



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 14, 2014**

**SB 413, An Act Concerning The Department Of Public Health's Recommendations  
Regarding Medical Orders For Life-Sustaining Treatment**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 413, An Act Concerning The Department Of Public Health's Recommendations Regarding Medical Orders For Life-Sustaining Treatment**. While CHA supports this bill, we wish to offer some recommendations regarding its implementation.

Before addressing the merits of the bill, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

As frontline caregivers, Connecticut hospitals are absolutely committed to initiatives that improve access to safe, high-quality care and expand access to coverage. Our hospitals are dedicated to working with state agencies and others to clarify the options available to patients, and improving communication between patients and their healthcare providers on end-of-life care and decision making.

One such initiative that is worthy of consideration involves the use of medical orders for life sustaining treatment (MOLST). MOLST provides a framework for healthcare providers to put in place orders that ensure patients approaching the end-stage of a serious, life-limiting illness

or in a condition of advanced, chronic progressive frailty receive the treatment they want and avoid treatments they do not want.

The MOLST paradigm is an advance care planning tool that uses a structured process of shared decision making to enable patients to express their preferences about probable medical interventions. MOLST provides a mechanism to assure that physicians and patients discuss and reach an understanding and agreement regarding end of life care and that medical orders are entered to implement these decisions.

We recognize that communicating with patients is a critically important aspect of providing appropriate healthcare. When patients are unable to communicate their preferences for the complex array of medical interventions available, they may be at risk for not receiving desired treatments or receiving treatments that would be beyond what they would choose if they were able to participate in a thoughtful discussion of options. MOLST is intended to facilitate a discussion between a patient and a trained healthcare provider that is focused on the patient's needs and documented in the MOLST order.

CHA is grateful to have joined with a group of concerned citizens, healthcare providers, public health leaders, and advocates for persons with disabilities working under the auspices of the Department of Public Health (DPH) to consider the viability of MOLST in Connecticut. We acknowledge that each of our neighboring states have adopted some form of MOLST.

SB 413 will empower the Commissioner of Public Health to authorize the establishment of a voluntary MOLST pilot program in Connecticut, evaluate the MOLST framework, and gather information and experiences related to the potential challenges of implementing MOLST in our state.

CHA is pleased that SB 413 addresses the need for transparency in the execution of the pilot program and the need to collaborate with healthcare providers in the establishment of forms, policies, and procedures. We support the requirement that DPH develop education and training programs for those healthcare providers who volunteer to participate in the program.

While CHA supports the establishment of a MOLST pilot program, we recommend that DPH conduct communication and education programs to inform persons residing within the designated geographic areas about MOLST.

We also recommend that DPH establish clarity with respect to how the pilot program will intersect with existing law, including constitutional, judicial, and statutory constraints. Specifically, those planning for the MOLST pilot would need to carefully consider, at a minimum, the rights and protections provided in the federal Patient Self-Determination Act, the Medicare Conditions of Participation for hospitals, Chapters 7c and 368w of the Connecticut General Statutes, and the case law that clarifies the process and methods for individuals to make their own healthcare decisions or delegate those decisions to others.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.