Rackham Student Government
Board Meeting: December 1, 2011

Agenda

I. Call To Order

II. Approval of Agenda

III. Approval of Previous Minutes
   a. November 10, 2011*

IV. Guest Speaker: John Godfrey, Assistant Dean for International Education

V. Officer Reports
   a. Graduate Student Body President, Michael *
   b. Graduate Student Body Vice President, Josh
   c. Graduate Student Body Treasurer, Mindy

VI. Committee Reports
   a. Academic Affairs *
   b. Budgetary
   c. Communications
   d. Elections
   e. Legislative Affairs *
   f. Student Life
   g. Bylaw Review
   h. Service Opportunities
   i. Career Opportunities

VII. Visioning for Winter 2012

VIII. Open Discussion

IX. Adjournment

Notes:
1. We will review the Fall 2011 RSG Election next week
2. Our end of year banquet (dinner) will be held during the week of Dec. 12th.

* - Item included in packet
** - Item will be provided on Day of Meeting or at Meeting
*** - Item was included in a previous packet
I. Attendance
   a. Present: Michael Benson, Mindy Waite, Kaitlin Flynn, Chris, Pat, Heidi, Rahul, Alex Toulouse, Eli Benchell Eisman, Marisol
   b. Absent: Josh Bow,

II. Introductions

III. Philip Hanlon (Provost)
   a. Phil Hanlon is the chief budget and academic affairs officer for Rackham and the University. He also works on the academic side of things. He gave a nice introduction on the academic trajectory of Michigan relative to the elite private schools and our resources. He feels that while we may have a resource disadvantage, we’re performing at a high level relative to these other schools.
   b. Budget wise, we’ve lost $166 million dollars in state appropriations. Phil feels that we've managed this better than other institutions, primarily because we've been stressed for 10 years (being in MI). We’re getting better at tightening our belts, sharing resources more efficiently and otherwise. In the past fiscal year we’ve lost a 15% drop from the state. Hopefully it’s the last large correction of state appropriation for the future. This should allow us to achieve at an even higher level.
   c. Opening up to the board, Heidi brings up a concern whereby as her role as the Graduate student council president in the Chemistry department she is a messenger of concerns raised by chemistry graduate students and faculty. She is concerned about the amount of students are accepted versus how many GSI positions are available for graduate students. This puts pressure on PIs to fund their students through grant money. The concern is the amount of people being admitted to the department is hindering research progress. Phil responds by asking questions regarding the admittance level of the program and the driving force behind the high level of admissions. Eli makes appoint that the attrition rate is very high, and 20% of students drop out by the time they reach candidacy, particularly in the chemistry department. This may be a way for the department to save face or money. Phil says that he'll start by talking to Janet Weiss who works on reviewing programs, including chemistry. Heidi also passes on the concerns of some chemistry graduate students that, since all first years are guaranteed GSI positions and so many first years are being accepted, the margin of repeat GSIs for introductory courses is low, which biases the educational experience of undergraduates in those courses worries about the GSI quality. Eli makes a comment about balancing work and research and the lack of balance affecting attrition.
d. Eli’s principal concerns are **how the $166million dollars was cut** during the loss of funds and how it relates to graduate students, research, infrastructure, etc. Phil responds that the state appropriation goes into the general fund at the university and it’s primary goal is to support the academic enterprise at Michigan. Tuition and fees comprise another part of this fund. The answer to his question is that by and large the operations of the University, much of which has been cut to offset the decline in general fund dollars. Also these cuts were done to preserve tuition rates and faculty initiatives. The money that has been managed lately has been by and large used to leverage our scale. **We’ve saved by** making better purchasing contracts, become more energy efficient, improving things building by building, exploring behavioral changes on campus, benefits, cost-shifting (employees now pay for 30% of co-premiums vs 10% 10 years ago), self insurance, moving to generic pharmaceuticals, stressing health of the campus and otherwise. Michael and Heidi ask questions regarding GSIs and insurance. There is a possibility that we could require students to have health insurance on campus. Many board members raise concerns.

e. Alex T asks about the **energy saving initiatives**. He’s wondering if people are looking at the effects of the energy saving changes. Particularly in Applied Physics, there have been issues about things not working properly and leaking pipes. Are these things affecting the savings at the University? Phil brings up the point that he agrees there’s an issue, but part of the problem is that there are only a few people doing a lot of work. There are some internal issues about how to delegate work orders and that leaves some things unfilled. Phil brings up that the other options were higher tuition, less financial aid, etc. Heidi also brings up a concern about the darkness of the hallways in the Chemistry buildings and **questions the safety** of walking around at night.

f. Chris asks about the current programs to recruit good faculty and future **plans to move forward** after weathering the current budget storm. Phil mentions that there have been 2 batches of faculty expansion and positions allocated to departments. This is part of a deliberate attempt to grow the faculty relative to student size. In re: the plans to move forward, Phil says that there are a lot of things on Rackham’s mind as we approach the bicentennial. We’re thinking about **assets** and academic performance and the mission of the University. The mission: to serve the state and the world through scholarship and to lead. What makes our University stand out? Disciplinary breadth and high quality programs (95 of our programs are ranked in the top 10, we rank 4th to Berkeley, Harvard and Stanford.) We also have functional breadth—involved in many different things at a very large scale. Particularly related to research, health center, service learning, global outreach etc. To address the other side of the mission: leadership. **How is leadership changing in the world and what world are our graduates entering now?** There’s much more volatility, complexity, and uncertainty in today’s world. 80% of jobs and wealth created in the next 10 years will be in China or India. This changes our education because we need to train students
to work globally. Beyond our initial initiatives, we need to give our students the skills and experience to work in new conditions. The University wants to accelerate the experience based learning for undergraduates. Phil and Mary Sue Coleman are creating a **third century initiative** to be used for leadership development and otherwise. Phil mentions another thing he’ll be stressing is to make headway on **addressing complex world issues** (meaning complex discipline issues) and the initiative will give the University the means to accelerate the best ideas.

g. Marisol brings up that in her intro to higher education class she noticed that social science departments have had some severe budget cuts. She wonders **what changes we can anticipate to social science department budgets.** Phil says that the objective is to have the funding that goes to schools and colleges scale to the initiatives and production of each school and college.

h. Michael mentions that Master’s students are concerned about the funding of primarily PhDs, and there are less funding lines available for Master’s students. **What can and could be done to increase the availability of funding for masters students?** Phil says that 14.5 cents of every undergrad tuition dollar goes into financial aid for undergraduates. To make a similar deal for Master’s students, we’d likely need to do the same thing with their tuition. Another issue is that many of these students pay for 4 semesters but then still don’t get jobs.

i. Eli also wants to bring up that the University has brought up environmental changes recently and asks if the **University has considered bringing in local foods and farming to bring low cost and fresh vegetables** into the purchasing section.

IV. Budgetary committee
   a. Movement by Mindy to remove Will Hutchison from the committee due to non attendance. Vote is 9 in favor, 1 abstention.

V. Michael officer report
   a. On December 17 we will be having our end of term dinner. Some people may not be able to make it due to exams
   b. Next week’s guest speaker will be the director of housing to discuss undergrads moving into Northwood and other housing issues. Limit to 20 minutes of speaking. Following guest speakers will be about budget.
   c. Josh unfortunately dropped the ball on the elections director hiring. So now Michael will be taking over to make the elections happen next Wednesday and Thursday. The election will be administered by the executives. Also, division II has grown enough so that they now get 9 seats on the board. Michael asks the board whether we should add the extra seat to be elected in the Fall and Winter. The board votes 5-3-2 so the seat will be in the fall.
   d. People can self-elect themselves to run through Monday. Then the execs will meet and decide if there are enough people to run and fill the seats, otherwise we might move the election to the end of November.
   e. There is a suggestion by Eli to have a quick social event and encourage people to vote. There is a motion to confirm the exec decision and it passed unanimously.
VI. Eli
   a. Event this Sunday at the park, meeting at 8:30am, bussing at 8:45am. For future events, magic bus needs 2 week advance to come.
Meeting Adjourned 8:22pm
RACKHAM STUDENT GOVERNMENT
Academic Affairs Committee Meeting
November 21st, 2011
Espresso Royale, 322 S. State St

I. Roll call of members
Present: Kaitlin Flynn, Michael Benson, David Cottrell, Tien-Huei Hsu, Mindy Waite, Eli Eisman
Absent (excused):
Absent (unexcused): Grant Mandarino (no longer on the committee)
Called to order: 6:09 pm

II. Special Business

- Graduate Student Bill of Rights
  Went through the document line by line and made changes to the GSBOR. We are planning to include it in the next board meeting for a first reading.

- Town Halls format
  Discussion postponed due to time constraints.

- Symposium (MI and MSU collaboration)
  Symposium website is available: msugac.com
  Abstracts will be due Jan 23, 2012. Start advertising after thanksgiving. Kaitlin will work on the blurb to include in the newsletter.

- Ballot question results (in favor of 4.0 system)
  We favor following the LSA GPA scale. Check out this link for more details:
  http://www.lsa.umich.edu/umich/v/index.jsp?vgnextoid=a66b421c20a110VgnVCM100000a3b1d38dRCRD

- Monthly event

III. Open Discussion

V. Next meeting
   December 5th 2011, 6pm

VI. Adjournment: 6:48 pm
I. Roll call of members
   1. Present: Michael Benson, Christine Andres, Denise Lillvis, Alex Toulouse
   2. Absent: Marisol Ramos, Nina White (excused, at SAGE Fall Summit)
   3. Called to order: 7:23

II. Special Business
   1. Other Committee members to join us soon for collaboration

III. Local Affairs

IV. Federal Affairs
   1. SAGE fall summit:
      • Review schedule
      • Prepare to host the summit last year
      • Review affordable health care plan document
      • Michael will send an email with info for being part of sessions from home
      • Read over last years white papers
   2. Future Objectives
      • SAGE representatives went to DC to meet with partners and brought up the idea of pushing for quality
      • Think About: Research bills that will accomplish this, or ideas where higher efficiency could be achieved in higher education. Ex reducing overhead for grants
      • Think about how to write a survey to include in a future newsletter.
      • ISR peeps to be invited to a future meeting (Michael)
      • Duderstadt is leading a committee to define the role Public University and Higher Education. He will hopefully come and provide more information on this topic in a future meeting.

V. State Level
   1. Rep visit in January, Start prepping

VI. Next Meeting: Wednesday, Dec 14th Chipotle State Street

VII. Adjournment: 7:45
President Benson’s Report to the Board, December 1, 2011

All,

I hope you’ve had a wonderful Thanksgiving with your friends and families. I’d like to take a second to thank each of you, on behalf of the graduate student body for your work with RSG this semester. We have achieved a great deal in numerous policy arenas ranging from the (near) completion of the graduate student bill of rights to the implementation of a new service initiative and many other items in-between. In addition to our advocacy work, we have also hosted a number of successful social events that have allowed students to meet and mingle with others from across the University. Truly, we have had a good semester.

As you have likely noticed, a few regular faces are missing tonight. Nina and Alex T. have joined me for a working weekend in Berkeley, CA. Together we will represent RSG and the graduate student body generally (including professional students) for the Student Advocates for Graduate Education’s (SAGE) 4th annual Fall Summit. I have attached a copy of the Summit’s agenda to this packet. Please look it over. If you find a session (or sessions) that interest you, please consider participating remotely. (In other words, you don’t have to commit to participating for the entire weekend, you can jump in and out based on the topics of discussion and your own availability.) If you would like to take advantage of this remote access, please call or email me (781.249.1465 / rsg-president@umich.edu) and I will provide you with the necessary details.

At our last meeting, I promised to address a personnel issue that was raised by the Board and report back to you as to the status/resolution. Due to the intervening holiday between our last meeting and this meeting, I am not prepared to report on this topic. I will have a full report at our next meeting. Should you have any questions on this, please don’t hesitate to call or email me.

On a logistical note, today’s Board meeting will be the penultimate meeting of the Fall semester. We will hold one more business meeting next week where our guest will be Darlene Ray-Johnson, Rackham’s new Ombuds. The following week, we will hold our semi-annual end of term dinner. This event is currently scheduled for our usual meeting time (Thursday December 15th @ 7pm) however, as this will be the start of the University’s final exam period, I’m open to moving it within that week. If you are unable to attend the dinner on Thursday the 15th, please email me.

Finally, you’re in for a great meeting today. Our guest is John Godfrey, Rackham’s assistant dean for international affairs. Dean Godfrey is also the graduate school’s policy guy. I hope that your discussion is vibrant and broad. Please feel free to bring up any questions regarding international affairs (international students @ U of M as well as U of M students abroad), or Rackham policy in general.

Have a wonderful meeting; I’ll see you all next week!
Assistant Dean John Godfrey

Assistant Dean for International Education

John Godfrey earned his Ph.D. in History from The Johns Hopkins University. His research and teaching have been on North Africa, sub-Saharan Africa, and the history of the rim communities of the Atlantic. He came to the University of Michigan in 1993 as associate director of the International Institute. Two years ago he joined the Office of the Provost, where he coordinated the reaccredidation of the University, preparing a comprehensive self-study on the environment for interdisciplinary and collaborative work here at Michigan. In September of 2000 he was appointed Assistant Dean at the Rackham Graduate School, with special responsibilities for international education, and works closely with the Dean of Rackham.

As Assistant Dean for International Education in the Graduate School, his particular responsibilities are to:

- Assist the Graduate Dean in developing programs and initiatives that further the internationalization of graduate studies
- Assist the Graduate Dean in strengthening the University's response to changing priorities and needs in graduate and professional programs.
- Develop and coordinate policies and practices affecting international student recruitment and the provision of support and services to international students and scholars.
- Oversee the development and coordination of interdisciplinary graduate training and research programs and other strategic initiatives to enhance the global engagement of Rackham and its programs.
FALL 2011 RSG Election Results

Results for each of the four elections run by RSG are displayed in their entirety below. Overall, 9.6% of eligible voters (students enrolled in the Rackham Graduate School this term) participated in this election.

Candidates listed in blue were victorious and won full (year-long) terms. Candidates listed in green were victorious and will fill vacant seats for a half-term. Candidates listed in red have tied for a seat.

A note about the results from ITS:

The “Weighted” column is the sum of the weights assigned the preferences that each voter chooses when voting. For example, if a vote allows 4 levels of preference, then selecting a candidate as your first choice will assign 4 points to them. Selecting a candidate as your last choice will give them 1 point.

Exception ballots are ballots cast by voters not known to be eligible for that particular election. If they are later shown to be eligible, their votes can be marked as valid.

The Rackham Student Government posed one (1) question to the graduate student body in this election. The question and results by division are as follows:
The Rackham Graduate School currently employs a unique 9.0 GPA scale. Should the graduate school adopt a 4.0 GPA scale? For information about the current GPA scale and the proposed 4.0 scale, please visit this page.

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<th>YES – I support the change</th>
<th>NO – I do not support the change</th>
<th>No Preference</th>
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<td>Physical Sciences &amp; Engineering</td>
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<td>23</td>
<td>34</td>
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<td>Social Sciences and Education</td>
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<tr>
<td>Humanities &amp; the Arts</td>
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<td>17</td>
</tr>
<tr>
<td>TOTAL</td>
<td>485</td>
<td>98</td>
<td>126</td>
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**RSG Biological and Health Sciences Division**

Total of unique users who voted: 220 *(12.25% turnout)*  
Blank ballots cast: 17  
**Representative – 3 seat(s)**

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<th>Candidate</th>
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<th>Exceptions</th>
<th>Weighted Total Including Exceptions</th>
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<td>Tien-Huei Hsu</td>
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<td>Eli Eisman</td>
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**RSG Physical Sciences and Engineering Division**

Total of unique users who voted: 271 *(7.41% turnout)*  
Blank ballots cast: 47  
**Representative – 5 seat(s)**

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12 Crawford Andrew (write-in) * 5 1 0 5
13 Darshan Karwat (write-in) 5 1 0 5
14 Andrew McCarten Crawford (write-in) 5 1 0 5
15 David Fick (write-in) 5 1 0 5
16 Elson Liu (write-in) 5 1 0 5
17 Nick Collins (write-in) 5 1 0 5
18 Andrew Crawford (AKA superman – Chemistry) (write-in) 5 1 0 5
19 Kyle Heslip (write-in) 5 1 0 5
20 Matt Fojtik (write-in) 4 1 0 4
21 Alex Mueller (Math) (write-in) 4 1 0 4
22 Walter Ethan Eeagle (write-in) 4 1 0 4
23 Victor Lee (write-in) 4 1 0 4
24 Fikadu Dagefu (write-in) 4 1 0 4
25 Rob Goeddel (write-in) 3 1 0 3
26 Bharan Giridhar (write-in) 3 1 0 3
27 Nathaniel Pinckney (write-in) 3 2 0 3
28 Anna Wagner (Chemistry) (write-in) * 3 1 0 3
29 Patryk Mastela (write-in) 2 1 0 2
30 Fitzgerald Toussaint (write-in) 2 1 0 2
31 Siddharth Gaba (write-in) 2 1 0 2
32 Kyle Lady (write-in) 1 1 0 1
33 Zhiyoong Foo (write-in) 1 1 0 1
34 Anyone but Andrew ‘Superman’ Crawford (He Sucks) (write-in) 1 1 0 1

* = These votes were counted included in the recipients total, indicated by the + X.

RSG Social Sciences and Education Division

Total of unique users who voted: 217 (11.58% turnout)
Blank ballots cast: 114
Representative – 3 seat(s)

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* = These votes were counted included in the recipients total, indicated by the + X.
** = This individual was written in but declined to accept the nomination. As such, Peter McGrath has won the Humanities and the Arts RSG Election.

RSG Humanities and the Arts Division

Total of unique users who voted: 84 (9.20% turnout)
Blank ballots cast: 47
Representative – 1 seat(s)
IMPLEMENTING THE AFFORDABLE CARE ACT FOR YOUNG INVINCIBLES:
A STATE GUIDE TO HEALTH CARE REFORM THAT WORKS FOR MILLENNIALS

NOVEMBER 2011
Executive Summary

The Affordable Care Act greatly altered the ways in which Millennials will access health care and coverage. Among the many changes for young adults, we have identified five – the dependent coverage extension to age 26, reforms to college health care plans, the creation of catastrophic insurance plans directed at young adults, the establishment of insurance exchanges, and the expansion of Medicaid eligibility to all low-income Americans – that will have unique and far-reaching effects on young adults. Individual states will take a key role in implementing these provisions. This paper reviews the current state status quo, changes made by the Affordable Care Act and related regulatory decisions, and the role that states can take going forward in the implementation of these provisions.

We first review the dependent coverage extension. Prior to the Affordable Care Act, states used their discretion in setting how long dependents could stay on their parent’s insurance plan. Many states did not extend coverage much past age 19, particularly for non-students, and even fewer extended coverage to or past age 26. The ACA extended coverage to age 26, with two notable exceptions: it does not require retiree-only plans to cover dependents, and until 2014, grandfathered plans are not required to cover a dependent if the dependent has employer-sponsored coverage. States, then, can help fill gaps left by those exemptions.

Second, we turn to college health insurance plans, which states have typically left unregulated. Proposed rules on the federal level clarify that college health insurance plans are subject to almost all of the regulations of individual plans. Exceptions are that college insurance plans will not be required to offer their plan to anyone not attending the school, and self-funded student health insurance plans will not be regulated. We recommend that states expand regulation to include self-funded student insurance plans, educate schools on the new requirements, clearly define student health plans in state code, and properly enforce ACA rules such as the requirement to provide adequate access to preventive care.

Next we discuss the role of catastrophic plans in ACA reforms. Catastrophic plans offer low monthly premiums but in exchange have high-deductibles. The ACA targets these plans at youth, but HHS has given little guidance on any implementation issues. In the absence of federal guidance, and to improve catastrophic plans, we recommend states further define the pre-deductible benefits required, and fully educate young people on their other affordable options.

Related to catastrophic plans are the Exchange and subsidy system. Because Exchanges will be new to most states, states will have to design an outreach strategy plan to educate all demographics – possibly one of the most important roles that states will play when it comes to connecting young adults to Exchanges. They will need to engage youth through online and mobile phone outreach methods. States can also issue clarifying guidelines around residency requirements for students moving for college, and facilitate easy alternate verification for subsidy eligibility, since tax returns may not be the most accurate portrayal of a young person’s income.
Finally, states should prepare for a large influx of low-income young adults into their Medicaid systems. Medicaid, which previously only applied to certain low-income adults, will be expanded to include millions of childless low-income adults. Many, however, will be unaware of their new eligibility, and their added numbers could put a strain on the limited number of primary care physicians. To ensure a smooth transition, states should educate young adults through various channels about their eligibility for Medicaid, create multiple pathways and robust assistance for people applying for Medicaid, and invest in nurse practitioners and physician assistants to cover the shortage of doctors in the short-term.

Overall, the Affordable Care Act is a historic piece of legislation that will greatly increase many young people’s access to affordable health insurance. While we laud the administration’s effort to expand accessibility, much of the implementation will fall on the states’ shoulders. The recommendations that we outline in this paper provide guidelines for successful implementation to ensure that the Affordable Care Act improves coverage for its intended target populations.

Introduction

The Affordable Care Act (“ACA”) drastically changed the way the health care system in this country will function going forward, and its impact on young adults will be no exception. While numerous facets of the law will change the way that Millennials get their health coverage and receive health care, we identified five major pieces that both disproportionately impact young people, and that states have a significant role in implementing. These areas are:

- The dependent coverage extension up to age 26
- College health plan reforms
- Catastrophic plan offerings directed at young adults
- The establishment of Exchanges
- The expansion of Medicaid to childless low-income adults

In this report, we will first review the state-level status of the health care system as it pertains to the provision at hand. Next, we give a brief overview of changes brought about by the Affordable Care Act at the federal level, particularly given the regulatory work done by HHS since the law’s passage, and describe how those changes will alter the current way of doing things at the state level. Finally, we give recommendations on how best to implement these changes, making use of state flexibility allowed within the federal guidelines. We do not focus on more general issues that states face when implementing some of these provisions – for instance, whether to be an active purchasing exchange or not. Instead, we focus on youth-specific issues within each of these new areas, providing guidance to states to maximize health access and coverage for their young adult populations.

I. Dependent Coverage

The ACA’s extension of dependent coverage to the age of 26 is one of the most important provisions in the law for young people. It is comparatively comprehensive: unlike some previous state laws covering dependents, the federal law has few exceptions. However, states can still act to cover the minor gaps that still exist.

A. State Status Quo

Before the Affordable Care Act, most states did not have expansive coverage for children over the age of 19. States that did extend dependent coverage beyond the age of 19 often only covered them for a few more years, and included a litany of exemptions: they did not cover young people who were not financially dependent for tax purposes, married, not living at home, or not students for example. Few states covered dependents past the age of 26, and most of those also have exceptions.1 All state extensions that go beyond the federal law are also preempted from applying to self-funded plans.2

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B. ACA Changes

The dependent coverage provision of the ACA requires all group and individual insurance issuers that offer family coverage to cover a dependent up to the age of 26. Few of the prior state exemptions are attached to this requirement: dependents can be married, financially independent, and live away from the house, but still be covered. Moreover, while prior state laws were limited in their coverage of self-funded plans due to ERISA preemption, the federal law covers self-funded plans.

There are still a few notable exceptions, however. First, the federal dependent coverage extension does not cover retiree-only plans. While it is unclear how many young adults under 26 have parents on retiree-only plans, some young adults have reported being denied coverage. Second, until 2014, grandfathered plans are not required to cover a dependent if the dependent is eligible for his or her own employer-sponsored coverage. The Department recently clarified that if a young adult is eligible for a so-called mini-med plan, this counts as an “eligible employer-sponsored plan,” meaning that their parent’s grandfathered plan is not required to cover them.

The implementation of the dependent coverage provision has been relatively smooth, as evidenced by the large take-up rate – about one million newly insured young adults in the beginning of 2011 alone. However, given the enormous potential for coverage access, states can still proactively implement this provision ways that further expand youth access to insurance.

C. Recommendations for State Implementation

Education. Over a million young adults have joined their parent’s plan, but there is still room for education to increase take-up of the provision even more. In particular, families should know 1) when their enrollment period comes up and how to enroll a young adult dependent; 2) what to do when children graduate from college and want to return to their parent’s insurance; and 3) the exceptions to the dependent coverage rules.

Mini-meds. While the federal law does not require employers to cover young adults if they have an offer of a mini-med plan, states can proactively assert that minis do not count as employer-sponsored coverage at the state level, and implement an up-to-26 provision that requires plans to cover dependents who have an offer of mini-med coverage.

Coverage for Longer. The federal law creates a baseline, not a ceiling. In states where young adult unemployment levels are particularly high, states should consider extending coverage beyond 26. Several states already do this in some form.

II. College Health Plans

Historically, state law has lacked clear rules for student health plans. The Affordable Care Act was similarly vague, but HHS promulgated more expansive regulations in February of 2011 that spell out a strong regulatory scheme for student health plans. While most of the work on the part of states will be in enforcing ACA provisions and educating local institutions, gaps remain where states should step in and provide oversight.

A. State Status Quo

College health plans are currently regulated under a vague patchwork of state law. Some state codes do not mention college health plans at all, while others call them “group plans” or “blanket insurance.” Finding data on state insurance filings can be difficult. Estimates vary on how many young people are actually enrolled in student health insurance plans, ranging from 2 million to 4.5 million. A recent poll conducted by Young Invincibles found 2.8 million young people between the ages of 18 and 34 enrolled in student health insurance plans.

The quality of these insurance plans varies considerably. An investigation by then-Attorney General Andrew Cuomo found significant problems with many plans, includ-
ing brokers with conflicts of interest, and denial of coverage for pre-existing conditions. Some plans also have low annual caps on coverage, particularly on benefits like prescription drugs. With such a sizable number of young people enrolling in these plans, state insurance offices should be well-versed on the existing regulation gap and the future changes.

B. ACA Changes

While the legislative text of the ACA did not say whether new consumer protections would apply to college health plans, later regulatory proposed rules clarified that insurance market reforms will reach student health plans. The final rules are pending and expected to be released in late fall of 2011. The proposed regulations clarify that student health insurance plans are individual plans and are subject to almost all of the protections as all other individual market plans, including a minimum 80 percent medical loss ratio, a ban on discrimination based on pre-existing conditions, the inclusion of essential health benefits, preventive care with no cost-sharing, a ban on lifetime limits, and a phase-out of annual limits.

HHS did, however, exempt student health insurance plans from providing guaranteed issue or guaranteed renewability – in other words, colleges are not required to offer their plan to anyone outside of their college walls. Additionally, HHS stated that it did not plan on regulating self-funded student health insurance plans.

i. Self-funded Student Health Insurance Plans Could be Exempt from ACA Reforms

In the proposed rule, the Department states that the federal government does not have the authority to make self-funded student health insurance plans subject to the ACA requirements that other student health plans would face. While some have disagreed with that assessment, HHS has not shown any indication that they will change their statement in the final rule.

Self-funded student health insurance plans do not seem to be a self-funded plan that falls under the jurisdiction of ERISA - because they are not employee benefit welfare plans. If, like the typical employer self-funded plan, they did fall within ERISA, this would give the federal government exclusive authority to regulate. This may lead to confusion: it is possible that states may wrongly believe they do not have jurisdiction to regulate self-funded student insurance plans. HHS confirms this state authority, explicitly stating in the proposed regulations that “these self-funded student health plans may be regulated by the States.” Thus, because self-funded student health insurance plans do not fall under ERISA for purposes of exemption from state regulation, states are left with authority to regulate these plans.

ii. Some Schools May Not Provide Adequate Access to Preventive Care

The preventive care requirements in the ACA, which

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8 Id.
9 Student Health Insurance Coverage, 76 Fed. Reg. 7,769, (Feb. 11, 2011). The ACA defines “individual health insurance coverage” as health insurance coverage offered to individuals in the individual market. It then defines “health insurance coverage” as “benefits consisting of medical care (provided directly, through insurance

10 The statute defines “employee benefit welfare plan” and “welfare plan” as any plan, fund, or program established or maintained by an employer or by an employee organization, or by both, that is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, surgical, or hospital care or benefits (among other things). § 1002. Employer means “any person acting directly as an employer, or indirectly in the interest of an employer, in relation to an employee benefit plan.” ERISA supersedes state law insofar as the state law relates to employee benefit plans, except that most insurance plans are “saved” from that preemption – except self-funded plans. 29 USC § 1144. Moreover, “self-insured health plans,” for the purposes of certain taxes imposed by the IRS include plans that have relationships between employers and employees, which does not include the relationship between and student and an institutes of higher education.
13 Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, Fed. Reg. 46,621 (Aug. 3, 2011) (to be codi-
HHS recently provided guidance on, require all insurance plans to provide coverage for preventive care with no cost-sharing in-network. This provision is particularly important in the context of college health plans, given the high-usage of certain types of preventive care like contraception. The interim final rule on prevention would not prevent a plan or issuer from imposing cost-sharing requirements on preventive services administered by out-of-network providers.

But many student plans may not currently provide access to all preventive services in-network – which starting next year would effectively violate the spirit and letter of the ACA. Specifically, certain campus-based college health care providers and pharmacies may be unwilling to provide contraception or other services based on moral objections. Many schools proscribe their campus health centers from prescribing birth control, for example. But many student health plans also provide that only on-campus providers and pharmacies are “in-network.” Taken together, while insurers must provide a plan with coverage that includes in-network preventive care with no cost-sharing, universities might not provide physicians or pharmacies that offer preventive services at the sole in-network health center, forcing students to pay cost-sharing fees when they look out-of-network for those services. It is unclear whether HHS will clarify that all plans must provide access – i.e., providers in network - to required preventive services, in-network, without requiring cost-sharing.

**C. Recommendations for State Implementation**

Major changes will be coming to the college health plan landscape. It is unclear whether more students will enroll in student health plans due to the coming requirement to carry insurance, or whether fewer students will choose their campus plan when given an expanded list of coverage options to choose from. It is clear, however, that both state governments and university systems will need to prepare to fully implement these changes, and fill in any gaps in regulation that the federal rules have left. Proactive stakeholders should:

- **Properly regulate self-funded college health plans.** States must ensure that self-funded plans are not left unregulated on the state level, given the gap in federal oversight left by the proposed student health plan regulations. Assuming the Department of Health and Human Services does not alter its proposed rule on the subject and begin regulating them on the federal level, states should update their insurance codes to explicitly state that student self-funded plans are not subject to ERISA preemption and are subject to state insurance regulation under their general insurance code. Moreover, state regulators should ensure that insurers and schools do not enter into contracts that look like fully-funded insurance but are called self-funded products for purposes of avoiding federal ACA regulation.

- **Enforce federal protections.** State regulators should do their part to codify and enforce the ACA consumer protections required of student health plans. The increased medical loss ratios and low annual limits, in particular, will transform the current student health insurance market.

- **Educate schools on new requirements.** Unfortunately, university insurance offices are at times run by administrators with little or no insurance or health background. At the same time, the changes coming to the health insurance system will be extensive and require education for even the most experienced health insurance expert. States and schools should take it upon themselves to educate their staff and students on new requirements.

- **Ensure that student health plans are defined properly in state code.** While the federal government has clarified the insurance categorization of student health plans for purposes of federal law, state codes still often fail to adequately define the type of insurance that student health insurance falls under at the state level. States should proactively explicitly define plans in state code so that they are subject to the same state oversight as other plans.

- **Require student health plans to provide adequate access to preventive care.** If HHS does not clarify that coverage of in-network preventive care means access to providers and pharmacies in-network to administer this care, it will be up to the states to protect access for their college students. They should require institutions within their

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*References*

14 Id.
boundaries to include access to preventive care, as defined by the ACA, at all campuses under student health insurance plans.

III. Catastrophic Plans

Young people typically have low incomes and often turn to low-cost plans. As a result, many young adults are enrolled in catastrophic plans, which have high deductibles but offer few benefits before that deductible is paid. Health care reform created a high-deductible catastrophic plan intended for young adults under 30 and low-income adults, but HHS has given little guidance in how they implement some of the legislative language around these plans. As such, states could have a significant role in ensuring that young adults enroll in plans that are right for them and offer the best coverage.

A. State Status Quo

Given the low-income of most young adults, they often turn to high-deductible plans that have lower monthly premiums. The deductibles can range from several hundred to several thousand dollars. However, young people who are strapped for cash may have difficulty paying for any required care out-of-pocket. Unsurprisingly, there is a difference between how high deductible plans affect people of different income levels. Lower income families with out-of-pocket expenditures in a HDHP plan were more likely than higher income families to forego or delay care.15

B. ACA Changes

Health care reform gave high-deductible plans a prominent role in the new health care system. Created with the fear that young people would not enroll due to cost, the catastrophic plan is intended to ensure that young people both have an affordable coverage option, and will participate in the health care system to keep the risk pool balanced. However, it is still unclear how risk adjustments will be calculated with catastrophic plans: HHS has raised the possibility that it will exclude catastrophic plans from risk adjustment calculations on Exchanges, which could defeat one of the intended consequences of their creation.16

The Catastrophic plan, by statute, must have a deductible of almost $6,000.17 Before the deductible, enrollees can receive preventive care with no cost-sharing, and access 3 primary care visits.18 All other benefits – prescription drugs, emergency room visits, extra lab work, would be charged out of pocket until the $6,000 sum is paid. HHS has given little guidance as to certain ambiguities in the law.

C. Recommendations for State Implementation

While catastrophic plans will offer minimal coverage for young adults, the restrictive legislative language in the Affordable Care Act leaves little room for state ingenuity to improve these plans. However, there are a few steps that states can take to ensure that young consumers are adequately informed about the type of coverage they will receive if they enroll in these plans, and about other affordable options.

Enhance federally-required sunshine provisions. States should require enhanced disclosure on state exchanges, with a clear listing of services not provided before paying the deductible. State exchanges should also include warnings for those with significant needs, with examples of the types of out-of-pocket expenses that enrollees could be expected to pay.

Educate enrollees about their options. The worst possible scenario is that young people enroll in seemingly inexpensive plans outside the exchange that provide little coverage, and lose the opportunity to obtain subsidies for their insurance plan. One could imagine a scenario where this might happen, particularly with the incentive to enroll young people in off-exchange plans. This would also undermine the goal of a robust exchange market, which would hurt consumers of all ages.

Explore further regulation of off-Exchange plans. States

15 Jeffrey T. Kullgren et al. Health Care Use and Decision Making Among Lower-Income Families in High-Deductible Health Plans. Archives of Internal Medicine, Nov. 2010(170(21)) pg. 1918-1924.

16 CENTER FOR CONSUMER INFORMATION AND INSURANCE OVERSIGHT, RISK ADJUSTMENT IMPLEMENTATION ISSUES (2011).
17 Patient Protection and Affordable Care Act, § 1302(e).
18 Id.
could explore the option of banning catastrophic plans from being offered off the Exchange. Barring that, they should, at least, provide extensive oversight of these plans so that insurers do not engage in discriminatory advertising practices.

*Provide a broad definition of primary care in the absence of federal guidance.* The Department of Health and Human Services has yet to describe exactly what the three primary care visits will entail. In the absence of any federal guidance, states should provide a robust definition of primary care that gives young adults access to needed care before they are forced to pay the enormous deductible.

*Respond to Risk Adjustment:* If the Department decides to exclude catastrophic plans from the general pool, it is likely that catastrophic plans will become even cheaper for potential enrollees – both because the risk pool will only be young people, and because insurers offering catastrophic plans will be incentivized to attract healthier individuals. If this happens, it will be even more important for states to adequately educate consumers on their other options.

**IV. The Exchange and Subsidy System**

The expensive individual health insurance market is one of the more direct causes of the high youth uninsurance rates in many states. In fact, while about 27% of young people say they are uninsured, only about 5% of young people are uninsured by choice. It is reasonable to assume, then, that given the low availability of employer-sponsored insurance, the related high uninsurance rates, and young adults’ desire for coverage, that new Exchanges and attached subsidies will be very useful for this age group. Access to cheaper, standardized insurance marketplaces online could be a great option. However, the federal and state Exchange must be proactive in outreach to ensure that young adults understand their coverage options and can easily access these benefits.

**A. State Status Quo**

19 Demos and Young Invincibles, State of Young America, November 2011, available at www.StateofYoungAmerica.org.

Access to employer-sponsored insurance for young people has fallen tremendously over the past decade alone. In 1999, 68% of 25 to 34 year-old workers had employer-sponsored health insurance. In 2009, that number dropped to 56%. It’s unsurprising, then, that a full 71% of uninsured 18 to 34 year-olds say that they are uninsured due to cost, lack of coverage from their job, or pre-existing conditions.

However, state involvement in private insurance purchases is rare. Moreover, few young adults purchase insurance in the private market—in a recent poll, just 7% of insured young adults between the ages of 18 and 34 say they buy their own plan in the private market; given the price, that is unsurprising.

**B. ACA Changes**

One of the foremost reforms of the ACA is the creation of state and federally run insurance Exchanges, which will be marketplaces (primarily online) where consumers can easily compare and enroll in plans. Consumers can receive subsidies purchased through the Exchange, and all plans will have comparable benefits and baseline consumer protections.

While the differences between the current state individual market purchase are stark, it is important to narrow in on the differences that young people in particular will see. Young adults are generally more comfortable with online purchases, but have low insurance literacy rates. The act of purchasing private insurance will be new and confusing, but ultimately incredibly beneficial to young adults.

**C. Recommendations for State Implementation**

Given the enormous potential for young adult enrollment and coverage, states must engage in extensive youth education and outreach. State must also take steps to ease the cost and clarify eligibility requirements to maximize youth enrollment.

*General Outreach.* Design a statewide plan for enrollment,
distributing materials to high schools seniors, college students, community clinics, community-based organizations, and at cultural events that attract various constituencies of hard-to-reach young adults. State Navigators and exchange consumer assistance programs should be integrated into those plans, and stakeholder consultation should specifically include youth advocates.23

Navigators. HHS sought comment as to whether Navigators should be required to include at least one community-focused or non-profit organization. If HHS does not ultimately include this requirement, we encourage states to do so, in order to engage hard-to-reach younger audiences outside of places like college campuses.24

Access for College Students. The federal exchange regulations currently do not clarify that a student moving for college – who may be moving within the state but outside of a prior service area – is eligible for a special enrollment period and can switch plans. States should clarify this point if the federal government fails to do so.

Online and Mobile Access. Web portals will serve as the primary access point to the Exchanges, but could prove less effective than anticipated if states do not pursue proper outreach and enrollment strategies. Perhaps surprisingly, young people, and particularly young people of color, may have a difficult time enrolling online. Communities of color have less reliable Internet access than whites, and young people of color disproportionately use smartphones such as Androids, Blackberries, and iPhones to access the Internet. People of color and young adults often use those phones as their primary mode for getting online. Yet mobile devices may not sync well with Exchange web portals, an additional barrier to access for the most frequently uninsured Americans. Removing that hurdle is important for successful implementation of the exchange system.

Although the traditional online option will work for many Exchange participants, creative alternatives can help enroll low-income consumers, communities of color, and young people. State Exchanges should look into developing a smart phone enrollment application, and at the very least a mobile integration plan, allowing exchanges to interact with mobile devices through actionable alerts, enrollment status updates, customer support services, and uploading documentation. Policymakers should incorporate mobile devices and social networking into their outreach plans. Kiosks in public places could provide information to those with limited Internet access. Finally, Exchanges should include a web-based consumer assistance tool.25

Risk Adjustment and Age Rating. The Affordable Care Act limits age rating to 3:1, which means that insurers can only discriminate against older Americans by charging them as much as three times the premium of younger consumers, as opposed to the market rate which generally charges older consumers five or six times what a younger person gets charged. However, if Exchanges do not take that age rating out before calculating the required risk adjustment, insurers will likely not set rates at the 3:1 ratio, but instead increase premiums for young people and set it more like a community rate.26 This higher price would potentially decrease participation in Exchanges on behalf of young adults.27

Ease Alternative Income Verification. Young adults are unique when it comes to the employment world: they typically are mobile and more likely to take on temporary work,28 and thus are more likely to see their incomes fluctuate throughout the year. In order to qualify for premium tax credits, applicants will need to file tax returns with the IRS.29 The Exchange uses the tax returns to determine eligibility for premium tax credits. The Exchanges will also request data from other sourc-

25 76 Fed. Reg. 41,915, (to be codified at 45 C.F.R. pt.155.205(b)
26 CENTER FOR CONSUMER INFORMATION AND INSURANCE OVERSIGHT, RISK ADJUSTMENT IMPLEMENTATION ISSUES (2011).
es, such as state agencies that collect wage data, to create a more accurate picture of an applicant’s ability to pay premiums.30 States can help young adults by ensuring that the methods of data collection are efficient and up-to-date, ensuring that any data collection is accurate, and easing communication between those agencies and Exchanges.

Clarify residency requirements. A person who is a resident in Arkansas may only use Exchanges in Arkansas. But for many young adults, where they reside or “intend to live” is fluid. A college student that is in a different state than his or her parents will usually provide two addresses, and typically maintain relationships in both states while in college. For example, some young people maintain their medical appointments and bank accounts in their parent’s state, but spend most of the year in the college’s state. The HHS proposed regulations allow young adults to choose their residence without regard to their parent’s location if they are on the parent’s family Exchange plan if they live elsewhere. But if they are college students – either dependent or independent – it may be unclear whether they are living in one state or another. If HHS does not clarify that a college student attending school out-of-state can enroll in the Exchange in his home state or the state of the institution that he/she attends, state Exchanges should be certain to make that clear.

V. Expanding Medicaid

In addition to state exchanges, ACA will cover a significant portion of uninsured Americans through an expansion of Medicaid eligibility. Currently, the federal government only requires states to enroll certain low-income individuals and families, but those numbers will increase tremendously in 2014 when they begin covering a larger swath of low-income childless adults. The enormous number of new entrants could create challenges for states, particularly in its outreach and provider system.

A. State Status Quo

Federal law currently requires state Medicaid programs to cover certain members of low-income families with dependent children, blind or disabled people, and qualified pregnant women.31 The federal government sets a baseline level of income under which members of a certain group must be covered. It also mandates a basic package of benefits. Within these rules, states create eligible groups, types and ranges of services, payment levels for services, and administrative procedures.32 Presently, only seven states extend coverage further to childless adults.33 As of last year, over 50 million individuals were enrolled in Medicaid.34

B. ACA Changes

The ACA will expand the eligibility criteria for Medicaid. Beginning January 1, 2014, all children, parents, and childless adults who are not entitled to Medicare who have family incomes under 139% of the Federal poverty level35 will become eligible for Medicaid. This will result in an estimated 18 million individuals gaining Medicaid coverage.36 Over half of them will be under the age of 34.7 The rapid addition of over 9 million young adults to Medicaid, almost 8 million of whom are cur-


31 42 C.F.R. § 430.0

32 Id.


35 The ACA calls for coverage for people with incomes up to 133% of federal poverty level, but also adds a 5% disregard for the first percent of income. Kaiser Family Foundation, Focus on Health Reform, Determining Income For Adults Applying for Medicaid and Exchange Coverage Subsidies (March 2011).


37 Kaiser Family Foundations. Expanding Medicaid under Health Reform: A Look at Adults at or below 133% of Poverty. 2010.
rently uninsured, will create a variety of challenges for state governments. Two key ones relate to young adults:

i. Unfamiliar Consumers
Young adults may understand that coverage options have expanded, but their inexperience with purchasing insurance or signing up with a government program could hamper uptake. Typically, young people are insured at high rates until they finish school (either high school or college), which is when they must leave the government or student health plans they were on. Until the ACA’s dependent coverage extension took effect, many often had to leave their parent’s plans. At this point, the vast majority of young adults have never had to buy their own health insurance, and never had the option of enrolling in Medicaid.

ii. Limited Primary Care Physicians
The large influx of previously uninsured adults will also place additional strains on the Medicaid system. Millions will be able to afford medical care, but achieving access to that care could prove more difficult. Many states simply may not have enough doctors. The problem arises from several factors including reimbursement rates, distribution of primary care physicians, and numbers of medical students entering the field in general. Some states pay less than others for medical care. Others have more doctors. The worrying sign is that the states with the greatest number of new Medicaid enrollees also have the proportionally least number of primary care physicians.

There has been less research into what kinds of specialists young people use; however, we do know what kinds of risks affect their population. In particularly young adults are more likely to use ambulatory care than other age groups. They face higher risks of acquiring sexually transmitted diseases. They also frequently need mental health care. State Medicaid agencies should be aware that use of services in these areas could increase substantially as young people acquire coverage.

C. Recommendations

Outreach – States will have to spend significant resources to educate young adults about the availability of Medicaid and the methods for signing up. Creating a web portal will help, but as stated in the section above, it may not be enough to reach some low-income young adults. States can look to the Massachusetts health reform effort as an example of successful outreach to young people.

No wrong door – States will need to have one single, streamlined application to apply for all forms of coverage (including Medicaid, SCHIP, and premium tax credits to buy Exchange coverage). Many young adults fall on or near the cut-off between subsidies eligibility and Medicaid eligibility. Many more will switch between these during the year. In addition, a cumbersome administrative process could prevent many young adults from gaining coverage. In order to promote enrollment, applicants should be able to apply for coverage through multiple pathways, including online, in person, by phone, by mail, or by fax. States should provide in-person, online, and telephone application assistance to help young adults understand their coverage options, apply for coverage, and enroll in a program that is appropriate for them.

Nurse practitioners, physician assistants and doctors - States with too few primary care providers should invest in nurse practitioners and physician assistants to make

38 Demos and Young Invincibles, State of Young America, November 2011, available at www.StateofYoungAmerica.org.
40 Id.
41 Robert Fortuna, et.al, Ambulatory Care Among Young Adults in the United States, Annals of Internal Medicine, available at http://www.annals.org/content/151/6/379.full.pdf+html.
up for the shortfall in the short-run. In the long-run, many states will need to train and attract more doctors so that the low-income adults on Medicaid can receive needed care.

Transitions from SCHIP – States should ensure that children who age off of SCHIP have a smooth transition into their state Medicaid program. Hundreds of thousands of young adults could transition off of SCHIP and onto Medicaid each year.15

VI. Conclusion

The Affordable Care Act will bring enormous changes to private insurance markets. Expanded access to a parent’s plan, better student health insurance coverage, private insurance options that are understandable and affordable, and public insurance that is more available means the potential for a huge coverage expansion in this population. Concentrating state implementation efforts on the recommendations provided above will help ensure that young adults see a smooth transition from the previous system to the new insurance landscape.

About Young Invincibles

Young Invincibles is a non-partisan, non-profit youth organization that seeks to expand opportunity for all Americans between the ages of 18 and 34. Young Invincibles engages in education, policy analysis, and advocacy around the issues that matter most to this demographic, focusing primarily on health care, education and economic opportunity for young adults, and working to ensure that the perspectives of young people are heard wherever decisions about our collective future are being made.

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