

House Bill 885 - Relating to State University Student Health Insurance

Input from State University System Vice Presidents for Student Affairs and Student Health Center Directors: Summary Points

- There is a consensus that mandatory insurance coverage for students with a hard waiver across the SUS is preferable to a local option (lines 65-71). A mandatory plan can benefit students as there is strong potential to reduce costs, to provide more equitable access to health care, and most importantly, to reduce the rates of medical withdrawal by students.
- The current collection of health fees and allowances for health fee increases must remain and be further clarified (lines 42-43). Billing insurance providers alone will not provide the necessary funding to deliver the necessary array of services.
- The requirement that a student health center have a contractual relationship with "at least five of the 10 largest health insurance companies providing coverage in the state" may not meet the needs of specific campuses and their student populations (lines 52-55). The task of procuring contracts with health insurance companies is tedious and costly. Contract negotiation expertise would be needed, and System-wide negotiation should be considered.
- There is support for providing a scholarship fund for students in need of aid. The recommendation to generate these funds from "ten percent of all net revenues" is not feasible for many of the institutions that are too small to seek insurance reimbursement (lines 96-99). Some universities already include the cost of health insurance in their estimated cost of attendance for financial aid calculations; therefore, in essence, it is already covered.
- The implementation date proposed (July 1, 2009) provides insufficient time to design, fund, and support the necessary infrastructure for a billing system. Planning must occur to identify costs and funding sources, as well as the personnel and training needs associated with contracting, billing, and reporting. Twelve to eighteen months additional time would be needed.

Below are additional considerations, not addressed in the bill:

- Significant differences exist in SUS institution size, complexity, and technological sophistication. Some universities operate comprehensive, full-service health centers, while three institutions do not employ a full-time physician.
- Mental health and counseling services are in growing demand, with increasingly critical student issues, and should be prioritized.
- There are student health insurance coverage and cost efficiencies that may be gained by some institutions via a System-wide plan or consortial arrangements.

The SUS Student Health Center Directors stand willing and ready to participate in the development of legislation to promote comprehensive, efficient, and cost effective health care coverage for SUS students.