

**INSTITUTIONAL POLICY AND PLANNING COMMITTEE**  
**MEETING MINUTES**  
**April 9, 2021**

**PRESENT:** Cerri Banks; Mary Lou Bates; Joerg Bibow, Vice Chair; Marta Brunner; Marc C. Conner, Chair; Michelle Hubbs; Carolyn Lundy; Donna Ng; Diane O' Connor; Michael Orr; Feryaz Ocakli; Joe Porter; Mark Rye; Casey Schofield; Kurt Smemo; Dwane Sterling; Amy Tweedy; Joshua C. Woodfork; and Mark Youndt.

**ABSENT:** Rachael Borthwick '21; Melanie Nolan '23; and Joseph Stankovich.

**GUESTS:** IPPC Healthcare Working Group: Co-Chair Timothy Harper, Grace Burton, Bill Duffy, Lisa Hobbs, Terri Kindl, and Lisa Tuttle; Segal Healthcare Consultants: Glen Alonzo and Eric Sanner.

**The meeting was held via Zoom** and called to order at 10:31 a.m. by Chair President Conner.

**1. Approval of Meeting Minutes from the March 26, 2021 Meeting.**

A motion was made to approve the meeting minutes of March 26, 2021. With no proposed changes, **the minutes from the March 26, 2021 meeting were unanimously approved.**

**2. Healthcare Working Group**

The IPPC Healthcare Working Group (HWG) shared a presentation with the Institutional Policy and Planning Committee (IPPC) including the group's recommendations. The HWG devoted nearly two years reviewing this topic. The HWG was charged to research the College's healthcare benefit, solicit community input, and develop a set of recommendations to present for consideration to IPPC and the President's Cabinet. The presentation to the IPPC was recorded. The recording has been posted on the [Healthcare Working Group website](#).

The HWG expressed the importance of being able to listen and gather input from community members. They stated the process was challenging and very rewarding. President Conner remarked that the group approached their task with enthusiasm, seriousness, and dedication in submitting a robust and comprehensive set of recommendations that were thoughtful and well researched. The community will have a two-week feedback period in which people can share additional information or perspectives. Final decisions on the healthcare recommendations will be announced in mid-May.

Considerable discussion ensued following the presentation. The IPPC offered feedback and asked questions, some of which centered on how the recommendations reflect the sense of the community and concerns about shifts with healthcare benefits.

It was asked if peer/aspirant benchmarking data was available regarding the employee surcharge recommendation for a Skidmore employee with a spouse on Skidmore's health plan who has a spouse employer healthcare option. Segal Healthcare Consultant Eric Sanner stated that unfortunately there is not a reliable source of data showing the use of spousal surcharges within the higher education environment. There is some data in the broader industry and it is not an

uncommon practice in the broader marketplace. He commented that the typical range of the spousal surcharge in the broader industry is \$100-\$125. He added that in addition to an employee spousal surcharge, this marketplace conversely offers an opt out credit in which credit is given to the employee for opting out of their employer's healthcare coverage, but that this practice has declined in use due to its associated increased costs. An IPPC member noted the potential additional administrative workload in tracking employee's spousal changes and privacy issues.

Clarification was sought regarding the Prescription Drug Utilization management recommendations. Vice President for Finance and Administration and Treasurer and HWG Co-Chair Donna Ng confirmed that the increase in the prescription drug co-pay recommendation would allow the employee the choice to pay a higher prescription co-pay charge for a name brand drug versus the generic equivalent. Healthcare Consultant Sanner spoke to the Step Therapy Prescription drug recommendation. He stated that this is more than just a cost feature. The program optimizes clinical guidelines and prescription drug use whereby less powerful and less costly drugs are used upfront and then a gradual move forward with a specific trajectory of drugs for a specific condition based upon the individual employee. He added that the prior prescription specialty drug authorization program ensures that the most clinically appropriate drugs given the employees' condition are used. Many physicians have access to online prescription drug pre-checks and therefore can immediately see if a drug is subject to prior approval with turnaround times averaging approximately 14 hours. He noted that the program allows for the attending prescribing physician the ability to appeal the decision and that statistical information regarding the appeal success rate would be forthcoming.

A question was asked concerning the High Deductible Health Plan (HDHP)/Healthcare Savings Account (HSA) recommendation and the potential drawbacks of those individuals who choose this type of plan not seeking medical care when needed and the subsequent cost increases for employers when those employees may choose to switch back to a PPO plan. Healthcare consultant Sanner stated the HDHP/HSA plans have been in existence for some time and play a key role in many employer healthcare program offerings. Data indicates that HDHP/HSA plans initially draw a low percentage of participation followed by a steady increase of up to 50% participation with a low incidence of migration back to a PPO plan. He stated that ensuring effective communication of HDHP/HSP plan information has been shown to have a direct correlation on plan participation rates. He spoke to the tax advantages of an HSA, the exclusive ownership of the HSA account by the employee, and potential use of these accounts to offset retiree health expenses later on. An IPPC member added that this is a great opportunity to educate the community on HSA's and the role these accounts can play in managing one's healthcare costs.

A point was raised regarding Skidmore dual employee earners versus a Skidmore earner and a non-Skidmore earner as well as the equity surrounding dual earner households versus one earner and the resulting potential disproportionate healthcare costs. The HWG replied that feedback was received from the community concerning the differences in these types of earners in determining salary bands and that the HWG discussed the viability of balancing potential equity issues as well as the privacy concerns and the significant administrative costs that would come into play for a project of this size.

IPPC suggested that careful thought be given to any changes in vendor management of the Skidmore Health Insurance plan.

President Conner stated that the discussion held between HWG and IPPC and the feedback from the community will assist him and the President's Cabinet in evaluating the recommendations. IPPC expressed its immense gratitude to the members of the HWG for their dedication to the work. President Conner thanked the HWG and IPPC Subcommittee on Budget and Finance for their efforts in supporting the HWG. The Healthcare Working Group's charge to develop a set of recommendations based on community input to be presented for consideration to IPPC and the President's Cabinet has now been fulfilled.

### **3. Call for Agenda Items**

No new agenda items were raised.

### **4. Other Business**

No other business was brought forth.

Meeting adjourned at 12:10 p.m.

*Please inform the President's Office of any changes to these minutes.*