

The National POLST Paradigm provides the following designations when POLST Program leaders in that state, territory or area applies for such designation. Applications are available [here](#).

Mature POLST Paradigm Programs: 3 (aka “Mature Programs”)

- Must be endorsed to have mature status
- California, Oregon¹ and West Virginia

Mature status is the highest level of endorsement and reserved solely for programs where use of the POLST Paradigm is statewide part of the standard of care for persons with serious illness or frailty whose health care professionals wouldn't be surprised if they died. This is objectively measured by reviewing regional data (e.g., as defined by established criteria such as EMS, Department of Health, or the Dartmouth Atlas) and confirming that 50% or more of hospitals, nursing homes or nursing home resident population, and hospices in each region use the POLST Paradigm. These programs are actively gathering data for quality assurance programs and have considered centralized POLST form databases.

Endorsed POLST Paradigm Programs: 24 (mature programs are also endorsed)

- California, Colorado, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Minnesota, Missouri, Montana, New Hampshire, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Tennessee, Utah, Virginia, Washington, and West Virginia

Endorsed programs have developed and implemented a POLST Paradigm Program and form meeting the National POLST Paradigm standards (see [Application for Endorsed Program Status](#)). While various elements are reviewed before providing this designation, key elements include having a single form for the state or territory and having a coalition of diverse stakeholders working towards statewide implementation. (Endorsement does not imply statewide use of the POLST Paradigm; implementation may be regional or in pilot programs.) Endorsed programs have also addressed legal and regulatory issues associated with the POLST Paradigm and developed strategies for ongoing implementation, education, and quality assurance.

Developing POLST Paradigm Programs: 21

- Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Illinois, Kentucky, Michigan, Mississippi, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, Washington D.C., Wisconsin, and Wyoming

Programs are recognized as “developing” when they have submitted the [Application for Developing Program Status](#) and presented the state's POLST form and program to the Program Assistance Committee. Developing programs may be at various stages of development, ranging from the initial design of a POLST Form to active usage of the POLST Form, and are working towards the goal of implementing the POLST Paradigm program statewide. Programs must meet with the Program Assistance Committee once every two years to maintain this designation.

States Not Conforming to POLST Paradigm Requirements: 5

- Connecticut, Maryland, Massachusetts, Nebraska and Vermont

These states that have developed POLST-like programs that, either from how the form or program was developed or implemented or for legislative reasons, are considered non-conforming because they are not on the pathway towards endorsement. These programs violate one or more of the requirements in our [Appropriate POLST Paradigm Form Use Policy](#).



- Connecticut: The form lacks the structure of the majority of other POLST Paradigm Programs, which increases the likelihood that the form will not be honored outside Connecticut; this is especially problematic since the POLST Paradigm promotes portable medical orders that help ensure patient treatment wishes are followed, regardless of where they are during a medical crisis. Additionally, the Connecticut form requires a witness signature which blurs the line between medical orders and legal documents like advance directives.
- Maryland: Legislation that went into effect in 2013 mandates the completion of POLST Forms for certain patients. Their program violates the POLST Paradigm’s tenet that completion of a POLST is always voluntary.
- Massachusetts: The current form does not include the “limited intervention” section that is the heart of POLST and where data documents the highest level of effectiveness but, instead, has a variety of questions. This lack of structure in the form causes confusion, lacks clarity, likely reduces effectiveness in honoring patient wishes and creates potential reciprocity issues. Reciprocity concerns are especially problematic since the POLST Paradigm promotes portable medical orders that help ensure patient treatment wishes are followed, regardless of where they are during a medical crisis.
 - Update: On May 2, 2017, the Massachusetts Department of Public Health wrote a letter expressing its intent for Massachusetts’s POLST Program (called MOLST) to conform with the National POLST Paradigm standards for endorsement. See letter [here](#).
- Nebraska: There are two reasons Nebraska is non-conforming. First, although there are pilot programs in place, there is no agreement among leaders on a single form to use within the state. Statewide form uniformity and consistency is critical for the portability of the document throughout the state, as well as to adopt EMS protocols that allow for implementation of POLST form orders. Second, some of the pilots are using forms that adopt many POLST-like characteristics but are not medical orders. These forms may cause confusion when presented outside of Nebraska and will likely not allow for patient treatment wishes to be followed during a medical crisis outside the state.
- Vermont: The current form is cumbersome and unclear, which potentially causes confusion and likely reduces effectiveness in honoring patient wishes. The form lacks the structure of the majority of other POLST Paradigm programs, which increases the likelihood that the COLST will not be honored outside Vermont; this is especially problematic since the POLST Paradigm promotes portable medical orders that help ensure patient treatment wishes are followed, regardless of where they are during a medical crisis.

ⁱ In June 2017 Oregon POLST Coalition leaders informed the National POLST Paradigm that they no longer wished to participate as leaders in the National POLST Paradigm and wanted to be identified as having separated from the National POLST Paradigm organization due to operational differences related to the [National POLST Paradigm Conflict of Interest Policy](#).