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Tuesday, March 4, 2008

**SB #558 (Raised) AN ACT CONCERNING THE AVAILABILITY
OF HOSPICE SERVICES UNDER THE MEDICAID PROGRAM.**

Last Friday, February 29, 2008, I testified before the Public Health Committee regarding the importance of funding hospice services for all Connecticut residents in need of appropriate and best end-of-life care.

I ask you to include the provision for alternative therapies as a benefit. It is evidence-based that energy work results in comfort care and reduces the amount of pain medication needed.

My husband, Joseph (Joe) E. Sullivan was a patient at the Connecticut Veterans' Hospital from February 2006 until August 2007. His entry into their healthcare system began as a respite client.

Joe had a diagnosis of Alzheimer's. He was non-verbal. At the time of admission I was not asked about his quality-of-life and end-of-life wishes.

July 2007 Joe went into respiratory crisis. Once he was stabilized, staff did not consult me before determining a palliative plan-of-care.

August 2007 I demanded hospice. Joe wanted to be an organ donor. Unfortunately he wasn't.

I strongly recommend:

- 1) At the time of admission the client, care partner, family advocate or conservator receive a form allowing written instruction for quality-of-life and end-of-life wishes.
- 2) All staff assisting the client knows the correlation between energy work and the reduction of pain medication.
- 3) The client, care partner, family advocate or conservator receive a list of hospice providers; not-for-profit and for profit.
- 4) Every facility has a Palliative-Hospice Liaison to coordinate client's intent with outcome.