



Advocacy Update: February 1, 2017

In a major step in our advocacy efforts, the Spiritual Care Association (SCA) brought spiritual care to the attention of Congress earlier this month. SCA's president and CEO, Rev. Eric J. Hall, along with our legislative advisor, M. Todd Tuten, a senior policy advisor at Akin Gump Strauss Hauer & Feld LLP, spent a jam-packed day on the Hill, meeting with key health policy staff of Senate Finance Committee members and a bipartisan group of Committee staff. This marked the first time that advocates met with them to underscore the value of spiritual care in health care—and the legislative/regulatory issues surrounding it.

High on SCA's agenda at the meetings was discussion about S. 3504, the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2016—reinforcing a letter SCA and its affiliate, HealthCare Chaplaincy Network (HCCN) wrote to the Senate Finance Committee leadership late last year regarding the CHRONIC Care Act. The bill seeks to improve care for Medicare beneficiaries with chronic conditions, expand innovative care models, and facilitate telemedicine coverage.

Also discussed was:

- The growing recognition that spiritual care must be included in whole-person care
- The increasing body of research showing the positive impact of spiritual care on medical outcomes, patient experience and satisfaction, and costs for health care settings
- The recent American Medical Association policy recognizing the importance of individual patient spirituality and its effect on health, and encouraging patient access to spiritual care services

While SCA supports the overall goals of the CHRONIC Care Act, the legislation allowed but did not require the inclusion of chaplaincy services as part of a study by the Government Accountability Office (GAO) of the interdisciplinary care team for Medicare beneficiaries with chronic conditions. SCA is calling for the GAO study to require "the inclusion of a chaplain, minister, or other clergy as part of a beneficiary's care team," similar to current Medicare policy that requires a chaplain on the core hospice care team.

SCA looks forward to working with the Committee to make this small, but impactful change to help solidify the role of spiritual health in our federal programs. The bill died when Congress adjourned last year, but given its support from key bipartisan senators, it is likely the legislation will be reintroduced.

Hall said the staff members articulated that they appreciated the discussion and valued the information provided to them, including HCCN's recent white paper, "SPIRITUAL CARE: What It Means, Why It Matters in Health Care."

In the months ahead, with all the changes in the political landscape, 2017 promises to present additional opportunities for our organization and our community to get involved in advocacy efforts to advance the field.