

## **Comprehensive Cancer Care MUST Include Psychosocial Care**

### 1) CSC asks Congress to improve access to “psychosocial” services for cancer patients and survivors

- The 2008 Institute of Medicine report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, concluded that providing quality psychosocial care (i.e., distress screening, counseling, support services) is critical to ensuring optimal clinical outcomes.
- A growing body of research shows that providing psychosocial care, including screening for distress and provision of psychosocial services, achieves improved outcomes at lower costs.
- By 2015, the American College of Surgeons Commission on Cancer is requiring that its 1,500 accredited cancer centers screen cancer patients for distress. CSC is working closely with the Commission, whose accredited facilities provide care to 70% of all newly diagnosed cancer patients in the U.S., to ensure compliance of the new requirements and by providing a distress screening program with follow up services for all patients and survivors.

As the largest single health care payer, the Federal government must keep pace with innovations in health care delivery and also pave the way to ensure that psychosocial care is integrated into the comprehensive cancer care. The CSC launched the Cancer Policy Institute on June 19th and among our key priorities is working closely with Congress to ensure that all people with cancer, and particularly those receiving Medicare benefits (60% of new diagnoses are made in people eligible for Medicare; by 2030 that number will be 70%), receive a distress screening early in their cancer journey.

### 2) CSC asks Congress to invest \$32 billion in the National Institutes of Health

- CSC is concerned by too many years of flat budgets coupled with the 5.1% sequestration cut for the NIH. Together, this has translated into a 20% decline in NIH's ability to fund life saving biomedical and psychosocial research.
- It is critical to keep in mind what NIH's work has achieved for cancer:
  - More than 68% of adults today are living five years or more after their initial diagnosis, up from 50% in 1975.
  - The five-year survival rate for all childhood cancers combined increased from 58% in 1975–1977 to more than 80% in 2013.
  - Today, there are nearly 14 million cancer survivors living in the United States, 15% of whom were diagnosed 20 or more years ago.
  - Research supported by NIH has demonstrated improved health outcomes and survival for patients with breast cancer who receive psychosocial interventions.

Yet so much more needs to be done given that 1.6 million Americans will be diagnosed with cancer this year alone and 1 in 3 women and 1 in 2 men will be diagnosed over their lifespan. Congress must not further retract from its commitment to funding life-saving cancer research.

3) CSC asks Congress to ensure that psychosocial care is fully integrated into comprehensive cancer care

We support interventions that promote high-quality, comprehensive cancer care and include care for psychosocial needs and distress for people with cancer. Each of the bills below takes important steps in advancing the social and emotional well-being of cancer patients and survivors. We urge you to cosponsor these bills as well as future efforts to integrate psychosocial care into comprehensive cancer care.

- **Patient Centered Quality Care for Life Act (H.R. 1666)**
  - Congressman Emanuel Cleaver (MO)/Congressman Spencer Bachus (AL)
  - Creates a national effort to de-fragment patient care by supporting research and training in palliative care, a model of care that treats pain and other symptoms of chronic disease leading to increased patient satisfaction and quality of life.
  
- **Palliative Care and Hospice Education and Training Act (S. 641 & H.R. 1339)**
  - Senator Ron Wyden (OR)/Congressman Eliot Engel (NY) & Congressman Tom Reed (NY)
  - Promotes education in palliative care and hospice by increasing the number of permanent palliative care faculty at accredited allopathic and osteopathic medical schools, nursing schools, and other programs, and supports the development of faculty careers in academic palliative medicine.
  
- **Improving Cancer Treatment Education Act of 2013 (H.R. 1661)**
  - Congressman Steve Israel (NY)
  - Provides cancer treatment education sessions by a registered nurse in order to educate both patients and caregivers about all aspects of care to be provided including potential symptoms, side-effects, or adverse events, and to offer clear guidance regarding when the patient and/or caregiver should contact the health care provider and when to seek urgent or emergency care.