WHEREAS, research and history strongly indicate that overturning Roe v. Wade will have serious consequences for anyone that is or can become pregnant and those closest to them, including but not limited to increased dropout rates, increased stigma, poorer access to housing, and declining graduation rates (see Appendix 1);

WHEREAS, research indicates that these consequences disproportionately impact campus community members that identify as LGBTQ+, disabled people, people of color, rural communities, and people in poverty and present additional social and institutional barriers to receiving appropriate reproductive care (see Appendix 2);

WHEREAS, in 2022, the Board of Visitors determined that graduate students on 12-month assistantship contracts only made $27,114 per year on average, placing them approximately $3,056 below the “Very Low Income” threshold for the Blacksburg-Christiansburg-Radford metropolitan area. Students on 9-month contracts only make $20,358 on average – $9,842 below “Very Low Income”. Further, lack of access to reproductive healthcare increases debt, evictions, and bankruptcies for people with unintended pregnancies and increases the risk of living below the federal poverty level for their children (see Appendix 3). Thus, the average graduate student on assistantship at Virginia Tech faces devastating circumstances upon becoming pregnant, whether the pregnancy is wanted or not;

WHEREAS, student health insurance does not cover the full cost of giving birth, even for a vaginal birth without complications. Currently, the student is responsible for $6,250 in out-of-pocket costs before eligible expenses are paid by the insurance plan. With one dependent, this cost increases to $12,500 per year. The Summary of Benefits and
Coverage document estimates the out-of-pocket cost for giving birth to be $3,040 for full in-network prenatal care and hospital delivery. For postpartum care, the Health Care Cost Institute estimates that adults on employer-sponsored insurance pay between $2,904 and $3,373. In addition, the student would need to add another dependent to their plan, costing $3,276. Considering all expenses, for a vaginal birth with zero complications, the minimum cost for care for the person giving birth and the new dependent would range between $9,220 - $9,689 – four months of pay for the average graduate assistant, at the most conservative estimate (see Appendix 4).

WHEREAS, Virginia Tech affirms their commitment to care that promotes the health and well-being of their student population and to address healthcare concerns that impact student success (see Appendix 5);

WHEREAS, some birth control and family planning methods are already available at Schiffert Health Center (see Appendix 5);

WHEREAS, Schiffert Health Center is funded fully through student health fees and therefore an expansion of reproductive healthcare services has a reliable funding mechanism independent of the allocation of state funds to Virginia Tech;

WHEREAS, other universities have been expanding access to reproductive care and Virginia Tech has the opportunity to become a leader in providing safe, legal, and timely healthcare (Appendix 6);

WHEREAS, loss of access to reproductive healthcare can negatively impact Virginia Tech in several ways, including reduced college enrollment, reduced student retention, reduced faculty recruitment, and reduced religious freedom (see Appendix 7);

WHEREAS, the US Federal Government via the Health Resources & Services Administration (HRSA), has recommended access to the full range of “FDA-approved contraceptives [products], effective family planning practices, and sterilization procedures to prevent unintended pregnancy and improve birth outcomes”. Further, even if an item related to reproductive care is not specified in the HRSA guidelines, but is determined to be medically appropriate for that individual and is “FDA-approved, cleared, or granted”, access to that contraception should be provided (see Appendix 8);

WHEREAS, in 2000, the FDA approved mifepristone and misoprostol as safe and effective reproductive healthcare options (see Appendix 9), but Virginia Tech students are not provided access to these medications in this capacity, and they are not covered by the current student healthcare insurance provider (see Appendix 4);

WHEREAS, access to medication abortion at public universities has been identified by researchers as a mechanism to reduce cost, transportation, logistical, and safety barriers to reproductive healthcare (see Appendix 10);
THEREFORE, BE IT RESOLVED, that Virginia Tech will work to guarantee access to timely, affordable (low-or-no cost), safe, and effective birth control and family planning methods aligned with state and federal regulations.

BE IT FURTHER RESOLVED, that more analysis and planning are required to address the legal and financial complexity of realizing this Resolution and to identify and fill gaps in birth control and family planning options. The next step should be forming a planning and implementation team within the Fall 2023 semester, which should include at least the chair of CGPSA, CUSA, and the Presidents of USS and GPSS, to navigate these challenges.
Appendix 1:
Click here to see the statement from Barnard College. Click here to see some of the challenges of being pregnant in college in the Chronicle of Higher Education. Click here to read the brief from the Department of Education. Click here to read about the impacts of overturning Roe v. Wade on the college population. All of these resources affirm access to safe, accessible, and affordable reproductive care is essential for ensuring equal opportunity for education. Click here to read about the impacts to people who may become pregnant at large.

Appendix 2:
“The American College Health Association states that, “The Dobbs ruling sets a dangerous precedent at both the state and federal levels – one that could result in restrictions on bodily autonomy as well as institutions' and professionals’ ability to provide sexual and reproductive health information and resources to students. Unfortunately, ongoing legal challenges threaten the ability to provide comprehensive reproductive health care throughout our country and ACHA vows to support and advocate for our member institutions with education and research as they navigate this changing medico-legal landscape.

The American College of Obstetricians and Gynecologists states that abortion is an essential component of comprehensive health care. Lack of access to the full spectrum of reproductive health services will disproportionately affect people of color, those with limited income or who are living in rural areas, adolescents, trans persons who can become pregnant, and other communities that experience marginalization and health inequity.

While there are a variety of individual and institutional views on reproductive health care, access to comprehensive, evidence-based sexual and reproductive health resources is vital in supporting the long-term success and retention of students in higher education. Access to these services is crucial in supporting students in completing their degree”. Click here to view the full statement from March 10, 2023.

Click here to read the American College of Obstetrics and Gynecologists Amicus Brief which explains the ways not having safe and affordable reproductive care presents substantial issues of equity and causes numerous, long-term damages for health, safety, and well-being. There are several other Amicus briefs compiled by organizations that present additional risks and barriers to healthcare: Native American Communities, Disability Rights, LGBTQ+ community, and Black Women’s Procreative Liberty.

Click here to read about TRAP laws and how they can restrict educational resources on healthcare.

Appendix 3:
Click here to see the approved compensation package for graduate assistants. Click here to see local income limits. Click here to read the Turnaway Study, a longitudinal study that examines the long-term impacts of abortion on the women’s lives.

Appendix 4:
Click here to learn about the cost of childbirth by state.  
Click here to see the student healthcare plan and Summary of Benefits and Coverage.  
Click here to see the Health Cost Institute’s postpartum spending analysis.

Appendix 5:  
Click here to learn about the available healthcare resources from Schiffert and from the Women’s Clinic at VT.

Appendix 6:  
These articles all examine the push for offering access to Mifepristone and Misoprostol by universities across the US. Source 1, Source 2, Source 3, Source 4. For a comprehensive list of all colleges offering access to these medications, click here.

Appendix 7:  
Click here to see the results of a poll on college student opinions on abortion and abortion access.  
Click here to see the Brookings study on how abortion access impacts higher ed.

Several religious organizations have called for protecting the rights of their members to access safe and timely abortions: Muslim people, Jewish people, members of the Satanic Temple, and general discussions on violations of religious liberty.

Appendix 8:  
Click here to read the FAQ about Affordable Care Act Implementation of contraceptive guidelines.  
Click here to read the HRSA Guidelines.  
Click here to read the Reproductive Rights federal guidelines.  
Click here to read a birth control fact sheet from the FDA  
Click here to read the HHS, DOL, and Treasury guidance regarding access to contraceptives.

Appendix 9:  
Click here to read the FDA guidelines and fact sheet regarding mifepristone and misoprostol.  
Click here to read the original FDA approval from 2000.

Appendix 10:  
Click here to read a study in the Journal of Adolescent Health that finds “College students face cost, scheduling, and travel barriers to abortion care. Offering medication abortion on campus could reduce these barriers”.
February 27, 2023

To the Commission on Graduate Professional Student Affair,

The Undergraduate Student Senate has reviewed Resolution 2022-23A, with some comments and questions, as followed:

What Reproductive Care is currently available at the health center and why were these specific additions/expansions chosen?

The seventh paragraph of the resolution states that "Schiffert Health Center is funded fully through student health fees." The resolution states that the VT "healthcare services will guarantee access to timely and affordable (low-or-no cost) offerings for FDA-approved reproductive care options, including [...] mifepristone and misoprostol." According to the Obstetrics and Gynecology Journal "Mifepristone and oral misoprostol are typically used for medical abortion in women up to 49 days of gestation." Many students at Virginia Tech hold religious beliefs that prevent them from supporting or funding abortion. Since all VT students are required to pay a health fee that directly funds Schiffert, allowing Schiffert to administer these medications would be an infringement on student’s first amendment rights.

There were also comments supporting the resolution in its entirety.

Overall, we as a senate are divided in supporting this resolution as it is. Any clarifying information would be appreciated moving forward with this.

Sincerely,

Caroline Lohr
USS President
February 24, 2022

To: Vice President of Policy and Governance

The Staff Senate Committee on Policy and Issues has reviewed and by a majority, approves CGPSA Resolution 2022-23A. However, there were several questions raised and other comments made that deserve consideration.

There were several questions raised concerning similar access to benefits, legality, and cost. We have employees who also fall into the population of low and low-moderate income. Are these requested FDA-approved reproductive care options provided to employees via their health benefits? Next, what are the possible short and long-term legal implications to providing access to, particularly, the two named medical abortion pills? Are there legal considerations with the State of Virginia if the University provides this access? Lastly, passing this resolution would incur cost to the University. Consider the New York Times article cited under Appendix 6 of the resolution. The article points out “Providing the abortion pill on campus rather than referring students elsewhere enmeshes colleges in a personal, sometimes emotionally and physically taxing medical decision, according to administrators at several colleges who asked not to be named because of the sensitivity of the issue. Administrators say that colleges must be prepared for students who will feel stressed, as well as those who will feel relieved by the procedure. They must have the ability to provide emergency medical care. And they must consider that protestors may show up at the college health center door, and be prepared to offer security and privacy to the women going inside.” These significant issues which involve increases in mental health care, security, privacy, possible negative publicity for the University, and emergency medical care services would all be things that would need to be prepared for. These issues would incur cost for the University possibly beyond what student health fees would be able to accommodate.

Finally, this resolution is to expand and secure access to reproductive care “to ensure no gaps in reproductive care options remain” but the largest gap remains and is not addressed because no solutions were provided to those who elect to give birth. No solutions are proposed to help those students with the cost of prenatal and postpartum care or with the cost of giving birth. If we are truly concerned about reproductive care then we should not exclude these people from care nor offer only options to prevent or terminate pregnancy. In so doing, the University would be making a statement about their lack of value and support for people wanting to give birth. In addition, by only offering options to prevent or terminate pregnancy the University is inadvertently leading students toward these choices. The option to give birth is not perceived as an option because the care is not supported.

By a majority, the committee supports this resolution and have no further comment.

Thank you,

Amber Robinson, Chair Staff Senate Policies and Issues Committee
Resolution CGPSA 2022-2023A

The Faculty Senate would like to provide the following comment on CGPSA 2022-23A: Resolution to Expand & Secure Access to Reproductive Care at Virginia Tech.

The comment from the Faculty Senate was drafted based on the resolution that was provided by CGPSA prior to the 2/24/2023 Faculty Meeting. The Faculty Senate cabinet is aware that the resolution has been revised, however, the Faculty Senate does not have another meeting before the comment had to be submitted. Therefore, this comment reflects the views of the Faculty Senate based on the prior version of the resolution.

The Faculty Senate expressed concerns about the resolution’s overemphasis on “whereas” statements as opposed to the resolution’s “therefore, now be it resolved” statement. The senate also questioned whether reference to specific medications aligns with state and federal law, whether this could lead to subsidizing other coverage gaps, and whether this could reduce the longevity and relevance of the resolution as medical protocols change. The resolution’s budgetary implications and impact on clinical resources on campus and in the New River Valley were discussed and the Senate suggests that a cost analysis be completed prior to advancing this resolution. The Senate would recommend that the authors of the resolution consider requesting a review of current graduate student medical insurance coverage for alignment with peer institutions. Depending on the outcome of the review, the Senate suggests that the authors of the resolution request the development of a plan to improve coverage to ensure it is in alignment with peer institutions.

Respectfully,

Dr. Robert Weiss  
Faculty Senate President

Professor of Natural Hazards  
Center for Coastal Studies (Coastal@VT), Director  
DRRMVT, Director  
Department of Geosciences
March 21, 2023

To: Vice President of Policy and Governance

From: A/P Faculty Senate Policies and Issues Committee

The A/P Faculty Senate Policies and Issues Committee has reviewed and approves/endorsed, with the following comments, the Commission on Graduate and Professional Student Affairs Resolution 2022-23A to Expand & Secure Access to Reproductive Care at Virginia Tech.

Comments:
- The full breakdown of the financial cost of this plan needs to be included. For example, the resolution notes, Schiffert is “funded fully through student health fees” but would this resolution necessitate an increase in those fees?
- In the third whereas statement, please provide the documentation that the Board of Visitors made this determination.
- Regarding the ninth whereas statement, rephrasing this in a positive way aligns with the rest of the document since the resolution is advocating for additional services not against a loss of services. Ex. "access to reproductive healthcare can positively impact Virginia Tech in several ways, including steady college enrollment, student retention, faculty recruitment, and protected religious freedom (see Appendix 7);"
- In Appendix 6 the final "click here" does not link to a list of colleges. It links to a New York Times article.
- Do you intend "reproductive care" to include obstetric care? This needs to be defined along with any related hiring or insurance adjustments cost increases.
- The FDA guidelines for mifepristone and misoprostol require they are prescribed by a health care provider that meets certain qualifications including providing important safeguards specifically designed to protect a patient's health. Does Schiffert Health Center currently employ appropriately qualified and certified health care providers to prescribe these medications? If no, what are the costs required to add this certification or hire appropriately credentialed health care workers?
- What is the cost for mifepristone and misoprostol when purchased at an off-campus pharmacy?
- Is there any research or survey data on student opinions of the options currently available through Schiffert?

(Continued)
Comments (continued):

- To adequately assess this resolution, the governance bodies should be provided with a greater understanding of the current state of how Schiffert currently operates; why it operates that way; the current hurdles, challenges, and gaps in the services it offers including any complications and constrictions with the insurance provider.
- What precisely is the resolution seeking to accomplish that is different from the current state? One line promotes “an expansion of reproductive healthcare services;” a second cites a “loss of access” to reproductive healthcare; a third asks the university to “guarantee access”; and a fourth resolves to “ensure no gaps.”
- Are students supportive of the university charging a higher fee to support the proposed “expansion” or provision of “affordable (low-or-no cost) offerings?”
- What cost(s) is considered “affordable?”
- What are the implications of this proposal to the university’s student medical insurance plan(s)?
- Are there any unique challenges associated with the procurement, storage, or distribution requirements for this medication that carry financial impacts?
- The resolution needs significantly more clarity and analysis of its impacts at this stage of the governance process, not later.

We have no further comment.