



**I. Roll Call**

	Open Roll		
	Prst	Abs	Exc
Aderibigbe, Abdul (Adeer-big-be)	1	1	
Al Zein, Haia (All - zane)			1
Alvarez, Amelia	1		
Anderson, Elizabeth	1		
Barnum, Brooks	1		
Engelmann, Tristan			1
Fritz, Roman	1	1	
Giron, Joe			1
Golden, Cherish	1		
Gronert, Bobby	1		
Gupta, Yana			1
Hagen, Ashley (HAY-gen)	1		
Harry, Michael	1		
Jackowski, Ethan (Ja-cow-ski)	1		
Latham, Alisha (Lay-them)	1		
Levers, Lander (LEE-vurs)	1		
McDuffie, Sidney (Mc-DUH-fee)	1		
McLaughlin, Laila			1
Naber, Christopher	1		
Ni, Jianda		1	
Ochoa Samoff, Gabo	1		
Pabellon, Cecily (Pah - bay - YONE)	1		
Pandey, Srijan (Sri)	1		
Premkumar, Jeeva		1	
Riccelli, Max		1	
Ruiz, Andrea Cristina			1
Shatdal, Amitabha (Shuh-Thuh-dhuhl)			1
Spoehr, Carol (Spore)	1		
Srivastava, Ishaan (Shri-vah-stah-vah)	1		
Titus, Brock	1		
Tostrud, Jonathan (Tossed-rude)			1
Varughese, Landis (Var-GEES)	1		
<b>Total for Quorum: 17</b>	<b>19</b>	<b>5</b>	<b>8</b>

	Open Roll		
	Prst	Abs	Exc
Hernandez, Alejandro		1	1
Kenney, Caitlyn	1		
Lambert, Genevieve	1		
Livermore, Camren	1		
Mladucky, Megan	1		
Mokrzycki, Matt (Mo-cricky)	1		
Nothom, Lily (Not-them)	1		
Roy, Aayana	1		
Sainz Prats, Clara	1		
Wesson, Drew	1		
Wesson, Jake	1		



**II. Swearing in of Representatives**

- a. Welcome Representative Pabellon! :D

**III. Announcements**

a. Upcoming Events

- i. Student Advocacy Committee
- ii. Justice, Equity, & Belonging Committee
  - 1. The next meeting is next Tuesday at 6:30 in the Caucus Room.
- iii. Sustainability Committee
  - 1. The next meeting is tomorrow at 6:30 in the Caucus Room!

iv. ASM Chair

- 1. The next STUCO meeting is on the 29th!

v. All Members

b. General Announcements

- i. Shoutout to Sustainability Committee! They represented us at the system wide sustainability conference! Way to go!
- ii. Director Wesson has done a great job managing press! Great work!

**IV. Open Forum: [go.wisc.edu/asmopenforum](https://go.wisc.edu/asmopenforum)**

- a. Shukai Yuchi: Badger Emergency Medical Services (Non-student but received a majority vote to speak!)
  - i. A first responder and Madison alumn! Madison does not have an EMS agency on campus. Badger EMS is a student organization that has aimed to fill that gap as best as possible. They gathered data and gained support from local medics. Creating a student-run, campus-based agency has always been the goal of Badger EMS. Please support our efforts
    - 1. Rep. Roy: Was Badger EMS at MCORE?
      - a. Don't believe so. Still looking to expand their reach.
- b. William Naviaux: Badger Emergency Medical Services Written Statement



- i. My name is William Naviaux. I am a current PhD student at UW-Madison, member of Badger EMS and a paramedic for multiple 911 EMS agencies in Dane county. I am writing in support of the creation of a student operated emergency medical service.

As a certified paramedic(highest certification level for pre-hospital providers) I have had the opportunity to pursue part time employment with multiple 911 ambulance services in the area. This unfortunately is not as easy for many EMTs on campus. With Dane county being made up of primarily paramedic level services, many being dual-paramedic (meaning EMT licensed persons are not a part of the minimum crew), paid and convenient opportunities for 911 emergency experience for EMTs are few and far between.

I have been fortunate enough to work for one of the only 911 EMS services in Dane county to pay EMTs without experience. During my time there I have been able to work with and train a handful of UW-Madison students who are EMTs. The growth, experience, and knowledge that I have seen them gain is valuable and an important building block for future career decisions that would not be possible with private ambulance companies in Madison. Yet 911 experience is not the norm for what most students are exposed to. The service I mentioned earlier is a 20 to 25 minute or more drive from campus and requires 48 or more hours a month of work. These times and driving distances are not unusual for 911 services for students at UW-Madison, to my knowledge there is only one EMS service that is accessible from campus via public transportation(this service has the lowest EMS call volume in the county, severely limiting a new EMT's ability to learn). This leaves a major gap in the ability for student licensed as EMTs to gain this critical 911 experience.

All of these challenges also push students interested in becoming EMTs away. With increased minimum course times being implemented in Wisconsin, the requirements of training and employment all being off campus is a big hurdle. By having this campus based service students will hopefully be able to ease the process of becoming licensed and competent EMTs. Overall, I feel strongly that a campus EMS system will give more students more opportunities to give back to the UW-Madison community, keep our campus safe, and gain lifelong soft and emergency skills that come with being a 911 EMT.



- V. Special Orders - UHS Director Jake Baggot and Chief Operating Officer Lindsay Barber
- a. UHS Funding Model Review Workgroup
- i. For a while, they've been looking for additional avenues to fund the work of UHS. Participants included campus admin, student leaders from ASM, and of course, UHS admin, providers, and clinicians. The workgroup focuses on Financial Sustainability, Service Utilizations and Accountability, and Student Impact and Affordability.
  - ii. Current scope of services includes Medical Services, Survivor Services, Mental Health Services, Counseling, and much more. The operating budget of UHS for the Financial Year of 2025 was \$28.6 million. Your Student Segregated fees support all of the services offered. Very little funding comes from outside sources. Students are charged for very few services as a result. Despite this, they are still exploring ways to attain more funding.
  - iii. Spectrum of Billing Models for Consideration at UHS:
    1. Model 1: Current State
      - a. Advantages: Few barriers to care, high level of patient privacy, scope of services decisions based solely upon student need, high level of patient satisfaction, strategic ability to recruit providers from RVU-based models (RVU summary: reimbursed based on the number of patients seen), Seg fee coverage includes medical, mental health, public health, and prevention services, ability to consistently budget.
      - b. Considerations: Barriers to growth if decision made to limit the seg fee by students or campus, healthcare costs continue to increase, lack of healthcare literacy for students upon graduation, lab and radiology services amount to 54% of all supplies and services costs (a big expense).
    2. Model 2: Integration Resource Lab/Radiology
      - a. Under this model UHS would maintain seg fees as the primary funding source and would transfer lab and radiological services from the UHS scope of services. These services would instead be provided by a resource lab.



- b. Opportunities: Estimated \$1-1.5M in savings, Increased awareness of cost of these services
- c. Challenges: Currently STI and Pregnancy testing are the most frequently run labs at UHS (around 40%). Privacy concerns would arise if using parents' insurance.

3. Model 3: User Fee Model

- a. Under this model, UHS would maintain the seg fee as the primary funding source and would also charge students a user fee at each appointment . Ideally under this model the fee would be small enough to not create a barrier to access and is still impactful in adding an additional revenue source.
- b. Opportunities: Could be implemented easily and quickly, partner with Bursar's office to collect these fees so money is exchanged between the students and UHS directly, student privacy remains at forefront in this model.
- c. Challenges: Possible financial barrier. Which services would be charged and for how much? Would there be exceptions? Costs of building this infrastructure. Creation of workflows to monitor the work.

4. Model 4: Insurance Billing Model

- a. Under this model, UHS would bill the student's health insurance for services. If this model is pursued, it is recommended that a campus-wide health insurance mandate is implemented. Students who are uninsured or underinsured would have to purchase the insurance plan.
- b. Potential maximum annual revenue is around \$2.4M (including billable services from procedures).
- c. Estimated annual expense of this model: \$1,212,350
- d. Est. Billing Revenue-Expense-Financial Aid Expense: -\$5,712,



- e. Opportunities: Ability to create alternative revenue (to ensure sustainability), educate students around health insurance, streamline documentation templates  
Challenges: Significant infrastructure costs, access implications and barriers to care, student privacy concerns, average denial rate for submitted insurance claims is 15-25%, primary care has a low rate of reimbursement which limits potential revenue, shift in evaluating scope of services from patient to value based services, patient satisfaction, shift in triaging patient to increase the number of visits, significant changes to visit templates and documentation to ensure compliance and reimbursement, and change in patient treatment plans based on what insurance will cover.

iv. Discussions and data comparison took place with the Big 10 Schools

- 1. Many are reconsidering their models, and many used us as a proposed model

b. Questions:

- i. Rep. Levers: We don't really have the space for an insurance model because more people would have to be hired. You never know when you'll need the services
- ii. Rep. Ochoa Samoff: The current model seems to be the best model, or that the insurance model wouldn't really serve students well. The current cost of UHS through segregated fees is 11x cheaper than it would be without our current model.
- iii. Rep. Alvarez: Feels so blessed to never have to worry about co-pays, but so many students don't have that privilege. When we get to the real world this may not be the case, but this may be the only time our students will receive care that is this accessible.
- iv. Rep. Gronert: Becoming more like our nation's healthcare system would be detrimental to our campus community. Even if you don't use the resource, do you not have compassion for your peers? Are we not a community?
- v. Rep. Latham: Is there consideration for how the insurance model would impact families?



- vi. Rep. Jackowski: Two things: for students under bucky's pathways/pell grant, their seg fees are covered through the university. A model change would make the process more complicated for our most financially vulnerable students. Additionally, the money paid for services elsewhere are much more expensive compared to the payment made through segregated
- vii. Sec. McDuffie: Thank you for considering the significance of seemingly low co-pays for low-income students. 5-15 dollars can truly make a difference in the level of access students receive.
- viii. Rep. Anderson: Are grad students viewed differently? They have different concerns to consider.
  - 1. More students who had assistantships actually used the health center more than those who didn't. Grad students would actually be more expensive outside of this model (entering age ranges where more issues arise)
- ix. Rep. Harry: How much are seg fees expected to increase? Are model changes considered every year?
  - 1. 4% annually should pretty much be expected. Model changes aren't considered frequently. The last time was likely 2013.
- x. Rep. Spoehr: As a grad student who has been in the healthcare market for 30+ years and someone with a disability, seg fees are comparable to insurance. You may not use UHS today, but somebody likely will. The amount of access and privacy offered is important for undergraduate students.
- xi. Chair Varughese: It was refreshing to be a part of this group. The focus was really on student care and how to provide the best care. Considering reach and impact thoroughly. Thank you for coming!
- xii. Chair Sainz-Prats: An international student. Is there a model change being considered for international students or is the assumption that they would always need to pay?
  - 1. A new model hasn't been explored for international students because the process is separate.
- xiii. Rep. Jackowski: What is a prior authorization?



1. If a procedure is going to cost a lot of money, insurance will want proof that the procedure is absolutely necessary.
- xiv. Sec. McDuffie: Is there a way to make insurance more accessible for our international students?
  1. It's about 1600, less than the domestic plan. In terms of access, it's required for them. It's built into their cost of attendance. Someone is there to help students navigate that process. Hard to come up with a more affordable plan. They are receiving a platinum plan so any outside care has a great amount of coverage.
- xv. VC Hagen: Concerned for students in the insurance model who would use UHS repeatedly for chronic concerns. Do you have data on the average number of visits? What about for survivor services.
  1. Can't fully recall off the top of their head. Mental health resources are 2-3. Raises concern for what's appropriate to charge for and what's not. At least half of primary care visits have underlying mental health issues. Working in an integrated system makes connecting students to the resources they need a lot easier.
- xvi. Rep. Gronert: Insurance complications are frequent despite how frequently it can be relied on. Urging everyone to understand that the cost to students and quality of care would be extreme.

**VI. Adoption of the Agenda**

- a. Adopted

**VII. Reading and Approval of the Minutes**

- a. [09.17.2025 ASM Student Council Meeting Minutes](#)
  - i. Approved!
- b. [10.08.2025 ASM Student Council Meeting Minutes](#)
  - i. Tabled for next meeting to make further edits.

**VIII. Removal or impeachment of Representatives, filling of vacancies in the Student Council**





**IX. New Legislation**

a. [32-1015-01 In Support of a Campus EMS Program](#)

i. [Policy Brief](#)

1. (Anti-Violence) Chair Jake Wesson: Most emergent calls go to Madison Fire department. They respond to over 30,00 calls per year. This threatens response times city-wide, and definitely impacts our campus. The proposal is for ASM to support a student-staffed Basic Life Support, non-transport response team. BadgerEMS would deploy licensed student EMTs during high-demand periods.
2. Questions
  - a. Rep. Spoehr: In the proposal, major events were mentioned. Would this be to respond to concerns outside of events that already receive adequate coverage?
    - i. It could be a mix of both, it would just depend on where the need is.
  - b. Rep. Latham: Do BadgerEMS come in trained or does BadgerEMS do the training?
    - i. Most members come in already licensed as EMTs. Many get licensed at a community college over the summer. Exploring the option of hosting a course on campus. 80 of 160 are licensed and 80 are interested in obtaining their license.
  - c. Rep. Anderson: Why has this not been considered before? Are there institutional barriers?



- i. A student-run EMS service has existed in a limited capacity before through UWPD. When they asked to restart the service, there was a grey area around compliance concerns.
- d. Rep. Jackowski: Operating as an RSO v being affiliated with the university. Have there been conversations with the administration?
  - i. 3 branches of the organization were envisioned with the creation of BadgerEMS: organization, education, and staffing. This would be student-run and student-staffed. Some models have non-college students in higher positions, which is possible for what they have in mind. They have already coordinated support for oversight.
- e. Rep. Harry
  - i. Is it going to cost money?
    - 1. Unfortunately, yes. Most campus EMS services wouldn't charge students, which is what they'd like to adopt. Which means the cost would fall on the university. Keeping it simple helps with the cost. Costs would be relatively low. This would be volunteering, so costs would be up-front costs.
- f. Rep. Levers: EMT training seems to be liked to MATC (Madison). Is that accurate? Is the goal of this legislation to also encourage the university to create a program of its own?
  - i. Yes, that is accurate. No, education is not being formally requested in this legislation.
- g. Rep. Ochoa Samoff



- i. Motioned to call the questions
  - 1. Amended to end of questions list.
- h. Rep. Livermore: Can you share any details that are already fleshed out in the proposal?
  - i. Have 32 pages worth of information collected, so if you're interested, feel free to ask.
- i. Rep. Jackowski: Why are we pushing for this to be volunteer? Why not compensate students for their significant work? How do you address concerns from students who don't want to be treated by their peers?
  - i. While canvassing for org, most of the students wanted to volunteer. Volunteering hours still support the student volunteers (especially with med school). Also while pay would be nice, paying all volunteers would be costly. There are students who would otherwise resist care due to the costs associated with traditional EMTs. This would make care more accessible for those students
- j. Sec. McDuffie: Southeast Housefellows would appreciate the support from Badger EMS due to high rates of wellness calls. Also, have had friends that expressed resistance to receiving traditional EMS care due to the costs.
- k. Chair Varughese: The goals of this legislation are impressive and admirable.
- l. Rep. Jackowski: Expression of hesitancy due to lack of details. Would like to see a 32-page proposal. Would be a great GSSF group. Funding



is possible! Sees the value but is concerned about liability, oversight, conversation with admin, etc. Not a no! Just has questions.

m. Rep. Gronert: Great idea. Expanding on medical services is a liable and impressive idea. Would love to support materially.

n. Chair Levers: Loves the potential of this legislation, wants to call the question.

o. Chair Livermore: Thank you for writing the proposal. To the body, consider to table for the next meeting so we have time to thoroughly evaluate the information they have.

3. Placard vote: 12 to 4 to 2

a. Motion passed.

**X. Appointment of Committee and Board Chairs & Members**

a. [Current Availability](#)

i. Rep. Pabellon: Shared Governance Committee

**XI. New Business**

**XII. Old Business**

**XIII. Reports of Standing Committees and Boards ([Link](#))**

a. Justice, Equity and Belonging Committee

i. Planning an outreach event at MSC with GAC

1. ASM 101 and Grant Workshop (10/27 at 6-8pm)

a. Come support if you'd like!

2. Next Meeting: 10/21 at 6:30 pm

b. Shared Governance Chair

i. New Alcohol and Other Drugs Leadership Team and Suicide Prevention Coordinating Council



- ii. [Appointments for 10/15/2025](#)
  - 1. Approved via unanimous consent.
- c. Sustainability Committee
  - i. ASM Green Office Certificate Presentation 10/28 at 4 pm
- d. Legislative Affairs Chair
  - i. TAA Lobby Day Collaboration (11/3-5)
    - 1. Focus on Act 15 and Student Workers
  - ii. Next meeting 10/23 at 6:30 pm
- e. Vote Coordinator
  - i. Lakeshore Voter Registration Locations (NEW!)
    - 1. Most likely at Bakke
  - ii. Poll Worker Recruitment and Mock Election with City Clerk's Office
    - 1. 10/28, 4-7pm
- f. Grant Allocation Committee
  - i. 6th hearing was yesterday
    - 1. 23 Travel Grants and 11 Event Grants so far
  - ii. First Operations grant Hearing was 9/27; 56/137 done so far.
- g. Student Activity Center Governing Board
- h. Internal Affairs Committee
  - i. Financial Advisor Search and Screen
  - ii. 1 Student on SSFC and 1 student
    - 1. Letter of interest due tonight at 11:59 pm
- i. Graduate Student Focused Committee
  - i. Met once and discussed goals for academic year



- ii. Please fill our survey (on slideshow) to determine meeting time for the rest of the semester

- 1. Question:

- a. Rep. Lambert: Would you like help reaching out to Grad students in shared gov committees?
  - i. Eventually, yes!
- b. VC Hagen: What did you all discuss?
  - i. Examples: Segregated fee difference for international students and broadening open access journals for publishing purposes.

**XIV. Reports ([Link](#))**

- a. Chairs
  - i. Many updates! Be sure to check out the links!
- b. Student Judiciary
- c. Student Services Finance Committee
  - i. Slow Foods UW eligibility vote takes place tomorrow
  - ii. Many GSSF organizations approved1
  - iii. Meeting tomorrow at 6:00 pm
- d. ABTS Fall Conference 11/21st-23rd, UMich
- e. New ASM Admin Associates! Say hi!
- f. ASM INTERNAL BUDGET TIMELINE - PLEASE BE AT SCHEDULED MEETINGS!
- g. Proposed renovations to SAC. Please contact SACGB Chair to offer feedback
- h. Press Office Director
  - i. Lots of interest right now!

**XV. Shared Governance Committee Reports**

**XVI. Closing Roll Call**



**Associated Students  
of Madison**  
UNIVERSITY OF WISCONSIN-MADISON

**Student Council, 32<sup>nd</sup> Session  
October 15, 2025 at 6:30PM  
MEETING MINUTES**

	Closing		
	Prst	Abs	Exc
Aderibigbe, Abdul (Adeer-big-be)	1	1	
Al Zein, Haia (All - zane)			1
Alvarez, Amelia	1	1	
Anderson, Elizabeth	1		
Barnum, Brooks	1		
Engelmann, Tristan			1
Fritz, Roman	1	1	
Giron, Joe			1
Golden, Cherish	1		
Gronert, Bobby	1		
Gupta, Yana			1
Hagen, Ashley (HAY-gen)	1		
Harry, Michael	1		
Jackowski, Ethan (Ja-cow-ski)	1		
Latham, Alisha (Lay-them)	1		
Levers, Lander (LEE-vurs)	1		
McDuffie, Sidney (Mc-DUH-fee)	1		
McLaughlin, Laila			1
Naber, Christopher	1		
Ni, Jianda		1	
Ochoa Samoff, Gabo		1	
Pabellon, Cecily (Pah - bay - YONE)	1		
Pandey, Srijan (Sri)	1		
Premkumar, Jeeva		1	
Riccelli, Max		1	
Ruiz, Andrea Cristina			1
Shatdal, Amitabha (Shuh-Thuh-dhuhi)			1
Spoehr, Carol (Spore)	1		
Srivastava, Ishaan (Shri-vah-stah-vah)		1	
Titus, Brock	1		
Tostrud, Jonathan (Tossed-rude)			1
Varughese, Landis (Var-GEES)	1		
<b>Total for Quorum: 17</b>	<b>16</b>	<b>8</b>	<b>8</b>

	Closing		
	Prst	Abs	Exc
Hernandez, Alejandro		1	1
Kenney, Caitlyn	1		
Lambert, Genevieve	1		
Livermore, Camren	1		
Mladucky, Megan		1	
Mokrzycki, Matt (Mo-cricky)		1	
Nothom, Lily (Not-them)	1		
Roy, Aayana		1	
Sainz Prats, Clara		1	
Wesson, Drew	1		
Wesson, Jake	1		