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Public Health Committee  
Connecticut General Assembly

Re: Raised Bill 6521: An Act Concerning Medical Orders for Life Sustaining Treatment (MOLST)

Dear Legislators,

I am writing in support of the above bill. I should probably first note that I am not a medical or health care professional, but rather am an attorney by profession, in the Appellate Bureau of the Chief State's Attorney's Office. Nonetheless, I have a keen interest in medical ethics, and am a member of the Yale Community Bioethics Forum, which is studying MOLST and other issues. In addition, for the past few years I have personally dealt with many issues regarding my aging mother's health care as well.

My understanding of MOLST statutes and programs in other states is that they are designed for mentally competent adults who want to make their end of life health care wishes known, usually due to their limited life expectancy and/or advanced age. I believe MOLST programs are more helpful than living wills and advance directives, in part because they allow patients to specify their exact wishes regarding a wide variety of treatments, such as cardio-pulmonary resuscitation, intubation, mechanical ventilation, feeding tubes, IV fluids and antibiotics. I endorse MOLST because it is strictly outcome neutral; that is, patients spell out their wishes for the degree and duration of medical intervention they deem most appropriate at that time of their life; thus, they can request all possible medical treatment for an unlimited period, limited treatment, or an intermediate level and/or duration of treatment. I also believe MOLST programs will deter any undue influence patients might experience because MOLST forms are signed not only by the patient but also their primary health care provider. Studies show that MOLST programs are also more effective because the forms become part of a patient's chart, can be entered into a MOLST registry in some states and become medical "orders" - and thus are designed to follow patients to any facility they enter - which helps ensure that patients' wishes are readily known to providers, and so more likely to be carried out. I also like the fact that patients may not only change their mind about their MOLST preferences, but are encouraged to review their MOLST forms every few months to ensure that their true wishes are honored. (By the way, if legislators want more information about these issues generally, please visit the website: [www.polst.org](http://www.polst.org)).

I'd like to summarize the present draft of the bill. Subsection (a) would allow the Commissioner of Public Health (CPH) to establish a pilot program to implement the use of MOLST, and also defines MOLST and "health care provider." Part (b) allows the CPH to establish an advisory group of providers to make recommendation on the pilot program, and notes that the group may include various health care

professionals. Part (c) provides that the CPH may contact representatives of health care institutions and EMS services, physicians and APRNs in the area to request their voluntary participation. Part (d) requires that patient participation be voluntary, in writing and signed by the patient or representative; (e) states that after the pilot is terminated, the CPH may submit a report to the Governor and General Assembly; (f) allows the CPH to implement policies and procedures necessary to run the pilot while regulations are adopted, and requires that notice of intent to adopt regs be given beforehand; and (g) states that the pilot terminates by 10/1/14.

As I stated, I support the proposed bill. I would, however, propose one broad change: I believe that the actions contemplated in the various sections - i.e., (a) starting a pilot program, (b) establishing an advisory group, (c) attempted contact of health representatives, and (e) issuing a report - should all be mandated, rather than merely allowed. If the Legislature or CPH believes that mandates may become too onerous, the bill could take the language in part (a), i.e., that the CPH may act "within available appropriations", and make that apply to each such mandate.

Finally, I wanted to add another thought. Certainly, standardization of MOLST programs, advance directives, living wills and the like through legislation is not only needed but also a helpful and laudable goal. Nonetheless, while I am not an expert in health law, I believe that, legally, patients and medical providers do not need specific statutory, regulatory or court authorization for a competent patient's end of life medical orders to be recognized and honored by medical workers, hospitals, hospices and the like. Medical orders written by qualified medical personnel as to patient health care wishes should be followed as a matter of course (unless somehow explicitly prohibited by law), and need not have specific governmental authorization to be valid and binding. Thank you for your time and consideration in reading this letter.

Sincerely, James Ralls