

MOLST POLICIES AND PROCEDURES

1. Definitions. For these policies and procedures, the following definitions shall apply:
 - (a) “Commissioner” means the Commissioner of the State of Connecticut Department of Public Health.
 - (b) “Department” means the State of Connecticut Department of Public Health.
 - (c) “Eligible health care provider” is a health care provider who has received a letter from the Department inviting the health care provider to participate in the MOLST Pilot program.
 - (d) “Eligible patient” is a patient who has been determined by a physician to be approaching the end stage of a serious, life-limiting illness or in a condition of advanced, chronic progressive frailty.
 - (e) “Legally authorized representative” means a patient’s parent, guardian or health care representative appointed in accordance with section 19a-576 and 19a-577 of the general statutes.
 - (f) “Health care provider” means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional medical services, or an officer, employee or agent thereof acting in the course and scope of his or her employment.
 - (g) “Medical order for life-sustaining treatment” or “MOLST” means a written medical order by a physician, advanced practice registered nurse or physician assistant to effectuate a patient’s request for life-sustaining treatment when the patient has been determined by a physician to be approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty.
 - (h) “MOLST discussions” are, in general, conversations between a patient and a patient’s physician, advanced practice registered nurse or physician assistant to inform the patient about MOLST and the patient’s options regarding the MOLST. More specific requirements regarding the MOLST discussions are set forth in these policies and procedures.
 - (i) “MOLST form” is the Department approved form that can be used as a medical order during the MOLST Pilot program.
 - (j) MOLST Pilot program or the “Program” is the pilot program that the Department of Public Health is implementing pursuant to Public Act 14-5, section 1, as amended by Public Act 14-231 section 67.
 - (k) “Participating health care provider” is an eligible health care provider who has agreed to participate in the Program.
 - (l) “Participation agreement” is a form provided by the Department that evidences a person’s desire to participate in the Program.
 - (m) “POLST” is the physician orders for life-sustaining treatment paradigm.

2. Health care provider participation in the Program.
 - (a) Only eligible health care providers who received a letter from the Department may participate in the Program.
 - (b) An eligible health care provider's participation in the Program shall indicate the health care provider's agreement to abide by these policies and procedures.
 - (c) Only licensed physicians, advanced practice register nurses and physician assistants participating in the Program can sign a MOLST Form
3. Patient participation in the Program.
 - (a) Participation in the Program is entirely voluntary.
 - (b) Only eligible patients may participate in the Program.
 - (c) An eligible health care provider will determine whether a patient is an eligible patient who can participate in the Program.
 - (d) An eligible patient individually or through the patient's legally authorized representative may voluntarily agree to participate in the Program.
 - (e) To participate in the Program, an eligible patient (or the patient's legally authorized representative) must sign the participation agreement and return it to the patient's health care provider.
4. Participation agreement.
 - (a) Health care providers shall retain the original, executed participation agreement and provide the patient with a copy thereof.
 - (b) Health care providers shall provide the Department with access to executed participation agreements upon request.
5. Scope of Practice and Standard of Care.
 - (a) Nothing in these policies and procedures shall be deemed to amend or expand the scope of practice of any health care provider or otherwise permit a health care provider to participate in the MOLST or conduct any MOLST activities if such participation or conduct is not within the scope of practice for such health care provider's corresponding regulated profession.
 - (b) Nothing in these policies and procedures shall be deemed to amend the standard of care for any health care provider.
6. Education requirements.
 - (a) Participating health care providers must complete all required educational requirements before engaging in any MOLST discussion with a patient or completing a MOLST form.
 - (b) The education requirements include completing a training module specific to the national POLST paradigm. Such training shall also include the following topics:

- i. Determining patient eligibility for the Program;
- ii. The importance of talking with patients about their personal treatment goals;
- iii. Methods for presenting choices for end-of-life care that elicit information concerning patients' preferences and respects those preferences without directing patients toward a particular option for end-of-life care;
- iv. The importance of fully informing patients about the benefits and risks of an immediately effective medical order for life-sustaining treatment;
- v. Awareness of factors that may affect 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;
- vi. Procedures for properly completing and effectuating medical orders for life-sustaining treatment; and
- vii. Compliance with these policies and procedures.

7. MOLST Form Recognition

- (a) Only an original, properly executed, lime green MOLST form shall be deemed an order that can be acted upon by participating health care providers.
- (b) A participating patient who wants a properly executed MOLST form to be operative shall keep the MOLST form in a conspicuous place on his or her person or at his or her residence, as set forth below, unless the patient is at his or her health care provider's facility.
- (c) While a participating patient is at his or her residence, the participating patient shall keep the MOLST form on the refrigerator at the residence. If the participating patient lives in a residential care home or nursing home without an in-room refrigerator, the participating patient shall place the MOLST form in the location that such facility requests while there, provided that the facility has advised participating health care providers of its protocol for storage and access to MOLST forms for patients at such residence.
- (d) A participating health care provider shall check the locations described in subsections (b) and (c) of this section to determine if an original, properly executed lime green MOLST form exists.
- (e) A participating health care provider shall follow the instructions on an original, properly executed, lime green MOLST form.
- (f) A properly executed MOLST form shall be transferrable among and recognized by each participating health care provider.
- (g) A participating health care provider shall retain the MOLST form while the corresponding patient is in the health care provider's facility and return it to the

patient, if appropriate, or transfer it to the next, immediate participating health care provider that takes over patient care.

8. The MOLST Form

- (a) Program participants shall only use the Department approved MOLST form.
- (b) MOLST forms shall be printed on lime green paper.
- (c) An executed MOLST form may not be amended other than as permitted in Section E of the MOLST form. To change any designations on the MOLST form, a new MOLST form must be properly completed.
- (d) A MOLST form shall be deemed to be properly executed if it complies with all of the requirements of these policies and procedures including those concerning the process for completing and executing the MOLST form.
- (e) A MOLST form that is incomplete, improperly completed or amended, except as permitted in Section E of the MOLST form, will be invalid and of no effect.
- (f) A health care provider shall only retain an executed, original MOLST form if the health care provider's patient is at such provider's facility receiving care or is being transported by such provider. Otherwise, the patient shall retain the original, executed MOLST form.
- (g) The health care provider's signature on the MOLST form shall constitute that health care professional's certification of compliance with all the requirements of these policies and procedures.

9. MOLST Discussions

- (a) Discussions with a patient or a patient's legally authorized representative regarding a patient's condition, treatment options or ability to participate in the Program shall be conducted in the patient's or the patient's legally authorized representative's preferred language.
- (b) The MOLST form must be explained to and reviewed with the patient or patient's legally authorized representative in the patient or patient's legally authorized representative's preferred language.
- (c) The patient's participation agreement must be translated to the patient or the patient's legally authorized representative in the patient or the patient's legally authorized representative's preferred language.
- (d) If an interpreter is required to comply with these requirements, the participating health care provider conducting the MOLST discussions with the patient shall ensure that the interpreter can understand and speak English and the other language and that the interpreter will interpret accurately using the interpreter's best skill and judgment.

- (e) All MOLST discussions shall comply with all generally accepted practices regarding such discussions and all appropriate standards of care and scopes of practice.
- (f) Before requesting a patient's signature on the MOLST form, the health care provider signing the MOLST form shall discuss with the patient or the patient's legally authorized representative the patient's goals for care and treatment and the benefits and risks of various methods of documenting the patient's wishes for end-of-life treatment, including MOLST.