

I am Dr. Joe Andrews, Medical Director at the Connecticut Hospice.

I urge that the Committee reject Raised Bill 5499 because it permits unacceptable dilution of patient care standards, which have been brought forward since 1980 under the 19-130D4b Section of the Health Code.

In April 2011 we at Connecticut Hospice organized strong resistance to the Department of Public Health plan to repeal 19-13-D4b and replace it with amorphous and imprecise specifications consistent only with national CMS Standards, which are far poorer and weaker in patient protection than the Connecticut Standards.

It would seem that the votes have been lacking to repeal the 1980 standard and in consequence this Bill has been raised to obtain the same goal by a more indirect approach.

First, the Connecticut Hospice will continue to offer care with our proven staff ratios and members of our entire care team present on a daily basis. "Available" is not enough. We also support research and teaching through the John D. Thompson foundation, and will continue to do so.

Because of our standards, we were honored recently to obtain the Joint Commission's Gold Seal Certification as a specialized palliative care hospital-hospice. The Joint Commission clearly endorsed our methods and we don't intend to compromise them.

Second, this is a poor time to weaken our state's standards for patient protection. Numerous for-profit agencies, many backed by venture capital firms, are entering our field of endeavor. Many have been under USDJ investigations and actions in Texas, Arkansas and Illinois for palpable, outrageous medicare fraud. It is reasonable to surmise that sharp practices, perfected in some states may be introduced here. Those who steal can be plausibly presumed to lie, as well.

Finally, we don't believe "access" by a creation of "residences" can offer safe, efficient and humane care for critically ill and dying patients. Many of these patients will be referred to emergency departments with soaring expenses and disjointed care plans and poor outcomes.

You cannot call a service "hospice" without a large veteran interdisciplinary team to make the service a hospice. There is no magic in an empty title.

Proponents of the Bill may say that a horse chestnut and a chestnut horse are the same. We disagree.

Thank you Ladies and Gentlemen.