Minutes

Student Health Advisory Board Meeting, November 26, 2012. Approved January 7, 2013. Oregon State University Student Health Services

I. Call to Order.

A meeting of the Student Health Advisory Board was held in 322A Plageman Building, OSU Student Health Services, on Monday November 26, 2012. SHAB chair Jaya Conser Lapham called the meeting to order at 3:00pm.

II. Attendance.

Students Voting Faculty Non-Voting Faculty

Jaya Conser LaphamGianni MaddalozzoPhil HistandKelsey FriedtAshleigh StubblefieldGeorge VossArielle GoransonRuth Vondracek

Arielle Goranson Mac Ovenell Rebecca Schoon Erika Sinn

SIFC Liaison Terra Setzler

III. Welcome and Introductions

IV. Minutes

- A. Minutes of October 1, October 15, October 29 and November 12 were approved with amendments.
- B. Discussion of SHAB bylaws permitting voting to approve minutes by email if unable to attend a meeting. Bylaws do not specify email voting, but SHAB needs to have quorum in the meeting to approve minutes.

V. Preparation of SHS Annual Budget 2012-2013 and presentation to SIFC

- A. Terra Setzler described the two types of budget SHS must present to SIFC in January.
 - 1. Zero-based budget where everything existing has to be justified. If SHS wants to expand spending, state reasoning.
 - 2. One budget with mandatory increases for 2012-2013 and no total fee dollar revenue increase and one with mandatory increases and decision packages for any increases in services or other costs.
- B. Create SHS Proposed Budget and Presentation to SIFC.
 - 1. Uniform questions asked of each unit. Do you reach the greatest number of students and do students receive the best value for their fees?
 - 2. Special questions for SHS created by SIFC, such as How will the Affordable Care Act affect students, SHS services, student insurance costs and billing, and the SHS administration? Student insurance purchased through SHS is not offering rates competitive with other insurance plans. Only 85 students signed up for domestic insurance this year. Best use of money and services paid for by student fees.
- C. Phil asked about the two proposed budgets. See Exhibit E.
- D. The projected enrollment for the 2013-2014 academic year is 67,900 counting each term. Increased student enrollment requires SHS to reduce student health fees from \$89.09 to \$86.42 per term to keep total student fee revenue the same as in 2012-2013. Including mandatory payroll expense increases and adding 2.5% to general expenses results in loss of \$364,000. To meet that, SHS needs to find \$364,000 in additional non-fee revenue or reduce expenses.
 - 1. Sample Program subsidies:
 - a. CCare \$234,000
 - b. Health Promotion \$627,000 (Peer Health \$125,400).

- c. Lab \$66,600.
- d. X-Ray \$44,600.
- e. SHS@Dixon \$200,500 (Dixon rents space to SHS for \$11,000 to \$12,000 per year).
- E. Mandatory Increases: George discussed bringing costs to current SHS dollar expense level and increase student fees.
- F. Terra asked how the Affordable Care Act will change SHS operations at a university. Histand answered that nationwide this is still unclear, but Oregon will definitely have insurance exchanges and subsidies available. There will be a number of different options to purchase insurance, including a catastrophic only program for young adults. Phil wonders if more students have insurance, will SHS be required to change to direct billing of insurance, and will it generate additional revenue and will it increase SHS administrative cost?
- G. Terra asked for a definition of Mandatory Insurance Plan. Mandatory would mean that if a student registers for a class, then the student must take the university sponsored insurance or show proof of comparable coverage from another source. Students can be covered by parent plans. An OSU plan actuarially rated for college age students would provide the most optimal rates. PSU has instituted mandatory insurance this year. Most private schools, California state schools and Pac12 schools have mandatory insurance plans. OSU's domestic plan is optional and enrollment is down from 200 students 4-5 years ago to 85 students this year.
- H. SHAB members stated their highest service priorities: Nutrition Awareness. Alcohol Abuse. Health Education. Health Promotion. Weekend access. On-campus access. SHS@Dixon AT and PT. Access to CCare (Phil notes that the 2500 females enrolled in CCare have partners so perhaps 5000 students are reached by CCare). Primary Care (both physical and mental). Preventative Care. Enhance efficiency such as IT or Technology or institute cost savings there rather than cut services or employees. Increase revenue sources. Maintain hours. Keep Lab and X-Ray for price and convenience. Coordinate psychiatrists with CAPS. Develop Apps to download, especially an appointments app so students don't have to come in to make an appointment.
- I. Encounter Statistics are available in the SHS Annual Reports.

IV. Winter Term Meetings

- A. Dueling Polls. Jaya created three Doodle polls for Winter 2013 meeting schedule.
- B. The next SHAB meeting will be Monday January 7, 2013, 3:00-4:00pm.
- C. Three weekly SHAB meetings before the proposed 2013-2014 annual budget is submitted to SIFC on Tuesday January 29, 2013.

VI. Adjournment

- A. The meeting adjourned at 4:00pm.
- B. Minutes reviewed by Phil Histand and George Voss.

Minutes submitted by Claire Younger.

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