Members in Attendance: Dr. Pradeep Bhagavatula, Dr. Sumana Chattopadhyay, Dr. Marilyn Frenn, Dr. Ana Garner, Mr. Kurt Gering, Dr. Rick Holz, Dr. Javier Ibanez-Noe, Dr. Teresa Jerofke-Owen, Dr. Kristof Kipp, Mr. Adam Kouhel, Mr. Scott Mandernack, Mr. Abe Ortiz Tapia, Dr. Cheryl Maranto, Mr. David Marra, Dr. Tim Melchert, Dr. Daniel Myers, Dr. Michelle Mynlieff, Dr. David Papke, Dr. Anne Pasero, Dr. Jim Richie, Ms. Dawn Smith, Dr. John Su, Dr. Doris Walker-Dalhouse, Dr. Jennica Webster, Mrs. Janice Welburn, Ms. Mary Jo Wiemiller, Dr. Susan Wood, Dr. Doug Woods, Ms. Jean Zanoni, and Dr. Wanda Zemler-Cizewski

Members Excused: Dr. Julia Azari, Dr. Abir Bekhet, Prof. Bruce Boyd, Dr. Brian Hodgson, Dr. Noreen Lephardt, Dr. Brian Till

Members not in attendance: Dr. Joseph Domblesky, Mr. Ryan Scoville, Dr. William Thorn

Guests: Dr. Laura Abing, Ms. Cindy Bauer, Ms. Valerie Beech, Dr. Marie Bement, Mr. Florian Bender, Mr. Cas Castro, Dr. Xavier Cole, Mr. Mike Danduran, Mr. Brian Dorrington, Dr. Kerry Egdorf, Dr. Paul Gasser, Dr. Chris Geiser, Dr. Sandra Hunter, Dr. Allison Hyngstrom, Dr. Mark Johnson, Mr. Dale Kaser, Mrs. Kristin Kipp, Dr. Laurie Kontney, Mr. Ricky Krajewski, Dr. Gary Krenz, Dr. Cecelia Landin, Mrs. Sherri Lex, Dr. John Mantsch, Mr. Steve McCauley, Dr. Gary Meyer, Dr. Susan Mountin, Dr. Alex Ng, Dr. Larry Pan, Dr. Paula Papanek, Dr. Danille Parker, Dr. Emily Patterson, Ms. Jacqueline Podewils, Dr. Sheila Schindler-Ivens, Dr. Tina Stoeckmann, Mr. Brad Stratton, Ms. Carol Trecek, Mrs. Toni Uhrich, Mrs. Bridget Valla, Mr. Neal Wucherer, and those unnamed.

I. Call to Order by Dr. Cheryl Maranto at 3:03 pm.

II. Reflection was given by Dr. Wanda Zemler-Cizewski

III. Athletic Performance and Research Center (APRC)

- Presentation by Dr. Mike Lovell, Dr. Dan Myers, Dr. Jeanne Hossenlopp, Ms. Lora Strigens
- Questions posed in the presentation:
  - What is the nature of research envisioned being supported by/at APRC? How many new lines will be available for faculty doing that research?
    - Dr. Jeanne Hossenlopp: Research is under consideration; it is much broader than simply research around elite athletes. Will study the effects of exercise and fitness on everyone across the spectrum. Are asking questions relative to the best priorities to get started in the facility. There will be research around injury prevention; rehabilitation; performance science (broadly defined); performance health, psychology and nutrition; health related issues that inform human performance; performance technologies. Faculty across campus and from different colleges have been engaged with their counterparts at Aurora to define and look at best practices nationally. Faculty lines will include people in residence as well as opportunities for visiting faculty. As more information about the scope of research and funding becomes available, more about the faculty lines will be determined by the Provost’s office.
    - Dr. Dan Myers: We don’t have a set of lines sitting around waiting for the APRC. Overall, we think about the best use of every faculty line that comes open. Over the course of the next few years, there will be many lines that come open due to retirements. We are not looking specifically at lines for the APRC, but are rather looking at all lines and how they can best be used across the university. Additionally, there are other ways to fund lines besides using current faculty lines, such as gifts and grants.
  - Is there any consideration being given to including other health care providers, such as Children’s Hospital, in the facility?
    - Dr. Mike Lovell: Both Children’s Hospital of Wisconsin and Medical College of Wisconsin have committed to participating with us.
    - Dr. Jeanne Hossenlopp: We have been asked to provide a better definition of what the research themes will be before engaging specifically with their faculty. Must have open collaboration and dedication to not
duplicating efforts. Children’s, for example, is interested in concussion injuries.

- Is the $40 million from Aurora a gift? Is it tied to APRC? What does Aurora want in return for its $40 million?
  
  o Dr. Mike Lovell: The $40 million is not a gift from Aurora. It is a corporate partnership investment, money from their operating budget that has been set aside for this project. It directly ties to the APRC. They are seeking growth in their research, improving their clinical outreach, and improving their branding.

- Where is the APRC on the fundraising priority list? How did that get determined?
  
  o Dr. Mike Lovell: There is no priority list for fundraising. There are five projects that are bundled and we are fund-raising simultaneously for all of those, in addition to student scholarship and faculty support. We aren’t just talking to donors about this, but are also talking to corporate partners. The APRC is no higher up on some list than any others.

- What is the status of the proposal(s)? What is the timeline for finalizing the agreements and breaking ground?
  
  o Dr. Mike Lovell: Even though a lot of work has been done, there is nothing set in stone. Until we can finalize what it is going to look like and how it will be used, we can’t move into finalizing any proposals. At this time, there is simply goodwill to continue working together to determine the best use of the APRC.

- What are the implications of the Aurora partnership for our health insurance (i.e., will MU go into the narrower Aurora network)?
  
  o Dr. Mike Lovell: The APRC is one project; we are also working with Aurora on becoming the healthiest campus in the country.
  
  o Mr. Cas Castro: Another benefits planning cycle has been completed since January. We are not moving to a narrow network for the 2017 plan year. Will be reviewing the network again in the upcoming planning cycle, just as we do every year. Many options are reviewed and recommendations are made for the upcoming plan. The Aurora network will be considered just as it normally would. Regardless of our partnership, they would fit into our options.

- Will the clinics on campus retain their independence – both PT and student health, as well as the new wellness initiative?
  
  o Dr. Dan Myers: The clinical group is working on this. It includes 3 faculty members from our (MU) side along with others from Aurora. Dr. Bill Cullinan is the co-chair of this group. The charge to the committee is to come up with a set of clinical operations – we want to take advantage of the athletic facility part and the research piece, and then have the clinical operations speak to those two pieces in some way. Clinical/athletics research – this is where they three should come together. Separate from that – what are we doing (or not doing) on campus in terms of our clinical operations – both currently and into the future. For example, a faculty/staff clinic on campus is something we don’t have. The discussions started with a totally open slate and are now considering possibilities. We are awaiting an actual proposal from that group as far as what they recommend we do, clinically, in conjunction with Aurora.
  
  o Dr. Mike Lovell: There are always some rumors. When you hear something that doesn’t sound right, you are encouraged to reach out to someone on the lead team. Don’t be afraid to ask the question of someone in this group. It isn’t healthy for the people on campus to be concerned.
  
  o Dr. Dan Myers: It is not really true that everything is on the table. We won’t accept any proposal that will cost our students more money; won’t do anything that will damage, in any way, our clinical training programs. The group has been asked to figure out how we deal with the really difficult issue of graduate health insurance. We could grow a lot of our health sciences and nursing if we had more clinical training sites in the Aurora system. Our aim is to come out of this with a situation that will benefit both us and Aurora.

- Questions from Senate members and guests:
  
  o Dr. Jennica Webster: From business perspective, how this will attract faculty, collaboration, etc.
  
  o Dr. Dan Myers: We hope, that this will allow us to attract faculty that have similar research interests, etc., regardless of the discipline. It won’t likely draw students, but should be attractive to potential faculty.
  
  o Dr. Mike Lovell: Believes it will impact the research; provides great opportunities for corporate partnerships; provides an opportunity for us to help provide critical services. It will transform our community as it will be a facility that is open to the public.
  
  o Ms. Lora Strigens: There is a strategic angle to this facility. May remember from the campus master
planning process where we had “single color buildings,” this is part of where we are looking at buildings with multiple uses (multiple colors) so we can put multiple pieces together. It is part of an efficient way for us to approach how we put together our campus buildings.

- **Mr. Adam Kouhel:** What percentage is student-focused and what percentage is faculty-staff focused?
  - **Dr. Mike Lovell:** As of today, there is no answer to the percentages. There are a lot of needs for our students, and whatever we do, it has to have a positive impact on our students.
  - **Dr. Jeanne Hossenlopp:** We talk about research and the faculty involved in the discussions. But none of the research takes place without students, both undergraduate and graduate.

- **Ms. Dawn Smith:** When will we (the UAS) know more of the specifics of the proposal as far as what Aurora wants, and what role will the Senate play? Will we know the specifics before it is approved by the Board?
  - **Dr. Mike Lovell:** Are working on this with Aurora in the same room.
  - **Ms. Lora Strigens:** On a project like this, we are working through a very integrated and messy process. They don’t come into a meeting and say, “this is what we want.” Instead, it’s a discussion with Aurora and Marquette in the room together, along with the design team. The design team will propose a way to say “this is what we’ve heard in the workshops, and this is a way you can put it all together in a facility.” There is lots of work being done in this back and forth process, lots of group meetings with the partners that will ultimately involve many partners.
  - **Dr. Mike Lovell:** This is not a traditional way of doing things for us on our campus. We are learning together.

- **Dr. Susan Wood:** What are the benefits for Aurora in this partnership?
  - **Ms. Lora Strigens:** There are several benchmarks that we are looking at. We believe we are building something truly unique. There are some university and healthcare partnerships that we can look at, but we are talking about some real dialed-up research components. University of Colorado, University of Minnesota, University of Nebraska and some others institutions have this type of partnership, but ours is unique, an opportunity to make an impact on the city, as well as the partnership between a healthcare entity and university.
  - **Dr. Mike Lovell:** Aurora is also trying to build up their research as well. In their branding efforts, pairing with us helps their branding and name recognition.

- **Dr. Sandra Hunter:** $40 million – is that enough? What do we get for $40 million?
  - **Dr. Mike Lovell:** Obviously yes, we need more. Have had many of these discussions; when talking to Randy Lambrecht of Aurora, they are also talking about the ongoing costs of staffing and keeping the facility moving forward. They are committed to those costs as well, and to what it takes to move beyond the building.

- **Dr. Paula Papanek:** Regarding MCW and Children’s, is happy they are involved. Why aren’t they involved in the research discussion? Is Aurora dictating our research agenda? And what happened to the Bucks?
  - **Dr. Jeanne Hossenlopp:** When we talked with MCW, we discussed the best time to bring them into the discussion. They asked that we refine it a bit before they enter the conversation, so this is at their request. Nobody is dictating our research agenda.
  - **Dr. Mike Lovell:** We are having continuing discussions with the Bucks. Their (the Buck’s) facility is for rehabbing their basketball players; it is not a research-based facility. Aurora and Froedtert are competitors, so there was a desire to include information about the facility in the announcement.

- **Dr. Emily Patterson:** What is the timeline?
  - **Ms. Lora Strigens:** Generally, we are working toward having some recommendations about what the project could be from a design standpoint and the research facility could be – some definition of project scope – by the December meeting of the Board of Trustees. We recognize that this must have an “end date” and that we cannot go on forever with the discussions.
  - **Dr. Mike Lovell:** We are also considering phasing the project, with different pieces happening at different times.

- **Mr. Adam Kouhel:** Any conversations with Aurora about having some type of student recreation center?
  - **Dr. Dan Myers:** The discussions have not been about where things, such as a student rec center, would be physically.

- **Mr. Adam Kouhel:** Has Aurora shown interest in a wellness center?
  - **Ms. Lora Strigens:** Only relative to the overall concept of the Healthiest Campus initiatives. It is part of the dialogue.
Mr. Ricky Krajewski: As mentioned, we know the research piece is broad and not finalized. Has there been any consideration of carrying out the research agenda in the current facilities before spending millions of dollars?
  o Dr. Jeanne Hossenlopp: We are looking for the best opportunities to put in this facility. But we also expect that there will be some research that will take place in current facilities.
Mr. Ricky Krajewski: Since there will be new opportunities, is there any outlook on the Marquette side of things to hire more people to carry out this research?
  o Dr. Dan Myers: The research expansion will require that we broaden our faculty. We will look at many different ways of funding both new and existing faculty.
Mrs. Janice Welburn: There is a concern that if we move to a single healthcare network, many options will be taken away.
  o Mr. Cas Castro: As a task force, we want to include as many options as possible. A narrow network might be an option in the future, but we would likely want to always include as broad an option as possible. However, cost is always a concern and if moving to a single network would aid that for both employees and the university, then we would have to consider it.
  o Dr. Cheryl Maranto: Having a narrow network might have long term implications of the success of our own, such as our physical therapy clinic, so please include those considerations in the task force discussions.
  o Dr. Dan Myers: In the clinical discussions, people are definitely aware of it. We would not accept a proposal that would damage the PT clinic in any way, as it is too important to our own curriculum.
Ms. Sherri Lex: Did I hear you say that the wellness clinics would be in the APRC?
  o Dr. Dan Myers: No, there would be clinics of some type in the APRC, but not the Wellness Clinic. Clinics that would be included would be something focused that was related to the theme of the APRC.
Ms. Sherri Lex: Is there any way we can continue to engage the university community in the ongoing discussions? Will there be open forums and/or community members that are part of the committees?
  o Dr. Dan Myers: First, individuals should always feel free to come and ask questions. Will make a note to give periodic updates, and are always happy to give updates to the UAS or staff senate.
  o Ms. Lora Strigens: I encourage everyone to have the same kind of interest in the other 4 projects that are a part of this bundle. Leadership is committed to discussion and sharing on all the items.
Dr. Cheryl Maranto: How might the Student Health Center be impacted?
  o Dr. Dan Myers: This is another issue that is being taken up by the clinical task force. It is one of the many things that have been put on the table for discussion as part of the healthiest campus discussion. Anything that is proposed cannot cost our students more and has to deliver at least the same level of service that the students have now.

IV. Approval of September 19, 2016 minutes
  • Motion to approve: Dr. Tim Melchert
  • Second: Dr. Jim Richie
  • Vote: Passed by unanimous voice vote

V. Chair’s Report – Dr. Cheryl Maranto
  • Asked University Board of Undergraduate Studies to take up the question of whether the university should consider a policy on the use of electronic devices in the classroom. They are reluctant to do so. Center for Teaching and Learning does have some potential guidelines for faculty use. Cheryl is interested in whether people have a desire to pursue, etc. If there were a policy, it would have to have some flexibility, etc. Let Cheryl or a UAS rep know your opinions.

VI. Provost’s Report - Dr. Daniel Myers
  • Are now beginning the next cycle of the enrollment process. Will be seeking a modest increase in the freshman class in the next cycle. Believe that is a reasonable expectation. Will also continue to concentrate on retention. Have a lot of capacity for transfers that we have not taken advantage of. Are hoping to be more transfer friendly. John Baworowsky will target in the future and see if we can work on that. New graduate programs are beginning to enroll students as well.
  • Named Jennifer Watson as Vice Provost for Academic Planning. Comes to us from UW-Oshkosh. Moving
toward Marya Leatherwood’s retirement on Nov 4. Very sorry to see her go; please take time to stop by and bid her farewell on Nov 1.

- Are engaged in a search for the Executive Vice President for Operations; Dr. Myers is co-chairing with Darren Jackson, Trustee Emeritus, who is also assisting us as an Executive in Residence. Search is in the very early stages. MaryJo Wiemiller is serving on the committee as representative of Academic Senate.
- Second podcast is now out with James South. Fun ways to highlight faculty research.
- Tomorrow will be a vigil, being called a black angels memorial, hosted by the NAACP student chapter and black student council, and held in Westowne Square at 6:00 pm. Marquette has attempted to participate in supporting students of color on campus and want to make sure that all are aware of this event. The purpose is to honor those who have lost their lives in the last year in incidents with law enforcement. Please attend if possible.

- Questions:
  - Dr. Cheryl Maranto: Several people have asked about the Executive Vice President for Operations position. In reviewing the new organizational chart, there is no longer a line between the Provost and Finance relative to budget authority. There was a hard fight to have direct involvement of the Provost and the strong Provost model, so how will this work?
    - Dr. Dan Myers: The intention is that the three positions in the center of the organizational chart (President, Provost, EVPO) will collectively be the chief budget officer. They will work together to make all budget decisions and the final authority will rest with the three of them together. Discussions regarding how the budget gets apportioned to all areas of the university will also involve all of them very directly. Dr. Myers feels empowered and believes this change will actually help us get more things done. President just does not have time to oversee all the Vice President positions. Dr. Myers is very encouraged and looking forward to the new structure. Symbolically, the intent of the addition of Executive Vice President for Academic Affairs to Provost’s title was to signal to everyone the importance of the provost position. Provost is still #2 in the university.

VII. University Promotion and Tenure Committee – Dr. Gary Meyer, Chair
   a. Informed on Motion
      Statutes on Faculty Appointment, Promotion and Tenure
      - Chapter 301: Faculty Titles for Members of Marquette University
        - Section 301.03 – Emeritus Status – amended as attached
   b. Guidelines associated with the Application and Granting of Emerita or Emeritus be adopted (in conjunction with statute amendment).

- Discussion:
  On behalf of the university committee on Promotion and Tenure advising of statute change that will be a motion at the next meeting of Academic Senate. Three changes are recommended:
  1) Philosophical change – faculty and academic administrators would presumptively be moved to the status of emeritus on retirement, assuming they met some criteria. It is a more presumptive notion.
  2) Structural – specifically, this will include not only tenured faculty members and academic administrators, but also participating faculty that have shared in the university structure
  3) Procedural – process would be much less onerous. Currently resembles same process as promotion to associate or full. Proposing a significant modification so that an applicant would apply to the respective dean with a letter and CV; dean would pass along a recommendation to provost; provost would make a recommendation to president. The dossier and a few of the committees involved would be eliminated. Can do that because it is a more presumptive notion.

- Questions:
  - Dr. Anne Pasero: When will it be implemented?
    - As soon as it is voted on at the next academic senate meeting. If provost approves, would happen immediately. Those who submit in February for retirement would not have dossiers prepared.
  - Dr. Anne Pasero: What about those faculty retiring this December?
    - If someone is retiring this December, they would fall under the old policy.
  - Dr. Tim Melchert: How does this compare to the current process?
    - Is more presumptive. The old philosophy is more “meritorious” but don’t really know the last time an
emeritus case was turned down. There are some perks to the emeritus rank.

- **Mr. David Papke:** If the dean rejects the presumptive application, do reasons need to be explained?
  - Yes, in very specific and substantial language. Provost could then move that back to the university committee for consideration.

- **Ms. Dawn Smith:** does it change the timeline for reporting potential retirements.
  - Two dates at which someone applies for retirement – Dec 1 and Feb 1. When they apply for retirement, the emeritus process begins.

- **Dr. Marilyn Frenn:** In terms of people who have retired and didn’t go forward when the process was more onerous, is there any consideration of the process retroactively? For example, if someone chose to write a grant proposal for their college instead of applying for emeritus, perhaps a retroactive process could be considered.
  - In any new policy, there is always the difficulty of moving forward and looking back. If retroactive, how far do you look back? Policies change, and we must simply move forward. The group did consider this, but decided not to take on any retroactive cases. Will share this discussion with the committee.

- **Dr. Cheryl Maranto:** This change will also include participating faculty, who previously did not have the option of seeking emeritus. Perhaps we should also consider retroactivity for recently retired individuals.

**VIII. Honorary Degrees – Dr. Mark Johnson, Chair, University Honors Committee**

- **Discussion**
  - Principal goal is to seek help of University Academic Senate in nominating individuals for consideration of receiving an honorary degree. The University Honors Committee generates, discusses and considers those individuals suggested for honorary degrees. The committee solicits names of individuals suggested for honorary degrees and provides a recommendation. The committee is highly representative of the campus community. The committee then recommends or does not recommend individuals for nomination. The sense of the committee is shared with the president’s office, who in turn submits that recommendation to the Board of Trustees. The Board of Trustees then makes the invitations, etc.

- **Committee needs assistance with the gathering of names as a wide range of names should be considered. Asking for awareness and participation, as everyone has their own respective constituencies. The goal is to get a deluge of incoming names. Please consider making recommendations or seeking from among constituencies. Newsbriefs will include the request soon and the committee asks that all heed that request.**

- **Keep in mind that it may have seemed in the past that the committee was more comfortable deciding why we should NOT make some nomination rather than the reasons why we should consider someone. Also important that we respect the university’s public face.**

- **Individuals are also considered for being a good candidate for commencement speaker.**

- **Questions**
  - Are the criteria for those being considered as commencement speakers different from others?
    - Yes.

**IX. Health Insurance – Mr. Steve McCauley, Director of Employee Benefits**

- **Discussion**
  - Are totally self-funded; allows the task force to make decisions for us, specifically.
  - Based on feedback to the task force, the top three things for our employees remain consistent (same in 2016 as they were in 2003):
    - Comprehensive coverage
    - Consistency in the coverages offered
    - Choices of providers
  - Three changes to consider.
    - Health Savings Account will be available as a pre-tax option to employees with PPO and HDHC plans. This is different and important that individuals understand. If there are questions, please attend a health assistance day. All information was in the benefit pack sent to home addresses.
There is clear delineation in the plan differences relative to deductibles, co-pays and out of pocket maximums.

Preventive benefits are now covering all diabetic medical supplies (for which a prescription has been written), effective 1-1-17, under the prescription plan.

- Many things are staying the same:
  - 3 plans, EPO, PPO and HDHC
  - UMR remains the administrator
  - Express Scripts remains the prescription drug administrator
  - Same provider network

- Annual enrollment dates are October 24 through November 11, 2016.
- Health Risk Assessments (HRAs) can be done October 24 through November 18, 2016.

- Questions:
  - The HRA discount went away?
    - Yes, technically. But really did this as a change; the 10% discount is gone, but now participants in HRA will receive a contribution to your HAS (for PPO or HDHP Plan) or FSA (for EPO plan), depending on the plan in which you are enrolled.
  - Preventive diabetes supplies – it is all covered now?
    - Hypothetically speaking, yes. All items that are prescription will be covered (durable medical supplies, not insulin).
  - When Marquette contributes to the HSA, does the employee have to contribute more?
    - HSA account will be a line item in the MyJob benefits enrollment section. Employee can sign up to contribute whatever they want. The Marquette contribution will count toward the maximum amounts allowable. The plan is portable.

X. Adjourn at 4:57 p.m.

- Motion to Adjourn: Dr. Wanda Zemler-Cizewski
- Second: Mrs. Janice Welburn
- Vote: Unanimous voice vote

Respectfully Submitted,
Mrs. MaryJo Wiemiller
UAS Secretary