October 19, 2015

HealthCare Chaplaincy Network™

Ms. Anastasia Dodson
Department of Health Care Services
1501 Capitol Avenue
MS 0000, P.O. Box 997413
Sacramento, CA 95899-7413

RE: SB 1004 Implementation

Dear Ms. Dodson:

HealthCare Chaplaincy Network (HCCN) is a 54-year old global nonprofit organization that offers spiritual-related information and resources, and professional chaplaincy services in various health care settings and online to more than 500,000 visitors. Our mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to improve the patient experience and satisfaction and to help people faced with illness and grief find comfort and meaning, whoever they are, whatever they believe, wherever they are. We have provided expert consultation and support to a number of organizations in California, including the Archstone Foundation, Cedars-Sinai Medical Center (Los Angeles), City of Hope (Duarte), and the Institute of Palliative Care at California State University.

As an organization interested in advancing sound public policy in spiritual health care services, HCCN supports efforts to increase access to palliative care. As the legislation states, palliative care is intended to include "emotional **and spiritual support** for people with serious advanced illnesses." (Emphasis added). For far too long, spiritual care has been disregarded and devalued as a vital component of our health care delivery system. Yet the role spirituality plays for most people with a chronic or fatal condition is vital in increasing overall fulfillment, finding satisfaction in their care plan, and facing the adversities that these conditions provide in both body and mind.[1] Moreover, services and counseling provided by spiritual care professionals provide assistance not only to the individual with chronic or fatal conditions, but to their family caregivers as well.[2]

Access to spiritual health professionals provides better outcomes while often lowering care costs. 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.[3] In addition, visits

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[1] Flannelly, K, Oettinger, M, Galek, K, Braun-Storck, A Kreger, R. "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.

[2] Wall, Richard J., Ruth A. Engelberg, Cynthia J. Gries, Bradford Glavan, and J. Randall Curtis. "Spiritual Care of Families in the Intensive Care Unit*." Critical Care Medicine 35.4 (2007): 1084-090.

[3] Balboni, Tracy A., Mary E. Paulk, Michael J. Balboni, Andrea C. Phelps, Elizabeth T. Loggers, Alexi A. Wright, Susan D. Block, Eldrin F. Lewis, John R. Peteet, and Holly G. Prigerson. "Provision of Spiritual Care to Patients with

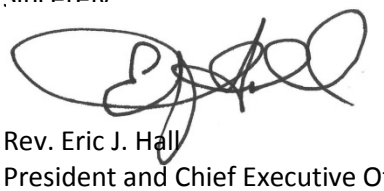
from professional chaplains increase patient satisfaction,[4] raise hospital survey scores[5], and are associated with value-added care outcomes.[6]

In 2013, only 1.4% of Medi-Cal beneficiaries died in hospice, while over 37% of beneficiaries passed away in a more costly hospital setting.[7] Access to spiritual counseling will help beneficiaries make more informed choices that could lead to increased hospice enrollment and lower costs at end-of-life.

In implementing SB1004, we encourage you to specify that professional board-certified chaplains provide spiritual care to patients receiving palliative care, and their families. Professional multi-faith chaplains are the spiritual care specialists, having undergone extensive clinical training and making valuable contributions to interdisciplinary teams. While we recognize that financial constraints must be taken into consideration, there are technological solutions available that can cost-effectively help extend access to professional chaplains, especially in rural and underserved areas, and to the elderly and homebound. Such programs can be utilized by licensed home health and hospice agencies to provide valuable and necessary spiritual care services to Medi-Cal beneficiaries across all California localities.

As an organization that continues to witness the centrality of spiritual support to the coping and welfare of those who are sick and their loved ones, we urge DHCS to insure that spiritual care support is appropriately defined and the intent of SB1004 to include spiritual support in this new benefit is quickly and fully implemented. We would be happy to meet with you to more fully explain our suggestions, and we look forward to working with you to ensure Medi-Cal beneficiaries have access to such services at all points in the health care continuum.

Sincerely



Rev. Eric J. Hall
President and Chief Executive Officer

Advanced Cancer: Associations with Medical Care and Quality of Life Near Death." The Journal of Clinical Oncology 28.3 (2009): 445-52.

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

[5] 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.

[6] 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 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.

[7] See, A. Dodson & C. Crist, California Department of Health Care Services, Palliative Care/SB 1004 Webinar (April 13, 2015) (See, www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care---SB1004-Webinar.aspx).