



Testimony to the Joint Committee on Judiciary

Submitted by Mag Morelli, President, LeadingAge Connecticut

March 6, 2015

Regarding

House Bill 6928, An Act Concerning the Uniform Recognition of Substitute Decision-Making Documents Act

As the President of LeadingAge Connecticut, a statewide membership organization representing mission-driven and not-for-profit provider organizations serving older adults across the continuum of long term care, services and supports and including not-for-profit skilled nursing facilities, residential care homes, home health care agencies, hospice agencies, adult day centers, assisted living communities, senior housing and continuing care retirement communities, I would like to submit the following testimony raising some general concerns with *House Bill 6928, An Act Concerning the Uniform Recognition of Substitute Decision-making Documents Act*.

LeadingAge Connecticut members provide an array of services across the long term care continuum and regularly deal with substitute decision-makers acting on behalf of elderly residents and clients who can no longer make decisions about health care and personal care services.

Typically, substitute decision-makers in these settings might be court appointed conservators of the person or the estate. They also may be appointed as health care representatives through advance directives, or as attorneys in fact pursuant to a power of attorney appointment. In many cases, family members without formal appointments interact with staff and make routine decisions on behalf of our residents or clients.

We understand the value of consistency and uniformity in legal requirements, and this bill contains some potentially helpful language to guide health care providers and other entities in relying on documents appointing individuals as substitute decision-makers. We do have some concerns about the bill.

We do not understand the language in the exceptions at the beginning of Section 5, especially the references to the statutes governing advance directives and power of attorney appointments. In particular, we note that there is no subsection (g) of section 19a-580 and assume the bill was intended to reference section 19a-580g. The advance directives statutes contain specific requirements governing recognition of and reliance on directives executed outside Connecticut, and it is unclear how those requirements relate to the requirements proposed in the bill.

We also want to make sure that the proposed bill will not place any limitations on a provider's ability to verify a document appointing a substitute decision-maker, since health care providers rely on these documents for many important health care decisions, including entry of do not resuscitate orders and removal of life support systems.

We want to thank the Committee for this opportunity to submit comments on this proposal and if the Committee decides to proceed further with this bill, we would be happy to discuss these issues and concerns in further detail.

Respectfully submitted,

Mag Morelli, President

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