



DDS

State of Connecticut Department of Developmental Services

Dannel P. Malloy
Governor

Jordan A. Scheff
Commissioner

Peter Mason
Deputy Commissioner

DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE

March 20, 2018

Senators Gerratana and Somers, Representatives Steinberg and Betts and members of the Public Health Committee. I am Jordan A. Scheff, Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify in support of [H.B. No. 5159](#) **AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING OVERSIGHT OF EMERGENCY MEDICAL CARE AND END-OF-LIFE PLANNING.**

This bill would implement the recommendations of the Department of Developmental Services regarding oversight of emergency medical care and end-of-life planning. This proposal allows an Advanced Practice Registered Nurse (APRN) to order a properly executed medical order to withhold cardiopulmonary resuscitation consistent with recent changes to the Department of Public Health's (DPH) related statutes that allow for APRNs to write orders for Do Not Resuscitate (DNR) and Do Not Intubate (DNI) orders.

Under current law, DDS requires a slightly higher level of assessment (two physicians must sign the order) for a DNR to be issued for an individual with intellectual disability. This provision was instituted to address concerns with past experiences when certain physicians and sometimes family members were advocating for DNR orders based on the person's diagnosis of intellectual disability, even in situations when appropriate medical treatment could and should have been provided. While agreeing that the second opinion is an appropriate assurance measure to keep this from happening, we want to be consistent with DPH's statute for individuals who do not have intellectual disability, and allow for an APRN's order to substitute for either or both of the physicians. However, the language "If the order to withhold cardiopulmonary resuscitation is written by an advanced practice registered nurse, the second opinion shall be obtained from a physician." inadvertently ended up in the bill.

DDS respectfully requests that this sentence be taken out, thus allowing two APRNs to issue a DNR order for an individual with intellectual disability, so long as at least one of these APRNs is in the appropriate specialty that confirms the patient's terminal condition.

In the experience of one of our Regional Health Directors, sometimes when an APRN is the primary care provider, a physician would be the one providing the second opinion. Often an APRN is the professional who cares for the individual, communicates with the family, documents and signs the note supporting a change in DNR code status. However, currently, she or he must have two physicians concur with the DNR

Phone: 860 418-6000 ♦ TDD 860 418-6079 ♦ Fax: 860 418-6001
460 Capitol Avenue ♦ Hartford, Connecticut 06106
www.ct.gov/dds ♦ e-mail: ddsct.co@ct.gov
An Affirmative Action/Equal Opportunity Employer

recommendation because DDS does not recognize the APRN's signature either as the provider recommending a DNR code status change or as concurring with a physician on a DNR order. This bill, with the suggested revision, will address this problem.

The bill also clarifies that properly executed advance healthcare directives for individuals with intellectual disability shall supersede the applicability of section 17a-238(g) CGS. The proposed change will ensure that the civil rights of individuals with intellectual disability are upheld, specifically for those who do not have a guardian or conservator (who are not adjudicated). Section 19a-570 CGS et. seq. are clear that if an individual has a valid "living will" then it must be honored. If an individual has a living will that was validly executed and now the person is incapacitated, the living will remains in effect. The fact that an individual has a guardian or conservator does not mean that this legal representative is allowed to overturn the individual's living will. This proposed statutory change clarifies that someone who has a validly executed living will shall be entitled to have it enforced.

Thank you again for the opportunity to testify in support of [H.B. No. 5159](#) **AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING OVERSIGHT OF EMERGENCY MEDICAL CARE AND END-OF-LIFE PLANNING**, to implement the recommendations of the Department of Developmental Services regarding oversight of emergency medical care and end-of-life planning. If you have any questions, please contact Christine Pollio Cooney, DDS Director of Legislative and Executive Affairs at (860) 418-6066.