
AffirmedRX

What data and reasoning informed the decision to transition to AffirmedRx, narrow the formulary (including GLP-1 therapies), recategorize preventive medications under the deductible, and mandate management through a subcontracted 1-to-1 clinic? Will Purdue publish the supporting cost, quality, and safety analyses and provide clear continuity-of-care protections for employees?

Could you please share:

1. The rationale and data used to justify the formulary changes—specifically, analyses of total cost of care (not just premiums) for cardiometabolic disease prevention and control;
2. The evidence and contractual reasoning for the site-of-care mandate to the 1-to-1 clinic, including any quality, safety, or cost outcomes that support forced transfers;
3. The university's continuity-of-care protections: Will employees be allowed to remain with their chosen providers for ongoing management when clinically appropriate, with clear exceptions/appeals and a non-disruptive transition policy?
4. A commitment to publish the cost-benefit analysis, P&T criteria, and utilization-management protocols; and
5. A plan to include frontline clinicians and employee representatives in a rapid review of these policies, with consideration for restoring coverage of evidence-based therapies (e.g., GLP-1s) under appropriate indications.

- Purdue carefully evaluated its prescription benefit manager through a competitive process in 2024, with AffirmedRx selected for its transparent contracting, wider pharmacy access, stable formulary with Purdue input, and innovative health management programs. We also started providing \$1,000 in HSA/HRA contributions to help offset costs and continue to benchmark coverage, including for costly weight-management medications, where Purdue remains among a minority of employers still offering coverage. AffirmedRx Patient Care Advocates are available at no cost to help employees navigate these changes, and our longstanding partnership with One to One Health through the Center for Healthy Living provides additional support and coordinated care. Purdue will continue to monitor and evaluate the situation closely to safeguard employee well-being.
- One to One Health, operator of the Center of Healthy Living (CHL), has been a strategic partner for over seven years, adding significant value for Purdue faculty and staff, especially as it relates to providing convenient access to high quality care. They have a strong history with Purdue of keeping members compliant with annual physicals, other wellness screenings and adherence to prescribed medications, as well as helping members navigate to quality providers when additional services are needed.
- Weight management medication costs have increased 900% from 2022 to 2024. Purdue remains in the minority of employers offering coverage. In order to maintain

the ability to cover the medication under the university health plans and given the importance of adherence to medication to realize the long-term population health benefits, members must be engaged in a weight management program. Given the history of success with CHL, the University chose to work with them to develop a comprehensive program that includes support from providers, dietitians, pharmacists, behavioral health counselors, nutritionists and wellness coaches. Members who are engaged in this program are not required to move all of their healthcare to CHL. CHL providers will coordinate with other healthcare providers on a member's care team. As with all medical management programs, there is an exception process that employees can go through if they feel the care they have outside of CHL meets the requirements of the program.

- GLP1 medications, the most popular weight management medication, cost \$14,400 per year per person. Similar to all other healthcare services, those who utilize plan benefits have a cost share. For 2026, net of university funded HSA contributions, an employee will pay approximately \$2,000 of the \$14,000 or 14% of the total cost, in line with the overall cost share of Purdue's health plans where the university funds 90% of premiums and 75% of total costs. The University also considered not covering the medications, leaving employees to buy direct from the manufacturer where costs are approximately \$6,000 per year.

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Given the significant increases in out-of-pocket costs (up to 1,000–4,000% for some prescriptions) and the risk of employees forgoing treatment, does Purdue plan to revisit its contract with AffirmedRx or renegotiate the recategorization of medications to safeguard employee health and, by extension, university productivity?

- Please see above.

AI

Post graduation job opportunities are already being affected by the A.I. infestation. What is Purdue's universal, forward thinking, and realistic strategy to wind down areas of study producing a workforce with skill sets that A.I., in the next very few years, will dominate?

- The academic portfolio of programs at Purdue has always needed to stay relevant and responsive to the career goals of students and the workforce needs of employers. Today, the rate of change has accelerated, and the scale of potential impact is both massive and uncertain, sweeping across almost all fields. We cannot graduate students into instant underemployment but instead prepare our graduates to create opportunities with AI. Therefore, it has become essential and time-critical to define AI working competency as part of Purdue education for all Boilermaker students. Senate and Provost office have been working on exactly this topic since spring.

Policy Changes

Changes to Purdue policies are frequently published. A summary of changes may be published in “Purdue Today” or highlighted in a special communication. However, updated policies do not show the specific changes made, which can make it difficult to discern material changes in the policy. For major and minor policy changes, could the university also include with each updated policy a marked-up document showing the changes?

- In accordance with Purdue’s policy template, all updates and revisions to policies are outlined in the History section of each policy. In addition, previous versions of policies may be found in Purdue’s E-Archives <https://cdm16678.contentdm.oclc.org/digital/collection/PPA/search>

Budget Changes

Can you please comment on any anticipated changes to the university budget should there be a decline in international enrollment due to changes in federal policies and visa requirements?

Are there any planned changes related to international student acceptance and enrollment for the Fall 2025 application cycle, both at the undergraduate and graduate levels?

- Purdue has taken proactive steps to mitigate both academic and budgetary impact. For undergraduates, we offered an online option for new beginners this fall, and because our international population comes from many countries rather than a single source, we are not overly reliant on one region. Anticipating visa delays, we planned for a slightly smaller new beginner cohort, and therefore we do not foresee changes to the budget. On the graduate side, we have adjusted admission deadlines to allow more time for visa processing, helping departments plan for both teaching and research needs.

911 Guidelines

Who would be the best person to ask about policies or guidance on the West Lafayette campus or systemwide for when a faculty member should and should not call 911 in certain situations involving students? Our Provost and Vice Chancellor at Fort Wayne recently issued a statement a few weeks ago requiring faculty to call 911 if a student presents certain behaviors regardless of whether the faculty member considers the situation an emergency. A few Fort Wayne faculty are gathering information regarding this new interpretation of existing policy so that we can present a potential alternative that would allow faculty more latitude in treating delicate situations with nuance and discernment. I would be particularly interested in any policies or guidance that would help Purdue faculty distinguish between a bona fide emergency and simply a cause for concern where calling 911 would only exacerbate the issue. For example, requiring faculty members to call 911 simply because they suspect a student may engage in criminal activity, which the new interpretation on our campus now requires, would seem to create an entirely new set of legal and logistical challenges and concerns for faculty, students, and the Purdue community at large.

- All campuses have an established campus resource for faculty and staff who have concerns about student behavior.

Purdue West Lafayette: [Student of Concern \(SOC\) process](#)

Purdue Fort Wayne: [CARE Team](#)

Purdue Northwest: [Student Behavioral Intervention Team](#)

If there is an emergency that requires immediate attention, a faculty or staff member should call 911.

We encourage faculty and staff to review the resources provided by each campus and to reach out to the contact on their campus for more information.

DEI Reduction: Effects on Freedom of Speech

Following the DEI reduction in force this summer, many faculty report feeling pressure to self-censor beyond what legislation requires, creating a chilling effect on academic freedom. What concrete steps is the university taking to actively protect academic freedom of speech for faculty, staff, and students, beyond the general statement that Purdue “has always valued free speech”?

- Academic freedom for faculty and students, and individual freedom of expression, are core values of Purdue University. The Purdue University Board of Trustees adopted a Commitment to Freedom of Expression on May 15, 2015, which guarantees all members of the Purdue community the broadest possible latitude to speak, write, listen, challenge, and learn. On April 5, 2024, the Purdue University Board of Trustees reaffirmed its commitment to academic freedom and faculty tenure as outlined in the Purdue Reaffirmation Statement made February 27, 2024. On July 1, 2024, Purdue adopted an Interim Standard of Freedom of Expression, an Interim Standard on Intellectual Diversity, and accompanying Operating Procedures. The Freedom of Expression Standard and related Frequently Asked Questions about Political Activities and Freedom of Expression were updated on June 1, 2025, which reinforce Purdue’s

commitment to debate and deliberation. The Intellectual Diversity Standard was also finalized on June 1, 2025, and updated Operating Procedures for Complaints Related to Intellectual Diversity were issued. In the express language of Senate Enrolled Act 202 (2024) itself, the General Assembly provided that “[n]othing in this article may be construed to [l]imit or restrict the academic freedom of faculty members or prevent faculty members from teaching, researching, or writing publications about diversity, equity, and inclusion or other topics.”

DEI Reduction: Effects on Student Success

Many DEI-related staff were terminated after being told to continue business as usual, leaving students without mentors, faculty without collaborators, and long-serving staff without warning or transparency. Can the university clarify the rationale for these terminations, what support will be provided to those affected, and why the DEI embedded learning outcome (approved by the academic senate) was removed without notification, discussion, or written directive?

- An increasing number of actions and policy measures at both the federal and state level have made it clear that doing so is a necessary part of our future as a public university and a state educational institution: Staff colleagues working in these areas will have the opportunity to interview for current vacancies in other areas.
- Cultural centers and BOP+ programs will continue to serve as open resources for the entire Purdue community, providing support for all students, as part of the Office of the Vice Provost for Student Life.
- The University Core Curriculum (UCC) discussed the DEI embedded learning outcome (ELO) with their advisors throughout the spring semester and into the summer as state and federal regulations evolved.