

December 21, 2016



The Honorable Orrin Hatch
Chairman
Senate Finance Committee
219 Dirksen Senate Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Senate Building
Washington, D.C. 20510

The Honorable Johnny Isakson
Co-Chair, Chronic Care Working Group
131 Russell Senate Building
Washington, D.C. 20510

The Honorable Mark Warner
Co-Chair, Chronic Care Working Group
475 Russell Senate Building
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

On behalf of HealthCare Chaplaincy Network (HCCN)¹ and its affiliate, the Spiritual Care Association (SCA), I am writing in support of S. 3504, the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2016. We commend your leadership in advancing this important legislation, which seeks to improve care for Medicare beneficiaries with chronic conditions, expand innovative care models, and facilitate telemedicine coverage.

Of particular interest to HCCN and SCA is section 502 of the bill, which requires the Government Accountability Office (GAO) to conduct a study on the formulation of a comprehensive plan of longitudinal care for Medicare beneficiaries with serious or life-threatening illnesses. Part of this proposed study is an examination of interdisciplinary care teams that, as defined by the legislation, “**may** include a chaplain, minister, or other clergy ...” (emphasis added)²

We believe this section can be further strengthened by **requiring** the inclusion of a chaplain, minister, or other clergy as part of a beneficiary’s care team, consistent with other provisions of the Medicare statute. Specifically, under the Medicare hospice benefit, the core hospice team responsible for the development and review of the beneficiary’s plan of care **must** include:

- Doctor of medicine or osteopathy
- Registered nurse
- Social worker
- **Pastoral or other counselor** (emphasis added)³

¹ HCCN is a 55-year old global nonprofit organization that offers spiritual-related information and resources, and professional chaplaincy services in hospitals, other health care settings, and online. Its affiliate, SCA, has more than 1,200 members.

² S. 3504, the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2016 §502(c)(3)(B).

³ See, Medicare Hospice Conditions of Participation, § 418.56 Interdisciplinary group (IDG), care planning, and coordination of services.

A growing body of research indicates that access to spiritual care results in better medical outcomes while often lowering care costs. For example, professional chaplains facilitate end-of-life care discussions for advanced care beneficiaries that can influence satisfaction, increase hospice enrollment, and provide a better quality of life through the end-of-life experience. Studies have shown that advanced cancer patients are more likely to die in hospice as opposed to more expensive intensive care units when their spiritual needs are met by credentialed chaplains.⁴ In addition, visits from professional chaplains increase overall patient satisfaction,⁵ raise hospital survey scores⁶, and are associated with value-added care outcomes.⁷

Given the importance of spiritual care to individuals facing chronic conditions and assessing end-of-life options, we urge the Committee to further refine the CHRONIC Care Act by amending section 502(c)(3)(B) of the bill and changing the word “may” to “shall.” This would ensure that spiritual health will be considered as part of the GAO’s study of a comprehensive plan of longitudinal care for Medicare beneficiaries with serious or life-threatening illnesses.

We are committed to working with you and your staff to ensure that the role of spiritual health is properly addressed in the management and delivery of care to Medicare beneficiaries with chronic conditions. We also hope you will utilize HCCN/SCA as a resource on spiritual health issues as the Committee considers related legislation, and please do not hesitate to contact me directly at ejhall@healthcarechaplancy.org or 212-644-1111, ext. 110 if you have any questions or would like any additional information. Again, thank you for your leadership and your consideration of our views.

Sincerely,



Rev. Eric J. Hall
President and CEO
HealthCare Chaplaincy Network
Spiritual Care Association

cc Members, Senate Finance Committee

⁴Williams, J. A., Meltzer, D., Arora, V., Chung, G., & Curlin, F. A. (2011). Attention to inpatients’ religious and spiritual concerns: predictors and association with patient satisfaction. *Journal of general internal medicine*, 26(11), 1265-1271.

⁵ VandeCreek, Larry. "How Satisfied Are Patients with the Ministry of Chaplains?" *The Journal of Pastoral Care & Counseling* 58.4 (2004): 335-42.

⁶ Marin DB, Sharma V, Sosunov E, Egorova N, Goldstein R, Handzo G. 2015. The relationship between chaplain visits and patient satisfaction. *Journal of Health Care Chaplaincy*. 21 (1):14-24.

⁷ See, Flannelly, Kevin, Margaret Oettinger, Kathleen Galek, Arnd Braun-Storck, and Ralph Kreger. "The Correlates of Chaplains’ Effectiveness in Meeting the Spiritual/Religious and Emotional Needs of Patients." *Journal of Pastoral Care and Counseling* 63.1-2 (2009): 1-15, which found 80 percent of patients surveyed had spiritual or religious needs, and said the chaplain met these needs very well and most patients felt the chaplain made their stay easier and helped them tap into inner strengths and resources.