POLST Program Legislative Comparison - as of 4/1/2018

	Alabama	Alaska	Arizona	California ⊙	Colorado ⊙	Connecticut	Delaware	Dist. Of Columbia	Florida	Georgia ⊙	Hawaii ⊙	Idaho ⊙	Illinois	Indiana ⊙	Iowa ⊙	Kansas ⊙	Kentucky	Louisiana ⊙	Maine ⊙	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri ⊙	Nebraska	New Hampshire	New Jersey	New Mexico ⊙	New York ⊙	North Carolina ⊙	North Dakota	Ohio	Oklahoma	Oregon ⊙	Pennsylvania ⊙	Rhode Island	South Carolina	South Dakota	Tennessee ⊙	Texas	Utah ⊙	Vermont	Virginia ⊙	Washington ⊙	West Virginia ⊙	Wisconsin ⊙ (La Crosse Region)	Wyoming
Terminology	None.	None.	None.	Physician Orders for Life-Sustaining Treatment (POLST)	Physician Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Scope of Treatment (MOST)	Medical Orders for Scope of Treatment (MOST)	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)	Physician Orders for Life-Sustaining Treatment (POLST); Transition Program	Physician Order for Scope of Treatment (POST)	Iowa Physician Orders for Scope of Treatment (IPOST)	No legislation found; http://www.practicalbioethics.net/how-org/programs/kans/cathrick-org/programs/kans-portable-physician-orders-for-patient-preferences	Medical Orders for Scope of Treatment (MOST)	Louisiana Physician Order for Scope of Treatment (LaPOST)	Physician Orders for Life-Sustaining Treatment (POLST) [see form]	Transportable Physician Orders for Patient Preferences (TPOPP)	Medical Orders for Life-Sustaining Treatment (MOLST)	Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST)	Physician Orders for Scope of Treatment (POST)	Michigan Physician Order for Scope of Treatment (POST)	Minnesota Provider Orders for Life-Sustaining Treatment (POLST)	Mississippi Physician Orders for Life-Sustaining Treatment (POST)	Missouri ⊙ Transportable Physician Orders for Patient Preferences	Nebraska None.	New Hampshire Provider Orders for Life-Sustaining Treatment (POLST)	New Jersey Practitioner Orders for Life-Sustaining Treatment (POLST)	New Mexico ⊙ Medical Orders for Life-Sustaining Treatment (MOLST)	New York ⊙ Medical Orders for Life-Sustaining Treatment (MOLST)	North Carolina ⊙ Medical Order for Scope of Treatment (MOST)	North Dakota Ohio	Oklahoma Physician Orders for Life-Sustaining Treatment (POLST)	Oregon ⊙ Physician Orders for Life-Sustaining Treatment (POLST)	Pennsylvania ⊙ Pennsylvania Orders for Life-Sustaining Treatment (POLST)	Rhode Island Medical Orders for Life-Sustaining Treatment (MOLST)	South Carolina None.	South Dakota	Tennessee ⊙ Physician Orders for Scope of Treatment (POST)	Texas	Utah ⊙ Life with Dignity Order: Medical Orders for Scope of Treatment (POLST)	Vermont Clinician Orders for Life-Sustaining Treatment (COLST)	Virginia ⊙ Physician Orders for Scope of Treatment (POST) [see form]	Washington ⊙ Physician Orders for Life-Sustaining Treatment (POLST)	West Virginia ⊙ Physician Orders for Scope of Treatment (POST)	Wisconsin ⊙ (La Crosse Region) Physician Orders for Life-Sustaining Treatment (POLST)	Wyoming Provider Orders for Life-Sustaining Treatment (POLST)
Placement in the state code				2017 Assembly Laws Act 847 (AB 2343), approved July 31, 2017, enacts a new code subchapter, titled the "Uniform Physician Order for Life-Sustaining Treatment Act" of the Code Ann §§ 20-6--2001 to -2132	2008 Col. Legis. Serv. ch. 200 (H.B. 1230), effective Jan. 1, 2009, amends Col. Probate Code §§4760 – 4768 (part of the state Health Care Decisions Statute).	Conn. Gen. Stat. §§ 19a-580e & 19a-580 (2017). Effective October 1, 2017.	16 Del.C. §§ 2501-2503 ("Medical Orders for Scope of Treatment Act; "MOST Act" under Regulation "Provisions Concerning Public Health"), effective later than May 28, 2016	DC ST §§ 7-2421.01-2430 (2013); effective Feb. 22, 2016 (Under Health Care Decision of Decedents' Estate and Fiduciary Relations)			Ga. Code Ann. § 31-1-14	Haw. Rev. Stat. § 327K-1 et seq. Act relates to health code, enacted July 15, 2009.	Idaho Code Ann. § 39-4514 (2016) (specifically authorized by SB-1402) – Enacted 2007. – Eff. July 1, 2007. Part of comprehensive "Medical Consent and Natural Death Act." Last Amend July 1, 2012.	20 ILCS § 2310-600(h-5) (enacting Illinois Department of Public Health's (IDPH) Uniform DNR Advance Directive. Eff. Jan. 1, 2012. 755 ILCS 40/65, "Department of Public Health Act (Part of Health Care Surrogate Act) 210 ILCS 45/2-104.4, "Do-Not-Resuscitate Act"	Ind. Code Ann. §§ 16-36-6-1 to -21.5. Approved May 7, 2013.	Iowa Code Ann. §§ 144D.1 to 144D.10 (2016) (AB 2,Ch. 1058, H.F. 2165, § 5, Amended by 2012 (H.F.604, Ch.1125, H.F. 2336, § 95.		KRS 311.6220 (under Kentucky Living Will Directives Act)		LSA-R.S. 40:1163.1 – 1165.6 (Enacting laws 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 (Md. Code Ann., Health-Gen. §§ 5-603, and 5-605 to 5-608, and 19-344(f)) Adding §§ 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)	None. Established by voluntary consensus in select counties/communities.	None. Established by voluntary consensus.	Miss. Code. Ann. § 41-41-(Not yet assigned) (2011 SS - 505, eff Aug. 1, 2011) (under Uniform Health Care Decisions Act)	None. Established by voluntary consensus.	None, but regulations promulgated to make the general rule-making authority granted under the Rights of the Terminally Ill Act, NH Code Ann. § 50-D-110	N.R.S. 449.691-449.697	N.H. Rev. Stat. § 137-C, to E (Health Care Decisions Act)	Physician Orders for Life-Sustaining Treatment (POLST) N.J.A.A. 26:2H-128 thru 140. Approved Dec. 20, 2011. Freestanding Act, part of Health Facilities provisions.	A 2008 amendment to PUBLIC HEALTH LAW Law § 2977(1) (DNR law), eff 7/8/08 , permitting use of alternative form to the MOLST form. The MOLST form is the ONLY form approved by DOH and thus, DOH approval is required for the form to be used statewide on all settings; in 2010 this	NC Gen. Stat. § 90-21.17, 90-21.18, and 90-21.19 (2007). Effective Dec. 1, 2007 (a section under the Medical Malpractice Actions Article, recognizing "Portable do not resuscitate orders" and "Medical Order for Scope of Treatment."		2015 Okla. Sess. Law Serv. Ch. 264 (S.B. 577) (To be codified as 63 Okl.St.Ann. § 3100.1-.5 (Physician Orders for Life-Sustaining Treatment Act)		No statute from inception of POLST Program in 2010. Regulations by POLST Registry Adv. Gr. Rev. Stat. Ann. §127-663 to -684, eff. June 28, 2009, which defined POLST, And created a POLST registry.	None. Established by voluntary consensus.	R.I. Gen. Laws §23-4.11-1 to -4.11-3 and §23-4.13 (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. § 68-11-1802 (2016) (2010 284 (2010) approved April 19, 2013.	Texas.	Utah Code Ann. §75-2a-102(11), 103 (2016) (Part of the state Living Will Statute, §§ 75-2a-101 to -120)	2000 reviewers to Advance Directive Statute, Title 18, subchapter III, §§ 5251-5262, enacted it 2007 as part of a comprehensive advance directive statute (eff. Jan. 1, 2008)	Va. Code Ann. § 54.1-2987.1 (Wash)		Rev. Code Wash. Ann. § 70.122.030 (2009 mandated 2009 mandated DOH develop EMS guidelines – including "a simple form that shall be used nationwide" and signed writings with signed writings requesting no "futile emergency medical treatment."	Amendment to WI Code 154.17 (2009 Act 184, eff. 4/1/2010 (Provider Orders for Life-Sustaining Treatment)		W.S.1977 § 35-22-501 to -509 (Health Care Decisions for Life Sustaining Treatment Program Act"), under Chapter 22. Living Will	Provider Orders for Life-Sustaining Treatment (POLST)
Regulations/ Guidelines				None.	15 Calif. Code Reg. § 3351 (Inmate Refusal of Treatment) 22 Calif. Code Reg. § 100100 (Required Course Content for Paramedics)	MOLST Policy and Procedures (interim until regulations are promulgated in accordance with Connecticut Agencies)DPH/pp/MOLST-T-Oct0318-MOLST-Policy-Procedure.pdfTerran	16 Del. Admin. Code 4304-1.0 to 14.0 (DMOST) 2016 DE REG 782 (5/1) 421434, final regulations, eff. April 11, 2016	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. 111-8-63-.24 (Resident Files – Personal Care Homes)	Guidelines published by the EMS Bureau, Idaho Department of Health and Welfare http://healthandwelfare.idaho.gov/Portals/0/Medical/Emergency%20Medical%20Services/Physician%20Commission/Physician%20Verify%20Consent/Treatment%20Options%20Consent.pdf	IN ST 16--36-4--1	Created as part of the Patient Autonomy in Health Care Decisions Act (PAHCDA), 2008 Iowa Acts, chapter 1100, section 36, as amended by 2010 Iowa Acts, chapter 1192, section 55,as amended by 2012 Iowa Acts, chapter 1100, section 58. Eff. July 1, 2013. Iowa Admin. Code 641-- 145.1 to 145.3 (Iowa Physician Orders for			201 Ky. Admin. Regs. 8:470 (Standardized Medical Order for Scope of Treatment Form)	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. 7, 2013.			Endorsement of POLST form by Emergency Medical Services Regulation and Policy Board, meeting the Rights of the Terminally Ill Act, MI Code Ann. § 50-D-110	None			Mont. Admin. Rule § 37.10., And MCA § 101, 194, and 195.																									
Entity responsible for development/ approval of POLST			State Board of Health	Emergency Medical Services Authority-s/4760(d)(39)	Colorado Advance Directives Consortium.	The Commissioner of Public Health, §19A-580b(b) and (e).	Department of Health and Social Services §§ 2503a, 2505a	Department of Health. §§ 21-2221.02		Department of Public Health [see form]	Department of Health, § 327K-1	Idaho Department of Health and Welfare, § 39-4514(d)	Illinois Department of Public Health. 20 ILCS § 2310-600.	Indiana State Department of Health, § 16-36-6[l] – http://www.in.gov/isdh/25968.htm.	Iowa Department of Public Health. See http://www.legis.iowa.us/docs/publications/IC/2013/144D.pdf		Kentucky Board of Medical Licensure. KRS 311.625(2)	Department of Health and Hospitals, LSA-R.S. 40:1163.3	Department of Public Health. [see form]	Department of Health and Mental Hygiene. In consultation with the Maryland Institute for Emergency Medical Services Systems and the State Board of Physicians, Md. Code Ann., Health-Gen. § 5-608 (The "Medical Orders for Life-Sustaining Treatment" form and the instructions for its implementation shall be developed in consultation with: (1) The Office of the Attorney General; (2) The State	Department of Public Health and Human Services, Division of Medical Examiners. Mont.Admin.R. 37.10.107(5).		Minnesota Medical Association hosts a self-regulatory body for membership, interdisciplinary, statewide Steering Committee (voluntary consensus process	The State Board of Medical Licensure shall develop the Mississippi POST form. Miss. Code. Ann. § 41 -41 -302(3)		Department of Public Health and Human Services, Division of Medical Examiners. Mont.Admin.R. 37.10.107(5).		NJ Dept. of Health through NJHA Institute for Quality and Safety. N.J.S.A. 26:2H-131	MOLST created by the Community-wide Task Force for Development, implementation, legislative advocacy and health policy issues. Public Health Law § 2981, leader of the Initiative, in collaboration with DOH, and multiple collaborating entities, oversees implementation now made with the MOLST Statewide Implementation Committee, with leadership supported by	Dept. of Health and Human Services, Division of Public Health. http://www.ncdhhs.gov/dhsr/EMS/dnrmolst.html		Office of Attorney General. OK.St.Ann. § 3105.3	Oregon POLST Task Force through the Center for Ethics in Health Care at Oregon Health & Science University	Pennsylvania Department of Health [see form]	Dept. of Health—§ 23-4.11-3 www.health.ri.gov/lifestage s/deathdisease/medicalorders forlifesustainingtreatmen ts/		Board for Licensing Health Care Facilities adopted Regulations (Title 1, Chapter 07 "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 provisions applies to other facilities: http://www.state.tn.us/sos/rules/1200/1200-08/1200-08-01.20120402.pdf Appendix IV - - - Also see http://health.state.tn.us/bo		Utah Admin. R. 432-31. Regulation eff. Feb. 25, 2014 www.rules.utah.gov/publicat/code/r432/r432-031.htm Form http://health.utah.gov/lhflw/form/POLST/POLSTFormH0770.pdf	Vt. Admin. Code 12-5-15:1, particularly 12-5-15: 1.3 Health Bl. See http://healthvermont.gov/hc/documents/COLST_Form.pdf Also see: http://healthvermont.gov/regs/docs/WICCEOLCMed/advpreferenceofPOST	Va. Code Ann. § 54.1-2987.1 (Wash)		Rev. Code Wash. Ann. § 70.122.030 (2009 mandated 2009 mandated DOH develop EMS guidelines – including "a simple form that shall be used nationwide" and signed writings with signed writings requesting no "futile emergency medical treatment."	Amendment to WI Code 154.17 (2009 Act 184, eff. 4/1/2010 (Provider Orders for Life-Sustaining Treatment)		W.S.1977 § 35-22-501 to -509 (Health Care Decisions for Life Sustaining Treatment Program Act"), under Chapter 22. Living Will	WY Rules and Regulations, HLTH 111 Ch. 1 §§ 1-6 http://rules.wyo.gov/Search.aspx?Medical
Provider signature required				Physician of the patient's 24-H-204.	Physician, Nurse Practitioner or Physician Assistant under supervision of physician-(§4760(c))	Physician, Nurse Practitioner or Physician Assistant-s 21--(a-3 7-103	Physician, Advanced Practice Registered Nurse, Physician Assistant, § 19a-580h(a)(1)	Health-care practitioner – § 2508a	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(j)(2)	Physician, Advanced practice registered nurse, § 327K-1 and K-2	Physician, Advanced practice registered nurse, or Physician Assistant. § 39-4512(4)	Attending Practitioner provides professional nurse, or Physician Assistant. § 39-4512(4)(1)	Physician, § 16-36-6-8(b)(2)	Yes. Physician, Advanced Practitioner, Physician Assistant, [see form]	Yes.		Patient's physician, health care professional preparing the form. KRS 311.625(5)	Physician, LSA-R.S. 40:1163.3(i)	Physician, Physician Assistant, Nurse Practitioner. [see form]	Yes.	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, Attending Advanced Practice Registered Nurse, of Attending Physician Assistant, §449.6942	Physician, Advanced Practice Registered Nurse. [see form]	Attending Physician or Advanced Practice Nurse, 2H-1343(b)(3)		Physician (MD/DO), Registered Nurse, Practitioner (CRNP) [see form]	Physician (MD/DO), Registered Nurse, Physician Assistant. 23-4.11-2(3)		Physician, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist (For the non-physicians, extensive exemptions must be met). OAR, Chap. Ann. § 409-11-2(A)(a)(B)(8)	Physician, Advance Practice RN, or Physician Assist (with scope supervisory agreement). Also provides that other professionals or professionals acting under the supervision of the above may "prepare" the LWDO. Form includes box for preparer signature, also. 79-2a-106(2)	Clinician-18 V.S.A. § 9708 (d)	Physician, Nurse Practitioner, Physician Assistant. [see form]	Physician, Nurse Practitioner, or Physician Assistant [see form]	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)(ii)(B)	
Patient signature required?				Patient or legal representative of the patient. §20-6-204(a)(1)	Yes=§4760(c)	Yes. – § 19--(3 10-7-103	Yes, §19a-580(h)(b) & (c)	Yes, § 2508a	Yes, §§ 21-2221.04(a)(4)		Yes, § 31-1-14(j)(2)	Yes, § 327K-1 and K-2	Patient or surrogate signature required. § 39-4512(4(1)	Yes. [see form]	Yes. § 16-36-6-8(b)(2)	Yes, I.C.A. § 144.D.2(1)(b)	Patient or recognized decision maker.	Yes. KRS 311.6225(1)(f)	Yes. LSA-R.S. 40:1163.2(m)	Yes. [see form]		Yes. [see form]	Yes. [see form]	Yes. [see form]	Yes. [see form]	Yes. § 449.6942(4)(a)	Yes. [see form]	Yes. 2H-1343(b)(2)		N, but informed consent is required. Verbal consent permitted. Two witnesses are always recommended. One witness may be the physician. [see form]	Yes. N.C.G.S.A. § 90-21.17(b)	Yes, § 3105.4(E)	No, but strongly recommended	Yes [see form]	Yes, 23-4.11-3.1(b) and (c).		Not required in statute, but national signature line. Informed consent form. [see form]		Yes. [see form]	Yes. [see form]	Yes. [see form]	Yes. § 16-30-25	No, optional. [see form]	Yes. W.S.1977 § 35-22-504(a)(ii)(B)	
Surrogate signature permitted? (Agent/Default Surrogate/Guardian)				Yes. §20-6-204(a)(1)	Yes=§4760(b) & ©	Yes. – § 19--(4 10-7-103	Yes, limited to parent of a minor, guardian, or an appointed health care representative. §19a-580(h)(a) & (b)	Yes, § 2508a	Yes, § 21-2221.04(a)(4)		Yes, § 31-1-14(j)(2)	Yes. § 327K-1 and K-2	Yes, § 39-4504.	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.	Yes. KRS 311.6225(1)(f)	Yes. LSA-R.S. 40:1163.2(m)		No (Same rule as above).	Yes. [see form]	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 containing the signature of the patient's representative must be placed in the medical record as soon as practicable. The "as-like" must be written on the appropriate signature on the form.	Yes. § 449.6942(4)(b)	Yes. [see form]	Yes. 2H-1343(b)(2)		Yes, by health care agent, PHI, surrogate, minor's parent/guardian, or §7750-3 surrogate. Verbal consent permitted. Two witnesses are always recommended. One witness may be the physician. [see form]	Yes. N.C.G.S.A. § 90-21.17(b)	Yes, § 3105.4(E)	Yes, ORS 127.635 (default surrogate consent law)	Yes [see form]	Yes, 23-4.11-3.1(b) and (c).		Not required in statute, but national signature line. [see form]		Yes. 75-2a-106(3).	Yes. §706(f)	Yes. [see form]	Yes. [see form]	Yes. § 16-30-25	Yes. [see form]	Yes. W.S.1977 § 35-22-504(a)(ii)(B)	
Applicable to minors				Not addressed	Yes, case law authority	No.	Yes, §19a-580(h)(a)(3)	Not addressed	Yes, § 21-2221.01(3), (13)		Not addressed	Yes.	Yes, § 39-4504	Not addressed.	Yes. § 16-36-6-7	No		Yes. KRS 311.6225(1)(e)	Yes. No age limit as long as a patient has a life limiting and irreversible condition. Anyone emancipated, or who can speak for their own care – complete a LaPOST (Comment)	Yes. [see form]	Yes. Parents may authorize.	Yes. [see form]		Yes, being used by at least one pediatric hospital.	Yes. § 449.6942(2)(c)	Yes. [see form]	Yes. § 441 -41- 302(a)(ii)		Yes, minors may have POLST with parental or guardian consent. [see form]	Yes. N.C.G.S.A. § 90-21.17(b)	Yes, § 3105.4(F)	Yes	Yes	Yes		Yes, 68-11-224		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	Yes	Yes	None	Yes	Yes. W.S.1977 § 35-22-503(x)	
Patient Limitations				Only those patients "with a serious illness or medical frailty when a physician would not be surprised if the patient died within one year." §20-6-202(6)	None	None	None.	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 care practitioner would not be surprised if patient died within next year. [see form]	Patient must be age 19+ to execute MOST form. § 21-2221.05(b)(1)(A) Executed MOST form must be kept in prominent manner in patient's printed care or electronic medical records. § 21-2221.04(b)	Medical orders must be based on patient's current medical condition/preferences [see form]	None	POLST order is based on patient's current medical condition and wishes. [see form]	Form is for persons with advanced chronic, progressive, and/or end-stage illness. [see form]	None.	Must be a "qualified patient" defined as having either (1) an advanced chronic progressive illness; (2) an advanced chronic progressive frailty; (3) a progressive disease or end-stage illness 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. § 16-36-6-4	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 consistent with the individual's goals of care." §1440.1		Usually for persons with advanced illness. KRS 311.6225(1)(g)	Must be a "qualified patient" defined as having a life-limiting and irreversible condition", LSA-R.S. 40:1163.2(11).	Should reflect patient's preferences based on current medical conditions. [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		None	None.	No	Not addressed	No		None.	None	None	None		Limited to "Qualified patient" i.e., one in a terminal condition, 23-4.11-2(18), but defined very broadly as an "incurable or irreversible condition that will result in the administration of life sustaining procedures, will, in the opinion of the attending physician, result in death." 23-4.11-2(25).			None	None	Order should reflect patient's current preferences. [see form]	None	None	Recommended for patients with advanced illness or frailty	
Other execution requirements?				No. Form provided but may be revised consistent with the intent of the Act.	No Form has box to identify Health Care professional assisting in preparation.	No.	One witness required, §19a-580(h)(c).	Statement that patient has been provided with plain language statement explaining DMOST form & its consequences; must meet other requirements established in Chapter 20A, § 2508a	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 care 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 pages. www.epi.idaho.gov/cpr/eregi thrcoll.htm	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, physician assistant or nurse practitioner, or physician assistant, the facilitator shall also sign and date the form." § 144.D.2(1)(d)	No		No	When completing a new LaPOST form, the old LaPOST form must be properly voided. LSA-R.S. 40:1163.2(B)(b)(iii)(aa)		No.	No	None	None	No	Not addressed	No		Separate signatures required for CPR instruction and for other life-sustaining treatments. Two witnesses required to make ascertaining if a patient has made a decision regarding resuscitation instructions and if the patient resides in a nursing home, while recognizing patients may not be ready to complete the entire MOLST form initially. EMS protocols	(1) If patient representative approves orally, must then sign a copy of the form and return it for entry into the patient's file, and provide one 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 sign a new copy of the disclosure statement. § 3105.3	No. Form has box to identify health care. professional assisting in preparation.	No	No		No	No. 23-4.11-3.1(b)		No	No. R432-31-11	No	No witness facility, but Health Care professional. 9706(c) and (c)		No	No
Exclusive DNR form?				No	No	No. §4760(a)(2) & (e)	No.	No	No	No	No	No	No	No. 20 ILCS 2310/2310-600(b-5).	No	Yes	No	Existing EMS DNR order forms approved by MEMAS and the Board of Physicians never expire. Going forward, they will only be using MOLST. Patients are allowed to honor existing EMS DNR order forms.	No		No	Yes	No	No	No	No		No	No	No	No	No	No	No