

GEORGE C. JEPSEN
ATTORNEY GENERAL



55 Elm Street
P.O. Box 120
Hartford, CT 06141-0120

Office of The Attorney General
State of Connecticut

**TESTIMONY OF
ATTORNEY GENERAL GEORGE JEPSEN
BEFORE THE PUBLIC HEALTH COMMITTEE
MARCH 15, 2013**

Good morning Senator Gerratana, Representative Johnson and members of the Committee. I appreciate the opportunity to testify about House Bill 6521, *An Act Concerning Medical Orders for Life Sustaining Treatment*.

The Office of the Attorney General has been involved in the expansion of the use of advance directives since 1993, when our Office first published and distributed a summary of state law on advance directives along with a complete set of advance directive forms that could be used by individuals. We also were involved in drafting the 2006 revisions of the law to simplify and expand the scope of advance directives. The bill before you is the next step in assuring the use of advance directives by providing a mechanism to assure that physicians and patients discuss and come to a mutual understanding and agreement regarding end of life care and that medical orders are entered for implementation of these decisions. In addition and importantly, under the pilot program established under this bill, medical orders will follow the patient across different settings thereby assuring that a patient's wishes are honored without revisiting the decision at each institution or setting.

Approximately 13 other states have adopted this process. In 2012, a coalition of concerned citizens, health providers, and public health leaders in Connecticut formed a Medical Orders for Life Sustaining Treatment ("MOLST") working group to consider the usefulness and practicality of MOLST in our state. Our office participated in these meetings. Appropriately, the working group agreed that a pilot program under the auspices of the Department of Public Health ("DPH") was the appropriate first step for introducing and refining the MOLST system in our state. The bill you have before you reflects most of the working group's proposal.

As presently drafted, however, the bill falls short in one important respect. Under current law, there are two significant obstacles to the transferability of MOLST across different settings. First, in hospitals and nursing homes, medical orders of providers who do not have privileges at a particular facility are not honored because current DPH regulations for such facilities establish requirements for admission and governance through by-laws of the medical staff. Second, pursuant to statutes and regulations governing the use of do not resuscitate ("DNR") orders, emergency medical service providers may only honor DNR orders outside a health care facility if the patient has a DNR bracelet. In addition, in order for a DNR order to be honored during transfer from one facility to another, there must be a DNR transform form. Upon admission of the patient with the form at the receiving facility, the DNR order remains in effect the order until the admitting physician issues new orders.

I plan to submit propose revisions to the current bill, which will address these potential obstacles to the pilot programs contemplated by this legislation. Specifically, I will propose language that will make it clear that specific current laws and regulations posing obstacles to the pilot plans implemented under this bill are not applicable to such pilot plans. With those revisions, I urge the Committee to act favorably on the bill, which represents the next logical step toward assuring that patients' wishes regarding end of life care are honored.

Thank you once again for the opportunity to testify in support of this proposal. Please feel free to contact me with any questions.