

**Testimony of Susan Lloyd Yolen, Vice President, Public Policy & Advocacy,
Planned Parenthood of Southern New England
CT General Assembly Public Health Committee, March 14, 2014**

**Raised Bill 413: An Act Concerning the Department of Public Health's Recommendations Regarding
Medical Orders for Life Sustaining Treatment**

Thank you for this opportunity to provide testimony on the important and timely matter of medical orders for life sustaining treatment. Planned Parenthood of Southern New England is the state's largest provider of family planning and basic reproductive health care. We operate 17 health centers in Connecticut and serve over 65,000 patients annually. We offer education and training programs to youth, youth-serving professionals and parents. And we advocate for public policies that protect our services and the individuals who access them.

While PPSNE does not provide prenatal care, we offer pregnancy testing and counseling to a wide range of women of reproductive age, and we often refer women for prenatal care. We know that women take impending motherhood seriously and they weigh their personal life situation carefully as they consider their options when pregnant. We also know that unexpected events occur---accidents, acute and chronic illness---which impact pregnant women just as they do all others in a population. Healthy pregnancies can and do turn tragic under some circumstances, even with modern interventions available. Women facing wanted pregnancies may become acutely ill or face life threatening situations when a discussion of medical orders for life sustaining treatment could become necessary.

PPSNE recommends that this raised bill to create pilot programs be amended to include "pregnancy status" on the list of factors that may influence the use of medical orders for life-sustaining treatment, including but not limited to: *"Race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language disability, homelessness, mental illness and geographic area of residence."*

The bill anticipates reasons to consider the impact of medical orders on individuals experiencing any of these life or health status experiences. A pregnant woman could experience more than one of these factors, and yet the critical issue of her pregnancy status (and impact of serious illness or injury on a child she hopes and may still expect to bear) has not been addressed by the legislation. While we cannot cite studies to prove this, it seems likely that pregnant women experiencing serious, potentially terminal illness would welcome the reassurance of a frank conversation and a plan for how she will be treated medically should her illness progress before she delivers.