



Building a Safe Harbor for Older Vermonters through Advocacy and Education

COVE TESTIMONY ON H.690
HOUSE COMMITTEE ON HUMAN SERVICES
1/30/18 - Gini Milkey, Executive Director
David Mickenberg, COVE Policy Advisor

Thank you for the opportunity to testify on S.690. COVE appreciates the efforts of the Task Force to improve access to advance care planning opportunities, and we support most of the provisions included in H.690. We are very concerned, however, with the language that expands the group of individuals who can serve as “explainers” to include employees of nursing homes, residential care facilities and hospitals.

It is our understanding that employees were intentionally excluded from serving as explainers in the original legislation to avoid the appearance of a conflict of interest or the opportunity for undue influence. Those facilities, understandably, want people to sign advance directives.

Any resident of a nursing home or residential care facility is by statutory definition a vulnerable adult. COVE has worked long and hard to protect vulnerable adults from abuse, neglect and exploitation, and to ensure that their rights to self-determination are fully protected. We are interested to see what other options there might be both to protect these very vulnerable adults and to allow them better access to explainers.

While our initial concern was primarily about nursing homes and residential care facilities, we have given this issue more thought, and we are also troubled by expanding the definition of “explainers” to include hospital staff. Hospitals are being pressured to cut costs, and Medicare is imposing penalties when patients are readmitted for certain conditions. We hear concerns about families of older patients being “strongly encouraged” to get their frail older members onto medical hospice and let nature take its course, based primarily on statistical information about older patients, rather than on

the individual patient. When older adults are admitted to a hospital, they are likely to be seriously ill or injured, often may not have anyone with them, and tend to defer to hospital staff if told, “you have to sign this,” or even, “it’s really important that you sign this. They need to have an explainer whose sole interest is that of the patient.

For the reasons we have articulated, COVE opposes expanding the definition of an explainer to include individuals designated by nursing homes, residential care facilities or hospitals. We otherwise support the changes in the bill, and we encourage the Task Force to reach out further to advocates for creative ideas to increase the pool of explainers.

Again, we thank you for the opportunity to testify on H.690.

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