

Christian Science Committee on Publication

F O R C O N N E C T I C U T

Testimony for the Insurance and Real Estate Committee

Public Hearing on 2/5/09 - HB 5721

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Good Afternoon: Senator Crisco, Representative Fontana, and members of the Insurance and Real Estate Committee:

My name is Linda Ross. I'm from Norwalk, representing the Christian Science Committee on Publication for CT. I'm here today to speak to you regarding HB 5721 An Act Establishing the Connecticut Health Steps Program

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We certainly support the intent of this bill to provide for more accessible and affordable health care for everyone. For some, effective health care means spiritual healing. I'm here to ask that, whatever approach this legislative proposal ultimately takes to expanding access to health care, that it include provisions that allow the public to have access to spiritual care.

In making this request, I am asking that you not limit the coverage available to the public to medical coverage. Spiritual care is a proven approach to healing. We cannot and should not assume that everyone's health care choice is to be treated medically. Including spiritual care in this legislation underscores and ensures that patients have a choice of treatment, which is essential in a diverse society.

Spiritual care is already the health care choice of many Connecticut residents. A number of these individuals have made this choice because they have been given a medical regimen that was not beneficial. Others have made this choice because they have experienced excellent results. Others have seen the benefits based on generations of reliance on spiritual care.

As a pre-med student some years ago I discovered - quite unintentionally - the effectiveness of a spiritual approach to caring for oneself. I had been knocked unconscious in a car accident and when awakened had the thought that I needed to focus on God in that moment and not on my physical condition. I began to ponder several Bible passages when my strength and mobility returned. It was so natural, that I assumed nothing had actually happened. My insurance adjuster insisted however that I have a complete physical before signing any release of liability waivers for the driver of the car that was at fault.

My family doctor pointed out on my x-rays where there had been an adjustment with my bones and muscles showing a complete healing of the affects of the accident. Throughout my adult life, Christian Science has been my first resort in meeting health care needs. Over the years my husband and I have experienced

quick healings (some medically verified) of ear aches, cold congestions, pink eye, menstrual cramping, serious cuts, and running related injuries.

The inclusion of spiritual care in health insurance plans is not a new concept. An example of this is that the federal government reimburses physical care provided in a religious nonmedical health care institution under Medicare, and that spiritual care services have been covered through private insurance for over 90 years. There are four plans under the Federal Employees Health Benefits Program that cover Christian Science nursing care and/or Christian Science practitioner services. Spiritual care has been made available and effectively utilized in the private insurance context as well as in governmental programs for many years.

Spiritual care providers also can and do comply with statutory and regulatory requirements that ensure that patients receive quality care and funds are spent appropriately. However, there may be a need for accommodation from medical criteria (for example, a requirement that patients must be examined by a physician or receive a medical diagnosis) so that patients will be able to effectively access spiritual care. I can provide examples of this kind of accommodation in federal law and the laws of various States upon request.

We are grateful for the efforts underway to offer Connecticut citizens with greater access to affordable and effective health care. We have found spiritual care to be a reliable and effective solution to health care needs, and ask that this solution be included in this bill. I am happy to answer any questions and to work with you to address any questions that you may have as this process moves forward.

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F O R C O N N E C T I C U T

Public Access to Spiritual Care: Recommendations for Health Care Reform Legislation

As our state considers health care reform, it is important that any new framework includes spiritual care. Prayer-based healing has been a mainstay in American life for years. Despite the progress in medical science, many Americans continue to rely on prayer as their primary means of health care for one simple reason: they trust its effectiveness, its completeness and its reliability. For millions of other Americans, the issue at hand is, in some ways, more fundamental: having the option to choose the method of health care that is most effective for them.

Everyone deserves access to reliable and cost-effective health care. This should be one of the primary goals of health care reform. Because spiritual care is reliable and cost-effective, it should be part of the solution in addressing the health care challenges facing our nation.

Christian Science is a method of spiritual care that is available to everyone. For over a century, individuals from many different faith traditions have found Christian Science to be reliable and effective in addressing the challenges posed by injury, illness, and disease. For this reason, they will often choose religious nonmedical health care in lieu of medical care. The practice of Christian Science includes assistance from Christian Science practitioners (individuals who have been recognized as having demonstrated the ability to help others achieve healing through prayer), as well as from Christian Science nurses (individuals who provide physical assistance for the patient's daily needs while the patient prays for healing).

We have identified two areas where statutory provisions may be needed to achieve public access to spiritual care within the context of health care reform legislation, and make the following two recommendations:

Recommendation # 1: Provide Public Access to Spiritual Care.

Health care reform legislation should provide the public with access to spiritual care. Existing law contains numerous examples of programs that offer benefits for spiritual care, including:

- ◆ Four plans under the Federal Employees Health Benefits Program (FEHBP) cover religious nonmedical nursing care and/or Christian Science practitioner services:
 - Government Employees' Health Association (GEHA)
 - Mail Handlers Benefit Plan
 - Special Agents Mutual Benefit Association
 - Association Benefit Plan

- ◆ Religious nonmedical nursing services are covered under the Medicare and Medicaid programs (see 42 U.S.C. §§ 1395x(ss) and 1395i-5).

- ♦ TRICARE (for military dependents) – Covers care in Christian Science nursing facilities, Christian Science nursing services, and Christian Science practitioner services.
- ♦ Under Section 223 of the Internal Revenue Code (“IRC”), funds contained in a Health Savings Account may be used to pay for spiritual care. Section 223 references the definition of “medical expenses” in Section 213(d) of the IRC, which has been interpreted to include Christian Science practitioner services and Christian Science nursing care.
- ♦ A number of States (e.g., California, Colorado, Illinois, Kansas, Missouri, Oklahoma, Oregon, Texas) include coverage of spiritual treatment through prayer in their governmental employees’ health insurance plans.

Recommendation # 2: Application of Nonmedical Requirements for Quality Assurance

Statutory provisions that require insurers to make determinations of “medical necessity” and to provide medical oversight for services rendered serve as important patient protections in the context of medical care. However, patients choosing spiritual care in lieu of medical care do not want medical requirements applied to the services they receive. In addition, spiritual care providers do not diagnose disease or provide any form of medical intervention or treatment. For these reasons, the application of medical requirements to spiritual care providers can limit patient access to care. While accommodation from medical criteria may be necessary, we support the application of nonmedical safeguards to ensure that funds are spent appropriately. Some examples of existing laws that contain this type of accommodation are:

- ♦ The federal Medicare law accommodates patients in religious nonmedical health care institutions from being required to have a medical diagnosis and from the activities of peer review organizations, but requires religious nonmedical health care institutions (RNHCIs) to meet detailed requirements designed to protect patient health and safety. 42 U.S.C. §§ 1395x(ss)(3)(A); 42 U.S.C. § 1320c-11; and (B); 42 C.F.R. § 403.700, *et seq.*
- ♦ Some states’ insurance laws specifically accommodate health plans that include religious nonmedical providers by allowing the plans not to apply medical requirements that would limit patient access to religious nonmedical care. (see, e.g., Alaska Stat. Ann. § 21.07.080 and Me. Rev. Stat. tit. 24-A, § 4307(4)); Mass. Gen. Laws Ann. 176O, § 11; Wash. Rev. Code Ann. § 48.43.520

Thank you for considering these important issues. We offer to act as a resource regarding spiritual care, and would appreciate being included in future health care reform discussions and stakeholder meetings.