



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 20, 2017**

**SB 938, An Act Concerning The Department Of Public Health's Recommendations
For The State-Wide Adoption Of The Medical Orders For Life-Sustaining
Treatment Program**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 938, An Act Concerning The Department Of Public Health's Recommendations For The State-Wide Adoption Of The Medical Orders For Life-Sustaining Treatment Program**. CHA supports the bill.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

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, as well as improve communications between patients and their healthcare providers on end-of-life care and decision making.

CHA and representatives of Connecticut hospitals have been proud to serve on the advisory group supporting the pilot testing of medical orders for life sustaining treatment (MOLST). MOLST provides a framework for healthcare providers to put in place orders that ensure seriously ill patients with life-limiting illnesses or advanced frailty receive the treatment they want and avoid treatments they do not want.

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 for 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 is documented in the MOLST order.

SB 938 will empower the Commissioner of Public Health to implement the MOLST program statewide. While we stand in support of the MOLST program, we have concerns regarding the certain sections of the bill, as set forth below.

First, we recommend the Committee add the following underlined language to Section 2(b)(1) to make it clear that the state MOLST program must accommodate federal ordering, prescribing, and referral laws under programs such as Medicare.

b) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, for the program established in accordance with this section to ensure that: (1) Medical orders for life-sustaining treatment are transferrable among, and recognized by, various types of health care institutions, subject to limitations set forth in federal law or facility policy;

Second, we ask that the following underlined language be added to the bill to ensure clarity with respect to the impact of a statewide MOLST program on licensed healthcare providers.

Nothing herein shall be deemed to expand or limit the scope of practice of any licensed healthcare provider.

Third, we recommend the following language be added to the bill to achieve a measure of clarity between MOLST orders and other existing measures.

Nothing herein is intended to displace a patient's wishes as set forth in a living will or other valid advance care directive.

Fourth, we ask that the definition of the term "Health care provider" in Section 1(a)(2) be limited to those individuals licensed by the Department. We offer the following change to this section.

(2) "Health care provider" means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional medical services, ~~or an officer, employee or agent thereof acting in the course and scope of his or her employment.~~

Fifth, with respect to Section 1(a)(3), we ask that the definition of "Legally Authorized Representative" be clarified to state explicitly that "parents" refers to parents of minors, and the term "guardian" refers to guardians of minors who have been appointed by the Probate Court in accordance with the provisions of relevant statutes. We also recommend that the Committee develop a separate definition of the term "minors." Finally, we respectfully note that the reference to Sections 19a-576 and 19a-577 may be misplaced because no one under the age of 18 may have an advance directive in Connecticut.

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