

A blue icon consisting of two overlapping squares, one slightly offset from the other.

News Release

For Immediate Release: July 9, 2008

Contact: Joy Davia, (585) 238-4374 or Jim Redmond, (585)238-4579

Gov. Paterson Signs End-of-Life Program into Law

New program to improve end-of-life care was piloted in Monroe County and spearheaded by Excillus BCBS' Patricia Bomba, M.D., of Pittsford

ROCHESTER, NY – Governor David A. Paterson last night signed into law a bill that helps to ensure a person's end-of-life wishes are followed whether the person is at home, in a nursing home or in any other non-hospital setting.

The new law makes permanent and statewide a program piloted in Monroe and Onondaga counties called Medical Orders for Life Sustaining Treatment (MOLST). Seriously ill patients with advanced chronic illness and frailty, after talking to their doctor, complete the MOLST form about the kind of care they want at the end of their life. The MOLST form is bright pink — so it can be easily identified by paramedics — and contains medical orders signed by their physician that are honored at all sites of care in the community.

Gov. Paterson said, "People should be allowed as much say in their end-of-life care as they would have at any other time. This bill will allow many people who are critically ill to make enduring decisions on the care they will receive. These will be difficult decisions for every person to make, but they should have the freedom to make them."

"I congratulate Governor Paterson on signing this bill," State Health Commissioner Richard F. Daines, M.D., said. "This will give patients more choices for end-of-life care. It expands patients' instructions beyond a do-not-resuscitate order into areas of intubation and medication, which many end-stage patients would like to control for themselves as much as possible."

The MOLST form says whether the patient wants to be resuscitated or intubated and whether they want to be sent to the hospital or take medication, among other wishes. MOLST is based on a national model that has been shown to assure that seriously ill patients' wishes are followed. New York is one of six states with a state-approved program.

"Too often, people don't die in the setting of their choice, don't have advance directives in place, and many fear dying in pain and without dignity or control," said Patricia Bomba, M.D., of Pittsford, vice president and medical director, geriatrics at Excillus BlueCross BlueShield.

"Now that MOLST is available statewide, more people will have greater peace of mind knowing that this form will help reduce uncertainty about their treatment preferences, allowing loved ones in decline to write their own final chapter," said Bomba, who spearheaded the MOLST program.

Before MOLST, the only non-hospital medical order emergency medical service workers could directly follow was a do-not-resuscitate order, which said whether the patient wanted lifesaving treatment for a cardiac or respiratory arrest. The bill signed by Paterson amended public health law to also allow for MOLST, which includes other important life-sustaining treatment such as whether a person wants to be intubated — which is when a tube is inserted into a person’s body, providing medical treatment such as help with breathing.

Sen. James Alesi, R-Perinton, sponsored the bill in the state Senate; Assemblyman Joseph Morelle, D-Irondequoit, sponsored the bill in the Assembly.

“It was significantly important that we were able to pass this legislation,” Alesi said. “The pilot program has been extremely successful in Monroe and Onondaga counties and by permitting use of MOLST forms, this bill will prevent any confusion and unnecessary procedures in the field, as well as, permit patients to have their wishes known and abided by in a non-hospital setting.”

“Patients and families facing extraordinary difficult end-of-life decisions may now have more control over those decisions, and with that control will come greater peace of mind,” Morelle said. “I want to particularly thank Dr. Bomba for her commitment and partnership on this issue. She believes, as I do, that medicine must not only seek to preserve life, but to preserve the dignity of life in all its stages, and this legislation helps us achieve that goal.”

MOLST grew out of the Rochester-based Community-wide End of Life/Palliative Care Initiative that formed in 2001, whose members were charged with improving end-of-life care in New York. Al Hooke of Brighton, co-leader of the initiative’s MOLST workgroup, knows firsthand the importance of MOLST.

“In the last three years of my mother’s life, her wishes were not honored,” said Hooke, whose mother was living in a nursing home at the time. “If we had a form like MOLST, her wishes would have had a lot more clout.”

“The MOLST form will make it possible for the right kind of care to occur,” added Hooke, 89, who has his own bright pink MOLST form hanging on his refrigerator.

In 2005, the state Department of Health approved MOLST for use in all healthcare facilities in the state and as a pilot project for community use by EMS in Monroe and Onondaga counties.

“Having MOLST available on a statewide basis is a major step for both patients and their families, said Michael Rosenberg MD, President of the Medical Society of the State of New York. “For the first time all New Yorkers will have the comfort of knowing that the wishes of those who are terminally ill can be clearly articulated and that health care providers will have real guidance as to what the patient’s wishes are at the end of life.”

MOLST, Health Care Proxies & Living Wills

MOLST does not take the place of a living will or health care proxy. Here are the differences between the advance care directives:

MOLST	A medical order form that tells others your wishes for life-sustaining treatment. MOLST is for people with a serious health condition.
Health Care Proxy	Designates an “agent” to make health care decisions on your behalf only if you are unable to make decisions yourself.
Living Will	Permits you to state your wishes ahead of time in case you develop a terminal, irreversible condition that prevents you from making and communicating your wishes. It’s not a legal New York state form, but does provide “clear and convincing evidence” needed to have your wishes carried out.

Rochester-area adults know the importance of making their end-of-life wishes known, although few have acted upon such concerns, according to a recent Excellus BCBS survey. Nearly nine of 10 local adults said it's important to have someone close to them making medical decisions for them if they were to have an irreversible terminal condition and were unable to make decisions. Yet, only 47 percent have designated a "health care proxy" to ensure their wishes are carried out.

For more information on MOLST, and other end-of-life issues, go to <http://www.compassionandsupport.org>.

###

Excellus BlueCross BlueShield, a nonprofit independent licensee of the BlueCross BlueShield Association, is part of a family of companies that finances and delivers vital health care services to 2 million people across upstate New York. Excellus BlueCross BlueShield provides access to high-quality, affordable health coverage, including valuable health-related resources that our members use every day, such as cost-saving prescription drug discounts and wellness tracking tools in our Step Up program. To learn more, visit <https://www.excellusbcbs.com>.