

Good Morning. My name is Meredith Moses Thank you for the opportunity to testify on S216

I have been a Registered nurse for 37 years and have worked in Patient Advocacy at UVMMC for 17 years, the last 8 years as Manager of the Office of Patient & Family Advocacy

Our overarching goal is to help patients get the best care we have to offer, to see that they have the best experience possible and to learn what we can from their feedback and stories.

Our advocates serve as a resource to UVMMC patients, families and staff in the resolution of patient care concerns and we collaborate closely with leaders across the organization to raise awareness of patient concerns in a way that promotes meaningful change and supports a patient and family centered philosophy. I have a comprehensive understanding of the types of complaints and concerns patients bring forward.

Integral to our advocacy role is an understanding of patient rights and responsibilities.

Each year, we address somewhere between 3,000-3500 patient care concerns with an almost even split between those stemming from outpatient experiences and those arising during hospitalization. This includes concerns pertaining to care provided in the dialysis units across Vermont that fall under the umbrella of UVMMC.

About a third of these concerns are referred to Advocacy by UVMMC physicians, nurses and other staff and the remainder come directly from patients and their family or representative either in person, by phone, by survey or via web submission or old fashioned letters and comment forms.

I maintain a confidential database of the issues raised with my office that allows me to track and trend specific issue types or complaints specific to a particular health care specialty area. I track concerns related to Patient Rights, Patient Ethics and also concerns involving the Organ Transplant Program. In 2017, we had 7 concerns raised about care provided by the Transplant team. Only one was a request for reconsideration for transplant listing and that did not have to do with medical marijuana.

To my knowledge (and I did review my database) we have not ever had a complaint that a patient was declined for organ transplant or evaluation for organ transplant based on reported use of marijuana. I am confident that this is not a systemic issue at UVMMC.

As an adjunct to the Patient Advocate role my staff also serve as Independent Living Kidney Donor Advocates, which is a distinct role within the world of organ transplant and one that is mandated by the Regulatory Agencies providing oversight and accreditation to our Organ Transplant Program. Living Kidney Donor Candidates must be provided with an independent Advocate whose role is to make sure that the Donor is fully informed about the risks of organ donation and is making a decision to donate free from coercion or bias. The independent living kidney donor advocacy role is meant in part to mitigate against possible implicit bias from the Transplant Team to complete organ transplants. The

Transplant Team takes exquisite care to have successful outcomes for both the organ recipient and the donor. Because of this adjunct advocacy role, I am keenly aware of the very thorough evaluation that organ recipients and organ donors undergo. The Transplant team is trying to anticipate any possible barriers to successful transplant and future functioning and quality of life and in this context, we appropriately discuss of all kinds of behaviors which increase risk – smoking, drinking, contact sports, etc.

The only time I can remember when marijuana use (and it was not medical marijuana) was discussed in depth in the context of transplantation was when the parents of a potential donor raised the issue. Both recipient and donor were counseled against using marijuana. That particular donor/recipient pair did go on to transplantation and both continue to do well.

Thank you for the invitation to testify, and I'm happy to answer any questions you may have.”