AGENDA
UAF STAFF COUNCIL #258
Monday, February 2, 2015
8:45 - 11:00 AM
Wood Center - Carol Brown Ballroom
Audio Conference information: 1-800-893-8850, Participant PIN: 8244236

I. 8:45 - 8:50 CALL TO ORDER & ROLL CALL
   A. Call to Order
   B. Roll Call
   C. Approval of Agenda for Staff Council Meeting #258

II. 8:50 - 9:05 CHANCELLOR’S REMARKS

III. 9:05 - 9:10 PUBLIC COMMENT

IV. 9:10 - 9:15 STATUS OF PENDING ACTIONS
   A. Leave Share Resolution
   B. Emergency Leave Policy

V. 9:15 - 9:30 OFFICER REPORT
   A. Chris Beks, President
   B. Faye Gallant, Vice President

VI. 9:30 - 9:40 GOVERNANCE REPORTS
   A. Mathew Carrick, President, ASUAF
   B. Debu Misra, President Elect - Faculty Senate

VII. 9:40 - 9:45 STAFF ACHIEVEMENTS AND HIGHLIGHTS
   A. Staff matching sustainability fee: “Sixteen employees from the College of Rural and Community Development generously donated funds to support sustainability efforts and match the student fee.”
   B. OGCA staff (Rosemary Madnick, Andrew Gray, and Samantha Aleshire) published in NCURA magazine
   C. Ben Stacey, UAF Water Plant Manager, was appointed by Gov. Walker to the Water and Wastewater Works Advisory Board.

VIII. 9:45 - 10:00 BREAK
IX.  10:00 - 10:15  GUEST SPEAKER

A. Karl Kowalski, OIT

X.  10:15 - 10:35  UNFINISHED BUSINESS

A. University Advocacy Committee - ‘Volunteer Day’ Proposal
B. 2015 Staff Council Calendar Update
C. UA Staff Alliance’s Proposed ‘University of Alaska Core Values’
   i. Attachment 258-1: Proposed ‘UA Core Values’
   ii. Attachment 258-2: UAF Core Values
D. 2015 Chancellor’s Cornerstone Award
   i. Committee chair and three additional committee representatives needed

XII. 10:35 - 10:45  NEW BUSINESS

A. Proposed UAF AED Policy
   i. Attachment 258-3: UAF AED Policy - Draft
B. Vacant Seats on Committees
   i. Rural Affairs Committee - Chair Needed
   ii. Accreditation Steering Committee - Representative Needed
   iii. ASUAF Food for Thought Committee - Representative Needed
   iv. Fresh Air Campus Challenge Committee - Alternate Needed
   v. Parking Advisory Committee - Representative Needed
C. Staff Make Students Count award:
   http://www.alaska.edu/governance/staff-alliance/staff-make-students-count/
D. Proposed Mobile Device Security Policy & Regulation
   i. Attachment 258- 5: Proposed UA Mobile Device Security Policy and Regulation
E. Proposed Furlough Policy & Regulation
   i. Attachment 258-4: Proposed Furlough Policy and Regulation

XIII. 10:45 - 10:55  INTERNAL COMMITTEE REPORTS

A. Elections - Richard Machida, Chair - Did not meet
B. Membership and Rules - Trish Winners, Chair
  i. Attachment 258-6: February Committee Report
C. Rural Affairs - Did not meet
  i. Chair Needed
D. Staff Affairs - Jeff Baxter, Chair - Did not meet
E. University Advocacy - Nate Bauer, Chair

XIV. EXTERNAL STATEWIDE COMMITTEE REPORTS (written only)
   A. Staff Alliance- Staff Health Care Committee - Lesli Walls; Kim Eames; David Bantz (Alt); Susan Sanborn (Alt)
      i. Attachment 258-9: February Committee Report
   B. Staff Alliance Compensation Working Group - Faye Gallant, Chair; Brad Krick, Janine Smith
   C. UA Statewide Furlough Task Force - Chris Bek and Trish Winners
      i. Task Force has completed

XV. EXTERNAL UAF COMMITTEE REPORTS (written only)
   A. Accreditation Steering Committee
      i. Representative needed
   B. Chancellor’s Advisory Committee for the Naming of Campus Facilities - Jesse Atencio
   C. Chancellor’s Diversity Action Committee (CDAC) - On Hiatus
   D. Chancellor’s Planning and Budget Committee - Chris Bek, Rep; Juella Sparks, Alt
   E. Food for Thought Committee
      i. Representative needed
   F. Fresh Air Campus Challenge Committee - Brad Krick, Rep;
      i. Alternate needed
      ii. Attachment 258 - 8: February Committee Report (PDF)
   G. Master Planning Committee (MPC) - Richard Machida, Rep; Brad Krick, Alt
      i. Attachment 258-7: February Committee Report
   H. Meritorious Service Award Committee - Faye Gallant - On Hiatus until April 2015
I. Parking Advisory Committee (PAC)
   i. Representative needed

J. People’s Endowment Committee - Jessica MacCallum

K. Research Program Review Task Force - Richard Machida & Marie Thoms

L. RISE Board - Ian Olson

M. Staff Appreciation Day Planning Group - Ashley Munro & Maria Russell

N. Sustainability Master Planning Committee, Richard Machida

 XVI. AD HOC COMMITTEE REPORTS (written only)
   A. Term Funded Ad Hoc Committee - Lawrence Murakami, Chair
   B. Training & Employee Development Working Group Update - Jessica MacCallum

XVII. 10:55 - 11:00 ROUND TABLE DISCUSSION

XVIII. 11:00 ADJOURN
The University of Alaska is committed to maintaining the highest ethical standards and to upholding the public’s confidence in the university. We recognize that our behavior affects not only our own individual reputation, but also that of the University of Alaska. It is essential to promote an environment that allows everyone who is a part of the university community to do their best work, be respected and have as positive an experience as possible. These expectations are in alignment with the university's goal to continually improve, maintain its status as a world-class research university and to be an employer of choice in Alaska. Accordingly, these University of Alaska Core Values form the ethical principles that guide members of the university community in all decisions and activities. These principles are:

**Integrity:** Individually and as a community we act and communicate truthfully and responsibly. We avoid activities and actions that perpetuate personal conflicts, self-dealing or portray the appearance of impropriety. We accept accountability for our conduct while fostering the responsible actions of others.

**Respect:** We cultivate a multicultural climate where we treat each other with fairness and dignity even in the face of disagreement. We are accepting and tolerant of differences on campus communities that are supportive, safe and welcoming of diverse ideas, beliefs and cultures.

**Service:** We contribute to the advancement of the state by providing excellent service to and collaboration with students, alumni, business and industry partners, donors, government bodies, accrediting agencies and the communities and stakeholders the university serves.

**Innovation:** We strive to produce the highest quality outcomes in all endeavors as we seek knowledge, discovery, creative achievement and continuing intellectual development.
Strategic Plan

CORE VALUES

As the nation’s arctic university, UAF is defined by its location in the circumpolar North, Alaska’s diverse cultures, rich history, unique geography and environment. The students, faculty, staff and alumni, in honoring the public trust, commit themselves to the pursuit of excellence and work of the highest possible quality. We hold the following values to be the cornerstone of our identity as an academic community:

- Student success
- Vitality and creativity of new discoveries and scholarship
- Access to comprehensive higher education and lifelong learning
- Sharing assets and resources with Alaska communities through active engagement
- Independence of thought and action in the pursuit of knowledge
- Diversity of our students and employees
- Accountable for and efficient use of university resources
- Promoting sustainable living in the North

21 June 2012, Thursday 10:07

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This site is lightly WCW Ready
Proposed UAF Policy 02.09.040

Original Adoption: _____________
Responsible Chancellor’s Cabinet Member: VCAS
Responsible Department/Office: Facilities Services

Automatic External Defibrillator Policy

POLICY STATEMENT
In order to provide the best possible outcome for victims of sudden cardiac arrest on University of Alaska Fairbanks campuses and properties, automated external defibrillators (AEDs) are provided and maintained at key strategic locations. They may be installed at additional locations when paid for by departments, and approved by the UAF Fire Chief.

BACKGROUND & JUSTIFICATION
AEDs have been shown to significantly improve the outcomes for victims of sudden cardiac arrest. To achieve optimal public health benefits, AEDs should be strategically placed in high-risk locations such as transportation hubs, high-density public areas, and fitness facilities. Evidence shows that untrained laypersons can apply and use an AED safely and effectively.

Alaska Statutes provide limits to civil liability to a person who provides an AED for use in a medical emergency and establishes conditions for immunity, including maintenance and training requirements. UA General Counsel has determined the placement of AEDs in public locations exposes the University to a moderate risk of being sued if it is determined the AED was not properly maintained according to the specifications in the statute. Qualifications in civil immunity laws have been found to be an impediment to the acquisition of AEDs. Recent trends in litigation suggest a facility without an AED may be more at risk for a lawsuit than one with an AED.

DEFINITIONS
Automated External Defibrillator (AED): a portable electronic device that, when applied to an unresponsive person, can identify cardiac dysrhythmias and guide a user with aural and textual instructions to use electrical current to restore a normal cardiac rhythm.

Public Access Defibrillation: a program designed to encourage greater acquisition, deployment and use of AEDs in an effort to reduce the numbers of deaths associated with sudden cardiac arrest.

Strategic AED: an AED determined to meet the criteria of public access defibrillation and in a location without access to emergency medical service in five minutes or less. Such AEDs will be installed and paid for by the UAF administration.

REFERENCES RELIED UPON
Civil Liability For Use of An Automated External Defibrillator, Alaska Statute 09.65.087.


RESPONSIBILITIES

Unit/Department Heads: May request AEDs for their facilities. (If in a non-strategic location the unit will fund the purchase and installation by Facilities Services of approved AEDs.) Monitor installed AEDs; notify fire chief of new or decommissioned AEDs; ensure AED training is provided as appropriate.

Student Health and Counseling Center Physician: upon the request of a UAF department or unit purchasing an AED, authorize AED purchases where a physician approval is required.

UAF Fire Chief: Specify approved AEDs; provide guidance for installation and use of AEDs; maintain an inventory of AEDs; collect data on AED usage.

Facilities Services: Conduct annual inspections, testing, and minor maintenance (including battery replacement) of AEDs in accordance with manufacturer’s recommendations; furnish and install AEDs and cabinets as requested following best practices and guidance from the fire chief.

All Users: When an AED has been used (whether or not a shock was delivered), notify the fire chief and complete UA AED Post-Incident Report Form for Cardiac Arrests.

NON-COMPLIANCE

Failure to properly maintain and routinely test a device may result in the device not being ready when needed.

Failure to comply with this policy and to meet the conditions in AS 09.65.087 may increase civil liability for the user and the University.

EXCEPTIONS

None

PROCEDURES

At a minimum, UAF will ensure that AEDs are provided at the following strategic locations determined to meet the criteria of public access defibrillation and those without access to EMS in five minutes or less: a) Great Hall; b) Student Recreation Center; c) Patty Building; d) Museum of the North; e) Wood Center; f) Poker Flat Research Range; g) Toolik Field Station; h) Osher Lifelong Learning Institute; and, i) Community and Technical College on Barnette Street.
A UAF department, unit, or other entity that desires to provide an AED in other locations is responsible for all initial and ongoing costs associated with the procurement, installation, and repair of the device.

UAF Facilities Services will conduct (and pay for) annual inspection and testing of AEDs, and will perform minor maintenance on them, including battery replacement as required. The cost to replace or overhaul non-strategic AEDs will be borne by the department, unit or entity which requested its installation.

AEDs shall be provided or located in a manner to ensure ready access by the intended users.

Only AEDs approved by the fire chief shall be purchased and installed in UAF facilities. AEDs shall be furnished and installed by Facilities Services.

AEDs shall be maintained to the most current American Heart Association Guidelines (currently 2010).

Decommissioning of unneeded or obsolete units shall be through Facilities Services and with notification to the fire chief.

POLICY APPROVED BY:

__________________________________________
Brian D. Rogers, Chancellor
University of Alaska Fairbanks
Possible Furlough Regulation Provisions: Latest draft as of Dec 4, 2014

Definitions:

Furlough: A temporary unpaid leave of absence for a designated period of time or a prospective, temporary reduction in pay, imposed to meet a budgetary shortfall.

Budgetary shortfall: A status of financial health in which projected or actual expenditures exceed revenue.

Individuals affected:

All university employees (full or part-time, regular, term or temporary) may be subject to furlough. The following are excepted:

- Employees who hold H-1B visas, as defined in 20 CFR 655.731.
- Graduate/teaching/research assistants; postdoctoral fellows/trainees who do not pay FICA; and other student employees.
- Employees on military leave with pay.
- Employees who perform functions essential to maintain health and safety, as determined by the chancellor/president.
- Employees whose pay is 100% restricted funds

Furlough provisions for individuals under collective bargaining agreements will be clarified through Memoranda of Agreement with each bargaining unit. In the absence of an MOA, bargaining unit members will be subject to layoff per their CBA.

Authority:

The president will declare furlough for affected unit(s) upon recommendation of the chancellor(s) and the VP for Finance and Administration but only after other reductions, cost savings, as well as revenue generation have been investigated and implemented. The president shall consult with governance before implementation. Governance may request financial records for any unit(s) affected by furlough.

Structure of Furlough:

The structure of a furlough could include, but not be limited to, any and all of the following:

- A designated number of days each pay period/month/year could be considered furlough days, with no business being conducted on those days.
- Exempt employees may have their salary reduced by a stated percentage. Non-exempt employees may be given reduced-hour work weeks (for example, work week reduced from 40 hours to 37.5 hours) or reduced contracts (for example, work schedule reduced to 9 days per pay period).
- Fewer furlough days could be implemented based on lower employee compensation levels.
- Employees could request a reduced-income/reduced-year contract in lieu of furlough days.

In all cases, reduction of pay will include reduction of expected effort.

Limits to Furlough:

- No more than 13 days per fiscal year. If the university cannot recoup sufficient revenue to meet financial need after the maximum 13 furlough days, layoffs may occur.
- Each furlough period must end with conclusion of fiscal year.
- No more than one day per pay period unless associated with holiday closures.
Notice of furlough start and stop:

Specifics of when furloughs begin and end will be distributed to all affected employees through the Statewide Office of Human Resources. Affected employees shall be given a minimum of sixty (60) days’ notice of anticipated furlough details before furlough start. Furlough plans shall designate the amount of furlough time and the period within which it must be taken. The president may reduce or cancel a furlough plan at any time.

Pay and Benefits During a Furlough Period:

- An employee may not use paid leave to offset all or any portion of a furlough.
- Benefit-eligible employees will be paid for a holiday that falls before or after furlough days.
- Health care and life insurance benefits will not be affected by a furlough.
- There will be no change to employees’ accrual of annual and sick leave during a furlough.
- There will be no change to scheduled pay deductions authorized by employee during a furlough.
- Retirement contributions (by both the employee and the University) will be affected by a furlough, as contributions are based on actual earnings.
- PERS service credit may be affected depending on the structure of the furlough.
- Eligibility for Family and Medical Leave (FML) may be delayed due to reduced hours of work.
- Employees may not be directed or permitted to work on furlough days or to work more than 40 hours in the work week in which furlough days are taken without written approval of the chancellor or president.

Review of policy and regulations:

A review committee established by the president shall examine ongoing need and efficacy on a quarterly basis once a furlough has been implemented. Governance shall be consulted before any policy/regulation changes go into effect.

Statewide Human Resources will review any appeals from employees claiming extreme financial hardship under a furlough implementation.

Draft Furlough Policy

P04.07.115 Employee Furlough

A. To address budgetary shortfalls in any unit of the university, employees may be subject to furlough via temporary unpaid leaves of absence or via prospective, temporary reductions in pay and equivalent work hours.

B. Furloughs shall be implemented in accordance with regulations and plans approved by the president pursuant to this policy, provided however that employees shall receive written notice of furlough as provided by regulation.
C. Furlough plans may be implemented notwithstanding any other regents’ policy, university regulation or university or campus practice or procedure and are subject to appeal processes only as may be provided in regulations adopted pursuant to this policy.
PROPOSED POLICY

P02.07.066. Mobile Device Security Policy

University employees and students who use a laptop computer or mobile device (e.g. portable hard drives, USB flash drives, smartphones, tablets) are responsible for the university data stored, processed or transmitted via that computer or mobile device and for following the security requirements set forth in this policy and other applicable Information Resources Policies and regulations regardless of whether that device is the property of the university or the individual.

The use of unprotected mobile devices to access or store University non-public information as defined in R02.07.094 is prohibited regardless of whether or not such equipment is owned or managed by the university.

The Chief Information Technology Officer (CITO) is responsible for coordinating with the campuses in the development of consistent measures and business practices for ensuring the security of sensitive data on mobile devices.

PROPOSED REGULATION

R02.07.066. Mobile Device Security Policy

A. Protection of Non-Public Information

1. Every user of laptop computers or other mobile devices must use reasonable care, as outlined in the university’s Information Resources Policy (P02.07), to protect university non-public information. The Information Resources Policy details examples of non-public information and the requirements for securing this data during transmission and at rest.

2. Protection of non-public information against physical theft or loss, electronic invasion, or unintentional exposure is provided through a variety of means, which include user care and a combination of technical protections, such as authentication and encryption, that work together to secure data and devices against unauthorized access.

3. The Chief Information Technology Officer (CITO) or delegate should be contacted to determine if appropriate protections are already in place and to
assist with enabling the security measures for laptops or other mobile devices. The Information Resource Policy (P02.07) details requirements for securing this data during transmission and at rest.

B. Reporting Loss/Theft of Equipment or Data

University affiliates who possess university owned laptop computers and mobile devices are expected to secure them whenever they are left unattended. The university will not reimburse for lost or stolen, personally owned laptop computer(s) or other mobile device(s).

In the event a university-owned or managed laptop computer or mobile device is lost or stolen, the following steps should be taken:

1. Immediately report the theft or loss to the respective campus support center/helpdesk who will:
   1.1. Immediately report the theft or loss to the respective campus University Police Department or local law enforcement.
   1.2. Contact the Office of Information Technology to report the incident which will initiate a risk assessment by the Chief Information Security Officer.
   1.3. Contact your Risk Management Office to file a stolen property claim.

In the event university non-public information is contained on any mobile device that is lost or stolen, or if passwords or other system access control mechanisms are lost, stolen or disclosed, or are suspected of being lost, stolen or disclosed the Chief Information Security Officer must be contacted immediately.

C. Use of Personal Mobile Devices

The use of personal laptops and other mobile devices to conduct University business is not encouraged, however incidental use of personal equipment shall comply with all policies and regulation regarding use of Mobile Devices.

Employees acknowledge a personally owned laptop computer or mobile device used to access, store or transmit university data or resources is subject to sequestration for forensic examination by the University in the event a device is involved in legal processes, has been compromised or otherwise may have have exposed non-public university data.
D. Securing Information on Mobile Devices

The CITO will coordinate the establishment of appropriate guidelines for securing mobile devices and will promulgate these as technology changes.

E. Devices that do not support encryption must not be used to access, store, or manipulate restricted information.

F. In addition to appropriate information handling requirements determined by the Information Resources data classification, sector-specific data (ex. PCI-DSS, HIPAA, etc.) may have additional requirements. Check with the Office of Information Technology for assistance.

G. Individual divisions, schools, colleges, Institutes or departments may impose additional information security requirements beyond those set forth in this policy and as may be required by sponsors, government agencies or other external entities. For further information on reporting security incidents and implementing security practices see the Office of Information Technology website.

H. Requirements When Traveling Overseas

University personnel and students carrying university-issued laptops or mobile devices while traveling abroad, whether on business or for pleasure, must comply with data protection measures in this policy and with U.S. trade control laws, the university's regulation on Export Control Licensing and laws of the destination country. U.S. export control laws may prohibit or restrict such activities absent special U.S. government licenses. Before traveling abroad with a laptop or other mobile device, consult with the Office of Information Technology, your funding agency, Office of Research Integrity (ORI) or Vice-Chancellor of Research.

University faculty, staff, and students must understand the restrictions described here, which may include prohibiting the use of any device(s) that may later come in contact with any UA network.
<table>
<thead>
<tr>
<th>Action Item Date/Owner</th>
<th>1/12/2015</th>
<th><strong>Membership &amp; Rules Meeting Notes</strong></th>
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<tbody>
<tr>
<td>Roll Call - quorum met: Brad Krick, Trish Winners, Jessica Desrochers; Guest - Nicole Dufour; Absent: Jessica MacCallum</td>
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<tr>
<td>Next ParliMinute - Brad Krick</td>
<td>BK - 1/26/2015</td>
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<td>Plan M&amp;R party for winter Incentive win! Reward for new member drive. Possibly 1/30; checking.</td>
<td>TW - 1/31/15</td>
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<td>Reviewed &amp; Updated &quot;Parliamentary Procedure in Nutshell&quot;; Need guidance from Exec. Board on M&amp;R's role in Orientation.</td>
<td>TW - ask Exec Bd.</td>
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<td>Review/Discussed Bylaws Section 3 A-C; 3 motions are agreed to in concept by the group.</td>
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<td>Motion: Brad will research Quorum language in Sect 7 and draft motion for group to update Sect 3 language if needed.</td>
<td>BK - Motion if needed. 1/19</td>
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<td>Motion: Brad - Strike line about 2015; no longer needed.</td>
<td>BK - Motion to strike 1/19</td>
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<td>Motion: Section 3.A.v. references the wrong section number; create motion to amend.</td>
<td>TW - Motion to fix numbering. 1/19</td>
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<td>Discussion on rescheduling next &amp; future M&amp;R Meetings (Feb 2 - Orientation - reschedule to Feb 9?); since our scheduled monthly meetings, 1st Mondays, will be falling on the same day as future SC meetings, we are proposing changing dates to 2nd Mondays of the month; motions are brought to Executive Board meetings which are the 3rd Tuesdays, Committee reports due 20th of each month. Do we want to keep meeting on Mondays? It was suggested we wait until the new reps are seated and have a chance to join committees before settling on a new schedule for 2015.</td>
<td>TW - Follow up with Jessica MacCallum, and rest of the group for Feb meeting date change; discuss with new reps for 2015. March M&amp;R Meeting.</td>
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<td>Assign &quot;owners&quot; for remaining Bylaws Sections reviews: Log updates, motions, etc.</td>
<td>TW/Next Meeting</td>
<td></td>
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<td>Incentive for completing Constitution/Bylaws Reviews and Motions/Log for the year? How M&amp;R spells FUN.</td>
<td>TW/Next Meeting</td>
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**Important Dates:**

- Next SC Executive Board Meeting: 1/20/15
- Committee Reports due: 1/20
- Next Staff Council Meeting: #257 - February 2
- Next M&R Committee Meeting: Proposed - 2/9
Master Planning Committee  
Report for Staff Council Meeting #258

Members: Richard Machida, Brad Krick (alt)

The Master Planning Committee (MPC) met on January 15.

There were no new items on the agenda, so the meeting was brief. The group asked if there any new goals or improvements to MPC and if there were any items the group should be looking for in the coming years. The UAF Master Plan is updated every five to seven years and was last updated five years ago, so a refresh is due soon.

Also announced: UAF’s Sustainability Plan is now part of the Master Plan. There was an Open Forum held on Wednesday, Jan 28.

Some of the questions/suggestions brought up in the meeting included:

- Can MPC meetings be publicized more widely so we have more attendance from parties on campus who might be affected?
- Can a meeting be held on West Ridge (meetings are almost always held in Signer’s Hall)?
- Will there be a budget impact on MPC and specifically on the process to review the Master Plan? For example, how should we plan for new buildings and infrastructure? The chair suggested that the group might invite Chancellor Rogers to talk to the group about how best to approach this issue.
- Can MPC better connect with the campuses under CRCD? There is currently some crossover work between the two groups, but could there be more?

The group will meet again on January 29.
Members: Brad Krick

The FACC group met on January 14 and on January 28. The group will continue to meet every two to four weeks for the foreseeable future.

In December, the Board of Regents approved a change in policy making all UA properties tobacco-free. The group’s first meeting focused on recommending a date for when to implement a no-tobacco policy at UAF. We were given four dates to consider: July 1, August 20, November 1, and December 1 (the deadline for all UA properties specified by Statewide). The group recommended Dec 30 - not a date originally offered - with the reasoning that delaying that starting the policy in July or August would be too soon but that starting in the middle of the semester, especially close to finals, would be a bad idea. Starting in between the semesters gives us a chance to advertise resources and the coming change, and lets current students and employees know that things will be different when they return from winter break. If Dec 30 was not an option, the group supported either July 1 or August 20 because we felt it would be best to not begin in the middle of a semester.

The group talked about other ideas for implementation, including starting enforcement of the current 50 foot rule and using Springfest as an event to test out going smoke-free.

At our second meeting, we had guests from the American Lung Association and Fairbanks Memorial Hospital. They shared tips and took questions about implementing a tobacco-free policy. Octavia Harris from the ALA said that most universities use a 12 to 24 month timetable and that starting a tobacco-free policy in the middle of the semester does not work as well as starting at the beginning of a semester. They encouraged starting early, creating scripts to aid in politely informing people of the new policy, looking for champions who can help encourage smoking cessation, creating support groups, providing cessation products like the patch or gum, and so on.

At one of the group’s next meetings, Marketing and Communication will attend to talk about how to communicate this change in policy.
Staff Alliance Staff Health Care Committee  
December 17, 2014 2:00 p.m. – 3:30 p.m.  
Audio Meeting Minutes

Committee Members Roll Call:

**UAA**
Melodee Monson  
Maureen Hunt

**SAA**
Monique Musick  
Linda Hall

**UAF**
Lesli Walls  
Kim Eames  
Alternates: David Bantz and Susan Sanborn

**Alliance Representative**  
Monique Musick

**Ex-Officio**  
Erika Van Flein

Agenda approved as presented.

Review and discussion on the JHCC recommended plan changes as per the following notes from the Joint Health Care Committee meeting held on December 10, 2014.

******************************************************************************************

**JHCC December 10, 2014**

During today’s Joint Health Care Committee we considered 8 plan changes for FY16 and approved 7 of them. The last is still under consideration, but needing more information.

1) **CDHP Deductibles and Out-of-Pocket (OOP) maximums**  
The U.S. Treasury Department released new minimum deductibles for plans with a Health Savings Account that affect UA’s Consumer Driven Health Plan (CDHP). The 2015 minimum deductibles are now $1,300 individual, $2,600 family. OOP limits were also raised up to possible Maximum out of pocket limits of $6,450 individual, $12,900 family. JHCC discussed whether to raise the
deductibles incrementally as the Feds raise the limits or to make a larger jump and not change it for a few years. That would also differentiate the CHDP more from the UA High Deductible Health Plan (HDHP). The group decided to just increase (incrementally) the deductibles to the new federal minimums and to leave the OOP levels where they are.

MOTION: The Joint Health Care Committee recommends that the CDHP minimum deductibles for the new plan year (Fiscal Year 2015-2016) be increased as required by the federal government ($1,300 for an individual and $2,600 for a family).
ACTION: Passed

MOTION: The Joint Health Care Committee recommends that the CDHP maximum out of pocket limits for an individual and a family not be raised.
ACTION: Passed

MOTION: The Joint Health Care Committee recommends that the 750 Plan and HDHP maximum out of pocket limits for an individual and a family not raised.
ACTION: Passed

2.) Increase pharmacy co-pay for the 750 Plan and HDHP
At 9.5%, our member cost share is below Premera’s norm. Many generics have increased in cost recently and our copay is currently very low at $5. JHCC reviewed a few different funding models including an option to add a fourth tier of co-pay for specialty pharmacy drugs that have been increasingly adding to overall pharmacy costs. In the end the committee chose a hybrid new tier structure, adding in a new $100 co-pay for specialty drugs.

MOTION: The Joint Health Care Committee recommends that the pharmacy copays for the new plan year (FY2015-16) for the 750 Plan and the HDHP be as follows:
Retail= $10 - $30 - $60 - $100 ($100 retail fee is for specialty drugs)
Mail= $20 - $60 - $120 – NA
Deductible= $0, OOP Max= $1,000 individual, $1,700 family
ACTION: Passed 11 to 1

3.) Discontinue coverage of PPI (Proton Pump Inhibitors), either brand only or all
Looking just at brand name PPIs that have OTC versions available (Nexium, Prilosec, Prevacid) – Premera ran a quick report looking back at 6 months’ worth of claims from 5/1 thru 10/31 for Univ of AK. There were 217 claims for $80,218 for these products. An option could be to only cover generics (or over the counter) but no brand name drugs.

MOTION: The Joint Health Care Committee recommends to cover generic
proton pump inhibitors only, but not brand name PPI drugs.
ACTION: Passed

4.) Telemedicine: “Virtual Care”
Premera’s telemedicine service can be added to our plan at renewal. Cost is .50 PEPM which is far below what we’d pay for a separate service. Recent Alaska legislation allowing telemedicine makes it a viable option for our plan. There is a potential for savings to the plan, (especially for members in rural areas) that could exceed the extra administrative costs. It would interface seamlessly with our plan through Premera. We would want a usage report and may re-evaluate after seeing utilizations and savings. ($40.00 for this option – available upon renewal July 1, 2015)

MOTION: The Joint Health Care Committee recommends that the Telemedicine “Virtual Care” program be added to the UA Choice plan. ACTION: Passed

5.) Maternity Case Management and NICU Care Management
This service aims to improve care and outcomes with clinical oversight and management of newborn intensive care. Costs per case would be: Maternity Risk Assessment ($100) and Maternity Case Management ($475). All pregnant members would have outreach based on claims or provider referral. Member can enroll and has assessment, access to educational program and 24/7 nurseline for maternity with 2nd assessment in 2nd trimester ($100 for this part). Member assessed as high risk at either 1st or 2nd assessment is offered case management ($475)
(Currently waiting to hear back from the Provider as to how much savings this plan would provide.)
NICU management is separate program, cost is $1,486 per case for NICU care. FY14 highest cost claim was for critical newborn

While there does not seem to be a downside, the benefits were a little hard to identify. JHCC decided to postpone a decision on this service pending further information.

6.) Out-of-Network Providers (two items)
a) Currently we pay OON providers at the 80th percentile of billed charges. Proposal is to change this to 125% of Medicare rates for state of Alaska (or state where services are provided). Concern about this change is the potential impact on members who could get a greater bill should their provider go back to them for Balance Billing. The benefit is that this could push more providers toward joining the Network. The lower allowable charge will also result in a lower coinsurance for the member. (Objective is to stop the madness of providers driving the cost.)
MOTION: The Joint Health Care Committee recommends to switch to out-of-network providers being paid at the 125% of Medicare rates for the State of Alaska per the Premera proposal.
ACTION: Passed 7 to 4.

b) Payment to Member: Change how OON providers are paid.
Currently payment goes to provider.
Change to be:
1) a joint payment (member and provider on check; member must sign to endorse), OR
2) payment directly to member and member must pay the provider.

MOTION: The Joint Health Care Committee recommends that the mode of payment for out-of-network providers be continued according to current practice, i.e., process of paying the provider directly.
ACTION: Passed

7.) Re-pricing of Out-of-Network (OON) Dialysis claims
Available at no additional PEPM charge. Dialysis treatment can be an extremely costly service and the plan is primary for the first 30 months. This change would not impact members who are enrolled on Medicare Part B (no age limit), but could save the plan a considerable amount on claims for dialysis. (added at no additional cost – benefits in savings)

MOTION: The Joint Health Care Committee recommends that the out-of-network dialysis claims be re-priced per the Premera proposal.
ACTION: Passed

8.) Adding a $0 copay tier to 750 Plan and HDHP for preventive drugs (PV1 drug list) (Coincides with item 2)
Shifting copays to client would add approximately $71,711 in costs to the Plan or $0.68 PMPM. The benefit could be improved compliance and less barrier to people taking necessary medications.

MOTION: The Joint Health Care Committee recommends that a new $0 copay tier be added to the 750 Plan and HDHP for preventive drugs, i.e., PV1 drugs.
ACTION: Passed

Wellness: Communications to members on all of this will be important. Specific communications on the PPI drug change in particular. Promote the Wellness Q & A and the Wellness rebate on website at www.alaska.edu/benefits/.

The spring SHCC meeting has yet to be scheduled. Teleconference adjourned 3:30 p.m.