POLST Program Legislative Comparison - as of 4/2/2019

Terminology and state of the st	Physician Orders for Life-Physician Order Soutaining Treatment (POLST)	ders for Medical Orders for Scope of Treatment (MOST)	Medical Orders for Life- Sustaining Treatment (MOLST) Medical Orders for Scope of Treatment (MOST) Medical Orders for Scope of Treatment (MOST)	Coppe Physician Orders or Life-Dysician Treatment (POLST) East Polymorphism (POLST) East Physician Treatment (POLST) Treatment (POLST) East Polymorphism (POLST) East Polymorp	S Corders for Physician Orders for Scope Physician Orders aiming of Treatment (POST) Treatment (POST)	Physician Order for Scope of Tri (POST)	e	No legislation See: https://www.practicatibio Scope of Order for Scope	Medical Orders for Life-Sustaining Treatment (MOLST) Medical Orders for Life-Sustaining Treatment (MOLST) Medical Orders for Life-Sustaining Treatment (MOLST) Life Sustain Treatment (Treatment (MOLST)) Life Sustain Treatment (MOLST)	Deers for Physician Orders for International Treatment (POST) Treatment (POST) Provider Orders for Life Physician Orders (POST) (See form)	Orders for Sustaining Transposable (POST). Provider Orders for Life-Sustaining Provider Orders for Life-Sustaining (POLST) [see form] Professorous	Treatment (POLST) Provider Orders for Treatment (POLST) Treatment (POLST)	The practitioner Orders for Life Sustaining Treatment (POLST)	Medical Orders for Life-Sustaining Treatment (MOLST)	Medical Order for Scope of Treatment (MOST)	raician Orders for Life Sustaining Treatment LIST) Portable Orders for Life-Sustaining Portable Orders for Life-Sustaining Prestment, also known as Physician Orders for Life-Sustaining Treatment	The standard of the standard o	5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	None Life with Dignity Order (LWDO) – generic term. Physician Orders for Life Sustaining Treatment (POLST)	n Orders for Life-sustaining Physician Orders for Scope of Treatment (POST) [see form]	Physician Orders for Life-Sustaining Treatment (POLST) Physician Orders for Life-Sustaining Treatment (POLST) Physician Orders for Sustaining Treatment (POLST)	Market for Life Provider Orders for Life Sustaining Treatment (POLST)
code	504 (S.B. 356), effective Ch. 266 (A.B. 3 July 31, 2017, enacts a eff. Jan. 2008,	. 3000), 101 to -110. A separate Article 3, titled "Directives Concerning	Treatment Act "DMOST Act" Decision of Decedent	25. 27, 327K-1 th Care state's he enacted s	Tru K-4 br to the flo - 4515, specifically § 39- allift code, di 272 - Enaclad 2007. Uniform DR 24 July 15, 2009. [Eff. July 1, 2007. Part of aid Corresent and Natural Death Act." Last Amend July 1, 2012. 2012. 210 LCS 452-16 210 LCS 452-16 210 LCS 452-16	dvance Directive. Eff. Jan. 1, 5, "Department of Public form" (Part of Health Care	P	KRS 311.6225 LSA-R.S. 40-1155.1- None.	uluntary Sustaining Treatment* Form. Repealing and voluntary census. reenacting parts of the Health Care Decisions Act § 5- 602(f)(3) and (4) 5-608, 5-609, 5-617, precedent,	bilished by Nore Established None Established by Nore Established by voluntary consensus. Sale Automatic Consensus in select Consensus in select Uniform H Act) MA now es.	ie. Ann. § 41-41-331. None Established yr. 2014 (under by voluntary consent rule-making authority para the Rights of the Terminally III Act. Ann. § 50-9-110	Instant to the N.F.S. 449.891- N.H. Rav. State Interdunder 449.697 INTERPRETARY POLST Regis	mpshire Sustaining Treatment Act. stry Act) N.J.S.A. 26:2H–129 thru 140. Approved Dec. 20, 2011.	A 2008 amendment to DNS provision of the Pub Health Law § 2977(13) (DNS at 77,000), permitting use of an alternative form to the state DNN form, as ago MQLST is the ONLY form approved by DOH and thus, DOH approved permitting be used statewise in all settings; in 2010 this provision was replaced by a sec Family Health Care Decisions Act, PHL §2994-dd(6), eff. 6/1/10.	oved by DOH. Eff. October 1, 2007, a Se d MOLST to section under the Medical to l on of the Malpractice Actions article, recognizing (Pt	No statute from inception in 1991 until Nov v. Ch. 355 (H.B. 3017). 2009 Oregon POLST Registry Act. Cr. con er codified as 53 SLAnn, § 3105.1.5 June 28, 2009, which defined POLST. systician Orders for Life- tatining Treatment Act)	ne. Established by voluntary R.I. Gen. Lave § 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. RI Department of Health regulations (R23.4.11- MOLST (2013)	Term. Code. Ann. § 68-11-224, amended by TN LEGIS 254 (2013), approved April 19, 2013.	Texas Health and Humans Services Health and Safety Code Chapter 166. Services Health and Safety Code Chapter 166. Services Health and Safety Code Chapter 166. Services developed a graph of a comprehensive service directive statute (eff. Jan. 1, 2008).	law included rulemaking 2987.1 (West). ST, at 18 V.S.A. § 9719. A nendment added a n., § 97016). In , § 97016); and in 2011 altions for COLST, § 9708.	Rev. Code Wash. Arn. § 43.70.480 emendment in 2000 mandated DOH dovelop EMS guidelines - least that Bab used statewide' - for persons with signed writings requesting no "futile emergency medical teedment."	WS 1977 § 35-22-501 to- solo (Provider Orders for Life Sustaining Treatment Program Act"), under Chapter 22: Living Will
Regulations/ Guidelines	None. 15 Calif. Code 3351 (Inmate R of Treatment) 22 Calif. Code 100155 (Regul Course Conten Paramedics)	Refusal e Reg. § uired ant for	MOLST Policy and Procedures (Interim unit Procedures (Interim unit 1.0 to 14.0 (DMOST) 1.0 to 14.0 (DMOST) 2016 DE REG TEXT Imedia/Departments-and-Agencies/DHI4ghMOLST April 11, 2016 1040313-MUST-Philipy Proced-pdf?la=en	Ga Comp. R. & Rega. 111- None. 8-3716 (Home Care) Ga Comp. R. & Rega. 111- 8-63-24 (Reidenths' Files - Assisted Living Communities) Ga Comp. R. & Rega. 111- 8-62-24 (Readent Files - Personal Care Homes)	EMS Bureau, Idaho guidance docume Department of Health and	de 395 300 (Basic Nursing	Created as part of the Patient Autonomy in Health Care Decisions Pilot project created pursuant to 2008 lowa Acts, chapter 1188, section 36, as amended by 2010 lowa Acts, chapter 1182, section 58, as amended by 2010 lowa Acts, chapter 1192, section 58, as amended by 2010 lowa Acts, chapter 1192, section 58, Eff. July 1, 2013, 411-415, 10 145, 31 (based on the Admin. Code of Coope of Treatment) between the Admin. Code of Coope of Treatment of the Administration of the Coope of Coope of Treatment of the Administration	201 Ky, Admin. Reps. 9470 (Standardized \$211. Eff. June Medical Order for Scope of Treatment Form)	Code of Md Regulations (COMAR) 10.01.21.01 through -07, effective Jan. 1, 2013.	Endorsement of POLST from by Emergency Medical Services Regulatory Board, meeting minutes of 911/109, available at http://www.emerb.state.mn.us/mmutes/20090911-7.pdf	Mont. Admin. Rule § 37.10 And fi .104., and .105.	MCA § 101. Nervada Admin. Code None. 4508 960 (DNR identification: procedures to be followed by persons who administer emergency medical services)	provided by the NJ Hospital	Form approved by Dept. of Health and EMS practice changed to allow EMS to DNI, and MOLST orders, effective 78/08. www.nyhealth.gov/professionals/patients/patient_rights/molst	follow DNR. Dept. of Health and Human Services, Office of EMS, adopted a MOST form and procedure, eff. January 1, 2008: www.ncdhhs.gov/dhsr/EM Sidnrmost.html	regulation requiring EMS personnel to star honor POLST: and OAR 847-010-0110 Per	cretary of Health approved a Industry of Industr	Board for Licensing Health Care Facilities adopted Physician Orden for Scope of Treatment (PQST) in requirements for each type of facility. See Tenn. Comp. R. & Rags. 1200-69-01-15 (Appendix) for Hospitals. Similar provision applies to other facilities: http://www.stata.nu.us/sos/rules/12001/200-09/1200-80 (1.2012-042).pdf (Appendix) in State of Scott Intp://www.stata.nu.us/sos/rules/12001/200-09/1200-80 (1.2012-042).pdf (Appendix) in State Int. us/Sos descriptions of Scott Intp://www.state.nu.us/sos/rules/12001/2001/2001/2001/2001/2001/2001/20	www.rules.utah.gov/publicat/code/4 Ser. 7 32/42-031.htm Form: http://health.utah.gov/hflcraforms/9 Alease http	arly 12-5-15: Appendix B.	The Dept. of Health developed the form and the Washington State Workington Workington State	WY Rules and Regulations HLTH POLST Ch. 1 §§ 1-6 (Provider Orders for Life Sustaining Treatment)
Entity responsible for development/approval of POLST	State Board of Health Emergency Mosevices Authority—\$478 (B)		The Commissioner of Public Department of Health and Health, §19A-580h(b) and (e). Department of Health and Social Services §§ 2503a, 2505a	Department of Public Department of Hobbic Health [see form] § 327K-1	ant of Health. Idaho Department of Health. Illinois Departmen and Welfare, § 39-4512A(6) § 2310-600.	vent of Public Health. 20 L.CS indiana State Department of He 36-99. See: http://www.in.gov/isdh/25880	adt), \$16- lows Department of Public Health, See. www.idph.state.ia.us/hcr_committees/co mmonipdf/patient_autonomy_pilot/patient_autonomy_pilot_report.pdf	Kentucky Board of Department of Medical Licensure. Health and KRS 311.6225(2) Hospitals. LSA-R.S. 40:1155-3	Department of Health, in conjunction with the Maryland Institute for Emergency Medical Services Systems and the State Board of Physicians, 5-60s.1(b)(1)() 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) the Office of the Alterney General; (2) The State Board of Nursing; (3) The State Parksony Council on Quality Care at the End of Life.	e form] Association hosts a self- Licensure	Board of Medical shall promulgate a POST form. Miss. S 41 -41 -302(3) Department of Public Health and 1 Services and Board of Medical Exc Mont.Admin.R. 37.10.101(6).	Human State Board of Health. Department of NR.S. 449.694 Human Servic Rev. Stat. § 1	ces. N.H. NJHA Institute for Quality and 137-L:1, L:2 Patient Safety. N.J.S.A. 26:2H-	MOLST created by the Community-wide EOL/Palliative Care Initiative, Roche Development, implementation, legislative advocacy and health policy change Excellus BCBS, leader of the Initiative, in collaboration with DOH, and multiple partners. Statewide implementation own sets with the MLST Statewide Pinternation with leadership supported by Excellus BlueCross BlueShield, per Com Support.	was led by Human Services, Division Ok collaborating of Health Service ementation Regulation. (Sell forms for	ce of Attorney General. Oregon POLST Coalition through the S.S.Ann. § 3105.3 Center for Ethics in Health Care at Oregon Health & Science University	nnsylvania Department of Dept of Health-\$ 23-4.11-3.1 see form) 3.1 www.health.ri.govilifestage sideathlaboutmedicalorde risforitiesustainingtreatmen t	Board for Licensing Health Care Facilities. Tenn. Code. Ann. § 68-11-224()(1)	Texas MOST (POLST) Coalition Oepartment of Health, 75-2a-106(10). Vermon See http://health.utah.gov/ems/polst form]	Collaborative. [see form]	The Dept. of Health, Office Development: Dept. of Emergency Medical Services & Trauma System (DEMSTS) The West Wirgins Centler for End-of-Life Care.	ss Advanced Department of Health. k Force W.S. 1977 § 35-22-504
	Physician of the patient § Physician, Nur 20-6-204. Practitioner or index supervision of the patient supervision of the patient § Physician S471	r Physician Assistant~§ 15–18.7- sistant 103 ision of	Physician, Advanced Practice Registered Nurse, Profess Registered Nurse, Profess Registered Nurse, Profess Registered Nurse, S80h(a)(1) Only authorized Health Car Professional (License Professional Nurse), §§ 2 2221 (44(a)(2) Only authorized healt care professional that the setting the patient car MOST form § 21. 222 (56(a)(1)	ed practice or in the practice of practice or in the practice or in th	n, Advanced Physician, Advanced Attending Practite glostered practice professional nurse, residence, advan- 1927K-1 and K-C-Cashell Assistant § 39- Alax, [see form]	anced registered nurse, or tant). IL St. Ch. 755 § 40/65.	Yes. Physician, Advanced Registered Nurse V Plactitioner, and Physician Assistant, I.C.A. § 144.D.2(1)(6).	physician, health 40:1155.3(I) Physic	ician, Canada Physician, Nurse Practitioner, or Physician Assistant Physician, Practitioner Assistant, fractioner.	Nurse Physician, Nurse Physician (MD/DO), Nurse Physician Practitioner, Practitioner, and Practitioner		d Physician Advanced Fractice Registration Attending Physician Advanced Fractice Registration Assistant, \$449.6942	stered Nurse. Advanced Practice Nurse, 2H-	Physician or Nurse Practitioner	Physician (MD/DC) Physician Assistant, Nurse Physician Assistant, Nurse Physician N.C.G.S.A. § 90-2117(c)	, § 3105.4(E) Physicien, naturopathic physician (See Physicien Lave H.B. 3363(West's Number H.B. 366)(West's Number H.B. 366)(West's Number H.B. 366) (West's Number H.B. 3	rse Practitioner (CRNP) [see Registered Nurse	Physician, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist (For the non-physicians, extensive purpose of the control of	Physician Physician Advance Practice RN, or Physician Asst (win scope supervisor) specified health professionals adring under the supervision of the above may "prepare" the LWDO. Form includes box for prepare risgnature, also 75-2a-106(2)	Practitioner, Physician	Physician, Nurse Practitioner, or Physician Assistant [see form] Yes, Physician (§ 16-30-Physician, Nur Egyadam Assistant (68 1014)	Nurse Yes, licensed primary heath care provider the POLST brim. W. S. 1977 § 35-22- 504(e)(iii)(D)
required?	Patient or legal representative of the patient. §20-6-204(a)(1) Yes. §20-6-204(a)(1) Yes. §20-6-204(a)(1) Yes. §20-6-204(a)(1)		Yes, §19a-580(h)(b) & (c). Yes, § 2509a Yes, §§ 21-2221.04(s) Yes, §§ 21-2221.04(s) Yes, imited to parent of a Message and Pess, § 21-2221.04(a) Yes, § 21-2221.04(a)	2	27K-1 and K- Patient or surrogate signature required. § 39-4512A(1) 27K-1 and K- Yes, § 39-4504. Yes. [see form]		Yes, LCA § 144.D.2(1)(b) Find Idified Yes, LCA § 144.D.2(1)(b)	Yes. KRS Yes. LSA-R.S. Yes. [standard Yes. KRS Yes. [standard Yes. KRS Yes. [standard Yes.] Yes. [standard Yes. [standard Yes. [standard Yes.] Yes. [stan	[see form] No. When health care facility completes the form it must offer Yes, [see form the patient to "participate." Participate in updating or completing the form §608.1(c)(2)(i). Option to decline is included on form. No (Same rule as above). Yes, [see form]	encouraged. [see form] the patient required. §	'(s representative is 41 -41 -302(3)(f)(ii) ver, if the patient's Yes, [see form]	Yes. § 449.6942(4)(a) Yes. [see form Yes. § 449.6942(4)(b) Yes. [see form		No, but informed consent is required. Verbal consent permitled. Two witness recommended. One witness may be the physician. [see form] Yes, by health care agent, PHL surrogate, minor's parent/guardian, or §1750-Verbal consent permitted. Two witnesses are always recommended. One witnesses	21.17(b) 21.17(b) surrogate. Yes. N.C.G.S.A. § 90-		(c).	in approved form. [see form]	signatur consent 2nd clin resusció imminer should i cardiopo 9796(g)	re is optional. Informed not required physician and ician have "determined that allon would not prevent the rt death of the patient, he patient experience ulmonary arrest." (3)	Yes, [see form] Yes, § 16-30-25 No. optional. [s Yes, [see form] Yes, § 16-30-25 Yes, [see form]	504(a)(iii)(B)
(Agencuerauti Surrogate/Guardian)			appointed health care representative, \$19a-580(h)(a) & (b)							form, a cop form with I patient's re placed in soon as pr must be	o sign the original y or the completed he signature of the propresentative must be the medical record as the			the physician. [see form]								
Patient Limitations	Not addressed Yes, case law authority Only those patients "with None a serious liness or medical fraily when a	No.	Yes, §19a-580(h)(a)(3) Not addressed Yes, § 21-2221.01(3) Yes, § 21-2221.01(3) Yes, § 21-2221.01(3) Patient must be age: whether patient lacks decision-making capacity in 2221.05(c)(1)(A)	18+ to Medical orders None POLST o patients unst be based on patients urnert medical c	rider is based Form is for persons with scurrent advanced chronic, condition and progressive, and/or end-	Must be a 'qualified person' de having either (1) an advanced c progressive illness (2) an adva	Yes Yes Fined as Patient is one who is "frail and elderly or who has a chronic, critical medical condition need or a terminal litness and row which a	persons with patient," i.e. "having patien advanced illness. a life-limiting and	lid reflect Not applicable where primary diagnosis is psychiatric or related to pregnancy, or where patient is a minor unlikely to rencose based require life-sustaining teathernt. COMAR 100.12 1.02	Yes, being used by at least Yes, § 41 one pediatric hospital. None None.	-41-302(e)(ii) No No None	No Medical order pallent's curre condition and	with parental or guardian consent. [see form] rs based on None, but "recommended for ent medical use on a voluntary basis by preferences. patients who have advanced	Yes Capacity determination, clinical standards, notifications & other legal required to Checklist for Minor Patients. http://www.health.my.gov/professionals/patients/patient_rights/motst/docs/checklents.pdf None.	21.17(b)(2)	, § 3105.4(F) Yes Yes 1e. None Nor	ne Limited to "Qualified patient" i.e., one in a terminal condition.	Yes, 68-11-224 None	Ves, with Parent or Guardian as 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) None None None	Yes. Order should reflect patient's current preferences, [see form]	Yes Yes [see form]	Yes, W.S. 1977 § 35-22- 503(e) Recommended for patients with advanced illness or fraitly
	physician would not be surprised if the patient died within one year." \$20-6-202(6)		order for authorized representative to make DMOST form, § 2618a Patient is with serious illness or Trailly whose health care practitioner would not be surprised if patient died within next year; [see form]	imedical wishes, [t condition/preferenc es [see form]	stage iliness. [see form]		eriod of that, if the	KRS 311.6225(1)(g) and irreversible condition LSA-R S. 40:1155.2(11).	irrent medical dition. [see form]			[see form]	chronic progressive illness or a ille expectancy of less than five years, or who otherwise wish to further define their preferences for health care," N.J.S.A. 26:22H- 131				23-4.11-2(16), but defined very broadly as an 'incurable or irreversible condition that, without the administration of afe sustaining procedures will, in the opinion of the will, in the opinion of the atlanding physician, result in death." 23-4.11-2(20).					
requirements?	No. Form provided but may be revised consistent with the intent of the Act.	n Care assisting	One witness required, §19a- 580(h)(c). Statement that patient has been provided with plain language statement explaining DMOST from and other requirements established in Chapter 25A. § 250a. \$ 250a. After execution, hard patient provided to patient or patient's p	to the pat difference difference advance PGUST T 2(b). 1 1 2(b). 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	must explain POST is completed by provider on password potwern specified in the provider on password potwern specified intertieva web directives and page. "In § 527K" with a specified in the provider on password potwern specified in the provider on the provider on the provider of the	ee age of 18 must sign also. No (b).	"If preparation of the form was facilitated by an individual other than the patient's physician, advanced registered nurse practitioner, or physician assistant, the less than the properties of the patient of the pati	No When completing a new LaPOST form, the old LaPOST form must be grown to the common	No.	Witness signatures. No [see form]	No	No Not addresse		Separate signatures required for CPR instruction and for other life-austaining IDOH regulations mandate ascertaining if a patient has made a decision regar resuscitation instructions on the day damission to a running home, while repatients may not be ready to complete the entire MOLET from infally. EMS programment in the complete of	ing approves crally, must then significantly accorded along and return it for entry into most sufficiency is, and other form the form the sufficiency is, and other cered. Original must not eignature for file. Form has box to identify health care, proparation. Sies who lack.	ewing and preparing care. professional assisting in POLST form with the preparation.	No	No	interven health c certify th	s clinician must sign the ri of the form separately other medical to fine an anicons. If patient is in a focus, If patient is in a focus of the focu	Form has box to identify health care. Professional assisting in preparation.	No
Exclusive DNR form?	No. §4780(a)(2 Yes. § 20-6-208 Yes, § 4782		.No No. No No	No No No Yes, § 31-1-14(d) Yes, § 32		10/2310-600(b-5). No Ves. § 16-36-6-16(a)	Yes, §144A.3, see also 144D.4(3) Yes, §144A.3, see also 144D.4(3)	No No No No Addressed Yes. LSA-R.S. 40:1155.5	Existing EMS DNR order forms approved by MEMSS 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. Yes. Health-General § 5-609(b) and COMAR 10.01.21.07	No Yes Under advance directive Yes, exception was immunity exists when § 41 - 41 -	No No ot for purposeful acts. Yes	No. §449.6946 No Yes. N.R.S. 449.6948 Yes. N.H. Rev. L.8	No No V. Slnt. § 137- Yes. § 26:2H-138	No Yes, PHIL \$2994-c, Family Health Care Decisions Act	No No No Yes, 90-21.17(d) Yes	Outside of health care facilities, yes. No No Yes, Or. Rev. Stat. 127.555 (advance not directive law) as interpreted by OAR				in facility, but required in high 9708(b) and (c)	No No No No No Yes, statute interpreted to Yes, W. Vs. Code, § 16-30 N.B. See Attort Opinion 10-14	-14, which 505
Duty to offer POLST?	Not addressed. No	Not addressed. ~	Not addressed. No. 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).	No .	No	No No	Not only a duly to offer, but a duly to complete MOLST for residents of nursing homes, assisted living programs, kidney dialysis centers, home health agencies, and hospices. Hospitals must complete the form for patients that will be transferring to one of these health care facilities or to another hospital. "Completing at NUCST form 'means completing at NuCST form 'means completi	orders consistent with legal health care directive and/or instructions of legally appointed surrogate decision maker		ling to e all practicable sanother sistered ois willing to	. Stat. § 137- Not addressed	No.	No No	847-010-0110	. addressed No	No, but if patient has a DNR order at time of discharge, facility "shall complete a POST form"	POLST, 75-2a-106(6) No Yes, must establish policies to determine who is appropriate for POLST and offer. R432-31-4		responders. Rev. Code Was. Ann. Y3 §18.71.210 POLST from virgager immuni healthcare pro	unity for a
	Yes, with exceptions §20- 6-205(c)(1)(2) Yes, with limite exceptions, §4781.2(e)	ted Yes.~§ 15–18.7-104	Not addressed Cibligation to treat, except as otherwise provided in other sections of Chapter 25A, § 2508e	Not addressed Yes, § 32	7K-2(c) Yes, with limited exceptions Yes, 210 LCS 47 § 39-4512B & 39-4513(5) 50/3.57, 210 LCS	47/2-104.2, 210 ILCS Yes. Exceptions listed under § 15(a)(1)-(5).	16-36-6- No - "may comply" § 144D.3(2), (5)	Yes. 311.623(2) Yes. LSA-R.S. 40:1155.1(A)(4)(d)	Yes, including hospitals, Health-General § 5-608.1(f)	No – Health care directive Yes law provides immunity for short term provision of life profonging therapy, even pull health care directive (8, therefore despite POLST)	Yes, EMS personnel must follow P protocol. Mont.Admin.R. 97.10.104	POLST Yes. N.R.S. 449.695 Not addressed	d Yes. 26H-134(a)	Yes. [see form]	No, but immunity provision does not apply if provider falls to comply with actual knowledge of the form's existence.	s, with exceptions. § Yes, OAR 847-010-0110 Not 95.4(F), 3105.5	t addressed Yes, with limited exceptions, 23-4.11-3.1(c)	Form must accompany patient on transfer or discharge.	Yes No. But facilities have duty to transfer copy of PCLST with patient		Yes, by EMS as the accepted standard of care 10 and §16-30-7	Yes, W.S. 1977 § 35-22-
		Copies On Wausau Astrobright Vulcan form] Green. Copies valid. [see form]	Not clear. Requires only that Yes, § 2520a Yes, §§ 21-2221.04(s a copy be placed in the medical record § 19a-580(h)(c)	encouraged. requirement	ime green , but no color ents. Copies [see form] Bright pink paper a bright envelope 210 § 50/3.57	er recommended or stored in Print on bright pink paper recore, copies valid. III. St. Ch. Facsimiles, paper, or electronic valid. § 16-36-6-10(b)	nmended. No color requirement, but "The form shall be copies easily distinguishable." § 144.D.2(1)(f)	Use of original form is required. 3116225(1)(h) Print on gold color paper. Copies valid encou	nal is strongly No color requirement for original. Copies and electronic uraged. Copies format valid. CCMAR 10.01.21.03 Astrohyphic form] Originals on Astrohyphic format valid. CCMAR 10.01.21.03 Astrohyphic form]	n Diginal form is strongly copies are valid. [see form] color form is strongly copies are legal and valid, [see form]	ginal form is required On terra green (light lime green). C valid. [see form]	Copies Faxed copies of POLST are accepted. [see form]	form if patient. Original recommended; copies also valid (in NJ Guidelines for implementation) [see form]	Pink original is preferred. Copies, fax and electronic representation are legal a orders.	nd valid Pink original must be used. [see form] Co	ginals on pink paper. Joinginal form is white with pink border. Prince are valid. § 3105.4 Copies valid	nt on pulsar pink card stock ommended. Copies valid form] Yes	Approved form notes that copies are valid.	Originals preferred but copies/faxes are accepted. Use of criginal is strongly encouraged. Original copies/faxes are accepted. Copies valid. [see form]	any color. Copies valid Orignal form is encouraged. Copies are honored. [see form]	Green original (a downloadable original can looping al. Copies must be pink. W. patient when true be printed on green stock). Va. Code, § 16-30-25 discharged. [st	ist accompany Use of original form is n transferred or strongly encouraged. Yellow cardstock original. Copies are valid. [see form]
addressed?	shall take precedence. §4781.4 \$20-6-207 (b)(1).		governed by latest directive document executed a swallable, § 2513a govern. § 21-2221.10	shall 0	Yes, § 39-4512A(2). But if Not addressed. signed by surrogate control of the surrogate control of the surrogate control of the surrogate control of the surrogat		POST form does not supersede DNR form no power database; \$144.0 x(1) +(2). Reliated ker, \$44.4 x (1) exclusioning procedure in absence of DNR form).	If conflict between Not addressed. In practice, most recent wing will and priving will shall prevail. KRS 311.6225(1)(g)	Except in cases of medical ineffectiveness, a MOLST form must be consistent with wishes of competent patient, and if making the consistent with wishes of competent patient, and if the wishes of an authorized decision maker. Health-Centeral § 5-608.1(c)(3). If more than one MOLST, the later in time controls, but duty to attempt resolution of conflicts through discussion.	POLST form documents Justification for orders (e.g. purplemente, proxy instruction, or best interest)		executed shall take precedence. N.R.S. 449.6946	directive prevails § § 26:2H- 135(c).		suspend any conflicting directions in paleint's AD.90-21.17(c)	mu	current AD, if available, Not addressed st be reviewed		Advance Directives prevail over POLST controls, 75-2a-106(7) MOST, but MOST form All time of MOST completion to synchronize choices.		Most recently completed form takes precedence. The person's expressed disactives control. 16-30-6(6)	Not addressed
of form left blank 1 7	treatment for any section form] not completed.		Not addressed Full treatment [see form] Not addressed Not addressed Yes, § 2510s Yes, § 21-2221.09	form) form]	essed Yes, § 39-4514(6) Form shall meet r	t minimum requirements to Not addressed.	Full treatment § 144.D.2(1)(g) Yes, § 144.D.3(1)	Full treatment. Eval treatment LSA- Full tre KRS 311 L226(1), R. S. 40:1156.2(8). form] Not addressed Not addressed	realment, [see No. But if emergency treatment is needed, Health-General \$600° authorizes that treatment be provided if consent cannot be obtained. Yes. Health-General \$ 5-817.	ant, [see Full treatment, [see Full treatment (see form) Full treatment (see for		Full treatment, [see Full treatment form] Yes. N.R.S. 449.696 Not addresser		If not discussed, section is to be crossed out with notation "Decision Deferred" medical care, i.e., full treatment, is provided. Yes	Not addressed No val	folic mel	atthcare provider should worther appropriate forms to determine treatment. form Full treatment [see form] solution	Full treatment [see form] Not addressed	incomplete section implies full treatment.		Full treatment [see form] Full treatment [se	Int [see form] Full treatment [see form]
Web page for additional resources	https://www.healthy.ar compassional services topic lades and care-decision-forms www.capolst.a	ate Care https://www.civhc.org/program s-and-services/advance-care-	http://portal.ct.gov/DPH/M http://delawaremost.org/ nedical-Order-Stor-Life-	http://med.fsu.edu_www.dph.ga.gov/POLST Kokua M /Paga=mnovativ eCollaboration.PO LST	www.ihcca.clubexpress.c Chicago End-of-L https://cecc.info mals/polst	ELife Care Coalition: www.iupui.edul~irespect/doc TguidancelcPJune2013ci This guidance bock provides to health care providers about the Indiana POST program.	/patient_autonomy_pilot_report.pdf formation	http://www.ihcqf.or g/ispost/)	//polstmaine.o www.marylandmolst.org http://mols	http://www.honori nghealth-arechol cesmi.org/ uww.polstma	http://bad.dli.mt.gov/license/bad ed_boardpoist.asp	d_boards/m http://www.nevadap.olst.org/	www.njha.com/quality- patent-aefelyadvanced-care- planning-polst and www.goalsofcare.org/polst- form	NYSDOH MOLST: www.nyhealth.gov/professionals/patients/patient_right MOLST.org. https://molst.org/	NC Medical Society. www.ncmdsoc.org/pag as/public_health_infolen d_of_life.hmll	http://www.oregonpolst.org/	e Aging Institute of UPMC in Services and the Institute of UPMC Infection of Services and the Institute of UPMC Infection of Services and the Institute of UPMC Infection of Services and Infection of I	http://endofifecaretn.org	www.northlexaerespeclingchold UT Center on Aging Provider Guide at es.com https://www.uth.edulaging-plateins-in-thtp://www	t Ethics Network: http://www.virginlapost.ethics.network.org/colst.	t WA State Medical Assn at http://www.wsma.org/P OLST WV Center for EQL Care: www.wvendofife.org/P OST	https://www.wyomed.or g/WyoPOLST
Additional Notes	Law was enacted March 15, 2017		Statute requires training of health care professionals prior to their witting a more to the witting a more to the witting a more to the town of the more town to the town of the more town of the m	of MOST form noe	POST identification jewelry authorized § 39-4514(5)(c); 39-4502(15).				Any individual may request completion of MOLST. COMAR 10.01.21.04H	None		permits, quali researchers n	fified Practice Nurse education in end- may obtain mation for coses. N.H. 371-L.3(II) ST in New as been y medical	Physician and APN education in end-of-life cere required (§ 14(a), 15 (a) of life in the property of the prope	complete the to i to i ion and legal pair the patient pai ly's eMOLST rigi	quires the POLST form corporate verbalin a residual form to statewide use in late 2009. The signaph describing the The law does not require a patient to the under Oklahoma (but so de 10 fabrus) and the significant form to the Registry, unless patient opts out. See: http://www.orpolstregistry.org/		Physician's verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.	DOH developing web page for electronic if DNR registry. Also referred to as "A Life with Dignity Order" Dignity Order* Dignity Order*	order issued, clinician shall e the issuance of DNR ation (bracelet) §9708(h)		The POLST legislation shall not be construed as condonling, authorizing, or approving submassia/mercy killing, w.S. 1977 § 35-22-509