

Commission on Graduate & Professional Student Affairs
Resolution to Expand & Secure Access to Reproductive Care at Virginia Tech
CGPSA 2022-2023 A

Draft Notice Sent to University Council Cabinet	12/07/2022
First Reading by Commission	02/07/2023
Approval by Commission	03/14/2023
First Reading by Senate	02/16/2023
Approval by Senate	03/16/2023
Faculty Senate Comment	03/19/2023
Staff Senate Comment	02/27/2023
Administrative and Professional Faculty Senate Comment	03/21/2023
Graduate and Professional Student Senate Comment	N/A
Undergraduate Student Senate Comment	02/28/2023
First Reading, University Council	04/03/2023
Approved, University Council	04/17/2023
Approved, President	Not Approved
Effective Date	Not Approved

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

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.



Memorandum

To: University Council

From: Timothy D. Sands, President 

Date: November 14, 2023

Subject: **Status of Resolution CGPSA 2022-23A – Resolution to Expand and Secure Access to Reproductive Care at Virginia Tech**

On April 17, 2023, the University Council passed resolution CGPSA 2022-23A on second reading and forwarded the resolution to me for approval and action. The resolution does not require approval of the Board of Visitors except through its potential impact on the annual operating budget of the university or any capital expenditures that would exceed the BOV threshold for approval of \$3,000,000 or 5,000 square feet.

The Resolution calls for the appointment of an Implementation Team to evaluate the cost of implementation once the level of service required is determined. I asked Dr. Frances Keene to lead a small group to determine what level of service would be appropriate as a first step before we consider cost and implementation in detail. Schiffert Health Center falls directly under her purview as VP for Student Affairs. Dr. Keene consulted the medical professionals at Schiffert to determine what level of service would be required to implement the resolution. Her report (attached) makes clear that the proposed expansion of reproductive services is not within the scope of a campus health clinic whose primary role is to serve the urgent care needs of our students and to make referrals to other health care providers when medically indicated. Schiffert Health Center does not accept insurance and does not have the capacity or expertise to meet the regulatory requirements to bill insurance companies directly. Since Schiffert is supported entirely by student fees, a major expansion of services as would be needed to expand reproductive services at the level suggested in the resolution would result in a significant increase in the comprehensive fee for all students.

Based on considerations of mission and cost, I have decided not to direct Schiffert Health Center to expand reproductive services as envisioned by the resolution. Any future expansion of services should follow the usual process of starting with a recommendation from the medical professionals at Schiffert followed by approval of the VP of Student Affairs, who would then make a request of the University Budget Committee if it is determined by the VP that existing funding streams could not accommodate the expansion.

Attachment: Reproductive Services Memo 10.20.23

To: Dr. Tim Sands, President
From: Dr. Frances Keene, Vice President for Student Affairs
Re: Schiffert Health Center Services and resolution CGPSA 2022-23A
Date: October 20, 2023

The purpose of this brief is to outline key considerations in response to CGPSA 2022-23A Resolution to Expand and Secure Access to Reproductive Care at Virginia Tech. This memo includes an overview of the Schiffert Health Center, service and referral data (to include current reproductive services and referrals), and a high-level overview of reproductive services that the resolution would require. Since the Schiffert Health Center reports to the Division of Student Affairs, I conclude with a recommendation regarding this resolution.

About Schiffert Health Center

Schiffert Health Center (SHC) provides health care services to students currently enrolled at Virginia Tech. SHC's mission is to ensure the delivery of high-quality, accessible, cost-effective, and culturally competent medical care and health promotion for Virginia Tech students. In support of Virginia Tech's mission to educate the whole person, SHC promotes the current and future well-being of student-patients through the provision of nationally accredited health care and health education to promote healthy lifestyles. SHC services are cost-effective and responsive to student needs to reduce the impact of illness and other health concerns on student success, while minimizing the need to increase the student health fee.

Services Offered at Schiffert Health Center

Like most university health centers, SHC is a medical clinic that provides ambulatory (outpatient) services. In 2022-2023, SHC provided 49,045 visits.

Year	No. Visits
2022-2023	49,045
2021-2022	55,880

2020-2021	54,584
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Students who present to SHC with a chronic illness requiring regular ongoing medical care are encouraged to maintain follow up with their primary care physician. SHC refers students to off-campus health care providers or the local hospital emergency room when the care needed is outside the scope of an ambulatory clinic. SHC partners with community health care providers and facilities to ensure that students can access appropriate and comprehensive healthcare options.

Over the last three academic years (2020-2021 to 2022-2023), SHC had 2,973 cumulative referrals to other medical providers. Of those 2,973 referrals, 195 (6.6%) were for gynecology. Five services (dermatology, gastroenterology, ENT (ear, nose, throat), physical therapy, and orthopedic services) resulted in a larger number of referrals than gynecology. SHC does not have patient data outlining any unmet need that may arise from community referrals.

Number of Referrals by Category				
Category	No. Referrals		Category	No. Referrals
Dermatology	398		Surgery	105
Gastroenterology	312		Endocrinology	49
ENT (ear, nose, throat)	298		Emergency room	42
Physical therapy	278		Podiatry	41
Orthopedic	243		Pulmonologist	38
Gynecology*	195		Sports medicine	23
Urology	190		Hematology	20
Ophthalmologist	169		Rheumatology	13
Neurology	155		Sleep specialist	13
Cardiology	152		Plastic surgery	11
Internal medicine	112		Infectious disease	4
Allergy	108		Nephrology	4

**Gynecology referrals are most frequently for abnormal pap smear results.*

Reproductive Services Offered at Schiffert Health Center

In 2022-2023 SHC had 4,460 gynecology visits, which were just over 9% of all visits. Gynecology visits include annual exams, problem visits (abdominal pain, urinary tract infections, etc.), contraception counseling and management, implantable birth control device insertion/removal, sexually transmitted infection (STI) testing, and menstrual problems.

Year	No. Total Visits	No. Gynecology Visits	% Gynecology
2022-2023	49,045	4,560	9.3%
2021-2022	55,880	5,287	9.5%
2020-2021	54,584	2,892	5.3%

SHC provides resources to patients for all reproductive options available, including termination, and does not advocate for one option over another. The current scope of reproductive services offered at SHC includes pregnancy testing and dispensing of Plan B medication. Over the past three years, there were 1,554 pregnancy tests ordered and 50 positive pregnancy tests (3.2%). Most pregnancy tests are ordered by Athletics prior to obtaining a chest x-ray, and most positive pregnancy tests are for married/partnered graduate or international graduate students intending to become pregnant.

Year	No. Pregnancy Tests Ordered	No. (%) Positive Pregnancy Tests	No. Plan B Dispensed
2022-2023	561	17 (3.0%)	261
2021-2022	556	14 (2.5%)	267
2020-2021	437	16 (3.7%)	206

Reproductive Services Offered at Virginia Student Health Centers

A query of student health centers in Virginia revealed that they did not offer medical abortion or pregnancy management, nor did they have plans to do so. This includes: George Mason University, Hampton University, James Madison University, Longwood University, Old Dominion University, Norfolk State University, Radford University, Randolph College, the University of Richmond, the University of William and Mary, the University of Virginia, Virginia Commonwealth University, and Washington and Lee University. Providing referrals is a common practice; for example, Radford University Student Health provides referrals to Carillion for pregnancy management and

abortion services. Longwood University provides referrals to the health department, Health Center for Women and Families, and Centra Medical Group Southside Women's Center for family planning services.

Process for Expanding Services at Schiffert Health Center

The decision to expand services at SHC involves 1) reviewing student usage and referral data to determine if the service is in demand by currently enrolled students, 2) considering, in consultation with health care experts, whether the service is appropriate for SHC as an ambulatory (outpatient) care clinic, and 3) determining the ability to offer the care from a safe, culturally competent, cost effective, and complete range of care. These decisions are made by the director of the Schiffert Health Center, in consultation with the medical team. This includes ensuring that the SHC has the necessary resources including appropriate physical space, staff with qualified medical expertise or the ability to hire qualified staff, and the ability to provide necessary follow-up care.

Three recent examples of data-informed expansions include laboratory tests, orthopedic services, and gynecology services. The scope of respiratory laboratory tests available to students to reduce emergency room referrals was expanded, which provided cost savings to students. When making these expansion decisions, after determining the medically appropriate expansion, SHC engaged the university budget processes to secure additional funds to purchase the equipment and train current staff to provide these laboratory tests. SHC also recently increased orthopedic services from two to four days per week in response to an increased number of student injuries. SHC expanded services provided in the Gynecology Clinic, formerly the Women's Clinic, to include implantable birth control devices such as Nexplanon and intrauterine device (IUD) insertion/removal with the hiring of a full-time gynecologist. These services are limited to those covered by private insurance, with referrals to the health department for non-covered services (note: An IUD costs approximately \$1,000 without insurance coverage).

Medical Abortion and Medical Abortion Pills

Offering medical abortion, which might also include surgical abortion if medical abortion is not effective, is used for cases in addition to terminating an unwanted pregnancy. It also encompasses the management of miscarriages, fetal defects, and prevents a patient from carrying a fetus, or stillborn to term, or for the safety of the mother.

Per the United States Food and Drug Administration (FDA), Mifeprex and its generic Mifepristone Tablets, 200 mg, are available under a single, shared system risk evaluation and mitigation strategy (REMS), known as the Mifepristone REMS Program, which sets forth the requirements that must be followed to administer Mifepristone for medical termination of pregnancy through ten weeks gestation. Under the Mifepristone REMS Program, mifepristone must be dispensed by or under the

supervision of a certified prescriber or by certified pharmacies for prescriptions issued by certified prescribers. Mifepristone must be prescribed by a health care provider that meets certain qualifications and is certified under the Mifepristone REMS Program. Under the Mifepristone REMS Program, mifepristone may be dispensed in-person or by mail.

Estimated Availability for SHC and Pricing: Total cost is approximately \$580-\$750 (based on Planned Parenthood pricing). SHC pricing may be less expensive, but Mifeprex (Mifepristone 200 mg tablet) pricing was unavailable on Cardinal Health, our pharmaceutical distributor. The second pill, Misoprostol, is available on Cardinal Health and SHC can purchase 60 200-mg tablets for \$45.

Expanding Reproductive Services at Schiffert Health Center

The resolution asks Virginia Tech to “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.”

If reproductive services were to be expanded to include medical abortion pills and surgical medical abortion, additional services, equipment, and staffing would be needed. Holistic reproductive care would include medical/surgical abortion, preconception counseling, and pregnancy/postpartum care to be comprehensive. The costs referenced in the resolution do not include the comprehensive suite of services deemed necessary by SHC’s medical experts to constitute an expansion of reproductive services. There would be one-time costs for building or leasing additional assignable space to operate and purchasing necessary equipment, as well as annual costs for adding staff and related annual building, operating, and maintenance costs. Additional costs not considered could include contract services, equipment maintenance, medical supplies, and increased liability coverage and expanded annual insurance premiums.

It is important to note that SHC currently does not provide direct insurance billing. Therefore, the costs of providing the services above would either be incorporated into the health fee or a fee-for-service model. Fee for service model requires payment by the patient. If the patient has health insurance, an itemized billing statement can be provided. The patient would then submit for possible reimbursement from their insurance carrier. There is no guarantee of reimbursement.

Recommendation

Holistic reproductive health services are outside of the scope of an ambulatory care clinic. For years, SHC has provided resources for all reproductive service options available to students and has supported timely referrals for comprehensive reproductive services. If SHC was to begin writing prescriptions for medical abortion medication, they would not be equipped to provide the appropriate diagnostic and follow-up care, including the ability to address any complications

resulting from the medication. Current staff at the SHC are not certified under the Mifepristone REMS program. SHC would also have to update policies and procedures to ensure that the appropriate medical services are provided to satisfy both the liability risks as well as remain consistent with medical practice and accreditation standards. If SHC was to proceed with providing medical abortion medication, it would open the institution up to valid questions about providing a comprehensive scope of reproductive services, which are outside the scope of SHC and would require equipment and facilities not currently available. Comprehensive reproductive services would require a significant financial investment that does not align with the overarching purpose of a student health care facility. The decision to expand services of the SHC should remain the purview of the medical experts hired to run the center using the long-standing model for expanding services based on the data-informed process outlined above. Based on the information shared above and our current capabilities, I do not support expanding reproductive service options through the SHC.

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

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Staff Senate

<http://www.staffsenate.vt.edu/>

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



Faculty Senate
Virginia Tech
Blacksburg, Virginia 24061
<https://www.facultysenate.vt.edu/>

March 17, 2023

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

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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/endorse, 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.