

INSTITUTIONAL POLICY AND PLANNING COMMITTEE
MEETING MINUTES
April 9 , 2021

PRESENT: Cerri Banks; Mary Lou Batesberg Bibow, Vice Chair; Marta Brunner; Marc C. Conner, Chair; Michelle Hubbs; Carolyn Lundy; Donna Ng; Diane O' Connor; Michael Orr; Feryaz Ocakli; Joe Porter; Mark Rye; Casey Schofield; Kurt Smemo; Dwane Sterling; Amy Tweedy; Joshua C. Woodfork; and Mark Youndt.

ABSENT: Rachael Borthwick '21; Melanie Nolan '23 and Joseph Stankovich.

GUESTS: IPPC Healthcare Working Group: Chair Timothy Harper; Grace Burton, Bill Duffy, Lisa Hobbs, Terri Kindland; Lisa Tuttle; Segal Healthcare Consultants: Glen Alonzo and

uncommon practice in the broader marketplace. He commented that the typical range of the spousal surcharge in the broader industry is \$100-\$125. He added that in addition to an employee spousal surcharge, this marketplace conversely offers an opt out credit in which credit is given to the employee for opting out of their employer's healthcare coverage, but that this practice has declined in use due to its associated increased costs. An IPPC member noted the potential additional administrative workload in tracking employee's spousal changes and privacy issues.

Clarification was sought regarding the Prescription Drug Utilization management recommendations. Vice President for Finance and Administration and Treasurer and HWG Co-Chair Donna Ng confirmed that the increase in the prescription drug co-pay recommendation would allow the employee the choice to pay a higher prescription co-pay charge for a name brand drug versus the generic equivalent. Healthcare Consultant Sanner spoke to the Step Therapy Prescription drug recommendation. He stated that this is more than just a cost feature. The program optimizes clinical guidelines and prescription drug use whereby less powerful and less costly drugs are used upfront and then a gradual move forward with a specific trajectory of drugs for a specific condition based upon the individual employee. He added that the prior prescription specialty drug authorization program ensures that the most clinically appropriate drugs given the employees' condition are used. Many physicians have access to online prescription drug pre-checks and therefore can immediately see if a drug is subject to prior approval with turnaround times averaging approximately 14 hours. He noted that the program allows for the attending prescribing physician the ability to appeal the decision and that statistical information regarding the appeal success rate would be forthcoming.

A question was asked concerning the High Deductible Health Plan (HDHP)/Healthcare Savings Account (HSA) recommendation and the potential drawbacks of those individuals who choose the prphysi (l)-2 (.

