

POLST Program Legislative Comparison - as of 8/1/2016

		A L	A K	A Z	AR	California (Mature)	Colorado (Endorsed)	Connecticut	Delaware
1	Terminology					Physician Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Scope of Treatment (MOST)	Medical Orders for Life-Sustaining Treatment (MOLST)	Medical Orders for Scope of Treatment (MOST)
2	Placement in the state code					2008 Cal. Legis. Serv. Ch. 266 (A.B. 3000), eff. Jan. 2008, amends Cal. Probate Code §§4780 – 4788 (part of the state Health Care Decisions Statute).	Colo. Rev. St. Ann. §15–18.7 -101 to -110. A separate Article titled "Directives Concerning Medical Orders for Scope of Treatment." Approved May 26, 2010.	Note to Conn. Gen. Stat. §§ 14-5(1)(a)-(h) enacted May 28, 2014. 2016 Conn. H.B. 5537, signed May 27, 2016.	16 Del.C. §§ 2501a-2520a (Chapter 25A: Delaware Medical Orders for Scope of Treatment Act, "DMOST Act" under Regulatory Provisions Concerning Public Health), effective no later than May 28, 2016
3	Regulations/ Guidelines					15 Calif. Code Reg. § 3351 (Inmate Refusal of Treatment) 22 Calif. Code Reg. § 100155 (Required Course Content for Paramedics)	None.	None.	16 Del. Admin. Code 4304-1.0 to 14.0 (DMOST) 2016 DE REG TEXT 421434, final regulations, eff. April 11, 2016
4	Entity responsible for development/ approval of POLST					Emergency Medical Services Authority, §4780(a)(2)(B)	Colorado Advance Directives Consortium.	The Commissioner of Public Health may establish an advisory group of healthcare providers and consumer advocates to make recommendations regarding the pilot program.	Department of Health and Social Services §§ 2503a, 2505a
5	Provider signature required					Physician, Nurse Practitioner or Physician Assistant under supervision of physician, §4780(c)	Physician, Nurse Practitioner, Physician Assistant, § 15–18.7-103	Physician, Advanced Practice Registered Nurse, Physician Assistant § 14-5(1)(c)	Health-care practitioner - § 2509a

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6	Patient signature required?					Yes~§4780(c)	Yes. ~§ 15-18.7-103	Yes § (1)(d)	Yes, § 2509a
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)					Yes~§4780(b) & ©	Yes. ~§ 15-18.7-103	Yes § (1)(d)	Yes, § 2509a
8	Applicable to minors					Yes, case law authority	No.	Not addressed	Not addressed
9	Patient Limitations					None	None	Patient must have been "determined by a physician to be approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty" § (1)(a)	Physician must determine whether patient lacks decision-making capacity in order for authorized representative to make DMOST form. § 2518a Patient is with serious illness or frailty whose health care practitioner would not be surprised if patient died within next year. [see form]
10	Other execution requirements?					No Form has box to identify health Care professional assisting in preparation.	No.	None	Statement that patient has been provided with plain language statement explaining DMOST form and its consequences; must meet other requirements established in Chapter 25A. § 2509a
11	Exclusive DNR form?					No, §4780(a)(2) & (e)	No.	No.	No.

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		A L	A K	A Z	AR	California (Mature)	Colorado (Endorsed)	Connecticut	Delaware
12	Immunity provided?					Yes, § 4782	Yes.	Not addressed	Yes, § 2515a
13	Duty to offer POLST?					No	Not addressed. ~	Participation by the institution is voluntary	No.
14	Duty to comply?					Yes, with limited exceptions, §4781.2(a)	Yes. § 15–18.7-104	Not addressed	Obligation to treat, except as otherwise provided in other sections of Chapter 25A. § 2508a
15	Original vs. Copies/faxes?					Original pink. Copies are valid. [see form]	On Wausau Astrobright Vulcan Green. Copies valid. [see form]	Original on lime green paper. Does not address copies.	Yes, § 2520a
16	Conflicts with AD addressed?					Most recent controls, §4781.4	Most recently executed shall take precedence. §15–18.7-110(2)	Not addressed	Scope of treatment is governed by latest directive available, § 2513a
17	Presumption if section of form left blank					Full treatment [see form]	Full treatment [see form]	Not addressed	Full treatment [see form]
18	Out-of-state POLST recognized?					Not addressed	Yes. § 15–18.7-107(1)(l)	Not addressed	Yes, § 2510a
19	Web page for additional resources					Coalition for Compassionate Care of California: www.capolst.org	http://www.coloradoadvancedirectives.com	None	http://delawaremost.org/

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		A L	A K	A Z	AR	California (Mature)	Colorado (Endorsed)	Connecticut	Delaware
20	Electronic POLST & Registry					California POLST eRegistry Pilot Act - §4788 (in effect until Jan. 1, 2020)			Delaware Health Information Network (DHIN) § 2507a
21	Additional Notes							Because the law calls for a pilot program, not statewide implementation, it only directly affects people who live in the areas chosen by the state Department of Public Health for the pilot. The department is considering running the pilot in two areas: one urban and one rural. The program was extended in 2016 to 2017)	Always provide comfort care measures, regardless of level of treatment chosen. [see form]

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		District of Columbia	Florida	Georgia (Endorsed)	Hawaii (Endorsed)	Idaho (Endorsed)
1	Terminology	Medical Orders for Scope of Treatment (MOST)	Physician Orders for Life-Sustaining Treatment (POLST). [see form]	Physician Orders for Life-Sustaining Treatment (POLST)	Physicians Orders for Life-Sustaining Treatment (POLST)	Physician Orders for Scope of Treatment (POST)
2	Placement in the state code	DC ST §§ 21-2221.01-2221.15, effective Feb. 27, 2016 (under Health-Care Decision of Decedents' Estates and Fiduciary Relations)		Ga. Code Ann. § 31-1-14	Haw. Rev. Stat. § 327K-1 thru K-4 to the state's health code, enacted July 15, 2009.	Idaho Code Ann § 39-4501 to -4515, specifically § 39-4512A ~ Enacted 2007. ~ Eff. July 1, 2007. Part of comprehensive "Medical Consent and Natural Death Act." Last Amend July 1, 2012.
3	Regulations/ Guidelines	None.		Ga Comp. R. & Regs. 111-8-37-.16 (Home Care) Ga Comp. R. & Regs. 111-8-63-.24 (Residents' Files - Assisted Living Communities) Ga Comp. R. & Regs. 111-8-62-.24 (Resident Files - Personal Care Homes)	None.	Guidelines published by the EMS Bureau, Idaho Department of Health and Welfare: http://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServices/PhysicianCommission/PhysicianOrdersforScopeofTreatmentPOST/tabid/807/Default.aspx
4	Entity responsible for development/ approval of POLST	Department of Health. §§ 21-2221.02		Department of Public Health [see form]	Department of Health, § 327K-1	Idaho Department of Health and Welfare, § 39-4512A(6)
5	Provider signature required	Authorized Health Care Professional (Licensed Physician, Advanced Practice Nurse). §§ 21-2221.04(a)(2) Only authorized health care professional that is treating the patient can complete the patient's MOST form. § 21-2221.05(b)(1)	Yes [see form]	Yes, § 31-1-14(c)(2)	Physician, Advanced practice registered nurse, § 327K-1 and K-2	Physician, Advanced practice professional nurse, or Physician Assistant. § 39-4512A(1)

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		District of Columbia	Florida	Georgia (Endorsed)	Hawaii (Endorsed)	Idaho (Endorsed)
6	Patient signature required?	Yes, §§ 21-2221.04(a)(4)	Yes [see form]	Yes, § 31-1-14(c)(2)	Yes, § 327K-1 and K-2	Patient or surrogate signature required. § 39-4512A(1)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, § 21-2221.04(a)(4)	Yes [see form]	Yes, § 31-1-14(c)(2)	Yes. § 327K-1 and K-2	Yes, § 39-4504.
8	Applicable to minors	Yes, § 21-2221.01(3), (13)		Not addressed	Yes.	Yes, § 39-4504
9	Patient Limitations	Patient must be age 18+ to execute MOST form. § 21-2221.05(c)(1)(A)	Medical orders must be based on patient's current medical condition/preferences [see form]	None	POLST order is based on person's current medical condition and wishes. [see form]	Form is for persons with advanced chronic, progressive, and/or end-stage illness. [see form]
10	Other execution requirements?	After execution, hard copy must be provided to patient or patient's authorized representative. § 21-2221.04(b) Executed MOST form must be kept in prominent manner in patient's printed or electronic medical records. § 21-2221.04(b)		None	Provider must explain to the patient the difference between advance directives and POLST form. § 327K-2(b).	POST is completed by provider on password protected interactive web page: <u>www.sos.idaho.gov/general/hcdr.htm</u>
11	Exclusive DNR form?	No		No	No	No

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		District of Columbia	Florida	Georgia (Endorsed)	Hawaii (Endorsed)	Idaho (Endorsed)
12	Immunity provided?	Not addressed		Yes, § 31-1-14(d)	Yes, § 327K-3	Yes, § 39-4513
13	Duty to offer POLST?	No		No	No	No, but duty to ask if the person or the surrogate decision maker has a POST and to provide one if requested § 39-4512C & 39-4512A(3).
14	Duty to comply?	Not addressed		Not addressed	Yes, § 327K-2(c)	Yes, with limited exceptions § 39-4512B & 39-4513(5)
15	Original vs. Copies/faxes?	Yes, §§ 21-2221.04(d)	Use of original is strongly encouraged. Copies are legal and valid. [see form]	Yes, § 31-1-14(c)(5)	Original lime green preferred, but no color requirements. Copies are valid. [see form]	Yes, § 39-4514(9)(b)
16	Conflicts with AD addressed?	Yes, more recent document executed shall govern. § 21-2221.10		Yes, § 31-1-14(e)	Not addressed	Yes, § 39-4512A(2). But if signed by surrogate decision maker, not contrary to the person's last known expressed wishes or directions: 39-4512A(1).
17	Presumption if section of form left blank	Not addressed	Full treatment [see form]	Full treatment [see form]	Full treatment [see form]	Full treatment [see form]
18	Out-of-state POLST recognized?	Yes, § 21-2221.09		Yes, § 31-1-14(c)(6)	Not addressed	Yes, § 39-4514(6)
19	Web page for additional resources	None	http://med.fsu.edu/?page=innovativeCollaboration.POLST	www.dph.ga.gov/POLST	Kokua Mau: www.kokuamau.org/professionals/polist	Idaho Quality of Life Coalition: http://idqol.org

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		District of Columbia	Florida	Georgia (Endorsed)	Hawaii (Endorsed)	Idaho (Endorsed)
20	Electronic POLST & Registry	Department of Health will conduct study regarding feasibility of electronic registry. Must determine feasibility within 180 days of effective date (Feb. 27, 2016). § 21-2221.14				
21	Additional Notes	<p>Certain comfort care procedures will be provided, regardless of treatment orders on MOST form. § 21-2221.08</p> <p>Execution of MOST form does not alter insurance policies. § 21-2221.13</p>				POST identification jewelry authorized, § 39-4514(5)(c); 39-4502(15).

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		Illinois	Indiana	Iowa (Endorsed)	KS	KY
1	Terminology	Physician Orders for Life Sustaining Treatment (POLST) Paradigm Program	Physician Order for Scope of Treatment (POST)	Iowa Physician Orders for Scope of Treatment (IPOST)		Medical Orders for Scope of Treatment (MOST)
2	Placement in the state code	20 ILCS § 2310-600(b-5) revising the Illinois Department of Public Health's (IDPH) Uniform DNR Advance Directive. Eff. Jan. 1, 2012. 755 ILCS 40/65, "Department of Public Health POLST form" (Part of Health Care Surrogate Act) 210 ILCS 45/2-104.2, "Do-Not-Resuscitate Orders and Department of Public Health Uniform POLST form"	Ind. Code Ann. §§ 16-36-6-1 to -20. Approved May 7, 2013.	Iowa Code Ann. §§ 144D.1 – 4 Added by Acts 2012 (84 G.A.) ch. 1008, H.F. 2165, § 5. Amended by Acts 2012 (84 G.A.) ch. 1133, S.F. 2336, § 95.		KRS 311.6225 (under Kentucky Living Will Directives Act)
3	Regulations/ Guidelines	The POLST Illinois Task Force developed a guidance document (August 2013) 77 Ill. Adm. Code 395.300 (Basic Nursing Assistant Training Program)		Created as part of the Patient Autonomy in Health Care Decisions Pilot project created pursuant to 2008 Iowa Acts, chapter 1188, section 36, as amended by 2010 Iowa Acts, chapter 1192, section 58, as amended by 2010 Iowa Acts, chapter 1192, section 58. Eff. July 1, 2013. Iowa Admin. Code 641-145.1 to 145.3 (Iowa Physician Orders for Scope of Treatment) - establishes the process of developing, reviewing, modifying, and posting of the POST form.		201 Ky. Admin. Regs. 9:470 (Standardized Medical Order for Scope of Treatment Form)
4	Entity responsible for development/ approval of POLST	Illinois Department of Public Health. 20 ILCS § 2310-600.	Indiana State Department of Health, §16-36-69. See: http://www.in.gov/isd/h/25880.htm .	Iowa Department of Public Health.. See: www.idph.state.ia.us/hcr_committees/comm_on/pdf/patient_autonomy_pilot/patient_autonomy_pilot_report.pdf		Kentucky Board of Medical Licensure. KRS 311.6225(2)
5	Provider signature required	Attending Practitioner (physician, licensed residence, advanced practice nurse, or physician assistant). IL St. Ch. 755 § 40/65. Also, [see form]	Physician, § 16-36-6-8(a)	Yes. Physician, Advanced Registered Nurse Practitioner, and Physician Assistant, I.C.A. § 144.D.2(1)(c).		Patient's physician, health care professional preparing the form. KRS 311.6225(1)(f)

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		Illinois	Indiana	Iowa (Endorsed)	KS	KY
6	Patient signature required?	Yes. [see form]	Yes. § 16-36-6-8(b)(2)	Yes, I.C.A. § 144.D.2(1)(b)		Yes, KRS 311.6225(1)(f)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes. [see form]	Yes, a representative of the qualified person may sign. § 16-36-6-7	Yes, I.C.A. § 144.D.2(1)(b)		Yes, KRS 311.6225(1)(f)
8	Applicable to minors	Not addressed.	Yes. § 16-36-6-7	No		Yes. KRS 311.6225(1)(e)
9	Patient Limitations	None.	Must be a "qualified person" defined as having either (1) an advanced chronic progressive illness; (2) an advanced chronic progressive frailty; (3) a condition caused by injury, disease or illness from which there could be no recovery and death will occur within a short period of time; or (4) a medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful. §16-36-6-5.	Patient is one who is "frail and elderly or who has a chronic, critical medical condition or a terminal illness and for which a physician orders for scope of treatment is consistent with the individual's goals of care." §144D.1		Usually for persons with advanced illness. KRS 311.6225(1)(g)
10	Other execution requirements?	Witness over the age of 18 must sign also. 755 ILCS 40/65(b).	No	"If preparation of the form was facilitated by an individual other than the patient's physician, advanced registered nurse practitioner, or physician assistant, the facilitator shall also sign and date the form." § 144.D.2(1)(d)		No
11	Exclusive DNR form?	No. 20 ILCS 2310/2310-600(b-5).	No	Yes, §144A.3, see also 144D.4(3)		No

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		Illinois	Indiana	Iowa (Endorsed)	KS	KY
12	Immunity provided?	Yes, 755 ILCS 40/65(d).	Yes, § 16-36-6-16(a)	Yes, § 144.D.3(4)		Not addressed
13	Duty to offer POLST?	No	No	No		No
14	Duty to comply?	Yes. 210 ILCS 47/2-104.2, 210 ILCS 50/3.57, 210 ILCS 85/6.19	Yes. Exceptions listed under § 16-36-6-15(a)(1)-(5).	No - "may comply" § 144D.3(2), (5)		Yes. 311.623(2)
15	Original vs. Copies/faxes?	Bright pink paper recommended or stored in a bright envelope, copies valid. Ill. St. Ch. 210 § 50/3.57	Print on bright pink paper recommended. Facsimiles, paper, or electronic copies valid. § 16-36-6-10(b)	No color requirement, but "The form shall be easily distinguishable." § 144.D.2(1)(f)		Use of original form is required. 311.6225(1)(h)
16	Conflicts with AD addressed?	Not addressed.	Not addressed.	POST form does not supersede DNR form nor power of attorney. §144D.4(1)-(2). Related law: §144A.7 (discussing procedure in absence of DNR form).		If conflict between living will and MOST form, living will shall prevail. KRS 311.6225(1)(g)
17	Presumption if section of form left blank	Full treatment [see form]	Full treatment [see form]	Full treatment § 144.D.2(1)(g)		Full treatment. KRS 311.6225(1), and [see form]
18	Out-of-state POLST recognized?	Form shall meet minimum requirements to nationally be considered a POLST form. 20 ILCS 2310/2310-600(b-5).	Not addressed.	Yes, § 144.D.3(1)		Not addressed
19	Web page for additional resources	Chicago End-of-Life Care Coalition: <u>http://www.cecc.info/resource-links/physicians-order-for-life-sustaining-treatment-polst</u>	www.iupui.edu/~irespect/docs/NPOSTguidanceHCPJune2013.pdf This guidance book provides information to health care providers about how to use the Indiana POST program.	http://www.idph.state.ia.us/hcr_committees/common/pdf/patient_autonomy_pilot/patient_autonomy_pilot_report.pdf		

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		Illinois	Indiana	Iowa (Endorsed)	KS	KY
20	Electronic POLST & Registry					
21	Additional Notes					

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		Louisiana (Endorsed)	Maine (Endorsed)	Maryland	Massachusetts
1	Terminology	Louisiana Physician Order for Scope of Treatment (LaPOST)	Physician Orders for Life Sustaining Treatment (POLST) [see form]	Medical Orders for Life–Sustaining Treatment (MOLST)	Medical Orders for Life Sustaining Treatment (MOLST) [see form]
2	Placement in the state code	LSA-R.S. 40:1155.1-1155.6 [formerly cited as LA R.S. 40:1299.64.1] (under Advance Directives and Life-Sustaining Procedures, "Louisiana Physician Order for Scope of Treatment")	None. Established by voluntary consensus.	Health Care Decisions Act--“Medical Orders for Life–Sustaining Treatment” Form. Repealing and reenacting parts of the Health Care Decisions Act § 5–608, 5–609, 5–617, 5–619, and 19–344(f); Adding to § 5–608.1. Effective date: October 1, 2011	None. Established by voluntary consensus (specifically by precedent, from a pilot in western MA; now the form is used statewide)
3	Regulations/ Guidelines	La. Admin Code. tit. 48, pt. I, § 201 thru §211. Eff. June 2011.		Code of Md Regulations (COMAR) 10.01.21.01 through -.07, effective Jan. 1, 2013.	
4	Entity responsible for development/ approval of POLST	Department of Health and Hospitals. LSA-R.S. 40:1155.3		Dept of Health and Mental Hygiene, in conjunction with the MD Institute for Emergency Medical Services Systems and the State Board of Physicians, 5-608.1(b)(1)(i) and (ii): The “Medical Orders for Life–Sustaining Treatment” form and the instructions for its completion and use shall be developed in consultation with: (1) Office of the Attorney General; (2) State Bd. of Nursing; (3) State Advisory Council on Quality Care at the End of Life; & (4) Any other individual or group the Dept determines appropriate.	Department of Public Health. [see form]
5	Provider signature required	Physician, LSA-R.S. 40:1155.3(l)	Physician, Physician Assistant, Nurse Practitioner. [see form]	Health Care Decisions Act--“Medical Orders for Life–Sustaining Treatment” Form. Repealing and reenacting parts of the Health Care Decisions Act § 5–608, 5–609, 5–617, 5–619, and 19–344(f); Adding to § 5–608.1. Effective date: October 1, 2011	Physician, Nurse Practitioner, Physician Assistant. [see form]

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		Louisiana (Endorsed)	Maine (Endorsed)	Maryland	Massachusetts
6	Patient signature required?	Yes. LSA-R.S. 40:1155.2(m)	Yes. [see form]	No. When health care facility completes the form, it must offer the patient to "participate." § 608.1(c)(2)(i). Option to decline is included on form.	Yes. [see form]
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes. LSA-R.S. 40:1155.2(m)	Yes. [see form]	No (Same rule as above).	Yes. [see form]
8	Applicable to minors	Yes. No age limit as long as a patient has a life limiting and irreversible condition. Anyone authorized by law who can speak for them can complete a LaPOST document	Yes. [see form]	Yes. Parents may authorize.	Yes. [see form]
9	Patient Limitations	Must be a "qualified patient," i.e. "having a life-limiting and irreversible condition" LSA-R.S. 40:1155.2(11).	Should reflect patient's preferences based on current medical condition. [see form]	Not applicable where primary diagnosis is psychiatric or related to pregnancy, or where patient is a minor unlikely to require life-sustaining treatment. COMAR10.01.21.02	
10	Other execution requirements?	When completing a new LaPOST form, the old LaPOST form must be properly voided. LSA-R.S. 40:1155.2(8)(o)(iii)(aa).		No.	
11	Exclusive DNR form?	No		Existing EMS DNR order forms approved by MIEMSS and the Board of Physicians never expire. Going forward, they will only be using MOLST forms but will continue to honor existing EMS DNR order forms.	

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		Louisiana (Endorsed)	Maine (Endorsed)	Maryland	Massachusetts
12	Immunity provided?	Yes. LSA-R.S. 40:1155.5		Yes. Health-General § 5-609(b) and COMAR 10.01.21.07	
13	Duty to offer POLST?	No		Not only a duty to offer, but a duty to complete MOLST for residents of nursing homes, assisted living programs, kidney dialysis centers, home health agencies, and hospices. Hospitals must complete the form to patients that will be transferring to one of these health care facilities or to another hospital. "Competing completing at least the certification section and the CPR section. COMAR 10.01.21.04	
14	Duty to comply?	Yes. LSA-R.S. 40:1155.1(A)(4)(d)		Yes, including hospitals, Health-General § 5-608.1(f)	
15	Original vs. Copies/faxes?	Print on gold color paper. Copies valid. LSA-R.S. 40:1155.2(8)	Original is strongly encouraged. Copies are legal and valid. [see form]	No color requirement for original. Copies and electronic format valid. COMAR 10.01.21.05	Originals on Astrobrights Pulsar Pink paper. Copies are valid. [see form]
16	Conflicts with AD addressed?	Not addressed. In practice, most recent document is considered valid		Except in cases of medical ineffectiveness, a MOLST form must be consistent with wishes of competent patient, and if incompetent, consistent with any known advance directive. If more than one MOLST, the later in time controls, but duty to attempt resolution of conflicts through discussion.	
17	Presumption if section of form left blank	Full treatment. LSA-R.S. 40:1155.2(8).	Full treatment. [see form]	No. But if emergency treatment is needed, Health-General §5-607 authorizes that treatment be provided if consent cannot be obtained.	Full treatment. [see form]
18	Out-of-state POLST recognized?	Not addressed		Yes. Health-General § 5-617.	
19	Web page for additional resources	http://www.lhcqf.org/lapo st/	http://polstmaine.org/	www.marylandmolst.org	http://molst-ma.org/

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		Louisiana (Endorsed)	Maine (Endorsed)	Maryland	Massachusetts
20	Electronic POLST & Registry				
21	Additional Notes			Any individual may request completion of MOLST. COMAR10.01.2104H	

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		Michigan	Minnesota	Mississippi	Missouri	Montana (Endorsed)
1	Terminology	Physician Orders for Scope of Treatment (POST)	Provider Orders for Life Sustaining Treatment (POLST) [see form]	Physician Orders for Sustaining Treatment (POST).	Transportable Physician Orders for Patient Preferences (TPOPP)	Provider Orders for Life-Sustaining Treatment (POLST) [see form]
2	Placement in the state code	None. Established by voluntary consensus in select counties/communities.	None. Established by voluntary consensus.	Miss. Code. Ann. § 41 -41 -301 - 303, eff July 1, 2014. (under Uniform Health-Care Decisions Act)	None. Established by voluntary consensus.	None, but regulations adopted pursuant to the general rule-making authority granted under the Rights of the Terminally Ill Act, Mt Code Ann. § 50-9-110
3	Regulations/Guidelines		Endorsement of POLST form by Emergency Medical Services Regulatory Board, meeting minutes of 9/11/09, available at: http://www.emsrb.state.mn.us/minutes/20090911-7.pdf	None		Mont. Admin. Rule § 37.10.. And MCA § 101, .104, and .105.
4	Entity responsible for development/ approval of POLST		Minnesota Medical Association hosts a self-selected, open membership, interdisciplinary, statewide Steering Committee (voluntary consensus process)	The State Board of Medical Licensure shall promulgate a standard POST form. Miss. Code. Ann. § 41 -41 - 302(3)		Department of Public Health and Human Services and Board of Medical Examiners. Mont.Admin.R. 37.10.101(6).
5	Provider signature required	Physician, Nurse Practitioner, Physician Assistant. [see form]	Physician (MD/DO), Nurse Practitioner, and Physician Assistant (when delegated)	Physician § 41 -41-302(3)(f)(i)		Physician, Nurse Practitioner, and Physician Assistant. Mont.Admin.R. 37.10.101(7), [see form]

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		Michigan	Minnesota	Mississippi	Missouri	Montana (Endorsed)
6	Patient signature required?	Yes. [see form]	No, but strongly encouraged. [see form]	The signature of the patient or the patient's representative is required. § 41 -41-302(3)(f)(ii)		Yes. [see form]
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes. [see form]	No, but strongly encouraged. [see form]	Yes, however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record as soon as practicable and "on file" must be written on the appropriate signature on this form		Yes. [see form]
8	Applicable to minors		Yes, being used by at least one pediatric hospital.	Yes, § 41 -41- 302(e)(ii)		No
9	Patient Limitations		None	None.		None
10	Other execution requirements?	Witness signatures. [see form]	No	None		No
11	Exclusive DNR form?		No	Yes		No

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		Michigan	Minnesota	Mississippi	Missouri	Montana (Endorsed)
12	Immunity provided?		Under advance directive law,immunity exists when orders consistent with legal health care directive and/or instructions of legally appointed surrogate decision maker	Yes, except for purposeful acts. § 41 -41- 303		Yes
13	Duty to offer POLST?		No	No		No, but An attending physician, attending advanced practice registered nurse, or other health care provider who is unwilling to comply with this chapter shall take all reasonable steps as promptly as practicable to transfer care of the declarant to another physician, advanced practice registered nurse, or health care provider who is willing to do so. Mont. Code Ann. § 50-9-203
14	Duty to comply?		No – Health care directive law provides immunity for short term provision of life prolonging therapy, even against instructions in legal health care directive (& therefore despite POLST).	Yes		Yes, EMS personnel must follow POLST protocol. Mont.Admin.R. 37.10.104
15	Original vs. Copies/faxes?	Original form is strongly encouraged. Copies are legal and valid. [see form]	No color requirement for Original. Copies are valid. [see form]	Use of original form is required [see form]		On terra green (light lime green). Copies valid. [see form]
16	Conflicts with AD addressed?		POLST form documents justification for orders (e.g. AD, patient stated preference, proxy instruction, or best interest)	Not addressed.		Not addressed
17	Presumption if section of form left blank	Full treatment. [see form]	Full treatment [see form]	Full treatment [see form]		Full treatment [see form]
18	Out-of-state POLST recognized?		Not addressed	Not addressed		Not addressed
19	Web page for additional resources	http://www.honoringhealthcarechoicesmi.org/	MN Med. Society: www.polstmn.org www.mnmed.org/KeyIssues/POLSTCommunications/tabid/3291/Default.aspx http://coa.umn.edu/MAGEC/POLST/index.htm	None		http://bsd.dli.mt.gov/license/bsd_board_s/med_board/polst.asp

POLST Program Legislative Comparison - as of 8/1/2016

		Michign	Minnesota	Mississippi	Missouri	Montana (Endorsed)
20	Electronic POLST & Registry					
21	Additional Notes			None		

POLST Program Legislative Comparison - as of 8/1/2016

		NE	Nevada	New Hampshire	New Jersey	NM	New York (Endorsed)
1	Terminology		Physician Orders for Life-Sustaining Treatment (POLST)	Provider Orders for Life Sustaining Treatment (POLST)	Practitioner Orders for Life-Sustaining Treatment (POLST)		Medical Orders for Life-Sustaining Treatment (MOLST)
2	Placement in the state code		N.R.S. 449.691-449.697, "Physician Orders for Life-Sustaining Treatment"	N.H. Rev. Stat. § 137-L:1 to 8 (New Hampshire POLST Registry Act)	Physician Orders for Life-Sustaining Treatment Act. N.J.S.A. 26:2H-129 thru 140. Approved Dec. 20, 2011. Freestanding Act, part of Health Facilities provisions.		A 2008 amendment to DNR provision of the Pub Health Law § 2977(13) (DNR law), eff.7/8/08 , permitting use of an alternative form to the state DNR form, as approved by DOH. MOLST is the ONLY form approved by DOH and thus, DOH approval permitted MOLST to be used statewide in all settings; in 2010 this provision was replaced by a section of the Family Health Care Decisions Act, PHL §2994-dd(6), eff. 6/1/10.
3	Regulations/ Guidelines		Nevada Admin. Code 450B.960 (DNR identification: procedures to be followed by persons who administer emergency medical services)	None.	None. Guidance publication provided by the NJ Hospital Association at www.njha.com/quality-patient-safety/advanced-care-planning/polst		Form approved by Dept. of Health and EMS practice changed to allow EMS to follow DNR, DNI, and MOLST orders, effective 7/8/08. www.nyhealth.gov/professionals/patients/patient_rights/molst
4	Entity responsible for development/ approval of POLST		State Board of Health; approved by the Governor, N.R.S. 449.694	Department of Health and Human Services. N.H. Rev. Stat. § 137-L:1, L:2	NJ Dept. of Health through NJHA Institute for Quality and Patient Safety. N.J.S.A. 26:2H-131		MOLST created by the Community-wide EOL/Palliative Care Initiative, Rochester, NY. Development, implementation, legislative advocacy and health policy change was led by Excellus BCBS, leader of the Initiative, in collaboration with DOH, and multiple collaborating partners. Statewide implementation now rests with the MOLST Statewide Implementation Team, with leadership supported by Excellus BlueCross BlueShield, per Compassion and Support.
5	Provider signature required		Physician only [see form]	Physician, Advanced Practice Registered Nurse. [see form]	Attending Physician or Advanced Practice Nurse, 2H-134(b)(3)		Physician only. [see form]

POLST Program Legislative Comparison - as of 8/1/2016

		NE	Nevada	New Hampshire	New Jersey	NM	New York (Endorsed)
6	Patient signature required?		Yes. [see form]	Yes. [see form]	Yes. 2H-134(b)(2)		No, but informed consent is required. Verbal consent permitted. Two witnesses are always recommended. One witness may be the physician. [see form]
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)		Yes. [see form]	Yes. [see form]	Yes. 2H-134(b)(2)		Yes, by health care agent, PHL surrogate, minor's parent/guardian, or §1750-b surrogate. Verbal consent permitted. Two witnesses are always recommended. One witness may be the physician. [see form]
8	Applicable to minors		Yes. [see form]	Yes. [see form]	Yes, minors may have POLST with parental or guardian consent. [see form]		Yes Capacity determination, clinical standards, notifications & other legal requirements exist, per DOH Checklist for Minor Patients: http://www.health.ny.gov/professionals/patients/patient_rights/molst/docs/checklist_minor_patients.pdf
9	Patient Limitations		No	Medical orders based on patient's current medical condition and preferences. [see form]	None, but "recommended for use on a voluntary basis by patients who have advanced chronic progressive illness or a life expectancy of less than five years , or who otherwise wish to further define their preferences for health care;" N.J.S.A. 26:2H-131		None.
10	Other execution requirements?		No	Not addressed	No		Separate signatures required for CPR instruction and for other life-sustaining treatments, as DOH regulations mandate ascertaining if a patient has made a decision regarding resuscitation instructions on the day of admission to a nursing home, while recognizing patients may not be ready to complete the entire MOLST form initially. EMS protocols align with cardiac and/or pulmonary arrest (page 1) and cardiac and/or pulmonary insufficiency (page 2.) Capacity determination, clinical and surrogate standards, notifications, and other legal requirements vary based on who makes decisions and where made. These vary for adult and minor patients and are outlined in checklists found: www.health.ny.gov/professionals/patients/patient_rights/molst . The §1750-b process must be followed for persons with developmental disabilities who lack medical decision-making capacity before the MOLST can be completed. Review and renewal of MOLST is required by NYSPHL, and if there is a care transition, a change in health status or change in goals for care.
11	Exclusive DNR form?		No	No	No		No

POLST Program Legislative Comparison - as of 8/1/2016

		NE	Nevada	New Hampshire	New Jersey	NM	New York (Endorsed)
12	Immunity provided?		Yes. N.R.S. 449.6948	Yes. N.H. Rev. Stat. § 137-L:8	Yes. § 26:2H-138		Yes, PHL §2994-o, Family Health Care Decisions Act
13	Duty to offer POLST?		Not addressed	No. N.H. Rev. Stat. § 137-L:4, L:6	Not addressed		No
14	Duty to comply?		Yes. N.R.S. 449.695	Not addressed	Yes. 26H-134(a)		Yes. [see form]
15	Original vs. Copies/faxes?		Original must be with patient during transfer or discharge. [see form]	Use original form if patient is transferred/discharged. [see form]	Original recommended; copies also valid (in NJ Guidelines for implementation) [see form]		Pink original is preferred. Copies, fax and electronic representation are legal and valid orders.
16	Conflicts with AD addressed?		Not addressed	Not addressed	More recent verbal or written directive prevails. § § 26:2H-135(c).		Not specifically addressed but surrogates are obligated to follow patient's known wishes; otherwise best interests.
17	Presumption if section of form left blank		Full treatment. [see form]	Full treatment [see form]	Full treatment [see form]		No. Section may be crossed out with notation "Decision Deferred"
18	Out-of-state POLST recognized?		Yes. N.R.S. 449.696	Not addressed	Yes. § 26:2H-134(4)		Yes
19	Web page for additional resources				www.njha.com/quality-patient-safety/advanced-care-planning/polst and www.goalsofcare.org/polst-form		Dept. of Health: www.nyhealth.gov/professionals/patients/patient_rights/molst Also see Compassion and Support (multiple resources): CompassionAndSupport.org

POLST Program Legislative Comparison - as of 8/1/2016

		NE	Nevada	New Hampshire	New Jersey	NM	New York (Endorsed)
20	Electronic POLST & Registry			<p>Department shall establish and operate statewide registry. N.H. Rev. Stat. § 137-L:3</p> <p>NH POLST registry fund. N.H. Rev. Stat. § 137-L:3(V)</p>			
21	Additional Notes		<p>A portion of the form verifies that physician provided the completed/signed POLST to the Living Will Lockbox (www.LivingWillLockbox.com)</p>	<p>As much as HIPAA permits, qualified researchers may obtain registry information for research purposes. N.H. Rev. Stat. § 137-L:3(II)</p> <p>NOTE: POLST in New Hampshire has been established by medical consensus and not by legislation.</p>	<p>Physician and Advance Practice Nurse education in end-of-life care required (Section 14(a), 15 (a) of law)</p>		<p>Physician and APN education in end-of-life care required (§14(a), 15 (a) of law). NY has created eMOLST, a secure web-based application that allows enrolled users to complete the eMOLST form and MOLST Chart Documentation Form (goals for care discussion and legal requirements). The forms are created as pdf documents that can be printed for the patient and a paper-based medical record, stored in an EMR and become part of the NYS eMOLST registry.</p>

POLST Program Legislative Comparison - as of 8/1/2016

		North Carolina (Endorsed)	ND	OH	Oklahoma	Oregon (Mature)
1	Terminology	Medical Order for Scope of Treatment (MOST)			Physician Orders for Life Sustaining Treatment (POLST)	Physician Orders for Life-Sustaining Treatment (POLST)
2	Placement in the state code	NC Gen. Stat. § 90-21.17, Eff. October 1, 2007, a section under the Medical Malpractice Actions article, recognizing "Portable do not resuscitate order and Medical Order for Scope of Treatment."			2016 Okla. Sess. Law Serv. Ch. 355 (H.B. 3017), to be codified as 63 Okl.St. Ann. § 3105.1-.5 (Physician Orders for Life-Sustaining Treatment Act)	No statute from inception in 1991 until 2009 Oregon POLST Registry Act, Or. Rev. Stat. Ann. §127-663 to -684, eff. June 26, 2009, which defined POLST. And created a POLST registry.
3	Regulations/ Guidelines	Dept. of Health and Human Services, Office of EMS, adopted a MOST form and procedure, eff. January 1, 2008: www.ncdhhs.gov/dhsr/EMS/dnrmost.html			None.	OAR 847-035-0030(6), a Medical Bd. regulation requiring EMS personnel to honor POLST; and OAR 847-010-0110 (Medical Bd. regulation), requiring physicians, nurse practitioners, and physician assistants to honor POLST even if the signer is not on the facility medical staff. Registry rules are at OAR 333-270-0030 to -0080. Guidance for professionals: www.oregonpolst.org/sample-policies
4	Entity responsible for development/ approval of POLST	Dept. of Health and Human Services, Division of Health Service Regulation. (Sell forms for 4 cents each). N.C.G.S.A. § 90-21.17(c)			Office of Attorney General. Okl.St. Ann. § 3105.3	Oregon POLST Task Force through the Center for Ethics in Health Care at Oregon Health & Science University
5	Provider signature required	Physician (MD/DO), Physician Assistant, Nurse Practitioner. N.C.G.S.A. § 90-21.17(c)			Yes, § 3105.4(E)	Physician, Nurse Practitioner, Physician Assistant, Or. Admin. Rule 333-270-0030

POLST Program Legislative Comparison - as of 8/1/2016

		North Carolina (Endorsed)	ND	OH	Oklahoma	Oregon (Mature)
6	Patient signature required?	Yes. N.C.G.S.A. § 90-21.17(b)			Yes, § 3105.4(E)	No, but strongly recommended
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes. N.C.G.S.A. § 90-21.17(b)			Yes, § 3105.4(E)	Yes, ORS 127.635 (default surrogate consent law)
8	Applicable to minors	Yes. N.C.G.S.A. § 90-21.17(b)(2)			Yes, § 3105.4(F)	Yes
9	Patient Limitations	None			None.	None
10	Other execution requirements?	(1) If patient representative approves orally, must then sign a copy of the form and return it for entry into med record. Original must note signature "on file." (2) Form has box to identify health care. professional assisting in preparation.			At the beginning of renewing and preparing the POLST form with the patient, the physician must give the person a copy of the disclosure statement. § 3105.3	No. Form has box to identify health care. professional assisting in preparation.
11	Exclusive DNR form?	No			No	Outside of health care facilities, yes.

POLST Program Legislative Comparison - as of 8/1/2016

		North Carolina (Endorsed)	ND	OH	Oklahoma	Oregon (Mature)
12	Immunity provided?	Yes, 90-21.17(d)			Yes, § 3105.5	Yes, Or. Rev. Stat. 127.555 (advance directive law) as interpreted by OAR 847-010-0110
13	Duty to offer POLST?	No			No	No
14	Duty to comply?	No, but immunity provision does not apply if provider fails to comply with actual knowledge of the form's existence.			Yes, with exceptions. § 3105.4(F), 3105.5	Yes, OAR 847-010-0110
15	Original vs. Copies/faxes?	Pink original must be used. [see form]			Originals on pink paper. Copies are valid. § 3105.4	Pink original. Copies valid
16	Conflicts with AD addressed?	Yes, MOST form "may suspend any conflicting directions in patient's AD.90-21.17(c)			Not addressed	No
17	Presumption if section of form left blank	Full treatment [see form]			Full treatment, § 3105.4	Full treatment. [see form]
18	Out-of-state POLST recognized?	Not addressed			No, out-of-state form only valid for 10 days after patient's admission into OK medical care facility. § 3105.3	Yes, OAR 847-010-0110 is interpreted to support compliance with out-of-state forms. See: www.oregonpolst.org/wp-content/uploads/2013/02/OregonPOLSTTaskForceReciprocityStatementFinal.pdf
19	Web page for additional resources	NC Medical Society: www.ncmedsoc.org/pages/public_health_info/end_of_life.html				OR Health Sciences at: www.orpolst.org /

POLST Program Legislative Comparison - as of 8/1/2016

		North Carolina (Endorsed)	ND	OH	Oklahoma	Oregon (Mature)
20	Electronic POLST & Registry					Statewide registry. O.R.S. § 127.666
21	Additional Notes				Requires the POLST form to incorporate verbatim a paragraph describing the patient's medical treatment rights under Oklahoma law. § 3105.4(F)	Oregon POLST Registry became available for statewide use in late 2009. The law does not require a patient to have a POLST form, but if completed, the signing health care professional must submit to the Registry, unless patient opts out. See: www.oregonpolst.org/oregon-polst-registry

POLST Program Legislative Comparison - as of 8/1/2016

		Pennsylvania (Endorsed)	Rhode Island	SC	SD	Tennessee (Endorsed)	TX
1	Terminology	Pennsylvania Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Life-Sustaining Treatment (MOLST)			Physician Orders for Scope of Treatment (POST)	
2	Placement in the state code	None. Established by voluntary consensus.	R.I. Gen. Laws §23-4.11-3.1 and 23-4.11-2 (10) (part of the state Living Will Statute, §23-4.11-1 to -15). Defines MOLST as another type of "Declaration" eff. June 11, 2012.			Tenn. Code. Ann. § 68-11-224, amended by TN LEGIS 254 (2013), approved April 19, 2013.	
3	Regulations/ Guidelines	Secretary of Health approved a standard form called Pennsylvania Order for Life-Sustaining Treatment for use in Pennsylvania. October 24, 2010	Rules and Regulations Pertaining to Medical Orders for Life-sustaining Treatment, R23-4.11-MOLST. See: www.pcmhri.org/files/uploads/Rules%20and%20Regulations%20Pertaining%20to%20Medical%20Orders%20for%20Life%20Sustaining%20Treatment.pdf			Board for Licensing Health Care Facilities adopted Physician Orders for Scope of Treatment (POST) in requirements for each type of facility. See Tenn. Comp. R. & Regs. 1200-08-01-.15 (Appendix I) for Hospitals. Similar provision applies to other facilities: http://www.state.tn.us/sos/rules/1200/1200-08/1200-08-01.20120402.pdf (Appendix 1) Also see: http://health.state.tn.us/Boards/AdvanceDirectives See also FAQs: http://health.state.tn.us/AdvanceDirectives/FAQ_POST.htm	
4	Entity responsible for development/ approval of POLST	Pennsylvania Department of Health [see form]	Dept. of Health~§ 23-4.11-3.1 www.health.ri.gov/life/stages/death/about/medicalordersforlifesustainingtreatment			Board for Licensing Health Care Facilities. Tenn. Code. Ann. § 68-11-224(j)(1)	
5	Provider signature required	Physician, Physician Assistant, Nurse Practitioner (CRNP) [see form]	Physician (MD/DO), Registered Nurse Practitioner, Physician Assistant, 23-4.11-2(12)			Physician, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist (For the non-physicians, extensive prerequisites must be met). Tenn. Code. Ann. § 68-11-224(a)(8)(B)	

POLST Program Legislative Comparison - as of 8/1/2016

		Pennsylvania (Endorsed)	Rhode Island	SC	SD	Tennessee (Endorsed)	TX
6	Patient signature required?	Yes [see form]	Yes, 23-4.11-3.1(b) and (c).			Not required in statute, but optional signature line included in approved form. [see form]	
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes [see form]	Yes, 23-4.11-3.1(b) and (c).			Yes. [see form]	
8	Applicable to minors	Yes	Yes			Yes, 68-11-224	
9	Patient Limitations	None	Limited to "Qualified patient" i.e., one in a terminal condition. 23-4.11-2(16), but defined very broadly as an "incurable or irreversible condition that, without the administration of life sustaining procedures, will, in the opinion of the attending physician, result in death." 23-4.11-2(20).			None	
10	Other execution requirements?	No	No			No	
11	Exclusive DNR form?	No	No, 23-4.11-3.1(b)			No	

POLST Program Legislative Comparison - as of 8/1/2016

		Pennsylvania (Endorsed)	Rhode Island	SC	SD	Tennessee (Endorsed)	TX
12	Immunity provided?	Not addressed	Yes, 23-4.11-8			Yes~68-11-224	
13	Duty to offer POLST?	Not addressed	No			No, but if patient has a DNR order at time of discharge, facility "shall complete a POST form"	
14	Duty to comply?	Not addressed	Yes, with limited exceptions, 23-4.11-3.1(c)			Form must accompany patient on transfer or discharge.	
15	Original vs. Copies/faxes?	Print on pulsar pink card stock recommended. Copies valid [see form]	Yes			Approved form notes that copies are valid.	
16	Conflicts with AD addressed?	Any current AD, if available, must be reviewed	Not addressed			Not addressed	
17	Presumption if section of form left blank	Healthcare provider should follow other appropriate methods to determine treatment. [see form]	Full treatment [see form]			Full treatment [see form]	
18	Out-of-state POLST recognized?	Not addressed	Yes, § 23-4.11-12			Not addressed	
19	Web page for additional resources	The Aging Institute of UPMC Senior Services and the University of Pittsburgh -- www.aging.pitt.edu/professionals/resources-polst.htm	www.health.ri.gov/lifestages/death/about/medicalordersforlifesusstainingtreatment . Also			http://endoflifecaretn.org	

POLST Program Legislative Comparison - as of 8/1/2016

		Pennsylvania (Endorsed)	Rhode Island	SC	SD	Tennessee (Endorsed)	TX
20	Electronic POLST & Registry						
21	Additional Notes	See also: http://www.polst.org/wp-content/uploads/2013/01/POLST-Education.pdf				Physician's verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.	

POLST Program Legislative Comparison - as of 8/1/2016

		Utah (Endorsed)	Vermont	Virginia (Endorsed)	Washington (Endorsed)
1	Terminology	Life with Dignity Order (LWDO) – generic term. Physician Orders for Life Sustaining Treatment (POLST)	Clinician Orders for Life-sustaining Treatment (COLST)	Physician Orders for Scope of Treatment (POST) [see form]	Physician Orders for Life-Sustaining Treatment (POLST)
2	Placement in the state code	Utah Code Ann. §75-2a-106, plus definition at §75-2a-103(17), enacted in 2007 as part of a comprehensive advance directive statute (eff. Jan. 1, 2008).	2005 revisions to Advance Directive law included rulemaking for COLST, at 18 V.S.A. § 9719. A 2009 amendment added a definition, §9701(6); and in 2011 specifications for COLST, §9708.	None. Established by voluntary consensus.	Rev. Code Wash. Ann. § 43.70.480 amendment in 2000 mandated DOH develop EMS guidelines – including “a simple form that shall be used statewide” - for persons with signed writings requesting no “futile emergency medical treatment.”
3	Regulations/ Guidelines	Utah Admin. R. 432-31. Regulation eff. Feb. 25, 2010: www.rules.utah.gov/publicat/code/r432/r432-031.htm . Form: http://health.utah.gov/hflcra/forms/POLST/POLSTForm2010.pdf	Vt. Admin. Code 12-5-15:1, particularly 12-5-15: Appendix B. See: http://healthvermont.gov/news/2011/063011_DNR-COLST.aspx Also see: http://healthvermont.gov/regs/ad/dnr_colst_instructions.pdf		The Dept. of Health developed the form and program in conjunction with the Washington State Medical Assn: http://www.wsma.org/POLST
4	Entity responsible for development/ approval of POLST	Department of Health, 75-2a-106(10). See http://health.utah.gov/ems/polst	Vermont Dept. of Health. [see form]	Virginia POST Collaborative. [see form]	The Dept. of Health, Office of Emergency Medical Services & Trauma System (OEMSTS)
5	Provider signature required	Physician, Advance Practice RN, or Physician Asst (w/in scope supervisory agreement). Also provides that other specified health professionals acting under the supervision of the above may “prepare” the LWDO. Form includes box for preparer signature, also. 75-2a-106(2)	Physician or Osteopath, Advance Practice RN, or Physician Assistant [see form]	Physician, Nurse Practitioner, Physician Assistant. [see form]	Physician, Nurse Practitioner, or Physician Assistant [see form]

POLST Program Legislative Comparison - as of 8/1/2016

		Utah (Endorsed)	Vermont	Virginia (Endorsed)	Washington (Endorsed)
6	Patient signature required?	Yes, 75-2a-106(3)	Informed consent required, but signature is optional. Informed consent not required physician and 2nd clinician have "determined that resuscitation would not prevent the imminent death of the patient, should the patient experience cardiopulmonary arrest." 9708(d)(3)	Yes. [see form]	Yes. [see form]
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, 75-2a-106(3)	Yes, 9708(f)	Yes. [see form]	Yes. [see form]
8	Applicable to minors	Yes, 75-2a-106(3), but If patient is a minor and POLST calls for forgoing LST, 2 physicians must certify that it is "in the best interest of the minor." §75-2a-106(4)	No		Yes
9	Patient Limitations	None	None	Order should reflect patient's current preferences. [see form]	None
10	Other execution requirements?	Form has box to identify health care. professional assisting in preparation.	Patient's clinician must sign the DNR part of the form separately from the other medical interventions. If patient is in a health care facility, clinician must certify that the facility's DNR policy has been followed. 9708(a)(4)1		Form has box to identify health care. Professional assisting in preparation.
11	Exclusive DNR form?	No R432-31-11	Not within facility, but required in community. 9708(b) and (c)		No

POLST Program Legislative Comparison - as of 8/1/2016

		Utah (Endorsed)	Vermont	Virginia (Endorsed)	Washington (Endorsed)
12	Immunity provided?	Yes, both for complying and for providing LST in contravention of the POLST, 75-2a-106(6)	Yes, §9713		Yes, statute interpreted to provide for EMS responders. Rev. Code Was
13	Duty to offer POLST?	Yes, must establish policies to determine who is appropriate for POLST and offer. R432-31-4	Yes		No
14	Duty to comply?	No. But facilities have duty to transfer copy of POLST with patient	Yes, 9708(i)		Yes, by EMS as the accepted standard of care
15	Original vs. Copies/faxes?	Use of original is strongly encouraged. Copies valid. [see form]	Original any color. Copies valid per instructions.	Original form is encouraged. Copies are honored. [see form]	Green original (a downloadable original can be printed on green stock). Copies valid.
16	Conflicts with AD addressed?	POLST controls, 75-2a-106(7)	Not addressed.		Most recently completed form takes precedence.
17	Presumption if section of form left blank	Not addressed.	No presumption.	Full treatment [see form]	Full treatment [see form]
18	Out-of-state POLST recognized?	Yes, R432-31-11	Yes, 18 V.S.A. §9708(k)		Not addressed
19	Web page for additional resources	UT Center on Aging Provider Guide at http://aging.utah.edu/programs/utah-coa/directives/provider.php , and https://health.utah.gov/ems/polst/	Vermont Ethics Network: http://vtethics	http://www.virginiapost.org/	WA State Medical Assn at http://www.wsma.org/POLST

POLST Program Legislative Comparison - as of 8/1/2016

		Utah (Endorsed)	Vermont	Virginia (Endorsed)	Washington (Endorsed)
20	Electronic POLST & Registry		<p>Commissioner shall develop and maintain a registry. 18 V.S.A. § 9719(b), (c)(1).</p> <p>Definition of "registry." 18 V.S.A. § 9701(28).</p>		
21	Additional Notes	DOH developing web page for electronic registry. Also referred to as "A Life with Dignity Order"	If DNR order issued, clinician shall authorize the issuance of DNR identification (bracelet) §9708(h)		

POLST Program Legislative Comparison - as of 8/1/2016

		West Virginia (Mature)	Wisconsin Endorsed)	Wyomong
1	Terminology	Physician Orders for Scope of Treatment (POST)	Physician Orders for Life Sustaining Treatment (POLST)	Provider Orders for Life Sustaining Treatment (POLST)
2	Placement in the state code	Amendment to WV Code §16-30C-1 to -16 (DNR law); and 16-30-1 to 25 (Health Care Decisions Act) specifically § 16-30-3(u), -5, -10, -13(d), and -25. Enacted 2002.	None. Established by voluntary consensus.	W.S.1977 § 35-22-501 to -509 ("Provider Orders for Life Sustaining Treatment Program Act"), under Chapter 22: Living Will
3	Regulations/ Guidelines	Guidelines -- provided by the WV Center for End-of-Life Care at: www.wvendoflife.org/POST and www.wvendoflife.org/MediaLibraries/WVCEOLC/Media/professional/POST-Manual-2012-complete.pdf		WY Rules and Regulations HLTH POLST Ch. 1 §§ 1-6 (Provider Orders for Life Sustaining Treatment)
4	Entity responsible for development/ approval of POLST	Development: Dept. of Health & Human Resources/ Management: The West Virginia Center for End-of-Life Care.	La Crosse Area Advanced Directive Task Force	Department of Health. W.S.1977 § 35-22-504
5	Provider signature required	Yes, physician. § 16-30-25	Physician, Nurse Practitioner. [see form]	Yes, licensed primary health care provider entering medical orders on the POLST form. W.S.1977 § 35-22-504(a)(iii)(D)

POLST Program Legislative Comparison - as of 8/1/2016

		West Virginia (Mature)	Wisconsin Endorsed)	Wyomong
6	Patient signature required?	Yes, § 16-30-25	No, optional. [see form]	Yes, W.S.1977 § 35-22-504(a)(iii)(B)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, § 16-30-25	Yes. [see form]	Yes, W.S.1977 § 35-22-504(a)(iii)(B)
8	Applicable to minors	None	Yes. [see form]	Yes, W.S.1977 § 35-22-503(e)
9	Patient Limitations	None		Recommended for patients with advanced illness or frailty
10	Other execution requirements?	No		No
11	Exclusive DNR form?	No		No

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		West Virginia (Mature)	Wisconsin Endorsed)	Wyomong
12	Immunity provided?	Yes. W. Va. Code, § 16-30-10		Yes, W.S.1977 § 35-22-505
13	Duty to offer POLST?	No		No
14	Duty to comply?	Yes, §16-30-12 and 16-30-10 and §16-30C-7		Yes, W.S.1977 § 35-22-505
15	Original vs. Copies/faxes?	Bright Pink Original. Copies must be pink. W. Va. Code, § 16-30-25	Original must accompany patient when transferred or discharged. [see form]	Use of original form is strongly encouraged. Yellow cardstock original. Copies are valid. [see form]
16	Conflicts with AD addressed?	The person's expressed directives control. 16-30-5(b)		Not addressed
17	Presumption if section of form left blank	Full treatment [see form]	Full treatment [see form]	Full treatment [see form]
18	Out-of-state POLST recognized?	Yes, DNR §16-30C-15 Not addressed for POST		Not addressed
19	Web page for additional resources	WV Center for EOL Care: www.wvendoflife.org/POST		https://www.wyomed.org/WyoPOLST

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		West Virginia (Mature)	Wisconsin Endorsed)	Wyomong
20	Electronic POLST & Registry	Can be filed with WV e-Directive Registry. See: www.wvendoflife.org/e-Directive-Registry		
21	Additional Notes			The POLST legislation shall not be construed as condoning, authorizing, or approving euthanasia/mercy killing. W.S.1977 § 35-22-509