Medical Orders for Life Sustaining Treatment (MOLST)

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Connecticut's Enabling Legislation

Where did it all start

- Special Act 14-5: Enabling legislation for the pilot
- PA 17-70: Authorized MOLST statewide
- §19a-580h
- Policies and Procedures
- FAQ

MOLST Advisory Council

Medical Orders for Life Sustaining Treatment (MOLST)

- What it is:
  - ***Medical order***, that directs a **patient's** right to accept or refuse care
    - Starts with a conversation and represents a patient's decisions about end-of-life care
- Who is eligible:
  - Patients of all ages
    - End stage of a serious life limiting illness or
    - A patient in a condition of advanced chronic progressive frailty
- Who makes the decisions
  - Patient
  - If the patient is incapable of making healthcare decisions and in accordance with the wishes of the patient-legally authorized representative
    - Parent of a minor child
    - Guardian appointed by the Probate Court
    - Health Care Representative designated by the patient in accordance with the MOLST statute, CGS 19a-580h.
      - The appointment of a patient's health care representative must meet requirements of CT statute (CGS 19a-576 and 577)

Sec. 19a-580h. Medical orders for life-sustaining treatment program. Regulations. (a) As used in this section:

(1) “Medical order for life-sustaining treatment” 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 or advanced practice registered nurse to be approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty;

(2) “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; and

(3) “Legally authorized representative” means a minor patient's parent, guardian appointed by the Probate Court or a health care representative appointed in accordance with sections 19a-576 and 19a-577.

Connecticut General Statutes

Sec. 19a-576. Appointment of health care representative. (a) Any person eighteen years of age or older may appoint a health care representative by executing a document in accordance with section 19a-575a or section 19a-577, ***signed and dated by such person in the presence of two adult witnesses who shall also sign the document.*** The person appointed as representative shall not act as witness to the execution of such document or sign such document.

(b) For persons who reside in facilities operated or licensed by the Department of Mental Health and Addiction Services, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician, advanced practice registered nurse or licensed clinical psychologist with specialized training in treating mental illness.

(c) For persons who reside in facilities operated or licensed by the Department of Developmental Services, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician, advanced practice registered nurse or licensed clinical psychologist with specialized training in developmental disabilities.

(d) An operator, administrator or employee of a hospital, residential care home, rest home with nursing supervision or chronic and convalescent nursing home may not be appointed as a health care representative by any person who, at the time of the appointment, is a patient or a resident of, or has applied for admission to, one of the foregoing facilities. An administrator or employee of a government agency that is financially responsible for a person's medical care may not be appointed as a health care representative for such person. This restriction shall not apply if such operator, administrator or employee is related to the principal by blood, marriage or adoption.

(e) A physician or advanced practice registered nurse shall not act as both health care representative for a principal and attending physician or advanced practice registered nurse for the principal.

National Perspective

- All 50 states have a version of MOLST
- Other state references include, but not limited to: POLST, P=portable or physician; COLST, C=clinician; MOST, medical orders for scope of treatment; and POST, physician orders for scope of treatment
- While some states have adopted the National POLST Form, many states have retained their state specific form-
    - CT maintains a state specific form
- While an element of advanced care planning, MOLST is a distinct medical order

Difference Between MOLST and a Living Will

MOLST

- Health status - *end stage serious life-limiting illness or an advanced chronic progressive disease with accompanying medical frailty*
- After a discussion, form is completed about treatment options with an eligible healthcare provider
- **Form is a medical order**
- No age requirement
- Signatures required – eligible healthcare provider, patient (or legally authorized representative), no witness signature required

Living Will

(type of advance directive)

- Preferences are only triggered when one *lacks decisional capacity & is either in a terminal condition or permanently unconscious*
- Lists preferences for any aspect of healthcare including life support, no discussion required
- **Not a medical order**
- Anyone > 18 years of age regardless of health status at the time of completion
- Requires declarant's signature & two witnesses

Operationalizing CT MOLST: §19a-580h

- Voluntary
- Transferrable among healthcare institutions in CT and may be honored in other states, but not others, but good evidence of a patient's preferences
- Currently lime green paper form with P+P speaking to "While at home, the eligible patient shall keep the MOLST on the refrigerator". For individuals in a residential setting, i.e. group home, SNF, the form can be placed in an area the facility requests and must notify eligible providers who visit the facility of such location
- Required a witness signature, however, legislation has been updated in 2024 eliminating the witness
- Training requirements-mandatory and elements of training are defined in statute
- Form provides instructions and must be followed
- Request for forms doubled from 2023-2024

Connecticut
Medical Orders for Life Sustaining Treatment (MOLST)

PATIENT INFORMATION

Patient Last Name/First/Middle Initial		
Street	City/Town	ZIP
Date of Birth (mm/dd/yyyy)	Sex: M [ ] F [ ]	

ELIGIBLE DIAGNOSIS:

[ ] END STAGE SERIOUS, LIFE LIMITING ILLNESS: (specify)_____ OR

[ ] ADVANCED CHRONIC PROGRESSIVE FRAILTY CONDITION:

GOALS OF TREATMENT- MEDICAL INTERVENTIONS: (check one box only)

[ ] a. No limitations to medical treatment & intervention with symptom management for comfort
[ ] b. Limited medical treatment or intervention with symptom management for comfort
[ ] c. Allow natural death with symptom management for comfort

Section A (Check one box only)

CARDIOPULMONARY RESUSCITATION (CPR): PERSON HAS NO PULSE AND IS NOT BREATHING

[ ] Perform CPR [ ] Do Not Perform CPR

If patient is not in cardiopulmonary arrest, follow orders in section B & C.

Section B (Check one box only)

Transfer to Hospital

[ ] Transfer to hospital	[ ] Do not transfer to hospital (unless needed for my comfort)

Intubation and Ventilation

[ ] Use invasive airway management or mechanical ventilation [ ] Use invasive airway management or mechanical ventilation, defined trial period Length of trial period: _____	[ ] No invasive airway management or mechanical ventilation

Non-Invasive Ventilation (Non CPR Related)

[ ] Use non-invasive ventilation or rescue breathing for respiratory distress, such as BiPAP or CPAP [ ] Use non-invasive ventilation defined trial period Length of trial period: _____	[ ] Do not use non-invasive ventilation

HIPAA PERMITS DISCLOSURE OF MOLST TO ANY HEALTH CARE PROFESSIONAL AS NEEDED FOR PATIENT CARE

Section C (Check one box only)

Medically Administered Hydration (oral or by mouth hydration will always be offered if feasible)

[ ] Use medically administered hydration [ ] Use medically administered hydration, defined trial period Length of trial period: _____	[ ] No medically administered hydration	[ ] Undecided [ ] Did not discuss

Medically Administered Nutrition (oral or by mouth nutrition will always be offered if feasible)

[ ] Use medically administered nutrition, such as total parenteral nutrition or tube feedings [ ] Use medically administered nutrition defined trial period Length of trial period: _____	[ ] No medically administered nutrition	[ ] Undecided [ ] Did not discuss

Dialysis

[ ] Use dialysis [ ] Use dialysis, defined trial period Length of trial period: _____	[ ] No dialysis	[ ] Undecided [ ] Did not discuss

Other treatment preferences specific to the patient's medical condition, e.g. vasopressors, medications, antibiotics, etc.

Section D

For this form to be valid: The form must be a lime green original MOLST form and the provider signing must ensure the form is thoroughly completed and signed by the patient or patient's legally authorized representative, provider and witness. A form that is incomplete, improperly completed or amended, except as permitted in Section E shall be deemed invalid and of no effect.

Discussed with:

[ ] Patient

[ ] Legally Authorized Representative (specify) _____

Signature below confirms this form was signed by the patient or Legally Authorized Representative **voluntarily** and reflects his/her wishes and goals of treatment as expressed to the provider signing below. Signature by a patient representative as indicated above confirms the form reflects his/her assessment of the patient's preferences or goals of care, or if those preferences are unknown, his/her understanding of the patient's best interests.

Signature of Patient or Legally Authorized Representative:	Date:
Printed Name of Patient or Legally Authorized Representative:	
Signature of Provider: [ ] MD/DO [ ] APRN [ ] PA	
Printed Name of Provider:	Date:
Provider Phone Number:	
Signature of Witness:	
Printed Name of Witness:	Date:
Interpreter Name or ID# and/or Service	Date:

Section E
Review of this MOLST form

Date of Review	Provider Signature	Printed Name	Credentials	Reviewed With	Location of Review	Outcome of Review
			[ ] MD/DO [ ] APRN [ ] PA			[ ] No Change [ ] FORM VOIDED new form completed [ ] FORM VOIDED no new form
			[ ] MD/DO [ ] APRN [ ] PA			[ ] No Change [ ] FORM VOIDED new form completed [ ] FORM VOIDED no new form
			[ ] MD/DO [ ] APRN [ ] PA			[ ] No Change [ ] FORM VOIDED new form completed [ ] FORM VOIDED no new form
			[ ] MD/DO [ ] APRN [ ] PA			[ ] No Change [ ] FORM VOIDED new form completed [ ] FORM VOIDED no new form
			[ ] MD/DO [ ] APRN [ ] PA			[ ] No Change [ ] FORM VOIDED new form completed [ ] FORM VOIDED no new form
			[ ] MD/DO [ ] APRN [ ] PA			[ ] No Change [ ] FORM VOIDED new form completed [ ] FORM VOIDED no new form

Review of MOLST Form

This form should be reviewed :

- *Upon transfer of a patient to a hospital or other health care facility,*
- *If there is a substantial change in the patient's health status or treatment preferences*

Any change to this form requires the form to be voided and a new form to be signed.
To void the form, write VOID in large letters on the front of the form.
If a new form is not completed, no limitations on treatment are documented and full treatment may be provided.

Instructions For Health Care Professionals

THIS FORM IS VOLUNTARY FOR THE PATIENT

Follow orders listed in section A, B and C until there is an opportunity for the clinician to review the form with the patient or the legally authorized representative (when the patient lacks capacity).

The patient or legally authorized representative (if the patient lacks capacity) can revoke the MOLST form at any time and/or request and receive previously refused medically-indicated treatment .

If the patient or legally authorized representative elects short term use of a medical intervention then the trial period **MUST** be filled in on the form.

Next Steps

- MOLST Advisory Council is working towards modernizing the process
    - Recommended to the Commissioner in 2023 elimination of the witness signature and passed in PA 24-68, section 7
    - Revision of the Form and the policy and procedures is currently in process with recommendations to be made to the Commissioner which will include
        - Elimination of the lime green form
        - Digital first approach
        - Process to revoke/amend the current MOLST form when there are changes requested
        - Clarify definition of an eligible patient in the policy and procedures with inclusion of a PA
        - Training expansion

Resources

- MOLST website
- Conversation Project
- 5 WISHES

- QUESTIONS