UW Milwaukee Faculty Senate Resolution – Changes to Health Care Benefits

Introductory Comments

The faculty of UW-Milwaukee is acutely aware of the significant budget constraints pertaining to health care, as well as other obligations of the State. Historically, the faculty has engaged in cost-sharing for health care benefits and is mindful of the role that it is required to play in our current budget climate. In the spirit of open and informed decision-making regarding all health care benefits, the UW-Milwaukee faculty submits this resolution to the Governor of the State and all other relevant authorities.

Resolution

Whereas, the State of Wisconsin Employee Trust Funds (ETF) and Group Insurance Board (GIB) have altered significantly health care plans and options for UWM faculty and staff (and all State employees); and,

Whereas, these alterations have resulted in rapid and unclear, if not inconsistent, dissemination of health care information for employee decision-making; and,

Whereas, the process by which these alterations were promulgated was essentially secretive; and,

Whereas, the State’s “Prescription Benefit Manager” plan for purchasing pharmaceuticals was promulgated by those with a most vested fiduciary interest in the plan (namely, the vendor – Navitus, a group of physicians and pharmacists); and,

Whereas, State Agencies should be held accountable for pursuing a more fair and open process for scrutinizing the criteria and processes by which health care and pharmaceutical benefits for State employees are developed and determined;

Therefore, be it resolved that the UWM Faculty Senate respectfully requests Governor James Doyle to:

1) Require ETF/GIB to make public both the criteria and processes for competitive bidding of potential health care plans and placement of vendors into the three tiers.

2) Require ETF/GIB to pursue open and market-competitive approaches in its bidding processes and selection criteria.

Unanimously affirmed by the UWM Faculty Senate on October 16, 2003, at Milwaukee, Wisconsin.