

TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

AUGUST 2013

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church.

Mark Your Calendar

September 10, 2013

CHAMN Board Meeting
Carondelet Center, St. Paul
FFI: 651.503.2163

December 4, 2013

CHAMN Membership with the Bishops
More Information Forthcoming

CHA to work on implementing new HHS rule, but recognizes USCCB concerns

The Catholic Health Association said it would help its members implement the final rules on women's access to contraceptive coverage set by the federal Department of Health and Human Services using an accommodation as outlined by HHS for religious employers who are morally opposed to providing such coverage but are not exempted.

"Our contribution to the process has been to work for the protection of religious organizations, especially our members," the CHA said in a press release issued July 9. "We will work with our members to implement this accommodation." The CHA noted the finalized rules issued June 28 were not acceptable in their entirety to all who had objected to them, including the U.S. Conference of Catholic Bishops.

"Throughout this process, CHA has been in dialogue with the leadership of the bishops' conference, the (Obama) administration and HHS. We are pleased that our members now have an accommodation that will not require them to contract, provide, pay or refer for contraceptive coverage," the CHA said. "We also recognize that this resolution has not been what some organizations, including the bishops' conference, asked for on behalf of a wider group," it added. "We recognize the broader issues will continue to be debated and litigated by others."

The CHA had what it said were "two principal con-

cerns" over the original HHS rules issued early in 2012. "The

first was the four-part definition of what constituted a 'religious employer.' That concern has been eliminated," it said. "CHA's second concern was establishing a federal precedent that mandated our members would have to include in their health plans, services they had well-established moral objections to. HHS has now established an accommodation that will allow our ministries to continue offering health insurance plans for their employees as they have always done."

The final rules, issued June 28, update the proposed rules HHS had issued in February and left open for comment through April. Often referred to as the "contraceptive mandate," it requires most employers, including religious employers, to provide coverage of contraceptives, sterilization and some abortion-inducing drugs free of charge, even if the employer is morally opposed to such services.

The final rules to implement the mandate include an exemption for some religious employers that fit certain criteria, such as churches, their integrated auxiliaries, and conventions or associations of churches, as well as to the exclusively religious activities of any religious order.

For nonprofit religious organizations -- including charities, hospitals and universities -- that do not fall under the exemption but are morally opposed to providing the coverage, HHS has stipulated an accommodation: The coverage will be provided separately through health insurance companies or third-party administrators who must ensure that payments for contraceptive services come from outside the objecting organization's premiums.

For self-insuring institutions, a third-party administrator would provide or arrange the services, paid for through reductions in federally facilitated-exchange user fees associated with their health insurance provider.



SR. CAROL KEEHAN, CHA-USA AND CARDINAL TIMOTHY M. DOLAN, USCCB

HHS RULE *cont. on page 3*

The 2013 Legislative Session in Review

"Politics is a noble activity. We should revalue it, practise it with vocation and a dedication that requires testimony, martyrdom, that is to die for the common good." - Pope Francis I

I would also add from an insider Lobbyist perspective, "Laws are like sausages, it is better not to see them being made." - Otto von Bismarck

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church. It is more than just a tag line when it comes to the dealings with the Legislature.

Our advocacy unites with other organizations to be a vibrant presence in enhancing the health of communities and access to quality care for everyone, with special attention to those who are underserved and most vulnerable.

As the more detailed list reveals, CHA Minnesota had a very productive year at the Minnesota Legislature with striving to enhance coverage and access to health care for everyone. This year our advocacy in Health and Human services intertwined more with Commerce and seemed especially busy with the implementation of the Affordable Care Act. The implementation expanded coverage to more people estimated at 235,000 more people covered.

A key priority for us this past year was fighting to protect your ability to keep a margin while continuing to support your mission to act as a Catholic Health Care provider. Our voice at the legislature was able to coordinate with other voices and work with the leadership and the Governor to strive to make that possible.

The 2013 Minnesota Legislative Session concluded their work on May 20th. Provided here are the highlights from the Health and Human Services Bill (HF 1233).

No increase in the hospital surcharge

Hospital successfully defeated an attempt to increase the hospital surcharge. Instead, to generate additional dollars for the HHS budget, hospitals will be required to "accelerate" hospital surcharge payments. Starting in October 2014, hospitals will pay their annual surcharge payments in nine months instead of 12 months. That is, hospitals will pay an increased surcharge amount October through June, and no surcharge payments July, August and September. Hospitals were successful in pushing the implementation date back to 2014 instead of the proposed 2013 start date, allowing hospitals

additional time to prepare for this change.

Medical Education and Research Costs (MERC) funding restored

Restoring MERC funds was the highest budget restoration item for Hospitals. The final Omnibus Health and Human Services bill added \$12.8 million to the MERC program, thereby restoring it to its pre-2011 cut funding level. An additional \$2 million was also allocated for targeted MERC grants aimed at increasing the supply of primary care providers.

Emergency Medical Assistance (EMA) funding

\$3.1 million was allocated for cancer and dialysis services for EMA patients. Up to \$2.2 million was also authorized to help place EMA patients in continuing care settings, to assist with more timely hospital discharges.

Various Medical Assistance rate increases

Effective September 1, 2014, physicians will receive a 5% increase and outpatient hospital services will receive a 3% increase (like other basic care services) when caring for Medical Assistance patients in the fee for service program.

Funding for the State Health Improvement Program (SHIP)

The SHIP program received \$17.5 million in each year of the biennium, for a total of \$35 million.

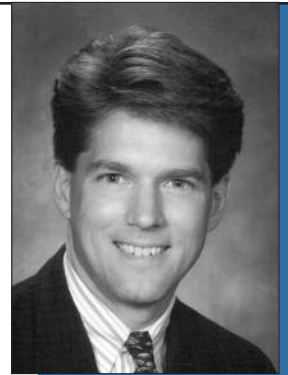
In-patient mental health and 340B drug program cuts

Two payment cuts of concern to hospitals were made: the conference committee adopted the governor's recommendation to cut \$5.3 million in mental health grants that went to nine rural hospitals that provide inpatient mental health services. Second, the state saves \$4.8 million attributable to changes in the 340B drug program. This cut will have the most impact on Hennepin County Medical Center, Regions Hospital and University of Minnesota Medical Center, Fairview.

OTHER HEALTH CARE LEGISLATIVE ISSUES:

Expanding Medicaid to 138% of the Federal Poverty Guidelines

Early in the session, lawmakers moved forward with implementing one of the most important provisions of the



As I See It

*Toby Pearson
CHA-MN Executive
Director*

HHS RULE *cont. from page 1*

Cardinal Timothy M. Dolan of New York, USCCB president, said in a July 3 statement that the bishops' conference would not provide a full statement until it completed its analysis of the final rules, which run 110 pages and are "long and complex." But he said "some basic elements ... have already come into focus."

He expressed concerns about the narrow definition of those "religious employers" exempt from contraceptive coverage requirement; the accommodation of religious ministries excluded from that definition; and the treatment of businesses run by people who seek to operate their companies according to religious principles.

The final rules do not eliminate "the need to continue defending our rights in Congress and the courts," he said. On July 2, a group of 58 religious leaders issued an open letter urging the U.S. government to "expand conscience protections" in the contraceptive mandate.

The letter, "*Standing Together for Religious Freedom*," said the country's "delicate liberty of conscience is under threat." The signers called on HHS to provide conscience protections to "any organization or individual that has religious or moral objections to covering, providing or enabling access to the mandated drugs and services." Among the signers was Archbishop William E. Lori of Baltimore, chairman of the U.S. bishops' Ad Hoc Committee for Religious Liberty.

The CHA issued a separate overview of the rule to its members.

It said employers can "self-certify" that it satisfies three criteria to be deemed an "eligible organization" for being exempt from the rule's requirements. Those criteria are if the organization is organized and operates as a nonprofit entity; holds itself out as a religious organization; and "opposes providing coverage for some or all of the contraceptive services required to be covered under the ACA on account of religious objections."

In the case of for-profit organizations, "we had requested the (HHS, Labor and Treasury) Departments to permit all entities -- including those that are for-profit -- participating in a health plan sponsored by an eligible organization and which are controlled directly or indirectly by such eligible organizations to be covered by the accommodation," the CHA said in its overview.

The HHS Mandate: Final Rule

By Fr. Thomas Knoblach, Consultant for Healthcare Ethics, Diocese of St. Cloud

On June 28, after many months of public comment, and during the second annual Fortnight for Freedom, the Obama Administration released its final rule on the now-familiar HHS Mandate. I refer readers to the many ample media sources for background information on the requirements, history, and concerns with the Mandate.

In response, along with many others, Cardinal Dolan issued a statement as president of the USCCB, as did Sister Carol Keehan, president and CEO of the Catholic Health Association. Some have rightly noted that the two statements differ somewhat. Sister Carol herself identifies this fact, clarifying that she is limiting her remarks to the impact of the mandate on Catholic health care providers and acknowledging that the bishops have legitimate concerns beyond the apparent relief granted to some providers in the final rule compared to earlier versions.

The context of her clarification goes back to responses to the initial passage of the Patient Protection and Affordable Care Act in March 2010. At that time, CHA's public position was far more positive about the ACA, focusing on increased access and coverage for the poor, than the Bishops' Conference statement, which raised concerns about insufficient protection for the unborn and conscience rights. This difference in tone led to concerns about a lack of unity and a common moral voice among Catholics.

These concerns were discussed in a meeting between leadership of CHA and the USCCB. While acknowledging the valuable contributions of professional groups and associations, the bishops clarified that their role as teachers gives them an authoritative voice to speak on behalf of the Church.

This agreement to respect the distinct roles of the bishops and CHA is reflected in the more limited commentary of the latter, focused on Catholic health care institutions, and the broader concerns voiced by Cardinal Dolan. In particular, it remains to be seen if there are genuine separations of funding for objectionable services, how self-insured plans will be granted relief, and how individuals and faithful for-profit business owners will be able to maintain their integrity as the Rule provides no relief for them at all. ■

"Our request was acknowledged in the preamble to the final rules, but the Departments determined that they would not extend the accommodation to such for-profit entities," the CHA added. "They did clarify that if you have an objecting nonprofit entity that is 50 percent or more controlled by an eligible organization and which participates in the eligible organization's self-insured plan, that nonprofit entity can be covered by the accommodation even if it does not 'hold itself out' as religious."

- Catholic News Service ■

Catholic Health Care In Action

St. Francis Regional Medical Center, Listening with their Heart

Sponsored by the Benedictine Sisters of St. Scholastica in Duluth, St. Benedict's urging to listen with the "ear of your heart" guides the staff at St. Francis Regional Medical Center in Shakopee, in community mission integration work. In 2005, St. Francis and six community partners listened and responded to the needs of uninsured and underinsured people in the community by creating the River Valley Nursing Center. At the free nursing center, clients are greeted by a bilingual outreach worker and seen by a Minnesota licensed public health nurse. They learn how to set their own health goals and how to access and navigate community and health resources.

Most importantly, people share their story with someone who has promised to listen with their heart. Nurses and outreach workers are committed to their own, internal mission that 'no one will leave (the center) without at least one need addressed and /or resolved.' The resulting advocacy and follow-up not only gives the families a place to go for help and further care, but secures a sense of trust in the providers and partners.

People share their story with someone who has promised to listen with their heart.

As a result, clients share details of what are often very complex situations. In one instance, a young family visited the center with several specific health issues. Eventually the mother shared that they did not have a working heater in their mobile home and were using space heaters, creating expensive heating costs. Due to family circumstances, the mom could not provide proof that she owned her trailer and therefore could not qualify for Energy Assistance. They also owed \$300 in back taxes on the mobile home. The outreach worker walked this mom through all of the necessary steps to help her obtain the title and obtained the \$300 through a community partner. The mom now has a free and clear title, a repaired furnace and much more efficient heating system. These improvements will help her care for her children who, because of these conditions, were at risk for developing asthma and upper respiratory problems.

In times of trial and celebration, the nursing center has become part of the fabric of our community, helping people during the two half-day sessions held each week and providing help to hundreds more at local flu clinics and other community events. St. Francis is pleased to be the major financial contributor to the nursing center and considers the program a success in helping people gain access to necessary resources and services, with over 2500 referrals to social services agencies and medical clinics through the years.

An additional goal of the nursing center is to "promote the leadership role of nurses." This has created opportunities for St. Francis RNs to work at the nursing center and to serve in a leadership capacity on its board and committees. After a presentation by Executive Director Barb Zell, Special Care Unit (SCU) staff organized an annual children's book drive to provide free books for children coming with their families to the nursing center. Hundreds of books are donated each year, the result of the connection between St. Francis and this special community project and the result of St. Francis staff listening with their hearts. ■



YOUNG VISITOR AT THE RIVER VALLEY NURSING CENTER



LEGISLATIVE SESSION *cont. from page 2*

DFL SEN. TONY LOUREY, THE EXCHANGE BILL'S CHIEF SENATE AUTHOR, OUTLINES THE LEGISLATION BEFORE LAWMAKERS.

Affordable Care Act, the expansion of the Medicaid program to include adults who earn less than 138% of the Federal Poverty Guidelines (approximately \$15,000/year). Minnesota was uniquely positioned to opt into this expansion because many in this population were already covered in our MinnesotaCare program. This Medicaid expansion will be paid for entirely with federal dollars for the first three years and then move to 90% federal financial participation.

We worked closely with leadership to ensure that the current abortion language was transferred to the new program and ensuring that there were no expansions.

The expansion of Medicaid for these low income individuals will be good for the State's budget, good for reducing provider uncompensated care and, most important, good for the individuals who will now have insurance coverage and access to a broader benefit set without MinnesotaCare premiums, enrollment waiting times, or a \$10,000 annual inpatient hospital cap.

Implementing a Minnesota-based Health Insurance Exchange

State policymakers had to decide whether Minnesota should operate its own health insurance exchange or opt into a federally managed exchange. In typical Minnesota "can do" attitude, Minnesota created a state-run exchange, now called MNSure. This approach will best serve Minnesotans and will

keep the state's authority for regulating insurance plans sold in Minnesota. The funding for MNSure will not come from the provider tax, but rather a premium withhold from all products sold through MNSure, starting out at 1.5% and then going up to 3.5% in 2015 and 2016.

Also, worked closely on a market rules bill and amendment clarifying that the new state program does not require insurance companies to offer coverage of abortion.

Finally, the legislature approved an increase in the tobacco tax of \$1.60 per pack.

Nursing Facilities

- Effective September 1, 2013: an across the board increase of 3.75% with 75% encumbered to go to staff wages and benefits, and an additional average of 1.25% provided in the form of a quality add-on with a range of 0% – 3.2% (which will be built into the base). Average increase will be 5%.
- Effective October 1, 2014: no additional increases allocated.
- Effective October 1, 2015: 2.4% across the board increase with 75% encumbered to go to staff wages and benefits, with an additional average 0.8% increase to all operating payments for quality but is not built into the base. Total average increase is 3.2%.
- October 1, 2016: no additional increases allocated.

Four year total is \$83 million or \$10 million more than what the Governor proposed in his budget.

Elderly Waiver/All Waivers

- Effective July 1, 2013: a buy-back of the contingent rate cut of 1.67%.
- Effective April 1, 2014: 1% increase
- July 1, 2015: quality enhancement program to be developed with funding allocated for increases in the second biennium.

Four year investment total is \$116.6 million for all waivers.

Home Care

The Conference Committee report also includes much needed reforms to Home Care Licensing and the Survey Process. We have been working with the Minnesota Department of Health for the past five years on this effort and the reform will be a benefit to long-term care providers and the consumers they serve. ■

Dale M. Thompson will retire as president/CEO of Benedictine Health System

Effective December 31, 2013, Dale Thompson will retire from the Benedictine Health System (BHS). Thompson, 65, was named president/CEO of BHS in 2003. The Benedictine Health System is a nationally recognized Catholic, mission-directed, values-based health care system providing a full spectrum of health and housing services to aging adults. BHS owns and manages skilled nursing, assisted living and independent living communities across the upper Midwest and offers services in areas such as therapy, rehabilitation, memory care, home health care, adult day and transitional care. The System consists of approximately 40 campuses in six states and serves about 6,000 aging adults on a daily basis. BHS generates approximately \$400 million in annual revenues, employs over 5,000 individuals and is sponsored by the Benedictine Sisters of St. Scholastica Monastery in Duluth, Minn.

Brian Lassiter, chair of the BHS Board of Directors, said the BHS Board of Directors is responsible for succession planning and leadership continuity to ensure a successful organization long into the future. The Board has been focused on succession planning efforts for more than two years not only for the president/CEO position but for other key leadership positions at BHS. The board anticipates that a new president/CEO for BHS will be named sometime this fall.

“Dale is an extraordinary leader, and BHS truly has been blessed with his service,” said Lassiter. “He has a unique combination of characteristics – a strong business acumen, entrepreneurial instincts, deep industry knowledge, high levels of integrity and authenticity – that have made him such a credible, well-respected leader within BHS and the industry. While we are very sorry to see Dale go, the Board is pleased that he will leave the System in a strong position: a highly effective senior leadership team, a solid strategic plan, and culture that now craves growth and performance excellence.”

Thompson’s achievements during his tenure in office include:

- Ten years of positive financial performance even during challenging times.
- Driven quality improvement in national long-term care and BHS following criteria from the Baldrige Performance Excellence Program.
- A respected leader representing the health care ministry of the Benedictine Sisters of St. Scholastica Monastery.
- Achievement of three levels of recognition by the

Minnesota based Performance Excellence Network.

- The development of a culture based in the BHS Core Values of Hospitality, Stewardship, Respect and Justice.
- Serving as part of the leadership team that created Essentia Health and that ultimately transformed BHS into an organization focused entirely on long-term care.
- Numerous partnerships including those with HealthEast, Allina Health, Mayo Health, Steele County and many others.
- A national reputation as an expert in long-term care and former president of the American Healthcare Association.
- Development, implementation and achievement of multiple strategic plans for the System.
- Serving on numerous state task forces shaping policy including long-term care and long-term care for Minnesota veterans
- Service on several advisory committees for the Catholic Health Association.



THOMPSON

“We are deeply grateful to Dale for his unwavering dedication and commitment to our Catholic health care ministry,” said Sister Lois Eckes, OSB, prioress of St. Scholastica Monastery. “He has been a stellar leader whose vision, guidance and passion for long-term care has been a priceless gift in the unfolding and sacred story of the Benedictine Health System as it lovingly cares for thousands of residents and provides meaningful work for our employees each day. While we feel a deep sadness that Dale is bringing his leadership of BHS to a close, we wish him abundant blessings as he steps into the next chapter of his profoundly graced life.”

Before joining the Benedictine Health System, Thompson was president and chief executive officer of Benedictine Health Dimensions, the former long-term care division of BHS, and president and chief executive officer of Health Dimensions Inc., a long-term care organization he cofounded. Thompson is also past president of the American Health Care Association, a national non-profit federation of affiliated health organizations. Thompson, a resident of Blaine and Brainerd, Minn., plans to take a short sabbatical and perhaps consider an “encore career” in addition to fishing and pursuing other interests following his retirement. ■

News & Notes

- Seminary Home, St. Brigid's at Hi-Park and the Benedictine Health System took part in a ground breaking ceremony for the new **St. Crispin Living Community**, which will be located across from Mayo Clinic Health System-Red Wing. The St. Crispin Living Community project represents a unique partnership created in 2010 through state legislation. The new state-of-the art facility will feature 80 skilled nursing beds, 20 of which will be post-acute, short-term rehabilitative care and 40 long-term care. The two level building will also feature neighborhood concepts with a new model of senior care and a rehabilitation center. Construction is expected to begin August and is slated to open fall 2014.
- **Benedictine Health System** was honored recently by The Performance Excellence Network (PEN)—formerly the Minnesota Council for Quality—with the 2012 Minnesota Performance Excellence Award, Excellence Level, The award, which is based on the Baldrige Health Care Criteria for Performance Excellence, is designed to help organizations assess their processes, determine areas of improvement and put a plan into place to drive improvement. This is the first time since 1997 that PEN has named any organization in its three-state service area an award at the Excellence Level.
- **Madonna Towers** of Rochester has recently announced an expansion which includes a health and wellness center. The new 8,000 square foot addition will feature an auditorium and more
- **St. Francis Regional Medical Center of Shakopee** was named #5 among the Top 50 Workplaces in Minnesota by the Star Tribune. At St. Francis, President Mike Baumgartner sends out a weekly note to staff on Fridays that often includes patient feedback — the good and the not-so-good. Employees also abide by a staff-written “Standards of Behavior” for patient care and the hospital’s vision. “We work hard to keep this a community hospital, but we also are really a metro hospital,” said spokeswoman Lori Manske. “We take great ownership in St. Francis.”
- John Champion has been named the new administrator of **Essentia Health-Graceville**. He replaces Kevin Gish, who took on a new role leading Essentia’s hospital in Fosston, Minn. Champion will retain his current role of chief financial officer for Essentia Health-Graceville, but will now have additional support. Champion has been part of the Essentia Health organization since 2010. He has more than 20 years of experience in healthcare administration.
- CentraCare Health System has changed its name to **CentraCare Health**. Effective July 1, 2013, Big Lake Clinic will change its name to **CentraCare Clinic – Big Lake**. Big Lake Clinic, opened in January 2008 as a joint venture between St. Cloud-based CentraCare Health and New River Medical Center in Monticello. Now that New River Medical Center has become CentraCare Health – Monticello, Big Lake Clinic no longer needs to be a separate entity.
- The **Catholic Medical Association** now has three recognized guilds within the State of Minnesota - Duluth, Rochester and St. Paul/Minneapolis. The Catholic Medical Association identifies itself as the largest association of Catholic individuals in health care, helping our members to grow in faith, maintain ethical integrity, and provide excellent health care in accordance with the teachings of the Church. Visit www.cathmed.org for more information.
- **St. Cloud Hospital** was recognized in three categories at the Minnesota Hospital Association (MHA) 29th annual awards ceremony in May. **Joe Wilson, RN** was given the *Caregiver of the Year Award* recognizing an individual or care giving team that provides outstanding patient-care services. Steve Laraway received the *Trustee of the Year Award*, recognizing a hospital leader who has contributed significantly to the health of the community by providing leadership and guidance to a hospital or health system board. The Hospital was also honored with the *Innovation of the Year in Patient Care* for significant reductions in readmission rates for congestive heart failure patients. JoAnn Hill, RN and Susan Lackson, LPN, from **Essentia Health, St. Mary's Medical Center, Duluth** were also recognized with the *MHA Good Catch for Patient Safety Award*. The award is an honor that recognizes a hospital professional who speaks up to prevent potential harm to patients. The award is a symbol of the strong patient safety culture we strive to instill in all of our hospitals.
- **St. Joseph's Hospital, St. Paul** has been identified as one of the 50 Top Cardiovascular Hospitals in the country, according to Truven Health Analytics (formerly Thomson Reuters). The study identifies the nation's best providers of cardiovascular service, which were selected from more than 1,000 U.S. hospitals. The winners provide top-notch care and set new standards for health care. St. Joseph's is only one of three Minnesota hospitals to make the list. ■



Catholic Health Association of Minnesota

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from our
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