

As a member of the Employee Benefits Committee and the Senate Executive Committee, I have been asked to provide a brief report on the current status of the proposal to extend health benefits to domestic partners. As many of you recall, the Faculty Senate voted to approve the resolution last spring.

Since that meeting, three other campus bodies have voted on the issue. First, the Student Government Association voted, overwhelming, to approve the resolution. Second, the Staff Council voted overwhelmingly, by way of an email vote, to reject the resolution. Finally, the Employee Benefits Committee, which consists of a mix of faculty and staff, voted, by way of an anonymous secret ballot, to reject the resolution. The vote was 4-6-1.

It is not yet clear how the differing responses from these various organizations and committees will affect the progress of the resolution. But what I can tell you is that the Employee Benefits Committee, which will ultimately be charged with designing and implementing any Domestic Partners plan, intends to revisit this issue soon. First, the Committee must address some urgent matters concerning potential adjustments to plan design and premiums. The Committee and administration officials are concerned that if plan adjustments must be implemented, some employees might reach the incorrect conclusion that these adjustments are due to a new Domestic Partners plan. To be clear: Any potential adjustments that may be coming to our health benefits are completely independent of the Domestic Partners issue. For this reason, the Domestic Partners issue will be addressed at a later date, probably toward the end of this semester.

The committees charged with investigating this issue have conducted thorough reviews of the academic research and policy reports produced by respected academic institutions and nonpartisan think tanks. In addition, the committees have collected information on other institutions of higher learning within the Commonwealth, as well as government and private competitors with which we compete in hiring markets.

[At the risk of speaking for those who might feel differently from me on this matter, I feel confident reporting that these investigations have produced two broad findings that seem to be relatively uncontroversial. First, extending benefits to Domestic Partners would have no discernable effect on the costs of administering the plan, nor would it have any effect on premiums charged to current members. This is primarily because domestic partners, however that term might ultimately be defined, do not appear to differ systematically in terms of health compared to other members of the risk pool. In fact, simply expanding the risk pool should contribute to a stabilization of the underlying variability in medical claims. Second, not extending benefits to Domestic Partners would have detrimental effects on our abilities to both recruit new faculty and retain those we have. There seems to be agreement on these two issues. The controversy, at least my take on the controversy, concerns the definition of “Domestic Partner” and whether a poorly thought out definition might lead to potential abuse.] To this end, the Committee intends on learning from the experiences of UK, UL, and UNK, all of which have

Domestic Partner benefits programs. This is an issue that the Benefits Committee plans to address.]

This report was submitted by Senator David Zimmer of the Gordon Ford College of Business  
[\*Note inserted by Paul Markham on September 17, 2009]