

University of Oregon
HEALTH CENTER
Student Health Advisory Committee Meeting
February 16, 2007

Student Members:	Faculty:	Alternates	ExOfficio Members:
E Chiem, Jennifer	E Munroe, Dennis	* Kurnert, Allison	E Kerr, Shelly
* Kehdi, Norma	* Olson, Deborah	E Malasig, Cheryl	E DeHaven-Murdoch, Daralyn
E Ronco, Noelle	* Pangburn, Micheal	Marberry, Manisha	* Leith, Ramah
Scholl, Ben	E Russell, Chantelle	R Mann, Todd	E Megerssa, Becky
* Soetan, Folake		E Phillips, Ann	E Pressman, Ernie
Stiffler, Lesley	Guests:	* Smith, Kaylie	* Ryan, Tom
* Straight, Leslie	* Kate Davis	* Thrower, Ashley	* Staight, Paula
* Wintermute, Ben	* Sarah Wee	* Wee, Brett	
* Wu, Angela	* Brian Corcoran		
	* Debbie Alley		

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed.

2. **Announcements :**

Memorial Bench – Tom Ryan announced that there will be a memorial bench dedication ceremony on Saturday. The bench is in memory of Don Ausland who was a long-time Dentist at the Health Center and was donated by Don’s partner. This will be a great place to sit near the South Entrance

The Dance Department is their putting on their faculty modern contemporary dance concert this weekend. This is an event when the choreography is done faculty choreographers and performed by students.

Today there was a hearing at a judicial committee for a smoke-free workplace law with 5 senators across the state hearing testimony from proponents and opponents. As Ashley Thrower was among 3 other students who attended. There was only one opponent. If students are interested in joining, the committee meets on Tuesdays from 4-5:00 p.m. Currently they are working on gathering data to work towards a smoke free campus.

After Hours Programming at the Rec Center – The after hours program at the rec has been cancelled for next Friday, March 2. The next one will be Friday March 9. Lots of fun stuff to do. Invite your friends—free!

1. **National College Health Association Survey Question** – Tabled.

2. **Insurance 101** - Brian Corcoran and Debbie Alley presented information on plan changes for consideration in preparation for further discussion on plan design later this year.

Insurance is a big issue nationwide in this election year; how to we spread the risk and how do we keep it affordable. The same is true with the student insurance program. We are looking at least a 15% increase in the premium this next year. The cost of health services are going to go up 15% this year. If we have claims higher than anticipated this brings the student premium rate up, lower brings it down. The student insurance claims seem to be on the high end this year. What do we want to do for the students around these issues? We are mainly talking about the domestic insurance plan in this discussion. The international student, which is a mandatory plan, shows a good (low) claim history so they get good benefits for a good premium price.

SHAC students are asked to share this information with their friends and see what they say. This will help in the decision making if any changes in the plan are made.

Main factors that affect the premium rates:

Deductibles- If thinking about costs, the higher the deductible the lower the cost. How much can students afford to pay out of pocket? Debbie Alley stated that she can not see domestic students being accepting of a higher deductible. It is hard for students to come up with a large amount of money before anything is paid for. This would definitely be a barrier to access to in the community.

Co-Pay – Co-payments are a management method to make sure that as long as it's not free they do not think people will abuse it. The co-pay for the domestic plan is currently 20% while it is 0\$ for the international plan. The co-pay could be increased to decrease the amount of the insurance premium. 20% is the most typical amount; however, Brian stated that co-pays of 50% are being seen more and more in the community now days. If a student can't afford the deductible how would they be able to afford 50%
Prescription Drugs – Prescription drugs are still the highest cost in health care. The co-pay for prescription drugs is currently 30% for both domestic and international students. This is one factor that will really affect the cost of the premium. Instead of changing the co-pays maximums can be set on the amount the insurance pays. Specific drugs can also be excluded from a plan There are some that are very expensive, some for cosmetic type issues. Certain drugs such as the HPV vaccine could be included, but if this is done the cost of doing this has to be figured in. Are there other ways to provide funds for something like HPV? Yes, related to insurance but the money is held by another party, as a different finance method for payment of health care.

Debbie Alley provided a handout with historical comparison data to show differences between the mandatory international student data and voluntary domestic programs. The risk is spread more evenly with a mandatory program as there is a greater pool of people to share the costs. As the pool gets smaller, with fewer people to spread risk across, plan cost get higher and higher. For a lot of people when money gets short, insurance is one of the first things dropped from their monthly costs.

What factors make the international program lower? Prescription drug claims are lower as international students just do not appear to have as great a need. Overall, their average insurance claims are considerably lower. International students have a different attitude towards accessing care; therefore, have a lower amount of claims. Their plan is mandatory so the cost for claims is spread evenly over the entire population. When you have a pool of people, those who never have a claim makes up for those who do have them. These are things that could also lower the costs the domestic insurance that is having the same problem as the rest of the nation.

Are there other universities out there that have a required/mandatory plan? Yes. Also provided was a comparison of student insurance programs at different schools. Schools are making their plans specific to their individual schools. Do we want to have a lower price for all the students who participate in this knowing that there will be students who will have a need for using this insurance? Should we go with side of the social, let's take care of everybody, or the political of, what's going to do it for the majority of the people? The more people you can spread the risk over the

Facts about what is going on in the college communities:

It is getting to the point where students can't get access to health care in the community.

Medical financial debt is the most common reason for students dropping out of college and also the leading cause of bankruptcies.

Minority populations have the largest number of uninsured. Numerous schools are including student health plan cost in financial aid packages.

Liability issues are being raised holding universities responsible for costs associated with student injuries occurring on campus, during natural disasters, and while participating in university sponsored programs off campus, etc.

Uninsured students and their families have overwhelmed many community health facilities with unpaid medical debts. Colleges and universities are increasingly being expected to not bring students into their communities if they will compete with local citizens for limited tax-supported health services for the indigent.

There is an increasing trend in public institutions to require insurance as a condition of enrollment. Most private universities require health insurance as a condition of enrollment.

Is there reason for students to consider doing away with the current system and making insurance mandatory for all students not just international students? Doing this would show that colleges are being responsible to the community. If a student is financially challenged already mandating insurance would be another barrier between them and getting an education. Brian provided some responses to this question by college students that were received from students through a listserv.

This information was put out on the table so SHAC members have an indication of what can be considered in trying to determine what to do with the student insurance plan next year. When we get the numbers for the current plan in about another month decisions will be needed on whether to keep or change the current program or to work to create a more stable system such as requiring insurance for everyone.

Q: Are there any school in the nation that requires a student to pay for mandatory insurance even if you are covered outside the university?

A: Yes, Portland State, but very few who offer a comprehensive plan. Most schools have a hard waiver that unless you provide proof that have equal coverage insurance a student has to pay for the cost.

Q: Could you build into the Health Fee the cost of insurance for a primary insurance plan for students that would cover most of what students need?

A: SHAC has asked in prior years for numbers from the carrier on what the premium difference would be if the program were mandatory. It would be fascinating to run the numbers and find out what the difference would be. If affordable the student taking the student program could save families money by allowing for them to be taken off their families plan, thereby reducing their costs. Cheaper than parents plan.

Q: What is causing the increase in student domestic plan?

A: The increase in health care claims cost. As stated before it is a voluntary plan and voluntary plans are often purchased only because the purchaser knows they are going to need it causing high claims, which increases the cost. Under the current system, the adverse selection problem of the domestic insurance is the major reason for the increasing premium cost—increasing costs and sicker people.

Tom Ryan stated that student insurance was a major topic of conversation at the Oregon College Health Association meeting last fall. Portland State and all of the regional schools have a mandatory health plan. Even with the small primary plan they have they are seeing the costs raising so most schools are more interested in joining schools in providing a plan as a unit. There is discussion in the Oregon College Health Association about contacting the OUS board.

Q: Where does the impetus for that change occur, administration or students?

A: When looking at this through SHAC a few years ago the answer to this was about even with both groups. If you could go to an insurance company and stated that you had 60,000 people, basically healthy college students and asked what kind of plan can you provide, they would be very willing to provide a plan. The UO is already partnering with OSU on insurance but the numbers given today are only for UO. Insurance is not cheap, there are still costs to be paid. Health Care services are expensive.

Q: Are there large companies that self insure.

A: Yes, but state agencies can't self-insure.

Bottom line important things to consider, we are going to be faced with a price increase this year and the bigger issue, mandatory insurance. Rearranging the benefits is like rearranging the deck chairs on the titanic. A lot of the students on this plan really need insurance.

Q: What about getting the community colleges in Oregon together in a health insurance program?

A: The population in a community college is different than that at a university, in that they are more transient. In general when you look at the numbers they seem to be more focused at taking care of themselves. But yes, getting them involved would also provide something they may need. There was a push for all state health centers to join plans about 5 years ago, but the administrative bodies of the universities were not interested. Today there is a different picture, even from 5 years ago. We would need involvement at the Provost level. Convincing students is also a part of the problem.

Brian Corcoran was asked to get estimates and numbers if all of the schools in the OUS system were combined into one insurance plan.

12. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

****Next Meeting****
February 23, 2007
Health Center Medical Library