

June 12<sup>th</sup>, 2017

The National POLST Paradigm strongly supports the “Patient Choices and Quality Care Act of 2017” as a method to honor the treatment preferences of individuals who are seriously ill or frail and whose health care professionals wouldn’t be surprised if they died within a year.

### The National POLST Paradigm ([www.polst.org](http://www.polst.org))

The National POLST Paradigm is a voluntary approach to end-of-life planning that improves the quality of care for patients who are seriously ill or frail. It is a system that elicits, documents and honors patient medical treatment preferences about the medical treatments they want to receive during a medical crisis or as they decline in health through portable medical orders (aka “POLST Forms”).

A POLST Paradigm form is a tool that helps ensure patient treatment wishes are known to health care professionals during a medical crisis, when the patient cannot speak for him/herself; it emphasizes informed, shared decision-making based on the patient’s current health status and prognosis. The form is part of advance care planning, a process that includes conversations between patients and health care professionals about goals of care and quality of life. Everyone should be encouraged to complete an advance directive but recognize their limitation: advance directives are not medical orders so emergency personnel cannot follow guidance provided in an advance directive during a medical emergency. They can follow a POLST Form.

Under the POLST Paradigm, the current treatment plan is developed to support medical orders documented on the POLST Form. As a portable medical order, the POLST Form was designed to support patients transitioning between health care facilities or living in the community by communicating patient treatment preferences. In the event of a medical emergency, when time is of the essence for medical decision-making, the POLST Form serves as an immediately available and recognizable order set in a standardized format. This aids emergency personnel in implementing patient treatment preferences as communicated to—and documented by—the patient’s health care professional. This information and the documentation occurs after a conversation involving shared decision-making.

Although 46 states formally participate in the National POLST Paradigm, states use different names to describe their program and are at different levels of development or implementation. Current information is available at [www.polst.org/map](http://www.polst.org/map) (scroll down the page to see state names; click on the “State Status” PDF for general information about the level of development state programs).

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**Karl Steinberg** MD · Long Term Care

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### Executive Director

**Amy Vandenbroucke** JD

### National POLST Coordinator

**Hanna Nelson** MBI

### National Media Coordinator

**Charissa Yang** MS, MFA

### [www.polst.org](http://www.polst.org)

601 13<sup>th</sup> St, NW, Ste 900 South  
Washington DC 20005  
(202) 780-8352

## **The “Patient Choice and Quality Care Act of 2017” Meets Growing Need**

As stated earlier, the National POLST Paradigm strongly supports the “Patient Choices and Quality Care Act of 2017”. Individuals should always have the right to accept or reject medical treatment and to participate in their treatment plans to make the choices right for them given their current medical situation, their goals and values. We support this bill honoring those rights and providing the needed support to ensure every individual’s opportunity to fully participate in decisions related to their health care, including eliciting, documenting and honoring of patient treatment preferences.

The “Patient Choices and Quality Care Act of 2017” ultimately recognizes and supports the increasing number of seriously ill or frail Americans in several ways:

### **Promoting Public Education**

- (1) Including advance care planning materials in the Medicare & You Handbook. Providing educational materials, including information on advance directives and portable treatment orders, like POLST Forms, is important in helping individuals understand how they can document their treatment wishes so they can be known and honored.
- (2) Providing grants for increasing public awareness and training on advance directives and POLST Forms.

### **Promoting Best Practices in Health Care Facilities**

- (1) Expanding “eligible practitioners” able to use advance care planning CPT codes 99497 and 99498 to qualified clinical social workers, within scope of practice.
- (2) Promoting “one-click access” to POLST Forms in electronic health records. Since POLST Forms provide medical orders for emergencies, it is critical they be immediately accessible to health care professionals.
- (3) Assuring that patient documented care plans (advance directives and POLST Forms) are included with discharge documents and transferred with the patient to the next facility.

### **Supporting the National POLST Paradigm**

- (1) Developing a National Resource Center for POLST Paradigm Programs.
- (2) Recognizing the National POLST Paradigm, the voluntary collaboration among the states, has set the national standard for orders for life-sustaining treatment.

The National POLST Paradigm currently provides the above resources to state POLST Programs. A National Resource Center can expand the scope and capabilities of the National POLST Paradigm, helping ensure that quality programs are implemented,



appropriate education and training is provided, and enabling patients to participate in the POLST Paradigm.

The 46 states who are working with the National POLST Paradigm have invested time and effort to build consensus for programmatic and form elements. In recognizing the National POLST Paradigm, this bill recognizes the work of states who have chosen to participate and build the POLST Paradigm into what it is today- and what it will be tomorrow.

The National POLST Paradigm Task Force applauds this effort and strongly supports the proposed legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Judy Thomas".

Judy Thomas, JD  
Chair  
National POLST Paradigm Task Force

A handwritten signature in black ink, appearing to read "Amy Vandenbroucke".

Amy Vandenbroucke, JD  
Executive Director  
National POLST Paradigm Task Force