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Dear Ms. Gerratan, Ms. Ritter, and Members of the Committee:

I urge you to support the revisions to the **Hospice Facility Regulations 19a-122b-1 to 19a-122b-14**.

The provisions for Hospice Facility Regulation that the Connecticut Association for Homecare and Hospice has suggested to the Department of Public Health are not only appropriate, but needed.

The disagreement over proposed changes in Connecticut's Hospice regulations has sparked an intense debate, and one that is long overdue. Connecticut is considered the birthplace of the American Hospice movement; however the state has fallen far behind others in embracing the concept of residential hospices. Connecticut Hospice established a solid foundation for end-of-life-care and is a wonderful institution; however, it is just that – *an institution*. There is a reason why 28 of the 29 hospice providers in the state support the proposed regulation. The regulations that Connecticut Hospice falls under are specific to their own hospice and were established over 30 years ago. Connecticut is not the first state to experience the uniqueness of hospice residence regulations. Virginia has recently enacted licensure regulations for dedicated hospice residences – homes where the patients and their families can find dignity, support, and comprehensive physical, emotional and spiritual care. Massachusetts has 9 hospice residences and specific licensure.

Connecticut Hospice believes that in-patient facilities must have an in-house pharmacy, a physician on site, and a higher ratio of doctors and nurses to patients – a medical and long term care model that survey after survey has told us is **not** what Americans want at the end of life. Furthermore, Hospice is a program of care and depends on a team approach with the patient and family at the center of the care.

The assumption that these new laws would somehow inhibit hospice workers from providing exceptional levels of care is refuted every day in hospices across the country where residential hospices are operational.

The time has come to fulfill the mission of the original hospice pioneers and return to the model of care that supports patient and family preferences to remain home while seriously ill, surrounded by family and friends. It is time to return the dying to our communities and not place them in institutional settings like nursing homes, hospitals, and even Connecticut Hospice's facility in Branford.

The vision of our Hospice founders was to offer the community a safe, dignified and comfortable death at home or home-like setting, support for the family, and effective grieving. The last thing they wanted was more fragmented medically-driven care that never addressed the patient's and family's goals of care and preferences for a peaceful and dignified death.

Respectfully,

Carolyn Coutant  
Stamford, Connecticut