

TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

JULY 2015

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.

2015 Legislative Session In Review

For months, the single biggest difference between Republicans and Democrats at the Minnesota Capitol was health and human services. More than a billion dollars



TOBY PEARSON

separated the two major proposals, to say nothing of controversial ideas: repealing MinnesotaCare, a deep purge of public program rolls, making MNsure a state agency and huge differences in nursing home funding

But as the door closed on the 2015 legislative session, HHS was resolved with a whimper,

not a roar. Almost no controversial provisions from either side got adopted in the final deal, which a committee adopted shortly before the deadline after a marathon but largely non-contentious hearing.

Most significantly, the bill directed \$138 million to a Long Term Care Payment reform bill. This was a fundamental change to the system by which Nursing Homes get paid, as well as ensuring that elderly waiver caps rise with the increases, allowing more people to be served in housing with services settings. The bill also included much sought after scholarship monies to help develop the pipeline of workers for long term care.

Other controversial items in the House and Senate proposals were also resolved. MinnesotaCare will continue providing health care for Minnesota's working poor. MinnesotaCare continues to exist despite a fierce Republican push to repeal it. But the health program will shift about \$65 million in costs to its 90,000 enrollees by raising premiums and the share of medical costs paid by members. MinnesotaCare enrollees currently pay 2 percent of their health care costs, which will rise to 6 percent under this shift.

As I See It

*Toby Pearson
CHA-MN Executive
Director*

The Catholic Health Association lobbied hard on the Minnesota Care changes, including sending a joint letter with the Minnesota Catholic Conference. We expressed that as a matter of human dignity, everyone is entitled to health care. Like any basic element of life, health care is necessary for development, sustains us, and should be accessible and affordable for everyone. Unfortunately, some people in Minnesota still are without adequate health care and are often marginalized from a system that should protect and heal them.

CHA Minnesota has consistently supported principled health care reform derived from our core values: respect for the dignity of the every human person; concern for the poor and vulnerable; justice; the common good; and stewardship of finite resources. Based on these principles, we believe that health care policy and funding should strive to make health care:

- available and accessible to everyone, especially to the poor and vulnerable (including undocumented persons);
- prevention-oriented, with the goal of enhancing the health status of communities;
- sufficiently and fairly financed;
- transparent and consensus-driven, in allocation of resources, and organized for cost-effective care and administration;
- patient-centered, and designed to address health needs at all stages of life, from conception to natural death;
- safe, effective, and designed to deliver the greatest possible quality; and
- protective of the conscience rights of patients, health care professionals, and institutions.

Mark Your Calendar

September 10, 2015

CHA-MN Board Meeting
FFI: 651.503.2163
Carondelet Center, St. Paul

October 29, 2015

CHA-MN Annual Meeting
FFI: 651.503.2163
Location TBD

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MNsure will remain largely the same, with neither MNSure will remain largely the same, with neither DFL nor Republican proposals to seriously change the health insurance exchange's governance adopted. MNsure sees only minor reform: a requirement to release rates on the exchange to the public sooner. Another change could have a big impact or lead to nothing: a Republican proposal ordering the state to try to let people get tax credits for health insurance bought outside of MNsure. Currently federal tax credits for health insurance are only available through official exchanges such as MNsure. But to open this up would require permission from the federal government, which many experts believe is unlikely. A proposal from Democrats to transform MNsure from a quasi-independent board to a state agency didn't make it through; neither did Republican proposals to add more members to MNsure's board and remove the board's power to appoint an executive director.

A task force will also study the future of MinnesotaCare and MNsure over the next year, providing recommendations for future reforms. The primary funding source for MinnesotaCare is due to expire in several years, creating a sense of urgency for the program.

Mental health advocates are also cheering millions of dollars in investments for their priorities. These investments include suicide prevention, behavioral health homes, mental health crisis teams, inpatient psych units and more than \$30 million in new spending.

Overall, both parties claimed victory, with Republicans extolling the extra money for nursing homes and some of the cost savings. Democrats touted investments in nursing homes, child protection and investments in Mental Health.

A future item for CHA Minnesota to watch will be the new *Let's Talk Now*, a grant program to encourage individuals to have conversations regarding their end-of-life choices and facilitate advance care planning conversations through community specific outreach.

FOR HOSPITALS:

The legislation contains many provisions of interest to the hospital and health care community:

- The MinnesotaCare program was preserved with some additional cost sharing for enrollees.
- Critical Access Hospitals received additional funding.
- Hospital inpatient mental health services received additional funding.
- A new distribution formula for Disproportionate Share Hospital (DSH) payments was included in the legislation.



HOUSE PREPARES FOR THE START OF A SPECIAL SESSION

- The new formula targets funding for children's hospitals, psychiatric inpatient services, transplants and high volume Medical Assistance providers.
- Significant new investments in mental health services was included.
- The Medical Education and Research Cost (MERC) program, residency programs and other workforce investments including additional funding for loan forgiveness.
- The MN Telemedicine Act will require health plans to pay for services on the same basis and at the same rate regardless of whether they are delivered via telemedicine or on an in-person basis. The Medical Assistance program will also be required to cover an expanded list of providers who are now allowed to bill for services provided via telemedicine. The provision requiring an originating site fee for health care providers was deleted from the bill.
- The legislation requires hospitals have violence prevention plans and provide staff training.

FOR NURSING HOMES:

Senior Care Reimbursement Reform

- The new cost-based nursing facility reimbursement system is based on the actual costs of providing care as reported annually by each provider. The new system breaks with traditional patterns of nursing home increases, such as across the board percentage increases with encumbrance, and instead establishes rates for each provider based on the costs they report.

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SESSION *cont. from page 2*

- In addition, the bill re-establishes the link between nursing facility rates and Elderly Waiver caps – ensuring predictable funding and continuity of care for seniors across the spectrum of care.
- The increase in caps take effect on July 1, 2016 and means an increase in caps equivalent to the nursing home rate increase – likely 20% to 25%.
- New legislation requires DHS to conduct appraisals of all care centers in the state in order to develop recommendations for potential property system redesign based on fair rental value. Appraisal would be conducted yet this year. A report is due to the Minnesota Legislature before the 2016 session.
- January 1, 2016, based on the cost report for the year ended September 30, 2014.

Home & Community Based Services Funding

- *HCBS Funding* - Provides an average 1% quality-add on for waiver providers effective July 1, 2015 as approved by the 2014 Minnesota Legislature.
- *Waiver Eligibility* – Income and Asset Limit and Spenddown Standard: Increases the MA income limit for persons who are aged, blind or disabled from 100% to 133% of federal poverty guidelines; Increases MA asset limit from \$3,000 to \$10,000 for an individual and from \$6,000 to \$18,000 for a household of two; and increases the excess income (spenddown) standard from 75% to 133% percent of federal poverty guidelines. All increases effective July 1, 2015.
- *HCBS Innovation Pool* – Provides \$2.844 million in FY16-17 to create a grant program that will provide incentive payments for HCBS providers who identify and meet innovation outcomes.

2015 POLICY HIGHLIGHTS

Workforce Development

- *Nursing Facility Scholarship Program*: Provides \$1.3 million in funding to the program, allows the funding to support nursing assistant training, and expands criteria to cover child care and transportation expenses.
- *HCBS Scholarship Program*: Provides \$3 million to establish a program that will cover training costs for caregivers in HCBS settings such as assisted living and adult day services.

IN CONCLUSION

While many have said that the true measure of compromise is that nobody is entirely happy, this session typifies that

sentiment. Nursing Homes have much to celebrate. Hospitals and Elderly Waiver providers, not as much to celebrate. Finally, the Minnesota Care compromise left both advocates and reformers with less than what they wanted. ■

Prayer for Protection of Conscience Rights in Health Care

Father, in Jesus our Lord, we praise and thank you for your most precious gift of human life and for forming us in your divine image. Keep us, the dwelling place of your most Holy Spirit, ever healthy in body and soul.

Jesus, Divine Healer, pour your grace upon all those afflicted with illness or disease. Protect from all harm those who are vulnerable due to sickness, suffering, frailty, poverty or age, whether elderly or unborn.

Holy Spirit, touch the hearts of all who serve human life in medicine and science, so they will protect the dignity of each person, from conception to natural death, and remain faithful advocates of all entrusted to their care.

Grant those who are called to serve as health care providers renewed conviction in their ministry, and increased wisdom to treat the whole person, and not merely the illness.

Protect the right of health care providers to serve their patients without being forced to violate their moral and religious convictions. Guard them against discrimination, that they might be free to follow you faithfully while fulfilling their professional duties.

Grant our lawmakers the wisdom and courage to uphold conscience rights for those called to the ministry of healing, and help them resist the pressure to become collaborators in the culture of death.

Give us strength to be bold and joyful witnesses to the truth that every human life is sacred.

In your goodness, guard our freedom to live out our faith and to follow you in all that we do.

Father, we ask this in Jesus' name,
through the Holy Spirit.
Amen.

CHA celebrates a milestone; foresees its next 100 years.

Betsy Taylor, Catholic Health Association

In a joyous Mass at the Basilica of the National Shrine of the Immaculate Conception in Washington, D.C., CHA celebrated its centennial and officially opened the 2015 Catholic Health Assembly June 7. The Choir of the Basilica of the National Shrine accompanied by jubilant pipe organ led over 800 members of the Catholic health care ministry and members of the public in a soaring service at the largest Roman Catholic church in North America.

The Archbishop of Washington Cardinal Donald Wuerl presided at the Mass in the Byzantine-Romanesque style cathedral. Cardinal Wuerl thanked the Catholic health ministry for treating not just people's physical needs but also their spiritual ones. "It's a continuation of the healing ministry of Jesus," he said. And he praised those assembled for work "to build a truly good and just society" where it is assumed everyone should have access to quality health care.

On CHA's 100th anniversary, its members include more than 600 hospitals and nearly 1,200 long-term care and other health facilities in all 50 states. The Catholic health ministry is the largest group of nonprofit health care providers in the nation.

Sr. Carol Keehan, DC, CHA's president and chief executive officer, said it was a joy for her to commemorate CHA's 100th anniversary at the magnificent national shrine. She thanked all those gathered for their support of Catholic health care, and highlighted the contributions of more than 700,000 people who work in Catholic health care in the U.S.

President Barack Obama told CHA's 2015 Catholic Health Assembly that five years after the passage of the Affordable Care Act, 16 million Americans have gained health insurance coverage, and as CHA celebrated its centennial he praised ministry members for their tireless work to support health care reform.



PRESIDENT OBAMA DELIVERS FUTURE OF HEALTH CARE ADDRESS



ASSEMBLY ATTENDEES POSE AT THE BASILICA OF THE IMMACULATE CONCEPTION

His address closed the assembly in Washington, D.C., a ceremonial bookend in front of an enthusiastic crowd of roughly 1,000 senior leaders of the Catholic health care ministry celebrating a century of providing health care in the United States, advancing a central mission of caring for the nation's poor and vulnerable.

"I'm here today to say thank you for your efforts to make health reform a reality," Obama said to a packed ballroom at the Marriott Wardman Park. He said health care reform, to him, had not been about making good on a campaign promise, rather it had been in pursuit of a goal to create opportunity for Americans. The broken health care system needed reform to make that a reality, he said. And he told the Catholic health care executives and health care providers, "every day, you saw the very personal suffering of those who went without."

During a general session at the Catholic Health Assembly June 8, CHA's outgoing and incoming board chairs celebrated the significant role the association has played in improving health care access nationwide; and they described the important work ahead for the ministry to improve upon recent gains.

Sr. Judith Karam, CSA, was installed as CHA's 2015-2016 chair in a ceremony on June 8. She said that as the ministry resets business models to adapt to health reform — with providers entering new types of partnerships and consolidations, for instance — Catholic health care can continue to build upon its rich legacy of delivering person-centered, holistic care while also addressing community needs. Recalling how, 100 years ago, CHA's founders recognized the need to unite the church's ministries to protect Catholic health care's work and identity, Sr. Karam said the answer today is to continue to come together. "We are called to be stewards of the mission," she said. ■

Assembly and 100th Anniversary

Homily Excerpts from Cardinal Donald Wuerl, Archbishop of Washington

It is a joy for me to join you at this Mass marking the centennial anniversary of the Catholic Health Association. In nearly 30 years as a bishop I have had the privilege of serving in three dioceses where I came to know and appreciate the healing mission of Catholic hospitals and health care institutions.

The Eucharist is, as the Catechism of the Catholic Church succinctly sums up, citing the Second Vatican Council, "the source and summit of the Christian life," a sacrament of love that calls us to offer ourselves as well and transforms us in a way that we can manifest Christ, the Divine Healer, in the world today" (CCC 1324; LG 11).

A number of years ago at a fundraising reception I stood next to a youngster then 12 years old, with spina bifida. He supported himself on two arm braces. As we greeted people in the reception line, one of the people patted him on the head and said, "My, what a brave young man you are." He in reply said, "Why?" The woman looked at his braces and said, "To be able to handle all of that." His reply is something I have never forgotten: "Lady, everybody has a cross to bear. You can just see mine."

What an extraordinary witness. To see life through the prism of faith. What distinguishes the Christian in the mystery of suffering is faith, that allows us to see meaning in our cross. When confronted with our human limitations and weaknesses in the midst of sickness and suffering, Catholic health care introduces the patient to a worldview that includes body and spirit, mind and heart, and above all our relationship with a loving and caring God, with the recognition that human life is a sacred gift that will someday flower into the fullness of life.

The century-old Catholic Health Association is heir to a profound legacy that extends back 20 centuries. Previously at the bishops' conference, I had the privilege of chairing a committee on health care issues and working closely with CHA and Catholic health care services and their sponsors. During that period and every time I visit one of our Catholic hospitals, nursing homes, other health care facilities, I have seen that legacy lived out in the love, faith, and commitment of all those who work in Catholic health care.

To understand the significant role of the Church and of CHA and its member entities, and why we are involved in health care at all, one needs to start with Jesus' love and his healing ministry. It is nothing less than Christian love that animates these efforts. It is love that also provides the motivation for the time, energy and effort presently required

Opening Mass for the Catholic Health Association

to sustain Catholic health care services as all of you seek to carry on the healing mission of Jesus.

The Lord worked his miracles and he gives the whole of himself – Body and Blood, Soul and Divinity – to heal the whole of ourselves, not merely a healing of the body, but the whole person, body and spirit, to bring us life in abundance – life eternal.

All this is the faith perspective in which we view Catholic health care. It is a continuation of the healing ministry of the Lord. With the growth of the Church, we find something new in the world of healing – the intersection of science with the practice of charity. We find the beginnings of true health care, which is oriented toward the whole person.

The people involved in these Catholic health services understand that care of the sick is something much more than just healing the body. We bring an understanding that health care involves the whole person. Body, mind and spirit are all in need of care. Moreover, CHA and its member entities have, throughout their history, made it a priority to ensure that everyone has access to health care. From the beginning, care has been provided to the poorest of the poor, to those who cannot pay. Long before the government accepted this responsibility, you stood alongside Saint John XXIII, in *Pacem in terris*, with the declaration that health care is a human right.

Today, the context of health care ministry is filled with both change and challenge, especially for Catholic health care. All across the nation with almost dizzying speed the face of medicine and health care delivery is changing.

How the medical profession deals with us, the amount of time we spend in an acute care facility, who pays for what and even the process of diagnosis of our illness may all be very different from the way we would have been treated a short time ago and certainly the way our parents were treated. Meanwhile more and more the government is intervening in medical practice. Even in the face of change



CARDINAL DONALD WUERL

and challenge, one constant remains.

It is the motivation that brings the Church and the Catholic Health Association to health care ministry – Jesus Christ. This is why we are involved – to continue his ministry of healing. It is part of the apostolic mission of the Church.

We recognize in the afflicted a special presence of the suffering Christ and in turn we seek to be the compassionate face of Christ to them.

It is precisely the Gospel vision of life that is at the heart of Catholic health care. What CHA and its members

...This is more than a job, much more than a necessary task – it is God’s mercy at work among us through human hands, words, actions, hearts, witness and faith.

bring to health care is the profound faith conviction that this is more than a job, much more than a necessary task – it is God’s mercy at work among us through human hands, words, actions, hearts, witness and faith.

There is not just an institutional resolve to care for the sick, but also a personal commitment to provide it in a specific way, within a particular context, according to a unique vision of human life – a vision revealed in the person of Jesus Christ.

But there is even more. We see in Christ, the redemptive side of human suffering. There is more to our care than just a medical procedure for someone who is ill. For the Christian, illness and death need not be meaningless. They can take on a positive and distinctive meaning when placed in the context of the redemptive power of Jesus’ suffering and death on the Cross. ■

NEWS and NOTES

- Leaders of Catholic Health Association of Minnesota met with Catholic Bishops in June. Bishops and leaders discussed the Mission of Catholic Healthcare today, and the challenges and opportunities facing Catholic Healthcare in the changing healthcare environment.
- A blessing was held last month for the new \$10 million **Madonna Summit Senior Living Campus** being constructed in Byron by the Benedictine Health System. The 53,000-square-foot facility is expected to be completed and open to the public in early 2016, The new campus will include 20 independent apartments, 16 assisted living apartments and 14 memory care units, all managed by the Madonna Living Community.
- The Minnesota Hospital Association (MHA) honored innovative programs and outstanding leaders in health care at its 31st annual awards ceremony. CHA-MN members that were recognized included: **Catholic Health Initiatives – St. Joseph’s Health, Park Rapids** for Patient Safety Improvement and Mary Maertens, regional president, **Avera Marshall Regional Medical Center** for Spirit of Advocacy.
- U.S. News & World Report has ranked **St. Cloud Hospital** third among Minnesota’s approximately 150

hospitals, behind Mayo Clinic in Rochester and Abbott Northwestern Hospital in Minneapolis. Ranked 7th was **St. Joseph’s Hospital** of St. Paul.

- Three participating Minnesota-based organizations of the Benedictine Health System have been recognized for their dedication and commitment to improving quality care in the long-term and post-acute care professions by the American Health Care Association and National Center for Assisted Living. **St. Isidore Health Center of Greenwood Prairie, Plainview,** and **St. Clare Living Community of Mora** were each recipients of the 2015 Silver – Achievement in Quality Award, it is the second of the three distinctions possible through the AHCA/NCAL National Quality Award Program. **Seminary Home**, part of St. Crispin Living Community, Red Wing, received the 2015 Bronze – Commitment to Quality Award.
- The **St. Cloud Hospital** Gorecki Guest House recently broke ground on the 5,761-square foot Gorecki Family addition The construction project will add 16 bedrooms, a laundry room, two family suites and a meditation room. The guest house is conveniently located adjacent to the hospital offering a comfortable, homelike atmosphere for families to stay close to their loved ones. ■

With ACA subsidies secure, goal becomes achieving law's full potential

By Sr. Carol Keehan

CHA and many others rejoiced when the U.S. Supreme Court ruled in favor of the Affordable Care Act and the American people. The court concluded that financial subsidies to help individuals and families afford health insurance are legal in every state, including the 34 states with federally run marketplaces. For millions of people in those states, the decision means keeping their health coverage instead of seeing it torn away from them.

Catholic health care worked so hard to persuade lawmakers and others that health reform was an urgent moral and economic priority. We advocated. We advanced principles. We never gave up, even when the political winds blew in the wrong direction. And, eventually we helped secure passage of the ACA, a solid foundation toward an affordable, effective health care system that serves everyone.

According to the United States Department of Health and Human Services and other sources, more than 16 million people have obtained health insurance because of the ACA. Many people would have lost their coverage if King v. Burwell had gone the wrong way: These include expectant mothers in the middle of a pregnancy, cancer patients in the middle of treatment, sick children with serious chronic diseases, financially struggling families losing their newfound health security — all hardworking Americans who love their families and who often hold jobs in which they wait on us.

Had the majority of Supreme Court justices sided with the plaintiff and removed insurance subsidies from federally run marketplaces, some 8.2 million people would have become uninsured, resulting in renewed confusion, anxiety and hardship for these working families. Meanwhile, a ruling for the plaintiff would also have increased non-group premiums in the 34 states by 35 percent, according to the Urban

Institute, an economic and social policy research organization. In other words, it would have created chaos for patients, providers and the health care system overall. It would have been an unspeakably cruel outcome.

Thankfully, we have avoided that and hopefully we can continue working to improve the benefits of the ACA so that more Americans move into the new reality that having health care is not a privilege for some but an expectation of all. In this new reality, we can address quality and cost in ways that put the patient first and will result in a stronger, healthier and more prosperous nation.

As the people of Catholic health care, we can be proud of helping to create this new reality. Making health care possible for so many from the moment of conception until the moment of natural death is an incredibly pro-life accomplishment. We now have the responsibility to work diligently to realize all the potential of this legislation for each of our brothers and sisters. Millions live in states that will not allow the expansion of Medicaid enrollment even though it is already paid for. Millions also, because of all the negative publicity, simply do not believe there is the possibility for them to ever get health insurance and need our outreach to help them obtain the assistance that is rightfully theirs.

We have helped to lay a great foundation. We must now be certain that those it was intended to help actually get what they deserve. This is the best way we can celebrate the victory in King v. Burwell, a great decision for the health of our nation and the security and dignity of those who live here. ■

Little Sisters of the Poor appeal birth control ruling to Supreme Court

By Associated Press

A group of Colorado nuns said Thursday they will go to the U.S. Supreme Court to appeal a ruling that allows their employees to receive birth control from a third party under the Affordable Care Act, fueling a combustible argument over contraception and religion ahead of next year’s presidential election.

Attorneys for Little Sisters of the Poor and four Oklahoma Christian colleges said last week’s ruling from the 10th Circuit Court of Appeals in Denver

violates their religious freedom, in an argument that goes beyond last year’s Hobby Lobby case.

A three-judge panel on the federal appellate court found that President Barack Obama’s health care law accommodates religious nonprofits by allowing them to seek exemption from a requirement to provide contraception to employees. The religious institutions, however, argue that the exemption is inadequate because a third party will still end up providing birth control coverage in opposition to their religious beliefs.

If the justices take up the case it would be heard and decided before the end of June 2016. ■



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