

# Legislative Affairs: A Powerful Tool for Healthcare Providers

BY RHODA WEISS

**O**ur complex legislative process affects all healthcare organizations. "After the rubric of patient care, nothing defines us more than legislation," says James Peters of Lifespan, an integrated healthcare delivery network based in Providence, RI. He adds, "Laws determine our revenues, set our standards, specify our working conditions, and, in excruciating detail, tell us how to behave. Healthcare organizations can and should participate in shaping these laws. But often they don't."

As Lifespan's director of communications and public affairs, Peters has helped craft a comprehensive legislative affairs program that encourages Lifespan employees, physicians, volunteers, and board members to participate in the legislative process.

## LEGISLATIVE AGENDA

Part of Lifespan's legislative affairs program includes "Legislative Planning Day," an annual event at which members of the organization's board, medical leadership, and management staff set the legislative agenda for the year. At the most recent "Legislative Planning Day," a U.S. senator, a state hospital association executive, and gubernatorial candidates spoke to participants. They reviewed the federal reform effort and state legislative outlook. Gubernatorial candidates also briefed the group on their respective health policy outlooks.

After the presentations, participants discussed and prioritized issues within broad topic areas, developed position statements on high-priority issues, and identified approaches and resource people to further refine and advocate Lifespan positions. The four broad topic areas, which form the basis of Lifespan's legislative agenda for the year, are:

- Budget, finance, and taxation (e.g., not-for-profit tax status, disproportionate share payments, program funding)
- Healthcare regulation (e.g., any willing-provider legislation, state-based health reform,



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certificate-of-need policy, hospital report cards, mandated benefits, insurance regulation, merger and consolidation reviews)

- Human resource and licensure issues (e.g., labor relations policy, licensure of health professions, limits of practice for professions, safety issues, facilities licensure and inspections)

- Health-related policy, managed care, and special legislation (e.g., gun control, seatbelt legislation, health promotion, research and teaching programs, mental health, long-term care policy, autologous blood transfusion policy)

## REACHING CONSTITUENTS

Through an annual Leadership Contacts Survey, Lifespan asks its trustees, physicians, and managers to identify federal, state, and municipal officials whom they may know and would be willing to contact to provide information about significant policy decisions affecting Lifespan and its hospitals.

"We never ask people to make such a contact without sufficient briefing and without the participant's complete agreement on the appropriateness of the contact and the action," explains Peters.

Another survey asks the same group to identify any particular expertise they may have related to bills before the Rhode Island General Assembly and whether they would be willing to testify at a committee hearing, work session, or informal legislator interview.

Monthly publications that go to employees, trustees, and managers and occasional publications that go to donors, business leaders, and legislators analyze legislative issues from Lifespan's vantage point. "Most readers are supporters and friends to begin with," Peters says. Many constituents are willing to react to an issue by writing or calling specific lawmakers.

Placing a human face on legislative and policy questions can also be effective. "Notice individual situations in which people's lives are affected by decisions," he says. "Your experiences can



humanize complex issues such as community benefits, uncompensated care, inappropriate use of emergency services, excessive regulation, developments in managed care, and many others. Encourage that these observations be passed along to those in the organization responsible for coordinating government relations activities."

Another key legislative affairs target is the news media. Meetings between the editorial boards or area newspapers, magazines, radio and television stations, and the chief executive officer (CEO) and board chairperson can provide opportunities to build understanding and support for the organization's position on issues. Well-crafted letters to the editor and opinion pieces are also an effective tactic in legislative campaigns. Copies of news coverage that supports the organization's position should be sent to sponsors of bills in the legislature, with the request to distribute copies to other legislators.

#### **THE LOCAL LEVEL**

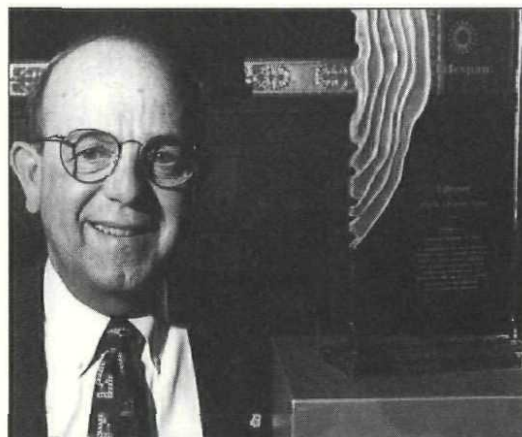
A comprehensive legislative affairs program not only can boost the passage of specific bills, but in the longer term can help formulate and shape policy, especially on the local level. Following the late U.S. House Speaker Tip O'Neill's advice that "all politics is local," Peters suggests devoting most of an organization's limited time and resources to local and state lawmaking, as well as supporting the efforts of state and national health associations when appropriate.

Peters reports that "in most communities, the hospital is one of the largest businesses, with the most constituencies—employees, managers, volunteers, physicians, and their immediate families—which sometimes make up a majority of the area's voters." He adds that appreciative patients and donors are also at times willing to act on a health organization's behalf.

#### **A CONTINUAL EFFORT**

To be effective, legislative affairs must be a year-round effort. "Legislative affairs activity doesn't work well if initiated only in time of crisis," Peters says. "Success and legitimacy are related to continuity." Friendships and mutual respect nurtured long before a crisis are more likely to yield consis-

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Lifespan recently presented its first "Health Advocate Award" to State Sen. Thomas Izzo, a longtime children's advocate who spearheaded state funding for an elementary and secondary school program at one of the system's hospitals.

tent support and a sympathetic reception for one's point of view.

Depending on the issue and legislative content, legislative affairs activities vary from formal and indirect to casual. For example, Peters recalls that when he was doing legislative affairs for an organization in Maine one key senator got the flu not long before a decisive vote in the state legislature. A hospital representative stopped by his house with an institutional-sized can of chicken soup and a get-well note, urging his support for the bill. It worked. The senator voted in line with the hospital's wishes.

#### **LEGISLATIVE RESOURCES**

It is critical to build a current data base of legislators' names, home and office addresses, phone numbers, and committee memberships, which makes multiple mailing and other procedures easier. Such information is available at no charge from local and state government and congressional delegation staff.

Peters advises requesting voting records, copies of bills, hearing schedules, position papers, and amendments. He adds, "Spend time at state legislatures, city hall, and congressional delegation

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## ARRANGED MARRIAGES

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My second reservation concerns the stability of the religiously based partner. For the negotiations I have outlined to succeed, it is essential that this partner be a continuing presence in healthcare. Unfortunately, such stability cannot be assumed when Catholic partners are involved, given the extreme vulnerability of Catholic congregations as sponsors of healthcare institutions. Sadly, all reasonable signs point to the inability of most—if not all—Catholic religious congregations to continue as owners-sponsors much beyond another decade, if indeed that long.

What then will replace that source of influence? Who will exercise the necessary authority on behalf of the offspring of the "marriages" now being consummated? Only two options realistically exist: Either the Church will provide such direction and influence directly; or lay associations, empowered by the Church, will replace the religious congregations as cosponsors with secular partners dedicated to service to the community.

I see no perceptible movement in either of these two directions at present. I fear that denial, inaction, and failure to take the long view dominate many Catholic settings today. Non-Catholic religious partners appear to have more freedom and fewer constraints.

The bottom line is to make every effort to preserve a religious presence for our offspring, both human and institutional. The stakes are very high and the outcome very uncertain. As we forge the deals and work through the challenges of change, let us make Mark's wise counsel the guidepost for our negotiations: "Anyone among you who aspires to greatness must serve the rest. Anyone who wants to rank first among you must serve the needs of all" (Mk 10:42). □

## HEALTHCARE

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noted in the *ERD*, appropriate application of the principle must take into consideration the circumstances in a particular diocese. □

### NOTES

1. "Justice in the World: The Synod of Bishops," in Vincent Mainelli, ed., *Social Justice: The Catholic Position*, Consortium Press, Washington, DC, 1975, para. 1042.
2. National Council of Catholic Bishops, "Ethical and Religious Directives for Catholic Health Care Services," *Origins*, December 15, 1994, pp. 449, 451-462. Unless otherwise noted, passages quoted here are from this document.
3. "Documents on the Laity," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post Conciliar Documents*, Liturgical Press, Collegeville, MN, 1975, pp. 775, 786.
4. Edmund Pellegrino and David Thomasma, *For the Patient's Good*, Oxford University Press, New York City, 1988, pp. 80-83.
5. Jefferson to Sr. Therese de S. Xavier Tarzon, May 15, 1804, Washington, DC.
6. Ten years later, the U.S. Department of the Treasury issued regulations clearly rejecting the notion that Catholic hospitals were an "integrated auxiliary." See *Hospital Progress*, February 1977, p. 18.
7. Tamar Lewin, "As Health Mergers Rise, Standards of Catholics Face a New Challenge," *New York Times*, March 8, 1995, p. 12.
8. For information about successful cooperative efforts to break through the old parameters of providing access to healthcare for the poor, debilitated, and disabled, contact the director, Archbishop's Commission on Community Health, St. Louis, MO.
9. Eugene Lauer, *Human Services Strikes: A Contemporary Ethical Dilemma*, Catholic Health Association, St. Louis, 1987, pp. 123-153.
10. *Mater et Magistra*, 1961, para. 23.
11. *Catechism of the Catholic Church*, U.S. Catholic Conference, Washington, DC, 1994, p. 550, no. 2284, p. 558, no. 2326.
12. James F. Keenan and Thomas R. Kopfensteiner, "The Principle of Cooperation," *Health Progress*, April 1995, pp. 24-27.

## COMMUNICATION STRATEGIES

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## Teach staff how ideas become bills and laws.


offices. Meet lawmakers and staff members. Send them your publications. Thank them for good votes and note bad ones."

### STAFF INVOLVEMENT

Although members of your healthcare organization may want to help with legislative affairs, the process intimidates many people who have had little occasion to work with it. Peters suggests conducting staff training sessions about the mechanics of legislation and how ideas become bills and laws. Staff should also receive reading materials that outline and analyze legislative developments. On the other hand, Peters insists that the CEO must personally endorse and spend time on legislative affairs. The public relations professional may implement much of the program, but only the CEO, along with the board, has authority to define the organization's position on an issue or bill.

### CHOOSE YOUR BATTLES WISELY

Peters's final advice is, "You'll never win 'em all." He adds, "Sometimes your favored bill will pass, and your work will have demonstrably influenced key votes. But your organization won't always get its way. Making every bill a do-or-die struggle is a risky strategy. Advocating strongly for your position, seeking compromise where possible, and maintaining relationships even when you lose makes far more sense. Focus on the bills that matter most and do what you can to influence their outcome." □

 For additional information contact James Peters, 401-444-5327.