

Connecticut Department of Public Health
Policies and Procedures
Regarding
Medical Orders for Life Sustaining Treatment

Until such time as regulations are adopted in accordance with Section 19a-580h of the Connecticut General Statutes, the Commissioner of Public Health shall implement the following policies and procedures as regulation.

Sec. 19a-580h-1. Definitions

As used in sections 19a-580h-1 through 19a-580h-7, inclusive, of these policies and procedures:

- (1) “Capacity” means the ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and disadvantages of such treatment, and to reach and communicate an informed decision regarding the treatment;
- (2) “Department” means the Department of Public Health;
- (3) “Eligible provider” means a physician licensed pursuant to chapter 370 of the Connecticut General Statutes; a physician assistant licensed pursuant to chapter 370 of the Connecticut General Statutes; or an advanced practice registered nurse licensed pursuant to chapter 378 of the Connecticut General Statutes, who has completed a MOLST training approved by the department in accordance with section 19a-580a-2 of these policies and procedures, and who has complied with the requirements of section 19a-580h of the Connecticut General Statutes;
- (4) “Legally authorized representative” has the same meaning as provided in section 19a-580h of the Connecticut General Statutes;
- (5) “Health care provider” has the same meaning as provided in section 19a-580h of the Connecticut General Statutes;
- (6) “Institution” has the same meaning as provided in section 19a-490 of the Connecticut General Statutes;
- (7) “Medical order for life-sustaining treatment” or “MOLST” has the same meaning as provided in section 19a-580h of the Connecticut General Statutes;
- (8) “Medical orders for life sustaining treatment discussion” or “MOLST discussion” means a conversation between a patient or a patient’s legally authorized representative and a patient’s physician, advanced practice registered nurse or physician assistant to inform the patient about the MOLST form and discuss the patient’s goals for care and treatment, and the benefits and risks of various methods for documenting the patient’s wishes for end-of-life treatment, including medical orders for life sustaining treatment as set forth in section 19a-580h(c)(3) of the Connecticut General Statutes and section 19a-580h-3 of these policies and procedures;
- (9) “Medical order for life-sustaining treatment form” or “MOLST form” means a form provided by the department for use in a written medical order to effectuate a patient’s requests for life-sustaining treatment;

- (10) “Medical order for life-sustaining treatment program” or “MOLST program” means the program implemented under section 19a-580h of the Connecticut General Statutes;
- (11) “Patient” means a person who has been determined by a physician licensed in the state of Connecticut, a physician assistant licensed in the state of Connecticut or an advanced practice registered nurse licensed in the state of Connecticut, to be approaching the end stage of a serious life-limiting illness, or is in a condition of advanced, chronic progressive frailty, and who has opted to participate in the MOLST program;
- (12) “Revoke” means to void and cancel a valid MOLST form in accordance with the procedures set forth in section 19a-580h-5 of these policies and procedures;
- (13) “Training platform” means a method and setting for providing MOLST training to eligible providers, including, but not limited to, online learning methods and settings;
- (14) “Valid medical order for life sustaining treatment” or “valid MOLST” means a MOLST form that complies with section 19a-580h of the Connecticut General Statutes and these policies and procedures.

Sec. 19a-580h-2. Healthcare provider requirements and training

- (a) Only an eligible provider shall execute a MOLST form. The execution of a MOLST form by an ineligible provider may result in disciplinary action pursuant to section 19a-17 of the Connecticut General Statutes.
- (b) Each eligible provider shall retain documentation of their completed MOLST training. An eligible provider who has signed a MOLST form shall provide the department with documentation of MOLST training completed in accordance with subsection (c) of this section, upon request.
- (c) MOLST training shall include but not be limited to each component required by section 19a-580h(c) of the Connecticut General Statutes. MOLST training shall include training regarding knowledge of the qualifying conditions for a MOLST, including but not limited to education regarding the difference between significant, long-term disability and the qualifying conditions for MOLST of the end stages of a serious, life-limiting illness or a condition of advanced, chronic progressive frailty.
- (d) MOLST training may be presented and completed using a training platform offered directly by the department or using a training platform offered by an external entity other than the department. In order to offer a training on a training platform external to the department, the responsible entity shall notify the department and submit an attestation in writing to the department that the training offered meets the requirements of section 19a-580h(c) of the Connecticut General Statutes and section 19a-580h-2 of these policies and procedures.

Sec. 19a-580h-3. MOLST discussion

- (a) Prior to executing a MOLST form, an eligible provider shall conduct a MOLST discussion with the patient or the patient’s legally authorized representative in the patient’s or the patient’s legally

authorized representative's preferred language. If the patient has capacity to do so, the patient shall sign their own MOLST form.

- (b) Prior to executing a MOLST form, the eligible provider 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 for documenting the patient's wishes for end-of-life treatment, including MOLST, in accordance with section 19a-580h(c)(3) of the Connecticut General Statutes.
- (c) The eligible provider shall document the occurrence of each MOLST discussion in the patient's clinical record.
- (d) A MOLST discussion shall be completed again as clinically appropriate to review goals of care and treatment preferences according to the patient's disease progression, when the patient is transferred to a different care setting or level of care, or if the patient's preferences change.

Sec. 19a-580h-4. MOLST form

- (a) Patients and eligible providers participating in the MOLST program shall only use the MOLST form provided by the department. The MOLST form may be completed, executed, and stored digitally or on paper.
- (b) If a MOLST form is completed with the assistance of an interpreter, the eligible provider shall ensure that the interpreter's information is complete as requested on the MOLST form.
- (c) A MOLST form that is amended, except as provided in section 19a-580h-5 of these policies and procedures, is invalid. Any amendments shall require a new MOLST form executed as set forth in section 19a-580h-5 of these policies and procedures.
- (d) The eligible provider's signature on a valid MOLST form shall constitute the health care provider's attestation of compliance with section 19a-580h of the Connecticut General Statutes and with these policies and procedures.
- (e) Upon execution of the MOLST form, the eligible provider shall include the MOLST form in the patient's medical record. The eligible provider shall give the validly executed MOLST form to the patient in hard copy, digitally, or both, and the MOLST form shall be available to the patient at all times.
- (f) An eligible provider shall provide the department with access to all MOLST forms in a form and manner specified by the department, upon request.

Sec. 19a-580h-5. Revoking, reviewing or amending a MOLST form

- (a) A patient or their legally authorized representative may request and receive a treatment that differs from the patient's valid MOLST form at any time. Requesting and receiving a treatment that differs from the preferences indicated on a valid MOLST does not revoke the MOLST. Eligible providers shall complete a MOLST discussion with a patient or a patient's legally authorized representative in accordance with section 19a-58h-3(c) of these policies and procedures to confirm treatment preferences and review, revoke or amend the MOLST according to the provisions of this section, if desired, following any request for a treatment that differs from the

treatment preferences indicated on the patient's valid MOLST. The outcome of such discussion shall be documented in the patient's clinical record.

- (b) A valid MOLST form shall remain valid unless revoked in accordance with these policies and procedures.
- (c) A patient or their legally authorized representative may revoke a valid MOLST form at any time. The patient, or their legally authorized representative acting within the scope of their decision-making authority in accordance with all applicable statutes and regulations, shall complete and sign the review section on the MOLST form to indicate revocation. If the patient has a paper copy of the MOLST form, the paper copy shall be noted as "VOID" on both pages, ripped and discarded to constitute revocation.
- (d) A patient or their legally authorized representative may amend a valid MOLST form at any time. To amend a valid MOLST form, an eligible provider shall complete a MOLST discussion with the patient or the patient's legally authorized representative. Following such discussion, the eligible provider shall complete and sign the review section on the MOLST form in accordance with subsection (c) of this section to indicate revocation of the prior MOLST form and completion of a new valid MOLST form. Changes to the MOLST form related solely to the patient's identifying information and that do not require amendment of the medical orders or diagnosis information on the form, may be completed without a MOLST discussion with an eligible provider.
- (e) A legally authorized representative exercising any authority granted in sections 19a-580h-1 to 19a-580h-7, inclusive, of these policies and procedures shall act in accord with the patient's directions and any requirements set forth in their appointment, and within the scope of the legally authorized representative's decision-making authority in accordance with all applicable statutes and regulations.

Sec. 19a-580h-6. MOLST form recognition

- (a) A patient, or their legally authorized representative, who has an electronic MOLST executed in accordance with these policies and procedures may retain a paper version of their most current valid MOLST in a readily available location that is accessible to emergency services, caregivers, and advocates.
- (b) If the patient resides in a residential care home, group home, or skilled nursing facility or is admitted on an inpatient basis to a hospital or other institution, the patient's MOLST form may be stored in the location specified by the facility or institution, provided that the facility or institution has advised health care providers of its protocol for storage and access to MOLST forms for patients.
- (c) Each health care provider shall follow the orders listed on a valid MOLST form except when the patient or patient's legally authorized representative requests otherwise as set forth in section 19a-580h-5(a) of these policies and procedures.
- (d) The most recent valid MOLST form on the patient's medical record shall supersede any previous MOLST form.
- (e) A valid MOLST form shall be transferrable among and recognized by each health care provider and institution. When the provision of care relates to the care options addressed in a valid MOLST form, a health care provider shall provide care in accordance with those instructions. For purposes of this subsection, in determining whether a MOLST form is valid, a health care provider shall rely

on the signatures of the ordering provider and the patient or legally authorized representative in the signature section of the MOLST form.

Sec. 19a-580h-7. Scope of practice and standard of care

- (a) Nothing in these policies and procedures shall be deemed to amend 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 respective regulated profession.
- (b) Nothing in these policies and procedures shall be deemed to amend the standard of care for any health care provider.

Effective upon publication on the eRegulations system until such time as final regulations are adopted.

Statutory Authority

The statutory authority for these policies and procedures is section 19a-580h of the Connecticut General Statutes, as amended by section 192 of PA 26-68.

Statement of Purpose

- 1) The purpose of the proposed policies and procedures is to implement section 19a-580h of the Connecticut General Statutes, as amended by section 192 of PA 26-68. These policies and procedures establish a statewide program for the use of medical orders for life-sustaining treatment (MOLST) and incorporates the recommendations of the MOLST advisory council established pursuant to section 19a-580i of the Connecticut General Statutes. The purpose of the MOLST program is to support and honor patient preferences for treatment for patients who are eligible for a MOLST based on a diagnosis of the end state of a serious, life-limiting illness or a condition of advanced, chronic progressive frailty.
- 2) Section 19a-580h-1 defines terms. Section 19a-580h-2 prescribes the procedures for eligible providers to qualify for issuing MOLST orders, and sets forth the content and educational requirements and platforms for such training. Section 19a-580-3 sets forth the circumstances when a MOLST discussion between patient and provider is required pursuant to section 19a-580h(c)(3) of the Connecticut General Statutes. Section 19a-580h-4 prescribes the procedures for completing, executing, and using the MOLST form. Section 19a-580h-5 prescribes the procedures for revoking, reviewing or amending a MOLST form in order to maintain patient preferences. Section 19a-580h-6 set standards for the recognition and transferability of the MOLST form, and section 19a-580h-7 qualifies that the policies and procedures, or a provider's engagement with MOLST, do not change provider scope of practice.
- 3) The legal effect of the proposed policies and procedures is to implement a MOLST program pursuant to section 19a-580h of the Connecticut General Statutes.