

# Access to health care for students in higher education and apprenticeship programs

Report to the Legislature

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Engrossed Second Substitute Bill 5693  
Chapter 297, Laws of 2022



**Forecasting and Research Division**  
Office of Financial Management  
April 2024

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# Executive summary

## What this report is about

The Legislature directed the Office of Financial Management (OFM) to study student access to health care at Washington colleges and universities and in apprenticeship programs (ESSB 5693<sup>1</sup> or Chapter 297, Laws of 2022).

This report summarizes how OFM gathered the data for this study, reviews and discusses what the data revealed, recommends how to study and improve student health, and discusses data limitations.

## What we recommend

OFM recommends the following actions for campuses and apprenticeship programs:

- Create processes to collect data to help determine and monitor students' physical and behavioral health care needs, and report those needs to various stakeholders
- Develop minimum standards for students' health insurance coverage and their access to health care services
- Prioritize actions to help students access behavioral and physical health care services, which include telehealth services and after-hours care
- Promote broader adoption of health equity strategies already in use on some campuses, such as health insurance requirements for international students
- Create minimum health care coverage standards for apprenticeship programs

## What we found

OFM surveyed college campuses and apprenticeship programs for information on health care resources and needs. We focused our data gathering and analysis on four subjects:

- Health insurance
- Behavioral health care<sup>2</sup>
- Physical health care
- Health equity

These four areas encompass the topics that the Legislature asked OFM to investigate. Health and health care are key elements of student success. Good health provides an important foundation for academic and professional achievement that may not be as obvious as other factors.

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<sup>1</sup> <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf>

<sup>2</sup> Behavioral health is sometimes labeled mental health or mental and behavioral health.

## Here's what we found:

- **Health insurance.** Most post-secondary campuses and apprenticeship programs do not collect information on which students have health insurance or how they get it if they do. Some campuses offer health insurance to some students, but most students are not covered under those policies. Many apprentices are employed by the firm that offers the apprenticeship and have health insurance through their employment or through the training program.
- **Behavioral health.** Campuses and apprenticeship programs emphasize behavioral health, providing both connections to resources and direct care.
- **Physical health.** Few campuses, and very few apprenticeship programs, offer onsite physical health care. Some campuses require students to pay a health care fee that may be used to fund health services, and some help students find off-campus care.
- **Health equity.** Some two-year campuses and most four-year campuses have investigated issues related to health equity and how those issues affect students.

**Common issues for behavioral and physical health.** Where on-campus care is available, campuses collect basic demographic information on students who seek care. Campuses may not necessarily ask about more fundamental information that influences health, such as food insecurity or housing instability. However, most campuses investigate barriers that students confront when seeking health care. Most also report efforts to coordinate and collaborate with off-campus care providers and resources.

## College survey results: What we found and recommend

Washington has six four-year public institutions of higher education and 34 community and technical colleges. Some institutions submitted separate responses to the survey for multiple campuses or locations. Eleven four-year campuses responded, reporting on an estimated total undergraduate population of almost 100,000 students. Thirty-six community and technical campuses participated, reporting on just under 120,000 students.

### Health care and health insurance findings

Health insurance is a key element for improving student health and success. Few campuses (two-year, 11%; four-year, 30%) collect information on whether students have health insurance. The low percentages mean many campuses don't have baseline information on students' health care resources. Some may be covered through a parent or guardian, but no campus reported having that information. A substantial number of campuses require that at least some students have health

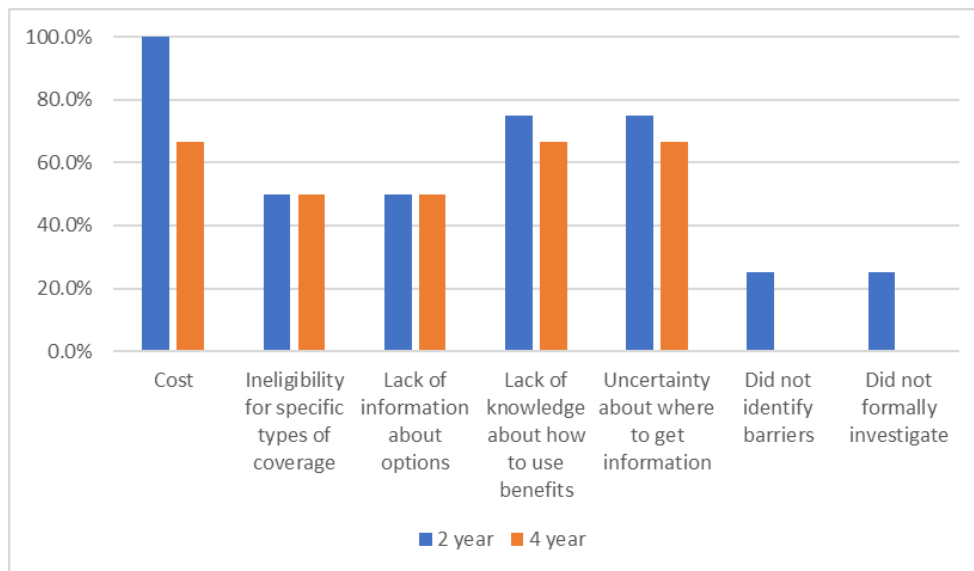
insurance (two-year, 73%; four-year, 40%). This typically includes student athletes, international students, students studying abroad, and students in specific academic programs (e.g., nursing).

Some campuses offer health insurance to students. This is more common at four-year (70%) than two-year (38%) campuses. Some of these policies are restricted to students who the campus requires to have health insurance, or to academic student employees and students seeking a degree or transfer. Other policies are more widely available. Overall, 7% of two-year campuses and 43% of four-year campuses offer insurance to all undergraduate students. When a campus offers insurance, coverage is usually effective when classes are in session and also when they are not (two-year, 79%; four-year, 86%).

Some campuses (two-year, 11%; four-year, 60%) have investigated barriers students face when they seek insurance. Their findings (see Figure 1; data in Figure 1 also appear in Appendix D, table 1) include:

- Cost (the most common barrier)
- Ineligibility for specific types of coverage
- Lack of information about options or knowledge about how to use their benefits
- Uncertainty about where to get information

*Figure 1. Why students say they don't get health insurance*



## Recommendation No. 1

Create processes to collect data to help determine and monitor students' physical and behavioral health care needs, and report those needs to various stakeholders.

The survey allowed college and university administrators to report what they hear from students, but comments directly from students would be more helpful. **Individual information is the biggest gap in the data presented here** and having it would offer the most meaningful way to shed light on student needs. **We recommend campuses pursue multiple ways to collect data from students.** These approaches could include surveys, focus groups, and questions submitted by the college. Where possible, campuses should tailor their efforts to gain information on specific topics, such as gynecological health.

A first step to improving student health is knowing how many students have health insurance. Most colleges do not track this information, and enrollment changes would require frequent updates. To collect the data, campuses could ask students about insurance during registration for each term. While many students are likely covered under family insurance policies, educating them on how to use insurance benefits would empower them to take a greater role in their health.

Investigating barriers that students face in getting insurance would be useful. Four-year campuses are more likely to report such investigations, perhaps because they have greater resources.

More generally, campuses should ask students what health care needs are not being met, and what resources would be beneficial. It is important to learn how many students interrupt their education or cut it short because of medical issues or the cost of medical care. Gaining that information could be challenging, though, because current *and* former students would need to participate.

Many campuses collect demographic information on students who access on-campus behavioral or physical health care. However, campuses often miss opportunities through the information they do not collect. For example, campuses often don't ask directly about financial and housing stability, food insecurity<sup>3</sup>, health behaviors, or whether students pose a risk to themselves or others. Those categories obviously affect behavioral health, but also influence physical health. A student's physical health could be directly influenced through food insecurity, or indirectly if housing instability or financial challenges make it difficult to maintain good health. These factors have an important effect on student success through their impact on health. We can find some of this information at the state and county level through the Washington Student Achievement Council (WSAC) Basic Needs

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<sup>3</sup> Defined as a lack of consistent access to enough food for an active, healthy life.

Survey.<sup>4</sup> However, additional data could create a more holistic understanding of student health care and help campuses target resources on the greatest student needs.

## Recommendation No. 2

Develop minimum standards for health insurance coverage and access to health care services for students.

Students often say a challenge to promoting health is lack of knowledge on multiple topics. These include how to obtain health care insurance, how to use benefits, and where to get information. Most four-year campuses offer some insurance, but it is not generally available to all students. Students at two-year colleges are less likely to get coverage on campus although they may face distinctive challenges that complicate reaching their educational goals. These include being a returning or non-traditional student or having substantial family obligations or other responsibilities. We find it encouraging, however, that policies usually remain in effect when classes are not in session — at least, on campuses that offer health insurance.

The proviso that directed OFM to prepare the present analysis also established pilot programs at two two-year and two four-year colleges “to help students . . . connect with health care coverage.”<sup>5</sup> The two-year program is led by the State Board for Community and Technical Colleges (SBCTC) and the program at four-year colleges by WSAC, in cooperation with the State Council of Presidents (COP).<sup>6</sup> The reports these groups prepare will provide further insights on how campuses can improve student health care and access to insurance.

Colleges should develop standards for students to access a minimum level of health care and insurance. Such standards could vary based on the setting. However, they should create a comprehensive plan for statewide goals to support student learning and success by improving health care.

State law authorizes governing boards of higher education institutions to make health care and health insurance available to students and others (RCW 28B.10.660).<sup>7</sup> Offering insurance through the campus — even if the campus merely publicizes it and does not administer plans — would be a simple way for students to build health coverage into their budget and education plans. Campuses could investigate insurance carriers and policies that would be suitable for student needs. If that is not practical, campuses could study resources students use to connect with insurance and expand

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<sup>4</sup> <https://wsac.wa.gov/sites/default/files/2023.BasicNeedsReport.pdf>

<sup>5</sup> [https://lawfilesexxt.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL\\_.pdf](https://lawfilesexxt.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL_.pdf). The program at two-year campuses is described in Section 602 (49), page 692 line 8 through line 37 on the same page; the program at four-year campuses is described in Section 609 (15), page 748 line 35 through page 749 line 17.

<sup>6</sup> The State Council of Presidents is the association of Washington’s six public four-year colleges and universities.

<sup>7</sup> <https://app.leg.wa.gov/rcw/default.aspx?cite=28B.10.660>



these to reach more students. The resources would not necessarily have to be housed at individual campuses if students could access the information easily.

### Recommendation No. 3 (Part 1): Behavioral Health

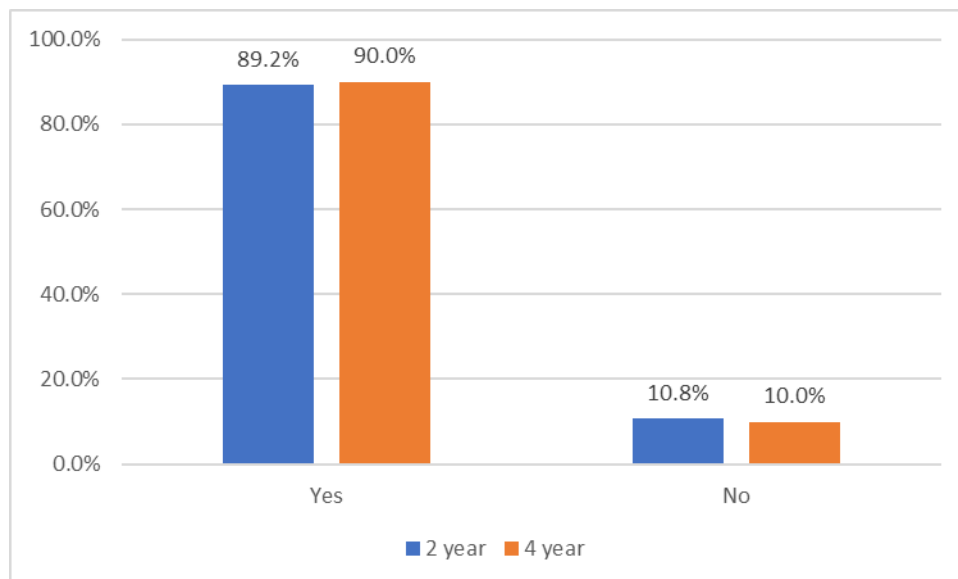
Prioritize actions to help students access behavioral and physical health care services including telehealth services and after-hours care.

For this survey, behavioral health included:

- Emotional, psychological, and social well-being
- Connections between behaviors and health
- Treatment for depression, rehabilitation, substance abuse, and marriage and family counseling
- Counseling services for needs other than academic progress or career preparation

Most campuses (two-year, 92%; four-year, 100%) offer resources to connect students with behavioral health care. The data show students can access behavioral health services on campus (two-year, 89%; four-year, 90%; see Figure 2; data in Figure 2 also appear in Appendix D, table 2). Care is offered through in-person and telehealth visits, or through a contracted service; no campus reported that these services are available only through telehealth.

*Figure 2. Are behavioral health services available on campus?*



Many campuses (two-year, 36%; four-year, 100%) collect demographic information on students who use behavioral health services. The information commonly includes race and ethnicity; age; sex; gender identity; and full- or part-time status. Less commonly collected is information on health behaviors, financial or housing stability, food insecurity, and whether students pose a risk to themselves or others.

On-campus behavioral health services are generally offered during normal business hours on weekdays (two-year, 97%; four-year, 75%). Three two-year campuses offer services evenings or overnight, but no four-year campuses do. Services are not usually available on weekends or holidays. On-campus staff generally do refer students to off-campus providers for behavioral health care that isn't available on campus (two-year, 97%; four-year, 100%). However, off-campus providers can't refer students to on-campus care (two-year, 33%; four-year, 67%) as frequently.

Most campuses investigated barriers for students who want to access on-campus behavioral health care (two-year, 64%; four-year, 100%). Common barriers include:

- Students want or need more comprehensive care than is available on campus
- They are not aware of on-campus care
- They are not able to access care in a timely manner
- They are not available for appointments during hours when care is offered

Other challenges include demand greater than available staff, stigma associated with seeking behavioral health care, and student populations that are more varied and diverse than counseling staff. Most campuses have sought to address these barriers (two-year, 81%; four-year, 89%) using strategies such as education, seeking additional funding, offering financial assistance, hiring additional and more diverse staff, and exploring multiple avenues to inform students about resources.

Campuses also use multiple methods to help students get behavioral health care not offered on campus (two-year, 88%; four-year, 100%). These include:

- Information about care available in the community
- Information about health insurance enrollment and benefits
- Referrals to off-campus providers and help making appointments
- Contracting with external organizations to provide care

Other efforts include coordinating with off-campus providers to provide students with continuous care and identifying needed resources and low-cost care options.

### **Colleges have demonstrated a strong commitment to providing behavioral health care.**

Almost all campuses offer behavioral health services, as well as resources to connect students to care. This is important and encouraging, reflecting an understanding of behavioral health's pivotal

role in student life. Connections for behavioral health are even more important than on-campus care, because not all students can use on-campus care. Both two-year and four-year campuses have investigated barriers to accessing care.

Data about access to behavioral health care provide further evidence that this care is a priority: many campuses offer in-person appointments, and few say that care is *only* available through telehealth. Care is generally available during normal business hours on weekdays, but much less so after hours or on weekends or holidays. This is less encouraging, particularly since some challenges could become crucial when student term routines change and students have more time to focus on problems. Colleges could study ways for students to connect with care during those off times, and work to publicize those opportunities. Campuses could include that information in a comprehensive online resource. The introduction of the 988-telephone service can also expand campuses' reach. Since 988 is relatively new, campuses will want to educate students about the service, consider what they learn about how students use it, and review its limits.

Almost all on-campus providers can refer students off campus when they need behavioral health care. It is less clear why fewer campuses accept referrals in the other direction — from off-campus to on-campus providers. When students have uncomplicated access to on-campus care, they may not need referrals from other providers. Strong coordination between off-campus and on-campus care would especially benefit students with existing conditions who need continuing treatment to avoid interrupting their educational plans. Beyond helping students get needed care, off-campus referrals to on-campus care would also build relationships between campuses and providers in local communities.

Many campuses report collaborating with off-campus service providers. The varied examples suggest the campuses are creatively addressing student needs. These include informing students how to:

- Find available care
- Enroll in health insurance
- Access insurance benefits
- Make contacts, referrals, and appointments with external providers
- Arrange for off-campus care at reduced cost

These varied efforts provide groundwork for students to get information on care and to get care when they need it. Some of the initiatives are complex, so it is understandable they may be uncommon. All campuses would likely benefit from sharing their ideas and experiences.

Further efforts include campuses investigating barriers to on-campus behavioral health care and efforts to address those barriers. Campuses recognize the need to not just provide services but learn more about the context for accessing care. Specific campus initiatives show the need for more information and more connections to care, as well as offering students flexibility in appointment

times and how quickly students can be seen. Other barriers relate to the challenges of providing care and fostering productive relationships between staff and students.

**The stigma sometimes associated with behavioral health care is a key difference between behavioral health and physical health.** This barrier represents a challenge beyond the campus setting and shows that external forces influence efforts to improve care. It is encouraging that many campuses have tried to address the impact of stigma, using a range of tactics such as multiple avenues of education (for employees as well as students), outreach, and partnerships to increase awareness of resources and needs. Research can inform best practices for campuses to adopt. When campus staff more frequently mention behavioral health to students, it can make the term feel less exceptional, especially if they discuss the topic with students in conjunction with discussions about physical health.

### Recommendation No. 3 (Part 2): Physical Health

Prioritize actions to help students access behavioral and physical health care services, which include telehealth services and after-hours care.

The survey defines physical health care to include:

- Any services provided by a health care professional, or by any individual working under the supervision of a health care professional, that relate to the condition of a person's body, with specific reference to:
  - The diagnosis, prevention, or treatment of any human disease or impairment; or
  - The assessment or care of the health of human beings
- Services provided at face-to-face encounters and through telehealth visits
- Immunization and pharmacy services

Some campuses (two-year, 8%; four-year, 50%) provide on-campus physical health care; all those campuses offer some in-person care. Most campuses that offer on-campus care collect demographic information on students who seek care. Categories of information collected resemble those for students receiving behavioral health care: race and ethnicity, age, sex, gender identity, and full- or part-time status. No campus reported collecting information on housing stability or food insecurity. All campuses with onsite care offer care on weekdays, usually during normal business hours. Two campuses offer some care on weekends or holidays. Two campuses reported care is available when student athletes are training or competing, but there was no other mention of after hours care. One campus previously offered limited care on Saturdays but discontinued the service because of costs and low use.

Students pay a health care fee as part of enrollment requirements at three of the four-year campuses. Those fees fund physical health and counseling services, as well as educational programs. Students

may have to pay for on-campus care if they are uninsured, or if insurance or health care fees do not cover their cost of care. Students may also be required to pay for some categories of service.

Categories of care available on campus vary but may include:

- Primary care
- Same-day, walk-in, and urgent care
- Gynecological care
- Specialty care
- Sports medicine

Some campuses allow referrals to on-campus care from off-campus providers (two-year, 0%; four-year, 80%). Students may be referred to off-campus providers for services not available on campus (two-year, 60%; four-year, 36%); these often include specialty care.

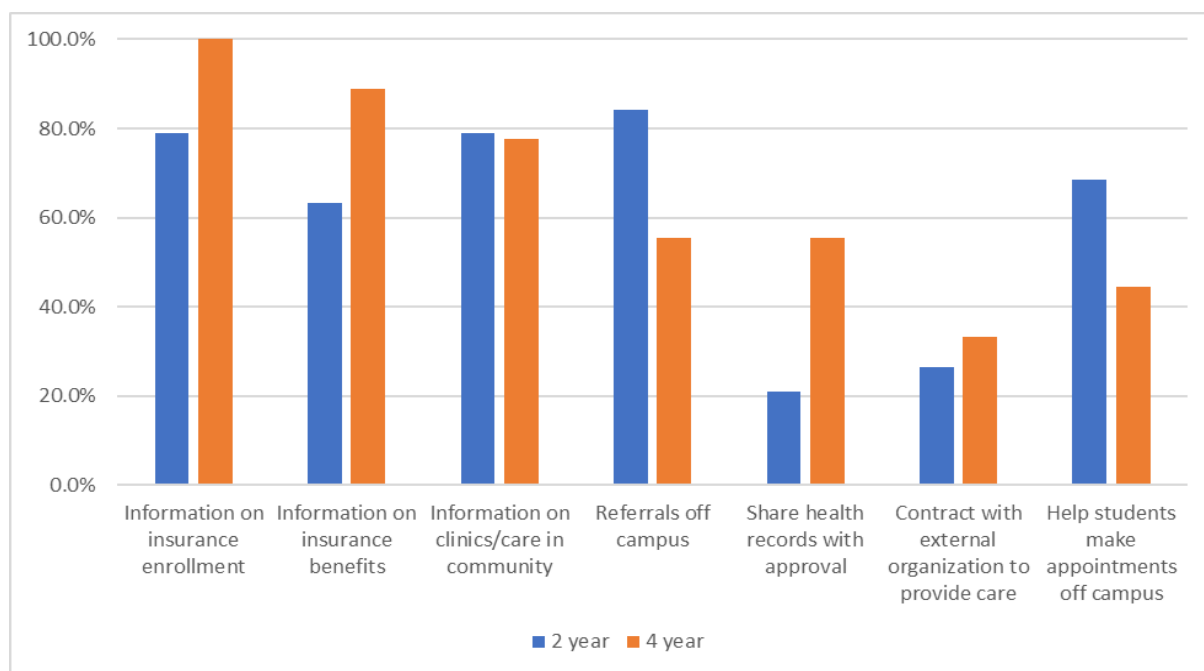
All four-year campuses that provide physical health care described barriers that students face when they seek on-campus care. Barriers here resemble those reported for behavioral health care, such as:

- Students are not aware of on-campus care
- They are not available for appointments when care is offered
- They need more comprehensive care than is available on campus
- They can't access care in a timely manner
- They can't afford care

The majority (80%) of campuses that identified barriers offer help to students in need. Assistance for these students includes outreach through social media and other marketing, insurance navigators, a student advisory board, pop-up vaccination clinics, and financial assistance.

More generally, campuses help students access physical health care not available on campus (two-year, 51%; four-year, 90%). Students receive information on insurance enrollment and benefits, and on clinics and care available in the community (see Figure 3; data in Figure 3 also appear in Appendix D, table 3). Campuses also provide referrals and help make appointments off campus, share health records with student approval, and contract with external organizations to provide care. A few campuses (two-year, 5%; four-year, 30%) have agreements that allow students to receive off-campus care at a discounted rate.

Figure 3. Ways students can access off-campus physical health care



Campuses further collaborate with off-campus providers by coordinating continuous care, publicizing available providers and facilities to students, and recruiting providers to meet with students on campus. Some campuses provide medical support specifically for student athletes. One campus has arranged for students to receive care at another location of the same college; another offers care through its dental hygiene program.

**Physical health care is not typically available on college campuses.** At two-year campuses, this lack of health care is likely related to limited resources. More information on how on-campus care could fit into campus planning could illustrate other productive approaches to care. Campuses that do offer on-campus care always offer in-person appointments.

Where on-campus physical care is available, it is offered on at least some weekdays. However, at some times only telehealth appointments are available. On-campus care is generally not available on weekends or holidays; this is perhaps less a concern than behavioral health care being unavailable at those times since other options (such as urgent care or hospital emergency departments) would often be available for physical care needs.

Students pay a health care fee at most four-year campuses that offer on-campus physical health care. No two-year campus has such a fee. Since these fees are often used to fund on-campus care, more campuses might benefit from exploring such a fee, which could have positive or negative effects. A fee could yield funds to provide additional services or could affect student enrollment by adding to the total cost of attendance. Campuses could use fees to fund health services other than a traditional

health center. Further research should investigate how fees are budgeted and allocated to provide useful information for campuses considering such a fee.

Students must sometimes pay for on-campus care, particularly when they are uninsured, or when insurance or student health care fees don't cover the cost of care. Studying those situations would show how effectively insurance and health care fees support needed care — as well as how students pay for care, when needed.

The most common on-campus care categories likely reflect student demand and need. It is not surprising that specialty care is offered less often than primary or urgent care. More unexpected perhaps is that gynecological care is less common as well. Further research focusing on gynecological health needs could explore this area.

A student getting a referral for off-campus care that is not available on campus is somewhat common for physical health, though less so than for behavioral health. Many campuses help students get care not available on campus, even if the campus does not offer physical health care. However, this is less common at two-year campuses. The methods that campuses use — sharing information, making referrals, and developing contracts for care with external organizations — demonstrate a drive to promote health by fostering external partnerships, even when providing on-campus care may not be realistic.

For physical care as opposed to behavioral care, four-year campuses are more likely to accept off-campus referrals, but no two-year college accepts such referrals. This topic deserves further exploration. Where on-campus care is available, referrals from off campus would seem a promising way to provide coordinated care, particularly to students who need ongoing care.

Barriers to on-campus care is a different discussion for physical than for behavioral health since so few campuses offer on-campus physical care. However, the barriers campuses reported offer insight into common challenges. All four-year campuses report accessibility and lack of information are barriers. Based on their attention to these challenges, campuses can determine next steps based on the assistance they already offer students. Sharing strategies among campuses, even those without on-campus care, would benefit students because many approaches could empower them to find care in the community. On all campuses, more attention to barriers can highlight student needs and motivate stronger relationships with community providers.

Agreements for students to receive health care at discounted rates show that campuses are exploring avenues to facilitate care without investing in on-campus resources. These agreements are more common at four-year campuses, for both behavioral and physical health. Such agreements would also bolster relationships with local providers, educate students, and support health care facilities in the community by providing a patient stream. Discounted care agreements would benefit students at two-year campuses, but those campuses may not have considered such an effort or may be uncertain

about how to proceed. This is a specific example of how cooperation between four- and two-year campuses could provide benefits to students.

Campuses more often set up collaborations with off-campus providers than make agreements for discounted care; both strategies represent creative approaches to promoting health. The survey responses include making connections with providers and making care more obtainable. The examples show that campuses are using their resources to gather information that students might find challenging to learn on their own.

## Recommendation No. 4: Health care equity

Promote broader adoption of health equity strategies already developed and in use on some campuses, such as health insurance requirements for international students.

The Centers for Disease Control and Prevention (CDC) defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health.”<sup>8</sup> CDC notes that achieving health equity “requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.”

Some two-year campuses (11%) and most four-year campuses (60%) reported taking steps to address health care equity issues. Those campuses identified specific tasks toward that goal:

- Involved students in exploring equity issues
- Reviewed accessibility of on-campus health care
- Incorporated information on health care into advising, student onboarding, or other universal points of contact
- Identified students who have been underserved in health promotion efforts
- Sought perspectives from all members of the campus community
- Modified curriculum to address health care equity
- Created a campus benefits hub to promote services including health care enrollment, financial, and personal support for basic needs
- Created a team to facilitate student referrals

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<sup>8</sup> <https://www.cdc.gov/nchhstp/healthequity/index.html>



Campuses that have studied health equity list various approaches to address issues. Although discussions often focus on traditionally underserved populations or groups, the strategies campuses describe would have an impact not limited to any specific community. **If campuses implemented this list generally, they would improve health and health opportunities for the entire student population.**

## Apprenticeship programs survey results: What we found and recommend

The Department of Labor and Industries (LNI) lists 189 state apprenticeship programs as of August 2023.<sup>9</sup> The Health Care Research Center (HCRC) obtained contact information for 95 apprenticeship coordinators. Of these, 54 — just under 29% of the total listed — responded to the survey. These programs enroll almost 9,000 apprentices. It is important to note that some programs are only open to people already employed by the business sponsoring the program.

The apprenticeship survey used the same behavioral and physical health definitions as the college survey.

There are significant differences between health care in the college setting and in apprenticeship programs. The apprenticeship survey analysis focuses more on coverage availability rather than how care is provided.

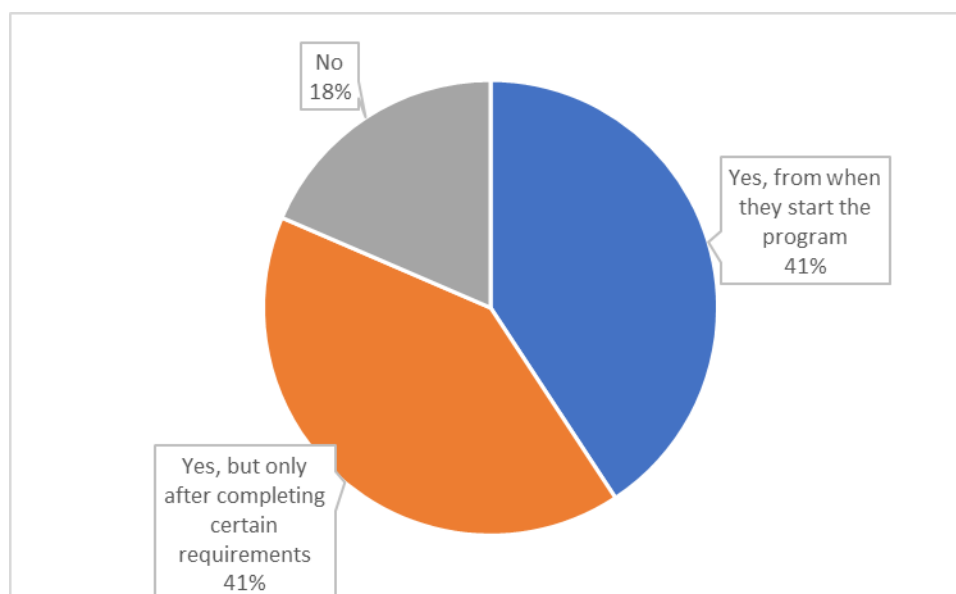
### Health care and health insurance findings

Almost 82% of the 95 programs responding to the survey reported apprentices are offered health insurance or health care benefits (see Figure 4; data in Figure 4 also appear in Appendix D, table 4). Apprentices may be offered coverage as part of union or employment benefits, or through any other arrangement related to the apprenticeship. Employment is an entry into training for many apprentices. The reporting programs were evenly split on whether benefits start when apprentices begin the program or only after they complete certain requirements. The requirements may involve how long someone has been in a program. For example, apprentices may be eligible for benefits after one to three months.

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<sup>9</sup> <https://secure.lni.wa.gov/arts-public/#/all-programs>

Figure 4. Do apprentices have health insurance or health care benefits?



Most responding programs (77%) do not require apprentices to have insurance, and most (72%) do not track whether apprentices are insured. When the survey asked what percentage of apprentices have health insurance, 74% of the programs reported they do not know. In instances where the number is known, just under 4% of programs say that 61-80% are insured, and 23% say that 81-100% are insured.<sup>10</sup> Programs do not generally require apprentices to have coverage. However, it would be useful to explore strongly encouraging apprentices to accept coverage or at least learn about insurance benefits. It would likewise be helpful for programs to track how many apprentices are covered.

## Recommendation No. 5

Create minimum standards for health care coverage for apprenticeship programs.

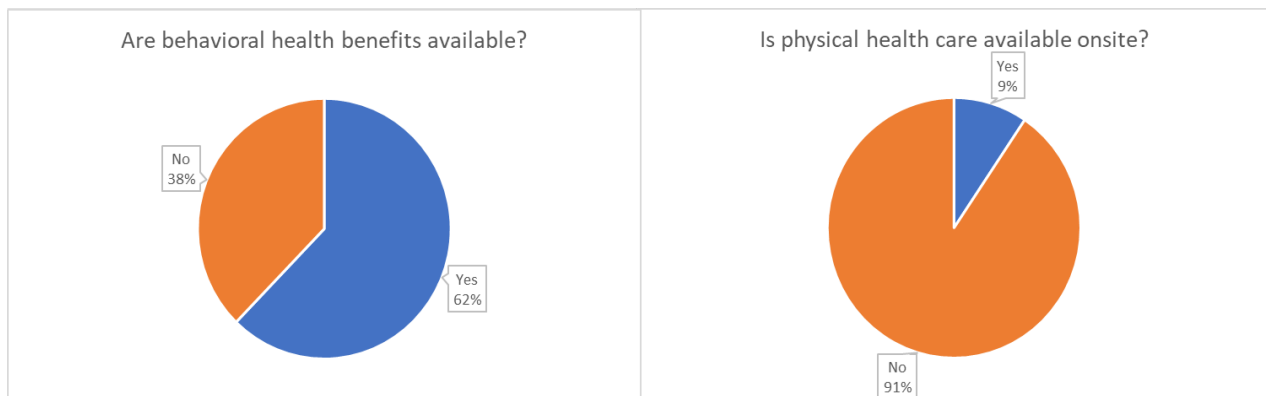
### **Behavioral health care**

In most of the reporting programs (62%; see Figure 5; data in Figure 5 also appear in Appendix D, tables 5 and 6), behavioral health services and facilities are available to apprentices through employment or union benefits, or through the apprenticeship program. Most programs (56%) state there are resources to connect apprentices with behavioral health care.

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<sup>10</sup> Values do not add to 100% because of rounding.

Figure 5. Behavioral health services and physical health care for apprentices



### **Physical health care**

Fewer than 10% of reporting programs have physical health care services and facilities available to apprentices onsite (see figure 5).<sup>11</sup> Where onsite care is available, apprentices don't need to pay for services. Most programs (53%) offer resources to help apprentices obtain physical health care that is not offered onsite.

Data about how many apprentices are insured would highlight opportunities for programs to expand coverage and educate students more broadly on insurance.

Apprenticeship programs are less likely than colleges to report that participants have access to behavioral health care and resources to connect with care. Still, well over half of colleges and apprenticeship programs provide those benefits, so this is an obvious area of attention. It is also possible that more apprentices than reported have behavioral health care benefits, but program staff are not familiar with coverage details. More programs offer behavioral health benefits than offer resources to connect apprentices to care. These resources can include providing information, which would be an easy improvement for programs that do not yet facilitate connections. State agency staff could support such efforts by modeling ways to discuss resources with apprentices and how they can access these resources. These efforts could also address perceived stigma by making behavioral care a normal part of health conversations.

Apprentices may be new to the workforce and to the complexities of the health care system. They would profit from education about insurance benefits and requirements as they learn to navigate health care. State resources could offer guidance on education and sharing information about behavioral and physical health care.

<sup>11</sup> Onsite means at any physical location where the program operates or where its staff and apprentices perform work related to the program.

Individual programs could broaden perspectives for other programs by sharing how they inform apprentices about health resources and other best practices. The time demands that apprentice coordinators face could encourage acceptance of new approaches to sharing information.

## Background

The Legislature directed OFM to conduct “a comprehensive study on student access to health care, including behavioral health care, at Washington’s public institutions of higher education” and in registered apprenticeship programs<sup>12</sup> (ESSB 5693<sup>13</sup> or Chapter 297, Laws of 2022). The proviso was intended to address concerns about access to health care, especially behavioral health resources.

The proviso instructs four-year institutions of higher education and the community and technical colleges to provide data on the following topics:

- Health insurance status of enrolled students
- Minimum health insurance requirements for enrolled students
- Health insurance or health care coverage options available from the school
- Health care services and facilities available to students on campus, including provider types and how students can access care
- Out-of-pocket costs to access or use on-campus health care services and facilities
- Student demographic information regarding use of on-campus health care services and facilities
- Barriers to accessing on-campus health care services and facilities
- How the college or university helps students obtain health care services not available on campus
- Partnerships with off-campus health care providers or facilities to provide services to currently enrolled students

## Data methods we used

HCRC, part of OFM’s Forecasting and Research Division, conducted the study. HCRC prepared two surveys (Appendix B and C), one for college officials and one for apprenticeship coordinators. The surveys were available online to facilitate access and simplify completion. OFM involved multiple stakeholders in survey development, recruitment, and data collection. These included COP, SBCITC, WSAC, and LNI<sup>14</sup>.

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<sup>12</sup> The study is described in Section 130(20), which begins on page 160 line 3 and continues to page 161 line 27. The relevant text of the proviso is reprinted in Appendix A.

<sup>13</sup> <https://lawfilesexxt.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf>

<sup>14</sup> LNI administers state-registered apprenticeship programs.

The survey for two- and four-year post-secondary institutions (“the college survey”) collected data on undergraduate students only. We excluded graduate and professional students, people in custody at state correctional facilities, and high school students taking college level courses.

For apprenticeship programs (“the apprenticeship survey”), HCRC worked primarily with apprenticeship coordinators. The programs vary considerably in how many apprentices are enrolled, program requirements, and how apprentices fit into a larger workforce. The apprenticeship survey is briefer than the college survey because of those variations and to simplify participation for the coordinators.

An important factor in the survey was that apprentices often receive health care benefits because they are regular employees of a business, or because they are union members. Additionally, the survey documented which apprentices are eligible for benefits immediately and which must complete a waiting period.

Although the state has a common interest in promoting health among students and apprentices, it is helpful to discuss these groups separately because of differences in the contexts.

## Conclusion

This analysis is a beginning effort to improve student and apprentice health and to increase understanding of health insurance and the health care system. Stakeholders should establish a statewide standard for steps to promote student and apprentice health.

Opportunities to share and learn about strategies, expertise and best practices would benefit all campuses and apprenticeship programs with insights from collective resources and experience. Four-year campuses may have more resources and could partner with two-year campuses on ideas about meeting student needs; two-year campuses could share their knowledge about needs and their innovations. If any campus has developed unique approaches, it could strengthen other campuses by sharing those ideas. And, apprenticeship programs in different fields could explore common health care and insurance topics. Overall, increased cooperation should be based on and help extend existing resources and health strategies.

**More and better data represent the most pressing need as Washington pursues health-related goals for students and apprentices.** Policymakers should seek to hear directly from students about their experiences and challenges. Students and apprentices will also benefit from opportunities for campuses and programs to collaborate and share best practices in creative efforts to support health. Careful, productive attention to health matters will foster student success and prepare students to participate more meaningfully in the life of the state.

## Data limitations

OFM collected and analyzed institution-level rather than individual-level data. The resulting analysis is a starting point for considering health-related challenges that students and apprentices face and how those challenges could be addressed. Further insights into those issues will require data from individuals. Although OFM cited the proviso when introducing the survey to participants, participation was ultimately voluntary. That means not all campuses or apprenticeship programs completed the survey and non-participation was not random – this could affect the survey results and analysis.

The data do not present a complete picture of health insurance coverage: many students and apprentices would be covered under parent or guardian policies through the provisions of the Affordable Care Act, and no campus or apprenticeship program tracks that coverage.

Compared to behavioral health care, on-campus physical health care is only available at a minority of institutions. Data about on-campus physical care do not give a comprehensive picture of the care that students may seek or receive.

Some apprenticeships are open only to established employees of the program sponsor. So, while apprentices often have health insurance, the training may not be an initial step to securing insurance coverage.

# Acknowledgments

Officials at two- and four-year colleges and at registered apprenticeship programs responded to the survey. A wide range of collaborators and their perspectives helped us construct, administer, and analyze the survey. These included the following organizations and individuals:

## **Washington State Council of Presidents**

- Ruben Flores, Executive Director

## **Washington State Board for Community and Technical Colleges**

- Summer Kenesson, Director of Policy Research
- Diana Knight, Policy Research Analyst
- Christine McMullin, Policy Associate Student Services

## **Washington Student Achievement Council**

- Isaac Kwakye, Senior Director of Research and Student Success
- Ami Magisos, Associate Director, Policy and Planning

## **Department of Labor and Industries**

- Kirsta Glenn, Chief, Return to Work Partnerships
- Audrey Dorsey, Chief Administrator-Insurance Services
- Justin Whitaker, Apprenticeship Data Consultant

## **Washington Health Benefit Exchange**

- Joan Altman, Universal Health Care Commission

# Appendix A: Budget Proviso

## ESSB 5693, Section 130(20)

(20) \$20,000 of the general fund—state appropriation for fiscal year 2023 is provided solely for the office of financial management to conduct a comprehensive study on student access to health care, including behavioral health care, at Washington's public institutions of higher education. The comprehensive study must also include students enrolled in state registered apprenticeship programs. The study must be conducted in collaboration with the health benefit exchange, the health care authority, the state board for community and technical colleges, the council of presidents, and the student achievement council.

(a) The community and technical colleges and the four-year institutions of higher education will make the following data for the 2022-23 academic year available to the office of financial management, the state board of community and technical colleges, and the student achievement council:

- (i) The health insurance status of enrolled students;
- (ii) The minimum requirements for enrolled students related to health insurance coverage;
- (iii) Health insurance or health care coverage options available from the school;
- (iv) A description of health care services and facilities available on campus for students, including type of providers, and ways students can access these services;
- (v) Out-of-pocket costs associated with accessing or using on-campus health care services and facilities;
- (vi) Student demographic information regarding utilization of on-campus health care services and facilities;
- (vii) Barriers to accessing on-campus health care services and facilities;
- (viii) How the college or university helps students obtain health care services not offered on campus; and
- (ix) Information related to partnerships with off-campus health care providers or facilities to provide services to currently enrolled students.

(b) The office of financial management shall make reasonable efforts to provide the following information:

- (i) The health insurance status of students enrolled in the 2022-23 academic year;
- (ii) The minimum level of health insurance coverage, if any, community and technical colleges and four-year institutions of higher education require for students;
- (iii) The types of health insurance schools provide for enrolled students;
- (iv) The types of health care services available on campus, including primary care and specialty care, such as emergency services and behavioral health care resources;
- (v) A description of health care services available in the communities around campuses, including emergency services and behavioral health providers;



(vi) Data collection gaps that exist related to student health insurance coverage and utilization of health care resources;

(vii) On-campus primary care and specialty care services that are common on school campuses; and

(viii) Other important information in addressing health insurance access and care for students at public institutions of higher education, including issues around equity.

(c) The legislature expects the office of financial management to submit a report to the appropriate health and education committees of the legislature. The final report must include a summary of the data reviewed by the office, including information specific to each type of campus and school, when available, and recommendations for the legislature and public institutions of higher education for improving student health care coverage and access to health care services, including for students enrolled in state registered apprenticeship programs.

# Appendix B: Survey questions for two- and four-year colleges

## Introduction

In 2022 the Washington Legislature directed the Office of Financial Management to gather information on access to health insurance and health care for students attending Washington institutions of higher education. The following questions ask about health insurance and health care available to students on your campus(es). **You will need to complete the survey in a single sitting.**

Your response will guide Washington's efforts to improve student health and contribute to student success. Thank you for your participation and assistance!

If you have questions about the survey, please contact Dan Bolton at the Office of Financial Management: [dan.bolton@ofm.wa.gov](mailto:dan.bolton@ofm.wa.gov).

## Definitions

"Campus" is defined as:

- An individual campus of a multi-campus system or a multi-campus institution, or
- The single campus of a single-campus institution

"Student" is defined as someone enrolled in undergraduate level courses. "Student" only includes a student employee if the student employee is enrolled in coursework.

**If you are completing the survey on behalf of a multi-campus system or college, please complete the survey once for each campus.**

## General information about the campus and students

1. What is the campus being reported on?
2. What is your name?
3. What is your email address?
4. What is your office phone number?
5. How many undergraduate students are estimated to be enrolled this term at this campus? The estimated count should include full- and part-time students, regardless of their educational intent.
6. Does the campus collect information about which students are covered by health insurance?
7. How does the campus collect information about whether student health insurance coverage? Please select all that apply.
  - a. Self-reporting by students
  - b. Student submits a document to confirm coverage
  - c. Insurance carriers report directly to the campus
  - d. Other
8. If your answer(s) to the previous question include "other", please describe how the coverage information is collected.
9. During the current term at this campus, what percentage of students are covered by health insurance?

- a. 0-20%
  - b. 21-40%
  - c. 41-60%
  - d. 61-80%
  - e. 81-100%
  - f. Unknown
10. During the current term at this campus, what percentage of students are covered as dependents under health insurance issued to someone else (e.g., a parent or guardian)?
- a. 0-20%
  - b. 21-40%
  - c. 41-60%
  - d. 61-80%
  - e. 81-100%
  - f. Unknown
11. Does the campus require any students to be covered by health insurance?
12. Which of the following categories of students must have health insurance? Please select all that apply.
- a. All students
  - b. Full-time students
  - c. Part-time students
  - d. Students in specific academic programs
  - e. All student athletes
  - f. Some student athletes
  - g. International students
  - h. Study abroad students
  - i. Other
13. If your answer(s) to the previous question include "other", please describe other relevant categories of students.
14. Does the campus require minimum levels of health insurance coverage for any students?
15. Does the campus define minimum required levels of coverage by one or more of the following? Please select all that apply.
- a. Maximum benefit amount
  - b. Covered categories of care
  - c. Covered procedures
  - d. Time when coverage is in force
  - e. None of the above
  - f. Other
16. If your answer(s) to the previous question include "other", please describe any other definitions.
17. Does the campus offer health insurance or health care coverage?
18. Does the campus offer more than one type of health insurance plan?
19. What type(s) of health insurance does the campus offer? Please select all that apply.
- a. Major medical or comprehensive coverage
  - b. Health maintenance organization (HMO)
  - c. Preferred provider organization (PPO)
  - d. Exclusive provider organization (EPO)
  - e. Point of service plan (POS)

- f. Catastrophic plan
  - g. High-deductible plan with or without a health savings account
  - h. Other
20. If your answer(s) to the previous question include "other", please describe other type(s) of health insurance offered.
21. Does the campus offer health insurance to all undergraduate students?
22. Which students can get health insurance plans from the campus? Please select all that apply.
- a. Students seeking a degree or transfer
  - b. Academic student employees (e.g., work study students, teaching assistants)
  - c. International students
  - d. Study abroad students
  - e. Student athletes
  - f. Other
23. If your answer(s) to the previous question include "other", please describe additional categories of students who can get health insurance from the campus.
24. What premiums do students pay per term for health insurance provided through the campus? If cost depends on the insurance plan or a student's credit load, please state the cost for each plan.
25. If students are covered under health insurance provided through the campus, do they pay less in **fees** for on-campus care? For this question, **fees** mean charges, such as copayments, that are not covered by insurance.
- a. Yes
  - b. No
  - c. Sometimes
26. If your answer to the previous question is "sometimes", please describe situation(s) where students would pay less for on-campus care.
27. Does coverage offered through the campus apply only while classes are in session?

### **Barriers to obtaining health insurance**

28. Has the college investigated barriers students face when seeking to obtain health insurance (privately or through the institution) on this campus?
29. Which of the following data collection methods has the college used to investigate barriers to obtaining health insurance on this campus? Please select all that apply.
- a. Surveys
  - b. Focus groups
  - c. Other data collection efforts
  - d. None
30. If your answer(s) to the previous question include "other data collection efforts", please describe the other data collection efforts.
31. Which of the following barriers, if any, do students report when they try to get health insurance? Please select all that apply.
- a. Cost of health insurance or other financial barriers
  - b. Uncertainty about where to get information about health insurance
  - c. Lack of information about health insurance options

- d. Lack of knowledge about how to use health insurance benefits
  - e. Ineligibility for specific types of coverage
  - f. The campus did not identify any barriers to obtaining health insurance
  - g. The campus has not formally investigated barriers to obtaining health insurance
  - h. Other
32. If your answer(s) to the previous question include "other", please describe other barriers that were identified.

## On-campus health care: Mental and behavioral health

### Definitions

**Mental or behavioral health** includes, but is not limited to, emotional, psychological, and social well-being, as well as connections between behaviors and health.

Mental or behavioral health care includes treatment for depression, rehabilitation, substance abuse, and marriage and family counseling.

Mental or behavioral health care includes health care and counseling services for needs other than academic progress or career preparation.

This definition includes services provided at face to face encounters and through telehealth visits.

**Health care facilities** is defined as places that provide health care. They include hospitals, clinics, urgent care centers, outpatient care centers, and specialized care centers, such as birthing centers and psychiatric care centers. Health care facilities can include spaces on campus that are not clinics but where health care services are provided.

33. Are there on-campus resources to connect students with mental or behavioral health care, regardless of whether any mental or behavioral health care services are available on campus?
34. Are mental or behavioral health services and facilities available on campus?

This would **not** include an arrangement where a campus contracts with an external organization to provide services to students.

35. Are mental or behavioral health care services offered on campus **only** through telehealth appointments?
36. How are mental or behavioral health services offered on campus? Please select all that apply.
- a. In-person appointments
  - b. Telehealth appointments
  - c. Through a contracted service
  - d. Other
37. If your answer(s) to the previous question include "other", please describe how else mental or behavioral health services are offered.
38. If mental or behavioral health care is available either in person, through telehealth, through a contracted service, or another way, what determines how the encounter will take place?

For example, students might be able to choose what kind of appointment they want, or a specific type of appointment might only be available on certain days or during certain hours.

39. How can students initiate access to mental or behavioral health care services on campus? Please select all that apply.
- The student makes an appointment at the campus health care center
  - The student is referred for an appointment at the campus health care center
  - Other
40. If your answer(s) to the previous question include "other", please describe any other way(s) that students can access mental or behavioral health care services.
41. Does the campus collect any demographic information on students who use on-campus mental or behavioral health care services (e.g., race/ethnicity, gender, age)?
42. Which of the following demographic information is collected on students who use on-campus mental or behavioral health care services? Please select all categories that apply.

**Health behaviors** means things people do that affect their health. These can include actions that affect health positively, such as eating well and being physically active, and actions that affect health negatively, such as smoking, misuse of substances including alcohol, and risky sexual behaviors.

**Housing instability** can be defined as having difficulty paying rent, spending more than half of household income on housing, having frequent moves, living in overcrowded conditions, or doubling up with friends and relatives.

**Food insecurity** is defined as a lack of consistent access to enough food for an active, healthy life.

- Age
  - Sex
  - Sexual orientation
  - Gender identity
  - Race
  - Ethnicity
  - Full time or part time student status
  - Health insurance coverage
  - Health behaviors
  - Housing instability
  - Food insecurity
  - Other
  - The campus does not collect demographic information in this context
43. If your answer(s) to the previous question include "other", please list other demographic information that the campus collects.

### **Days and times for mental or behavioral health care services on campus**

44. Are mental or behavioral health care services available on campus on weekdays?
45. On which weekdays and during which times are mental or behavioral health care services available on campus? Please indicate the proper response for each day.

	24 hours/day	Normal business hours (e.g., 8 am – 5 pm)	Outside normal business hours (e.g., evenings, overnight)	Other hours	Not available
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

- 46. If your answers to the previous question include "other hours", please describe other hours on weekdays when mental or behavioral health care services are available on campus.
- 47. Are there times on weekdays when on-campus mental or behavioral health care services are available only through telehealth or other remote encounters?
- 48. Please describe the times on weekdays when on-campus mental or behavioral health care services are only available remotely.
- 49. Are mental or behavioral health care services available on campus on either Saturdays or Sundays?
- 50. On which weekend days and during which times are mental or behavioral health care services available on campus? Please indicate the proper response for each day.

	24 hours/day	Normal business hours (e.g., 8 am – 5 pm)	Outside normal business hours (e.g., evenings, overnight)	Other hours	Not available
Saturday					
Sunday					

- 51. If your answers to the previous question include "other hours", please describe the other times when mental or behavioral health care services are available on campus on either Saturday or Sunday.
- 52. Are there times on Saturdays when on-campus mental or behavioral health care services are available only through telehealth or other remote encounters?
- 53. Please describe the times on Saturdays when on-campus mental or behavioral health care services are only available remotely.
- 54. Are there times on Sundays when on-campus mental or behavioral health care services are available only through telehealth or other remote encounters?
- 55. Please describe the times on Sundays when on-campus mental or behavioral health care services are only available remotely.

56. Are mental or behavioral health care services available on campus on holidays?
- Yes
  - Yes, on some holidays
  - No
57. If your answer to the previous question was "yes, on some holidays", please list the holidays when mental or behavioral health care services are available on campus.
58. During what hours are mental or behavioral health care services available on campus on holidays? Please select all options that apply.
- 24 hours a day
  - Normal business hours, such as 8 am - 5 pm
  - Outside normal business hours
  - Other hours
  - Availability differs depending on the holiday
59. If your answer(s) to the previous question include "other hours" or "availability differs depending on the holiday", please describe other hours on holidays when mental or behavioral health care services are available on campus.
60. Are there times on holidays when on-campus mental or behavioral health care services are available only through telehealth or other remote encounters?
61. If your answer to the previous question was "yes", please describe the times on holidays when on-campus mental or behavioral health care services are only available remotely.

### **Costs to students to use on-campus mental or behavioral health care**

62. Are students required to pay to use on-campus mental or behavioral health care services in any of these situations? Please select all that apply.
- When they do not have health insurance
  - When health insurance does not fully cover costs of care
  - When mandatory health fees do not cover the cost of care
  - When the on-campus health care service does not bill insurance carriers
  - This depends on the scope of services provided
  - Other
63. If your answer(s) to the previous question include "other", or "this depends on the scope of services provided", please describe those situations.
64. What is the median charge for a single new patient office visit for mental or behavioral health care? If unknown, please enter "unknown."

### **Referrals for mental or behavioral health care on or off campus**

65. Can students be referred to **on-campus** mental or behavioral health care by **off-campus** providers?
66. Do on-campus counselors, therapists, or other staff offer referrals to **off-campus providers or clinics** for mental or behavioral health care services not available on campus?



## **Barriers to accessing mental or behavioral health care on campus**

67. Has the campus identified any barriers for students who wish to access on-campus mental or behavioral health care?
68. Have any of the following barriers to access to on-campus mental or behavioral health care been identified? Please select all that apply.
- Students cannot afford on-campus care
  - Students are not aware of on-campus care
  - Students are not available for appointments during hours care is offered
  - Students are not able to access care in a timely manner
  - Students want or need more comprehensive care than is available on campus
  - Other
  - The campus did not identify any barriers to accessing mental or behavioral health services
  - The campus has not formally investigated barriers to accessing mental or behavioral health services
69. If your answer(s) to the previous question include "other", please describe any other barriers that have been identified.
70. Has the campus undertaken any efforts to help students who face barriers to accessing on-campus mental or behavioral health care?
71. If your answer to the previous question was "yes", please describe any efforts by the campus.
- These might include financial assistance, an advisory council, informational emails, etc.

## **Off-campus mental or behavioral health care**

72. Does the campus help students obtain mental or behavioral health care services not offered on campus?
73. How does the campus help students obtain mental or behavioral health care services not offered on campus? Please select all that apply.
- Contracts with external organization(s) to provide care to students
  - Provides information on how to enroll in health insurance
  - Provides information about health insurance benefits
  - Provides information about clinics, practices, and specialty care in the community
  - Assists students to make appointments with off-campus health care providers
  - Makes referrals to off-campus health care providers
  - With approval, shares student health records with off-campus health care providers
  - Other
74. If your answer(s) to the previous question include "other", please describe how the campus helps students obtain mental or behavioral health care services not offered on campus.
75. Does the campus have one or more agreements in place that allow students to receive mental or behavioral health care services off campus at a discounted rate?
76. Does the campus collaborate with off-campus mental or behavioral health care providers or facilities to provide services to students?
77. How does the campus collaborate with off-campus mental or behavioral health care providers or facilities? Please select all that apply.

- a. Refers students to off-campus health care providers
  - b. Works to identify needed resources for student health care
  - c. Identifies low-cost options for health care
  - d. Recruits off-campus providers to meet with students on campus
  - e. Publicizes available off-campus providers and facilities to students
  - f. Coordinates with off-campus providers to provide continuous care for certain
  - g. students
  - h. Other
78. If your answer(s) to the previous question include "other", please describe how the campus collaborates with off-campus providers or facilities.

## On-campus health care: Physical health care

### Definitions

In the following questions, **physical health care services** is defined as any services provided by a health care professional, or by any individual working under the supervision of a health care professional, that relate to the condition of a person's body, with specific reference to:

1. The diagnosis, prevention, or treatment of any human disease or impairment; or
2. The assessment or care of the health of human beings

This definition includes services provided at face to face encounters and through telehealth visits.

This definition also includes immunization and pharmacy services.

**Health care facilities** means places that provide health care. They include hospitals, clinics, urgent care centers, outpatient care centers, and specialized care centers, such as birthing centers and psychiatric care centers. Health care facilities can include spaces on campus that are not clinics but where health care services are provided.

79. Does the campus operate an academic medical center or other medical teaching facility?  
 80. Are physical health care services and facilities available on campus?

This would **not** include a situation where a campus contracts with an external organization to provide services to students.

81. Are physical health care services offered on campus **only** through telehealth appointments?  
 82. How can students initiate access to physical health care services on campus? Please select all that apply.
- a. The student makes an appointment at the campus health care center
  - b. The student is referred for an appointment at the campus health care center
  - c. Other
83. If your answer(s) to the previous question include "other", please describe any other way(s) that students can access physical health care services.  
 84. Does the campus collect any demographic information (e.g., race/ethnicity, gender, age) on students who use on-campus physical health care services?

85. Which of the following demographic information is collected on students who use on-campus physical health care services? Please select all categories that apply.

**Health behaviors** is defined as things people do that affect their health. These can include actions that affect health positively, such as eating well and being physically active, and actions that affect health negatively, such as smoking, misuse of substances including alcohol, and risky sexual behaviors.

**Housing instability** can be defined as having difficulty paying rent, spending more than half of household income on housing, having frequent moves, living in overcrowded conditions, or doubling up with friends and relatives.

**Food insecurity** is defined as a lack of consistent access to enough food for an active, healthy life.

- a. Age
  - b. Sex
  - c. Sexual orientation
  - d. Gender identity
  - e. Race
  - f. Ethnicity
  - g. Full time or part time student status
  - h. Health insurance coverage
  - i. Health behaviors
  - j. Housing instability
  - k. Food insecurity
  - l. Other
  - m. The campus does not collect demographic information in this context
86. If your answer(s) to the previous question include "other", please list other demographic information that is collected.

**Days and times for physical health care services on campus**

87. Are physical health care services available on campus on weekdays?
88. On which days and during which times are physical health care services available on weekdays?  
Please indicate the proper response for each day.

	24 hours/day	Normal business hours (e.g., 8 am – 5 pm)	Outside normal business hours (e.g., evenings, overnight)	Other hours	Not available
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

89. If your answer(s) to the previous question include "other hours", please describe other hours on weekdays when physical health care services are available on campus.
90. Are there times on weekdays when on-campus physical health care services are available only through telehealth or other remote encounters?
91. If your answer to the previous question was "yes", please describe the times on weekdays when on-campus physical health care services are only available remotely.
92. Are physical health care services available on campus on either Saturdays or Sundays?
93. On which days and during which times are physical health care services available on either Saturdays or Sundays? Please indicate the proper response for each day.

	24 hours/day	Normal business hours (e.g., 8 am – 5 pm)	Outside normal business hours (e.g., evenings, overnight)	Other hours	Not available
Saturday					
Sunday					

94. If your answers to the previous question include "other hours", please describe other hours on either Saturday or Sunday when physical health care services are available on campus.
95. Are there times on Saturdays when on-campus physical health care services are available only through telehealth or other remote encounters?
96. If your answer to the previous question was "yes", please describe the times on Saturdays when on-campus physical health care services are only available remotely.
97. Are there times on Sundays when on-campus physical health care services are available only through telehealth or other remote encounters?
98. If your answer to the previous question was "yes", please describe the times on Sundays when on-campus physical health care services are only available remotely.
99. Are physical health care services available on campus on holidays?
  - a. Yes
  - b. Yes, on some holidays
  - c. No
100. If your answer to the previous question was "yes, on some holidays", please list the holidays when physical health care services are available on campus.
101. During what hours are physical health care services available on campus on holidays? Please select all options that apply.
  - a. 24 hours a day
  - b. Normal business hours, such as 8 am - 5 pm
  - c. Outside normal business hours
  - d. Other
102. If your answer(s) to the previous question include "other", please describe other hours on holidays when physical health care services are available on campus.
103. Are there times on holidays when on-campus physical health care services are available only through telehealth or other remote encounters?
104. If your answer to the previous question was "yes", please describe the times on holidays when on-campus physical health care services are only available remotely.

### Costs to students to use on-campus physical health care

105. Do students pay a health care fee as part of enrollment requirements?
106. How are the required health care fees used?
107. Are students required to pay to use on-campus physical health care services in any of these situations? Please select all that apply.
- When they do not have health insurance
  - When health insurance does not fully cover costs of care
  - When mandatory health fees do not cover the cost of care
  - When the on-campus health care service does not bill insurance carriers
  - This depends on the scope of services provided
  - Other
108. If your answers to the previous question include "other" or "this depends on the scope of services provided", please describe those situations.
109. What is the median charge for a single new patient office visit for physical health care? If unknown, please enter "unknown."

### Categories of physical health care available on campus

110. Which of the following categories of physical health care are available on campus? Please select all that apply.
- Primary care
  - Obstetrical and gynecological care
  - Dental care
  - Specialty care
  - Emergency care
  - Urgent care
  - Other
  - None of the above
111. If your answer(s) to the previous question include "other", please describe other categories of care available on campus.

### Referrals for physical health care on or off campus

112. Can students be referred to **on-campus** physical health care by **off-campus** providers?
113. Are referrals to **off-campus providers or clinics** offered for any of the following services not available on campus? Please select all that apply.
- Primary care
  - Obstetrical and gynecological care
  - Dental care
  - Specialty care
  - Other
  - Not applicable

114. If your answer(s) to the previous question include "other", please describe other services for which referrals are available.

### **Barriers to accessing physical health care on campus**

115. Has the campus discovered any barriers that students encounter when they seek to access on-campus physical health care?

116. Have any of the following barriers to access to on-campus physical health care been identified?

Please select all that apply.

- a. Students cannot afford on-campus care
  - b. Students are not aware of on-campus care
  - c. Students are not available for appointments during hours care is offered
  - d. Students are not able to access care in a timely manner
  - e. Students want or need more comprehensive care than is available on campus
  - f. Other
  - g. The campus did not identify any barriers to accessing physical health services
  - h. The campus has not formally investigated barriers to accessing physical behavioral health
117. If your answer(s) to the previous question include "other", please describe any other barriers that have been identified.
118. Has the campus undertaken any efforts to help students who face barriers to accessing on-campus physical health care?
119. If your answer to the previous question was "yes", please describe any efforts by the campus.

These might include financial assistance, an advisory council, informational emails, etc.

### **Off-campus physical health care**

120. Does the campus help students obtain physical health care services not offered on campus?

121. How does the campus help students obtain physical health care services not offered on campus?

Please select all that apply.

- a. Contracts with external organization(s) to provide care to students
  - b. Provides information on how to enroll in health insurance
  - c. Provides information about health insurance benefits
  - d. Provides information about clinics, practices, and specialty care in the community
  - e. Assists students to make appointments with off-campus health care providers
  - f. Makes referrals to off-campus health care providers
  - g. With approval, shares student health records with off-campus health care providers
  - h. Other
  - i. None of the above
122. If your answer(s) to the previous question include "other", please describe how the campus helps students obtain physical health care services not offered on campus.
123. Does the campus have one or more agreements in place that allow students to receive physical health care services off campus at a discounted rate?

124. Does the campus collaborate with off-campus physical health care providers or facilities to provide services to students?
125. How does the campus collaborate with off-campus physical health care providers or facilities? Please select all that apply.
- a. Refers students to off-campus health care providers
  - b. Works to identify needed resources for student health care
  - c. Identifies low-cost options for health care
  - d. Recruits off-campus providers to meet with students on campus
  - e. Publicizes available off-campus providers and facilities to students
  - f. Coordinates with off-campus providers to provide continuous care for certain students
  - g. Other
126. If your answer(s) to the previous question include "other", please describe how the campus collaborates with off-campus providers or facilities.

### **Health care equity and students**

127. Has the campus taken steps to address issues related to health care equity for students?
128. What has the campus done to address health care equity issues? Please select all that apply.
- a. Modified curriculum to address health care equity
  - b. Involved students in exploring equity issues
  - c. Identified students who have been underserved in health promotion efforts
  - d. Reviewed accessibility of on-campus health care
  - e. Sought perspectives from all members of the campus community
  - f. Incorporated health care into advising, student onboarding, or other universal points of contact
  - g. Other
129. If your answer(s) to the previous question include "other", please describe other efforts to address health care equity issues.
130. Is there anything else you would like to share about your campus's health insurance or health care offerings?

# Appendix C: Survey questions for apprenticeship programs

Survey questions for apprenticeships with explanation

## Introduction

The Washington Legislature has directed the Office of Financial Management to gather information on access to health insurance and health care for apprentices enrolled in state registered apprenticeship programs. The following questions ask about health insurance and health care benefits available to apprentices in your program. **You will need to complete the survey in a single sitting.**

Your response will guide Washington's efforts to improve the health of apprentices and contribute to their success.

Thank you for your participation and assistance!

If you have questions about the survey, please contact Dan Bolton at the Office of Financial Management: [dan.bolton@ofm.wa.gov](mailto:dan.bolton@ofm.wa.gov).

## Definitions

**Apprentice** is someone enrolled in a state registered apprenticeship program.

**Program** means the registered apprenticeship program that you are providing information about.

## General information about the program and apprentices

1. What is the name of the apprenticeship program?
2. What is your name?
3. What is your email address?
4. What is your office phone number?
5. How many apprentices are estimated to be currently enrolled in the apprenticeship program?

## Health insurance and health care fees

6. Are health insurance or health care benefits offered to apprentices?

For example, please answer "yes" if apprentices are offered or receive insurance or benefits

- As part of a union benefits package
  - As part of employment benefits
  - Through any other arrangement related to the apprenticeship
- a. Yes, from when they start the program
  - b. Yes, but only after completing certain requirements
  - c. No



7. Does the program require any apprentices to be covered by health insurance?
8. Does the program collect information about which apprentices are covered by health insurance?
9. What percentage of apprentices are covered by health insurance?
  - a. 0-20%
  - b. 21-40%
  - c. 41-60%
  - d. 61-80%
  - e. 81-100%
  - f. Unknown

## **Mental and behavioral health care**

### **Definitions**

**Mental or behavioral health** includes, but is not limited to, emotional, psychological, and social well-being, as well as connections between behaviors and health.

Mental or behavioral health care includes treatment for depression, rehabilitation, substance abuse, and marriage and family counseling.

Mental or behavioral health care includes health care and counseling services for needs other than career preparation.

This definition includes services provided at face to face encounters and through telehealth visits.

10. Are mental or behavioral health services and facilities available to apprentices through the program or through employment or union benefits?
11. If mental or behavioral health services are not available to apprentices through the program or through employment or union benefits, are there resources to connect apprentices with mental or behavioral health care?

## **Onsite physical health care**

### **Definitions**

In the following questions, physical health care services is defined as any services provided by a health care professional, or by any individual working under the supervision of a health care professional, that relate to the condition of a person's body, with specific reference to:

1. The diagnosis, prevention, or treatment of any human disease or impairment; or
2. The assessment or care of the health of human beings

This definition includes services provided at face to face encounters and through telehealth visits.

This definition also includes immunization and pharmacy services.

**Health care facilities** means places that provide health care. They include hospitals, clinics, urgent care centers, outpatient care centers, and specialized care centers, such as birthing centers and psychiatric care centers. Health care facilities can include spaces in workplaces that are not clinics but are locations where health care services are provided.

**Onsite** means at any physical location where the program operates or where its staff and apprentices perform work related to the program.

12. Are physical health care services and facilities available to apprentices onsite?

### **Costs to apprentices to use onsite physical health care**

13. Are apprentices required to pay to use onsite physical health care services?

### **Offsite physical health care**

**Offsite** means physical locations not under the control of the program or related to it.

14. Does the program help apprentices obtain physical health care services not offered onsite?
  
15. May we contact you to learn more about how you connect apprentices with health care? It would be helpful to include your experiences as we prepare our report to the Legislature.
  - a. Yes
  - b. No
  - c. Not applicable
  
16. Is there anything else you would like to share about health insurance or health care resources for apprentices?

## Appendix D: Data in figures presented in tables

**Table 1. Barriers to obtaining health insurance reported by students**

	Two-year campuses	Four-year campuses
Cost	100.0%	66.7%
Ineligibility for specific types of coverage	50.0%	50.0%
Lack of information about options	50.0%	50.0%
Lack of knowledge about how to use benefits	75.0%	66.7%
Uncertainty about where to get information	75.0%	66.7%
Did not identify barriers	25.0%	0.0%
Did not formally investigate	25.0%	0.0%

**Table 2. Are behavioral health services available on campus?**

	Two-year campuses	Four-year campuses
Yes	89.2%	90.0%
No	10.8%	10.0%

**Table 3. Campus assistance for students to access off-campus physical health care**

	Two-year campuses	Four-year campuses
Information on insurance enrollment	78.9%	100.0%
Information on insurance benefits	63.2%	88.9%
Information on clinics/care in community	78.9%	77.8%
Referrals off campus	84.2%	55.6%
Share health records with approval	21.1%	55.6%
Contract with external organization to provide care	26.3%	33.3%
Help students make appointments off campus	68.4%	44.4%

**Table 4. Do apprentices have health insurance or health care benefits?**

Yes, from when they start the program	41.5%
Yes, but only after completing certain requirements	41.5%
No	18.9%

**Table 5. Are behavioral health benefits available to apprentices?**

Yes	62.3%
No	37.7%

**Table 6. Is physical health care available to apprentices onsite?**

Yes	9.4%
No	90.6%