University of Wisconsin-Madison
Secretary of the Faculty
133 Bascom Hall

FACULTY SENATE MEETING AGENDA MATERIALS for 6 March 2017

The University Committee encourages senators to discuss the agenda with their departmental faculty prior to meeting.

FACULTY SENATE AGENDAS, MINUTES, RECORDINGS, TRANSCRIPTIONS AND FACULTY DOCUMENTS, INCLUDING FACULTY POLICIES AND PROCEDURES, ARE AVAILABLE:
secfac.wisc.edu/Faculty-Senate.htm

FACULTY SENATE MEETING
Monday, 6 March 2017 - 3:30 p.m.
272 Bascom Hall

AG E N D A

1. Memorial Resolutions for
   Professor Emeritus George L. Bush (Fac doc 2669).
   Professor Emeritus C. K. Wang (Fac doc 2670).

2. Announcements/Information Items.

3. Question Period.

4. Minutes of February 6, 2017, meeting (*consent*).

5. Kemper K. Knapp Bequest Committee Annual Report for 2016-2017 (Fac doc 2671).

6. Final Report of Ad Hoc Committee on Equitable and Inclusive Health Care (Fac doc 2674).

7. Update to the Slates for Faculty Elections (Fac doc 2663 Rev.).

8. Incorporation of University Health Care Advisory Committee into *Faculty Policies and Procedures* (Fac doc 2672). (*vote*)

9. Proposal to change the name of the Social Studies Division to the Social Sciences Division (Fac doc 2673). (*vote*)

10. Post-tenure review (Fac Doc 2639 with modifications) (*vote*)
    Revised in response to Board of Regent revision of RPD 20-9 (wisconsin.edu/regents/policies/periodic-post-tenure-review-in-support-of-tenured-faculty-development/) and related "Approval of Interim Post-Tenure Review Policy Language, as may be Needed for Individual UW Institutions" (pp. 200-205 of wisconsin.edu/regents/download/meeting_materials/2016(3)/december/Education-Committee-pdf-December-2016.pdf)

Upcoming Faculty Senate Meetings - 3:30 p.m., 272 Bascom Hall
April 3, May 1, October 2, November 6, December 4, 2017

Memorial Resolution of the Faculty of the University of Wisconsin-Madison
On the Death of Professor Emeritus George L. Bush

George L. Bush, MD, retired Associate Professor (CHS) of Anesthesiology, passed away July 11, 2016 in Sister Bay, Wisconsin. Dr. Bush joined the UW faculty on August 19, 1974, as Assistant Professor. He was part of a group of young and dynamic faculty that set a standard of excellence in education and patient care for the department. Their legacy continues today. George's special expertise was in cardiac anesthesia and he was director of that section of the department from 1976 to 1981. He was a teacher at heart and enjoyed guiding medical students through their first anesthetic experience and training residents to solve the most complicated challenges in the operating room. His approach to teaching and clinical care embodied compassion and safety. His excellence in teaching was recognized when he received the inaugural Anesthesia Resident Teaching Award in 1982.

George Bush was born August 11, 1942 in Cincinnati, Ohio. He graduated Magna Cum Laude from Capitol University in Columbus, Ohio in 1964. He attended the University of Cincinnati College of Medicine graduating in 1968 and was elected to Alpha Omega Alpha. After an internship at Henry Ford Hospital in Detroit, Michigan, George completed an anesthesiology residency at the University of Pennsylvania in 1971 followed by a one-year research fellowship. He was board certified as a Diplomate of the American Board of Anesthesiology. Military service at Fort Leavenworth, Kansas followed. There he was promoted to Major and was Chief of Anesthesia and the Operative Section at Munson Army Hospital prior to his honorable discharge in 1974.

George was a private pilot and was instrument, commercial and aerobatic rated. As a teenager he considered aviation as a career, but realized his eyesight would limit his options. Nonetheless, he loved all things aviation related and was actively involved in the Experimental Aircraft Association and supported the American Air Museum in Britain and the Tuskegee Airmen National Museum. Lessons learned in aviation found their way to the operating room. George was one of the first advocates for checklists and a crisis resource management approach to care. Both are now routinely used during the perioperative period. Patient safety was paramount in his mind with pre-anesthetic equipment checks, understanding the patient's medical condition and insuring availability of medications, oxygen and rescue equipment. Residents were encouraged to consider what could go wrong and to plan for that eventuality. George believed and taught that the patient was the most important person in the room and for that person there were no minor procedures.

George was director of the Anesthesia Clerkship required of all third year medical students beginning in 1974 until his retirement. Anesthesia became the most highly rated rotation in the clinical curriculum and contributed to a higher percentage of Wisconsin medical students choosing to specialize in anesthesiology than the national average. In 1981, George was appointed the Director of Outpatient Anesthesia and in inaugurating that position at University Hospitals developed procedures and guidelines focused on efficiency and utilization without compromising standards of care. He was elected President of the Madison Society of Anesthesiologists in 1977 and, after rising through the ranks of the Wisconsin Society of Anesthesiologists, served as president of that organization beginning in 1981. He represented Wisconsin anesthesiologists nationally as an Alternate Delegate to the American Society of Anesthesiologists in 1983. On July 1, 1984, George was promoted to Associate Professor (CHS).

George possessed a wicked sense of humor, alternately blessing or vexing his colleagues and co-workers. He liked to throw grand parties. He always brought his version of Bush Beans to the Department potluck luncheons. His colleagues in the department recall him as a member of the Raggedy Ass Rounders, an informal group made up of like-minded faculty. George appreciated Formula One racing and had a glass-topped table in his office the base of which was a racing slick. He and his wife, Judy, were on the committee that formed the Madison-Freiburg Sister City relationship. He was a man of faith and lived that out through his generosity, many friendships and volunteer service to others.

Early in his academic career, George survived thyroid cancer, probably caused by radiation to his thymus as a child, and later developed non-Hodgkin's lymphoma. Although having to undergo surgeries and aggressive therapies, he managed to shoulder through these illnesses while maintaining his equanimity and grace. At the end of his career George became dysarthric with an unstable gait that sadly forced him into a premature retirement in 1998. He was diagnosed with an inherited degenerative cerebellar disease that ultimately required him to use a motorized wheelchair and deprived him of activities that he loved most: flying, driving, teaching and being an anesthesiologist. Despite his myriad of health challenges, George remained intellectually active and a loving, caring man until his death.

His wife of 39 years, Judy Anderson Bush, five children, eleven grandchildren and two great-grandchildren survive him. His ashes were laid to rest at Luther Memorial Church in Madison.

Memorial Resolution of the Faculty of the University of Wisconsin-Madison
On the Death of Professor Emeritus Chu-Kia Wang

Chu-Kia (C.K.) Wang, Professor Emeritus of Civil and Environmental Engineering, passed away on April 13, 2013, The Villages, Florida where he had been living after his retirement.

C.K. was born in Wuxi, China, on June 17th, 1917. He attended St. John's University in Shanghai where he graduated as the top student in Civil Engineering in 1938. He remained at St. John's as an instructor for three years before coming to the United States and receiving a master's degree from the University of Colorado in 1942 and a Ph.D. from the University of Illinois in 1945. Following graduation, he briefly worked for the U.S. Bureau of Reclamation to learn about the construction of large dams with the intention of working on the Three Gorges Dam. Instead, he became a Professor of Civil Engineering at St. John's University for two years before retracing his graduate school steps by becoming a professor at the University of Colorado (1948-1954) and the University of Illinois (1954-1960). He became a member of the faculty of the University of Wisconsin-Madison in 1960 until his retirement in 1992. During this period he primarily taught structural analysis from entry level through graduate level.

C.K. was a devoted teacher and scholar throughout his career. He was meticulous, very demanding, yet a beloved professor. He was the author or co-author of more than nine book titles in civil engineering as the outgrowth of lectures he prepared for his classes, and was highly respected and widely known within the structural engineering community, nationally, and internationally. Perhaps, he was best known as the author of the textbooks on Reinforced Concrete Design (co-authored with Charles G. Salmon, a former UW-Madison faculty member) and on Statically Indeterminate Structures. Professor Wang was one of the first to realize that his field would be revolutionized by the advent of computers and single-handedly developed computerized analysis procedures long before the use of structural analysis software became common practice. In 1974, he received the College of Engineering's prestigious Benjamin Smith Reynolds Award for excellence in teaching future engineers. C.K. was always grateful for being the beneficiary of the generosity of scholarships and fellowships and mentoring from professors. He established scholarships at the University of Colorado in honor of Dean Clarence Eckel and a Civil Engineering Professorship at the University of Wisconsin-Madison.

C.K. is survived by his son, Herbert (Rosemary) of Madison; daughter, Helen; grandchildren, Michelle (Omar) Baldonado of Palo Alto, Calif., Melissa (Michael) Allan of Madison, Michael Wang of New York City, and Matthew Wang of Los Angeles; great-grandchildren, Evan, Mia, and Noah Baldonado, and Melia and Chloe Allan. He was preceded in death by his first wife, Vera Sun Wang, and his second wife, Norma Li Wang.

Professor Wang was highly respected among civil engineers. To this day, his textbooks are highly regarded and well-known in the area of structural engineering, and continue to bring worldwide recognition to the University of Wisconsin-Madison. C.K. was a kind, generous person, and is greatly missed by all who had the privilege to know him.

FACULTY SENATE
MINUTES
06 February 2017

Chancellor Rebecca Blank called the meeting to order at 3:33 p.m. with 140 voting members present (112 needed for quorum). Memorial resolutions were offered for Professor Emeritus Roberto Sánchez (Faculty Document 2661) and Professor Emeritus Sung-Feng Wen (Faculty Document 2662). Chancellor Blank announced the opening of the Wisconsin Crop Innovation Center and congratulated Engineering students on their achievements in the worldwide SpaceX Hyperloop competition. She also provided updates on applications, graduate assistant stipend rates, the new UW police chief, the Madison-hosted Board of Regents meeting and related showcasing of our campus, budget topics and the proposed Badger Promise for transfer students, immigration issues, background checks, and campus carry. University Committee chair Amy Wendt explained conversations with shared governance leadership at other Big10 institutions aimed at finding ways to collaborate on responding to national issues and invited UW faculty participation and contributions. There were several questions and comments, relating to immigrant students, national politics, background checks, and immigration. The minutes of the meeting of December 5, 2016, were approved as distributed.

Professor Ivy Corfis (Spanish & Portuguese and chair, Committee on Committees) presented the nominations for election to the Committee on Committees and the 2017 annual report of the Committee on Committees (Faculty Document 2663). Chancellor Blank called for nominations from the floor and received none. Professor Leslie Smith (Mathematics and chair, University Curriculum Committee) presented the annual report of the University Curriculum Committee for 2015-2016 (Faculty Document 2664). Professor Dan Klingenberg (Chemical Engineering and chair, University Library Committee) presented the annual report of the University Library Committee (Faculty Document 2665). There were no comments or questions on any of these reports.

Professor Wendt (University Committee, District 120) moved adoption of Faculty Document 2666, which clarifies the roles of the chancellor and provost with regard to faculty transfers, departmental chair selection, committee reports, and actions on probationary appointments, bringing those sections of *Faculty Policies and Procedures (FPP)* into line with campus practice. There was no discussion and the motion passed unanimously by voice vote. Professor Wendt then moved adoption of Faculty Document 2667, which updates *FPP* to conform with current UW System policy on leaves. There was no discussion and the motion passed unanimously by voice vote.

Professor Dan Uhlrich (Neuroscience and chair, ad hoc committee to amend research misconduct policy) moved adoption of a new campus research misconduct policy (Faculty Document 2668a) and related changes to *FPP* to reflect the new policy (Faculty Document 2668b). The motion was seconded. There were two questions, one related to the role of the Committee on Faculty Rights and Responsibilities and the other about evidentiary standards. The motion passed by voice vote.

Professor Wendt presented revisions to the campus post-tenure review policy (Faculty Document 2639, modified) for a first reading. There were several comments, questions, and suggestions, which will be taken into account prior to a vote on the matter at the next Senate meeting.

The meeting was adjourned at 4:51 p.m.

Steven K. Smith
Secretary of the Faculty

Kemper K. Knapp Bequest Committee Annual Report, 2016-2017

I. Committee Function

The Kemper K. Knapp Bequest Committee meets at least once each year to evaluate requests to fund special projects that will take place during the following academic year. The committee favors projects that cross departmental lines and have an impact on the educational and cultural life of the university community, particularly projects that benefit undergraduate students. Knapp funds are not often used for purposes that can and should be supported elsewhere, such as from regular grants or research funding, from fees charged for performances, or from the regular university budget. When considering requests for funds, the committee keeps in mind the spirit of the will of Kemper K. Knapp:

> *"In general it is my wish that such funds be used for purposes outside the regular curriculum of the university. . . to cultivate in the student body ideals of honesty, sincerity, earnestness, tolerance, and social and political obligations."*

II. Activities

As in previous years, the major share of the income from the Knapp Bequest Fund has been allocated to enhance scholarship opportunities at the UW-Madison. Support in this category has been granted toward undergraduate and law scholarships, minority scholarships administered through the Office of the Chancellor, and Graduate School fellowships.

In addition to the ongoing support for scholarships, the committee makes regular allotments to the Lectures Committee and to the Morgridge Center for Public Service. The committee approved eight ongoing commitments in all in 2016-2017.

The committee makes other grants for one-time projects, typically in the range of $500 to $5,000. The committee approved support for sixteen of these projects in 2016-2017.

During the 2016-2017 funding cycle, the committee received 25 total requests and granted funds to 24 programs for projects taking place in 2016-2017. The Kemper K. Knapp Bequest Committee approved grants of $1,306,015 in 2016-2017. Refer to Appendix A for the list of awards.

This year, the committee also took an extra initiative to confirm that awardees reached out to under-served student groups and students in under-funded areas.

III. Summary

In its commitment to the enrichment of the intellectual environment of the university through the use of the Kemper K. Knapp Bequest, the committee strives to encourage increased interest in the development of campus activities that will fulfill the donor's interest in the undergraduate experience.

IV. Membership, 2016-2017

Matthew Bakkom, Arts and Humanities (Art)
Corinna Burger, Biological Sciences (Neurology)
Alberta Gloria, *Chair*, Social Studies (Counseling Psychology)
Tracey Holloway, Physical Sciences (Gaylord Nelson Institute for Environmental Study)
Laurie Mayberry, Office of the Provost

Appendix A

Project/Program Name or Description **Sponsoring Unit**	**2016-2017**
Ongoing Commitments	
Chancellor's Scholarship Program Office of the Provost and Vice Chancellor for Academic Affairs	$75,000
Graduate School University Fellowships The Graduate School	$338,708
Legal Education Opportunity Program Law School	$75,000
Office of Student Financial Aid Scholarships Office of Student Financial Aid	$630,000
Secretary of the Faculty University Lectures Committee	$35,000
Sophomore Summer Research Apprenticeships L&S Honors Program	$13,000
Sophomore Research Fellowship Program Office of the Provost	$30,000
Transportation Options Program Morgridge Center for Public Service	$40,000
One-Time Awards	
Baytunaa African Cultural Studies	$1,000
Campus Food Shed Horticulture / The F.H. King Students for Sustainable Agriculture	$4,859
Community Gatherings Program Luncheons Chican@ & Latin@ Studies Program	$8,000
Concrete Canoe Team Civil and Environmental Engineering	$5,000
Energy Analysis and Policy Program Nelson Institute for Environmental Studies	$720
Engineers Without Borders Guatemala Team Civil and Environmental Engineering	$10,000
Evening of Storytelling American Indian Studies	$5,000
Futoransky Lecture Spanish and Portuguese	$1,000
Garage Physics Physics	$6,000
Human Powered Vehicle Team Mechanical Engineering	$3,675
Insight Wisconsin Civil and Environmental Engineering	$3,500
Kaleidoscope Conference Spanish & Portuguese	$4,200
Minorities in Agriculture, Natural Resources & Related Sciences College of Agricultural and Life Sciences	$1,500
Print and Digital Culture School of Library and Information Studies	$4,900
Steel Bridge Team Civil and Environmental Engineering	$5,000
Village Health Project College of Agriculture and Life Sciences	$4,953

Final Report of the ad hoc Committee on Equitable & Inclusive Health Care
January 31, 2017

This documents represents the final report and recommendations of the ad hoc committee on Equitable & Inclusive Health Care to the University Committee.

Our committee was charged to examine two issues:

- Higher payment tier for 120 prescription medications ("Level 4"), of which 49 (the largest group) are antiretroviral medications used in the treatment of HIV.
- The medical needs of transgender community members at UW-Madison, where employer-sponsored health care plans specifically exclude coverage for care related to gender reassignment, including hormonal, surgical, and counseling treatments.

The letter of appointment detailing the committee's full charge is attached.

Our conclusions are summarized very simply: we advocate nondiscriminatory treatment for those who are treated with HIV and those who are members of the transgender community.

The charge asks whether we see any impact if the health system changes to one of self-insurance or impact with UW Health. Our response is as stated above. Those who are members of either category should be treated similarly to others.

Our report is presented in several sections that support these conclusions:

1. Policy Statement on Equitable & Inclusive Health Care
2. Health Care Coverage and Costs
3. Summary of the medications issue:
   Tier 4 Medications
4. Summary of the transgender community cost issue
   Planning for Health Benefits for Transgender State Employees in Wisconsin
   UW-Madison Transgender Cost Estimates
5. Summary of practice at comparable institutions
   Equitable Health Care Coverage at Big 10 Academic Alliance Universities

Also attached is a bibliography of sources reviewed by the committee.

We acknowledge that General Insurance Board's recent decision to remove exclusions on transgender benefits, with coverage that was to begin on January 1, 2017, may be overturned. We note that removing transgender health benefits is in conflict with our committee recommendations.

Our committee recommends that UW-Madison:

- **advocate strongly that the Wisconsin Employee Trust Fund restore Tier 2 prescription drug coverage for ARV prescription medications**
- **support and advocate for health insurance guidelines that are supportive of the full range of medical needs of transgender individuals**
- **go on record as opposing any attempt to re-introduce the transgender exclusion into State of Wisconsin Group Health Insurance Plans under ETF**

- **support steps to remove all "gender binary" assumptions in insurance payments for medical procedures, and**
- **in the event that the transgender exclusion is returned to the state health insurance under ETF, that the university adopt a plan for supplementing state health insurance with a rider with costs to be shared by all university employees to cover transgender care.**

This report serves as our final task for the Ad Hoc Committee.

Encl: Charge to ad hoc Committee on Equitable & Inclusive Health Care
Report and Recommendations of the ad hoc Committee on Equitable & Inclusive Health Care
Bibliography: Sources consulted by the ad hoc Committee on Equitable & Inclusive Health Care

c: Members of the ad hoc Committee on Equitable & Inclusive Health Care
Alina Boyden, Anthropology
Marguerite Burns, Population Health Sciences Kaelin Grant, Surgery
Laura Gutknecht, Journalism & Mass Communication Tracy Hanke, Environmental Sciences
Sean Hubbard, Social Work
Emma Joy Jampole, Curriculum & Instruction Helen Kinsella, Political Science
Pamela Oliver, Sociology
Marjorie Rosenberg, Risk & Insurance (chair) Dan Ross, Institute for Research on Poverty
Steph Tai, Law School (Committee for GLBTQ People in the University Representative) Michael Bernard-Donals, Office of the Secretary of the Faculty (ex officio)
Lindsey Stoddard Cameron, Office of the Secretary of the Faculty (administrative support)

Aaron Hoskins, Co-Chair, Committee for GLBTQ People in the University
Tehshik Yoon, Co-Chair, Committee for GLBTQ People in the University
Gabe Javier, Director, LGBT Campus Center

Date: November 2, 2016

To: Marguerite Burns, Population Health Sciences Helen Kinsella, Political Science
Pamela Oliver, Sociology
Marjorie Rosenberg, Actuarial Science, Risk Management & Insurance *(chair)*
Steph Tai, Law School *(GLBTQ People in the University Representative)*
Kaelin Grant, Surgery
Dan Ross, Institute for Research on Poverty
Laura Gutknecht, Journalism & Mass Communication Tracy Hanke, Environmental Sciences
Alina Boyden, Anthropology Sean Hubbard, Social Work
Emma Jampole, Curriculum and Instruction

CC: Steven K. Smith, Secretary of the Faculty
Lindsey Stoddard Cameron, Office of the Secretary of the Faculty

From: Amy Wendt, Chair, University Committee

Re: **Ad Hoc Committee on Equitable and Inclusive Health Care**

With this memo, I am formally appointing you to the Ad Hoc Committee on Equitable and Inclusive Health Care. Thank you for your willingness to help address concerns about the availability of equitable and inclusive health care for LGBTQ members of our community. Special thanks to Margie Rosenberg for serving chair. This committee is charged with responding to the specific issues identified below, as well as any related issues identified by the committee, and formulating recommendations to the University Committee, the Academic Staff Executive Committee, the University Staff Executive Committee, Associated Students of Madison, and administrative leadership. The committee is also asked to take into account recently begun discussions about self- insurance, as well as the recent health-care merger. In light of the latter, the committee is encouraged to consider including recommendations to UW Health, as a possible model for health care providers serving the university community.

Therefore, the University Committee is specifically requesting that your committee make recommendations related to the following issues.

- Higher payment tier for 120 prescription medications ("Level 4"), of which 49 (the largest group) are antiretroviral medications used in the treatment of HIV.
- The medical needs of transgender community members at UW–Madison, where employer-sponsored health care plans specifically exclude coverage for care related to gender reassignment, including hormonal, surgical, and counseling treatments.

Many of the policy changes needed to address each of these issues will require action by authorities outside of UW–Madison. In this regard, the effort to establish equitable and inclusive health care for LGBTQ community members will face many of the same impediments as the previous campaign to secure domestic partner benefits for same-sex couples. Thus we believe a similar strategy is appropriate, although the committee is free to develop its own strategic recommendations.

Please submit your report and recommendations **to the University Committee by January 31, 2017**, in care of the Secretary of the Faculty at sof@secfac.wisc.edu. Do not hesitate to contact me or the Secretary of the Faculty if you have any questions. The Office of the Secretary of the Faculty will be in touch soon to schedule your first meeting. Thank you once again for your service.

University of Wisconsin-Madison
ad hoc Committee on Equitable & Inclusive Health Care

Final Report & Recommendations
submitted January 31, 2017

1. Policy Statement on Equitable & Inclusive Health Care

The University of Wisconsin-Madison is dedicated to equitable and inclusive healthcare. As such, the university supports the rights of all faculty, staff, and students to receive health insurance and other health care coverage without discrimination on the basis of race, ethnicity, national origin, sex, religion, age, marital status, sexual orientation, gender identity, immigration status, veteran status, or disability, because an equitable and inclusive environment positively affects the health status of all members of the University of Wisconsin-Madison community, enhances the quality of overall healthcare for members of the University of Wisconsin-Madison community, and sustains the university as a whole in terms of developing stronger intracommunity bonds. Such support means that the university is committed to providing insurance coverage of medical, physical, and mental health services relevant to all members of the University of Wisconsin-Madison community, including services related to age-related health, transgender health, veteran health, and disability, HIV, pregnancy, and pre-existing medical conditions status. As numerous studies have shown, such insurance coverage positively affects actual healthcare outcomes of all of these communities. This priority is consistent with the approach of the University of Wisconsin-Madison to equity and inclusiveness through our Office of Equity and Diversity, our Disability Resource Center, our Veteran Services and Military Assistance Center, and our LGBT Campus Center.

2. Health Care Coverage and Costs

Transgender and HIV+ individuals have previously lacked sufficient coverage within the State of Wisconsin health insurance system. This lack of coverage has—through its inequitable effects on physical, mental, and economic health—meant that these individuals have not been fully included in the University of Wisconsin-Madison community. In contrast, investment into inclusive approaches have been estimated to overall expense reductions overall with respect to risk of negative endpoints--HIV, depression, suicidality, and drug abuse. (W.V. Padula et al., *Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis*, 31(4) J GEN. INTERN. MED. (2016) 394-401; *see also* National Center for Transgender Equality, 2015 U.S. National Transgender Survey (2015) 107 (describing relationships between access to transgender health coverage and mental health). By adopting a more inclusive healthcare statement, the university commits to taking actions—including, but not limited to, providing inclusive and equitable health insurance coverage—to support all members of the university community. Affirming the efficacy, benefit, and medical necessity of providing inclusive and equitable trans health care, the university will undertake to advocate for and implement all necessary procedures ensuring coverage for comprehensive healthcare for transgender and HIV+ individuals without discrimination or prejudice.

3. Summary of the Medications Issue

Tier 4 Medications

Effective January 1, 2013 the Wisconsin Group Insurance Board (GIB), the entity that oversees program requirements for Wisconsin state employee health insurance coverage, increased patient cost sharing for prescription medications that are essential to the treatment of HIV, antiretroviral (ARV) therapy. Antiretroviral (ARV) therapy reduces the morbidity and mortality associated with HIV infection and reduces the risk of HIV transmission. Receipt of guideline-recommended treatment with ARV transforms

HIV-infection from an acute, deadly infection to a manageable, chronic disease.[1] The GIB shifted ARVs from the Tier 2 prescription drug coverage payment category to a new 4th payment tier for coverage of specialty medications. As summarized in Table 1, Wisconsin state employees pay relatively more for Tier 4 than Tier 2 medications in two ways:

- higher copayments per prescription
- exposure to higher annual maximum out-of-pocket costs.

Increased patient cost-sharing for prescription medications decreases use of medications and increases the risk of adverse and costly health consequences due to treatment non-adherence.[2] Indeed, staff recommendations to the GIB regarding the introduction of Tier 4 cost sharing noted that, "higher copays for specialty medications could negatively affect the sickest members of the program."[3]

We recommend that the University of Wisconsin-Madison advocate strongly that Wisconsin Employee Trust Fund restore Tier 2 prescription drug coverage for ARV prescription medications.

Table 1. Prescription drug cost-sharing requirements for Tiers 2 and 4, *It's Your Choice* health plan, 2017 [4]

TIER 4	**Preferred pharmacy**		**Non-preferred pharmacy**
	Preferred Tier 4 drug	Non-preferred Tier 4 drug	Preferred & non-preferred Tier 4 drugs
Copayment per Rx	$50	40% coinsurance ($200 maximum)	40% coinsurance ($200 maximum)
Annual Out-of-Pocket Limit. Only Tier 4 medications accumulate toward this OOP limit.	$1,200 per individual/ $2,400 per family	No OOP Limit	No OOP Limit
TIER 2	**All network pharmacies, All tier 2 drugs**		
Copayment per Rx	20% ($50 maximum)		
Annual Out-of-Pocket Limit. Tiers 1 & 2 medications accumulate toward this OOP limit.	$600 per individual/$1200 per family		

Notes: Preferred Tier 4 drugs are covered drugs on the formulary and include generic drugs as well as some brand name drugs. They are generally lower cost alternatives to brand name drugs or are therapeutically equivalent to brand name drugs. Non-preferred Tier 4 drugs are covered on the formulary and have a therapeutically equivalent or alternative drug that is also covered on the formulary. The preferred pharmacy for Tier 4 drugs is Diplomat Specialty Pharmacy. The pharmacy benefits manager, Navitus Health Solutions, LLC., maintains a very broad network of pharmacies in the country through which Tier 1 and 2 drugs may be obtained for the stated cost-sharing level. All prescription copayments/coinsurance regardless of tier apply to the Federal Affordable Care Act annual combined medical and prescription drug maximum OOP amounts: $6,850 for an individual plan and $13,700 for a family plan.

As of January 1, 2006, the Centers for Medicare and Medicaid Services (CMS) provide prescription benefit coverage through Medicare Part D for all antiretroviral (ARV) therapy medications to treat Human Immunodeficiency Virus (HIV). Although a coverage gap results in high cost-sharing (high out-of-pocket costs) for HIV/AIDS patients, this "doughnut hole" is intended to be gradually phased out by 2020. Until that time, supplemental assistance is available for these patients, primarily through the federally-funded Ryan White AIDS Drug Assistance Program (ADAP).

CMS requires all Part D plans cover antiretroviral therapy because extensive data has shown the cost-effectiveness of antiretroviral therapy in treating HIV/AIDS. The U.S. Department of Health and Human Services provides federally-approved guidelines through the AIDSinfo group.[5] This group is administered through the National Institutes of Health Office of AIDS research. In its "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents", the advisory panel notes that "Antiretroviral therapy (ART) has dramatically reduced HIV-associated morbidity and mortality and has transformed HIV infection into a manageable chronic condition."[6] The panel makes the following two recommendations regarding cost considerations for antiretroviral therapy[7] :

1. Out-of-pocket drug costs should be minimized to increase medication adherence. "Given the clear association between out-of-pocket costs for patients with chronic diseases and the ability of those patients to pay for and adhere to medications, clinicians should minimize patients' out-of-pocket drug-related expenses whenever possible."
2. Barriers to prescribing and obtaining ARVs should be reduced. "Prior authorizations in HIV care specifically have been reported to cost over $40 each in provider personnel time (a hidden cost) and have substantially reduced timely access to medications."

The research literature supports these recommendations. Substantial evidence exists to show that although ARV therapy is expensive, they provide significant benefit to patients including an increase in expected survival by 3.9 years in even the sickest patients.[8, 9] Studies of medications for other chronic diseases have shown that increased cost sharing for prescriptions is clearly associated with worsening clinical outcomes. Goldman, et al. suggested that these adverse effects are likely to be magnified among low-income groups.[10] At least one-quarter of people with HIV get their health care insurance through Medicare. In addition, the majority of Medicare beneficiaries with HIV are dually eligible for Medicare and Medicaid, and receive low-income subsidies under Part D.[11] Further, a meta-analysis of existing data reveals implications for public health costs that are "unambiguous." For chronically ill patients withcertain conditions, higher prescription drug cost sharing is associated with greater use of inpatient and emergency medical services.[12]

In other words, when prescriptions cost more, more people do not take their medications. The consequence is costly, as chronic conditions that could be successfully managed with medication are instead left untreated until they become an emergency, resulting in more visits to emergency rooms and inpatient stays to treat unnecessary complications.

Nationwide, the University of Wisconsin- Madison is out of sync with its peer institutions regarding coverage for HIV/antiretroviral therapies. In an informal survey of Big 10 Academic Alliance (BTAA) universities, Vice Provost Bernard-Donals asked his counterparts working in provost's offices about health insurance coverage for HIV drugs. Among the seven BTAA institutions that responded, HIV and retroviral medications are typically covered in the first or second co-pay tiers rather than the highest tier. Only two of the responding institutions reported that members face the highest co-pay tier when purchasing HIV/antiretroviral prescription medications.

We strongly recommend that the university recognize an ethical duty to provide adequate prescription coverage for the recognized standard-of-care treatment for HIV-infected employees and a fiscal duty to assure the most cost-effective use of medical resources. To meet both ethical and fiscal standards, we recommend that the university advocate strongly that ETF remove the Level 4 designation and separate out-of-pocket maximum for antiretroviral drugs used to treat HIV, reinstating Tier 2 status for these medications and limiting copays to the normal out-of- pocket limit for Tier 2 prescription benefits.

References

1 U.S. Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. July 14, 2016 Update. Accessed December 6, 2016 at https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0/.

2 Goldman D, Joyce G, and Zheng Y. 2007. Prescription drug cost sharing: Associations with medication and medical utilization and spending and health. *Journal of the American Medical Association*. 298(1): 61-69 and E1-E18; Johnston SS, Juday T, Seekens D, Espindle D, Chu BC. 2012. Association between prescription cost sharing and adherence to initial combination antiretroviral therapy in commercially insured antiretroviral-naïve patients with HIV. *Journal of Managed Care Pharmacy*. 18(2):129-145. Luiza VL, Chaves LA, Silva RM, et al. 2015. Pharmaceutical policies: effects of cap and co-payment on rational use of medicines. *Cochrane Database of Systematic Reviews*. Issue 5. No. CD007017.

3 State of Wisconsin Department of Employee Trust Funds. Correspondence Memorandum to the Group Insurance Board. Guidelines and Uniform Benefits for the 2013 Benefit Year. May 3, 2012.

4 State of Wisconsin Department of Employee Trust Funds. 2017 It's Your Choice- State of Wisconsin Group Health Insurance for Employees and Retirees: Pharmacy Benefits for Active Employees. Accessed on 1/2/2017 at http://etf.wi.gov/members/IYC2017/et-2107phae.asp

5 "The Department of Health and Human Services (HHS) Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel) is a working group of the Office of AIDS Research Advisory Council (OARAC). The primary goal of the Panel is to provide HIV care practitioners with recommendations based on current knowledge of antiretroviral drugs (ARV) used to treat adults and adolescents with HIV infection in the United States." AIDSinfo Clinical Guidelines Portal, Introduction to Guidelines. https://aidsinfo.nih.gov/guidelines/html/1/adult-and- adolescent-arv-guidelines/2/introduction. Updated 28 January 2016. Accessed 06 December 2016.

6 ibid

7 AIDSinfo. "Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents: Cost Considerations and Antiretroviral Therapy." https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/459/cost-considerations-and-antiretroviral-therapy. Updated 14 July 2016. Accessed 06 December 2016.

8 Bayoumi, et al. "Cost-Effectiveness of Newer Antiretroviral Drugs in Treatment-Experienced Patients with Multidrug-Resistant HIV Disease". J Acquir Immune Defic Syndr, Vol 64, No. 4. 01 December 2013.

9 K. Freedberg, et al. "The Cost Effectiveness of Combination Antiretroviral Therapy for HIV Disease". NEJM, Vol. 3, No. 11. 15 March 2011.

10 D. Goldman, G. Joyce and Y. Zheng. "Prescription Drug Cost Sharing: Associations with Medication and Medical Utilization and Spending and Health." JAMA, Vol. 298, No. 1. 04 July 2007.

11 Kaiser Family Foundation. "Medicare and HIV." http://kff.org/hivaids/fact-sheet/medicare-and-hiv/ Published 14 October 2016. Accessed 06 December 2016.

12 D. Goldman, G. Joyce and Y. Zheng. "Prescription Drug Cost Sharing: Associations with Medication and Medical Utilization and Spending and Health." JAMA, Vol. 298, No. 1. 04 July 2007

4. Summary of the Transgender Community Cost Issue

Planning for Health Benefits for Transgender State Employees in Wisconsin

In response to the May 2016 publication of federal Health and Human Services final regulations pertaining to Section 1557 of the Affordable Care Act, the Group Insurance Board voted on July 12, 2016 to bring Employee Trust Funds into compliance by removing State of Wisconsin health insurance exclusions for transgender benefits and services, effective January 1, 2017. However, Wisconsin has joined several other states in challenging this federal mandate and there are concerns that the federal mandate may be reversed. On December 30, 2016, the Group Insurance Board reinstated the exclusion of health benefits and services based on gender identity after contingencies are met. Even if these contingencies are not met and the exclusion is not reinstated, the simple removal of a sentence with no other change in the health insurance policy leaves open many matters of interpretation about which medical services will or will not be provided to transgender employees and their dependents.

Our ad hoc committee recommends that the University of Wisconsin-Madison:

- support and advocate for health insurance guidelines that are supportive of the full range of medical needs of transgender individuals
- go on record as opposing any attempt to re-introduce the transgender exclusion into State of Wisconsin Group Health Insurance Plans under ETF
- support steps to remove all "gender binary" assumptions in insurance payments for medical procedures, and
- in the event that the transgender exclusion is returned to state health insurance under ETF, that the university adopt a plan for supplementing state health insurance with a rider with costs to be shared by all university employees to cover transgender care.

There are four reasons for these recommendations. (1) Transition-related care is medically necessary for some people. (2) Excluding transgender people from receiving transition-related care is arbitrary and discriminatory. (3) Intersex people (those who are born with ambiguous sexual organs or who are born with both male and female organs) and people undergoing gender transition may have body parts and medical needs inconsistent with a binary male/female gender listed on their medical records. (4) The marginal cost of providing transition-related care is so low as to be negligible in a large group that is not selected for transgender people. This is because the prevalence of need for transition-related services is low in the general population and because the costs of transition-related services are low compared to other more common medical needs. When the GIB debated the issues earlier in 2016, the board received a report that removing the exclusion would NOT require any increase in premiums.

Transgender people are those whose innate gender identity is different from that typically associated with their assigned sex at birth. Gender dysphoria is a medical term used to describe the discomfort and distress caused for some transgender people by the discrepancy between gender identity and a person's sex assigned at birth. Some transgender people experience gender dysphoria severe enough to meet the criteria for Gender Disorder (GD), formerly known as gender identity disorder. GD is considered a serious medical condition, and individualized medical interventions to facilitate gender transition are often medically necessary to treat this condition.[13] Necessary transition-related may include psychotherapy, hormone therapy, and a variety of possible surgical treatments. While the specific interventions are not unique to transgender people, their use to treat GD is commonly collectively referred to as transition-related or sex reassignment care.

It is difficult to estimate the prevalence of need for transition-related care because the definitions of "transgender" are varying and unclear and because changing social acceptance appears to be affecting

reported prevalence rates. From .3% to .6% of the adult population identifies as transgender, or approximately 700,000 to 1.4 million adults in the U.S. These statistics could also be stated as rates of 300 to 600 individuals per 100,000, roughly comparable to the estimates generated in Olyslager and Conway's 2007 paper[14] which argues that many common estimates of transsexualism are too low. Self-identification has been rising and is somewhat more common among younger adults than older adults.[15, 16] However, only some of these people seek or need medical treatment for transition care. Some people prefer to adjust only their social gender with clothing and behavior and others prefer to present as gender ambiguous or nonbinary. The estimates of the proportion of people with transgender identities who will need or want transition-related care vary greatly. Olyslager and Conway argue that most published estimates are far too low and go so far as to argue that the proportion of male-to-female identified persons who will desire surgical change may approach 100%, while most other studies give far lower estimates of both the prevalence of transsexual identity and the desire for surgery. Most studies find that both female-to-male transgender identity and the proportion of female-to-male (FtM) transgender people who desire surgery is much lower than for male-to-female (MtF), with MtF/FtM ratios ranging from 1.6 to 3.

Some transgender people prefer to leave their bodies unmodified and need only to be non- discriminatory treatment (e.g. authorizing a mammogram or hysterectomy for someone who identifies as male). Treatments for those who do need transition-related care range widely from supportive counseling only to drug therapy to partial relatively inexpensive body modifications (breast removal or augmentation, hysterectomy, orchiectomy) to more extensive body modifications including genital surgery, facial reconstruction, or hair removal.

Studies of the costs of providing transition-related care elsewhere have shown it to be highly cost-effective with minimal charges to the employer.[17] Although insurers have sometimes added modest charges to cover projected additional expenses, the experience to date has been that actual incurred costs are far lower than these projections and are essentially negligible when averaged across large insured populations. The city of San Francisco initially imposed a modest surcharge for transgender care; insurance company surcharges took in $5.3 million in additional revenue 2001-2006 while the actual costs incurred were $386,417 or only 7% of the revenue collected on the basis of initial actuarial estimates. Based on this experience, the city stopped charging separately for transgender care.[18] The University of California (UC) eliminated transgender discrimination in 2005 without charging an additional premium. Claim cost data from the UC health plan with the largest enrollment shows that the maximum claim costs per month per member (PMPM) was $0.20 PMPM, or 0.05 percent of the total premium.[19] There are a variety of possible reasons why the cost of providing transgender services is lower than projected from the incidence rate of transgender identity including: not all transgender individuals want or need surgery; surgery is a once-in-a-lifetime experience and some people have already had surgery; not all transgender people qualify as having a medical necessity for treatment; there may be medical contraindications for treatment.

UW-Madison Transgender Cost Estimates

The following documents two methods to estimate annual costs of providing health care for transgender individuals. The assumptions are based on published estimates when available, but are admittedly potentially out-of-date and have high variability due to the rarity of health coverage and the social stigma of identification.

Both methods provide a minimum and a maximum estimate. The minimum represents the smallest estimate in all categories, while the maximum represents the highest estimate in all categories. Thus the "true" cost would fall somewhere in between.

Method 1 is based on utilization rates and costs as published by the University of California System. Estimates for other studies (San Francisco and a sample of private employers) differed somewhat, but the UC System minimums and maximums were in between the other estimates.

Method 2 uses a bottom up approach to estimate health care costs, starting with estimating the number of transgenders at UW-Madison, the numbers requesting surgery, and the resulting total costs including hormone therapy.

Method 1 shows additions to health costs per subscriber from $0.66 to $5.61, while Method 2 shows additions from $1.28 to $127.50.

As one comparison, annual costs for those with diabetes (diagnosed and undiagnosed) are estimated as $11,000 per person affecting 2,716 subscribers. Thus the annual costs per subscriber are estimated as $1,085 for diabetes care.

A second comparison is for women with breast cancer. Here the annual cost per person on average is estimated as $3544. With approximately 1% of the total population living with breast cancer, the average annual cost per subscriber is $34.57 for breast cancer care.

Method 1: Utilization Rates and Aggregate Costs Assumptions

- Numbers of People
  # Employees = 18,232
  # Subscribers = 29,207
- Annual UW-Madison premiums = $300,000,000
- Utilization Rates per 1,000 subscribers (estimated from University of California System) Minimum = 0.022
  Maximum = 0.187
- Range of Annual Transgender Costs Minimum = $67
  Maximum = $86,800 Average = $29,929

Results

	Minimum	Maximum
Estimated # Annual Transgender Claimants	0.5	5.5
Estimated Annual Transgender Claims	$19,000	$160,000
Claims per Subscriber	$0.66	$5.61
Claims as % of Premium	0.007%	0.056%

Method 2: Utilization Rates by Component Cost Assumptions

- Numbers of People
  # Employees = 18,232
  # Subscribers = 29,207
- Annual UW-Madison premiums = $300,000,000
- Prevalence of transgender identity Minimum = 0.32%
  Maximum = 0.58%

- Range of Annual Transgender-Specific Costs (Hormones, Lab Work + Office Visits) Minimum = $300
  Maximum = $4,400
- # of Transgender surgeries per year Minimum = 1
  Maximum = 6
- Cost per Surgery
  Minimum = $15,000 Maximum = $100,000

Results

	Minimum	Maximum
Estimated # Annual Transgender Claimants	152	176
Estimated Annual Transgender Claims	$43,000	$5,800,000
Claims per Subscriber	$1.47	$198.81
Claims as % of Premium	0.015%	1.98%

References

13 See, e.g., World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People 16 (7th edition, 2011).

14 Femke Olyslager and Lynn Conway, 2007, "On the Calculation of the Prevalence of Transsexualism," Paper presented at the WPATH 20th International Symposium Chicago Illinois, September 5-8, 2007. Submitted for publication in the International Journal of Transgenderism. http://ai.eecs.umich.edu/people/conway/TS/Prevalence/Reports/Prevalence%20of%20Transsexualism.pdf

15 Andrew R. Flores, Jody L. Herman, Gary J. Gates, and Taylor N. T. Brown. "How Many Adults identify as Transgender in the United States?" The Williams Institute. June 2016. http://williamsinstitute.law.ucla.edu/wp- content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf

16 https://tgmentalhealth.com/2010/03/31/the-prevalence-of-transgenderism/ Ami B. Kaplan. https://tgmentalhealth.com/2012/02/13/the-prevalence-of-transgenderism-an-update/ Online review of literature which cites other studies.

17 Jody L. Herman (Williams Institute 2013), Costs and Benefits of Providing Transition-Related Health Care Coverage in Employee Health Benefit Plans: Findings from a Survey of Employers, available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Cost-Benefit-of-Trans-Health-Benefits-Sept- 2013.pdf.

18 "San Francisco City and County Transgender Health Benefit," report of San Francisco Human Rights Commission, 2007. Retrieved from http://www.uclgbtia.org/TransInsuranceCitySF.pdf on 1/17/2015.

19 Department of Insurance, State of California (2012), Economic Impact Assessment: Gender Nondiscrimination in Health Insurance, available at http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact- Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf

5. Summary of Practice at Comparable Institutions

Equitable Health Care Coverage at Big 10 Academic Alliance Universities

In an informal survey of Big 10 Academic Alliance (BTAA) universities, Vice Provost Bernard- Donals asked his counterparts working in provost's offices about the health care coverage for HIV drugs, and about coverage for trans people's health care, including the costs of hormone and surgery related to transition. Seven BTAA institutions responded:

Maryland: formulary does not include HIV drugs in highest co-pay tier; care related to trans people's transitions is covered as per Justice Department ruling on ACA coverage.

Michigan: most HIV/antiretroviral drugs fall into tiers 2 or 3 of the formulary ($20 and $45 copays per month, respectively); transgender surgical procedures are generally covered, though it depends on the network through which one is insured (with a second network requiring referrals and deductibles).

Michigan State: coverage for HIV/antiretrovirals are placed on a formulary and the formulary is created based on decisions made by a pharmacy therapeutics committee; transgender care for transitions will be deemed medically necessary beginning 1 January 2017 as per the Justice Department's ruling on ACA coverage.

Minnesota: HIV/antiretroviral coverage is very similar to UW-Madison's, with some of these drugs in the highest of its three tiers (though that tier requires $75 copay); transition and other trans health care is covered when it is deemed medically necessary, though the medically necessary category will likely expand on 1 January 2017.

Nebraska: HIV drugs are covered, though on a formulary that looks very much like the one used by Wisconsin's insurance board; care for trans people for transitions is not covered.

Ohio State: HIV drugs and antiretrovirals are not excluded or in high-tiers in the formulary (typically requiring a $50 deductible and a 30% coinsurance, $100 scrip maximum); care related to trans people's transitions is covered as medically necessary.

Penn State: Both HIV/antiretroviral drugs and health care related to trans people's transitions are covered as medically necessary. Prior authorizations may be required.

Overall, transgender care is deemed medically necessary and is covered through insurance policies. HIV and retroviral drugs are very often covered in lower tiers than through UW- Madison's plans, though some of our peers include them in higher-tier, higher-deductible ranges as we do.

University of Wisconsin-Madison
ad hoc Committee on Equitable & Inclusive Health Care Bibliography

Appointment of ad hoc Committee on Equitable & Inclusive Health Care

Wendland, Claire, and Hoskins, Aaron (2016, February 23). Letter from the Committee for Gay, Lesbian, Bisexual, Transgender & Queer People in the University to the University Committee, proposing creation of a task force on equitable and inclusive health care.

Wendt, Amy (2016, August 4). Memo re: ad hoc Committee on Equitable & Inclusive Health Care [letter of appointment].

Federal Documents

United States Department of Health & Human Services (2015, November 9 comment period closed). Proposed Rule: Section 1557 of the Affordable Care Act. Nondiscrimination in Health Programs and Activities. Available at https://www.hhs.gov/civil-rights/for- individuals/section-1557/summary/index.html

United States Department of Health & Human Services (2016, May 18). DHHS Final Rule 2016- 11458 (Affordable Care Act). Federal Register 81 (96), Rules and Regulations, pp. 31376- 31473. [Part IV, Department of Health & Human Services, Office of the Secretary, 45 CFR, Part 92. RIN 0945-AA02: Nondiscrimination in Health Programs and Activities. Agency: Office for Civil Rights (OCR), Office of the Secretary, HHS. Action: Final Rule.] Available at https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf

United States Department of Labor Employee Benefits and Security Administration. Glossary of Health Coverage and Medical Terms [OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146]. Available at https://www.dol.gov/sites/default/files/ebsa/laws-and- regulations/laws/affordable-care-act/for-employers-and-advisers/SBCUniformGlossary.pdf

United States District Court for the Northern District of Texas, Wichita Falls Division. Case 7:16- cv-00108-O. Franciscan Alliance, Inc., et al. v. Sylvia Burwell, Secretary of the United States Department of Health and Human Services; and United States Department of Health and Human Services.

Note. State of Wisconsin is among the plaintiffs.

Note. Documents related to the case are available at https://www.aclu.org/cases/franciscan- alliance-v-burwell

Note. Brief of Amici Curiae in opposition to plaintiffs' motion for preliminary injunction available at https://www.aclu.org/sites/default/files/field_document/franciscan_alliance_-_pi_brief.pdf

State of Wisconsin Documents

State of Wisconsin Department of Employee Trust Funds (2016). Group Health Insurance Fact Sheet 2016 [ET-8902 (REV 2/29/2016)]. Available at http://etf.wi.gov/publications/et8902.pdf

State of Wisconsin Department of Employee Trust Funds (2012, September). It's Your Benefit. Note: Level 4 Copayment for Specialty, Other Medications. p. 6.

State of Wisconsin Department of Employee Trust Funds (2016). It's Your Choice 2016 Decision Guide: State of Wisconsin Group Health Insurance for Employees [ET-2106 (9/24/2015)]. Available at http://etf.wi.gov/publications/16et2107.pdf

State of Wisconsin Department of Employee Trust Funds (2016). Overview and Certificate of Coverage. Section 4. Uniform Benefits. Available at http://etf.wi.gov/members/IYC2016/IYC_Cert_of_Cov2107.pdf

State of Wisconsin Department of Employee Trust Funds (2017). It's Your Choice 2017 Decision Guide: State of Wisconsin Group Health Insurance for Employees [ET-2107 (Rev 1/24/2017)]. Available at http://www.etf.wi.gov/publications/17et2107.pdf

Note. What is Changing in 2017: Medical Benefits: There will no longer be an exclusion related to benefits or services based on gender identity.

State of Wisconsin Group Insurance Board Agenda and Notice. Tuesday, May 22, 2012: http://etf.wi.gov/boards/agenda-items-2012/gib20120522/Agenda.pdf

Minutes: http://etf.wi.gov/boards/agenda-items-2012/gib20120828/Item-1.pdf

Note: Item 5A. Guidelines/Uniform Benefits Changes [Tier 4 medications]. Materials available at http://etf.wi.gov/boards/agenda-items-2012/gib20120522/Item-5A.pdf

State of Wisconsin Group Insurance Board Agenda and Notice. Tuesday, August 28, 2012: http://etf.wi.gov/boards/agenda-items-2012/gib20120828/Agenda.pdf

Minutes: http://etf.wi.gov/boards/agenda-items-2012/gib112012/Item1.pdf

Note. Item 3.B.3. 2013 Tier assignments; Item 3.B.5. Uniform Benefits Update. Materials available at http://etf.wi.gov/boards/agenda-items-2012/gib20120828/Item-3b5.pdf

State of Wisconsin Group Insurance Board Agenda and Notice. Thursday, July 12, 2016: http://etf.wi.gov/boards/agenda-items-2016/gib0712/agenda.pdf and

Minutes: http://etf.wi.gov/boards/agenda-items-2016/gib0816/item1b.pdf

Note. Item 3A. Guidelines and Uniform Benefit Changes for 2017 [Trans health benefits]. Materials available at http://etf.wi.gov/boards/agenda-items-2016/gib0712/item3a.pdf

State of Wisconsin Group Insurance Board Agenda and Notice. Tuesday, December 13, 2016: http://etf.wi.gov/boards/agenda-items-2016/gib1213/agenda.pdf

Note: January 18, 2017 meeting cancelled. Minutes not yet available. Members of the ad hoc committee on Equitable & Inclusive Health Benefits listened to an audiotape of open session remarks.

Note. Item 6. Discussion and Consideration of 2017 Uniform Benefits – HHS Nondiscrimination Rule. Materials available at http://etf.wi.gov/boards/agenda-items-2016/gib1213/item6.pdf

State of Wisconsin Group Health Insurance Program Formulary. Specialty Pharmacy Program.

Note: Program effective 1/1/2013.

Employment Data

State of Wisconsin Department of Employee Trust Funds. Comprehensive Financial Report for the year ended December 31, 2014. Available at http://etf.wi.gov/about/2014-cafr.pdf

University of Wisconsin-Madison Academic Planning & Institutional Research. *2015-16 Data Digest.* Headcount of Faculty and Staff by Gender, p. 36. Available at https://apir.wisc.edu/datadigest.htm

University of Wisconsin-Madison Academic Planning & Institutional Research. *Fast Facts*. Available at http://apir.wisc.edu/fastfacts.htm

University of Wisconsin-Madison Office of Human Resources (2016, December 29). Data on the number of UW System and UW-Madison employees enrolled in State of Wisconsin Health Insurance.

University of Wisconsin System Office of Policy Analysis & Research. *14-15 Fact Book: A Reference Guide to University of Wisconsin System Statistics and General Information.* Budgeted Faculty and Staff Positions, 2014-2015, p. 46. Available at https://www.wisconsin.edu/download/publications(2)/Fact-Book.pdf

Antiretroviral Medications

AIDSinfo (2016, January 28 updated). Introduction to Guidelines. Clinical Guidelines Portal. Accessed December 6, 2016 at https://aidsinfo.nih.gov/guidelines/html/1/adult-and- adolescent-arv-guidelines/2/introduction.

AIDSinfo (2016, July 14 updated). Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents: Cost Considerations and Antiretroviral Therapy. Accessed December 6, 2016 at https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv- guidelines/459/cost-considerations-and-antiretroviral-therapy

Bayoumi, et al. (2013, December 1). Cost-effectiveness of newer antiretroviral drugs in treatment-experienced patients with multidrug-resistant HIV disease. Journal of Acquired Immune Deficiency Syndrome 64 (4).

Freedberg, K., et al. (2011, March 15). The cost effectiveness of combination antiretroviral therapy for HIV disease. New England Journal of Medicine 3 (11).

Goldman, D., Joyce, G., and Zheng, Y. (2007). Prescription drug cost sharing: Associations with medication and medical utilization and spending and health. *Journal of the American Medical Association*. 298(1): 61-69 and E1-E18.

Johnston, S.S., Juday, T., Seekens, D., Espindle, D., Chu, B.C. (2012). Association between prescription cost sharing and adherence to initial combination antiretroviral therapy in commercially insured antiretroviral-naïve patients with HIV. *Journal of Managed Care Pharmacy*. 18(2):129-145.

Kaiser Family Foundation (2016, October 14). Medicare and HIV. Accessed December 6, 2016 at http://kff.org/hivaids/fact-sheet/medicare-and-hiv/

Luiza, V.L., Chaves, L.A., Silva, R.M., et al. (2015). Pharmaceutical policies: effects of cap and co-payment on rational use of medicines. *Cochrane Database of Systematic Reviews*. Issue 5. No. CD007017.

State of Wisconsin Department of Employee Trust Funds (2012, May 3). Correspondence Memorandum to the Group Insurance Board. Guidelines and Uniform Benefits for the 2013 Benefit Year.

State of Wisconsin Department of Employee Trust Funds (2017). It's Your Choice- State of Wisconsin Group Health Insurance for Employees and Retirees: Pharmacy Benefits for Active Employees. Accessed January 2, 2017 at http://etf.wi.gov/members/IYC2017/et- 2107phae.asp

U.S. Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents (2016, July 14 Update). Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Accessed December 6, 2016 at https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0/.
Note. The Department of Health and Human Services (HHS) Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel) is a working group of the Office of AIDS Research Advisory Council (OARAC). The primary goal of the Panel is to provide HIV care practitioners with recommendations based on current knowledge of antiretroviral drugs (ARV) used to treat adults and adolescents with HIV infection in the United States.

Prevalence of Transgender Identity

Clayton, Janine Austin, Tannenbaum, Clara (2016, November 8). Viewpoint: Reporting sex, gender, or both in clinical research? Journal of the American Medical Association 316 (18), pp. 1864-1864.

Conway, Lynn (2002, December 17). How Frequently Does Transexualism Occur? Available at http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html

Note: reactions/commentary updated through April 2, 2012.

Conway, Lynn and Winter, Sam (2011). How Many trans* people are there? A 2011 update incorporating new data. Available at https://web.archive.org/web/20141205022609/http://web.hku.hk/~sjwinter/TransgenderASIA/paper-how-many-trans-people-are-there.htm

Note: includes extensive bibliography.

Flores, Andrew R., Herman, Jody L., Gates, Gary J. and Brown, Taylor N.T. (2016, June). How Many Adults Identify as Transgender in the United States? The Williams Institute at the University of California-Los Angeles School of Law. Available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as- Transgender-in-the-United-States.pdf

The GenIUSS Group (2014). *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents in Population-Based Surveys*. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.

Kaplan, Ami B. (2010, March 31). The prevalence of transgenderism. Transgender Mental Health [blog]. Available at https://tgmentalhealth.com/2010/03/31/the-prevalence-of- transgenderism/

Kaplan, Ami B. (2012, February 13). The prevalence of transgenderism – an update. Transgender Mental Health [blog]. Available at https://tgmentalhealth.com/2012/02/13/the-prevalence-of-transgenderism-an-update/

Malloy, Parker Marie (2014, March 13, 9:39 AM EDT): Watch: Debunking the 'surgery is a top priority for trans people' myth. The Advocate. Available at http://www.advocate.com/politics/transgender/2014/03/13/watch-debunking-surgery-top- priority-trans-people-myth

Olyslager, Femke and Lynn Conway (2007). On the calculation of the prevalence of transsexualism. Paper presented at the WPATH 20th International Symposium Chicago Illinois, September 5-8, 2007. Submitted for publication in the International Journal of Transgenderism. Available at http://ai.eecs.umich.edu/people/conway/TS/Prevalence/Reports/Prevalence%20of%20Transsexualism.pdf

Transition-related Healthcare Recognized as Medically Necessary

Adkins, Deanna (2016, May 13). Expert Declaration of Deanna Adkins, MD. in the United States District Court for the Middle District of North Carolina. Joaquín Carcaño et al. v. Patrick McCrory, et al. (No. 1:16-cv-00236-TDS-JEP). Available at https://www.aclu.org/sites/default/files/field_document/AdkinsDecl.pdf

Note. Contains a synthesis of the rationales for the medical necessity of transition-related healthcare services as well as the morbidity associated with restricting such services.

Dirks, D.A. Transition-related care is medically necessary [overview, adapted from Transgender Inclusion STL, http://www.transgenderinclusionstl.com/?page_id=9, and *The Benefits of Equality: A Blueprint for Inclusive Health Care for Transgender Workers*, http://www.basicrights.org/uncategorized/the-benefits-of-equality-toolkit/

Lambda Legal (2012, June 8). Professional Organization Statements Supporting Transgender People in Health Care. Available at https://www.lambdalegal.org/sites/default/files/publications/downloads/fs_professional- org-statements-supporting-trans-health_1.pdf

Note: Includes statements from the following professional groups: American Medical Association, American Psychological Association, American Academy of Family Physicians, National Association of Social Workers, WPATH, National Commission on Correctional Health Care, American Public Health Association, and the American College of Obstetricians and Gynecologists.

Links to Statements (where available):

American Medical Association (2016). Resolution: Removing Financial Barriers to Care for Transgender Patients H-185.950. Available at https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2FHOD.xml-0-1128.xml

American Psychological Association (2008, August 17). APA resolves to play lead role in improving treatment for gender-variant people. Available at http://www.apa.org/news/press/releases/2008/08/gender-variant.aspx

Note: Press release for APA Policy on Transgender, Gender Identity & Gender Expression Non-Discrimination.

American Public Health Association (1999, January 1). The Need for Acknowledging Transgendered Individuals within Research and Clinical Practice. Available at http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy- database/2014/07/29/09/18/the-need-for-acknowledging-transgendered-individuals- within-research-and-clinical-practice

World Professional Association for Transgender Health (2008). Clarification on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.

World Professional Association for Transgender Health (2016, December 21): Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A. Available at https://s3.amazonaws.com/amo_hub_content/Association140/files/WPATH-Position-on- Medical-Necessity-12-21-2016.pdf

American Academy of Family Physicians (2007). Resolution: Transgender Care. American Academy of Family Physicians (2012). Reference Committee on Advocacy

Resolution 1004: Transgender Care. Available at

http://www.aafp.org/dam/AAFP/documents/about_us/special_constituencies/2012RCAR_Advocacy.pdf

National Association of Social Workers (2008). Committee on Lesbian, Gay, Bisexual, and Transgender Issues, NASW, Position Statement, Transgender and Gender Identity Issues. Available at http://www.socialworkers.org/da/da2008/finalvoting/documents/Transgender%202nd%20round%20-%20Clean.pdf

American College of Obstetricians and Gynecologists (2011, December). Committee Opinion No. 512: Health Care for Transgender Individuals. Available at http://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co512.pdf?dmc=1

National Commission on Correctional Health Care (2015, April updated). Transgender, Transsexual, and Gender Nonconforming Health Care in Correctional Settings.

Available at http://www.ncchc.org/transgender-transsexual-and-gender- nonconforming-health-care

World Professional Association for Transgender Health (2016, December 21). Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the

U.S.A. http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1352&pk_association_webpage=3947

World Professional Association for Transgender Health (2017). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Version 7. Available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351

Section I. Purpose and Use of the Standards of Care. pp. 1-2.

Section V. Overview of Therapeutic Approaches for Gender Dysphoria. pp. 8-9.

Insurance Coverage for Transgender Benefits and Services

Harrison, Aubrey, shatz, tash ( ). The Benefits of Equality: A Blueprint for Inclusive Health Care for Transgender Workers. Second Edition. Basic Rights Education Fund. Available at www.basicrights.org/resources/

Herman, Jody L. (Williams Institute 2013). Costs and Benefits of Providing Transition-Related Health Care Coverage in Employee Health Benefit Plans: Findings from a Survey of Employers. Available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman- Cost-Benefit-of-Trans-Health-Benefits-Sept-2013.pdf

Human Rights Campaign. Transgender-Inclusive Benefits: Medical Treatment Cost and Utilization. http://www.hrc.org/resources/transgender-inclusive-benefits-medical- treatment-cost-and-utilization (contents developed/revised as part of the Human Rights Campaign Foundation's Transgender-Inclusive Health Insurance Research Initiative, a 2009- 2010 collaboration between Samir Luther of HRCF and André Wilson and Jamison Green of Jamison Green & Associates)

Note: Primary source is City of San Francisco study.

San Francisco Human Rights Commission (2007). Report: San Francisco City and County Transgender Health Benefit. Available at http://www.uclgbtia.org/TransInsuranceCitySF.pdf on 1/17/2015

State of California Department of Insurance (2012). Economic Impact Assessment: Gender Nondiscrimination in Health Insurance. Available at http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In- Health-Insurance.pdf

Costs of FtM and MtF Transition

Costhelper.com. Sex Reassignment Surgery Cost. http://health.costhelper.com/sex- reassignment-surgery.html

The Transgender Center (Philadelphia Center for Transgender Surgery): thetransgendercenter.com

Note: Site provides estimated costs for Male to Female (MtF) and Female to Male (FtM) procedures:
http://www.thetransgendercenter.com/index.php/femaletomale1/ftm-price-list.html
http://www.thetransgendercenter.com/index.php/maletofemale1/mtf-price-list.html

Comparisons: Prevalence and Treatment Costs for Other Conditions

Appendicitis

Addiss, D.G., Shaffer, N., Fowler, B.S., Tauxe, R.V. (1990, November). The epidemiology of appendicitis and appendectomy in the United States. American Journal of Epidemiology 132(5): 910-925. Available at https://www.ncbi.nlm.nih.gov/pubmed/2239906

Costhelper.com. Appendectomy Cost. http://health.costhelper.com/appendicitis.html RightDiagnosis from healthgrades (2015, August 13). Prevalence and Incidence of Acute Appendicitis. Available at http://www.rightdiagnosis.com/a/acute_appendicitis/prevalence.htm

Breast Cancer

Breastcancer.org. U.S. Breast Cancer Statistics (2017, January 10): http://www.breastcancer.org/symptoms/understand_bc/statistics

NIH National Cancer Institute. Surveillance, Epidemiology, and End Results Program. Cancer Stat Facts: Female Breast Cancer. https://seer.cancer.gov/statfacts/html/breast.html

Costhelper.com. Mastectomy Cost. http://health.costhelper.com/mastectomy.html

Diabetes

American Diabetes Association (2013, April). Economic costs of diabetes in the U.S. in 2012. Diabetes Care 2013 April 36(4): 1033-1046. Available at http://care.diabetesjournals.org/content/early/2013/03/05/dc12-2625

American Diabetes Association (2017). The Cost of Diabetes. Available at http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html

American Diabetes Association (2017). Statistics About Diabetes: Overall Numbers, Diabetes, and Prediabetes. http://www.diabetes.org/diabetes-basics/statistics/

Costhelper.com. Diabetes Medication Cost. http://health.costhelper.com/diabetes-medication.html

Joint Replacement

Costhelper.com. Knee Replacement Cost http://health.costhelper.com/knee-replacement.html
Costhelper.com. Hip Replacement Cost http://health.costhelper.com/hip-replacement.html Kremers, Hilal Maradit, Larson, Dirk R., Crowson, Cynthia S., Kremers, Walter K., Washington, Raynard E., Steiner, Claudia A., Jiranek, William A., Berry, Daniel J. (2015, September 2). Prevalence of Total Knee and Total Hip Replacement in the United States. Journal of Bone & Joint Surgery 2015 97 (17): 1386-1397. Available at http://jbjs.org/content/97/17/1386

Members of the ad hoc Committee for Equitable and Inclusive Health Care also had access to documents reviewed during research conducted by Professor and Chair Pam Oliver (Sociology) and Ph.D. Candidate Alex Hanna in 2014. Materials available upon request.

Committee on Committees Annual Report for 2017:
Nominations for Faculty-Elected Committees

The Committee on Committees offers the following nominations for four faculty-elected committees for terms beginning in 2017-2018. Any member of the faculty may make additional nominations from the floor at the senate meeting on 6 February 2017. The election will be April 3-16.

Commission on Faculty Compensation and Economic Benefits (*FPP* 6.34.)
Represents the faculty in salary and economic benefits issues in discussions, hearings, and other appropriate settings. Three faculty members are to be elected to serve 3-year terms. No more than three members shall be from a single faculty division, and at least two members must be non-tenured at the time of their election.

CFCEB Benefits **candidates**: (vote for up to 3)

- Oguz Alagoz, ENG/Industrial Engineering/Physical Sciences Division
- Randolph Ashton, (non-tenured) ENG/Biomedical Engineering/Physical Sciences Division
- Randall Goldsmith, (non-tenured), L&S/Chemistry/Physical Sciences Division
- Wan-ju Li, SMPH/Orthopedic & Rehabilitation/Biological Sciences Division
- Eric Sandgren, VET/Pathobiological Sciences/Biological Sciences Division
- Jessica Weeks, L&S/Political Science/Social Studies Division

CFCEB **continuing members** by division (term ends/department):

Arts and Humanities (1):	Daniel Grabois (non-tenured) (2018/Music)
Biological Sciences (2):	Bruce Thomadsen (2019/Medical Physics)
	Aparna Lakkaraju (2018/Opthalmology & Visual Sciences)
Physical Sciences (1):	Amir Assadi (2019/Mathematics)
Social Studies (2):	Jason Yackee (2019/Law)
	Asli Gocmen (2018/Urban & Regional Planning)

Committee on Faculty Rights and Responsibilities (*FPP* 6.38.)
Serves as the appeal body for faculty nonrenewal decisions and functions in accordance with rules of the board of regents and of the faculty in cases of recommendation for discipline and dismissal of faculty members. Three faculty members are to be elected to serve 3-year terms. At least one and no more than three members shall be from a single faculty division.

CFRR **candidates**: (vote for up to 3)

- J. Michael Collins, SoHE/Consumer Science/ Arts & Humanities Division (re-election)
- Susan Lederer, SMPH/Medical History/Arts & Humanities Division (re-election)
- Mary Halloran, L&S/Zoology/Biological Sciences Division
- Jeff Linderoth, ENG/Industrial Engineering/Physical Sciences Division
- Howard Schweber, L&S/Political Science/Social Studies Division (re-election)
- Adam Nelson, EDU/Educational Policy Studies/Social Studies Division

CFRR **continuing members** by division (term ends/department):

Arts and Humanities (1):	Steven Nadler (2019/Philosophy)
Biological Sciences (2):	Corinna Burger (2018/Neurology)
	Irwin Goldman (2018/Horticulture)
Physical Sciences (2):	Gloria Mari-Beffa (2019/Mathematics)
	Jennie Reed (2018/Chemical & Biological Engineering)
Social Studies (1):	Pilar Ossario (2019/Law)

(continued)

University Library Committee (*FPP* 6.46.)
Serves as the faculty advisory body for policy and planning for libraries throughout the university, including the General Library System. Two faculty members are to be elected to serve 4-year terms. The committee shall have eight faculty members with two from each division.

ULC **candidates**: (vote for up to 1 in each division)
Physical Sciences Division
- Bilge Mutlu, L&S/Computer Science
- Alessandro Senes, CALS/Biochemistry

Social Studies Division:
- Leema Berland, EDU/Curriculum & Instruction
- Lisa Bratzke, NUR/Nursing

ULC **continuing members** by division (term ends/department):

Arts and Humanities (2):	Sabine Gross (2019/German)
	Sarah Thal (2020/History)
Biological Sciences (2):	Cecile Ane (2018/Botany)
	Eneida Mendonca (2018/Biostatistics & Medical Informatics)
Physical Sciences (1):	Yang Bai (2019/Physics)
Social Studies (1):	Catherine Arnott Smith (2018/Library & Information Studies)

University Committee (*FPP* 6.54.)
Serves as the executive committee of the Faculty Senate, represents the faculty in major policy matters, and serves as the faculty's grievance committee except for matters within the jurisdiction of the Committee on Faculty Rights and Responsibilities. Two faculty members are to be elected to serve 3-year terms. No more than three members shall be from a single school or college, and at least one member shall be from each faculty division.

UC Candidates: (vote for up to 2)
- Parmesh Ramanathan, ENG/Electrical & Computer/Physical Sciences
- Brad Singer, L&S/Geoscience/Physical Sciences
- Steve Ventura, CALS/Soil Science/Physical Sciences
- Terry Warfield, BUS/Business/Social Studies

UC **continuing members** by division and school (term ends/department):

Arts and Humanities; L&S	Anja Wanner (2018/English)
Biological Sciences; L&S	Ruth Litovsky (2018/Comm Sci & Disorders)
Biological Sciences; CALS	Rick Amasino (2019/Biochemistry)
Physical Sciences	--
Social Studies: Nursing	Barbara Bowers (2019)

2016-2017 Committee on Committees

Ivy Corfis, Spanish & Portuguese (chair)
Barbara Bowers, University Committee rep
Judith Burstyn, Chemistry
Naomi Chesler, Industrial Engineering
Dorothy Edwards, Kinesiology
Ron Gangnon, Population Health Sciences
Michael Gould, Oncology
Ruth Litovsky, University Committee rep
Laura McClure, Classics
Morton Gernsbacher, Psychology

Proposal to add to *Faculty Policies and Procedures* Chapter 6:
Health Care Advisory Committee

6.60. Health Care Advisory Committee

A. Membership:

1. Four faculty members appointed for three-year terms.

2. Two academic staff members appointed for three-year terms.

3. Two university staff members appointed for three-year terms

4. Seven students appointed for one-year terms.

5. Six ex officio members from University Health Services (or their designees):
    a. UHS Communications Manager
    b. UHS Director of Administrative Services
    c. UHS Director of Medical Services
    d. UHS Co-Director of Mental Health Services
    e. UHS Director of Environmental & Occupational Health
    f. UHS Executive Director

B. Functions:

1. To promote and enhance health and community on campus;
2. act as a liaison between students and other members of the university community to identify and address the health care needs of the student population;
3. act as an advisory resource to University Health Services and other members of the university community who are involved in producing and disseminating resources that promote healthy people, families and communities.

Proposal to Change the Name of the Social Studies Division to the Social Sciences Division

To reflect current usage at UW-Madison and at the overwhelming majority of other universities, the Social Studies Division will be renamed the Social Sciences Division. The University Committee endorses this name change and the subsequent updates *to Faculty Policies and Procedures* listed below.

The faculty divisions as we know them were first proposed by the University Committee in March 1942 in response to UW President Dykstra's suggestion to reorganize a faculty that had grown in size and complexity. The UC's report on this issue referred to the problem of giving coherence to undergraduate education and to the need to provide coordination in curriculum to avoid duplicating courses and subjects in different colleges. The UC report offers no specific explanation for why the division was called "Social Studies" and not "Social Sciences," but there are hints in the assignment of departments and schools to the four divisions. The range of departments embraced by Social Studies, including Law, Commerce, Economics, Psychology, Geography, and Sociology and Anthropology, suggests the inclusion of disciplines that would not have necessarily seen themselves as sciences at that time. Even more illuminating was the inclusion of two other departments, History and Philosophy, in the Social Studies division. In fact, those two departments were the only ones designated for two divisions, also being assigned to Humanities (changed to Arts and Humanities in 2000). The inclusion of Philosophy in Social Studies is mystifying, and must not have lasted very long beyond 1942. On the other hand, History's inclusion is more easily comprehended, and perhaps offers a hint to the choice of the division's name. During the mid-20th century the discipline of history was embroiled in a dispute over methodological issues that were partially political in nature. UW's History Department was right in the middle of this dispute, which involved the reorientation of the discipline away from its traditional focus on great leaders and the rise and fall of states and empires, and toward social history. The argument over the methods and functions of the new social history, which in part was an argument over how "scientific" the methods of historical scholarship should be, ran right through the History department.

4.01. ESTABLISHMENT OF DIVISIONS.

A. There shall be four faculty divisions:

1. Biological Sciences.
2. Arts and Humanities.
3. Physical Sciences.
4. Social ~~Studies~~ Sciences.

6.32. COMMITTEE ON COMMITTEES.

A. MEMBERSHIP. The Committee on Committees shall consist of the following members:

1. Ten members: four elected by the Faculty Senate from the current membership of the senate (one from each faculty division); two appointed by and from the University Committee; and one member from each faculty division appointed by the respective divisional executive committees.
2. The members elected by the Faculty Senate shall serve four-year terms which may extend beyond their terms in the senate.
3. The members from the University Committee shall serve one-year terms and may be reappointed.
4. The members appointed by the divisional executive committees shall serve four-year terms. Members from the Arts and Humanities, Biological Sciences, Physical Sciences, and Social ~~Studies~~ Sciences Divisions shall be appointed in sequential years. Appointments for the following year shall be submitted by February 1.

Faculty Policies and Procedures
Chapter 7.17. (Post-Tenure Review policy)

A. PURPOSE

The purposes of the review of tenured faculty are:

a. to recognize outstanding achievement;
b. to provide opportunities for mentoring and professional development;
c. to help identify and remedy, from a developmental point of view, any deficiencies in teaching, service, outreach/extension, and research/scholarly productivity.

The process of post-tenure review is the periodic assessment of each faculty member's activities and performance, in accordance with the mission of the department, college, and institution, and the responsibilities of the faculty as described in FPP 8.02. The review is to be appropriately linked to the merit process, and should not involve the creation of unnecessary additional bureaucracy. Review of tenured faculty builds on and complements other aspects of the tenure process in order to develop faculty capacity and strengthen and promote the public benefits of tenure. Post-tenure review is not a reevaluation of tenure and is not undertaken for the purposes of discipline or dismissal. Faculty shall be subject to discipline or dismissal only for just cause (see FPP 9). Departments, schools, and colleges may not use post-tenure reviews as the basis for budgetary decisions or for decisions regarding program discontinuance, curtailment, modification, or redirection.

B. CRITERIA

1. The basic standard for review shall be whether the faculty member under review discharges conscientiously and with professional competence the duties appropriately associated with the faculty member's position.
2. Each department shall develop criteria to measure progress in teaching, service, outreach/extension, and research/scholarly productivity as appropriate to the field and consistent with FPP 8.02. Each department shall develop criteria to measure progress in scholarly productivity as appropriate to the field. The criteria for review shall be periodically reviewed by the executive committee of each department and the school or college APC.
3. The criteria for review should reflect the overall mission of the department, be sufficiently flexible to accommodate faculty with differing responsibilities, and recognize that careers and levels of productivity may change over time. In developing such criteria, departments may draw on statements used in other faculty review procedures, such as merit or promotion review. Special care should be taken to ensure that the scholarly productivity of jointly appointed and interdisciplinary faculty is appropriately evaluated.
4. The executive committee of each department shall ensure that the criteria governing faculty review do not infringe on the accepted standards of academic freedom of faculty, including the freedom to pursue novel, unpopular, or unfashionable lines of inquiry or innovative methods of teaching, and recognize that scholarly projects take varying amounts of time to come to fruition. Nothing in the criteria or application of these policies shall allow the review to be

prejudiced by factors proscribed by applicable state or federal law, such as race, religion, sex, sexual orientation, ethnicity, age, and handicap.

5. For the purposes of this chapter, the following definitions shall apply:
   a. A review resulting in an indication of "exceptionally good" performance shall constitute a rating of "exceeds expectations" for the purposes of Regent Policy Document (RPD) 20-9 sec. 9.b.
   b. A review indicating "substantial deficiencies" in performance shall constitute a rating of "does not meet expectations" for the purposes of RPD 20-9 sec. 9.b.
   c. All other review results under this chapter shall constitute a rating of "meets expectations" for the purposes of RPD 20-9 sec. 9.a. Discharging conscientiously and with professional competence the duties appropriately associated with the faculty member's position shall serve as the standard for "expected level of accomplishment" as described in the RPD.
   d. For schools and colleges that are not officially divided into departments, all references to "department" or "chair" in this policy shall be understood to refer to the equivalent unit and its corresponding chair or equivalent.
   e. An initial review indicating substantial deficiencies shall not constitute a disciplinary action under FPP 9.

C. PROCEDURES

1. Reviews shall occur at least once every five years. These reviews may incorporate ~~include~~ the annual merit review process and may encompass ~~or be combined with~~ promotion, retention, salary, or other reviews, including but not limited to nominations for named chairs and professorships, major teaching awards, and national professional honors or awards. In the case of combined reviews, the department may require supplementary documentation from the faculty member, which meets the criteria below, that would not otherwise be required for the other review. The review may be deferred, by approval of the Provost, for unusual circumstances such as when it may coincide with an approved leave, significant life event, promotion review, or other appointment, and the Provost may then determine a new review schedule. Each review, as determined by each department's executive committee, shall be carried out by two or more tenured faculty members, who may be drawn from outside the department. Upon notification of the reviewers selected by the committee, if the faculty member under review formally objects to a reviewer, the chair, in consultation with the relevant dean, shall identify other appropriate reviewers. Such formal objections should be kept confidential. In the case of a faculty member with appointments in more than one department, the department chairs of the affected departments shall agree in writing on procedures for the conduct of the review.
2. Review procedures shall include:
   a. A review of qualitative and quantitative evidence of the faculty member's performance over at least the previous five-year period. The evidence should include a current curriculum vitae, annual activity reports, teaching, and student evaluations or summaries of evaluations, and other materials providing evidence of the faculty member's accomplishments and contributions that the department or the faculty member feel are relevant to the review. The faculty member should provide the reviewers with a brief summary of career plans for the future. Letters from outside the university would not ordinarily be a part of the review process. The faculty member under review, however, may submit appropriate letters if she or he so chooses. The reviewers shall examine materials to the degree needed to accomplish the purposes of this review.

b. Discussion with the faculty member about his or her contributions to the profession, the department, and the university if either the reviewers or the faculty member so desire.
c. Appropriate consideration of a faculty member's contributions outside the department to interdisciplinary and other programs, governance, and administration.
d. Other steps the reviewers consider useful in making a fair and informed judgment, including but not limited to consultation with individuals who have knowledge of the faculty member's work.

3. The reviewers shall provide the faculty member with a written summary of the review ~~by the end of the academic year~~. The faculty member shall have the right to prepare a written response to the summary within 30 days after receipt.
4. A copy of the summary and any written response to it shall be given to the department chair and shall be placed in the personnel file of the faculty member. A copy shall also be provided to the appropriate dean for sufficiency review~~, and to the provost, and chancellor or designee~~. The department shall also preserve in the faculty member's personnel file all documents that played a substantive role in the review (other than documents such as publications that are readily accessible elsewhere), and a record of any action taken as a result of the review. The summary and outcome of the review shall remain confidential, that is, confined to the appropriate departmental, college, or university persons or bodies and the faculty member being evaluated, released otherwise only at the discretion, or with the explicit consent of, the faculty member, or as otherwise required by business necessity or law.
5. Every effort should be made to offer tangible recognition to those faculty identified as exceptionally good, including but not limited to, nomination for university, national, and international awards and relevant merit and other benefits.
6. Following the initial departmental review and faculty member's response, if any, the dean shall conduct a sufficiency review. In the event that the dean considers that the review was insufficient, he/she shall provide the reasons to the executive committee in writing why the review was insufficient within 14 days of receiving the departmental report. The executive committee may provide a response addressing the dean's concerns about the sufficiency of the review within 14 days. The dean will then make a recommendation to the provost on whether or not the faculty member "meets expectations."
   a. If neither the departmental review nor the dean's review indicate substantial deficiencies, the post-tenure review process is concluded.
   b. If both the departmental review and the dean's review indicate substantial deficiencies, the remediation process described in [8.b.] shall commence immediately.
   c. In the event the dean's ~~a~~ review indicates substantial deficiencies not identified in the departmental review, the dean must provide written reasons within 14 days to the faculty member for the recommendation and the faculty member may provide a written response to the dean within 14 days. This statement can include new documentation on the faculty member's accomplishments. Within 5 days of the end of the faculty member's written response deadline, the dean will forward their review and the departmental review, along with any written response statements from the faculty member, to the provost.
   d. In the event the departmental review indicates substantial deficiencies but the dean dissents, the dean will forward their recommendation, along with the departmental review and any written response statement from the faculty member, to the provost.
7. If the post-tenure review is not concluded at the dean's level per 6.a. or 6.b. above, upon receipt of the dean's recommendation, the provost will perform their own review, including consultation with the divisional committee review council (DCRC), which also will be provided with the executive committee recommendation, the dean's recommendation, and

any faculty responses. The provost shall request advice from the DCRC within 5 days of receiving the dean's recommendation and the council will provide their advice within 30 days of receiving the request from the provost. ~~there may be a review by the appropriate dean followed by a review by the chancellor or designee. The faculty member may submit a written statement as part of either review. As part of the dean's review, the faculty member may request a second review (peer review), following the above procedures except that the dean shall assume the role of the chair.~~

a. Review by the provost ~~chancellor or designee~~, or review by the dean which is not submitted for the provost's ~~chancellor's~~ review, shall be the final review.
b. If after the reviews the substantial deficiencies are confirmed by the provost ~~dean, chancellor or designee~~, support from institutional resources for professional development shall be proffered. The department chair and the faculty member shall develop a written plan for mentoring and professional development to address all issues identified in the review, in consultation, with the appropriate dean(s), who shall resolve any disagreements as to the creation of the remediation plan. This plan shall be the product of mutual negotiation and discussion between the faculty member and the chair and/or dean(s), shall respect academic freedom and professional self-direction, and shall be flexible enough to allow for subsequent alteration. Such a plan could include review and adjustment of the faculty member's responsibilities, development of a new research program or teaching strategy, referral to campus resources, assignment of a mentoring committee, institution of mandatory annual reviews for a specified period, written performance expectations, and/or other elements. The faculty member shall have the right to provide a written response regarding the manner in which any written development plan is formulated, the plan's content, and any resulting evaluation. This plan shall be completed no later than 30 days after the provost has informed the faculty member of the decision. The faculty member shall have three academic semesters to fully satisfy all of the elements of the remediation plan. If the remediation plan includes performance deficiencies in research, an extension of one academic semester may be granted by the ~~provost.~~ chancellor.

8. The process for determination of the successful completion of the remediation is as follows.
   a. The faculty member will submit documentation of their activities that address issues identified in the remediation plan to the faculty member's executive committee. This documentation will include any information that the faculty member deems relevant and can be provided at any time during the remediation period, but must be provided no later than 4 weeks before the end of the remediation plan period.
   b. Within 30 days of receipt, the executive committee will review the materials submitted, and will make a determination as to whether all the elements of the remediation plan have been satisfied. The executive committee will then submit the faculty member's documentation along with their determination to the dean.
   c. ~~At the conclusion of the remediation period, the~~ The dean shall review the faculty member's performance and determine, in consultation with the faculty ~~member's~~member, their department chair, and the chancellor, whether the remediation plan and criteria have been satisfied or whether further action to address the substantial deficiencies must be taken.
   d. If the dean determines that the faculty member has not satisfied all the elements of the remediation plan, then within 14 days the decision and written reasons for this decision shall be provided to the faculty member and to the provost. Within 14 days of receiving the notification from the dean, the faculty member can submit to the provost an additional written statement addressing the decisions made by the executive committee

and the dean.

e. Consistent with the provisions of RPD 20-9 sec. 12.c.ii., in the event that ~~a~~ the review conducted ~~subsequent to the implementation of the remediation plan~~ per 9.c. reveals continuing and persistent problems with a faculty member's performance that do not lend themselves to improvement by the end of the remediation period ~~after several efforts~~, and that call into question the faculty member's ability to function in that position, then other possibilities, such as a mutually agreeable reassignment to other duties or separation, should be explored. If these are not practicable, or no other solution acceptable to the parties can be found, then the University Committee must appoint an ad hoc committee of faculty to review proposed sanctions consistent with FPP.

9. The standard for discipline or dismissal remains that of just cause as outlined in FPP 9.02. and 9.03. The fact of successive negative reviews does not diminish the obligation of the institution to show such cause in a separate forum, following the procedures outlined in FPP.9. Records from post-tenure review may be relied upon and are admissible, but rebuttable as to accuracy. The administration bears the ultimate burden of proof on the issue of just cause for discipline and dismissal.
10. The faculty member retains all protections guaranteed in FPP, including, but not limited to, the rights to appeal and the right to appeal disciplinary action to the Committee on Faculty Rights and Responsibilities as described in FPP 9.07.

D. ACCOUNTABILITY

1. Copies of the departmental criteria and procedures for reviews of tenured faculty (including procedures to be used for individual tenured faculty with shared appointments in several departments) shall be filed with the appropriate chairs, deans, the provost, and the secretary of the faculty.
2. At the ~~beginning~~ end of each academic year, the chair shall identify faculty to be reviewed by the end of ~~that~~ the following academic year and the executive committee shall establish a calendar for reviews and provide notice to the identified faculty consistent with RPD 20-9 sec. 5. Department chairs shall coordinate with their deans to schedule all initial departmental reviews to be conducted during the fall semester, ensuring that all reviews and responses are completed and reported to the dean no later than March 1.
3. Departments shall maintain a record of reviews completed, including the names of all reviewers.
4. At the end of each academic year, department chairs shall send a report to the appropriate dean(s) listing the names of faculty members reviewed during that academic year and summarizing the outcomes of those reviews.
5. If a department fails to conduct requisite reviews by the end of the academic year, the dean shall appoint reviewers to conduct reviews based on the department's specified criteria.
6. The periodic review of each department, in which the department's mission, personnel, and development are now evaluated, shall include review of the process for review of tenured faculty in the department.
7. Pursuant to RPD 20-9 sec. 16, reviews and remediation plans are not subject to grievance processes. Faculty retain all protections and rights to grievances and appeals provided elsewhere in these chapters, including but not limited to FPP chapters 8 and 9, unrelated to post-tenure review.

No mark-up

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B. CRITERIA

1. The basic standard for review shall be whether the faculty member under review discharges conscientiously and with professional competence the duties appropriately associated with the faculty member's position.
2. Each department shall develop criteria to measure progress in teaching, service, outreach/extension, and research/scholarly productivity as appropriate to the field and consistent with FPP 8.02. Each department shall develop criteria to measure progress in scholarly productivity as appropriate to the field. The criteria for review shall be periodically reviewed by the executive committee of each department and the school or college APC.
3. The criteria for review should reflect the overall mission of the department, be sufficiently flexible to accommodate faculty with differing responsibilities, and recognize that careers and levels of productivity may change over time. In developing such criteria, departments may draw on statements used in other faculty review procedures, such as merit or promotion review. Special care should be taken to ensure that the scholarly productivity of jointly appointed and interdisciplinary faculty is appropriately evaluated.
4. The executive committee of each department shall ensure that the criteria governing faculty review do not infringe on the accepted standards of academic freedom of faculty, including the freedom to pursue novel, unpopular, or unfashionable lines of inquiry or innovative methods of teaching, and recognize that scholarly projects take varying amounts of time to come to fruition. Nothing in the criteria or application of these policies shall allow the review to be prejudiced by factors proscribed by applicable state or federal law, such as race, religion, sex, sexual orientation, ethnicity, age, and handicap.
5. For the purposes of this chapter, the following definitions shall apply:
    a. A review resulting in an indication of "exceptionally good" performance shall

constitute a rating of "exceeds expectations" for the purposes of Regent Policy Document (RPD) 20-9 sec. 9.b.

b. A review indicating "substantial deficiencies" in performance shall constitute a rating of "does not meet expectations" for the purposes of RPD 20-9 sec. 9.b.
c. All other review results under this chapter shall constitute a rating of "meets expectations" for the purposes of RPD 20-9 sec. 9.a. Discharging conscientiously and with professional competence the duties appropriately associated with the faculty member's position shall serve as the standard for "expected level of accomplishment" as described in the RPD.
d. For schools and colleges that are not officially divided into departments, all references to "department" or "chair" in this policy shall be understood to refer to the equivalent unit and its corresponding chair or equivalent.
e. An initial review indicating substantial deficiencies shall not constitute a disciplinary action under FPP 9.

C. PROCEDURES

1. Reviews shall occur at least once every five years. These reviews may incorporate the annual merit review process and may encompass promotion, retention, salary, or other reviews, including but not limited to nominations for named chairs and professorships, major teaching awards, and national professional honors or awards. In the case of combined reviews, the department may require supplementary documentation from the faculty member, which meets the criteria below, that would not otherwise be required for the other review. The review may be deferred, by approval of the Provost, for unusual circumstances such as when it may coincide with an approved leave, significant life event, promotion review, or other appointment, and the Provost may then determine a new review schedule. Each review, as determined by each department's executive committee, shall be carried out by two or more tenured faculty members, who may be drawn from outside the department. Upon notification of the reviewers selected by the committee, if the faculty member under review formally objects to a reviewer, the chair, in consultation with the relevant dean, shall identify other appropriate reviewers. Such formal objections should be kept confidential. In the case of a faculty member with appointments in more than one department, the department chairs of the affected departments shall agree in writing on procedures for the conduct of the review.
2. Review procedures shall include:
    a. A review of qualitative and quantitative evidence of the faculty member's performance over at least the previous five-year period. The evidence should include a current curriculum vitae, annual activity reports, teaching, and student evaluations or summaries of evaluations, and other materials providing evidence of the faculty member's accomplishments and contributions that the department or the faculty member feel are relevant to the review. The faculty member should provide the reviewers with a brief summary of career plans for the future. Letters from outside the university would not ordinarily be a part of the review process. The faculty member under review, however, may submit appropriate letters if she or he so chooses. The reviewers shall examine materials to the degree needed to accomplish the purposes of this review.
    b. Discussion with the faculty member about his or her contributions to the profession, the department, and the university if either the reviewers or the faculty member so desire.
    c. Appropriate consideration of a faculty member's contributions outside the department to interdisciplinary and other programs, governance, and administration.

   d. Other steps the reviewers consider useful in making a fair and informed judgment, including but not limited to consultation with individuals who have knowledge of the faculty member's work.
3. The reviewers shall provide the faculty member with a written summary of the review. The faculty member shall have the right to prepare a written response to the summary within 30 days after receipt.
4. A copy of the summary and any written response to it shall be given to the department chair and shall be placed in the personnel file of the faculty member. A copy shall also be provided to the appropriate dean for sufficiency review. The department shall also preserve in the faculty member's personnel file all documents that played a substantive role in the review (other than documents such as publications that are readily accessible elsewhere), and a record of any action taken as a result of the review. The summary and outcome of the review shall remain confidential, that is, confined to the appropriate departmental, college, or university persons or bodies and the faculty member being evaluated, released otherwise only at the discretion, or with the explicit consent of, the faculty member, or as otherwise required by business necessity or law.
5. Every effort should be made to offer tangible recognition to those faculty identified as exceptionally good, including but not limited to, nomination for university, national, and international awards and relevant merit and other benefits.
6. Following the initial departmental review and faculty member's response, if any, the dean shall conduct a sufficiency review. In the event that the dean considers that the review was insufficient, he/she shall provide the reasons to the executive committee in writing why the review was insufficient within 14 days of receiving the departmental report. The executive committee may provide a response addressing the dean's concerns about the sufficiency of the review within 14 days. The dean will then make a recommendation to the provost on whether or not the faculty member "meets expectations."
   a. If neither the departmental review nor the dean's review indicate substantial deficiencies, the post-tenure review process is concluded.
   b. If both the departmental review and the dean's review indicate substantial deficiencies, the remediation process described in [8.b.] shall commence immediately.
   c. In the event the dean's ~~a~~ review indicates substantial deficiencies not identified in the departmental review, the dean must provide written reasons within 14 days to the faculty member for the recommendation and the faculty member may provide a written response to the dean within 14 days. This statement can include new documentation on the faculty member's accomplishments. Within 5 days of the end of the faculty member's written response deadline, the dean will forward their review and the departmental review, along with any written response statements from the faculty member, to the provost.
   d. In the event the departmental review indicates substantial deficiencies but the dean dissents, the dean will forward their recommendation, along with the departmental review and any written response statement from the faculty member, to the provost.
7. If the post-tenure review is not concluded at the dean's level per 6.a. or 6.b. above, upon receipt of the dean's recommendation, the provost will perform their own review, including consultation with the divisional committee review council (DCRC), which also will be provided with the executive committee recommendation, the dean's recommendation, and any faculty responses. The provost shall request advice from the DCRC within 5 days of receiving the dean's recommendation and the council will provide their advice within 30 days of receiving the request from the provost.
   a. Review by the provost, or review by the dean which is not submitted for the provost's review, shall be the final review.

b. If after the reviews the substantial deficiencies are confirmed by the provost, support from institutional resources for professional development shall be proffered. The department chair and the faculty member shall develop a written plan for mentoring and professional development to address all issues identified in the review, in consultation, with the appropriate dean(s), who shall resolve any disagreements as to the creation of the remediation plan. This plan shall be the product of mutual negotiation and discussion between the faculty member and the chair and/or dean(s), shall respect academic freedom and professional self-direction, and shall be flexible enough to allow for subsequent alteration. Such a plan could include review and adjustment of the faculty member's responsibilities, development of a new research program or teaching strategy, referral to campus resources, assignment of a mentoring committee, institution of mandatory annual reviews for a specified period, written performance expectations, and/or other elements. The faculty member shall have the right to provide a written response regarding the manner in which any written development plan is formulated, the plan's content, and any resulting evaluation. This plan shall be completed no later than 30 days after the provost has informed the faculty member of the decision. The faculty member shall have three academic semesters to fully satisfy all of the elements of the remediation plan. If the remediation plan includes performance deficiencies in research, an extension of one academic semester may be granted by the chancellor.

8. The process for determination of the successful completion of the remediation is as follows.
   a. The faculty member will submit documentation of their activities that address issues identified in the remediation plan to the faculty member's executive committee. This documentation will include any information that the faculty member deems relevant and can be provided at any time during the remediation period, but must be provided no later than 4 weeks before the end of the remediation plan period.
   b. Within 30 days of receipt, the executive committee will review the materials submitted, and will make a determination as to whether all the elements of the remediation plan have been satisfied. The executive committee will then submit the faculty member's documentation along with their determination to the dean.
   c. The dean shall review the faculty member's performance and determine, in consultation with the faculty member, their department chair, and the chancellor, whether the remediation plan and criteria have been satisfied or whether further action to address the substantial deficiencies must be taken.
   d. If the dean determines that the faculty member has not satisfied all the elements of the remediation plan, then within 14 days the decision and written reasons for this decision shall be provided to the faculty member and to the provost. Within 14 days of receiving the notification from the dean, the faculty member can submit to the provost an additional written statement addressing the decisions made by the executive committee and the dean.
   e. Consistent with the provisions of RPD 20-9 sec. 12.c.ii., in the event that ~~a~~ the review conducted per 9.c. reveals continuing and persistent problems with a faculty member's performance that do not lend themselves to improvement by the end of the remediation period , and that call into question the faculty member's ability to function in that position, then other possibilities, such as a mutually agreeable reassignment to other duties or separation, should be explored. If these are not practicable, or no other solution acceptable to the parties can be found, then the University Committee must appoint an ad hoc committee of faculty to review proposed sanctions consistent with FPP.

9. The standard for discipline or dismissal remains that of just cause as outlined in FPP 9.02. and 9.03. The fact of successive negative reviews does not diminish the obligation of the institution to show such cause in a separate forum, following the procedures outlined in FPP.9. Records from post-tenure review may be relied upon and are admissible, but rebuttable as to accuracy. The administration bears the ultimate burden of proof on the issue of just cause for discipline and dismissal.
10. The faculty member retains all protections guaranteed in FPP, including, but not limited to, the rights to appeal and the right to appeal disciplinary action to the Committee on Faculty Rights and Responsibilities as described in FPP 9.07.

D. ACCOUNTABILITY

1. Copies of the departmental criteria and procedures for reviews of tenured faculty (including procedures to be used for individual tenured faculty with shared appointments in several departments) shall be filed with the appropriate chairs, deans, the provost, and the secretary of the faculty.
2. At the end of each academic year, the chair shall identify faculty to be reviewed by the end of the following academic year and the executive committee shall establish a calendar for reviews and provide notice to the identified faculty consistent with RPD 20-9 sec. 5. Department chairs shall coordinate with their deans to schedule all initial departmental reviews to be conducted during the fall semester, ensuring that all reviews and responses are completed and reported to the dean no later than March 1.
3. Departments shall maintain a record of reviews completed, including the names of all reviewers.
4. At the end of each academic year, department chairs shall send a report to the appropriate dean(s) listing the names of faculty members reviewed during that academic year and summarizing the outcomes of those reviews.
5. If a department fails to conduct requisite reviews by the end of the academic year, the dean shall appoint reviewers to conduct reviews based on the department’s specified criteria.
6. The periodic review of each department, in which the department's mission, personnel, and development are now evaluated, shall include review of the process for review of tenured faculty in the department.
7. Pursuant to RPD 20-9 sec. 16, reviews and remediation plans are not subject to grievance processes. Faculty retain all protections and rights to grievances and appeals provided elsewhere in these chapters, including but not limited to FPP chapters 8 and 9, unrelated to post-tenure review.