



TESTIMONY

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

Before the Public Health Committee

March 15, 2013

**Raised Bill No. 6521
An Act Concerning Medical Orders for Life-Sustaining Treatment**

Good morning Senator Gerrratana, Representative Johnson and members of the Public Health Committee. My name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with 30 years experience in home health, hospice, long term and acute care.

The Association represents 60 licensed and certified home health and hospice agencies that perform 5-million home health and community-based visits in our inner cities and rural Connecticut towns each year.

With a growing Connecticut workforce of 11,000 employees and skilled nurses, *we* are the *only* health providers that walk through the front doors of 14,000 state residents each day and understand the value that technology and interactive data communication brings to person-centered care.

The CT Association for Healthcare at Home supports Raised Bill 6521, An Act Concerning Medical Orders for Life-Sustaining Treatment, or MOLST.

This bill would allow the Commissioner of Public Health to establish a pilot program to implement the use of MOLST, which is also known nationally and in other states as POLST (Physician Orders for Life-Sustaining Treatment). <http://www.polst.org/> is an excellent resource website offering education to both consumers and providers, an review of literature, other state activity/support, protocols, etc. Currently, 15 states have endorsed programs, 31 have developing programs (CT included) and 5 have no programs.

The primary goal of a MOLST program is to encourage conversations between the person and the primary care provider about end-of-life care before the person's condition becomes a crisis. Too often, this conversation doesn't occur until the person is in crisis in the emergency department or in the ICU at a hospital and it's with a care provider who doesn't know the person or their history. And, all too often, the conversation never occurs. MOLST helps ensure that these conversations



take place between the person and the physician or APRN with whom they have an established relationship.

The MOLST Program is targeted for specific populations, including persons with serious life-limiting illnesses or persons of advanced age who are interested in defining their wishes relating to end-of-life care. These wishes are documented on a state-approved standardized form that includes medical orders written by a physician or APRN. The MOLST form enhances the effectiveness of a living will or advanced directives by identifying the person's specific wishes on key medical decisions based on their current medical condition. Advanced Directives and Living Wills are not medical orders and may not have been completed in consultation with the person's health care provider.

As a united voice for the home health and hospice providers in CT, the CT Association for Healthcare at Home promotes and supports coordinated person-centered informed decision-making especially with regard to end-of-life care. It's unfortunate that CT who is the founding state in the union of hospice care some 39 years ago is and has been ranked 51st in the country (including Washington DC) in hospice length of stay. This translates into "last minute hospice care" which means we are not doing an adequate job having the difficult conversations early enough in the disease process.

The MOLST pilot will include an educational component to help care providers have the difficult conversations and it will be earlier in the disease process which may encourage more life review, more questions, more information, which should translate into a greater likelihood that the person is making informed healthcare decisions.

Thank you and if you have any further questions, please contact me directly at Wodatch@cthealthcareathome.org or 203-774-4940.



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME