UA Staff Health Care Committee Purpose and Membership Criteria

1. History

- a. The Staff Health Care Committee (SHCC) was established in FY08. The SHCC was created to give non-represented staff a voice in decision-making regarding the University of Alaska health care plan. Approximately 67% of benefits eligible employees are non-represented staff.
- b. The Joint Health Care Committee (JHCC) is the other primary health care advisory body. The JHCC is comprised of union and management representatives. In 2008, Statewide HR (SW HR) allocated one management voting seat to a non-represented staff representative. In 2011, collective bargaining resulted in a second voting seat for non-represented staff. An additional non-represented staff member serves as an alternate on the JHCC; this alternate only votes if a voting member cannot.
- c. Beyond the increased engagement of all non-represented staff, the creation of the SHCC and the designation of seats on the JHCC were intended to increase the involvement of staff governance in health care decisions. To properly serve its function, the SHCC must have a strong connection to staff governance with regular communication.

2. Purpose

a. The Staff Health Care Committee engages non-represented staff in decisions regarding their health care benefits. In addition to serving as an advisory body to SW HR and the Staff Alliance, the committee also advises the JHCC non-represented staff members to inform their votes on that body.

3. Activities

- a. In support of the SHCC's advisory role, the committee:
 - i. Becomes well acquainted with the health care plan, including how expenses and revenues impact total plan costs
 - ii. Hears regular updates on the health care plan, including usage trends and comparisons between projections and actual costs
 - iii. Requests further information regarding the health care plan, including approaches used by other institutions
 - iv. Evaluates proposals (e.g. plan design changes, wellness program enhancements) v. Consults with staff governance groups (Staff Alliance, MAU staff councils) and constituents (all non-represented staff) regarding proposals
 - vi. Reports final recommendations to the Staff Alliance regarding proposals
 - vii. Makes final recommendations to the UA administration regarding proposals
 - viii. Makes recommendations to the non-represented staff members (voting and alternate) of the JHCC to support their representation in that committee's discussions
- b. Statewide Human Resources has the primary authority of communicating with employees regarding the health care plan. SHCC members are encouraged to help facilitate this communication wherever possible. Some examples include:

- i. Bringing proposed changes to MAU staff councils and staff constituents for feedback
- ii. Bringing forward ideas from campuses to the SHCC
- iii. Assisting in promoting benefits forums and opportunities for information and participation on campuses
- iv. Assisting in the dissemination of information about the health care plan
- v. Directing questions from staff regarding the health care plan to the UA HR Office

4. Principles

- a. The SHCC takes seriously the responsibility to protect the best interests of the thousands of staff we represent. The committee is careful to consider the overall effect of proposed changes, when multiple changes may compound in a given year.
- b. The SHCC aims to approach discussions with open minds. Where possible, we seek to identify reasonable compromises that we can stand behind.
- c. The SHCC aims to support continued options for the staff we represent. For example, in 2011 the SHCC supported a pharmacy co-pay increase, but did not support excluding drug classes that had previously been covered by the plan.
- d. The SHCC values the relationship between the doctor and patient, who should be the primary individuals making health care decisions. Employees should be empowered through communication to have informed discussions with their practitioners regarding treatment options.
- e. The SHCC represents staff at every campus within the University of Alaska System. Each proposal being considered should take staff at rural sites into account, to ensure they are not unfairly disadvantaged.
- f. The SHCC supports incentives over penalties wherever possible, particularly where the potential for penalties may create a disincentive to participate. For example, employees may be less likely to use an individual health planning program if there was a potential penalty for being unable to complete the program.
- g. The SHCC places great importance on data, and is unlikely to support a recommendation where data do not exist to support it.

5. Membership

a. Each MAU will have two voting members on the SHCC. Authority to designate these members is delegated to the president of each MAU's staff council.

Staff Council	Voting Members
System Office Staff Council	2
UAA Staff Council	2
UAF Staff Council	2
UAS Staff Council	2

b. Membership Criteria

- i. At least one voting member from each MAU should also be a member of a local staff governance council. The other voting member is not required to be a member of a governance group.
- ii. A minimum of two SHCC members must also serve on the Staff Alliance. Each MAU is encouraged to have a Staff Alliance member on the SHCC.

c. Joint Health Care Committee Members

- i. To facilitate communication between the SHCC and the JHCC, non-represented staff members serving on the JHCC also serve on the SHCC.
- ii. JHCC voting representatives also have full rights as voting members on the SHCC.
- iii. The JHCC alternate will only have SHCC voting rights if he or she (a) represents his/her MAU as a voting member, or (b) is voting on behalf of an absent JHCC voting member. iv. It is up to the discretion of the MAU staff council president whether the JHCC member counts as one of their MAU's two voting members on the SHCC.

d. Alternates

- i. Each MAU may have up to two alternates. Providing the voting member criteria have already been met, the alternates are not required to be members of a governance group. ii. In the event a voting member is unable to attend a meeting, an alternate from the member's MAU may vote in their place.
- iii. Alternates are encouraged to attend every meeting to be well-informed in the event their vote is necessary.
- e. The UA HR Benefits Office has one non-voting ex-officio seat on the SHCC.

6. Membership Responsibilities

- a. Each member of the SHCC is expected to regularly attend meetings, and to report on committee activities to their respective staff councils, and to the staff on their campuses.
- b. The SHCC chair is expected to report to the Staff Alliance on the committee's activities. This should include a written report, and a verbal report at the Staff Alliance monthly meeting. In the event the SHCC chair is not an Alliance member, the chair may be excused from the Alliance meeting following his or her report.
- c. The SHCC chair is responsible for setting the agenda, in partnership with the JHCC members and the Statewide Benefits representative.

7. Decision Making Criteria

- a. A quorum is defined as a simple majority of the voting members, with at least one member from each MAU.
- b. Decisions shall be approved or denied by a simple majority of the voting members present. An alternate filling in for an absent voting member will be considered a voting member for that

meeting.

- c. For recommendations that appear unanimous, the committee may be asked whether a vote is necessary. A recommendation may be adopted by consensus if no vote is requested by any member.
- d. The chair will only vote in the event of a tie.

8. Terms

- a. For JHCC members, terms on the Staff Health Care Committee are determined by their terms on the JHCC.
- b. For all other members, terms are at the discretion of the MAU Staff Council President. Due to the complexity of the subject matter, terms of at least one academic year are strongly encouraged.
- c. To aid in transition, departing members are encouraged to overlap in attendance with newly appointed members from their MAU for at least 1-2 meetings whenever possible.

9. Meeting Schedule

- a. The Staff Health Care Committee will determine its meeting schedule at the beginning of each fiscal year..
- b. The committee meets by audio conference. Wherever possible, meetings are also available by video conference to designated sites.

Approved by the Staff Alliance, effective 11/19/21