

MOLST Advisory Council

September 3, 2024 | 10:00am-11:00am

Meeting Minutes

Members present: Barbara Cass, Cathy Ludlum, James McGaughey, Barbara Jacobs, Scott Sussman, Tracy Wodatch, Carl Schiessl, Cynthia O'Sullivan.

Members absent: Matt Barrett, Amelia Breyre, Kadesha Collins, Judge Darby. Rebecca Henderson, Mary Horan, Richard Kamin, Mag Morelli, Sherry Ng, Yuliya Riat, John Spencer, Jonathan Weber, Gary Wiemokly.

Others present: Karen Weeks, Barbara Kraft.

DPH: Dante Costa, Melia Allan.

Introduction

- Barbara Cass called the meeting to order at 10:02am.
- Without quorum, the group could not vote to approve minutes.

Discussion of DRAFT Revisions to the Policies and Procedures

- In 19a-580h-1 (3), Dante Costa mentioned that the term physician assistant (PA) was struck to align with the statute (19a-580h).
 - Carl Schiessl brought up a flag for the advisory council to recommend a future legislative proposal to include physician assistants in the statute.
- In 19a-580h-1, Dante Costa highlighted the addition of two new definitions, in (11) and (12).
 - Members flagged potential confusion in (11), and suggested revising language to either delete the term “permanently” or to clarify that the MOLST form is a current MOLST.
 - Members clarified that the training requirements as spelled out in the definitions section and in 19a-580h-2 (c) does not limit healthcare organizations from proliferating their trainings.
- Cathy Ludlum recommended that language be added to require trainers to understand the qualifying condition for a MOLST, to avoid patients being offered a MOLST prematurely for disabilities or other conditions that may not mean the end of life.
 - Members suggested that DPH provide an attestation form to document the providers and/or training organizations can submit.
- Dante clarified that 19a-580h-3 (a) indicates that patients can have a legally authorized representative, but they cannot stand in for the patient unless the patient is a minor or incapacitated and therefore unable to make health care decisions.
 - This clarifies previous language, which could be interpreted to mean that a legally authorized representative could step in at any time.
 - The group found this language to be confusing, recommended taking out the language around a legally authorized representative.

- Cathy asked about previous language re: revoking a MOLST. Previously, a patient could revoke a form by tearing up the paper, but in these policies and procedures, it appears that a patient needs to consult with their provider to revoke the form.
 - James recommended adding language to have a patient contact their eligible provider in 19a-580h-5 (c).
- Dante and Barbara Cass flagged that members may submit written feedback if they have additional comments on these Policies & Procedures. Email Dante.Costa@ct.gov.
- Members expressed concern about the portability of an electronic MOLST, and how easy it would be for providers in a new system to access a patient's medical order.

Closing

- Barbara Cass and Dante will incorporate the feedback received and will send the revisions to the group in the coming week.
- The meeting adjourned at 11:01am.