

2015-2016 Graduate Student Senate Health Insurance Committee

Proposal for Graduate Student Health Insurance

On behalf of the graduate students employed by Texas Christian University, the 2015-2016 Graduate Student Senate Health Insurance Committee has researched the health insurance needs of the graduate student population and made known these needs through a variety of administrative channels. It is the long-term goal of the senate to secure health insurance for graduate student workers.

Funding of health insurance will support graduate student workers in a multitude of ways including but not limited to:

- 1) the recruitment of superior graduate students interested in attending Texas Christian University,
- 2) the retention of all graduate students admitted to Texas Christian University,
- 3) the healthfulness and wellness of graduate students working for the university,
- 4) the academic success and quality of research performance achieved by graduate student workers,
- 5) the reduction of financial, psychological, and/ or physical stressors experienced by graduate student workers lacking access to health insurance benefits and/ or the cost of inadequate coverage.

This proposal presented by the Graduate Student Senate Health Insurance Committee summarizes the majority opinion voiced by the graduate students of Texas Christian University. In Appendix A, senators will find statistical data collected from surveys answered by TCU graduate students in the spring of 2015 and the fall of 2015. Appendix B elaborates on that data with qualitative research conducted in the form of graduate student employee testimonials. Summaries of relevant research from published studies may be found in Appendix C. The committee takes responsibility for collecting this research. We trust that all TCU graduate students, faculty, staff, and administrators carefully consider this information. We thank Chancellor Boschini and Provost Melhart for their continued interest and openness in discussing this issue.

Appendix A: Survey Statistics and Results

As of spring 2015, TCU is the only institution in the Big 12 system that does not provide at least 80%, in several cases 100%, health insurance coverage to graduate student workers employed by the university. This larger view of graduate student employment benefits prompted the 2014-2015 GSS Health Insurance Committee to conduct anonymous survey research. The results of this research provide alarming insight into the health coverage needs of graduate student workers. Out of 1,386 enrolled graduate students, 206 responded to the survey. The following data is presented to give a picture of current health care coverage for graduate students.

To begin, a full 6% of respondents indicated that they had no health insurance coverage. Additionally, 70% of respondents indicated that paying for health insurance premiums caused them financial stress. Figure 1 shows a breakdown of providers from the survey, for the 94% who are insured.

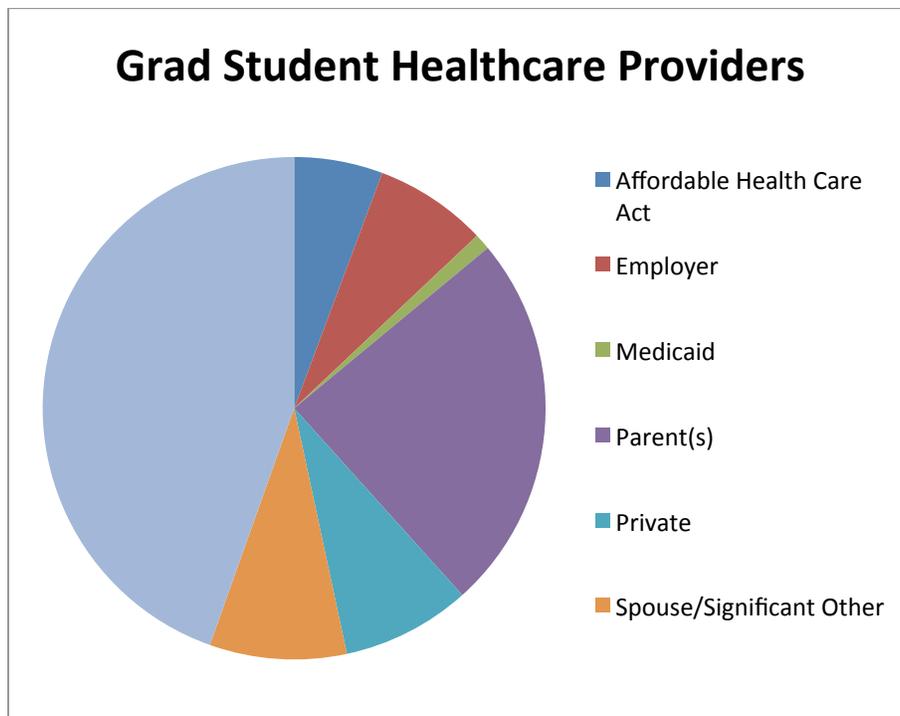


Figure 1: Breakdown of Providers

109 students, roughly 53%, indicated that they pay health insurance premiums from their stipend. Figure 2 shows a breakdown of premiums as a percentage of the student's stipend.

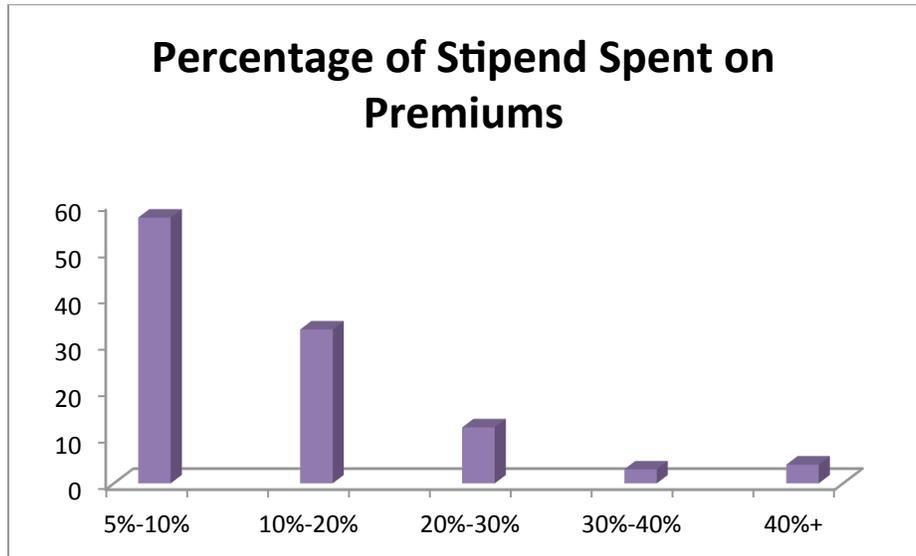


Figure 2: Percentage of stipend spent on health insurance premiums

Only 63 students, roughly 30% of respondents, indicated that they were still covered by their parents' insurance. Additionally, the majority of those students will lose coverage while in graduate school at TCU. Figure 3 shows a breakdown of how much longer these students will be covered.

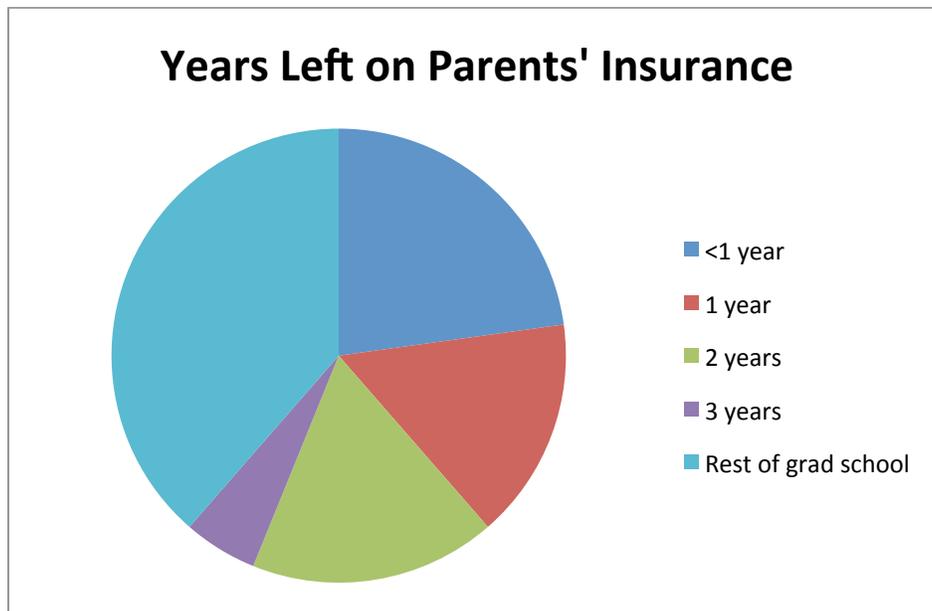


Figure 3: Time remaining on parents' insurance

Unfortunately, a number of respondents also indicated that they had accrued debt as a result of health care costs. 64 respondents, approximately 31%, indicated that they had accrued debt from health care costs. Figure 4 shows a breakdown of that debt.

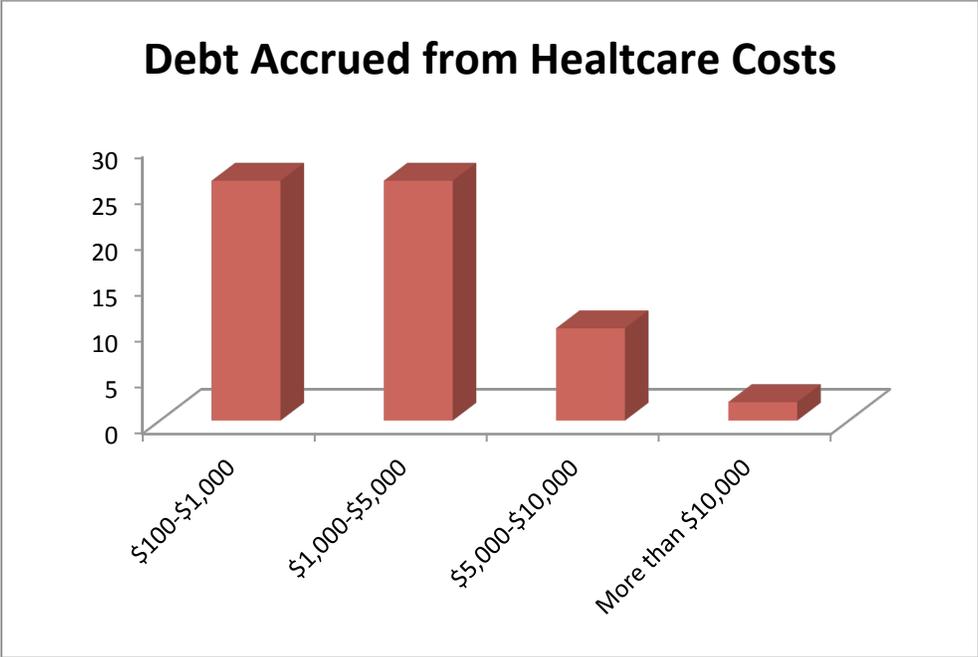


Figure 4: Breakdown of debt accrued due to health care costs

Appendix B: Graduate Student Testimonials

In this section we share anonymous testimonials shared with the senate on behalf of graduate student employees struggling with mental and physical health conditions, and who do not have access or means to afford adequate health coverage.

3rd year PhD, November 2, 2015

When I started at TCU, I had just completed a four year masters program. During that time, I was gainfully employed and received great benefits. I went from being able to juggle school and a full time job where I was well compensated- to barely being able to pay all my bills. I was forced to make the decision of paying for insurance through the ACA which was completely useless and too costly, enrolling in TCU's student coverage which I already knew would not cover much of what I needed and meant I could not pay all my bills, or giving up insurance entirely. I decided to give up insurance entirely, after all I'm young (24 at the time) and healthy. WRONG! I suppose Murphy's law dictates that I would have a lot of health concerns crop up the instant I made this decision.

Just like so many other women, I have been diagnosed with the type of HPV which causes cervical cancer. After a series of abnormal pap smears and colposcopies, it became evident to my providers at Planned Parenthood that I would require a LEEP procedure to keep my rapidly changing and dangerous cells from becoming full blown cancer. I am 27, I have had 2 surgeries and still continue to have rapid cell changes and abnormal pap smears. As of a few months ago, Planned Parenthood has been whittled down to nothing. We are lucky enough here in North Texas to have access to more clinics than most other major cities, but I still have to go significantly farther to get to one. Most importantly however, the grant that funded low cost services for breast and cervical cancer prevention has been completely defunded. I am due for a pap smear this month and I cannot afford it, either at TCU or Planned Parenthood. I am supposed to have one every 6 months until they are normal or more drastic measures are taken. I have been told in no uncertain terms, that even though this is considered a slow growing cancer, if I wait until I graduate from TCU to get another pap smear or any other preventative measures, that this could be full blown cancer.

On top of all of these things, I have a great number of other stressors. My mother went to prison, my fiance and I broke up. My grandfather passed away, my grandmother passed away, my cat passed away. My car broke down and I need to drive to my participants to conduct my research (which TCU does not help to pay for by the way). All of these things have caused an enormous amount of stress and I don't have appropriate outlets to cope. I have exhausted all of the six free counseling sessions that TCU's counseling department can offer each semester. They have referred me out because I require more intensive services than they can offer me. Long story short, I have been thinking about leaving TCU for my mental and physical health. I am by all accounts, a great student. I have received positive feedback in my time here, I have brought three grants to my department, have won numerous awards and have been an active member of my department and TCU as a whole; but I am probably going to leave. I cannot maintain this level of stress and lack of physical and mental care for the next three years, and I don't think that this degree is worth the dramatic decrease in my quality of life. This is just my struggle, but every graduate student at TCU has their own and they all deserve health coverage.

This probably has a negative impact on TCU as a whole as well, because those highly competitive students we want here, are choosing other universities and leaving because they can get better situations elsewhere.

2nd Year PhD, February 17, 2015

When I decided to attend graduate school full-time, I left a well-paying job with excellent benefits. The health insurance alone through TCU costs me over 10% of my stipend (almost \$1870 of \$17000) and I have to pay it in two lumps sums (once in August and again in January) with no option for an interest-free payment plan.

This year, I had some health concerns arise, and I went to the TCU health center to have this checked out. After listening to my symptoms, they ordered blood work and a urine test to check for Polycystic Ovarian Syndrome (PCOS). They failed to tell me that these blood tests were not covered by the insurance I purchased through the school.

I ended up paying around \$750 dollars for lab fees (again, no payment plan), which is nearly the amount of half a month's pay for me. Additionally, the health center recommended that I also receive an ultrasound to check for cysts and I was informed that this procedure was fully covered under my insurance.

However, this was not the case. Insurance paid for some of it, but I was still left with a \$325 bill. Thankfully, the practice that I had gone to had the option for a 6-month payment plan, which I am in the process of paying off. By January, I had already spent nearly \$3000 just in medical expenses. This is not counting the \$100 I spend to go to the dentist twice a year and for my yearly eye exam and contacts (another \$240).

I still have rent, utilities, and miscellaneous expenses (like food and gas) that I have to cover. I had budgeted appropriately for the year so that I wouldn't have to take out a loan, but because of the expenses accrued through my various medical issues, I had to take out additional loans so I wouldn't fall into credit card debt. I completed my Master's program while working a full-time job in order to have good benefits and a steady income. When I asked about the health insurance provided through TCU, I was informed that it was excellent and my own research seemed to agree. Unfortunately, PCOS is not a condition that the insurance considers preventative (though it can have lasting effects if not treated) and so in order to not cause additional issues, I'm forced to allocate my small stipend toward keeping it under control. Had I known that my insurance did not cover this sort of care, it would have definitely affected my choice to attend TCU for graduate school. Maintaining my health is more important to me, and I question whether leaving a well-paying job and excellent benefits was the right decision when I seem to be continuously spending money I do not have for a condition that would have been treated under my insurance when I employed.

2nd Year PhD, February 9th, 2015:

Eyewear. Having a more solid vision plan that covers glasses and contacts would be good. I had to go with low quality lenses because I couldn't afford the low glare lenses (a must with all of the computer work we do). When I was at Texas Tech, I had full coverage. Please keep me anonymous.

5th Year PhD, February 10th, 2015:

Prior to the ACA, I could not get maternity coverage because neither my husband nor I were part of a health insurance group (we were both in grad school and had to buy private insurance). Not only did we have to delay having children, but I also experienced a lot of anxiety about getting pregnant because I realized that we would be paying for a potential birth out of pocket (which some people estimate can cost up to \$30,000--and that's for a healthy baby, the cost would probably be upwards of \$100,000 if

the baby needed an extended NICU stay. Minimum would probably have been around \$10,000). I believe now you can buy maternity coverage through private insurance plans, but I've also heard congress is considering repealing that part of the bill. I would prefer for my comments to remain anonymous. Thanks so much for what you're doing, and let me know if there's any other way I can help!

2nd Year PhD, February 11th, 2015:

I started getting sick in the summer of 2009, just as I was starting work on my thesis. At the time I had student insurance (BlueCross, I think), but the coverage wasn't great so I just kept going back to the student health center, rather than seeking another doctor. As a result took me a long time to get diagnosed. About two months after I got my referral from the health center, I finally got in to see a specialist (gastroenterologist if that matters). I had already lost about 20 pounds at this point, and after the initial visit my doctor said I needed a colonoscopy to determine what exactly was wrong. Apparently, the difference between Crohn's Disease and what I have, Ulcerative Colitis, is very small and impossible to diagnose without one. Because of the insurance I had (and because Obamacare had not yet passed), the insurance company denied me coverage for the colonoscopy because I had the dreaded "pre-existing condition." I'm not sure if you know, but colonoscopies are fairly expensive to pay for out of pocket. But luckily my parents – who are by no means wealthy – scrounged together enough money to pay for my colonoscopy.

After I was diagnosed, the insurance company for some reason changed their tune and stopped denying me coverage (I think because Obamacare passed soon thereafter, so they knew the policy would be changing anyway, but that's just a guess). At this point, I had already taken a medical leave from school and teaching and wasn't really doing anything but reading and being sick. The next step was getting the right medicine, which was its own ordeal. After trying several drugs that had negligible effects, the doctor put me on something called Remicade. The best way I can describe it is Remicade is an intravenous form of chemotherapy that has some kind of anti-inflammatory properties that somehow calms (but never totally cures) UC. Remicade is somewhere between \$600-1000 per dose, and because of this, it took a while for the insurance company to approve it before I could get started. Almost no one in the US dies from UC, so I don't want to over-dramatize. But by the time I was diagnosed and approved for treatment, I had lost over 40 pounds (down to about 96) and had trouble even leaving my apartment. But I did get treatment, and I eventually got mostly better (as you might know there are still a lot of foods I can't eat, but I'm just grateful to be able to work and live a semi-normal life).

I wish I could say it was smooth sailing after that, but insurance was a problem again when I started at TCU. I am supposed to get my treatment every six weeks, and when it gets close to that time, I notice because I start to get a little sick. Again because of Remicade's expense, TCU student health insurance took months to approve my treatment. The only way I got approved was by getting my gastroenterologist to call and write the insurance company telling them if I wait too long between treatments, I can become immune to it. And still, it seems like every 3 months (including my last treatment) the insurance gives me some problems or delays my treatments – seemingly without reason.

It's a worry I will likely carry with me the rest of my life – assuming they don't find a cure for UC.

3rd Year PhD, November 2nd, 2015:

During my second year at TCU, I developed a sudden series of symptoms that I had never had before and that I didn't know the cause of. I was scared and frustrated with how tired, nauseous, and dizzy I felt, so I went to the TCU health center since I knew going there didn't cost anything (extra, anyway).

However, my experience there was dismal. I saw four different doctors in the center, hoping just one of them would provide better care than the others, but they all were the same. They took a cursory examination of me, and based on my petite size at the time they assumed I had an eating disorder and refused to look for any other possible cause. I kept coming back though, because I didn't know of any other option, hoping that my persistence and the seriousness I felt about my symptoms would cause them to rethink their assumptions, but none of them did. They even began to get frustrated at seeing me over and over, insisting that my symptoms were caused by my supposed anorexia and that I should put myself into therapy, pushing me out the door to go talk to a counselor on the other side of the building. They absolutely refused to take me seriously, refused to try any tests, and refused to propose possible treatments that would help me. I left the health center every time in pain, confusion, and emotional distress because I never got any answers about my condition. Fortunately I was young enough to still use my mom's insurance, so my mom gave me an insurance card for her plan. With that, I went to an outside doctor in town who *actually listened* to me and worked with me try to various tests until at last we found a medication that actually seems to have made all my symptoms disappear. I feel so lucky that I was in a position to have a backup plan, but I can't imagine what I would have done if I hadn't had my mom's insurance to fall back on. I might not even be at TCU anymore because the doctors were pushing me so hard to go to in-patient therapy for a condition I didn't even have. Having *real help* during my time of need was indispensable. In a few months, I will no longer be able to use my mom's insurance, and if I don't get insurance from TCU I'm not sure how I'll be able to continue affording to see the doctor I love and the medication that has changed my life back to normal.

Appendix C: Research Annotations

What follows is a selection of annotations composed by Kevin Claunch (Biology, M.S., 2016). For additional information or the full-text content of these research annotations, published in the *Chronicle of Higher Education*, please email gss@tcu.edu.

Colleges Struggle to Respond to Graduate Students in Distress (Stacey Patton)

Graduate students are typically older than undergraduates, and therefore face more demanding financial and familial responsibilities. They also contend with many of the same demands as full-time faculty members, but do not enjoy the same job security and health benefits. These burdens, coupled with the demands to pass qualifying exams, teach classes, and produce results from their research, can lead to a decline in mental health when students feel that they cannot afford proper care or counseling. Health coverage that is appropriate for the life stage of many graduate students is often lacking at most universities, and many campus graduate deans and counselors agree that improvements are needed to enhance the mental health and safety of their students.

Cutting Health Insurance (Gabiella Montell)

Many graduate students have left established careers to obtain advanced degrees and enhance their professional skills. As a result, a relatively large number of the graduate student population on most campuses are married and have children, yet many universities fail to offer health coverage for families. Universities who have cut coverage to dependents of students cite concerns that too few students utilize the family plan, which would ultimately increase costs for everyone. For Universities with large endowments or with extra cash on hand, subsidizing the plans for the few graduate students who might take advantage of them might incentivize talented prospective students to join and stay in their programs. The overwhelming expense of purchasing private plans as a graduate student can often prevent prospective students from entering graduate programs.

Students Are in Cross Hairs of Dueling Messages on New Health-Care Options (Justin Doubleday)

Many institutions suggest students find coverage through the government's marketplaces as part of the Affordable Care Act. However, as noted by Justin Doubleday in *Students Are in Cross Hairs of Dueling Messages on New Health-Care Options*, the exchanges "are a terrible idea for young people." He asserts that representatives often try to convince young, healthy students to enroll through the exchanges as a way of balancing the costs of older, unhealthy adults. Ultimately young students suffer with the burden of paying for deductibles, co-insurance, and co-pay fees in addition to covering premiums. In addition, the security of sensitive personal health information cannot be completely ensured since the marketplace exchange system is so new and data is streamed through a centralized hub; students have less control over who see their information and where it goes. Consequently, students often opt out of coverage all together, accepting a fine of \$95 or 1% of their total income. While many community medicine options and public health clinics exist, lack of affordable, comprehensive health care coverage poses significant risks to students' wellbeing, ability to learn and retain information, and perform well in school.

Faculty Union Calls for Better Treatment of Graduate Assistants (Piper Fogg)

Beginning in 2004, the faculty unions have called for better treatment and benefits for Graduate Teaching Assistants. Specifically, the American Federation of Teachers (AFT) argues that as instructors and workers conducting the lion's share of work in laboratories and research institutes, graduate assistants should be given "fair pay, health and retirement benefits, full tuition waivers, and adequate professional support." Many times, universities rely on graduate students to advance ongoing research and to teach entry-level courses that might ordinarily been handled by full-time faculty. In exchange, students sometimes receive tuition remittance and a teaching stipend, but only certain programs offer health benefits. Among the various demands of the AFT proposal is that graduate students, as part-time instructors, should receive appropriate health benefits, especially given the fact that many students do not earn enough from their stipends to cover living expenses and pay for adequate health insurance.