STUDENT HEALTH

The Hidden Mission of Colleges and Universities

Gallagher Higher Education Practice
Reducing Risk. Raising Expectations.™

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Student Health

PREFACE

This report strives to bring the topic of student health into the open. Often concealed, student health is an element critical to the mission of every higher education institution.

Promoting optimal student health from admission to graduation enhances student success. The challenge requires a demanding, cross-functional process integrating efforts throughout the institution. Departments that interact with students should be unified in their work to reduce accidents, treat medical needs, and generally advance student physical, mental, and spiritual well-being.

Over the last two decades, student health issues have grown more complex as a result of changing exposures and student demographics. For example:

- Since the passage of Title IX, more students are participating in sports. As a result, sport related injuries have increased.

- Group housing, close contact in the classroom, and social situations place students at increased risk of contagious disease.

- The age of undergraduates is rising.

- More students are studying abroad in places where health services may not be consistent with western standards.

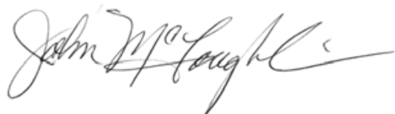
- Growth in off-campus experiential learning puts more students at risk of illness and injury. Also, off-campus locations may lack the level of support services available on campus.

- More students are arriving on campus with preexisting physical and mental conditions. As a positive factor, campus buildings and grounds can better accommodate students' physical disabilities than in the past.

- International students may arrive on campus without having had prior access to adequate health care. They may come with a range of health care needs from minor to extensive.

Student health insurance also plays a critical role in optimizing student health. With the recent passage of the Patient Protection and Affordable Care Act and its companion, the Health Care and Education Reconciliation Act of 2010, the student health insurance landscape is shifting.

As with our past Think Tank events, we were fortunate to draw on the expertise of subject matter experts and thought leaders within higher education. These leaders brought knowledge and insight on the role of student health as a key component of an institution's mission and strategic plan. I thank each participant who took the time to contribute to this effort.



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Student Health

INTRODUCTION

This report tackles tough questions:

- What defines a healthy student?
- Why should colleges and universities invest in student health?
- What risks do uninsured and underinsured students pose to an institution?
- What types of insurance are available to students?
- What impact will healthcare reform have on student health plans?

As student demographics change, as campuses become more global in their outreach, and as student health financing options continue to be moving targets, these questions grow more complex and assume even greater importance.

Consider that students represent the greatest risk takers on campus. Through their academic and extracurricular activities and group living arrangements, students are exposed to a large number and variety of risks that can lead to illness or accidental injury.

Students suffering from physical or mental illness may be unable to attend class. Long-term illnesses or major accidents may prevent them from graduating. By dropping out, they lower the institution's completion rate. As members of society, they may fall short of achieving their potential.

For many colleges and universities, committing to and investing in student health fundamentally advances the institution's mission. Only a few institutions, however, specifically state that student health is an important component of developing a student's full potential. Without good physical and mental health, a student cannot be free "to explore, to create, to challenge, and to lead," as one thoughtful mission statement describes.

At most colleges and universities, student health is a hidden component of the mission statement. By making it an explicit goal, institutions adopt a comprehensive approach to encouraging students to take responsibility for their personal actions. Such responsibility appropriately extends to health. Students can improve their skills in taking care of their physical and mental well-being; they can benefit from wellness initiatives; and they can learn to take financial accountability for their health care. These steps are all essential to success in life.

I. STUDENT HEALTH ACROSS THE CAMPUS

The well-being of students is important to many departments and services on campus.

The Student Health and Counseling Centers have primary responsibility to manage the general health of the student body, while addressing specific illness and accident episodes.

Many other campus areas have interests in student health, including the following:

- The Admissions Office strives to recruit a well-rounded and diverse student body. For the Admissions staff to succeed, the students they admit must be able to succeed and graduate. According to the National Association of Student Financial Aid Administrators,[1] admissions offices at public universities spend $461 to recruit a new student and private colleges spend $2,143. A component of retention is good student health. Access to health care during students' time on campus contributes to retention.
- The Athletics Department relies on physically fit and emotionally mature students to compete in sports programs. It provides care for varsity student athletes injured in the course of play and practice.

- Residential Life is concerned about residence halls as sites for epidemics ranging from common colds to meningitis. Bedbug infestations have recently cropped up. Students with poorly-managed mental illness can disturb roommates and even disrupt an entire building, requiring a disproportionate amount of staff service. Residential Life staff must address other issues such as accommodating students with disabilities, including minimizing barriers for students with physical limitations.
- Student Affairs personnel are concerned in their role as responders in substance abuse crises and other health issues related to student risk taking.
- Campus Safety is concerned about student health, as they are often first responders to acts of violence, accidents, and injuries.
- Faculty members may find that students' medical problems cause their academic performance to suffer. A group assignment in a class can falter if a student is unwell.
- The Dining Service assists students with special dining needs, including food allergies.
- Facilities Management, particularly the custodial staff, is often an institution's eyes and ears for behavioral problems such as cutting and bulimia. As part of their routine operations, staff can report signs of unhealthy activities.
- The Financial Aid and Registrar's Offices become involved with medical leaves, health-related attrition, and loan forgiveness due to disability. The Registrar's Office must manage the records of injured or ill students who are unable to attend classes for an extended time, drop out, or seek readmission after recovery. Students incurring uninsured medical expenses may appeal to the administration for financial support, which some institutions cover through special reserve funds.
- Judicial Affairs adjudicates alcohol violations and other behavioral issues.
- The Risk Management and General Counsels Offices have an interest in student health insurance. If students lack health insurance or free access to health care, they become more likely to make claims against the institution. After accidents they may raise premises liability or other tort claims in order to recover their medical expenses from the institution. As an institution's insurance claims grow in number and cost, its premiums for liability insurance may also grow. At the same time its reputation may suffer. An expanding load of disputes depletes administrators' already-stretched time and resources. They become obliged to manage claims that could have been more easily financed and settled with some form of student health insurance.

These are but a few examples of how offices across campus regularly address student health issues.

II. THE HEALTHY STUDENT

- **Strategic Importance to the Institution's Mission**

Because student health problems have cross-campus impact, good student health is of strategic importance to the entire college or university. It is, however, seldom articulated or stated in writing. College and university mission statements often include commitments to the liberal arts, to lifelong learning, and to creating a sense of the entire person. The "entire person" alludes to health, but only indirectly.

Although some mission statements mention students' physical well-being, few address the importance of student health as a key component of the institution's overall strategic goals. And yet, without good physical and mental health, all else may be at risk. For the institution, this can mean lower retention levels and tuition revenues. Future alumni support may suffer. Student health issues also create a staff and resource burden for many departments.

Student illness can drain administrative time, as the previous examples suggest, and erode institutional financial security. Uninsured students may pose a liability risk for the institution.

Student Health

A positive commitment to the health of students can contribute to higher graduation rates, stability of enrollment and tuition income, increased numbers of loyal alumni, reduced health insurance premiums, and fewer unplanned, time-consuming demands on campus services. With such far-ranging benefits, student health merits a place in the mission statement.

- **Changes in Student Demographics and Impact on Institutional Resources**

Today's student body differs significantly from that of a decade ago. As student demographics evolve, so do challenges to health care. The following examples discuss some trends in the student body.

The Student Managing a Long-Term Health Condition

Pharmaceutical advances over the past several decades have been credited with facilitating enrollment of students who, in earlier years, could not have participated in higher education. Students are arriving on campus with prescription medications for long-term health conditions such as asthma, diabetes, severe allergies, major depression, and bi-polar disorder.

The presence of students with chronic health conditions can also pose operational challenges. A student with a severe food allergy, for example, may object to the presence of the allergen in the dining hall. A student with epilepsy may instruct professors not to summon assistance if the student has a seizure during class. Students with other special needs may require prompt emergency aid, administered according to detailed procedures.

College administrators and health professionals today are familiar with the challenge of students who unilaterally decide to discontinue their medication. A related concern is students who illicitly share prescriptions, particularly for Ritalin or Adderall, with other people. The prevalence of prescription medications on campus can also lead to problems in emergencies. If a residence hall, for example, suddenly becomes uninhabitable because of fire, students may lack access to needed medications.

The Student Athlete

As college sports become more popular and more intensely competitive, the number and severity of injuries increase. According to the National Center for Catastrophic Sport Injury Research,[2] reports of severe injuries have grown in soccer, field hockey, water polo, gymnastics, ice hockey, basketball, skiing, swimming, and wrestling. Of all college sports, football remains responsible for the largest number of catastrophic injuries. Catastrophic injury is defined as a fatality, an injury leading to permanent and severe functional disability, or other serious injury, such as a broken neck without paralysis. In 2008, seven college football players experienced catastrophic injuries.

Non-catastrophic athletic injuries can also have serious consequences. A simple arm or leg fracture can disrupt a student athlete's academic progress. Concussions have garnered recent attention for their potential long-term impact on memory, cognitive function, and mood. The damage of concussion can harm a student's academic performance for months or even years.

Illicit use of performance-enhancing drugs among college athletes persists, presenting its own set of enforcement and health challenges. In 2008, the NCAA year-round drug testing program tested 11,088 student athletes, with 72 positive results. Of these positive results, 47 were confirmed.[3]

Another trend in athletics is the growing interest in sports among students with disabilities. Wheelchair basketball, for example, began at the University of Illinois, where it is now a varsity sport for both men and women.[4] Students with disabilities participate in everything from track-and-field events to the climbing wall. Student-athletes with disabilities may need extra support from health services, trainers, coaches, and recreation center staff.

The International Student

The subject of cross-cultural differences is gaining attention in campus healthcare as a result of the large numbers of international students enrolled in American higher education.

Students from different countries do not share a common definition of good health care. Countries differ, for example, in their immunization programs for childhood diseases. Cultural stigmas may create barriers to mental health care. Within any given culture, women and men may have different attitudes about health, health care, health promotion, and safety. U.S. health care costs are often surprising to international students and, as a result, may be deterred from seeking care.

The Student as a Minor

Colleges and universities are accepting a greater number of students under 18 years old who are high achievers, some as young as twelve years old. Minors create some unique challenges to campus health care providers, such as the need for releases from parents or guardians to provide medical treatment.

Young students are at different stages of physical and emotional development than their older classmates. While well acquainted with the medical needs of late adolescents, campus health services may need some re-tooling to treat adolescents and early teens.

Off-campus activities can also pose challenges for young students and their college or university. In a recent example, a 13-year old student pursuing a degree in evolutionary biology was not allowed to travel to South Africa for summer field work. The institution considered the experience too risky for a minor. The student's family responded by suing the college for reverse age discrimination.[5]

The Older Student

Adult students, defined as those 25 and older, are also appearing on campuses in greater numbers. At community colleges, more than 54% of all students are over 21 years of age, with 40% between the ages of 22 and 39.[6]

The 2005 Community College Survey of Student Engagement (CCSSE) explains that "a student at a U.S. institution of higher education is almost as likely to be a female in her 30s, attending classes part-time, taking care of dependents, and working full-time as she is to be 19 years old, in a sorority, getting financial assistance from her parents and taking 15 credit hours a semester."[7]

Several trends are pushing the age of college students higher. More high school graduates are starting college later, after employment or one or more gap years. Adults are returning to college – or enrolling for the first time – after layoffs, to pursue career changes, or simply for enrichment. They may return to campus to finish degrees started when they were younger. In Indiana, adult students are now the majority of all students.[8]

Some adults, including retirees, pursue degree programs or non-degree coursework in areas of their personal interest. Yale University recently reported on an 82-year old who has completed 98 courses since his retirement in 1996 as a computer systems manager.[9]

Older students may arrive on campus with established physical and mental health problems. When they matriculate as full-time students, they may qualify for student health insurance. This creates a hidden problem for the institution. By enlarging the age range in the student body, an institution may face increased demand for primary and specialty care through its campus health services. At the same time, older students may need specialty care not offered on campus and will rely on the student health insurance for their outside care. Coverage begins to move away from an accident and sickness plan, with limits on office visits and dollar amounts of coverage, to a comprehensive open-ended health insurance plan for physical and mental health conditions.

Older students may also have family dependents who need healthcare and wish to utilize campus services, yet student health centers may lack capacity, equipment, or staff to meet such needs.

The Recent Military Veteran

The Post-9/11 GI Bill includes a provision titled the *Yellow Ribbon Program* which provides matching funds to private institutions offering tuition scholarships to veterans who have served at least 36 months of active duty since September 10, 2001. Over 1,100 colleges and universities participate in the program, and over 300,000 veterans have benefited from *Yellow Ribbon* educational funding.[10]

Returning veterans may have special physical and mental health issues.[11] They may, for example, have been exposed to environmental hazards or infectious agents uncommon in the United States. Veterans may experience depression, anxiety, or substance abuse. Those who faced unusually challenging situations, including combat, may suffer from post-traumatic stress disorder. Even a rapid transition from soldier to student can create psychological problems for some people. These conditions, if not treated, can have a negative impact on a veteran's academic achievement and lifelong success.

The Unimmunized Student

Some students are refusing to be immunized against a variety of diseases. Some may decline for medical reasons. Some may have religious or philosophical objections. Individuals who are not immunized rely for protection on the immunity of others, yet a group's immunity drops as more members decline immunization. In addition, immunization is not 100% successful. Some people who do receive immunization do not develop the ability to resist infection.

The phenomenon of "herd immunity" applies to diseases that are transmitted person-to-person. It was particularly evident during the 2008-09 pandemic flu threat. Students were advised to get flu shots to reduce their risk of seasonal flu and to facilitate diagnosis if the H1N1 virus was suspected. Students who did not get a flu shot were relying on their classmates' immunity to reduce their own. "If everyone else gets the shot, I don't need one." This thinking is also sometimes applied to other recommended immunizations such as meningitis, mumps, measles, and whopping cough.

Each state regulates immunization requirements for both public and private colleges and universities. For the general adult population, states typically make only recommendations on immunization. In contrast, states may require immunization for college students, while allowing for exceptions. Connecticut, for example, recently enacted a law requiring college students to have immunity to measles and mumps as of August 1, 2010.[12] The law exempts, among others, part-time students, those enrolled in entirely on-line programs, religious objectors, and students with a physician's statement that they should not be immunized for health reasons.

Colleges and universities can require evidence of immunizations, and many do so for their residential and international students.[13] The American College Health Association (ACHA) recommends pre-matriculation immunizations based on review of public health recommendations.[14] For example, ACHA recommends the meningitis vaccine for all adolescents ages 11 to 18 and for vulnerable groups such as first-year students living in campus residence halls.

The Student with a Medical Marijuana License

Many colleges and universities now face a conundrum over residential students with valid prescriptions for medical marijuana. As of this writing, 14 states allow the use of medical marijuana: Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. The District of Columbia has also legalized medical marijuana, and other states are considering

similar legislation. Doctors in campus health centers may themselves prescribe medical marijuana to students. Yet marijuana use and possession remain violations of federal law.

One university prohibited a first-year student living in a residence hall from smoking medical marijuana, although she had a legal license. She argued that the university should designate smoking rooms for "students who are legally allowed to smoke for medicinal purposes." [15] Other students argue for specialized dorms. Reconciling federal and state requirements on marijuana will likely require advice of counsel.

- **Assessment of Risk Exposures**

For campus services to remain effective and meaningful to the new mix of students, colleges and universities must adapt at a faster pace to attract and retain students. They must recognize that tomorrow's student body will not share the same characteristics as todays.

While college and university administrators have a good understanding of insurable property and liability risks, they may not always be aware of the many other forms of risk. Student health and accident risks are an example. Consider the health risks and safety exposures in these situations:

- Students participating in off-campus practicums, clinical internships, service learning, and cooperative-learning programs
- Students participating in intercollegiate or club sports and special events
- Students studying abroad with only a domestic insurance policy not covering overseas risks
- Students from other countries if the institution does not require health insurance

The impact of these factors varies for each institution. A college or university that examines its health and accident risks in their entirety is best able to structure a health program t meet the needs of its student body as a whole.

- **Privacy of Records Concerning Student Health**

Student health records are among the many types of records that higher education institutions maintain. Of particular concern are records on the health of individual students. A faculty member may, for example, write an e-mail to her department chair expressing concern about a student's physical or emotional well-being. A student health center keeps patient records, and a Disability Support Office gathers medical documentation on students' disabilities. Records with sensitive information require careful handling. Common decency, medical protocols, and legal rules weigh against unnecessary disclosure of records on the health of identifiable students. Secure storage is another key element. We briefly discuss two federal laws that address student health records. State laws may also bear on the privacy of health information.

FERPA. The federal Family Educational Rights and Privacy Act governs the privacy of individually-identifiable education records. As a general matter, it limits the unnecessary transmission of education records and allows students to inspect their own records. The faculty member's e-mail to the department chair would be an individually-identifiable education record open to inspection by the student on request. The faculty member and the chair may share the e-mail with others inside the institution who have a professional need for the information, such as a dean or counselor. In a health or safety emergency to which the e-mail may be relevant, they may disclose it to anyone, such as the police or the student's parents, provided they reasonably believe the recipient may assist with the emergency.

FERPA explicitly exempts medical treatment records, thus patient files in a student health service are not subject to FERPA. In contrast, records on individual students in the Disability Support Office are education records under FERPA. Disability support staff members do not provide medical care, so their records are not treatment records.

HIPAA. The federal Health Insurance Portability and Accountability Act of 1996 controls the electronic transmission of certain health information to and from health insurance companies. It includes protections for privacy. HIPAA has no direct impact on student health records for reasons that are a bit convoluted.

HIPAA protects "personal health information." The definition of "personal health information," however, exempts student "education records" that fall within FERPA. The definition of "personal health information" also exempts student treatment records that are exempt from FERPA.

HIPAA does have significant impact on medical schools and university hospitals which electronically share individual patient information with health insurers. It also applies to campus health centers that treat staff and communicate electronically with insurers. An entity subject to HIPAA must appoint an individual to oversee its privacy policies. That privacy officer can be a useful resource for further exploration of this complex area.[16]

Both FERPA and HIPAA exempt treatment records on individual students. Yet the story does not end there. State laws also apply. The physician-patient privilege, which arises from state law, and state medical records privacy statutes address the status of these records. In sum, the privacy of student health records is complex legal terrain meriting advice of institutional counsel.[17]

- **Barriers to Learning**

Students with unresolved physical, mental, or emotional health problems can adversely affect an institution's success and matriculation rates, particularly if health issues prevent a student from remaining in school. The American College Health Association has identified twelve factors affecting students' academic success.[18] In rank order, the factors are:

1. Stress
2. Sleep difficulties
3. Cold/sore throat
4. Anxiety
5. Internet use/games
6. Depression
7. Concern for troubled family member or friend
8. Relationship difficulties
9. Death of friend/family member
10. Sinus infection/ear infection/strep throat/bronchitis
11. Attention Deficit/Hyperactivity Disorder
12. Alcohol use

As Dr. Ted Grace said during his opening presentation to the Think Tank, "It's not the medical problems that are unique to traditionally-aged college students as much as their unhealthy behaviors. These include alcohol and other drug use, smoking, unsafe sexual behaviors, preventable injuries and violence, poor nutrition, and sedentary

lifestyles. There is an expectation on the part of parents and the community at-large for the institution to address these unsafe behaviors."

- **Campus Violence**

In the last decade campus violence has attracted considerable attention as a barrier to academic success.[19] The Centers for Disease Control (CDC) estimate that the cost of violence in the United States exceeds $70 billion each year. This includes the cost of medical care and lost productivity. This estimate, the CDC states, "provides evidence of the large health and economic burden of violence in the United States."[20]

On average, the mainstream press has reported one act of violence on a college or university campus every month for the last decade. Violent crimes include aggravated assault, rape and sexual assault, and robbery. On-campus perpetrators have been students, staff, faculty, spouses, intimate partners, and campus visitors.

When an act of violence occurs on campus there is need for immediate physical and mental health care. The impact of violence stretches from the immediate victims and bystanders to individuals unconnected to the event whose sense of personal safety diminishes. Grief and mourning can require months or even years to resolve. Violence often leaves survivors with permanent physical and emotional scars. A serious act of violence may lead some students to never return to campus.

III. STUDENT HEALTH SERVICES

Institutions take many different approaches to offering student health services. Delivery systems include, for example, a clinic on campus led by a physician; a clinic led by a nurse or nurse practitioner; and outsourced services within the general community.

Large research universities generally have the most extensive student health services, particularly if they train physicians and other healthcare practitioners. Their on-campus medical services may include pharmacy services, physical therapy, after-hours care, and a 24-hour medical help-line.

Comprehensive centers manage referrals to off-campus medical providers and integrate students' insurance to cover needed medical expenses.

At the other end of the spectrum, some institutions provide no on-campus health services. This group includes some community colleges, very small and specialized institutions, and most for-profit colleges. Students at such institutions may defer treatment entirely, self-treat, or pursue care through the general medical community

Some institutions require full-time students to pay a mandatory health fee. Others build the cost of health services into tuition. Under either approach, the expense of health care may place higher education beyond the reach of low-income students.

Types of Services

Even within a single institution, available student health services can vary greatly by location. Services tend to be clustered on the main campus. Students may have reduced access on branch campuses, at remote research locations, or at international study sites.

If an institution imposes a mandatory fee for student health services, that fee typically covers the majority of primary care, triage, and assessment services. Due to budgetary issues, student health centers continue to evaluate whether services are billable to the student's health insurance plan.

An on-campus student health facility commonly provides a range of services to individuals and the institution:

- Routine medical care, whether or not the student carries insurance
- Urgent health care
- General health education
- Verification of mandated immunizations
- Blood-borne pathogen prevention programs
- Clearance exams, class excuses, and verifications of a doctor's visit for ill or injured students
- Guidance to other administrative offices on particular student issues, such as mandatory or permanent medical withdrawal or loan forgiveness for permanent medical disabilities
- Administrative support for the issuance of disability parking permits, arrangements for disability ride vans, and other services to special needs populations
- Health screening for students in the health professions programs and those participating in practicums.

In addition to meeting the general health needs of students, the health services facility is key to the institution's ability to respond to public health issues such as campus epidemics or the spread of food-borne illnesses. Many colleges and universities also provide counseling and mental health services such as basic assessment and short-term therapy sessions. Mental health services are often separate from the student health clinic. Another common service offered separately from a student health clinic is an on-campus wellness program. Wellness programs provide general health and lifestyle change counseling on topics such as exercise, nutrition, and stress reduction.

Other campus resources outside of student health services also focus on student health. We briefly discuss three types of resources: disability services, sports health resources, and emergency transport services. Their functions contribute to the overall goals of student health and academic success, complementing the efforts of other campus health services.

1. *Disability Services*

A dedicated Office of Disability Support Services provides assistance tailored to the individual needs of students with documented disabilities. Disability support staff analyze the nature and severity of individuals' conditions. They promote full participation in the academic program for students with cognitive, sensory, mobility, and other disabilities. They also serve as a liaison with professors, interpreters, note-takers, and other resource people. Disability support services contribute directly to the academic success of students with disabilities.

2. *Sports Health Services*

As colleges and universities emphasize athletic training and game safety, they often employ team physicians and athletic trainers. These healthcare professionals may be assigned to specific teams or may work more generally in the athletics program. Physicians and trainers serve many functions. These may include player physicals, injury prevention, injury evaluation and management, injury treatment, rehabilitation, educational programs, and counseling for student athletes. A team physician may need to coordinate care with a physician in the student health service if, for example, both are treating the same student athlete.

3. *Emergency Transport Services for Injured or Ill Students*

Campus safety personnel are often trained as first responders for medical emergencies. As a result, they may be called upon to transport ill and injured students. They may be trained in the use of automated external defibrillators (AED's), with the devices available around campus or in campus public safety vehicles. Student

volunteer emergency medical services (EMS) can supplement or even replace other first responders with services that may include ambulance transport.

Penn State University's Office of Emergency Medical Services,[21] for example, operates with student volunteer EMT's. It is responsible for all emergency medical services on the main campus. The ambulance service is licensed by the Pennsylvania Department of Health, operates 24 hours a day, 7 days a week, and responds to approximately 600 ambulance calls per year. It also coordinates emergency medical services for nearly 300 special events annually.

Student-run emergency services are not limited to large universities. Saint Michael's College in Colchester, Vermont operates one of the first organized student-run volunteer ambulance services in New England. [22]

Although operating a student volunteer EMS is not for every college and university, the services can provide rich opportunities for teaching and learning. More importantly, student emergency responders can save lives. At Boston University's 2009 commencement, for example, student EMT's helped revive a graduating student's father who had suffered a serious heart attack.[23]

Student EMT's may serve as role models and informal peer counselors for students who drink excessively or engage in other harmful behaviors. Volunteering with a campus EMS group can open doors for students interested in EMS careers or other healthcare occupations. The National Collegiate EMS Foundation is an excellent source of information. Its on-line resources include operational guidance, as well as a list of scores of colleges and universities with student EMS groups.[24]

IV. STUDENT HEALTH INSURANCE

No serious examination of student health in higher education would be complete without attention to health insurance. The problem of uninsured students has been well documented. At the request of the U.S. Senate Committee on Health, Education, Labor, and Pensions; the Government Accountability Office (GAO) prepared a major report in 2008. It examined uninsured college students, student insurance plans, and efforts to decrease the number of uninsured students.[25] The results were sobering. The GAO reported that uninsured college students incur between $120 million and $255 million per year in uncompensated care for non-injury related medical events.

The GAO report stated that about 30% of colleges and universities nationwide required students to have health insurance during the 2007-08 academic year. Some states, including Massachusetts and New Jersey, have mandated health insurance for college students.[26] The report goes on to explain that students in the Northeast and Midwest are more likely than those in the West and South to have health coverage.

The GAO studied only undergraduate college students aged 18 to 23. The real cost of uncompensated care is even larger than the GAO's estimates. Student groups most likely to be uninsured include: [27]

- Graduate students (unless subsidized on research grants in fields such as science and engineering)
- Part-time students
- Minority students
- Students from lower-income families with limited access to employer group health insurance

Student Health

The Commonwealth Fund[28] issued a report in December 2009 reinforcing the health insurance challenges that young people face. Titled “Young, Uninsured, and Seeking Change,” the report explained that “young adults between the ages of 19 and 29 are one of the largest uninsured segments of the U.S. population.” It described that this age cohort tends to transition in and out of various insurance plans as they move from their parents’ plans to college and into the workforce.

- **The Student as Insurance Consumer**

The health insurance profile of a two-year community college student looks considerably different from that of a traditional four-year student. The same can be said of students attending a large public university and those attending a small private liberal arts college.

The first step in gauging student insurance needs is to understand the profile of the institution’s student population. To what extent is it comprised of undergraduate and graduate students, residential and commuter students, international and domestic students, and male and female populations?

The following examples describe some of the general differences among student groups.

Graduate students tend to want comprehensive health insurance benefits as insurance through the university is frequently their only realistic option. As older students, they typically have more healthcare needs and often including those of their dependents, than undergraduates. Graduate students utilize plan benefits more frequently and, as a result, require a higher level of coverage.

International students often purchase policies marketed specifically to them as non-U.S. nationals. Such plans need not comply with specific state insurance protections or Title IV provisions. As a result, international students may be underinsured. Their inadequate coverage may limit the student health center’s ability to refer them to community physicians for treatment. The problem is compounded if they bring to the United States dependents that are also underinsured.[29]

Undergraduate students may be covered as dependents under their parents’ plan. Parents often, however, buy plans with high deductibles, limited in-network provider access, or both, leaving the student underinsured when on campus.

Commuter students often do not utilize on-campus health services or have no access to such services. As a result, they can be underserved and have unknown risk factors which could impact the campus community. They may have no insurance, insurance through employers, or other arrangements.

Low-income students may have access to health care only through public programs such as Medicaid. Public programs may limit care to specific providers who participate in the plans, creating barriers to access. Medicaid and Medicare are discussed further below.

Savvy insurance consumers may be drawn to a campus health plan. One college found that older adults were taking a one-credit class every semester simply for access its student health coverage which was available to part-time students.[30]

Knowledge of its own student profile helps an institution design the most appropriate student health plan. A plan could, for example, cover only full-time undergraduate students. A more comprehensive approach would cover all, or some, part-time students, non-traditional students, graduate students, and graduate teaching assistants. Many options can be designed.

- **Student Health Insurance Goals**

The ACHA has developed ten *Standards for Student Health Insurance/Benefits Programs*.[31] Among the standards are:

- A recommendation that as a condition of enrollment, the college or university require students to provide evidence of *adequate* health insurance coverage. The ACHA defines adequate health insurance as coverage that includes preventive care, coverage for catastrophic illness, and coverage for prescription medications, including psychotropic drugs.
- A suggestion that the institution decide what is considered minimally adequate coverage, including coverage for preventive services and mental health services, and coverage for catastrophic illnesses or injuries.
- A recommendation that coverage be made available to all students without exception.

The standards recognize that healthcare costs limit or prevent access to healthcare services, which may, in turn, limit a student's ability to achieve or maintain good health. Student health insurance, including accident and illness plans, is intended to provide *affordable* access and care during a student's academic career. When plans exist, not all students may be required, or perhaps eligible, to enroll.

As compelling as we find the reasons to sponsor a student health insurance plan, not all institutions do so. Ultimately, every institution's goal should be to meet the ACHA's definition and to have a plan that:

- Provides for the needs of the greatest number of students
- Balances plan design with cost and coverage
- Provides benefits for the uninsured and increases benefits for the underinsured
- Reduces institutional risk and liability
- Allows for sustaining long term viability

Mandatory or "hard-waiver" student health insurance plans, discussed further below, can be an affordable alternative to the individual plans marketed to post-secondary students. Mandatory or hard-waiver plans are also more affordable than student health insurance in which enrollment is voluntary.

There is no "standard benefit plan model" for student health insurance. Student plan coverages vary by their *lifetime per condition* limits and sublimits on many features, including outpatient services, diagnostic x-ray expenses, lab expenses, and prescription-drug coverage. Additionally, a plan may require a referral from the student health center before covering expenses for treatment by another provider.

Colleges and universities face a balancing act in designing student health insurance. A policy applicable to their student profile should be affordable without sacrificing needed coverage and putting students in an underinsured position. Generally, it is impossible to meet the needs of all groups. Healthy students and low income students favor lower cost plans, while students with significant health problems favor richer plan designs. Without health insurance, however, college students can find health care unaffordable. Accessing providers and services without insurance can be cost prohibitive. Some students will forego needed care, while others will drop out of school to redirect their tuition dollars to pay for medical expenses.

- **Types of Insurance Plans to Address Potential Risks**

There are seven basic types of student health plans. These are:

1. Student Accident and Sickness Plans to complement on-campus services.

2. Student Accident Health Plans to insure basic “slip/fall injuries” and to provide coverage for injuries and blood-borne exposures during practicums and internships.

3. Blanket Student Athlete Injury Plans to cover medical expenses incurred as a result of participation in a sponsored event or practice. In addition, institutions buy these plans to cover club and intramural activities.

4. Coverage under the institution’s workers’ compensation plan for students participating in internships and practicums.

5. Study Abroad Travel Health Insurance for worldwide short-term medical and travel assistance coverage for U.S. students when traveling abroad.

6. Foreign Student Accident and Sickness Insurance coverage, which must meet or exceed the federal requirements for J-1visas, for international students studying in the United States.

7. Catastrophic accident plans to supplement basic plans. These typically carry a high deductible and a low premium. Benefits are payable for covered expenses that are not recoverable from any other plan providing medical benefits. Usually, an underlying policy must be in effect.

- **Enrollment Methods for Sponsored Student Accident and Sickness Plans**

The ACHA recommends that colleges and universities require students to demonstrate comparable insurance or be automatically enrolled in the college or university’s plan. This is known as a *hard waiver program*. If a student is unable to produce evidence of comparable coverage, he or she is billed the full cost for coverage under the institution’s endorsed student health insurance plan.

Hard waiver programs guarantee that all students have some form of health insurance. They can guarantee a lower premium and a higher level of benefits when compared to voluntary or individually purchased plans. They also can ease potential liability for the institution because students have a funding source to defray medical costs. On the other hand, mandatory health insurance may create financial barriers to higher education for indigent students. A further concern is the administrative burden of monitoring and enforcing the requirement, a task eased considerably by helpful web-based tools.

Mandatory programs are those in which students are automatically enrolled. Students have no choice to waive coverage even if it duplicates coverage they already have or can purchase elsewhere. While rarely utilized for sickness *and* accident plans, this approach is often used for *student accident only* plans. They create a safety net for students completing required practicums or internships and those participating in recreational and intramural sports.

Voluntary programs simply make coverage available, allowing each student to decide whether to purchase it. These programs are typically the least successful student health insurance arrangements because of limited coverage and low enrollment. With a voluntary program, the institution may face the situation of having to render care to an uninsured student. The institution must either absorb the cost or pass it on to insured students by increasing their next premiums. Healthy students will be driven away from the institution’s voluntary plan leaving it to become more expensive than a hard-waiver or mandatory plan.

In all cases, health insurance premiums are based on the risk traits of the entire group, and all plans must meet the legal requirements of the state in which they are offered.

When a college or university offers student health insurance, it must comply with federal nondiscrimination requirements, including Title IX's prohibition of gender bias. Pregnancy, childbirth, and other reproductive care must be treated equally with other temporary disabilities.[32] In other words, reproductive care cannot be excluded nor can a higher premium be charged if the plan covers other temporary disabilities.

- **Alternative Student Purchase Options**

Students may have options for purchasing health insurance other than through their college or university. Coverage under a parent's employer-sponsored plan is a common route for many students. Many employer plans have ended coverage at age 21 or 22. With health care reform, discussed further in Section V below, children can receive coverage up to age 26. [33] Employers will be required to open their plans to these individuals during their annual Open Enrollment Period. Employer plans that offer no dependent coverage are not affected.

Both historically and going forward, if a student "ages out" of dependent coverage under a parent's workplace plan, the student may be eligible to purchase the same coverage for up to 36 months under COBRA[34]. This option, however, does not require the employer to subsidize the premium. The student typically pays 100 percent of the premium, plus an administrative fee.

A student can also purchase an individual plan through the insurance market. Unlike group plans where premiums are based on the risk characteristics of the group, individual plans are typically determined based on the risk factors of the individual seeking coverage. Relevant risk factors include the status of the individual's health, expected provider use, age, and gender. Occasionally, when all things are considered, the applicant may be denied coverage. Also, like the COBRA extension, the option of an individual plan is expensive. For a healthy young person, however, an individual policy may be less expensive than the COBRA extension on a parent's workplace health insurance plan.

Some students may qualify for coverage through public programs such as Medicare or Medicaid. *Medicare* is a federal insurance program available to people who are permanently disabled or retired. It is a primary payer. Students with Medicare may qualify for a waiver from a student health insurance plan. *Medicaid* is a federal-state welfare program for low-income United States citizens who do not qualify for insurance coverage from other sources. It is not an insurance plan, and benefits vary by state. Medicaid therefore may not cover services comparable to those available on campus or benefits comparable to the student health insurance plan. Medicaid typically has the status of a secondary payer. Students with Medicaid would not qualify for a waiver from a student health insurance plan. Students on Medicaid usually receive financial aid, which often calculates the cost of the campus insurance fee in the student's overall financial package. Since Medicaid is administered by the state, eligibility and benefits are frequently changing, which can leave students stranded without adequate coverage. Many state Medicaid officials have recommended that students with Medicaid not be exempted from campus student health insurance requirements.

Students may at times be covered through short term plans. These may include other types of insurance that relate to student health, for example:

- Coverage for clinical or other professional practicums
- Intercollegiate/club/intramural sports policy plans[35]
- Travel accident, accidental death and dismemberment, and medical evacuation/repatriation plans
- Insurance through a group plan offered by a professional association or other group

- **Trends in Coverage Levels and Benefit Utilization**

Student health insurance plans are designed to cover most students' medical expenses beyond the services included in the student health fee and provided without charge at an on-campus student health center. Student health insurance plans must also comply with mandated benefit requirements that the state imposes on health insurance.[36] Beyond these goals, more students are seeking broader medical coverage in all areas of benefits, including sickness, preventive care, and pre-existing conditions.

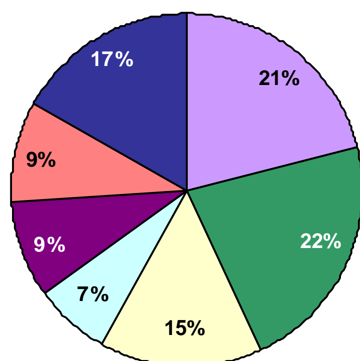
Preferred Provider Organization (PPO) benefit structures are now offered by 93% of school-sponsored plans. The majority of schools throughout the country provide for an 80% in-network and 60% out-of-network level of benefits. The exception is the northeast, where schools typically offer richer benefits – 100% in-network and 80% out-of-network. Two main factors underlie the regional variation. First, more private institutions in the northeast can offer higher benefits. Second, more schools in the northeast have hard-waiver plans, particularly in Massachusetts and New Jersey, which require them.

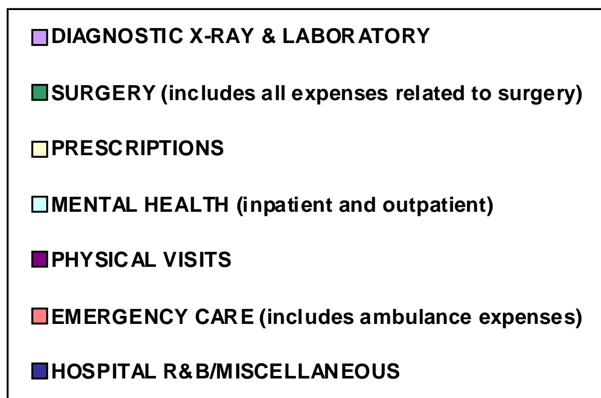
Data on paid claims show trends in benefit utilization. The health insurance benefits that students use most often are:

1. Outpatient pharmacy
2. Diagnostic x-rays
3. Lab services
4. Surgery expense
5. Emergency care

Schools are increasingly using claims data to improve coverage benefits and evaluating the number of student insureds who meet or exceed coverage limits or sublimits. The accompanying chart, for example, offers expenditure data based on 500 schools and approximately 450,000 insured students. It shows the relative proportion of health insurance costs for each type of service.

BENEFIT UTILIZATION BREAKDOWN – STUDENT HEALTH INSURANCE PROGRAM





- **Practices for Managing Claim Cost and Utilization**

The foundation to achieving a reasonable long-term premium cost is managing claims costs. This is best accomplished by analyzing claims data on a quarterly and annual basis, over a three-or four-year period. The data set must be sufficiently large to support informed decisions. Otherwise, a major decision about the plan might be flawed due to an insignificant sample size. A college, for example, might incorrectly decide that the best approach to reducing the cost of claims would be simply to reduce benefits.

Instead, the claims data reports should be sufficiently robust to identify the key drivers to rising costs. Factors driving the costs might be, among others, a rash of severe accidents, more sickness requiring expensive treatment, or an increase in the frequency of student visits to healthcare providers.

By tracking numbers of students impacted by institutional plan limits, such as limits for prescription drugs and by comparing in-network and out-of-network utilization, an institution can gauge whether the plan is achieving its objectives. A goal of 85% or greater utilization of in-network providers is a good standard that demonstrates students have reasonable access to care. After a careful analysis, plans can be tailored to encourage in-network utilization through a combination of co-pays and deductibles.

Another good practice is to benchmark claims experience against student plans at other colleges and universities. Also, having an audit conducted of the claim adjuster can identify problems of overpayment or underpayment.

The selection of a Preferred Provider Network is a key to managing claim costs per service. An evaluation of discounts on the most frequently used services should be conducted on an annual basis prior to the start of each academic year.

If the student health center has the capacity to function as the primary care provider, it can refer students as needed to specialists in the community. This arrangement has the potential of reducing the frequency of visits to outside providers. This will reduce claim costs for services that can instead be provided by the student health center while maintaining comprehensive levels of benefits through the plan.

V. NATIONAL HEALTHCARE AND STUDENT HEALTH INSURANCE

On March 23, 2010, President Obama signed into law the Patient Protection Affordable Care Act (PPACA). The law is designed to:

- Increase access to health coverage for many U.S. citizens and legal residents through state and federal premium credits, as well as subsidies for individuals who meet income qualifications
- Reform how insurance carriers offer health insurance products to the group and individual health insurance marketplaces
- Expand access to public programs such as Medicaid to low-income people

PPACA will require both federal and state involvement to develop and implement the various regulations. The American Council on Education (ACE)[37] is mobilizing many leading higher education associations to work with the various federal agencies responsible for the developing regulations under the Act. ACE stresses the importance of allowing institutions to continue to offer high-quality, group-rated, low-cost student health insurance plans that meet the actuarial equivalent of the "minimum essential coverage" under PPACA.

- **What We Know**

As of this writing, the impact of PPACA on the health insurance of college students is evolving. Amid the uncertainties, we do know the following.

The health care landscape will start to change in 2010 with the majority of significant programs going into effect in 2014.

Employers offering group health plans that cover financially-dependent children must make coverage available until each child reaches age 26. This component of the law goes into effect September 23, 2010, or later, depending on the plan's open enrollment period. A child is defined as a son, daughter, stepson, or stepdaughter of the employee. The definition also includes foster children who are placed with the employee by an authorized placement agency or court order.[38]

With the extension of employer-sponsored health insurance plans to dependents up to age 26, student enrollment in college-sponsored voluntary or hard-waiver plans may decrease.

Raising the age for dependent coverage in employer-sponsored plans does not, however, increase access to coverage for:

- Students whose parents are unemployed
- Students whose parents are employed in jobs without health insurance
- Students whose parents are employed in jobs with health insurance that does not cover dependents
- Students older than age 26
- Students in military families with health insurance through Tricare

The military health insurance plan, Tricare, currently covers full-time college students up to age 23 and other children up to age 21. Legislative bills to bring Tricare into parity with PPACA are pending in Congress.[39]

Although a student may have coverage through a parent's workplace health insurance plan, care may be available only through an inconveniently located HMO or a restrictive PPO network. A parent's workplace health insurance may exclude coverage for international travel, travel assistance, and repatriation; features often included in student health insurance plans.

Insurance reform will prohibit plans from rescinding coverage or placing lifetime or annual limits on specific benefits. Pre-existing conditions must be covered for children under the age of 19, and states will be required to establish temporary state-managed high-risk pools for uninsured adults with pre-existing conditions. Enrollment guidelines have not been finalized and each state is evaluating how to structure and fund this provision.

- **Health Benefit Exchanges**

Among the most significant provisions of PPACA are the state-based American health benefit exchanges and the expansion of public programs to be implemented in 2014. Individuals who do not have access to affordable employer group coverage will be able to purchase coverage through a health insurance exchange with premium and cost sharing credits and subsidies. These new exchanges will provide a selection of plans through a consortium of insurance carriers that will have contracted with each state. Families with incomes between 100% and 400% of the poverty level will receive premium subsidies. Medicaid will be expanded to 133% of the federal poverty level for all individuals under age 65. This expansion will create a uniform minimum Medicaid eligibility

threshold across states and will eliminate a limitation that prohibits most adults with dependent children from enrolling in the program.

Plans in the exchanges will be required to offer benefits that meet a minimum set of standards. Insurers will offer four levels of coverage that vary based on premiums, out-of-pocket costs, and benefit provisions outlined in PPACA. Consumers will be able to compare the four standard levels of coverage and purchase their preferred plan online.

Students residing in one state may not, however, have adequate state-exchange coverage while attending college in another state.

PPACA also establishes a separate catastrophic plan targeted to young individuals up to the age of 30. The catastrophic plan will not qualify for the premium subsidy and will not include preventive care. Due to the absence of preventive care, the catastrophic plan will not meet the ACHA standards for minimally adequate coverage for college students, as discussed in section IV above.

Although there is no intended official requirement for most U.S. citizens and legal residents to have a health insurance plan, they will be subject to a phased-in tax penalty if not enrolled in a plan that meets the *essential benefit* definition found in PPACA. Health benefit exchanges are scheduled to go into effect in 2014.

- **International Students**

International students, including those who are undocumented, will not be eligible to participate in the expanded Medicaid program or to receive a premium subsidy through a state health benefit exchange. If a school does not offer a student health insurance plan, international students may have little choice but to purchase coverage through non-recommended carriers.

- **Future of Traditional Student Health Plans**

The impact of PPACA on college-sponsored student health insurance is uncertain. College-sponsored student health insurance plans do not neatly fit the traditional mold for health insurance. A new group of students arrives each year, another group graduates; and premiums are relatively low. The plan sponsor is the students' school rather than their employer. Typically, college-sponsored student health insurance is legally designated or "filed" as a type of limited-duration, low-cost insurance known as a "Blanket Accident and Sickness Policy." PPACA grappled with more traditional types of health insurance rather than with college-sponsored student plans. Based on PPACA language, access to college-sponsored student health and similar customized plans could be unintentionally restricted or eliminated.

Proponents of college-sponsored plans offer several solutions. First, student health plans could be allowed to continue under the category of "limited blanket policies," as permitted under applicable federal and state laws.

Within PPACA, pricing advantage based on this specific risk group could be clarified to maintain the group rating based on coverages, demographics, and coordination with on-campus resources.

Student health insurance plans could be allowed to qualify as *essential benefit* plans to satisfy PPACA's "personal coverage" requirements. This would reduce the risk of students relying solely on the low-cost catastrophic plans that will be available to young adults through the state exchanges. State exchange plans may expose students to high deductibles and limited access to primary and wellness care.

Requiring student insurance plans to adhere to all PPACA coverage regulations, such as the elimination of an annual or lifetime maximum, will negatively impact premium costs. It may also reduce the number of insurance carriers interested in underwriting college-sponsored student health plans.

Last, state exchanges have the potential to compete with college-sponsored plans. College-sponsored plans may suffer adverse selection if international students or others ineligible for state exchanges enroll in the school plan. If state exchanges, however, permit high deductible plans, colleges and universities may find that the limited blanket policies can offer "gap" coverage for all students, thus ensuring both affordable access to health care and unlimited benefits.

VI. EFFECTIVE PRACTICES AND USEFUL IDEAS

Colleges and universities are bringing greater focus to student health. The following are some suggested effective practices and useful ideas. They range from wording in the mission statement to concrete programs.

- *Include the importance of promoting student health in the institutional mission statement*

A mission statement is a college or university's articulation of its purpose and values. Student health is critical to realizing the strategic goals of the institution. Consider acknowledging the link by adding a statement of commitment to the mission statements.

- University of Toledo's Core Values from its mission statement include[40]

  "… *Wellness, Healing and Safety*: Promote the physical and mental well-being and safety of others, including students, faculty and staff; provide the highest levels of health promotion, disease prevention, treatment and healing possible for those in need within the community and around the world."

- St. Olaf College's mission statement explains that the college[41]

  "…fosters the development of the whole person in mind, body, and spirit."

- Grinnell College's mission statement stresses that[42]

  "…knowledge is a good to be pursued both for its own sake for the intellectual, moral and physical well-being of individuals and of society at-large."

- *Link academics to the mission statements of campus health programs*

In addition, include academics in the mission statements of campus health programs. The student health service at the College of Saint Rose (NY), for example, declares "Health Services supports the mission of the college. It provides a climate of learning and living by helping students remove health barriers that interfere with their academic, personal and social education."[43]

One expert has suggested the wording "Recognizing that health is a vital part of learning, [name of health program] works to create and sustain a healthy campus community in which students can achieve their personal and academic goals."[44]

- *Create a student health advisory committee (SHAC)*

Many colleges and universities have student health advisory committees, often referred to as "SHACs," to offer suggestions on insurance eligibility requirements, benefits, and premiums. If the institution has a student health

clinic, the committee may also provide advice on services the clinic offers. Active SHAC programs bring several benefits beyond the advice they give. They spread across campus peer-to-peer messages of health education and wellness. SHAC members learn about the complexities of health insurance and the process of policy change, and they can gain leadership skills and experience.

- *Provide special health services for first year at-risk students*

Researcher J. Conciatore studied a program in which Rutgers University offered comprehensive health services to economically disadvantaged first year students. [45] Services included physical examinations, wellness counseling, and a health education class. Participating students had social, behavioral, and environmental health problems such as anemia, obesity, high blood pressure, poor nutrition, and sexually transmitted diseases (STDs). According to Conciatore, the Rutgers health services program led to a reduction in unwanted pregnancies and STDs. The study correlated participation in the program to strong classroom attendance, retention, and grade point average.

- *Target healthcare outreach to international students*

The Association of International Educators (NAFSA) suggests that colleges and universities hold a health insurance orientation for incoming international students, to help them understand and utilize a private health care system requiring payment.

Suggested topics for the orientation include:

- A review of the U.S. health care system
- Advice on accessing health care at the local and campus level
- An explanation of why heath insurance is needed and how it works
- Information on how to obtain medications, both prescription and over the counter
- Sources for help and additional information

Printed “take-away” materials are also useful, particularly those translated into the students’ native languages.[46]

- *Become a tobacco-free campus*

Colleges and universities are extending their existing smoking restrictions to campus-wide bans on tobacco. According to the American Nonsmokers’ Rights Foundation (ANRF), as of July 2010, 420 smoke free campuses “allowed no exceptions.”[47] Legalized marijuana, however, may require special consideration on campuses that already ban smoking or are moving in that direction.

- *Develop a returning veterans program that offers health resources*

Many colleges and universities have developed outreach programs offering services to returning veterans. The Student Veteran Services Office at George Washington University, for example, is staffed with a full-time coordinator. Among other functions, the coordinator helps student veterans suffering from traumatic brain injury and post-traumatic stress disorder receive needed assistance, so the students will have a more successful academic experience.[48]

Montgomery College in Montgomery County Maryland has a targeted outreach program called Combat2College (C2C) program for returning veterans.[49] The program offers support services, including referrals to wounded warrior resources.

- *Improve the integration of existing campus programs on student health*

Take an inventory of the many ways in which campus offices and programs address student health. Use Section 1 of this report as a guide. Create a hypothetical student with multiple health challenges and insurance issues. "Walk" him or her through the various offices. See how service delivery and communications are coordinated, and make any needed improvements. Another approach to improve coordination is to develop a campus-wide goal on health. The University of New Hampshire, for example, has adopted a healthy UNH initiative, backed by the president. The major goal is to improve the health of the campus community while reducing health-care costs. Through the initiative, everyone is "*Working to make UNH the healthiest campus community in the country by 2020!*" [50]

- *If you have a student health insurance program, examine the data supporting decision-making about premiums and coverage. Study claims payments.*

Gather the data that the institution used in making its most recent adjustment to the student health insurance program. Analyze the quality and quantity of the data to see whether data gathering merits improvement. Audit the claim adjuster to see whether benefits are paid appropriately.

- *Become involved in clarification of college-sponsored health insurance programs under federal healthcare reform.*

The status of school-sponsored student health insurance programs is uncertain under PPACA. Work through your institution and national organizations to protect these valuable programs.

VII. CONCLUSION

Look carefully around a campus, and student health issues appear everywhere. A professor talks with a student in emotional distress. The registrar processes a medical withdrawal form. A nurse in the student health center gives a tetanus shot. A varsity soccer player walks by with a brace on her knee. Taken separately, these situations merely illustrate typical campus life. Taken together, they underscore the vital importance of student health to the functioning and success of students and, in turn, of colleges and universities.

Student health issues grow more complex as institutions become more complex. Campus healthcare providers and administrators must anticipate the impact on student health of factors such as globalization and changing student demographics. An international student has different insurance needs and cultural assumptions about health care than a local student. A student health center would offer different, age-appropriate primary care to a fifteen year-old student, a twenty-five year-old student, and a sixty-five year-old student. Their health insurance needs would vary as well.

Student health is hidden "in plain sight" throughout American colleges and universities. This report has endeavored to bring it out into the open, exploring how different campus units work with health issues. It has addressed a wide variety of campus health-related resources, from athletic trainers to college-sponsored student health insurance. It has explored the known and potential impacts of national healthcare reform on college-sponsored programs.

Fundamentally, a student struggling with health issues cannot achieve an optimum academic outcome. Health issues may force students to take time off from college or to discontinue their studies entirely. This harms the students, the institution, and ultimately the community.

We believe that student health is a core component of the success of American colleges and universities. We invite greater attention to it throughout the country.

VIII. SELECTED RESOURCES

- *American College Health Association(ACHA)*

ACHA links college and university health professionals throughout the world to provide advocacy, education, communications, and services, as well as to "promote research and culturally competent practices to enhance its members' ability to advance the health of all students and the campus community."
www.acha.org

- *American College Health Association (ACHA) – National College Health Assessment (NCHA)*

The ACHA-NCHA is a nationally recognized research survey that collects data about students' health habits, behaviors, and perceptions. The results of the most recent survey can be reviewed online.
www.anchancha.org

- *Association of International Educators (NAFSA)*

The Association of International Educators offers health and wellness information for U.S. students going abroad and for international students arriving in the U.S. to study. See especially the publication *Optimizing Health Care in International Exchange*, available on the website.
www.nafsa.org

- *Centers for Disease Control (CDC)*

The CDC has a college health and safety site which includes hotline numbers for a selected list of personal emergency and crisis situations.
www.cdc.gov/family/college

- *Center for the Study of College Student Retention (CSCSR)*

CSCSR provides retention resources and offers consulting services to educational institutions for identifying factors influencing college student retention and attrition.
http://www.cscsr.org

- *Gallagher Koster (A division of the Gallagher Higher Education Practice)*

Gallagher Koster specializes in comprehensive cost-effective solutions for over 160,000 students in over 104 colleges, universities, and secondary schools nationwide.
www.ajgrms.com/HigherEdStudentHealthcare

- *Student Affairs Administrators in Higher Education (NASPA)*

NASPA has Knowledge Communities devoted to health, learning, and retention. See especially the Health in Higher Education Knowledge Community and its Best Practices links.
www.naspa.org/kc/default.cfm
www.naspa.org/kc/hhekc/bestpractices.cfm

- *Student Health 101 Program*

The Student Health 101 Program was created by a group of student health physicians to help colleges and universities better educate students in matters related to their personal health. Their services are geared toward those institutions with limited student health services or limited hours of health service operations.
www.studenthealth101.com/for_schools.asp

APPENDIX

8 Actions to Strategically Manage Your Student Health Insurance Plan

1. **Understand Your Student Population Profile**
   Check whether these generalizations apply to your campus.
   - Graduate students
     - Tend to want greater benefits
     - Frequently have health insurance only through the campus plan
     - Require a higher level of coverage
     - Increase utilization of the plan
   - International students
     - Often purchase policies marketed specifically to them that provide inadequate coverage
     - May lack coverage for treatment referrals outside of campus health services

2. **Identify the Services Offered on Campus**
   - Inventory campus services. Is primary care available to all students?
   - Assess how the insurance plan complements campus health services.
   - Financing of health services, counseling services, and health education:
     - Do all students pay a health fee to gain access to the health service?
       - What services does the fee cover?
     - Can campus health services receive payments from the student health insurance plan or other insurance plans?
     - Do you have adequate staff and systems to manage referral requirements under the student health insurance plan?

3. **Understand Enrollment Methods**
   - Identify how the different enrollment methods (mandatory, hard waiver, and voluntary) impact:
     - Premium cost
     - Level of benefits
     - Number of uninsured students on campus
     - Relationships with healthcare providers in the local community
   - Gauge the pluses of student health insurance that is mandatory or hard waiver
     - Allows institutions to control plan provisions
     - Provides comprehensive coverage
     - Maintains affordable premium cost to students and dependents
   - Check trends at other institutions, including web-based student insurance applications to manage enrollment and monitor insurance requirements

4. **Work with Your Partners**
   - Collaborate with your insurance committee, broker, and carrier to understand your plan design
   - How does your plan design manage and control claim costs?
     - Plan maximum per condition
     - Internal limits per benefit type
     - Health services referral requirement
     - Large claim pooling protection
     - Relationships with healthcare providers in your local community
   - Evaluate benefits that students are using
   - Determine where limits result in students being underinsured

5. **Evaluate Your Exclusions and Limitations**
   - Consider exclusions and limitations through the eyes of others
     - Fairness to the insured

  - Impact on the institution's potential liability
  - When a claim is denied, whether the exclusion appears appropriate and defensible
- Red flag exclusions
  - Intentionally self-inflicted injury, attempted suicide, or suicide, while the student is sane or insane
  - Any loss sustained or contracted as a consequence of the student's intoxication

6. Analyze Your Plan and Claims Data

- Review monthly and quarterly detailed claim reports
- Identify the key drivers affecting your paid claims
- Track number of students impacted by internal limits
- e.g., prescription drugs, chiropractic benefits, physical therapy benefits
- Evaluate preferred provider network discounts
- Compare in-network vs. out of network utilization
- Commit to a scheduled market review

7. Understand the Costs Associated with Your Plan

- Insurance company costs
  - Overhead and administration
  - Profit
- Reinsurance/pooling charge
- Broker/ account management compensation
- Claims administration
- State premium taxes and other applicable taxes
- State surcharges on incurred claims and paid claims
- Preferred provider network access fee

8. Evaluate All Funding Mechanisms

- Fully Insured Contract
  - Transfers 100% of claim cost risk and program administration to an insurance carrier
- Self-Funded Contract
  - University assumes the claim cost risk and program administration
- Captive Arrangement
  - University works with a fronting carrier and participates in the claim cost risk
  - Does not assume the entire exposure or program administration
- Each mechanism has its strengths and challenges
- Not all arrangements available in all states

END NOTES

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[32] *Optimizing Health Care in International Educational Exchange* by John Rogers and David Larsen. NAFSA, 2002. The full text of this excellent workbook is available at www.nafsa.org/resourcelibrary/Default.aspx?id=8739

[33] On March 23, 2010, President Obama signed into law the *Patient Protection Affordable Care Act* which will provide dependent coverage for adult children up to the age of 26 for all individual and group policies.

[34] COBRA is the Consolidated Omnibus Budget Reconciliation Act of 1985.

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[41] www.stolaf.edu/about/mission.html

[42] www.grinnell.edu/offices/president/missionstatement/

[43] www.strose.edu/officesandresources/health_services

[44] McNeil, M., "Linking Health Promotion and Student Success." Presented May 25, 2010 at the ACHA Health Promotion Section Member Development Committee Conference Call.

[45] "Linking Health to Academic Success and Retention, by Grizzell, J. and McNeil, M. Spectrum, Feb. 2007.www.csupomona.edu/~jvgrizzell/ch/linking_health_academic_success_retention_spectrummag.pdf

[46] To download a copy of NAFSA's manual, "Optimizing Health Care in International Educational Exchange, visit www.nafsa.org/resourcelibrary/default.aspx?id=8739

NAFSA covers most of the suggested orientation topics in its publication, *Health and Wellness for International Students, Scholars, and Their Families,* available for order at the NAFSA website. www.nafsa.org

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[49] To learn more about the returning veterans program, visit http://cms.montgomerycollege.edu/edu/tertiary1.aspx?urlid=53

[50] www.unh.edu/healthyunh