

**Bonhomme, Penny**

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**From:** Denise Hawk [DHawk@hospicesect.org]  
**Sent:** Thursday, March 15, 2012 2:28 PM  
**To:** PHC Testimony  
**Cc:** 'hoyt@cahch.org'  
**Subject:** Testimony for Fri. March 16 and Bill number HB 5499.

**Testimony of  
Hospice Southeastern Connecticut  
Before the Legislature's Public Health Committee  
10:00 AM, Friday March 16, 2012  
Room 1D, Legislative Office Building Hartford, Connecticut**

My name is Denise E. Hawk . I am Annual Giving and Special Events Manager for Hospice Southeastern Connecticut. **I am submitting testimony in support of House Bill 5499 (Raised) An Act Concerning Regulations Relating to Hospice Care .** I will not be able to testify in person and so will submit this written testimony .

**Please support HB 5499 which requires the Department of Public Health to adopt the Inpatient Hospice Regulations 19a-122b-1 to 19a-122b-14.** These regulations are about the dying patients and families in every corner of Connecticut having access to the full range of hospice care services. **These contemporized regulations preserve the hospital standard set in Connecticut 30 years ago and establish a regulatory environment that allows for other models of inpatient hospice care that suit their respective communities. Please ensure that these regulations allow patients to have access to routine home care and general inpatient care at a hospice residence close to their family's home.**

Patients and families in every corner of Connecticut deserve access to an inpatient hospice model that suits their communities. Currently, the full continuum of hospice care is not readily accessible to all our state residents. This care includes care in the home, care in the hospital, care in a skilled nursing facility and care in a hospice residence or facility. Currently Connecticut ranks last or 51st (including Washington DC) in average length of stay for Medicare hospice days (National average is 71, CT is 49). The State of CT ranks last in the country in average length of stay for hospice patients resulting in more costly end of life care in acute care settings. **Of the 5150 hospice providers in the US, one in five also operates an inpatient facility. CT has only 1 inpatient facility licensed under regulations from 35 years ago.**

**Allowing Hospice Residences to be created under updated regulations, would allow every resident in Connecticut to have a place for quality end of life care when home care, hospital care or skilled nursing home care are not appropriate or possible. Yet, they can be close enough to home so their loved ones can visit frequently.** Such a resident under updated regulations could have *private* rooms with access to an outside garden, accommodations for family to visit and stay overnight with their loved one. The Residence would provide a relaxed atmosphere where you can find a cup of tea in the kitchen, sit in the great room to read, find a quiet place for reflection in the library, take time to find solace in the non-denominational chapel and gather with family in the dining room. This is what the every resident of Connecticut could look forward to having in their own community.

**These regulations are supported by 28 of the 29 hospice providers in the state. We need your support to help us provide this care to CT residents.** Please support Department of Public Health in moving the regulations forward to the Regulations Review committee.

3/15/2012

Thank you for taking the time to consider my testimony. Please feel free to contact me if you have any questions at 860.848.5699 or [dhawk@hospicesect.org](mailto:dhawk@hospicesect.org).

**Denise E. Hawk**

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