

UC Health

- Understanding advocacy and lobbying
- The Why's and How's
- Principles of Effective Advocacy
- Deep Dive into the UC Health Advocacy Strategy

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**Advocacy** (*mentam-webster.com*)

- the act or process of supporting a cause or proposal
- the act or process of advocating something

**Advocacy** (*Wikipedia*)

- an activity by an individual or group that aims to influence decisions within political, economic, and social systems and institutions.
- includes activities and publications to influence public policy, laws and budgets by using facts, their relationships, the media, and messaging to educate government officials and the public.
- can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research.

**Lobbying** is a form of advocacy where a direct approach is made to legislators on a specific issue or specific piece of legislation

**The goal is for decision makers to take ownership of your ideas, evidence, and proposals and act upon them.**

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Lobbying and advocacy are NOT interchangeable.

Generally speaking, advocacy encompasses many different kinds of activities designed to promote a cause or idea.

Lobbying refers to specific activities intended to influence legislation, and there are rules governing these activities.

Lobbying includes contacting or urging the public to contact policy makers for the purpose of proposing, supporting, or opposing legislation.

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**Direct lobbying** is any attempt to influence legislation through communication with any member or employee of a legislative body or any other government official who may participate in the formulation of legislation. For example, UC Health lobbied for passage of House Bill 116, the State Fiscal Year 2020-2021 Operating Budget.

**Grassroots lobbying** is any attempt to influence legislation by swaying the opinion of the general public. In this case, the organization encourages the public to lobby. For example, UC Health sends an email to all associates asking them to contact their elected officials (voluntary basis only) to support or oppose a piece of legislation.

*Being engaged in public policy is not strictly about lobbying.*

There are many policy-related activities you can engage in that don't constitute lobbying. It only counts as lobbying when you ask a decision maker to vote for or against a specific piece of legislation.

Educating decision makers and lawmakers about an issue is **NOT** considered lobbying; nor is hosting a public meeting or distributing a report about an issue.

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Nonprofit organizations – like UC Health – play a vital role in the development and implementation of public policy to promote an informed, healthy, and strong society.

We witness and respond to the impact of public policies on the people we serve, our patients and their families.

We are the front lines of health care policy, and we see first hand its impact on patients.

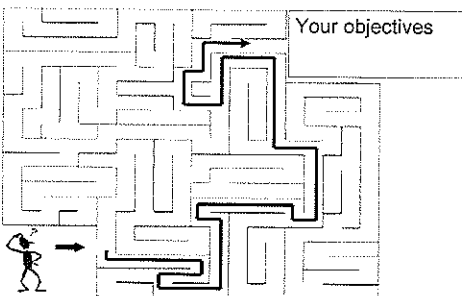
We can be an important bridge between policy makers and their constituents – our patients.

Effective advocacy builds our capacity to achieve the greatest good for the greatest number of people and communities we serve.

Engaging in public policy advocacy can also raise awareness of our organization's mission, the role we play in the region, and the patients we serve.

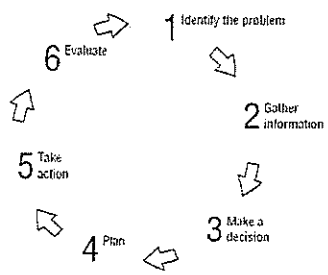
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- It is a two-way process of negotiation and mediation.
- It is messy and normally takes time, commitment and persistence.
- The most likely outcome is policy influence, rather than direct impact.
- It involves creating strategic relationships and engaging audiences and interest-based coalition-building and bargaining with all types of political audiences.
- Context is key, as processes are always specific, evolving and unpredictable.

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**The effective advocate must be a good...**

1. Diagnostician
2. Analyst
3. Strategist
4. Tactician

**...and must follow these rules:**

1. Tell the truth; it will be easier to remember.
2. Your word is your bond. Your reputation for living up to your end of a bargain will be important in determining your success.
3. Your biggest challenge will be to manage expectations.
4. Know when to stop. Do not speak past the point of effectiveness.
5. Don't ignore minority party members. This is common courtesy, and you never know when you might need their help.
6. Perseverance equals persistence plus patience.
7. You must create and maintain mutually beneficial relationships with decision makers.
8. Bring facts, not anecdotes.
9. Know what you're talking about. If you don't, say you don't and get back to them with your answer.

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**HOW OUR LAWS ARE MADE**

The case of a bill: H.R. 5611 (110)

*"Congress shall have the power to make all laws which shall be necessary and proper to execute the powers vested in them by this Constitution."*

1. A bill is introduced in either the House or the Senate.

2. The bill is assigned to a committee.

3. The committee holds hearings and may amend the bill.

4. The committee reports the bill to the floor.

5. The bill is debated and voted on in the House or Senate.

6. If passed, the bill goes to the other chamber.

7. The bill is debated and voted on in the second chamber.

8. If passed, the bill goes to the President.

9. The President signs the bill into law.

10. If the President vetoes the bill, Congress can override the veto with a two-thirds majority in both chambers.

11. If the President vetoes the bill and Congress does not override, the bill becomes law without the President's signature.

12. If the President vetoes the bill and Congress does not override, the bill is sent back to the committee.

13. If the President vetoes the bill and Congress does not override, the bill is sent back to the floor.

14. If the President vetoes the bill and Congress does not override, the bill is sent back to the President.

15. If the President vetoes the bill and Congress does not override, the bill is sent back to the President.

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- We pursue public policy that advances our purpose, supports our vision & aspirations in order to achieve our system strategic goals. We put patients & families first, to advance healing and reduce suffering.
- We're considered a thought leader on health care policy & financing.
- We're top of mind with our federal, state and local elected and government officials.
- We drive partnerships with peer hospitals, Ohio Medicaid and others on innovative policy and programming.

We advocate at the federal, state and local levels of government (executive and legislative).

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**CONSTITUTION**

<p><b>Legislative Branch</b></p> <ul style="list-style-type: none"> <li>• Makes laws</li> <li>• Approves gubernatorial appointments</li> </ul>	<p><b>Executive Branch</b></p> <ul style="list-style-type: none"> <li>• Signs laws</li> <li>• Vetoes laws</li> <li>• Pardons people</li> <li>• Appoints judges</li> <li>• Includes six officials elected statewide</li> </ul>	<p><b>Judicial Branch</b></p> <ul style="list-style-type: none"> <li>• Decides if laws are constitutional</li> <li>• Can overturn rulings by other judges</li> <li>• There are 6 justices, including a chief justice</li> </ul>
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**Ohio Congressional Districts 2012-2022**  
(As of August 2012)

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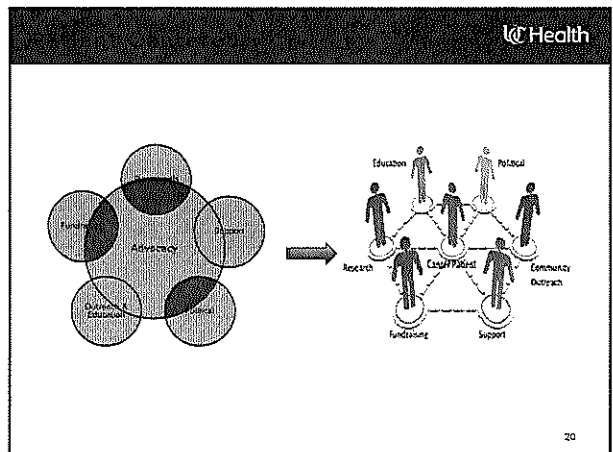
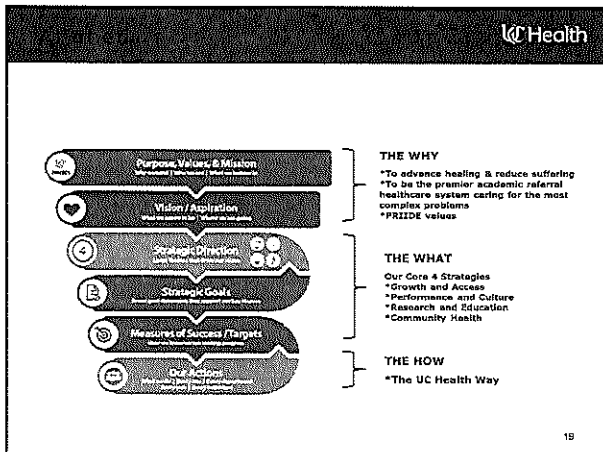
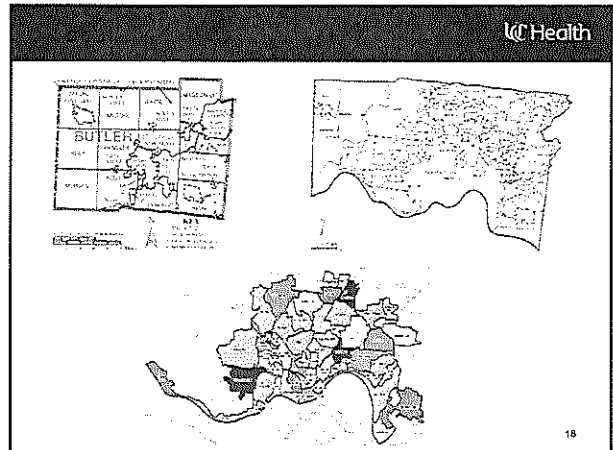
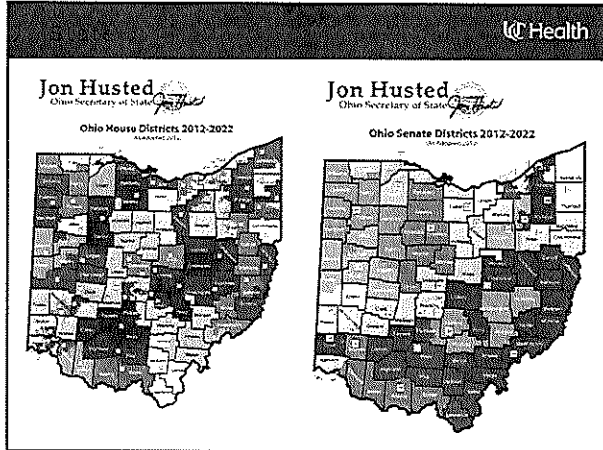
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The Ohio Constitution is the basic governing document of the State of Ohio, which in 1803 became the 17th state to join the United States of America. Ohio has had three constitutions since statehood was granted.

<p><b>Executive Branch</b></p> <ul style="list-style-type: none"> <li>◊ Governor</li> <li>◊ Lt Governor</li> <li>◊ Attorney General</li> <li>◊ Secretary of State</li> <li>◊ Auditor</li> <li>◊ Treasurer</li> </ul> <p>*all elected 4 year terms</p>	<p><b>Legislative Branch</b></p> <p><u>House of Representatives</u> 99 members Two year terms</p> <p><u>Ohio Senate</u> 33 members Four year terms</p>	<p><b>Judicial Branch</b></p> <p>7-member Ohio Supreme Court</p> <p>12 district courts of appeals (3-judge panels)</p> <p>County-level courts of common pleas and probate</p> <p>*all elected for 6-year terms</p>
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Term limits of 8 consecutive years

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Federal	State	Local
<ul style="list-style-type: none"> <li>Key Areas of Focus</li> <li>340B</li> <li>Proton Center Mid Build</li> <li>Exception</li> <li>Medicaid DSH Cuts</li> <li>Site Neutral Policies &amp; Reimbursement Charges</li> <li>Medicaid work requirements, block grants.</li> <li>Administrative Changes</li> <li>Medicaid Managed Care Rule</li> <li>NEMT for Medicaid beneficiaries</li> <li>Increasing transparency in Medicaid payments (premiums &amp; copayments)</li> <li>SUPPORT Act provisions &amp; Optoid tracking for Medicare beneficiaries</li> <li>Medicaid drug policy</li> <li>Stark, HIPAA, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Policy Priorities</li> <li>SFY 2020-2021 Operating Budget</li> <li>CIGIP</li> <li>Protect Medicaid expansion, reimbursements</li> <li>Opportunities to advance work on Infant mortality, opioid epidemic</li> <li>Telemedicine coverage/payment parity</li> <li>Independent Legislation: stroke/trauma protocols, Infant mortality, living organ donor protections, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Key Areas of Focus</li> <li>Protect Levy Funding</li> <li>Uptown/Innovation Corridor</li> <li>CHD Building/Master facilities</li> <li>Planning Project</li> </ul>

**Relationship Building & Engagement**

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- Advance work of UCCM
- Advance work of UCCI
- M&K Center – engage key stakeholders & elected officials, promote UCH development & funding opportunities
- Promote public policy opportunities to advance patient care (telehealth, stroke & trauma protocols, etc)
- Identify & seek innovative payment opportunities (high DSH jurisdictions, new VBP opportunities)
- Protect base & supplemental reimbursements
- Measurement: Monitor engagement opportunities (physicians Ohio leadership)

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- UC LCH Opioid Task Force – identify & seek funding opportunities
- HEALing Communities – build internal alignment, seek external engagement & promote
- Measurement: Connect the Document/Build portfolio of work across UC & LCH

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- CDIP – protect, reauthorize, promote
- Cradle Cincinnati – identify & seek funding opportunities
- UC LCH Opioid Task Force – identify & seek funding opportunities
- Internal Educate UC Health associates and Providers/Providers on QR policies
- Partner with CMO on advocacy opportunities (ODH, CMS) re oversight, licensing, quality payment programs
- Internal continue standardizing QR processes at LCH
- Measurement: Increase engagement opportunities that units/departments visited

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- UC LCH Opioid Task Force – support local community efforts & engage community partners
- Cradle Cincinnati – support local community efforts & engage community partners
- Partner with Community Relations an attempt advocacy opportunities with community health initiatives
- Protect & promote community benefit programs and funding opportunities (SHS, CRH)
- Protect Health & Hospital Levy funding
- Measurement: Connect the Document/Build portfolio of work across UC & LCH, engage MAC for annual report, enhance relationships to support key.

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- Public Policy Agenda – developed and executed
- Executive Engagement (External)
  - Ohio Hospital Association – UCH roster updated; how to standardize?
  - State Boards & Commissions – 3 nominations submitted; continued advocacy
  - Legislative/Stakeholder – executive relationship grid developed and executed, “Breakfasts with...”, Advocacy Day Opportunities (to date: 108 scheduled engagements, up from 79 in FY 18)
- Executive Engagement (Internal)
  - GR member of Ops Team
  - Quarterly meetings with key leaders
  - Monthly meetings with CEO, CFO
  - Partnership with UC GR
  - Monthly Public Policy Calls
- Ohio Legislation & New State Laws – Process established, workflow outlined, automation and SOPs in process

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**Open Dialogue**