

POLST Program Legislative Comparison - as of February 2021

	Alabama	Alaska	Arizona	Arkansas	California ☉	Colorado ☉	Connecticut	Delaware
1	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 Life-Sustaining Treatment (MOLST)	Delaware Medical Orders for Scope of Treatment (DMOST)
2				2017 Arkansas Laws Act 504 (S.B. 356), effective July 31, 2017, enacts a new code subchapter, titled the "Arkansas Physician Order for Life-Sustaining Treatment Act" at Ark. Code Ann §§ 20-6-201 to -212	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.	Conn. Gen. Stat. §§ 19a-580h & 19a-580i (2017). Effective October 1, 2017.	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				None.	15 Calif. Code Reg. § 3351 (Inmate Refusal of Treatment) 22 Calif. Code Reg. § 100155 (Required Course Content for Paramedics)	None.	MOLST Policy and Procedures (interim until regulations are developed) at: http://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/MOLST/040318-MOLST-Policy-Proced.pdf?la=en	16 Del. Admin. Code 4304-1.0 to 14.0 (DMOST) 2016 DE REG TEXT 421434, final regulations, eff. April 11, 2016
4				State Board of Health	Emergency Medical Services Authority~§4780(a)(2)(B)		The Commissioner of Public Health, §19A-580h(b) and (e).	Department of Health and Social Services §§ 2503a, 2505a
5				Physician of the patient § 20-6-204.	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, §19a-580h(a)(1)	Health-care practitioner - § 2509a
6				Patient or legal representative of the patient. §20-6-204(a)(1)	Yes~§4780(c)	Yes. ~§ 15-18.7-103	Yes, §19a-580(h)(b) & (c).	Yes, § 2509a
7				Yes. §20-6-204(a)(1)	Yes~§4780(b) & ☉	Yes. ~§ 15-18.7-103	Yes, limited to parent of a minor, guardian, or an appointed health care representative, §19a-580(h)(a) & (b)	Yes, § 2509a

POLST Program Legislative Comparison - as of February 2021

	Alabama	Alaska	Arizona	Arkansas	California ⚙	Colorado ⚙	Connecticut	Delaware
8				Not addressed	Yes, case law authority	No.	Yes, §19a-580(h)(a)(3)	Not addressed
9				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 health care practitioner would not be surprised if patient died within next year. [see form]
10				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 and its consequences; must meet other requirements established in Chapter 25A. § 2509a
11				No	No, §4780(a)(2) & (e)	No.	.No	No.
12				Yes. § 20-6-208	Yes, § 4782	Yes.	Yes, §19a-571	Yes, § 2515a
13				Not addressed.	No	Not addressed. ~	Not addressed.	No.
14				Yes, with exceptions §20-6-205(c)(1)(2)	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

POLST Program Legislative Comparison - as of February 2021

	Alabama	Alaska	Arizona	Arkansas	California ☼	Colorado ☼	Connecticut	Delaware
15 Original vs. Copies/faxes?				Yes, copies have same validity. §20-6-212	Original pink. Copies are valid. [see form]	On Wausau Astrobright Vulcan Green. Copies valid. [see form]	Not clear. Requires only that a copy be placed in the medical record. §19a-580(h)(c)	Yes, § 2520a
16 Conflicts with AD addressed?				Most recently executed shall take precedence. §20-6-207 (b)(1).	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				Form requires full treatment for any section not completed.	Full treatment [see form]	Full treatment [see form]	Not addressed	Full treatment [see form]
18 Out-of-state POLST recognized?				Not addressed	Not addressed	Yes. § 15-18.7-107(1)(I)	Not addressed	Yes, § 2510a
19 Web page for additional resources				https://www.health.arkansas.gov/pr-ogams-services/topics/health-care-decision-forms	Coalition for Compassionate Care of California: www.capolst.org	https://www.civhc.org/pr-ogams-and-services/advance-care-planning/	http://portal.ct.gov/DPH/Medical-Orders-for-Life-Sustaining-Treatment-MOLST/MOLST	http://delawaremost.org/
20 Additional Notes				Law was enacted March 15, 2017			Statute requires training of health care professionals prior to their writing a MOLST order. §19a-580h(c) ----- Establishes MOLST Advisory Council to make recommendations to the commissioner of Public Health concerning MOLST requirements. §19a-580i.	Always provide comfort care measures, regardless of level of treatment chosen. [see form]

POLST Program Legislative Comparison - as of February 2021

		Dist. Of Columbia	Florida	Georgia ☼	Hawaii ☼	Idaho ☼
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)	Providers 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." Updated July 2020. Idaho Code 39-4516 Life-Sustaining Treatment for Unemancipated Minors
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)
6	Patient signature required?	Yes, §§ 21-2221.04(a)(4)		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, § 31-1-14(c)(2)	Yes. § 327K-1 and K-2	Yes, § 39-4504.

POLST Program Legislative Comparison - as of February 2021

		Dist. Of Columbia	Florida	Georgia ☉	Hawaii ☉	Idaho ☉
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: www.sos.idaho.gov/general/hcdr.htm
11	Exclusive DNR form?	No		No	No	No
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)

POLST Program Legislative Comparison - as of February 2021

		Dist. Of Columbia	Florida	Georgia ☼	Hawaii ☼	Idaho ☼
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/PO LST	Kokua Mau: www.kokuamau.org/professionals/polst	https://www.ihcca.cubexpress.com/
20	Additional Notes	Certain comfort care procedures will be provided, regardless of treatment orders on MOST form. § 21-2221.08 Execution of MOST form does not alter insurance policies. § 21-2221.13			We have a Consumer guide to POLST in the same 10 languages that the POLST form has been translated into. Additionally we have handouts on CPR and Tube Feeding in those languages. We have a new YouTube address for our videos https://www.youtube.com/c/Koku	POST identification jewelry authorized, § 39-4514(5)(c); 39-4502(15).

POLST Program Legislative Comparison - as of February 2021

	Illinois	Indiana ⚙	Iowa ⚙	Kansas ⚙	
1	Terminology	Practitioner Orders for Life Sustaining Treatment (POLST) Paradigm Program	Physician Order for Scope of Treatment (POST)	Iowa Physician Orders for Scope of Treatment (IPOST)	No legislation See: https://www.practicalbioethics.org/programs/transportable-physician-orders-for-patient-preferences
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 - -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.	
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)	IN ST 16-36-6-1	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.	
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/isdh/25880.htm	Iowa Department of Public Health. See: www.idph.state.ia.us/hcr_committees/common/pdf/patient_autonomy_pilot/patient_autonomy_pilot_report.pdf	
5	Provider signature required	Attending Practitioner (physician, licensed residence, advanced registered nurse, or physician assistant). IL St. Ch. 755 § 40/65. Also, [see form]	Physician, Advanced Practice Nurse, or Physician Assistant. § 10. IC 16-36-6-7	Yes. Physician, Advanced Registered Nurse Practitioner, and Physician Assistant, I.C.A. § 144.D.2(1)(c).	Yes.
6	Patient signature required?	Yes. [see form]	Yes. § 16-36-6-8(b)(2)	Yes, I.C.A. § 144.D.2(1)(b)	Patient or recognized decision maker.
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.

POLST Program Legislative Comparison - as of February 2021

		Illinois	Indiana ⚙	Iowa ⚙	Kansas ⚙
8	Applicable to minors	Not addressed.	Yes. § 16-36-6-7	Yes	
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	
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)	
11	Exclusive DNR form?	No. 20 ILCS 2310/2310-600(b-5).	No	Yes, §144A.3, see also 144D.4(3)	
12	Immunity provided?	Yes, 755 ILCS 40/65(d).	Yes, § 16-36-6-16(a)	Yes, § 144.D.3(4)	
13	Duty to offer POLST?	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)	

POLST Program Legislative Comparison - as of February 2021

		Illinois	Indiana ⚙	Iowa ⚙	Kansas ⚙
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 restriction on copies or faxes. No color requirement, but state standard has been salmon colored paper.	
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).	
17	Presumption if section of form left blank	Full treatment [see form]	Full treatment [see form]	Full treatment § 144.D.2(1)(g)	
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).	Yes; Indiana Code 2018 Sec. 21. IC 16-36-6-21 http://iga.in.gov/legislative/laws/2018/ic/titles/16/articles/36/pdf/IC%2016-36	Yes, § 144.D.3(1)	
19	Web page for additional resources	http://www.polstil.org	http://www.indianapost.org	http://www.idph.state.ia.us/hcr_committees/common/pdf/patient_autonomy_pilot/patient_autonomy_pilot_report.pdf	
20	Additional Notes				

POLST Program Legislative Comparison - as of February 2021

	Kentucky	Louisiana ☼	Maine☼	Maryland	Massachusetts
1	Terminology Medical Orders for Scope of Treatment (MOST)	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 KRS 311.6225 (under Kentucky Living Will Directives Act)	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 § 5-602(f)(3) and (4) 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 201 Ky. Admin. Regs. 9:470 (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. 1, 2013.	
4	Entity responsible for development/ approval of POLST Kentucky Board of Medical Licensure. KRS 311.6225(2)	Department of Health and 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, 5-608.1(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) The Office of the Attorney General; (2) The State Board of Nursing; (3) The State Advisory Council on Quality Care at the End of Life.	Department of Public Health. [see form]
5	Provider signature required Patient's physician, health care professional preparing the form. KRS 311.6225(1)(f)	Physician, LSA-R.S. 40:1155.3(l)	Physician, Physician Assistant, Nurse Practitioner. [see form]	Physician, Nurse Practitioner, or Physician Assistant	Physician, Nurse Practitioner, Physician Assistant. [see form]
6	Patient signature required? Yes, KRS 311.6225(1)(f)	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." Participate in updating or completing the form §608.1(c)(2)(i). Option to decline is included on form.	Yes. [see form]
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian) Yes, KRS 311.6225(1)(f)	Yes. LSA-R.S. 40:1155.2(m)	Yes. [see form]	No (Same rule as above).	Yes. [see form]




POLST Program Legislative Comparison - as of February 2021

	Kentucky	Louisiana ☉	Maine☉	Maryland	Massachusetts
8	Applicable to minors Yes. KRS 311.6225(1)(e)	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 Usually for persons with advanced illness. KRS 311.6225(1)(g)	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? No	When completing a new LaPOST form, the old LaPOST form must be properly voided. LSA-R.S. 40:1155.2(8)(o)(ii)(aa).		No.	
11	Exclusive DNR form? No	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.	
12	Immunity provided? Not addressed	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	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 for patients that will be transferring to one of these health care facilities or to another hospital. "Completing a MOLST form" means completing at least the certification section and the CPR section, and signing and dating the form. COMAR 10.01.21.04A(2)(a)	
14	Duty to comply? Yes. 311.623(2)	Yes. LSA-R.S. 40:1155.1(A)(4)(d)		Yes, including hospitals, Health-General § 5-608.1(f)	




POLST Program Legislative Comparison - as of February 2021

	Kentucky	Louisiana ☼	Maine☼	Maryland	Massachusetts
15 Original vs. Copies/faxes?	Use of original form is required. 311.6225(1)(h)	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 10.01.21.03	Originals on Astrobrights Pulsar Pink paper. Copies are valid. [see form]
16 Conflicts with AD addressed?	If conflict between living will and MOST form, living will shall prevail. KRS 311.6225(1)(g)	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 or the wishes of an authorized decision maker. Health-General § 5-608.1(c)(3). 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. KRS 311.6225(1), and [see form]	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	Not addressed		Yes. Health-General § 5-617.	
19 Web page for additional resources		http://www.lhcqf.org/lapost/	http://polstmaine.org/	www.marylandmolst.org	http://molst-ma.org/
20 Additional Notes				Any individual may request completion of MOLST. COMAR 10.01.21.04H	

POLST Program Legislative Comparison - as of February 2021

		Michigan	Minnesota 	Mississippi	Missouri 	Montana 	Nebraska
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]	None
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	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]	
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]	

POLST Program Legislative Comparison - as of February 2021

	Michigan	Minnesota 	Mississippi	Missouri 	Montana 	Nebraska
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	
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	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	Yes/Sort of: from Nebraska
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	

POLST Program Legislative Comparison - as of February 2021

	Michigan	Minnesota ☼	Mississippi	Missouri ☼	Montana ☼	Nebraska
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_boards/med_board/polst.asp
20	Additional Notes			None		

POLST Program Legislative Comparison - as of February 2021

	Nevada	New Hampshire ⚙	New Jersey	New Mexico	New York ⚙	
1	Terminology	Provider Orders for Life- Sustaining Treatment (POLST)	Provider Orders for Life-Sustaining Treatment (POLST)	Practitioner Orders for Life-Sustaining Treatment (POLST)	None	Medical Orders for Life-Sustaining Treatment (MOLST)
2	Placement in the state code	N.R.S. 449.691-449.697	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, 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, 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-134(b)(3)		Physician or Nurse Practitioner
6	Patient signature required?	Yes. § 449.6942(4)(a)	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] Only a physician can sign under §SCPA 1750-b surrogate pathway (patients with intellectual/developmental disabilities who lack capacity to make medical decisions and lack capacity to complete a health care proxy)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes. § 449.6942(4)(b)	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]

POLST Program Legislative Comparison - as of February 2021

	Nevada	New Hampshire ⚙	New Jersey	New Mexico	New York ⚙
8	Applicable to minors Yes. § 449.6942(3)(c)	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 NYSPLH, and if there is a care transition, a change in health status or change in goals for care.
11	Exclusive DNR form? No. §449.6946	No	No		No
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]

POLST Program Legislative Comparison - as of February 2021

	Nevada	New Hampshire ⚙	New Jersey	New Mexico	New York ⚙
15 Original vs. Copies/faxes?	Faxed copies of POLST are accepted.	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?	Most recently executed shall take precedence. N.R.S. 449.6946	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]		If not discussed, section is to be crossed out with notation "Decision Deferred". Standard medical care, i.e., full treatment, is provided.
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	http://www.nvadapolst.org/		www.njha.com/quality-patient-safety/advanced-care-planning/polst and www.goalsofcare.org/polst-form		NYSDOH MOLST page: www.nyhealth.gov/professionals/patients/patient_rights/molst MOLST.org: https://molst.org/
20 Additional Notes		As much as HIPAA permits, qualified researchers may obtain registry information for research purposes. N.H. Rev. Stat. § 137-L:3(II) NOTE: POLST in New Hampshire has been established by medical consensus and not by legislation.	Physician and Advance Practice Nurse education in end-of-life care required (Section 14(a), 15 (a) of law)		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.

POLST Program Legislative Comparison - as of February 2021

	North Carolina ⊛	North Dakota ⊛	Ohio ⊛	Oklahoma	Oregon ⊛	Pennsylvania ⊛	Rhode Island
1	Terminology	Medical Order for Scope of Treatment (MOST)	None	Physician Orders for Life Sustaining Treatment (POLST)	Portable Orders for Life-Sustaining Treatment, also known as Physician Orders for Life-Sustaining Treatment	Pennsylvania Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Life-Sustaining Treatment (MOLST)
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."	None	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.	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. RI Department of Health regulations (R23-4.11-MOLST (2013))
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/dh sr/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	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
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 Coalition through the Center for Ethics in Health Care at Oregon Health & Science University	Pennsylvania Department of Health [see form]	Dept. of Health~§ 23-4.11-3.1 www.health.ri.gov/lifetages/death/about/medicalordersforlifesusainingtreatment
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, naturopathic physician (See 2017 Oregon Laws H.B. 3363(West's No. 409)), Nurse Practitioner, Physician Assistant, Or. Admin. Rule 333-270-0030	Physician, Physician Assistant, Nurse Practitioner (CRNP) [see form]	Physician (MD/DO), Registered Nurse Practitioner, Physician Assistant, 23-4.11-2(12)
6	Patient signature required?	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).
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)	Yes [see form]	Yes, 23-4.11-3.1(b) and (c).

POLST Program Legislative Comparison - as of February 2021

	North Carolina ⚙	North Dakota ⚙	Ohio	Oklahoma	Oregon ⚙	Pennsylvania ⚙	Rhode Island
8	Applicable to minors	Yes. N.C.G.S.A. § 90-21.17(b)(2)		Yes, § 3105.4(F)	Yes	Yes	No
9	Patient Limitations	None		None.	None	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).
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.	No	No
11	Exclusive DNR form?	No		No	Outside of health care facilities, yes.	No	No, 23-4.11-3.1(b)
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	Not addressed	Yes, 23-4.11-8
13	Duty to offer POLST?	No		No	No	Not addressed	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	Not addressed	Yes, with limited exceptions, 23-4.11-3.1(c)

POLST Program Legislative Comparison - as of February 2021

	North Carolina ⊛	North Dakota ⊛	Ohio ⊛	Oklahoma	Oregon ⊛	Pennsylvania ⊛	Rhode Island
15 Original vs. Copies/faxes?	Pink original must be used. [see form]			Originals on pink paper. Copies are valid. § 3105.4	Original form is white with pink border. Copies valid	Print on pulsar pink card stock recommended. Copies valid [see form]	Yes
16 Conflicts with AD addressed?	Yes, MOST form “may suspend any conflicting directions in patient’s AD.90-21.17(c)			Not addressed	No	Any current AD, if available, must be reviewed	Yes
17 Presumption if section of form left blank	Full treatment [see form]			Full treatment, § 3105.4	Full treatment. [see form]	Healthcare provider should follow other appropriate methods to determine treatment. [see form]	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	Not addressed	Yes, § 23-4.11-12
19 Web page for additional resources	NC Medical Society: www.ncmedsoc.org/pages/public_health_info/end_of_life.html				Oregon POLST Program at: http://www.oregonpolst.org/	Jewish Healthcare Foundation https://www.papolst.org/ The Aging Institute at UPMC https://www.upmc.com/Services/AgingInstitute/partnerships-and-collaborations/polst	myccv.org
20 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 February 2021

		South Carolina	South Dakota
1	Terminology	Physician Orders for Scope of Treatment (POST)	Medical Order for Scope of Treatment (MOST)
2	Placement in the state code	Title 44, Chapter 80 of the 1976 Code (amended)	S.D Law § 34-12H; enacted Enhanced Care Planning for Patient with Terminal Condition, effective July 1, 2019
3	Regulations/ Guidelines	Oversight is given to the South Carolina Department of Health and Environmental Control (DHEC) 44-80-20	None.
4	Entity responsible for development/ approval of POLST	DHEC 44-80-20	South Dakota Department of Health
5	Provider signature required	Physician: Yes; PA: Yes, if authorized to do so by his or her scope of practice guidelines; form must be for a patient of the PA, the PA's supervising physician or both. § 44-80-120; APRN: Yes, if authorized to do so by his or her practice agreement; form must be for a patient of the APRN, the physician with whom the APRN has entered into a practice agreement or both. § 44-80-110.	Yes, Physician, Physician Assistant, or Nurse Practitioner signature and date required.
6	Patient signature required?	Yes	Yes, signature and date.
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes	Yes, when applicable, signature and date required.

POLST Program Legislative Comparison - as of February 2021

		South Carolina	South Dakota
8	Applicable to minors	No	Yes.
9	Patient Limitations	Use must be limited to situations where the patient has been diagnosed with a serious illness or, based upon medical diagnosis, may be expected to lose capacity within twelve months (44-80-10(11))	Applicable when patient is diagnosed with a terminal condition; diagnosis is included on form
10	Other execution requirements?	No	No.
11	Exclusive DNR form?	No	No, Comfort ONE is still in use.
12	Immunity provided?	Yes. 44-80-40(C)	Yes, § 34-12H-12
13	Duty to offer POLST?	No	Not Addressed
14	Duty to comply?	<p>A POST form executed in South Carolina as provided in this chapter, or a similar form executed in another jurisdiction in compliance with the laws of that jurisdiction, must be deemed a valid expression of a patient's wishes as to health care. 44-80-40(A).</p> <p>A health care provider or health care facility that is unwilling to comply with an executed POST form based on policy, religious beliefs, or moral convictions shall contact the patient's health care representative, health care agent, or the person authorized to make health care decisions for the patient pursuant to Section 44-66-30 of the Adult Health Care Consent Act, and the health care provider or health care facility shall allow the</p>	<p>If MOST form is received, provider is required to make the form part of the patient's medical record. A health care provider who refuses to comply with the provisions of a duly executed MOST shall: (1) Not prevent the transfer of the patient to another health care provider who is willing to comply with the MOST; and (2) Continue providing care for the patient until the transfer is completed.</p>

		South Carolina	South Dakota
15	Original vs. Copies/faxes?	No paper color requirement; may be printed on white paper. Copies are legal.	An original or a copy of a MOST form is valid unless revoked.
16	Conflicts with AD addressed?	Not addressed	Yes, if a conflict is identified, the provider will treat based on the most recent instruction.
17	Presumption if section of form left blank	If a section is left blank, the assumption is for full treatment	Yes, full treatment is presumed if a section is left blank.
18	Out-of-state POLST recognized?	Yes; a similar form executed in another jurisdiction in compliance with the laws of that jurisdiction 44-80-40(A)	Out-of-state documents are valid.
19	Web page for additional resources	http://www.scdhec.gov/postform	https://sdaho.org/most/
20	Additional Notes		<p>A patient with capacity may revoke the South Dakota MOST at any time and request alternate treatment. Additionally, an authorized representative may revoke the MOST only if the MOST was executed by the authorized representative.</p> <p>In addition, the form includes a section to note when the form was reviewed as well as the outcome.</p>

POLST Program Legislative Comparison - as of February 2021

	Tennessee ☼	Texas	Utah ☼
1	Terminology Physician Orders for Scope of Treatment (POST)	Medical Orders for Scope of Treatment (MOST)	Life with Dignity Order (LWDO) – generic term. Physician Orders for Life Sustaining Treatment (POLST)
2	Placement in the state code Tenn. Code. Ann. § 68-11-224, Tennessee Code Title 68 (Health, Safety and Environmental Protection), Chapter 11 (Health Facilities and Resources), Part 2 (Regulation of Health and Related Facilities), Section 224 (Withholding of resuscitative services - Regulations).	Texas Health and Humans Services Health and Safety Code Chapter 166.	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).
3	Regulations/ Guidelines 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 (hospitals). Similar provisions apply to other facilities: www.tn.gov/health ("post form")		Utah Admin. R. 432-31. Regulation eff. Feb. 25, 2010: https://rules.utah.gov/publicat/code/r432/r432-031.htm Form: http://health.utah.gov/hfcra/forms.php
4	Entity responsible for development/ approval of POLST Board for Licensing Health Care Facilities. Tenn. Code. Ann. § 68-11-224(j)	Texas MOST (POLST) Coalition	Department of Health, 75-2a-106(10). See http://health.utah.gov/hfcra/
5	Provider signature required Physician, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist (For the non-physicians, extensive prerequisites must be met). Tenn. Code. Ann. § 68-11-224(c)	Yes, Physician	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)
6	Patient signature required? Consent required, but signature optional Tenn. Code. Ann. § 68-11-224(b)	No, but strongly recommended	Yes, 75-2a-106(3)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian) Yes	Yes. [see form]	Yes, 75-2a-106(3)

POLST Program Legislative Comparison - as of February 2021

	Tennessee ☼	Texas	Utah ☼	
8	Applicable to minors	Yes	Yes, with Parent or Guardian as the signatory.	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)
9	Patient Limitations	None	None	None
10	Other execution requirements?	No	No	Form has box to identify health care. professional assisting in preparation.
11	Exclusive DNR form?	No	No, Texas Out of Hospital Do Not Resuscitate Form is required.	No R432-31-11
12	Immunity provided?	Yes, 68-11-224(k)	Yes	Yes, both for complying and for providing LST in contravention of the POLST, 75-2a-106(6)
13	Duty to offer POLST?	No, but if patient has a DNR order at time of discharge, facility "shall complete a POST form"; 68-11-224(g)	No	Yes, must establish policies to determine who is appropriate for POLST and offer. R432-31-4
14	Duty to comply?	Form must accompany patient on transfer or discharge.	Yes	No. But facilities have duty to transfer copy of POLST with patient

POLST Program Legislative Comparison - as of February 2021

	Tennessee ☼	Texas	Utah ☼	
15	Original vs. Copies/faxes?	Approved form notes that copies are valid.	Originals preferred but copies/faxes are accepted.	Use of original is strongly encouraged. Copies valid. [see form]
16	Conflicts with AD addressed?	Not addressed	Advance Directives prevail over MOST, but MOST form prompts revision of ADs at time of MOST completion to synchronize choices.	POLST controls, 75-2a-106(7)
17	Presumption if section of form left blank	Full treatment [see form]	MOST form directs that incomplete section implies full treatment.	Not addressed.
18	Out-of-state POLST recognized?	Not addressed	Not addressed	Yes, R432-31-11
19	Web page for additional resources	http://endoflifecaretn.org	https://www.texastalks.org/	DOH developing web page for electronic registry. Also referred to as "A Life with Dignity Order" Resources to Share: https://leaving-well.org/ https://leaving-well.org/make-wishes-clear/polst
20	Additional Notes	Physician's verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.	-	-

POLST Program Legislative Comparison - as of February 2021

	Vermont	Virginia	Washington	West Virginia	Wisconsin	
1	Terminology	Clinician Orders for Life-Sustaining Treatment (COLST)	Physician Orders for Scope of Treatment (POST) [see form]	Physician Orders for Life-Sustaining Treatment (POLST)	Physician Orders for Scope of Treatment (POST)	Physician Orders for Life Sustaining Treatment (POLST)
2	Placement in the state code	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.	Va. Code Ann. § 54.1-2987.1 (West).	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.”	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.
3	Regulations/ Guidelines	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/reg/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	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	
4	Entity responsible for development/ approval of POLST	Vermont Dept. of Health. [see form]	Virginia POST Collaborative. [see form]	The Dept. of Health, Office of Emergency Medical Services & Trauma System (OEMSTS)	Development: Dept. of Health & Human Resources/ Management: The West Virginia Center for End-of-Life Care.	La Crosse Area Advanced Directive Task Force
5	Provider signature required	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), APRN (HB 4334), or Physician Assistant (SB 1014)	Physician, Nurse Practitioner. [see form]
6	Patient signature required?	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.”	Yes. [see form]	Yes. [see form]	Yes, § 16-30-25	No, optional. [see form]
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, 9708(f)	Yes. [see form]	Yes. [see form]	Yes, § 16-30-25	Yes. [see form]

POLST Program Legislative Comparison - as of February 2021

	Vermont	Virginia	Washington	West Virginia	Wisconsin
8	Applicable to minors	No	Yes.	Yes	Yes. [see form]
9	Patient Limitations	None	Order should reflect patient's current preferences. [see form]	None	
10	Other execution requirements?	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(d)		Form has box to identify health care. Professional assisting in preparation.	No
11	Exclusive DNR form?	Not within facility, but required in community. 9708(b) and (c)		No	No
12	Immunity provided?	Yes, §9713		Yes, statute interpreted to provide for EMS responders. Rev. Code Was. Ann.Y3 §18.71.210	Yes. W. Va. Code, § 16-30-10 N.B. See Attorney General Opinion 10-14, which states that "reliance on a POLST form would not trigger immunity for a healthcare provider."
13	Duty to offer POLST?	Yes		No	No
14	Duty to comply?	Yes, 9708(i)		Yes, by EMS as the accepted standard of care	Yes, §16-30-12 and 16-30-10 and §16-30C-7

POLST Program Legislative Comparison - as of February 2021

		Vermont	Virginia☉	Washington ☉	West Virginia ☉	Wisconsin
15	Original vs. Copies/faxes?	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.	Bright Pink Original. Copies must be pink. W. Va. Code, § 16-30-25	Original must accompany patient when transferred or discharged. [see form]
16	Conflicts with AD addressed?	Not addressed.		Most recently completed form takes precedence.	The person's expressed directives control. 16-30-5(b)	
17	Presumption if section of form left blank	No presumption.	Full treatment [see form]	Full treatment [see form]	Full treatment [see form]	Full treatment [see form]
18	Out-of-state POLST recognized?	Yes, 18 V.S.A. §9708(k)	Yes, § 54.1-2987.1	Not addressed	Yes, DNR §16-30C-15 Not addressed for POST	
19	Web page for additional resources	Vermont Ethics Network: http://vtethicsnetwork.org/colst.html	http://www.virginia-post.org/	WA State Medical Assn at http://www.wsma.org/POLST	WV Center for EOL Care: www.wvendoflife.org/POST	
20	Additional Notes	If DNR order issued, clinician shall authorize the issuance of DNR identification (bracelet) §9708(h)				

POLST Program Legislative Comparison - as of February 2021

		Wyoming
1	Terminology	Provider Orders for Life Sustaining Treatment (POLST)
2	Placement in the state code	W.S.1977 § 35-22-501 to -509 ("Provider Orders for Life Sustaining Treatment Program Act"), under Chapter 22: Living Will
3	Regulations/ Guidelines	WY Rules and Regulations HLTH POLST Ch. 1 §§ 1-6 (Provider Orders for Life Sustaining Treatment)
4	Entity responsible for development/ approval of POLST	Department of Health. W.S.1977 § 35-22-504
5	Provider signature required	Yes, licensed primary health care provider entering medical orders on the POLST form. W.S.1977 § 35-22-504(a)(iii)(D)
6	Patient signature required?	Yes, W.S.1977 § 35-22-504(a)(iii)(B)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, W.S.1977 § 35-22-504(a)(iii)(B)

POLST Program Legislative Comparison - as of February 2021

		Wyoming
8	Applicable to minors	Yes, W.S.1977 § 35-22-503(e)
9	Patient Limitations	Recommended for patients with advanced illness or frailty
10	Other execution requirements?	No
11	Exclusive DNR form?	No
12	Immunity provided?	Yes, W.S.1977 § 35-22-505
13	Duty to offer POLST?	No
14	Duty to comply?	Yes, W.S.1977 § 35-22-505

		Wyoming
15	Original vs. Copies/faxes?	Use of original form is strongly encouraged. Yellow cardstock original. Copies are valid. [see form]
16	Conflicts with AD addressed?	Not addressed
17	Presumption if section of form left blank	Full treatment [see form]
18	Out-of-state POLST recognized?	Not addressed
19	Web page for additional resources	https://www.wyomed.org/WyoPOLST
20	Additional Notes	The POLST legislation shall not be construed as condoning, authorizing, or approving euthanasia/mercy killing. W.S.1977 § 35-22-509