



# FOR THE GOOD OF THE CHILD

**T**hese days almost every U.S. healthcare organization has a keen interest in legislative activities at the local, state, and federal levels. These activities affect healthcare facilities' operations in a variety of ways. However, for a pediatric hospital such as Cardinal Glennon Children's Hospital in St. Louis, that interest in government activity goes to the very core of virtually everything it does.

The ever-changing legislative activities that have taken place during the past 10 years have spurred Cardinal Glennon to develop a wide-ranging, grassroots advocacy program involving employees, medical staff, board members, auxiliary members, and others. These advocacy efforts focus on specific legislation that would affect the hospital directly, such as Medicaid reimbursement and voluntary contributions. Advocacy efforts also encompass a broad range of child health and safety initiatives such as child abuse legislation, prevention of poisonings, and prenatal care.

Cardinal Glennon is categorized as a disproportionate-share hospital because of the level of Medicaid and charity care it provides. Of the more than 7,400 inpatients and 120,000 outpatients the hospital served last year, Medicaid funded 52 percent. The difference between their billed charges and the amount reimbursed by Medicaid was \$21 million. In addition to the Medicaid shortfalls, the hospital provided an additional \$6 million in charity care.



*Ms. Mueth is director of communications, Cardinal Glennon Children's Hospital, St. Louis.*

## *A Hospital's Staff Works With Legislators To Promote Children's Health Issues*

BY BARBARA J.  
MUETH

### **SERVING A BISTATE REGION**

St. Louis is on the Missouri-Illinois border. As a result, 40 percent of Cardinal Glennon's patients are from southern Illinois. Therefore it faces the unusual challenge of dealing with the legislatures

**Summary** Legislative activities of the past 10 years have led many hospitals to develop grassroots advocacy programs that focus on specific issues. At Cardinal Glennon Children's Hospital, St. Louis, advocacy efforts involve employees, physicians, board members, and others.

Situated near the Missouri-Illinois border, Cardinal Glennon serves patients from both states and deals with the legislatures and government agencies of each. Cardinal Glennon has formed alliances with children's hospitals in Missouri and Illinois to lobby for fair funding from both states' Medicaid programs.

Cardinal Glennon has formed a public policy committee that evaluates issues, sets priorities, and identifies trends. Hospital staff work with legislators from both states, inviting them for a first-hand look at children's needs. The hospital has also formed the Letter-Writing Advocacy Committee. Committee members write their representatives, stating their viewpoint on specific issues.

Cardinal Glennon sponsors the Southern Illinois Perinatal Program. The hospital is also home to Missouri's regional poison control center, which in 1991 saved the state of Missouri \$400,000 in Medicaid funds and saved private insurance carriers approximately \$2.2 million.

Cardinal Glennon's advocacy efforts extend beyond specific hospital programs, however. Hospital representatives often testify to legislative committees on more universal issues such as child abuse, lead poisoning, primary care needs, and trauma care.



and government agencies of two states. "That involves being familiar with twice as many legislators and twice as much proposed legislation, as well as two different approaches to Medicaid funding and reimbursement," explains Mel Nicholson, Cardinal Glennon's director of government relations.

Its bistate location has prompted Cardinal Glennon to combine its lobbying efforts with those of other children's hospitals. Cardinal Glennon, St. Louis Children's Hospital, and Children's Mercy Hospital in Kansas City "speak as one voice to Missouri legislators on the tertiary care needs of the children of our state," Nicholson says. Similarly, Cardinal Glennon and St. Louis Children's Hospital work with three pediatric hospitals in Chicago (La Rabida, Children's Mercy, and Wyler's) to present a unified front to the Illinois legislature.

The focus of the pediatric hospital partnerships in both states is "our continuing struggle to receive fair funding from Medicaid, to be reimbursed for our costs in caring for poor children," Nicholson says.

#### A GRASSROOTS ADVOCACY APPROACH

Over the years, in addition to direct lobbying activities, Cardinal Glennon has developed a grassroots advocacy program that provides a variety of opportunities for input from and advocacy by many people affiliated with the hospital.

**Public Policy Committee** Eleven years ago, the hospital formed a public policy committee to guide and evaluate its government relations efforts. The committee, which meets quarterly, includes representatives from various groups affiliated with the hospital: the board of governors, which owns Cardinal Glennon; St. Louis University Medical Center, for which Cardinal Glennon is the pediatric teaching affiliate; SSM Health Care System, which operates Cardinal Glennon; and the hospital's administrators and medical staff. This cross section of members provides Cardinal Glennon with a more comprehensive approach to evaluating issues, setting priorities, and identifying trends.

**Legislative Reception** Increased Medicaid funding is a critical issue for Cardinal Glennon. According to Nicholson, "The hospital has a vital need to make its elected officials aware of what tertiary care hospitals do for children and how Cardinal Glennon provides support to local hospitals in communities throughout Missouri and southern Illinois."

Many of the hospital's board members are community leaders who have supported various



Tim Lewis

Advocacy efforts encompass a broad range of child health and safety issues.

political campaigns. "Cardinal Glennon wanted to develop a mechanism for those community leaders, as well as its own physicians, university faculty, and administrators, to meet with legislators and present its message in a short, convenient time frame," explains Nicholson.

So in 1982 Cardinal Glennon held its first legislative reception, where St. Louis-area legislators met with hospital leaders to discuss children's healthcare issues. The reception has become an annual event that has more than tripled in size. Fewer than 100 persons attended the first reception; however, more than 300 Missouri and Illinois legislators, city and county officials, and hospital representatives attended the 11th annual reception, held in January 1992.

Hospital board members, medical staff, administrators, and department heads who attend the



receptions first go to a briefing on upcoming legislation and issues critical to Cardinal Glennon. Cardinal Glennon representatives reiterate the hospital's needs to legislators, who learn what their efforts can mean to Missouri and Illinois children and families.

**Legislative Visits** The success of the hospital's annual legislative reception led to an expanded, year-round program in which key legislators visit Cardinal Glennon Children's Hospital for a firsthand look at the hospital's programs and needs. Each year Cardinal Glennon invites 20 to 25 state and federal legislators and state agency officials to visit the hospital. They tour areas that most need legislative support, such as the neonatal intensive care unit and the poison control center.

"It's one thing to tell a legislator about the need to fund prenatal care programs and how these programs can save the state money on acute care costs," says Nicholson. "However, the message will have a greater impact if the legislator sees a two-pound premature infant who will be in intensive care for months."

After the tour, hospital administrators, physicians, and employees from that legislator's home district meet with him or her to discuss Cardinal Glennon's legislative needs. Nicholson believes that legislators will listen more intently to their own constituents.

**Letter-Writing Committee** Two years ago the hospital formed the Letter-Writing Advocacy Committee, made up of board members, auxiliary members, employees, medical staff, and other friends of the hospital. Committee membership has grown from its original 25 to more than 225.

Committee members have written letters on issues such as Medicaid funding, poison control center funding, and voluntary contributions. They receive information on the program's background, specific legislation under consideration, and Cardinal Glennon's needs in that area. Each member also receives sample letters and the names and addresses of his or her legislative representatives.

Nicholson says that when he visits legislators, they often remark that they have received many letters on a particular issue. "Legislative offices tabulate statistics on how many letters for and against each issue they have received; that's why our letter-writing effort is so important to us," he explains. "Legislators know that the people who write letters often are also the people who vote and who make campaign contributions."

### PROGRAMS AFFECTING CHILDREN'S HEALTH

Cardinal Glennon Children's Hospital works closely with state legislators regarding funding for specific hospital programs.

The success of the hospital's annual legislative reception led to an expanded, year-round program in which key legislators visit Cardinal Glennon for a firsthand look at the hospital's programs and needs.

**Southern Illinois Perinatal Program** In 1991 Cardinal Glennon admitted 279 neonatal patients from Southern Illinois, and Saint Mary's Health Center in St. Louis admitted 344 high-risk mothers. These two high-risk referral centers administer the Southern Illinois Perinatal Program, a network designed to provide coordinated, comprehensive perinatal services to reduce maternal, fetal, and neonatal deaths and illnesses.

The program, which is headquartered at Cardinal Glennon, includes a network of 23 community hospitals, 25 public health departments, and 16 early childhood intervention agencies. Working together, these organizations provide acute care services, a network of preventive healthcare programs, and an effective healthcare system for mothers and babies throughout southern Illinois.

The program is partially funded by the Illinois state legislature, receiving one-third of its annual budget from an appropriation of the general assembly and additional funding from a maternal-child block grant administered through the state.

Susan Wolske, director of perinatal outreach, and several other members of the program actively work with Illinois state legislators each year to justify continued funding. "Although our hospital is located in St. Louis, we tell Illinois legislators about the educational programs and services we provide in their local areas and the support we offer to their community hospitals," Wolske says.

"We also strongly emphasize that the more money they spend on preventive programs, the more money they will save in the long run on acute care costs." A low-birthweight baby who requires weeks of intensive care represents one of the greatest expenses to taxpayers, Wolske claims, "and a percentage of these costs can be avoided."

**Regional Poison Control Center** Cardinal Glennon is also home to Missouri's regional poison control center, a network that includes 67 member hospitals throughout the state. The 24-hour, toll-free service received nearly 77,000 calls in 1991.

When Cardinal Glennon's poison control center was designated the regional center in 1985, the plan called for the Missouri state legislature to provide one-third of the program's funding. In the past seven years, however, state support has dropped to 10 percent of the center's annual budget, and the hospital is now providing 50 percent of the funding. The remaining 40 percent comes from fees paid by network member hospitals and private businesses that use the poison control center's services.

"Our current system is grossly underfunded," says Bob Jaeger, program director for the poison control center. "Cardinal Glennon actually is subsidizing the state, because it still has to carry



out the terms of its contract as a regional center, even though it is not receiving adequate state funding.”

Jaeger has become part of Cardinal Glennon's advocacy program, making numerous trips each year to the state capital to lobby. He also gives tours of the center to visiting legislators.

Jaeger emphasizes that preventive programs can save a significant amount of money if poisonings can be avoided. Callers to the center often receive the information they need to prevent or counteract a possible poisoning, thus avoiding a trip to the emergency room. Jaeger estimates that in 1991 the services of the poison control center saved the state of Missouri \$400,000 in Medicaid funds and saved private insurance carriers approximately \$2.2 million.

“Those kinds of figures do get legislators' attention,” Jaeger asserts, “but we also have to deal with the fact that the general revenue money available for these types of programs is pretty much drying up. We have to continually provide information and education about the services we provide and the money we can save the state.”

#### REACHING BEYOND THE HOSPITAL

Cardinal Glennon's advocacy efforts extend beyond specific hospital programs, however. Hospital representatives from various departments often testify to legislative committees on more universal issues such as child abuse, lead poisoning, primary care needs, trauma care, and more.

“We seek out legislators who are interested in child healthcare issues,” Nicholson says. “Various members of the hospital's medical staff, social work department, and others work with these legislators in providing statistics and information, testifying before committees, and developing legislation that will benefit all children and families. We also testify on proposed legislation that we feel would be disadvantageous to children.”

Nicholson adds that, in addition to Cardinal Glennon's individual efforts, “we coordinate with as many other groups as possible who are conducting their own advocacy programs in support of children's health needs.”

In addition to its coalitions with other pediatric hospitals, Cardinal Glennon works with the National Association of Children's Hospitals and Related Institutions, the American Hospital Association, the Missouri and Illinois hospital associations, the Catholic Health Association, and lobbyists for other business and civic groups.

As a member of the SSM Health Care System, Cardinal Glennon collaborates with the system on a state, regional, and national level. The SSM Health Care System's commitment in the area of public policy focuses on issues that better the

health status of the people it serves, particularly in the area of access to healthcare.

As the largest healthcare provider in Missouri, the SSM Health Care System uses its corporate influence, along with that of its individual entities, to help draft and pass legislation to benefit those it serves. Nicholson meets regularly with one of the system's legislative consultants to coordinate activities and provide a pediatric perspective on healthcare and medicolegal issues of importance to the system. For example, the hospital and the system worked together last year to convince state legislators to implement advance directives legislation.

In 1992 the system will focus again on healthcare for all persons. Mobilizing the grassroots efforts at individual system hospitals such as Cardinal Glennon to help support these broader issues continues to be part of the system's public policy program.

“All our efforts to improve healthcare access for the poor and disenfranchised, both individually and systemwide, are ways in which we live out our mission and our values,” says Doug Ries, president of Cardinal Glennon. “And the more people who are involved in those advocacy efforts—employees, physicians, board members, and others—the more our mission becomes a vital part of everything we do.” □

## Cardinal Glennon's advocacy efforts extend beyond specific hospital programs to universal issues.

### LEGISLATION TO BENEFIT POOR CHILDREN

In 1989 the Omnibus Budget Reconciliation Act (OBRA) mandated that state Medicaid programs be expanded and simplified. Implementation of the expanded program was left to the individual states. In response, Cardinal Glennon Children's Hospital activated various aspects of its advocacy program in 1990 to influence how Missouri would implement the programs.

Cardinal Glennon President Doug Ries and Government Relations Director Mel Nicholson, along with representatives of other disproportionate-share hospitals and the Missouri Hospital Association, worked with state legislators to draft legislation that would be of the greatest benefit to the state's poor women and children and at the same time meet OBRA requirements. The legislation expanded Medicaid benefits, eliminated the resource test for low-income children and pregnant women, provided for a simplified application process, and extended the legal expense coverage to more physicians.

Nicholson and Cardinal Glennon physician Armand Brodeur, MD, spent countless hours at the state capital advocating for the bill's passage. In addition, 150 to 200 hospital employees, physicians, and board members sent letters to their state legislators in support of the bill.

The bill passed in the form supported by Cardinal Glennon and other disproportionate-share hospitals, resulting in the provision of healthcare benefits for an additional 3,251 infants and 16,578 children in Missouri.