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Testimony of
Senator Eileen M. Daily
On HB 5499

“An Act Concerning Regulations Relating to Hospice Care”

Co-chairs Gerratana and Ritter. Members of the Public Health Committee. I am submitting testimony in **opposition to HB 5499, “An Act Concerning Regulations Relating to Hospice Care.”**

Our state has pioneered hospice care in this country. Almost forty-years of experience with end-of-life hospice care has provided our medical community with a clear understanding of the staffing needs, pharmaceutical requirements and physician services necessary to allow our terminally ill patients to spend their last hours, days and weeks without pain and in the comfort of family and spiritual care.

Over two years ago, under the administration of Governor Rell, our state Department of Public Health began a process to review and rewrite Connecticut’s regulations for the delivery of inpatient hospice care. Tragically, rather than learn from and rely on best practices and clinical experience with thousands of hospice patients, the Department of Public Health attempted to lower Connecticut’s hospice standards by proposing to mirror the “minimum health and safety requirements” established by Medicare. Fortunately, these proposed regulations have not been adopted by the Malloy administration.

What HB 5499 seeks to do is to force the Department of Public Health to promulgate these “hospice-lite” regulations. Such an effort will only open the door in our state to organizations that want to pocket federal Medicare dollars without delivering full hospice services to our friends, families and loved ones at the end of life. The citizens of our state now enjoy the highest quality inpatient hospice care in both single and double bed settings, delivered in 20 of the state’s 31 hospitals and by Connecticut Hospice in

Branford. In addition, over 200 of our nursing homes in Connecticut have separate hospice beds for patients not requiring rigorous care. Experts tell us the citizens of Connecticut are extremely fortunate to have complete access to all levels of hospice care in every region of our state.

Anyone who has had a personal experience with hospice care quickly realizes Connecticut has developed the national and international model for quality hospice care. Let's not continue down the path of devaluing this care. Let's not go back to a time when our sick and dying failed to receive immediate attention to their medical and emotional needs and the full support of a dedicated team of hospice physicians, nurses, social service directors, clergy and volunteers.

I urge you to reject HB 5499. We should not stray from our important and historic mission to provide quality end-of-life care for our most vulnerable citizens.