VERMONT
ETHICS
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Health Care Ethics

ANNUAL REPORT

PALLIATIVE CARE AND PAIN MANAGEMENT TASK FORCE

JANUARY 2026

Submitted by:

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in partnership with members of the Palliative Care and Pain Management Task Force

I. PURPOSE

This report is submitted per Act 25 (2009) to the House Committee on Human Services and the Senate Health & Welfare Committee regarding recommendations, progress and activities related to the work of the Palliative Care and Pain Management Task Force.

II. BACKGROUND INFORMATION

Vermont lawmakers have a longstanding history of supporting patient self-determination and ensuring access to quality palliative and end-of-life care services. The Palliative Care Task Force was created in 2009 with a goal of coordinating palliative care initiatives across the state, providing ongoing education to health care clinicians and consumers about palliative and end-of-life care, working to remove barriers to these essential services and ensuring that Vermonters have access when needed. When barriers to access or gaps in services are identified, it was intended that the Task Force would make the legislature aware of such issues and, where appropriate, propose policy solutions.

III. RECOMMENDATIONS

State Healthcare Strategic Plan & Access to Home-Based Palliative Care
As the state embarks on development of an overarching health care strategic plan, palliative and end-of-life care must remain an intentional focus to ensure continued access to services and to avoid barriers to care. This is even more crucial with the ending of the ACO. It is unclear what the implications will be on the ACO waiver of the home-bound requirement and reimbursement for patients currently receiving home-based palliative care and those that will need these services moving forward. Discussions about health care transformation and any subsequent policy decisions need to factor in considerations for patients with serious illness, including continuation of the home-based palliative care waiver. Engagement with the federal delegation about this issue may also be helpful.

Telehealth Access
Work with Vermont's federal delegation to support permanent Medicare coverage and regulatory flexibilities for telehealth services, including coverage for audio-only services, allowing patients' homes to be an originating site for care, removing geographic restrictions and allowing the use of telehealth to meet the face-to-face recertification requirement for hospice care. Given Vermont's rural population and the difficulty patients may have traveling, especially when they are living with serious illness or are near the end-of-life, providing services via telehealth provides critical access to needed expertise and support.

Access to Longterm Care
Work with Vermont's federal delegation to support efforts to reduce the barriers imposed by current restrictions on 3-day qualifying hospital stays prior to skilled nursing facility (SNF) admission. Changing this requirement would reduce strains on hospital resources and delays in Vermonters who have progressive and serious illness accessing appropriate care.

The Role of Naturopathic Physicians at End-of-Life

The Task Force is unable to support further integration of naturopathic physicians into statewide policies regarding Vermont's law on Medical Aid in Dying (MAID, Act 39), Do Not Resuscitate (DNR)/Clinician Orders for Life Sustaining Treatment (COLST) orders and the execution of Ulysses Clause provisions within a Vermont Advance Directive [18 VSA § 9707(h)] per Act 158. The group readily supports naturopathic physician involvement in eliciting patient preferences surrounding their future health care needs and engaging in advance care planning conversations and the documentation of those conversations in advance directives. We further recommend that naturopathic physicians follow the states established process through the Office of Professional Regulation under 26 VSA § 3108 to materially amend the scope of practice for a regulated profession or occupation so that OPR can determine the training requirements needed for greater integration into Vermont's end of life care policies.

IV. STATEWIDE & REGIONAL EFFORTS

Statewide Palliative Care and Ethics Education: In May of 2025 the Task Force, in partnership with the Vermont Ethics Network, offered a virtual palliative care educational series. Each session was presented in a 75-minute "lunch and learn" format with the availability of CME/CEU credits for attendees. Sessions, numbers of participants and learning objectives were as follows:

- *The Rocky Road of Goals of Care: Not "One and Done.* Presented by Dr. Kelley Elwell, DNP, APRN, FNP-BC, Hospice & Palliative Nurse Practitioner, Central Vermont Home Health and Hospice and Eva Zivitz, MSN, RN, CHPN, Palliative Care Program Coordinator, Palliative Care Program, Rutland Regional Medical Center. (194 Registrants). Learning objectives:
    - ➢ By the end of this session, participants will be able to:
    - ➢ Identify at least three components of a goals of care conversation
    - ➢ Recognize common barriers to communication about patient goals and values

- ***May 29th, 2025***: *Slipping Through the Seams: Optimizing Transitions in Care Settings for People with Serious Illness.* Presented by Clare O'Grady, DO, MPH, Palliative Care Physician & Site Lead of the Palliative Medicine Department at Porter Medical Center. (179 Registrants). Learning objectives:
    - ➢ Identify common difficulties that patients with serious illnesses endure in transitions between care settings
    - ➢ Explore models that improve care coordination, communication, and patient outcomes during these transitions
    - ➢ Foster a space for participants to learn from one another, sharing current practices and challenges observed in their locales

- ***June 10th, 2025:*** *I Don't Want to Die Like That! Choosing to Stop Eating and Drinking Instead.* Presented by Jonna Goulding, MD, Palliative Care Physician, Central Vermont Medical Center and Cindy Bruzzese, MPA, MSB, HEC-C, Executive Director & Clinical Ethicist, Vermont Ethics Network & Clinical

Ethicist, UVM Medical Center and Pasty Fortney, CC, Palliative Care Chaplain, Central Vermont Medical Center. (234 Registrants). Learning objectives:
  - Discuss options with patients who are interested in hastening death in the face of degenerative disease, but are not eligible for Medical Aid in Dying (MAID)
  - Distinguish voluntarily stopping eating and drinking (VSED) from stopping eating and drinking by advance directive (SED by AD)
  - Feel more confident about supporting patients and their families who want more information about, or are seeking to utilize, VSED
  - Appreciate the ethical, legal, and emotional/spiritual considerations surrounding VSED

- ***June 18, 2025:*** *Stories About Medical Aid in Dying.* Presented by: Diana Barnard, MD, Hospice and Palliative Care, Volunteer Associate Professor UVM Larner College of Medicine. (180 Registrants). Learning objectives:
  - By the end of this session, participants will be able to:
  - Describe the qualifications for Medical Aid in Dying
  - Explore the Diversity of patient priorities and suffering at end of life

- ***June 25, 2025:*** *Do No Harm: Navigating Pain, Opioids and Risk in Serious Illness.* Presented by: Stephen Berns, MD, FAAPM, Division Head, Hospice & Palliative Medicine UVMMC, Holly & Bob Miller Chair for Palliative Medicine and John Wax, MD, Hospice and Palliative Medicine Physician and Director of Hospice and Palliative Medicine Fellowship Program. (161 Registrants). Learning objectives:
  - By the end of this session, participants will be able to:
  - Describe safe and appropriate pain management strategies in people with serious illness at risk for or with concurrent substance use disorder
  - Distinguish substance use disorder from the under-treatment of pain in people with serious illness
  - Define routine and universal risk assessment for substance use disorder when considering treatment with opioids

Video recordings and slide presentations for each completed session can be found online at: https://vtethicsnetwork.org/recordings-spring-2025-palliative-care-series

ORGANIZATION & PROGRAM SUMMARIES

Vermont Ethics Network (VEN)

VEN has long been the state's premiere resource for ethics, advance directive and medical decision-making education and training. The organization also serves as the primary liaison for inquiries and communication between consumers and providers and the Vermont Advance Directive Registry (VADR). At the conclusion of FY25 Vermont had 57,980 total registrants in the Vermont Advance Directive Registry with 6,189 new registrants added during that time. VEN responded to over 2029 calls/emails about advance directives and the VADR (which is approximately 850 more calls/emails than the prior fiscal year). At the close of fiscal year 2025, Vermont had a total of 54,912 registrants in the Vermont Advance Directive Registry. As of January 1, 2026, Vermont has 59,960 total registrants in the Vermont Advance Directive Registry (VADR). VEN is closely monitoring the success of user upload and the new VADR submission process to ensure that the service for Vermonters continues to be user friendly and universally accessible.

Moving forward, the organization remains committed to supporting the advance care planning needs across the state. At the consumer level, supporting individuals with completion and submission of advance care planning documents remains a priority. At the facility level, VEN continues to emphasize the importance of having reliable internal systems to ensure that documents are readily available when needed. As part of this work, VEN provides ongoing education to address any practitioner knowledge gaps relative to obligations related to honoring these important documents.

Our efforts to improve access to ethics expertise in rural settings have also gained traction both in and outside of Vermont. Since January of 2020, our statewide ethics education and consultation service has provided over 456 ethics consults for rural health care providers/facilities in Vermont and New Hampshire. The overwhelming positive feedback from our ethics consult follow-up surveys affirms the need for a robust system capable of responding to complex ethics questions that arise across all areas of our health care system. Partial funding from the State's Office of Rural Health has been invaluable in supporting this important work. Ensuring that facilities and providers have access to real-time ethics expertise when needed should be a priority for Vermont's health care delivery system.

Central Vermont Home Health & Hospice (CVHHH)

CVHHH launched its Palliative Care Consultative Service (PCCS) in the spring of 2023. Care is provided in the community in Central Vermonters' homes, including facilities, by Dr. Kelley Elwell, DNP, APRN, FNP-BC, who collaborates with patients and their care teams (primary care physicians, specialists, family members, spiritual or faith counselors, and social workers) to manage pain and symptoms and to help patients facing serious illness experience optimal quality of life. Additional services offered under the program include education and information on disease progression, exploration of health care wishes and goals of care conversations, completing advance care planning paperwork, and connecting patients and caregivers with community resources.

Since its founding, the program has served a steady population of Central Vermonters, including approximately 225 individuals in 2025. Dr. Elwell hosted several free community workshops this year focused on advance care planning and CVHHH's PCCS and hospice programs. These events were well attended, with participants actively engaged and asking questions about care options and how to document their care wishes.

Vermont has the third oldest median age in the nation, and individuals 60 years and older are its fastest growing population.[1] CVHHH believes that this contributes to an increased desire for information about end-of-life care, and plans are in place to host additional educational sessions in the community and with providers and facility staff, including residents and family members, in 2026 to facilitate important goals of care conversations.

Based on feedback, PCCS patients experience many positive benefits, including targeted pain and symptom management and emotional support. One PCCS patient and resident of Montpelier said the following: "I realized I had to start saying no to medical care, and that's not a real easy thing to go against [the doctors]. In the end, the assumption is, I should be lined up for it like everyone else. Kelley is a good listener, and she's got excellent professional background. She's open-minded and we can take it where it goes. She seemed to really listen to my goals, what I wanted."

CVHHH will continue to invest in the Palliative Care Consultative Service and provide compassionate care at home to Central Vermonters with life-limiting or complex illness with a focus on planning, pain and symptom management, education, and support.

Patient Choices Vermont (PCV)

Patient Choices Vermont (PCV) is a nonprofit organization that serves as the steward of medical aid in dying (MAID) in Vermont. PCV's mission is to provide education to ensure that all individuals facing end-of-life decisions are aware of all their options and have access to the support they choose.

PCV also provides education to health care clinicians and others working in end-of-life care to support their understanding of medical aid in dying as a legal health care option, as defined by Act 39. PCV is funded by donations and does not currently receive any funding from the State of Vermont.

A Summary of Act 39: Act 39 is Vermont's law governing the practice of medical aid in dying. In brief, MAID is available to terminally ill adults with a documented prognosis of six months or less. Individuals must be able to make their own health care decisions and must self-administer the medication. There are several steps in the process, including visits with two physicians, to qualify for a prescription for the medication.

The Data: The Vermont Department of Health reports data regarding the use of medical aid in dying every two years. The most recent official reports showed that an average of 43 Vermont residents per year qualified for MAID during the reporting period ending June 30, 2023. Data for 2023–2025 will be released in early 2026.

This next report will be particularly significant, as it will be the first official report to show both the number of Vermont residents and non-residents accessing MAID in Vermont. Data has consistently shown a steady increase in the number of people

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[1] https://www.healthvermont.gov/wellness/brain-health-dementia/age-strong-vermont-our-roadmap-age-friendly-state

qualifying for MAID as individuals learn about this end-of-life option. Despite this growth, the number of people accessing medical aid in dying remains a small fraction of those who initially seek information about it.

Education Efforts: Each year, PCV's website is used by tens of thousands of patients and family members, physicians and other health care clinicians, and others who support people making end-of-life decisions, such as the Vermont Department of Health (VDH) and the Vermont Ethics Network (VEN). PCV is a trusted source for accurate and comprehensive information regarding Act 39 and medical aid in dying in Vermont.

PCV provides a detailed Clinician's Guide that physicians, pharmacists and hospice clinicians rely on as they become familiar with the practice, in addition to many resources for patients as they learn about their end-of-life options. PCV offers educational presentations—both virtually and in communities across Vermont—for the public and for health care organizations to ensure broad understanding of end-of-life care options.

PCV also publishes videos highlighting patient and family experiences so others can learn more about this option. PCV's Helpline volunteers respond to approximately 1,000 requests for information each year, explaining the nuances of the law and eligibility criteria. They also coach individuals on how to talk with their doctors about their questions and end-of-life wishes.

Issues of Access: There continues to be a need for education regarding medical aid in dying for both patients and health care clinicians. PCV often hears from community members who were unaware of medical aid in dying or did not know that it is a legal option in Vermont. Physicians and hospice staff may wait until patients make a specific request for medical aid in dying before discussing this option, which can pose a challenge for patients who are uncertain or unaware of MAID.

The large majority of requests for information that PCV receives, however, come from residents of states where MAID is not yet legal. These individuals seek information about how to find a prescribing physician in Vermont and how to begin the process of qualifying for MAID. For many reasons, there are very few Vermont physicians willing to accept direct referrals from out-of-state residents. Vermont physicians often struggle to take on new patients, particularly those seeking care for a brief period related to MAID.

Legislative Engagement: Patient Choices Vermont will host a legislative breakfast on February 27, 2026, to meet with Vermont legislators interested in learning more about medical aid in dying and how Act 39 is working to serve Vermonters and others choosing this option.

Pediatric Palliative Care Program (PPCP)

Currently, there are 47 children enrolled in the program and PPCP services are offered through 8 home health agencies (HHAs) throughout Vermont.

Successes:

- The UVMMC Pediatric Advanced Care Team (PACT) continued to provide consultation to the PPCP via a subrecipient grant written by VDH, bridging gaps in communication, increasing pediatric hospice enrollment, and access to quality PPC across the system of care in Vermont. This grant was renewed for an additional 2 years in July 2024.
- The PPCP offered monthly virtual education to its statewide providers, covering a variety of topics from code status to neuroirritability.
- Collaborative work with DVHA continues to fine tune access to the PPCP Skilled Respite benefit, expanding to out-of-home respite at IFCs clinically appropriate for PPCP enrollees. In 2025, 3 PPCP enrollees were provided skilled respite by the Cedarcrest Center for Children with Disabilities in N.H.
- "Pedi Pals 101" continues to be standardized as program orientation and as a quality assurance measure for new PPCP providers. The PPCP Coordinator re-oriented a regional Pedi Pal team and additional RNs and expressive therapists throughout the state.

Plans for 2026/Ongoing Initiatives:

- Continue to standardize processes and procedures focused on orientating new PPCP providers, supporting a family's bereavement process following the death of a child, and grief resources throughout the state.
- The PPCP Coordinator will continue to provide targeted outreach and education to community partners and home health agencies.
- Identify strategic solutions to improve access to the PPCP services across the state, including relationship building and collaboration with pediatric palliative care specialist at Dartmouth Hitchcock Medical Center.
- Continue to research community-based palliative care measurement best practices to demonstrate value to stakeholders, manage program operations, and perform continuous quality improvement.

Division of Hospice & Palliative Medicine at the University of Vermont Health

The Division of Hospice and Palliative Medicine within the University of Vermont Health continues to advance its vision of helping patients with serious illness live well. Our interprofessional team of 17 physicians, 8 advanced practice providers, 7 nurses, 5 social workers, and 3 chaplains delivers person centered care across Vermont, serving patients in four hospitals and one hospice agency. Over the past year, the Division continued to expand its clinical reach across the state, with particular growth in inpatient palliative care services, supporting patients earlier and more consistently during serious illness.

Clinical Services

Inpatient and Outpatient Consultation

In FY25, the Division provided inpatient palliative care consultation services at all three Vermont hospitals including Central Vermont Medical Center, Porter Medical Center, and the University of Vermont Medical Center. Inpatient new consults increased from 1,785 in FY24 to 2,070 in FY25, reflecting growing demand and improved access. An additional 217 new outpatient consults were completed across our clinics. Patients were also seen earlier in their admission from 37.5% patients seen within their first 48 hours of admission in FY24 to 41% in FY25.

Interprofessional Workforce Growth

High quality palliative care depends on interprofessional collaboration to address physical, psychological, social, and spiritual needs. This year, the Division successfully hired two social workers, one at UVMMC and one at Porter Medical Center, and rehired two chaplain positions at UVMMC. We continue to partner with health system leadership to expand interprofessional staffing across the network.

Primary Palliative Care Service and Inpatient Hospice Beds

When patients are actively dying or too medically unstable to transfer to a freestanding hospice facility such as the McClure Miller Respite House, inpatient expertise is essential. To meet this need, the Division partnered with regional hospice programs to create a Primary Palliative Care Service in which the palliative care team assumes direct responsibility for patient care rather than serving in a consultative role. Patient may be admitted under palliative care service in a normal acute care bed or a hospice bed.

This service launched at Porter Medical Center in February 2025 and at the University of Vermont Medical Center in September 2025. Central Vermont Medical Center already had the ability to create inpatient hospice encounters but current does not have the palliative care team of the primary service. Early experience demonstrates improved quality of end of life care, more timely symptom management, and expanded access to hospice services for patients who may not previously had access to hospice enrollment.

Embedded Palliative Care Services

To ensure earlier engagement with patients experiencing serious illness, palliative care clinicians remain embedded in several high need clinical settings, including inpatient and outpatient oncology at CVMC and UVMMC and the general medical surgical unit at Porter Medical Center and at Helen Porter Nursing and Rehabilitation. In 2026, the Division plans to expand embedding in the Emergency Department and Intensive Care Units at UVMMC.

Outpatient Palliative Care Services

Demand for outpatient palliative care continues to exceed current capacity at UVMMC and CVMC, with wait times of four to five weeks for new patients. For patients with serious illness, this delay can significantly impact quality of life. Limited interprofessional staffing and inadequate clinic space have further constrained growth, often requiring outpatient care to draw resources from inpatient services.

After careful review, the Division paused the outpatient clinic at CVMC and narrowed the focus of the UVMMC clinic to patients with cancer and ALS to shorten wait times, allow for more follow up sessions, and protect inpatient resources. The Division is actively collaborating with health system leadership on a business plan to rebuild and expand outpatient palliative care access at CVMC and UVMMC, with plans to add services at Porter Medical Center.

Education

The Division continues to provide education across undergraduate medical education, graduate medical education, continuing medical education, and interprofessional training.

Medical Student Education

Two Hospice and Palliative Medicine Bridge Weeks were delivered in 2025 under the leadership of Dr. Jaina Clough. Students learned foundational palliative care skills including symptom management, referral to hospice and palliative care, assessment of distress, and interprofessional teamwork, alongside an eight hour serious illness communication skills laboratory.

Beginning March 2026, all third year medical students will complete a required one week palliative care clerkship. UVM is among a small number of medical schools nationally to offer required palliative care training during the third year, ensuring all future physicians develop core competencies in caring for patients with serious illness.

Resident Education

Palliative care faculty led more than 30 workshops across residency programs including internal medicine, pediatrics, family medicine, neurology, anesthesia, and surgery. Additionally, 28 residents completed a dedicated palliative care or hospice elective rotation.

Hospice and Palliative Medicine Fellowship

The Division completed its third year of the Hospice and Palliative Medicine Fellowship. Under the leadership of Dr. John Wax, the program expanded simulation-based education and interprofessional academic half days. The fellowship continues regional collaboration with Maine Health and Dartmouth Health through three Northern New England retreats and partners with Area Health Education Centers to provide four weeks of rural palliative care experiences in Southwestern and Northeastern Vermont.

Continuing Education for Health Professionals

In 2025, the Division launched Hospice and Palliative Medicine Grand Rounds, bringing emerging evidence and innovations to clinicians across the health network. Ongoing workshops supported nurses, nurse practitioners, chaplains, case managers, speech pathologists, and nursing assistants.

TalkVermont

TalkVermont, UVM Health's serious illness communication skills program, delivered its 70th course in 2025. Specialty specific offerings expanded to Neurology, Oncology, Intensive Care, and Home Care. TalkVermont also partnered with VitalTalk to lead a regional Train the Trainer serious illness communication course. In 2026, TalkVermont will expand into primary care clinics, with added coaching to support implementation of serious illness conversations in routine outpatient care.

Scholarship

Division faculty and staff delivered more than 20 regional presentations, 12 national presentations, and one international presentation in 2025.

Vermont Conversation Lab

Under the leadership of Dr. Gramling, the Vermont Conversation Lab continues work in story listening, caregiving, psychedelic assisted therapy, and conversation metrics. The lab mentors graduate students, publishes scholarly work, and continues to secure external grant support to advance its research agenda.

National Assessment of Palliative Care Skills

Dr. Stephen Berns leads a national team of palliative care educators focused on improving the assessment of palliative care skills for fellows. In partnership with the Accreditation Council for Graduate Medical Education (ACGME), the group developed faculty training videos to support direct observation and feedback for serious illness communication and led a national faculty development course on palliative care assessment.

Visiting Nurse and Hospice for Vermont and New Hampshire (VNH)

Visiting Nurse and Hospice for VT and NH (VNH) is a mission-driven nonprofit organization with our main office located in White River Junction, VT. VNH's hospice interdisciplinary team provides in-home hospice services 24 hours a day, 7 days a week. We are dedicated to delivering outstanding home health and hospice services that enrich the lives of the people we serve, in more than 106 towns in Vermont and New Hampshire.

As the area's foremost team of home health care experts, we deliver hospice services with proven effectiveness, integrity, and compassion. We are driven by a focus on excellence and a spirit of innovation, from improving systems of care to improving individual lives. Our relationship with each client is rooted in respect — for the families whose homes we are privileged to enter, for the communities we are honored to serve, and for all the lives we touch.

VNH Hospice 2025 Data:

- Patients admitted to VNH hospice services in past 12 months: 259
- Total number of patients receiving hospice services in 2024: 318
- Total number of bereaved provided support in 2025: 1560
- Total number of hospice volunteers in 2025: 30

2025 Accomplishments:

- VNH Hospice sustained a 4-star CMS quality rating, reflecting continued excellence in patient care and clinical outcomes.
- Expanded hospice clinical support by adding a dedicated RN case manager for facilities, allowing for increased presence, responsiveness, and tailored support across our coverage area.
- Strengthened referral partnerships through ongoing collaboration and communication, including a hospice fast-track initiative with the Alice Peck Day Hospital senior care team to proactively monitor patients who are not yet hospice-eligible and ensure timely admission when criteria are met.
- Successfully recruited and expanded the psychosocial care team, enhancing relationship-based support and positioning the program to grow bereavement services and initiatives such as *We Honor Veterans* in 2026.
- Added a Clinical Nurse Liaison embedded within the Dartmouth Health system to support referral growth, enhance care transitions, and strengthen interdisciplinary collaboration.

Rutland Regional Medical Center (RRMC)

In place since 2005, the Palliative Care Program at RRMC provides consultation services to hospitalized patients and families dealing with serious, chronic, or life-threatening conditions.

- Our nurse-led team consists of two full-time, two part-time, and one per diem registered nurses who cover on-site support 7 days a week and as needed availability by phone 24/7. One of our nurses also holds a Masters Degree in Social Work. All team members sit on RRMC's Ethics Committee.
- Consultations require an order from a provider at RRMC but can be requested by any staff member, families, patients, or even the patient's outpatient care providers.
- In 2025, RRMC's Palliative Care team responded to more than 1,100 consult requests, providing education about disease process, treatment options, and community resources. The team also plays a major role in assisting patients communicate their values, preferences, and goals of care through creation of advance care planning documents such as Advance Directives and Clinician Orders for Life-Sustaining Treatment (COLST) forms.

- The Palliative Care staff are integrated into the usual hospital care team, serving patients in the Emergency Department, Intensive Care Unit, and all other inpatient units. We collaborate closely with Case Managers and Social Workers and with both area home health and Hospice agencies to ensure that patients' discharge plans are as closely aligned with their goals as possible.
- In addition to direct patient care, the Palliative Care team participates in staff and community education through inservices and presentations. We also offer shadowing opportunities to newly hired and student nurses.

V. CONCLUSION

There continues to be a strong commitment to robust advance care planning, palliative care, and hospice programming across the state. Vermont Ethics Network, in partnership with the Palliative Care Task Force, will continue to advance this important work and is grateful for the ongoing support of the Vermont Legislature and their interest and openness to recommendations that promote alignment of state policy, Vermonters values and clinical best practice.

This report was prepared in consultation with the following members of the Task Force:

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