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Why HF 1751 / SF 2401?

This bill lowers the credit threshold for insurance eligibility among Contingent Faculty in Minnesota State. It would relieve the financial burden on individual campuses to cover the employer contribution and allow faculty to spread their credit-workload across multiple colleges in the system, making it easier to meet the eligibility threshold.

Who are Contingent Faculty?

Contingent Faculty perform academic labor in the two faculty unions in Minnesota State: the Minnesota State College Faculty (MSCF) at the two-year colleges, and the Inter Faculty Organization (IFO) at the four-year universities. Contingent Faculty have no continuing contract rights and no expectation of ongoing employment from semester to semester. Despite this job precarity, many faculty have taught in Minnesota State for decades with a contingent status.

Contingent Faculty Insurance Coverage

The availability of insurance coverage for Contingent Faculty varies between MSCF & IFO. Contingent faculty often work in both units at the same time and their insurance coverage is inconsistent. This contributes to financial, mental and physical health, family planning, and emotional instability for the over 3,000 Contingent Faculty in Minnesota's largest system of public higher education.

In IFO among state universities, Contingent Faculty are eligible for partial employer-sponsored health insurance coverage (50% of the costs) if they teach at least 9-credits in a year, and full coverage (100% of the costs) if they reach 12-credits. However, there are two significant problems with this: (1) Community Faculty and Adjuncts cannot teach more than 12-credits, and (2) because the insurance coverage threshold is based on "credits per year," many contingent faculty don't hit the threshold until spring semester, leaving them uncovered for the fall semester. Additionally, since insurance costs are paid from individual campus budgets, some campuses try to keep Contingent Faculty just under the eligibility threshold to save money. A troubling example involved a faculty member who was given 11.9-credits in a year, just under the 12-credit threshold. Her .01 credit was technically given to a colleague, but in name only. If insurance funding came from a centralized fund and not individual campuses, local administrators would be less inclined to make such absurd and harmful decisions.

Currently, the collective bargaining agreement between Minnesota State and the IFO allows credits to be distributed across both universities and colleges within the system, which should remain the standard. This is not allowed in the collective bargaining agreement between Minnesota State and the MSCF. However, even under the current system in IFO, Contingent Faculty must teach 12-credits in the fall semester—often across multiple campuses—just to qualify for insurance. The existence of "Freeway Flyer" instructors, those who rush between campuses to teach credits simply for health insurance eligibility, is far from ideal for either faculty or students. This issue can be addressed in a more sustainable and humane way.

In MSCF among state colleges, Contingent Faculty must teach 9-credits in a semester to receive partial employer-sponsored health insurance coverage (50% of the costs) and 12-credits to receive full coverage (100% of the costs). They also must teach at least 6-credits at a single “home college” to qualify for insurance, which can be further restrictive. For example, if a faculty member teaches 5-credits at one campus and 4-credits at two others, they cannot combine credits for the purpose of insurance eligibility and would not qualify for employer sponsored health insurance. As with IFO, college campus budgets are responsible for covering insurance costs for faculty, creating the same incentive for campuses to keep Contingent Faculty just below the eligibility threshold.

The eligibility threshold is too high for Contingent Faculty to be fully covered by insurance, especially given the instability they face working semester to semester with no continuing contract rights. Many Contingent Faculty express the desire to simply work enough to secure coverage for themselves and their families. Making insurance more accessible to Contingent Faculty should be a priority for those who are central to the public higher education of Minnesota university and college students.

Real-Life Impact of Inconsistent Insurance Coverage

The lack of adequate insurance coverage has real-life consequences. While full-time faculty with continuing contract rights often take time off for medical procedures, it is not uncommon for Contingent Faculty to avoid scheduling necessary surgeries because they are unsure if they will have insurance coverage in the upcoming semester.

One faculty member put off a doctor’s visit until his wife insisted, only to discover he had brain cancer, which may not have been caught otherwise. Another lost his insurance when his class was canceled at the last minute, leaving him to pay out-of-pocket for \$800 in medication, almost the entirety of his paycheck. Another needed to teach an online class to maintain insurance eligibility while undergoing treatment for cancer and, tragically, passed away mid-semester.

These stories are not isolated.

HF 1751/ SF 2401 is a call for change.

The State of Minnesota needs to ensure that Contingent Faculty are supported, not just with words, but in the insurance coverage they deserve.

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