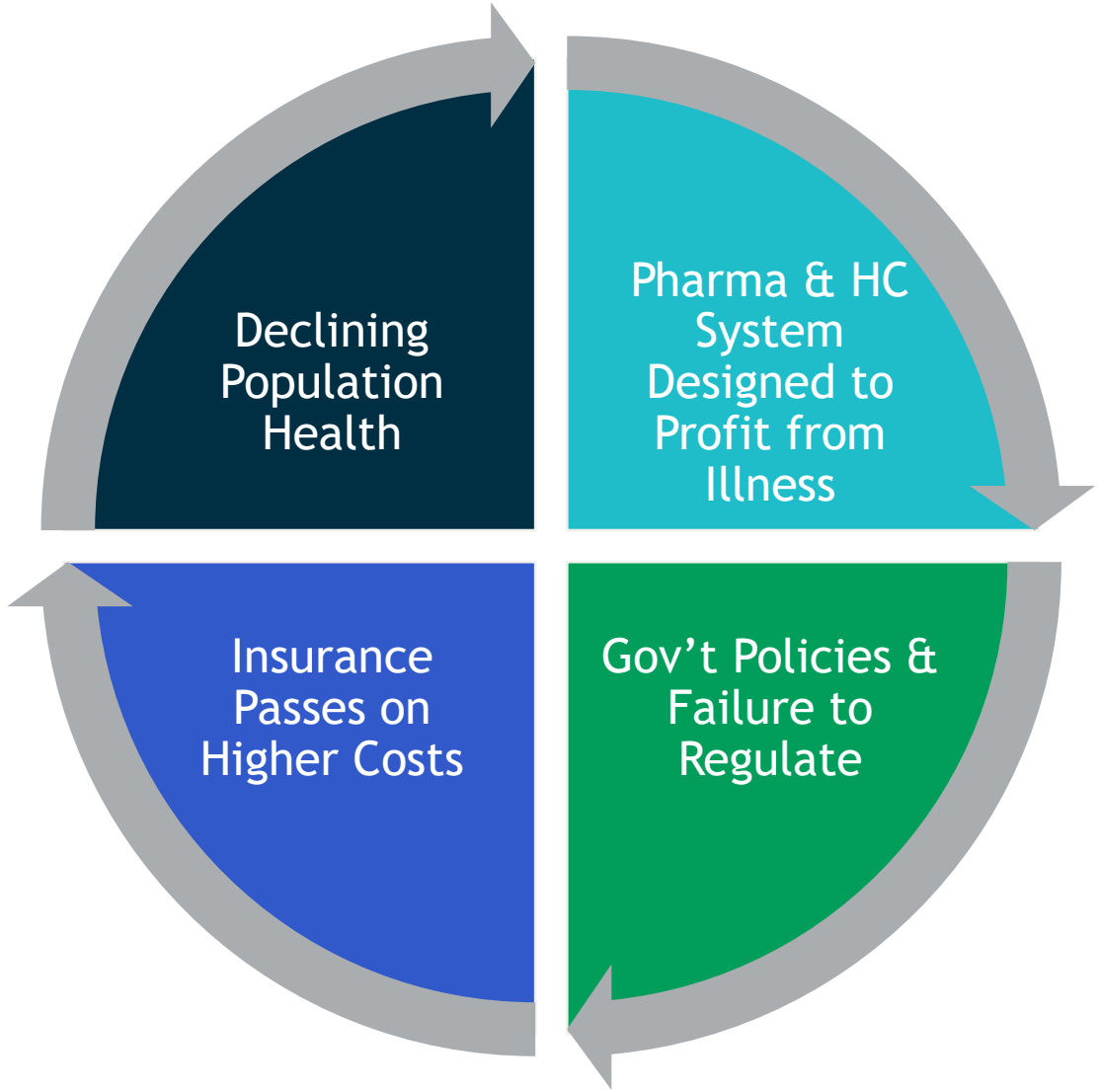
Note: Healthcare includes the cost of health insurance and out-of-pocket costs for things like office visits and prescription drugs. Monthly utilities include electricity or heat. See topline for full question wording.

Source: KFF Health Tracking Poll (January 13-20, 2026)

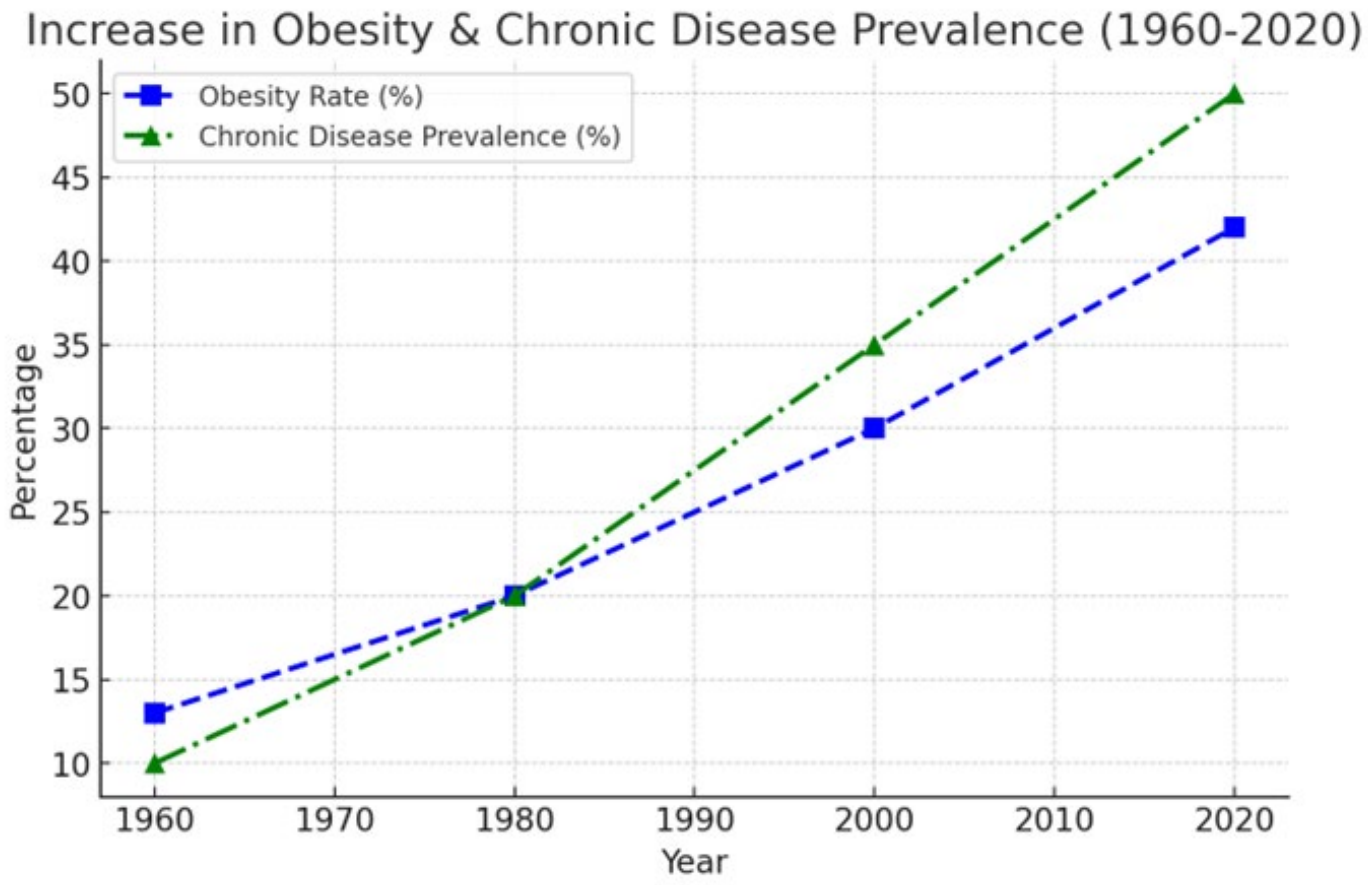
Peterson-KFF Health System Tracker

The Vicious Cycle Driving Higher Costs

A natural ecosystem for increasing chronic disease and higher insurance costs



Declining Population Health



- Chronic Disease, Obesity, GI Disorders, Mental Health getting worse
- New diseases emerging: Autoimmune, PCOS, Neurological Disorders

Declining Population Health

Food & Beverages as a primary driver of Illness

- Agriculture system dependent on pesticides that cause cancer and metabolic dysfunction; trace amounts are found in most packaged grocery store products and fruits/vegetables.
- Soil depletion by pesticides and industrial farming/tillage practices – whole foods are less nutrient dense than they were 60 years ago
- Ultra processed food now represents 66% of our diets; includes chemicals, additives, sugar & sugar equivalents that are toxic to our bodies, driving obesity and chronic disease

Environmental Toxins

- Present in consumer goods, personal hygiene and cleaning products, furniture, paint, plastic, etc.; disrupt hormones and normal cellular functions in the body

Sedentary Lifestyle as a secondary driver of illness

Pharmaceutical Industry & Our Healthcare System

The Pharmaceutical Industry drives how we “treat” illness

- Physicians are trained to adopt a drug first approach to healthcare
- 2023 Per Capita spending on prescription drugs $2,200+ vs $101 in 1960
- Changing area of focus: Acute to Maintenance Medications
- Pharma is focused on designing lifetime "treatments" for Chronic Disease that don’t cure anything, just help us not get worse
  - Newer more expensive versions developed for marginal improvements

Our Healthcare System is profit-driven sick care system

- Symptom focused, drug first, procedures second protocol; no focus on root cause
- Primary Care System is Broken: low reimbursement/limited time with patients
  - No detective work, just drugs for symptoms and referrals to specialists
- Bigger focus on secondary and tertiary care (vs Primary care) due to $$$$
- Access to ALL types of care challenging; rural areas especially difficult
- Poor Patient Experience is the norm

No Healthcare Marketplace to create competition

- Carriers and PBM’s have little leverage to negotiate on price

Government's Role

Government Regulation & Policy

- The Food & Drug Administration (FDA) isn't an independent organization; 50% of it's funding comes from the organizations it's supposed to regulate!
- Regular approval of expensive drugs offering marginal clinical improvements or efficacy
- The FDA has allowed the use of dangerous agricultural chemicals, food additives, and food processing techniques.
  - There are over 10,000 additives allowed in the U.S. food supply, many of which have never been tested for human safety
  - A loophole in legislation from 1958 let's companies determine what's "safe" for consumption: Since 2000, food and chemical companies have added 863 chemicals into our food supply; only 10 were reviewed by the FDA.
- In 2025, the Federal Gov't spent $11B on farm subsidies for corn, soybeans, wheat and cotton.
  - These subsidies artificially lower the cost of commodity crops that are used to produce ultra-processed food and at the same time make whole nutritious food more expensive.

Source: https://www.ewg.org/research/secret-gras-how-100-food-chemicals-bypassed-government-safety-review ; https://www.ewg.org/news-insights/news/2025/07/ewg-analysis-almost-all-new-food-chemicals-greenlighted-industry-not-fda ; https://petrieflom.law.harvard.edu/2026/01/08/worst-of-both-worlds-fdas-funding-structure-corporate-capture-and-political-interference/#:~:text=This%20close%20relationship%20has%20real,for%20lack%20of%20effectiveness%20evidence; Food Fix Uncensored – Dr. Mark Hyman

Government's Role

Government Regulation

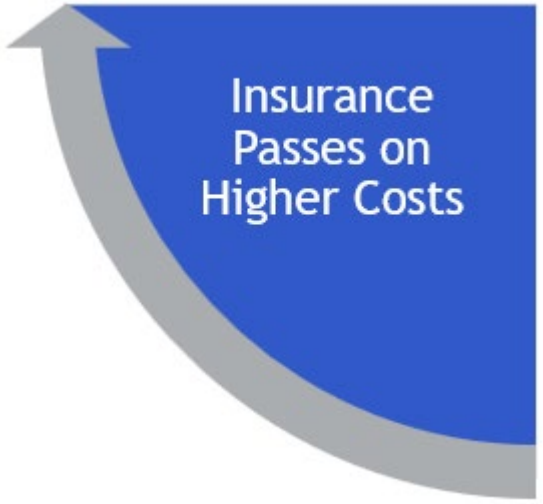
- The leaders in Congress and within the Federal Gov't are heavily influenced by lobbyists who have a big financial incentive to preserve the status quo

Top Lobbying Sectors 2025	
Sector	**Total**
Health	$867,539,940
Finance/Insur/RealEst	$711,251,433
Communic/Electronics	$666,000,817
Misc Business	$661,387,859
Energy/Nat Resource	$485,324,539
Other	$374,038,720
Transportation	$369,918,339
Ideology/Single-Issue	$238,907,628
Total	**$4,374,369,275**

Health Lobbying Industry Breakdown	
Industry	**Total Spending**
Pharmaceuticals/Health Products	$451,815,914
Hospitals/Nursing Homes	$152,888,478
Health Services/HMOs	$142,018,814
Health Professionals	$100,901,362
Misc Health	$19,915,372
Total	**$867,539,940**

Source: https://www.opensecrets.org/federal-lobbying/sectors/summary?cycle=2025&id=H

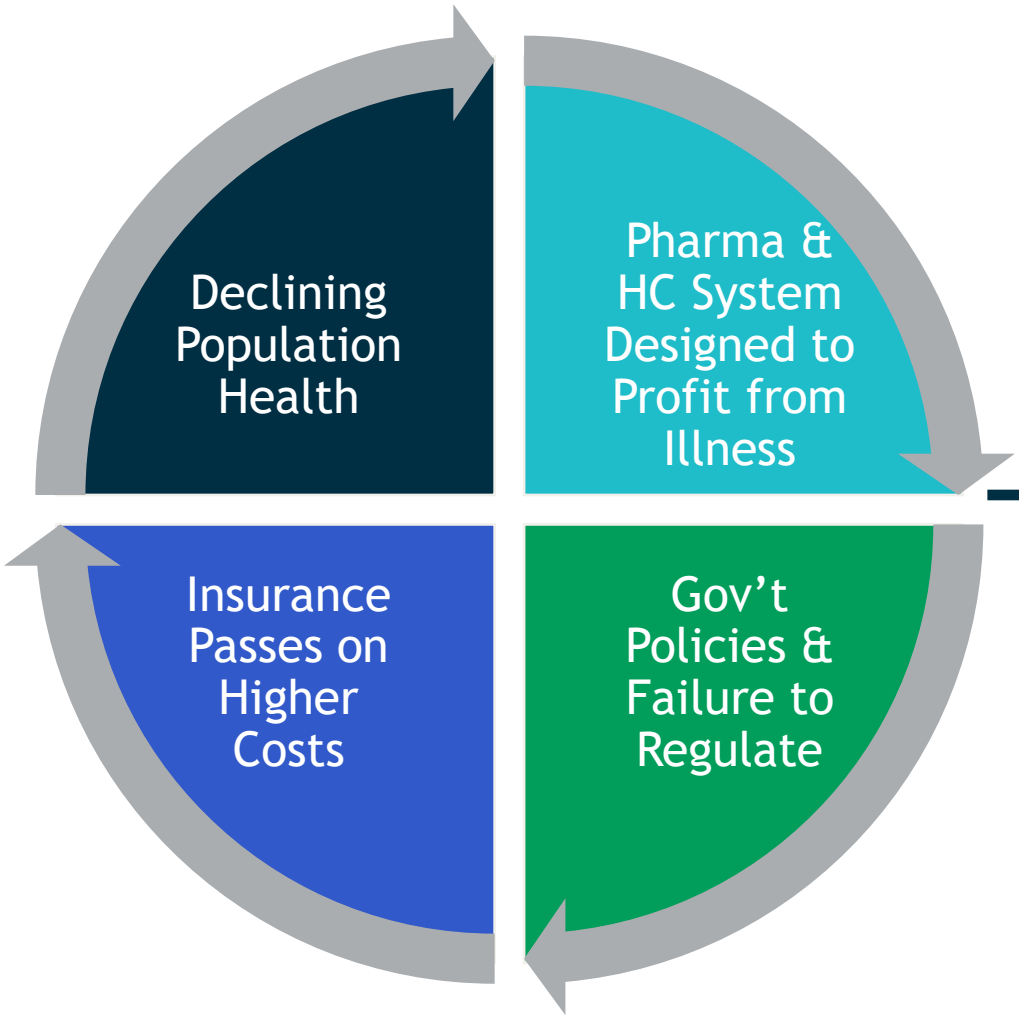
Insurance is a Pass Through



Health Insurance is not designed to control costs

- The Network Model is flawed: % Discount off a billed charge that changes every year; results in massive price variation with no relation to quality
- Pharmacy Model is flawed: Cost plus model and drug manufacturer kickbacks creates misaligned incentives to cover expensive wasteful drugs
- Expensive drugs and medical treatments are almost always covered if approved by FDA (safety focused) regardless of cost or efficacy
- Benefit design is flawed – copays and OOP Max insulates patients from actual cost (i.e. no consumerism)
- Federal and State benefit mandates continues to expand which impacts cost
  - Ex: Infertility treatment

The Vicious Cycle Driving Higher Costs



We get sicker, health plans cover care and drug "innovations" from Pharma and the Healthcare System, and we all pay more, year after year.

Why Nobody Has Fixed It - Alignment of Interest

Entity	Reduce Cost / Utilization	Improve Health of Population
Food & Agriculture Industry	N/A	✗
Pharmaceutical Industry	✗	✗
Hospital System	✗	✗
Insurance Carrier	✗	✗
Pharmacy Benefit Manager	✗	✗
Medicare/Medicaid	✓	✓
Self-funded Employer	✓	✓

Key Trends in Healthcare & Health Insurance

Consolidated Appropriations Act (CAA) – passed 2026

Alliant Insurance Services

The Consolidated Appropriations Act, 2026, (CAA) was signed into law on February 3rd, 2026

- **PBM oversight and transparency for group health plans (including self-funded ERISA plans):**
  - Establishes new federal reporting requirements for PBMs
  - Requires 100% of rebates and other fees need to be paid to ERISA clients
  - Effective Date: Provisions become effective for plan years beginning on or after the date that is 30 months after enactment, which will be January 1, 2029, for calendar year plans
- **CMS contract terms oversight:**
  - CMS to define and enforce "reasonable and relevant" contract terms between Medicare Part D plans and their PBMs/pharmacies
  - Reimbursement and dispensing fee requirements
  - Establishes a formal appeals process for pharmacies to challenge terms that don't meet those standards
- **CMS enforcement and funding:**
  - Funds CMS to implement and enforce the new contract standards and oversight activities
- **Medicare Part D Delinking:**
  - Prohibits PBM compensation in Medicare Part D from being tied to the manufacturer's list price of a drug
- **Enhanced transparency measures:**
  - Transparency and reporting mandates for CMS to track PBM payment trends, pharmacy network inclusion, and payment data in Medicare Part D

Takeaways

- This funding package covers Fiscal Year 2026 appropriations for multiple federal departments and agencies
- PBM reform provisions largely impact Medicare Part D, though ERISA clients are specifically stated
- Most of the requirements will not take effect until 2028-2029
- Reporting requirements include semi-annual disclosures of drug-level payments, rebates, fees, PBM spread amounts, and payments to affiliates, brokers, or consultants

Department of Labor - Proposed PBM Requirements

The Department of Labor aims to increase transparency in PBM compensation for ERISA-covered, self-insured group health plans.

- **Impact:**
  - Requires PBMs and affiliated brokers/consultants to disclose detailed compensation information to plan sponsors. Employers would need to review this additional compensation disclosure as part of their ERISA fiduciary duty to assess the reasonableness of compensation paid under its PBM arrangement
- **Key Provisions:**
  - Initial disclosures before contract, renewal, or extension
  - Semi-annual reports on actual compensation earned
  - Detailed compensation specifics, including direct payments, third-party payments, spread compensation, and copay claw-backs
  - Audit rights for self-insured group health plans

Takeaways

- While these rules are not yet final, plan sponsors should work with their PBM and Alliant teams to identify the impact of new disclosure requirements compared to what is currently provided
- Non-calendar-year plans could be affected on or after July 1, 2026, while calendar-year plans would generally be affected in 2027
- If finalized, this would significantly impact the compensation details self-funded clients receive, and are required to review, from their PBMs and affiliated entities

TrumpRx

TrumpRx officially went live on February 5th, 2026. Here is what Employers should know:

- Alternative Purchasing Option: Supplements, but does not replace, insurance coverage
- Potential Cost Savings: Offers lower prices on uncovered drugs via cash payments, reflecting instant rebate value
- Insurance Comparison: Insurance is typically cheaper for covered drugs and copays/coinsurance paid through insurance count towards accumulators like deductibles and out-of-pocket maximums
- Limited Integration: Doesn't currently integrate with existing commercial plans or cost-sharing models
- No Deductible/OOPM Credit: Purchases do not count toward insurance deductibles or out-of-pocket maximums
- Valid Prescription Required: Requires valid prescriptions sent to participating pharmacies, not directly to TrumpRx
- Spending Accounts and Plan Accumulators: HSA/FSA/HRA dollars can be used to purchase prescription drugs on TrumpRx.
- Product Availability: Includes weight-loss and diabetes GLP-1s, insulin, cardiovascular, respiratory, and other medications
- Program Structure: Involves manufacturer agreements and aims for Medicaid Most Favored Nation (MFN) pricing

Takeaways

- Always compare prices with insurance cost-share and other discount platforms like GoodRx
- Many brand drugs offered on TrumpRx have generic alternatives that are significantly lower in price through other channels (i.e. GoodRx)
- TrumpRx can benefit patients whose prescriptions are not covered by their insurance, or members in HDHPs that pay 100% of non-preventive drug costs before their deducible

FTC, Cigna settle PBM insulin lawsuit

Context

- Sept ‘24 – FTC sues Express Scripts, OptumRx, Caremark PBMs for allegedly inflating the list price of insulin drugs
- Feb ’26 – Cigna settles, does not admit guilt, agrees to reforms
- UnitedHealth Group (OptumRx) and CVS Health (Caremark) remain in litigation with the FTC

Under the settlement, Express Scripts will enact the following changes

- By Jan 1, 27
  - No longer omit drugs with a low per-unit list price on formularies, or give preferential treatment to those with a high list price
  - Ensure employers do not pay higher than a drug’s net cost
  - Expand access to its patient assistance program’s insulin benefits
  - Delink drugmakers’ compensation from list prices
- By Jan 1, 28
  - Support employers in moving away from rebate guarantees and spread pricing
  - Improve transparency for plan sponsors
  - Pay pharmacies the cost of drugs plus a dispensing fee
- By July 1, 28
  - Ascent Health Services, Cigna’s group purchasing organization arm, will move it’s Switzerland HQ back to the United States

oGLP-1: Cost of Coverage Dilemma

Assumptions: 1,000 eligible lives | $8,000 net annual cost per user | Annual

5% Utilization
50 users
$400,000/year
$400 PEPY

10% Utilization
100 users
$800,000/year
$800 PEPY

20% Utilization
200 users
$1,600,000/year
$1,600 PEPY

Estimated annual spend ranges from $400K to $1.6M depending on utilization.

Takeaways/Considerations

- 40+% of the U.S. Population would qualify for an oGLP-1 based on labelling guidelines (e.g. BMI>30)
- ~50% discontinue therapy after the first 6 months of treatment, with that number approaching 70% after 1 full year
- Patients regain a measurable amount of weight lost (~2/3) within 1 year of discontinuation

Updates on GLP-1s and Weight Loss

CURRENT (2026)

- Two makers, Lilly and Novo Nordisk, **dominate** the GLP-1 injectable market
- Employers **exclude coverage** due to cost, high demand, and manufacturer restrictions on Utilization Management (UM) by PBMs
- A **Direct-to-Consumer** (DTC) market has emerged, but prices remain unaffordable for most, highlighting health **inequities**
- On **11/6/25**, the Trump Administration announced **price negotiations** via tariffs and Most Favored Nation agreements, and **expanded GLP-1 access** through Medicare/Medicaid
- On **12/22/25**, the FDA approved the **first oral GLP-1** for weight loss (semaglutide under the trade name Wegovy)

Potential Market Influences

Evolving Clinical Value ($$)
- Recognition of obesity as a chronic disease, not a lifestyle
- Lack of long-term data on weight loss maintenance; patient adherence concerns
- Expanded FDA Indications: Cardiovascular, MASH, sleep apnea, heart failure, kidney disease, etc.

DTC Market ($)
- Will price reductions for Medicare/Medicaid shift cost to the commercial space?
- How will the commercial market integrate with DTC options?
- Will PBMs incorporate "off plan" pricing through TrumpRx or DTC, or will third-party point solutions?

New Medications ($$)
- Additional oral GLP-1s in the pipeline
- Could Pfizer's purchase of Metsera lead to more drugs, increased competition, and lower prices?

ACA ($$$)
- Coverage under Medicare/ Medicaid might prompt ACA to include obesity treatment as an Essential Health Benefit and/or preventive care

[1] https://www.jpmorgan.com/insights/global-research/current-events/obesity-drugs

Weight loss drugs are expected to become a $100B market by 2030, with over 30 million GLP-1 users in the U.S. (about 9% of the population)[1]

FUTURE (2027+)

- **More weight loss drugs**, including **oral** options, that are more **effective**, with **fewer side effects**, and **lower costs**. Ability to **tailor drug choice** to patient needs. **Generic** options for weight loss maintenance
- Better long-term **data**
- Employers supplement DTC market with **lifestyle management programs**

The Future Indicators for GLP-1s

Wegovy has been approved by the FDA to reduce the risk of major adverse events for individuals with cardiovascular disease (MACE) and Metabolic Associated Steatohepatitis (MASH), a liver disease. Zepbound has been approved for sleep apnea.

Researchers are exploring GLP-1s to treat even more conditions in the future, many of which have a correlation to obesity:

- Cancer
- Fatty Liver Disease
- Parkinson's Disease
- Kidney Disease
- Alzheimer's Disease
- Addiction
- Anxiety & Depression
- Osteoarthritis

*In several recent studies, **GLP-1** drugs showed early potential in preventing many common **cancers known to be driven by obesity**, including breast, colon, liver, and ovarian.*

*Outside of weight loss, the medications seem to act on a number of the body's mechanisms to **reduce vulnerabilities to cancer** – including better glycemic controls and anti-inflammatory effects.*

Weight-loss drugs like Wegovy may help stave off some cancers; August 2024
Researchers explore 9 more diseases GLP-1s could treat; April 2024

PBM & Vendor Partnerships – oGLP-1s

- PBMs have been focused on rolling out both internal and external solutions related to oGLP -1 coverage
- Depending on the vendor, programs can either be run concurrent or prospectively to allow GLP-1s coverage criteria

	CVS	ESI	OptumRx (depends on contracting path)	Prime	MaxorPlus	Navitus	Other
Vendors with a contracting path:	Weight Watchers Wondr In Progress: Lark Noom Teladoc Vida	Omada In Progress: Teladoc	Calibrate Real Appeal Virta Weight Watchers In Progress: Teladoc Transcarent	Vida (1/1/25) Virta	Wondr (effective 1/1/25)	Noom Virta	• Lark – Carelon • Noom – Livinti • Ochsner – MedImpact • Omada – Digital Health Formulary & SafeGuardRx • Transcarent – Prescryptive & SmithRx • Vida - CapitalRx • Virta – CapitaRx & Cerpass
Vendors that have current experience integrating with the PBM (file feeds):	Calibrate Form Noom Transcarent Vida Weight Watchers	Omada Transcarent Vida Teladoc – Pilot client	Calibrate Real Appeal Virta Weight Watchers	Calibrate Digbi Vida Virta Wondr	Noom	Digbi	• Noom – CapitalRx, Health Partners, & SmithRx • Ochsner – MedImpact • Transcarent – Prescryptive & SmithRx • Vida – CapitalRx

Key Medical Trends

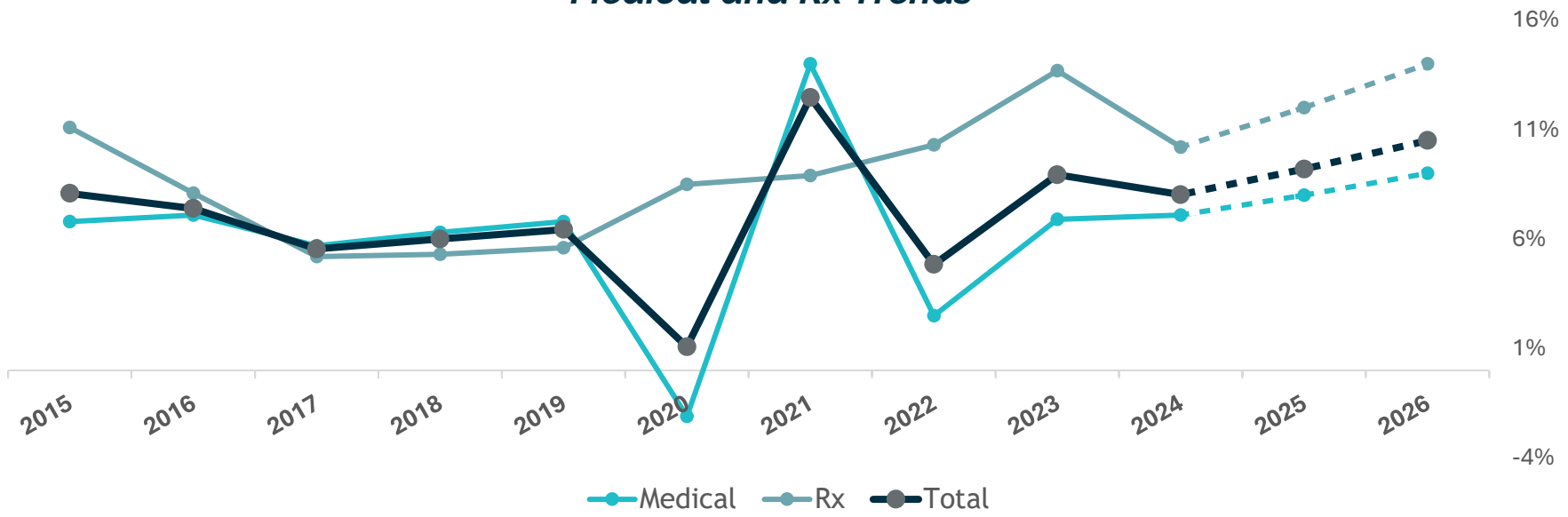
Healthcare Cost Trend is Accelerating

Absent Covid, Medical inflation has reached a 10-year high and is expected to continue through 2027.

"The high cost of treating patients isn't going away. Now what?"
*- PwC**

*"minimizing noise" may turn out to be more "disruptive" to employees than making necessary changes would be"****
- BGH

*Medical and Rx Trends**



**Data Source (2015-2024 – Segal)*

Macro Drivers of Inflation

Core Medical Inflation (~2-3%)

High-Cost Claimants (~1-2%)

- More cases/higher incidence
- Increased severity, including cancer

Increased Utilization (~0-2%)

- Chronic issues from deferred care
- Aging population/worsening health

Provider Challenges (~1%)

- Provider staffing & wage pressure
- High-cost/Low quality
- Consolidation/investment

Revenue Opportunities (~2%)

- AI coding optimization
- Scope of practice optimization

Pharmacy (~1-2%)

- Drug pipeline
- GLP-1s

Regulatory Impact (?)

- OBBA
- Tariffs

Marketplace Trends – Then

Key Issues with Traditional Insurance Plans & Healthcare Delivery System

Marketplace Solutions 2015 - 2023

- Lack of Price & Quality Transparency
  - 3rd Party Network Optimization Tools
- Insurance networks allow wasteful spending
  - 3rd Party Direct contracting with Providers
  - Benefit Design Incentives
  - 3rd Party Network Optimization Tools
- Benefit design insulates consumers from price
  - 3rd Party Network Optimization Tools
  - HDHP w/ HSA or HRA
- Poor access to care (Primary & Specialty)
  - Onsite clinics
  - Telehealth
  - Virtual Primary Care and Mental Health Options
- Lack of support for population with Chronic Disease & Illness
  - Carrier Disease Mgmt Programs
  - Digital Health Providers
- Complexity of fragmented Healthcare System; Uncoordinated care
  - Navigation & Advocacy as a Service by a 3rd party

Marketplace Trends – Now

Key Issues with Traditional Insurance Plans & Healthcare Delivery System

Marketplace Solutions 2024 - 2026

Lack of Price & Quality Transparency

Insurance Networks allow wasteful spending

Benefit Design insulates consumers from price

Integrated Products & Plan design

$0 copay incentives for Virtual Care

Network Optimization Tools built into Carrier/TPA Navigation Service/App

Dynamic Copay PPO plans that reflect cost/quality of providers

Virtual First Plans with High deductibles

Poor access to care (Primary & Specialty)

Expansion of Virtual Primary & Specialty Care Options

Virtual Primary & Specialty Care components as part of traditional plans

Lack of support for population with Chronic Disease & Illness

Expansion of Digital Health Providers for more conditions

Integration of Digital Health Providers by Traditional Carriers

Complexity of fragmented Healthcare System; Uncoordinated care

Navigation as a Service by a 3rd party collaborating with Traditional Carrier

Carrier built Navigation Services

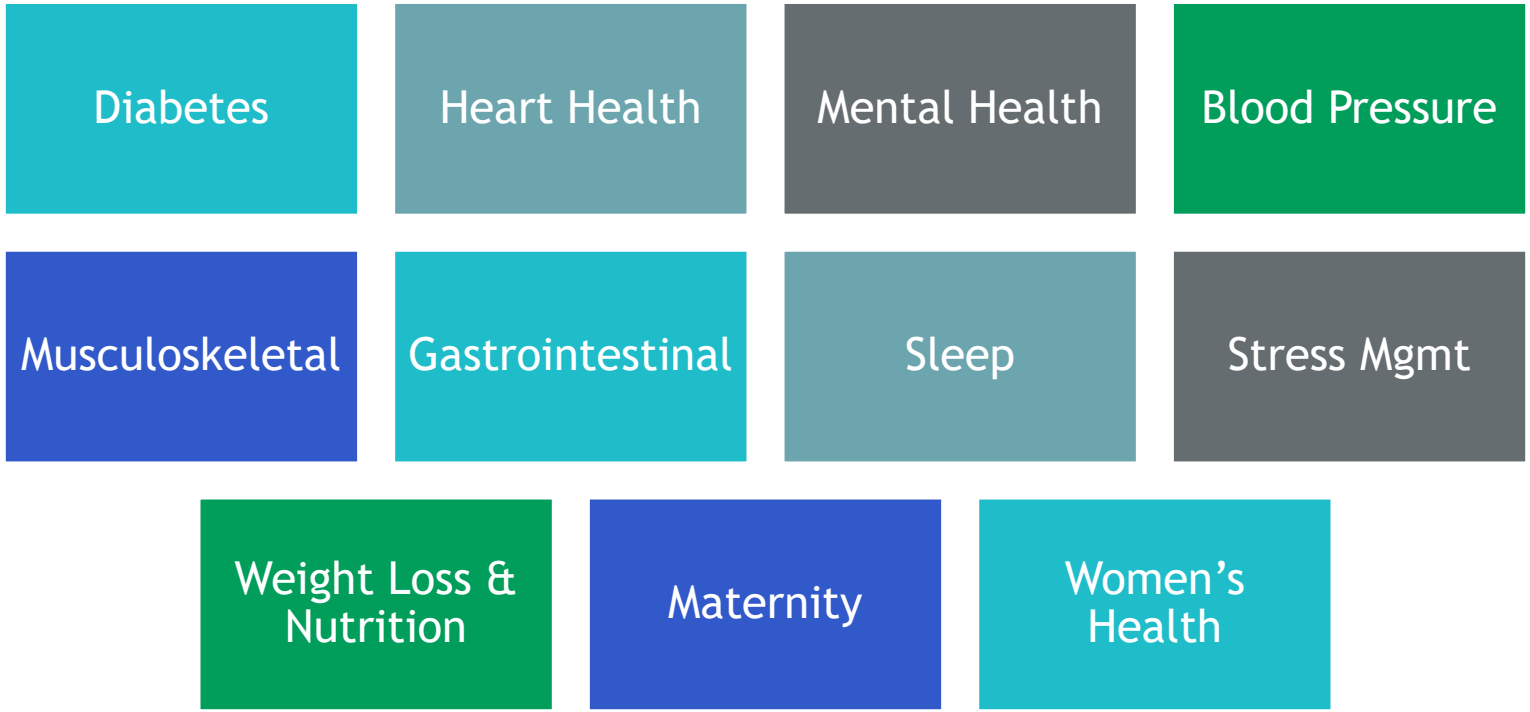
Virtual Care Options in the Marketplace	
Primary Care	Endocrinology
Peri-menopause and Menopause care	Gastroenterology
Allergy/immunology	Neurology
Cardiology	Rheumatology
Dermatology	Urology

Alliant Insurance Services

Digital Health Expansion

Early Days of Digital Health focused on Diabetes and Mental Health

Digital Health & Lifestyle Improvement Programs have expanded significantly – available through carriers or as a buy-up outside of the Health Plan



Other Notable Health Trends

- Other Notable Non-Insurance Trends
  - Comprehensive Biometric Testing replacing outdated preventive care testing in consumer market
    - Typical Preventive care labwork tests 15-20 biomarkers
    - More comprehensive services available testing over 100+ biomarkers (currently not covered by insurance but FSA, H.S.A eligible)
  - Consumer use of AI in Healthcare will change the provider patient relationship
  - Changes at the FDA – Leadership is starting to initiate more legitimate watch dog policies and practices (changed food pyramid, certain dyes mandated to be removed from foods)

The Questionable Future of Health Insurance

What Now?

Is this Sustainable?

- Option 1 – Do Nothing (or keep doing whatever you're doing)
  - Employer populations get sicker
  - Healthcare costs and inflation (and general inflation) outpace wage increases by 2 - 4x per year
    - Healthcare eats up more of our paycheck and household budgets; we get poorer
  - American businesses become less competitive vs the world
- Option 2 – Get out of the Health Insurance Business
  - Give your ee's $$$ for an ICHRA and let them buy policies in the Individual Marketplace
- Option 3: Opt out of the Vicious Cycle and create something new

Health Insurance 2.0 – An Employer Driven Innovation

Where do we start?

- Define your goal: Ex. Affordability and Optimal Health
- Adopt a Problem-Solution Framework
- Key Guidelines
  - Tear it apart – if a component of the healthcare delivery system or insurance plan doesn't support the end goal, dispose of it
  - Attack the inputs driving disease to prevent downstream costs…
  - Figure out what's missing – then add it
  - Leverage marketplace solutions to address deficiencies in traditional care delivery and insurance products
  - Do whatever you can to keep people out of the traditional healthcare system
  - Provide incentives for the behavior you want to see and penalties for what you don't want to see

Health Insurance 2.0 – A Framework

Alliant Insurance Services

Problem	Solution	Impact
Insurance covers everything the FDA approves as "safe"	Stop covering wasteful drugs, expensive treatments and procedures that don't cure or heal a disease or injury	Reduce breadth of coverage; allow employees to use H.S.A for non-covered health expenses. Take savings from reduced coverage to invest in population health.
Declining Population Health	Provide ee's & dependents with education, resources, coaching and incentives to improve their health and address other variables causing increases in disease/illness • Pay for healthy food vs drugs • Pay for a nutritionist to teach a patient how to eat healthy • Pay for a coach to help someone build exercise/sleep habits	Prevent downstream costs; reverse Chronic disease; stop the increasing prevalence of chronic disease. Keep people out of the traditional Healthcare System.
Provider Networks – variable cost and quality; inefficient price controls; difficult access to care	Don't rely on the network. Build a custom Virtual Primary Care and Virtual Specialty Network (that includes Digital Health Programs and COE's). Penalize people that don't use custom preferred providers with benefit design.	Keep people out of the traditional Healthcare System. The Network is a safety net only for emergency and specialty/critical acute care; more control on cost and quality of providers.
Broken Primary Care System; no care coordination; funnel to expensive secondary and tertiary care	Contract with a Virtual Primary Care Medical home that all plan participants are required to use, includes comprehensive biometric testing and directs all care (PPO with a gatekeeper model). VPCMH has access to refer directly to Health Plan Virtual Specialty Network, Digital Health providers; they provide data feedback loop to PCP. Care coordination happens at provider level, not at the health plan level	Better Population Health Risk Management; higher engagement with Virtual Specialty Network, Digital Health providers and more comprehensive care.
Plan design	Low to no cost for using Custom Network of providers and high value Inpatient/Outpatient facilities referred by PCP; otherwise high co-insurance and OOP Max	People pay more when going outside of the curated network within the network.
Incentives	Provide hard $$$ incentives to drive engagement with VPCMH and Health Plan Resources and improve population health; ER contribution incentives when possible	Prevent downstream costs; reverse Chronic disease; stop the increasing prevalence of chronic disease

What Next?

“Every great movement in the world starts with a tiny group of people who simply refuse to accept a situation”

- Sir Richard Branson

What Next?

https://www.biggestlittlefarmmovie.com/

In the Meantime….

Lead by Example….the information you need is right here.