

**Dear Madame Chair and Distinguished Committee Members:**

My name is Anne Nugent. I have a BS in Nursing, MA in Gerontology and an MBA in Health Care Administration. I have been a registered nurse for 35 years-30 of which were in a large teaching hospital. I am currently the Director of Inpatient Nursing at Connecticut Hospice.

As the Director of Inpatient Nursing, I am here to hopefully elucidate the mission of our organization and clarify some of the concerns we have regarding the passage of this proposed legislation.

Since our inception, Ct. Hospice has had the sole purpose of providing care and comfort to those patients who, sadly, find themselves at the end of life's journey. Many times their priorities change at this critical juncture in their lives and their hopes and dreams change. Some wish to continue to battle a disease that is ravaging them and some want to be made as comfortable as possible so that they may enjoy whatever amount of time is left for them with their families and friends. At hospice, we attempt to meet the patient and family wherever they are and work with them as a unit to provide a collaborative plan of care that meets these needs. This has always been our goal-patient driven, compassionate care.

Ct. Hospice was the first freestanding hospice in the U.S., and as such, it adhered to regulations that were specific and whose aim was the comfort and safety of patients served. 19:13d4b was landmark legislation which set the bar very high for care and provision. This is how it should be as the dying patient is one of the most vulnerable patients we may ever serve. Patients, under this regulation would be entitled to rigorous staffing requirements: 1 RN to 6 patients and the provision of virtually every service that might be needed by a patient who was facing the most difficult time in their life. Having had the opportunity to observe many patients and families at this difficult time, I realize that these regulations were necessary to maintain the dignity of the people involved. To do less would only diminish the inherent dignity that each and every patient and family deserves.

I am very concerned with the passage of any legislation that has the potential to diminish the quality and quantity of services provided to a very vulnerable patient population. We at Connecticut Hospice, continually strive to provide excellence in clinical practice and continually challenge ourselves to enhance the skills of our health care professionals to ensure that state of the art treatment of hospice and palliative care patients will always be the norm and not the exception.

The patients we serve require immediate crisis intervention with no margin for error: the proposed regulations, in my opinion, will not accomplish this. We have never felt that the word "sufficient" has any place in our organization. The new regulations use this word very liberally-sufficient staffing, sufficient access to services within a sufficient amount of time, etc. The goal of these changes appears to be very noble, enhanced areas of coverage and increased accessibility of hospice care. My

question is at what cost? Connecticut Hospice already serves most of the state with our homecare and inpatient services while maintaining the highest level of care.

In conclusion, I am asking you to re-consider adopting the proposed legislation and avoid the creation of two levels of hospice care. We will continue to provide the best possible care to the most deserving people who are facing the biggest challenge of their lives and are unable to speak for themselves. Sadly, there will never be a shortage of dying patients but there will be an end of an era if Connecticut Hospice is forced to change its level of care by competition satisfied to provide "sufficiency" versus excellence.

Thank you for the opportunity to voice my concerns on this matter.