

STATUTORY/REGULATORY COMPARISON OF STATE POLST PROGRAMS
JANUARY 2013
ABA COMMISSION ON LAW AND AGING

		1. California ★	2. Colorado ★	3. Delaware
1	Terminology	Physician Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Scope of Treatment (MOST)	Medical Orders for Life-Sustaining Treatment (MOLST) <i>(Suspended by Health Dept. 11/14/12 until revised)</i>
2	Placement in the state code	2008 Cal. Legis. Serv. Ch. 266 (A.B. 3000), eff. Jan. 2008, amends Cal. Probate Code §§4780 – 4785 (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.	No Statute. Division of Public Health regulations.
3	Regulations/ Guidelines	None.	None.	16 Del. Admin. Code 4304 Amended Aug. 1, 2011. <i>(Suspended by Health Dept. 11/14/12 until revised)</i>
4	Entity responsible for development/ approval of POLST	Emergency Medical Services Authority §4780(a)(2)(B)	Colorado Advance Directives Consortium.	Delaware Health and Social Services
5	Provider signature required	Physician §4780(c)	<ul style="list-style-type: none"> • Physician • Nurse Practitioner • Physician Assistant § 15–18.7-103 	<ul style="list-style-type: none"> • Attending Physician • APN • PA (Physician Co-Signature Required)
6	Patient signature required?	Yes §4780(c)	Yes. § 15–18.7-103	Yes.
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes §4780(b) & (c)	Yes. § 15–18.7-103	Yes. 4304-3.2
8	Applicable to minors	Yes, case law authority	No.	No.
9	Patient Limitations	None	None	Must be Terminal or PVS, Admin. Code 4304-3.0.
10	Other execution requirements?	No Form has box to identify h.c. professional assisting in preparation.	No.	No.
11	Exclusive DNR form?	No, §4780(a)(2) & (e)	No.	No.
12	Immunity provided?	Yes, §4782	Yes.	Yes.

		1. California ★	2. Colorado ★	3. Delaware
				4304-12.1
13	Duty to offer POLST?	No	Not addressed.	No addressed.
14	Duty to comply?	Yes, with limited exceptions §4781.2	Yes. § 15–18.7-104	No addressed.
15	Original vs. Copies/faxes?	Original pink. Copies are valid.	On Wausau Astrobrights Vulcan Green. Copies valid.	Print on purple paper. Copies valid. 4304-10.2
16	Conflicts with AD addressed?	Most recent controls §4781.4	Most recently executed shall take precedence. § 15–18.7-110(2)	No addressed.
17	Presumption if section of form left blank	Full treatment	Not addressed.	Full treatment.
18	Out-of-state POLST recognized?	Not addressed	Yes. § 15–18.7-107(1)(I)	Yes. Other state EMS PACD or MOLST form. 4304-6.1.4
19	Web page for additional resources	Coalition for Compassionate Care of California: www.capolst.org	http://www.coloradoadvancedirectives.com/	http://delawaremolst.org/ http://www.dhss.delaware.gov/dph/ems/molst.html
20	Additional Notes		MOST online registry by statute.	

		4. Hawaii ★	5. Idaho ★	6. Louisiana ★
1	Terminology	Physicians Orders for Life-Sustaining Treatment (POLST)	Physician Orders for Scope of Treatment (POST)	Louisiana Physician Order for Scope of Treatment (LaPOST)
2	Placement in the state code	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" Last Amend July 1, 2012	LA R.S. 40:1299.64.1 through 1299.64.6 . Freestanding enactment. Approved July 2, 2010.
3	Regulations/ Guidelines	None.	Guidelines published by the EMS Bureau, Idaho Department of Health and Welfare: http://healthandwelfare.idaho.gov/Portals/0/Medical/EMS/POST-DNR_EMS_Guideline_11-2012.pdf	La. Admin Code. tit. 48, pt. I, § 201 thru §211 Eff. June 2011
4	Entity responsible for development/ approval of POLST	Department of Health, §327K-4	Idaho Department of Health and Welfare, § 39-4512A(6)	Department of Health and Hospitals
5	Provider signature required	Physician §327K-1 and K-2	<ul style="list-style-type: none"> • Physician • Advanced practice professional nurse • Physician Assistant §39-4512A(1) 	<ul style="list-style-type: none"> • Physician 207(B)
6	Patient signature required?	Yes §327K-1 and K-2	Patient or surrogate signature required. §39-4512A(1)	Yes. 207(A)
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes §327K-1 and K-2	Yes, §39-4504 <ul style="list-style-type: none"> • Sufficient comprehension • Not contrary to the person's last known expressed wishes or directions 	Yes. 207(A)
8	Applicable to minors	Yes.	Yes, §39-4504	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

		4. Hawaii ★	5. Idaho ★	6. Louisiana ★
9	Patient Limitations	None	None	Must be a “qualified patient,” i.e. “having a life-limiting and irreversible condition” §1299.64.2(11) defined as “a continual profound comatose state with no reasonable chance of recovery or a condition caused by injury, disease, or illness which within reasonable medical judgment would usually produce death within six months, for which the application of life-sustaining procedures would serve only to postpone the moment of death and for which the life-sustaining procedures would be a burden and not a benefit to the qualified patient, except as provided in the definition of “life-sustaining procedure” herein. §1299.64.2(6)
10	Other execution requirements?	No Form has box to identify h.c. professional assisting in preparation.	POST is completed by provider on password protected interactive web page www.sos.idaho.gov/gener al/hcdr.htm	When completing a new LaPOST form, the old LaPOST form must be properly voided. 209(C)-(D)
11	Exclusive DNR form?	No	No	No.
12	Immunity provided?	Yes, §327K-3	Yes, 39-4513	Yes. 1299.64.5, 201B(2),
13	Duty to offer POLST?	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.
14	Duty to comply?	Yes, with limited exceptions §327K-2	Yes, with limited exceptions 39-4512B & 39-4513(5)	Yes. If patient has document, must comply unless new knowledge?
15	Original vs. Copies/faxes?	Original lime green preferred, but no color requirements.	Yes, 39-4514(9)(b)	Print on gold color paper. Copies valid.

		4. Hawaii ★	5. Idaho ★	6. Louisiana ★
		Copies are valid.		
16	Conflicts with AD addressed?	Not addressed in statute	<ul style="list-style-type: none"> • 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) 	Not addressed. In practice, most recent document is considered valid
17	Presumption if section of form left blank	Full treatment	Full treatment	Full treatment. 207C(3).
18	Out-of-state POLST recognized?	Not addressed	Yes, 39-4514(6)	Not addressed.
19	Web page for additional resources	Kokua Mau: www.kokuamau.org/professionals/polst	Idaho End of Life Coalition: http://www.idahoendoflifecoalition.wildapricot.org (Will be migrating to new address in early 2013)	http://lhcf.org/lapost-home Includes a Handbook for Professionals.
20	Additional Notes		POST identification jewelry authorized 39-4514(5)(c); 39-4502(15).	

		7. Maryland	8. Minnesota	9. Montana ★
1	Terminology	Medical Orders for Life–Sustaining Treatment (MOLST)	Provider Orders for Life Sustaining Treatment (POLST)	Provider Orders for Life-Sustaining Treatment (POLST)
2	Placement in the state code	Health Care Decisions Act--“Medical Orders for Life– Sustaining Treatment” Form. Repealing and reenacting parts of the Health Care Decisions Act § 5–608, 5–609, 5–617, 5–619, and 19–344(f); Adding to § 5–608.1 Effective date: October 1, 2011	None Voluntary consensus process	None, but regulations adopted pursuant to the Rights of the Terminally Ill Act, Mt Code Ann. §50-9-101 to -505
3	Regulations/ Guidelines	Code of Md Regulations (COMAR) 10.01.21.01 through -.07 , effective Jan. 1, 2013.	Endorsement of POLST form by Emergency Medical Services Regulatory Board, meeting minutes of 9/11/09.	Mont. Admin. Rule §37.10.101, and .104, and .105 Eff. 11/7/08
4	Entity responsible for development/ approval of POLST	Department of Health and Mental Hygiene, in conjunction with the Maryland Institute for Emergency Medical Services Systems and the State Board of Physicians, 5-608.1(b)(1)(i) 5-608.1(b)(1)(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; and 4. Any other individual or group the Department determines is appropriate.	Minnesota Medical Association hosts a self-selected, open membership, interdisciplinary, statewide Steering Committee (voluntary consensus process)	Department of Public Health and Human Services and Board of Medical Examiners
5	Provider signature	• Physician	• Physician (MD/DO)	• Physician

		7. Maryland	8. Minnesota	9. Montana ★
	required	• Nurse Practitioner	• Nurse Practitioner • Physician Assistant (when delegated)	• Nurse Practitioner • Physician Assistant
6	Patient signature required?	No. When health care facility completes the form, it must offer the patient to participate. 608.1(c)(2)(i). Option to decline is included on form.	No, but recommended	Yes.
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	No (Same rule as above.)	Yes	Yes.
8	Applicable to minors	Yes. Parents may authorize.	Yes, being used by at least one pediatric hospital.	No.
9	Patient Limitations	Not applicable where primary diagnosis is psychiatric or related to pregnancy, or where patient is a minor unlikely to require life-sustaining treatment. COMAR10.01.21.02	None	None
10	Other execution requirements?	No	No	No.
11	Exclusive DNR form?	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.	No	Yes.
12	Immunity provided?	Yes. Health-General § 5-609(b) and COMAR 10.01.21.07	Not for all POLST, but immunity exists when orders consistent with legal health care directive and/or instructions of legally appointed surrogate decision maker	Yes.
13	Duty to offer POLST?	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 to patients that will be	No	No.

		7. Maryland	8. Minnesota	9. Montana ★
		transferring to one of these health care facilities or to another hospital. “Competing completing at least the certification section and the CPR section. COMAR 10.01.21.04		
14	Duty to comply?	Yes, including hospitals, Health-General § 5-608.1(f)	No- health care directive law provides immunity for short term provision of life prolonging therapy, even against instructions in legal health care directive (and therefore despite POLST)	No.
15	Original vs. Copies/faxes?	No color requirement for original. Copies and electronic format valid. COMAR 10.01.21.05	No color requirement for Original. Copies are valid.	On terra green (light lime green). Copies valid.
16	Conflicts with AD addressed?	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. 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. AD, patient stated preference, proxy instruction, or best interest)	Advance directive or health care power of attorney prevails.
17	Presumption if section of form left blank	No. But if emergency treatment is needed, Health-General § 5-607 authorizes that treatment be provided if consent cannot be obtained.	Not addressed	Not addressed
18	Out-of-state POLST recognized?	Yes. Health-General § 5-617.	Not addressed	No addressed
19	Web page for additional resources	http://marylandmolst.org/	MN Med. Society: http://www.polstm.org http://www.mnmed.org/KeyIssues/POLSTCommunications/tabid/3291/Default.aspx http://coa.umn.edu/MAGEC/POLST/index.htm	http://bsd.dli.mt.gov/licenses/bsd_boards/med_board/polst.asp
20	Additional Notes	Any individual may request completion of		

		7. Maryland	8. Minnesota	9. Montana ★
		MOLST. COMAR10.01.2104H		

		10. New Jersey	11. New York ★	12. North Carolina ★
1	Terminology	Practitioner Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Life-Sustaining Treatment (MOLST)	Medical Order for Scope of Treatment (MOST)
2	Placement in the state code	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 (Part A , Part B).	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”
3	Regulations/ Guidelines	None. Guidelines being developed by NJHA through the Institute for Quality and Patient Safety.	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/	Dept. of Health and Human Services, Office of EMS, adopted a MOST form and procedure, eff. January 1, 2008: www.ncdhhs.gov/dhsr/EMS/dnrmost.html
4	Entity responsible for development/ approval of POLST	NJ Dept of Health through NJHA Institute for Quality and Patient Safety	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 CompassionAndSupport.	Dept. of Health and Human Services, Division of Health Service Regulation. (Sell forms for 4 cents each)
5	Provider signature required	<ul style="list-style-type: none"> • Attending Physician • Advanced Practice Nurse 2H-134(b)(3)	Physician only	<ul style="list-style-type: none"> • Physician (MD/DO) • Physician Assistant • Nurse Practitioner
6	Patient signature	Yes.	No, but informed consent is	Yes

		10. New Jersey	11. New York ★	12. North Carolina ★
	required?	2H-134(b)(2)	required. Verbal consent permitted. Two witnesses are always recommended. One witness may be the physician.	
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	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.	Yes
8	Applicable to minors	Yes – minors may have POLST with parental or guardian consent.	Yes Capacity determination, clinical standards, notifications, and other legal requirements exist, as outlined on DOH Checklist for Minor Patients: http://www.health.ny.gov/professionals/patients/patient_rights/molst/docs/checklist_minor_patients.pdf	Yes
9	Patient Limitations	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;” (26:2H-131 definition of POLST)	None	None
10	Other execution requirements?	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	(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 h.c. professional assisting in preparation.

		10. New Jersey	11. New York ★	12. North Carolina ★
			vary based on who makes decisions and where made. These vary for adult and minor patients and are outlined in checklists found: http://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 NYSPHL, and if there is a care transition, a change in health status or change in goals for care.	
11	Exclusive DNR form?	No	No	No
12	Immunity provided?	Yes 2H-138(b)	Yes, PHL §2994-o, Family Health Care Decisions Act	Yes
13	Duty to offer POLST?	Not addressed in law	No	No
14	Duty to comply?	Yes 26H-134(a)	Yes	No, but immunity provision does not apply if provider refuses with knowledge of the form's existence
15	Original vs. Copies/faxes?	Original recommended; copies also valid (in NJ Guidelines for implementation)	Pink original is preferred Copies, fax and electronic representation are legal and valid orders.	Pink original must be used.
16	Conflicts with AD addressed?	More recent verbal or written directive prevails	Not specifically addressed but surrogates are obligated to follow patient's known wishes; otherwise best interests.	Yes, MOST form "may suspend any conflicting directions in patient's AD.
17	Presumption if section of form left blank	Full treatment	No. Section may be crossed out with notation "Decision Deferred"	Full treatment
18	Out-of-state POLST recognized?	Yes 2H-134(c)	Yes	Not addressed
19	Web page for additional resources	Will be developed www.nj.gov/health/advancedirective/polst.shtml	Dept. of Health: http://www.nyhealth.gov/professionals/patients/patient_rights/molst/ CompassionAndSupport (multiple resources): CompassionAndSupport.org	NC Medical Society: http://www.ncmedsoc.org/pages/public_health_info/end_of_life.html
20	Additional Notes	Physician and Advance	MOLST completion is best	

		10. New Jersey	11. New York ★	12. North Carolina ★
		Practice Nurse education in end-of-life care required (Section 14(a), 15 (a) of law)	done with the patient who retains capacity or health care. agent who knows values, beliefs and goals for care; thus, effort is directed at initiating advance care planning process earlier, completing health care proxies and fostering conversations early. In addition, 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.	

		13. Oregon ★	14. Rhode Island	15. Pennsylvania ★
1	Terminology	Physician Orders for Life-Sustaining Treatment (POLST)	Medical Orders for Life-Sustaining Treatment (MOLST) adding §23-4.11-3.1 (10) and amending §23-4.11-2 (Rights of the Terminally Ill Act), eff. June 11, 2012.	Pennsylvania Orders for Life-Sustaining Treatment (POLST)
2	Placement in the state code	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.	R.I. Gen. Laws §23-4.11-3.1 (part of the state Living Will Statute, §23-4.11-1 to -15). Defines MOLST as another type of “Declaration”	No statute.
3	Regulations/ Guidelines	OAR 847-035-0030 (Medical Bd. regulation) requiring EMS personnel to honor POLST, and OAR 847-010-0110 (Medical Bd. regulation), requiring facilities to honor POLST even though the signer, who may be a nurse practitioner or physician assistant in addition to physicians, is not on the facility medical staff. Guidance for professionals: http://www.ohsu.edu/polst/programs/docs/guidance.pdf	None	Secretary of Health approved a standard form called Pennsylvania Orders for Life-Sustaining Treatment for use in Pennsylvania. October 24, 2010
4	Entity responsible for development/ approval of POLST	Oregon POLST Task Force	Dept. of Health §23-4.11-3.1	Coalition for Quality at the End of Life (CQEL)
5	Provider signature required?	<ul style="list-style-type: none"> Physician Nurse Practitioner Physician Assistant Or. Admin. Rule 333-270-0030	<ul style="list-style-type: none"> Physician (MD/DO) Registered Nurse Practitioner Physician Assistant §23-4.11-2(12) 	<ul style="list-style-type: none"> Physician PA CRNP
6	Patient signature required?	No, but strongly recommended	Yes §23-4.11-3.1(b) and (c)	Yes.
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, ORS 127.635 if specified conditions are met (default surrogate consent law)	Yes §23-4.11-3.1(b) and (c)	Yes

		13. Oregon ★	14. Rhode Island	15. Pennsylvania ★
8	Applicable to minors	Yes	Yes	Yes
9	Patient Limitations	None	Limited to “Qualified patient” i.e., one in a terminal condition. 23–4.11–2(16). defined as “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).	None
10	Other execution requirements?	No Form has box to identify h.c. professional assisting in preparation.	No (Form not yet established, 6-15-12)	No
11	Exclusive DNR form?	No DNR law	No, §23-4.11-3.1(b)	No
12	Immunity provided?	Yes, Or. Rev. Stat. 127.555 (advance directive law) as interpreted by OAR 847-010-0110	Yes, §23-4.11-8	Not addressed
13	Duty to offer POLST?	No	No	Not addressed
14	Duty to comply?	Yes, OAR 847-010-0110	Yes, with limited exceptions §23-4.11-3.1(c)	Not addressed
15	Original vs. Copies/faxes?	Pink original. Copies valid	Yes	Print on pulsar pink card stock recommended. Copies valid
16	Conflicts with AD addressed?	No	Not addressed	Any current AD, if available, must be reviewed
17	Presumption if section of form left blank	Full treatment	Not addressed	Full treatment.
18	Out-of-state POLST recognized?	Yes, OAR 847-010-0110	Yes, §23-4.11-12	Not addressed.
19	Web page for additional resources	www.oregonpolst.org		http://www.aging.pitt.edu/professionals/resources-polst.htm
20	Additional Notes	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		Related law: 20 Pa.C.S.A. §5421-§5488, eff. Jan. 29, 2007. Provides comprehensive statutory framework governing advance health care directives & h.c. decision-making for

		13. Oregon ★	14. Rhode Island	15. Pennsylvania ★
		professional must submit to the Registry, unless patient opts out. See: http://www.oregonpolst.org/oregon-polst-registry/health-care-professionals/		“incompetent” persons. §§5481-5488 addresses Out-of-Hospital Nonresuscitation

		16. Tennessee ★	17. Utah ★	18. Vermont
1	Terminology	Physician Orders for Scope of Treatment (POST)	Life with Dignity Order (LWDO) – generic term. Physician Order for Life-Sustaining Treatment (POLST) is the only DOH approved LWDO.	Clinician Orders for Life-sustaining Treatment (COLST)
2	Placement in the state code	Tenn. Code Ann. § 68-11-224 2004 amendment to DNR law to create “universal DNR statute” Does not specifically address POLST, but regulations do.	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)	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.
3	Regulations/ Guidelines	Board for Licensing Health Care Facilities adopted Physician Orders for Scope of Treatment (POST) to implement universal DNR statute. Tenn. Comp. R. & Regs. 1200-08-01-.01(90) (definition) and 1200-08-01-.15 (Appendix I) applicable to all facility types, provides the form. Same rule repeated for all other health care facilities, e.g. nursing homes, at 1200-08-06-.13 (30). Also see: http://health.state.tn.us/Boards/AdvanceDirectives FAQs: http://health.state.tn.us/AdvanceDirectives/FAQ_POLST.htm	Utah Admin. R. 432-31 Regulations eff. Feb. 25, 2010 Form : http://health.utah.gov/hfclra/forms/POLST/POLSTForm2010.pdf	Vt. Admin. Code 12-5-15:1 , particularly 12-5-15 : Appendix B . See: http://www.healthvermont.gov/regs/ad/documents/advance_directives_and_surrogate_consent_for_dnr_colst_orders_final_proposed_rules.pdf http://healthvermont.gov/regs/ad/dnr_colst_instructions.pdf
4	Entity responsible for development/ approval of POLST	Board for Licensing Health Care Facilities	Department of Health §75-2a-106(10)	Vermont Dept. of Health
5	Provider signature required	Physician, 68-11-224	Yes • Physician • Advance Practice RN • Physician Asst (w/in scope of supervisory agreement) Also provides that other specified health	Yes • Physician or Osteopath • Advance Practice RN • Physician Assistant

		16. Tennessee ★	17. Utah ★	18. Vermont
			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?	Optional, recommended, 68-11-224	Yes, §75-2a-106(3)	Informed consent required. Signature optional, recommended. If order is based on futility, signature of a 2 nd clinician required.
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes, but conditions must be met for withholding/withdrawal of nutrition & hydration.	Yes, §75-2a-106(3)	Yes, §9708(f)
8	Applicable to minors	Yes, 68-11-224	Yes, §75-2a-106(3)	No
9	Patient Limitations	None	None	None
10	Other execution requirements?	No	(1) 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) (2) Form has box to identify h.c. professional assisting in preparation.	Patient’s clinician must sign the DNR part of the form separately from the other medical interventions. If in a health care facility, clinician must certify that the facility’s DNR policy has been followed. §9708(a)(4)
11	Exclusive DNR form?	Not within facility, but required on transfer	No R432-31-11	Not within facility, but required in community. §9708(b) and (c)
12	Immunity provided?	Yes 68-11-224	Yes, for complying and for providing LST in contravention of the LWDO §75-2a-106(6)	Yes, §9713
13	Duty to offer POLST?	Yes	Yes, must establish policies to determine who is appropriate for POSLT and offer. R432-31-4	Yes
14	Duty to comply?	Form must accompany patient on transfer or discharge	No But facilities have duty to transfer copy of LDO with patient	Yes, §9708(i)
15	Original vs. Copies/faxes?	Copies valid	Copies valid	Original any color. Copies valid per Instructions
16	Conflicts with AD addressed?	Advance directive controls	LWDO controls §75-2a-106(7)	Not addressed
17	Presumption if	Full treatment	Full treatment	No presumption

		16. Tennessee ★	17. Utah ★	18. Vermont
	section of form left blank			
18	Out-of-state POLST recognized?	Not addressed	Yes, R432-31-11	Yes, 18 V.S.A §9708(k)
19	Web page for additional resources	http://endoflifecaretn.org	UT Center on Aging Provider Guide at http://aging.utah.edu/utah_coa/directives	Vermont Ethics Network: http://vtethicsnetwork.org/colst.html/
20	Additional Notes	Physician's verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy	LWDO bracelet or necklace is authorized to indicate possession of a LWDO DOH developing web page for electronic registry.	If DNR order issued, clinician shall authorize the issuance of DNR identification (bracelet) §9708(h)

		19. Washington ★	20. West Virginia ★
1	Terminology	Physician Orders for Life-Sustaining Treatment (POLST)	Physician Orders for Scope of Treatment (POST)
2	Placement in the state code	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.
3	Regulations/ Guidelines	The Dept of Health developed the form and program in conjunction with the Washington State Medical Assn: http://www.wsma.org/PO_LST	Guidelines: Provided by the WV Center for End-of-Life Care at: http://www.wvendoflife.org/POST and http://www.wvendoflife.org/MediaLibraries/WVCEO_LC/Media/professional/POST-Manual-2012-complete.pdf
4	Entity responsible for development/ approval of POLST	The Dept of Health, Office of Emergency Medical Services & Trauma System (OEMSTS)	Development: Dept of Health & Human Resources/ Approval: WV Legislature. Management: The West Virginia Center for End-of-Life Care.
5	Provider signature required	Yes, physician or NP or PA	Yes, physician. §16-30-25
6	Patient signature required?	Yes	Yes, §16-30-25
7	Surrogate signature permitted? (Agent/Default Surrogate/Guardian)	Yes	Yes, §16-30-25
8	Applicable to minors	Yes	Yes
9	Patient Limitations	None	None
10	Other execution requirements?	Form has box to identify h.c. professional assisting in preparation.	No

		19. Washington ★	20. West Virginia ★
11	Exclusive DNR form?	No	No
12	Immunity provided?	Yes, for EMS responders. RCW §18.71.210	Yes
13	Duty to offer POLST?	No	No
14	Duty to comply?	Yes, by EMS as the standard of care	Yes, §16-30-12 and 16-30-10 and §16-30C-7
15	Original vs. Copies/faxes?	Green original (a downloadable original can be printed on green stock). Copies valid.	Bright Pink Original. Copies must be pink.
16	Conflicts with AD addressed?	The most recently completed form takes precedence.	The person's expressed directives control. 16-30-5(b)
17	Presumption if section of form left blank	Full treatment	Full treatment
18	Out-of-state POLST recognized?	Not addressed	Yes, DNR §16-30C-15 Not addressed for POST
19	Web page for additional resources	WA State Medical Assn. http://www.wsma.org/PO_LST	WV Center for EOL Care: http://www.wvendoflife.org/
20	Additional Notes		<u>Can be filed with WV e-Directive Registry. See: http://www.wvendoflife.org/e-Directive-Registry</u>