



MASSACHUSETTS
SENIOR CARE
ASSOCIATION



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Health & Hospital
ASSOCIATION

May 19, 2022

Dear Senator,

We are writing to urge your support of Senator Cyr's Amendment #626, POLST, which would modernize the Commonwealth's program for end-of-life care medical orders (MOLST) by transitioning to the national, evidence-based POLST (Portable Medical Orders) paradigm. An electronic registry to secure timely, trusted access to this critical health care planning document is added to ensure that treatment preferences of individuals living with serious illness and advancing frailty are known and honored. We request that you sign on as co-sponsor and urge Chair Rodrigues and Senate President Spilka to adopt this amendment during the Senate budget debate next week.

Stakeholders including Blue Cross Blue Shield of Massachusetts, Massachusetts Health & Hospital Association, Hospice & Palliative Care Federation of Massachusetts, Massachusetts Senior Care Association and others from across the health care continuum support this transition and are eager to see these changes take place. These organizations have been working together successfully for decades to improve end of life care services in the Commonwealth and the provisions in this Amendment will be a major improvement for consumers and health care providers alike.

Massachusetts MOLST was created by Chapter 305 of the Acts of 2008, which required the state to develop and test a pilot; it was later expanded statewide in 2012. We know from the experience of other states that end of life care medical orders like MOLST have the **potential** to dramatically improve the quality and experience of care for people with serious illnesses and advancing frailty. For example, these orders – which are valid and transferrable across settings – allow EMS to avoid unwanted hospital transfer and ED clinicians to avoid unwanted resuscitation attempts; without a medical order, clinicians and technicians would be required to do these interventions.

The electronic registry, and the state and community infrastructure that will be built as part of the wider POLST program, hold the power to make major improvements and address other challenges. Stakeholders have come together, excited at the chance to support a new vision for this program. We are fortunate that there is already funding; we know that the administration has asked the Centers for Medicare and Medicaid Services (CMS) for \$2.2 million in ARPA funding to support this program, funding that was seeded by a significant grant from the Massachusetts Coalition for Serious Illness Care, through dedicated support from Blue Cross Blue Shield of Massachusetts.

We respectfully urge you to co-sponsor and support this amendment. Please reach out to Tara Gregorio at 617-799-9238 or tgregorio@maseniorcare.org if you have any questions or would like to discuss this further. Thank you for your consideration.

Sincerely,

Tara M. Gregorio
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Massachusetts Senior Care Association

Patricia M. Noga, PhD, RN, NEA-BC,
FAAN
Vice President, Clinical Affairs
Massachusetts Health & Hospital Association

Christine McMichael
Executive Director
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Further Background:

This amendment that will transition MA from the MOLST to the POLST Program and an e-registry to address the challenges with the current Massachusetts program that include:

- Access and validity issues that result in completed MOLST forms not being honored
 - E.g. MOLST forms often cannot be found by EMS or ED clinicians
 - E.g. Providers have no way to confirm that the MOLST form they find – either paper or scanned into an EMR – is the most recent version
- Significant challenges with the current MOLST form: e.g. it is possible to select inconsistent choices, which, for example, can leave EMS with conflicting guidance on whether to transfer a patient to the hospital
- Confusion over appropriate MOLST policies and procedures:
 - The form is designed for patients nearing the end of life with serious, advancing illness or medical frailty; however, it is routinely filled out for non-appropriate groups
 - Many consumers are given blank MOLST forms to complete instead of forms being completed by the clinician following a conversation about goals and treatment preferences, causing potential harm and distress.