

MINUTES  
BOARD OF GOVERNORS  
STATE UNIVERSITY SYSTEM OF FLORIDA  
STUDENT AFFAIRS COMMITTEE  
FLORIDA ATLANTIC UNIVERSITY  
BOCA RATON, FLORIDA  
JANUARY 25, 2007

Ms. McDevitt, Chair, convened the meeting of the Student Affairs Committee of the Board of Governors at 10:10 a.m., in the Live Oak Pavilion, University Center, Florida Atlantic University, Boca Raton, Florida, January 25, 2007, with the following members present: Dr. Arlen Chase, Frank Harrison, Dr. Stanley Marshall, Frank Martin, Lynn Pappas, Ava Parker, Carolyn K. Roberts, and John Temple.

1. Approval of Minutes of Meeting held September 21, 2006

Dr. Chase moved that the Committee approve the Minutes of the meeting held September 21, 2006, as presented. Dr. Marshall seconded the motion, and members of the Committee concurred.

2. Discussion: Student Health Insurance

Ms. McDevitt said the Student Affairs Committee had learned the priorities of the Council of Student Affairs at its meeting last September. The Council had identified some of the issues with student health insurance and the demands from students for care. She said the Committee wanted additional information about student health insurance and to explore ways to create efficiencies in offering health insurance which would enhance the educational experience of students. She said it might be worthwhile to look at providing student health insurance on a Systemwide basis. She noted that the Committee had spent the past year learning about financial aid. She said FSU was preparing to phase in mandatory health insurance for incoming students in Fall 2007.

Ms. McDevitt said she had invited Ms. Lesley Sacher, Director of the FSU Thagard Student Health Center, to address the Committee about national trends in student health insurance, as well as the FSU plan to require health insurance. She said that there were representatives of other universities who were also present to respond to questions.

Ms. Sacher said that FSU was the first in the SUS to institute a program of mandatory health insurance, but others in the System were working on it. She said that health services were in place to support students. The student health center is an auxiliary. It gets no university funds to operate other than the funds generated by the student health fee. It provides critical care services in an emergency and provides

primary care to students and their spouses. She said that UF, UCF, and FSU have large systems of primary care services; the other universities are smaller.

She said student health care was one of the best kept secrets in the country. Without its services, a city such as Tallahassee would have a large number of uninsured patients requiring emergency care. She said student wellness was key for students to be able to meet their academic goals. FSU has a campuswide initiative, Healthy Campus 2010, addressing student health and mental health issues. The initiative has identified access to care as a key issue, and this has led to the effort for mandatory health insurance for students. She said the student health experience, as a part of the academic mission of the university, should be strengthened. There were several related health issues for students, including the quality of care, access to care, and mental health.

Ms. Sacher said, in looking at a health insurance policy, the University wanted to be fiscally conservative as to pricing, but liberal in the benefits, to meet the broad range of student health needs. She noted that those in the 19- to 29-age group represent 30 percent of the uninsured population, but they make up only 15 percent of the total U.S. population. She said that, under a voluntary insurance option, students had access to office visits, but did not have coverage for lab work, prescriptions, visits to specialists, or mental health coverage. She said many universities were exploring mandatory health insurance without waiver. If participation in the program is mandatory, the premium drops. She said FSU was choosing mandatory participation in the student health insurance program with a hard waiver; students with demonstrated coverage could be exempt from the mandatory coverage. She said premium prices would have increased from 40 to 60 percent without the mandatory requirement. She commented that insurance acted as a distributor of risk. If risk is not distributed across a pool, there is not a good loss ratio. She said that the State University Systems of Georgia, North Carolina, and South Carolina, as well as the University of Virginia and the University of Kentucky now had mandatory student health insurance. There had been some discussion that, if FSU were the only institution in Florida requiring health insurance, it would lose enrollment. She said this was not likely to occur. She said that the student populations at all the universities were different.

She said that the modern student health center was an integral part of the system of learning and care. She said the Thagard Student Health Center at FSU had identified two critical care cases, had averted heart attacks, prevented strokes, and dealt with transplant care. She said the Center was not just dealing with healthy 18- to 22-year olds. Students suffered from stress-migraines, diabetes, and other degenerative diseases. She commented that the students had recommended mandatory insurance without any waiver; the FSU Board of Trustees had added the waiver provision. She said, without this coverage at the university, FSU would add an indigent pool of about 50,000 students needing services without a reimbursement system. She noted that mental health needs and increased drug needs were also rising among college students.

Ms. Sacher also described the need for graduate student health insurance coverage, which did have the potential for FSU losing top-notch graduate students. She explained that the students had raised a concern that mandatory health insurance would be covered by financial aid. There was some concern that if covered by financial aid, unless there were other dollars added to the pot, this could create another barrier to low-income students not entering FSU. She noted that the policy premiums would have been lower if it were implemented for all students from the outset, but the decision had been made to phase-in the program for only one class at a time.

Mr. Edwards inquired about the coverage provided by the current health fee. Ms. Sacher said it covered office visits, but was not sufficient to cover the explosion in the amount of healthcare needs students now sought. Mr. Edwards also inquired about the costs if the mandatory program at FSU were put in place across the system. Ms. Sacher said the cost would drop from the \$1400 current annual estimated premium to \$800 if in place Systemwide. Mr. Edwards said, based on his experience with health insurance, he would want to look at a mandatory program on a Systemwide basis, particularly with the coverage for a full 12 months.

Mr. Harrison said health insurance was important; the universities should not lose students because of health-related issues. He inquired about the current economic impact on the System from the loss of students for health reasons. He said if the universities were making this coverage mandatory, it should be a good thing for students.

Ms. McDevitt said that Dr. Telles-Irvin had reported to the Committee that the top trends related to students were stress-related health problems and students with conditions requiring medication.

Ms. Pappas said this issue should be supported by data, not just by anecdotal evidence. She said this was potentially another item to be subsidized by financial aid, and she was concerned that health care would come at a cost of something else. She commented that, if students were so depressed, this raised a whole other set of issues. Ms. Sacher said that maintaining a voluntary system would not offer real insurance for students. She said that the University could only keep a cap on the premium by robbing from the benefits. Ms. Pappas said that should be a part of the analysis.

Ms. McDevitt said she was not proposing that the System leap to mandatory coverage, but that it was important to look at the opportunities for this coverage Systemwide. She noted that a voluntary program might provide better coverage, but that it was worth exploring whether the Committee should recommend a Systemwide approach.

Mr. Perez inquired who would be required to carry the mandatory coverage. Ms. Sacher said this would be required of full-time students, i.e., undergraduates carrying 12 credit hours and graduate students carrying nine credit hours, and only for students on the main campus. Mr. Perez inquired about the reaction from the Prepaid College Program Board. Ms. Sacher said the insurance would not be covered by Bright Futures; there had not yet been any discussions with the Prepaid College Program Board. Thus far, FSU had been working with insurance brokers and insurance companies. She noted that parents had reacted positively.

Dr. Chase inquired about the impact of the medical schools on this mandatory insurance. Ms. Sacher said the medical schools would be used as part of the process. She said if there were no way to reimburse for costs, they would hear about a whole population they were not prepared to accept.

Mr. Martin inquired about the current health fee. Ms. Sacher said the fee was \$8 per credit hour. The Health Center received 85 percent; the Counseling Center received 15 percent. Mr. Martin also inquired what was meant by a hard waiver. Ms. Sacher explained that, if a student had insurance coverage for seven specified areas, the University would accept that insurance and lift any hold on the student's registration for the semester/year. She noted that some students were covered by HMOs which did not have a local provider. She described the coverage, including local system of care on a provider network, medication, in-patient and out-patient mental health, pregnancy, the benefit package including hospital stays, emergency care, after-hours urgent care, and emergency surgical care. The coverage was year-round.

Mr. Edwards said there were many pros and cons to such a program. He moved that, through the Chancellor, the staff conduct a review, with the Student Health Officers, of the mandatory health insurance concept of all 11 universities using the same voluntary supplier, and that they explore the many options. He said there was a tremendous positive to be gained from this if the System could achieve something which was financially feasible. He said they owed this to the students in the System. Mr. Martin seconded the motion.

Mr. Perez said he wanted to be clear that a study group would review the options. Mr. Edwards said that was correct. President Genshaft said this was an important topic, particularly as it related to graduate students. She encouraged the discussion, especially with the different "populations" on each campus. She added that the medical school would not provide care without mandatory coverage. There were no further comments, and members of the Committee concurred in the motion.

Ms. Pappas said she would encourage the Chancellor to include representatives from different disciplines to participate in the study group, for example, individuals

from financial aid offices. Ms. McDevitt said she would be interested to know whether financial aid would cover mandatory insurance.

3. Miscellaneous

Ms. McDevitt said she was interested in the distribution of funds to students from the First Generation Matching Program, and about the number of students served by the Program. Dr. Minear said she believed there were 5,000 students who had received assistance this year, but that there were about 25,000 students enrolled in the State University System who would be eligible for these scholarships. She said the Committee should receive a status report at a future Committee meeting.

4. Adjournment

Meeting adjourned at 11:00 a.m., January 25, 2007.

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Sheila McDevitt, Chair

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Mary-Anne Bestebreurtje