

PUBLIC HEALTH COMMITTEE

March 15, 2013

RAISED BILL No. 6521 An Act Concerning Medical Orders for Life-Sustaining Treatment.

Testimony of Dr. Elizabeth Visone, DNP, APRN; Nurse Practitioner IN SUPPORT OF RAISED BILL No. 6521

Senator Gerratana, Representative Johnson, and members of the Committee.

I am a Doctoral prepared Nurse Practitioner who provides care to adults in the Willimantic/Windham community in a variety of settings; my office, Windham Hospital, as well as long term care and an independent contractor for a local Skilled Nursing Facility. MOLST would give me the ability to document, in a very specific way, my patient's choices for the interventions that they want and the interventions that they do not want at the end of life. I have been caring for many of my patients for over 7 years. As my patients age, I often start the conversation by asking about their wishes for end of life medical care. Many of my patients have Advanced Directives in place, but this document only lets me know that they do not want to be kept alive by machines. Although this is extremely important information, its value is limited. . I also discuss their wishes for code status, I can write this as an order when the patient is hospitalized, but there is no mechanism for this decision to be implemented in the community. MOLST bridges the gap between Advanced Directives and the patient's wishes. However, MOLST will allow me to write actionable orders for both in the inpatient and will have the ability of being implemented in the community, such as the patient's desire for a feeding tube, Intravenous fluids or their wishes for hospitalization. By having this program in place I will be able to have this conversation before the patient's status it becomes an emergency. It allows for the conversation to happen over several office visits.

This pilot program will allow us to create a MOLST program specific and workable in Connecticut.