STATE POLICY RESOURCE GUIDE

Portable Orders for Life-Sustaining Treatment

AANP | American Association of NURSE PRACTITIONERS™

Portable Orders for Life-Sustaining Treatment

Nurse practitioners, patients and their families have long recognized the benefit of informed conversations to help patients define their end-of-life care decisions, and the need for universally recognized forms to ensure that patient choices are recognized and honored across health care settings. Over the last twenty years, concerted efforts led by the National POLST organization and supported by AANP have resulted in the adoption of standardized terminology and forms across the country.

Portable Orders for Life-sustaining Treatment, commonly referred to as POLST, is a standardized form that includes portable medical orders that communicate patient wishes for end-of-life intervention to health care facilities and providers, including Emergency Medical Services (EMS). POLST orders complement, but do not replace, advanced directives. A POLST form requires the signature of both the health care provider and the patient (or their legal surrogate) to be valid. While most states have adopted the most current POLST terminology, some forms and state programs may also be known as

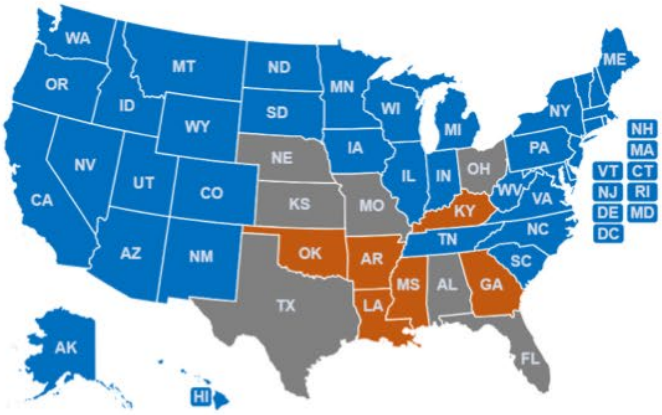
- POLST or POST (physician/provider/patient orders for life-sustaining treatment)
- MOLST (medical orders for life-sustaining treatment)
- COLST (clinician orders for life-sustaining treatment)
- MOST (medical order for scope of treatment).

As of 2024, forty-three (43) states and the District of Columbia have codified their POLST programs into state law or have an officially recognized state form or process. Thirty-seven (37) of those jurisdictions authorize Nurse Practitioners to sign their official statewide POLST. Only six (6) states do not explicitly recognize NPs or outright prohibit NP signature on these items of patient care. Seven (7) states have not adopted any officially recognized, statewide POLST form in state law or regulations.

This guide provides essential strategies for NP organizations advancing Portable Orders for Life-Sustaining Treatment (POLST) campaigns and highlights the best practices AANP has gathered from over a decade of successful NP-led efforts in dozens of states. In this guide we'll cover these AANP Best Practices for POLST Campaigns:

1. Gathering the Data
2. Identify Stakeholders
3. Consider All Policy Levers and Retain Future Flexibility
4. Illustrate the Need for Change
5. Assess the Policy Landscape

NURSE PRACTITIONER AUTHORIZATION TO SIGN PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)* FORMS



Legend

- Yes: 37 states + Washington, D.C.
- No: 6 states
- No formal POLST form authorized in statute or regulation: 7 states

See State Fact Sheets for more information.
*May also refer to MOLST, POST, MOST or COLST forms.

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Best Practices for POLST Campaigns

Best Practice #1: Gathering Data

Assess the status of POLST development in the jurisdiction within the national context. States vary in their recognition and authorization of POLST forms. AANP classifies POLST status using the following three broad state categories: Yes, No and Developing.

Yes: Jurisdictions Authorize Nurse Practitioners to Sign POLST Forms

These jurisdictions either explicitly authorize NPs via state law or administrative regulation, or, an official state agency includes NPs within its broader POLST processes or procedures.

- **Explicit signature recognition:** For example, Alaska state law explicitly names "advanced practice registered nurses" in the state law governing POLST forms and processes.
- **Implicit signature recognition**: The state laws and regulations around POLST in Arizona, by contrast, use broader terms like "health care providers," that state courts and agencies have interpreted to include nurse practitioners on the statewide form.

AANP Case Study Example: Alaska

Enrolled AK_HB 392: Relating to advanced practice registered nurses and physician assistants; and relating to death certificates, do not resuscitate orders, and life sustaining treatment.

* **Sec. 13. AS 13.52.390**(23) is amended to read:

*(23) "life-sustaining procedures" means any medical treatment, procedure, or intervention that, in the judgment of the primary physician, **advanced practice registered nurse, or physician assistant,** when applied to a patient with a qualifying condition, would not be effective to remove the qualifying condition, would serve only to prolong the dying process, or, when administered to a patient with a condition of permanent unconsciousness, may keep the patient alive but is not expected to restore consciousness; in this paragraph, "medical treatment, procedure, or intervention" includes assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, including antibiotics, or artificial nutrition and hydration;*

*** Sec. 14. AS 13.52.390** is amended by adding new paragraphs to read:

(38) "advanced practice registered nurse" has the meaning given in AS 08.68.850;

(39) "physician assistant" means an individual licensed under AS 08.64.107.

Title: This legislation was more than just an NP POLST authorization bill. It also included updates to death certificates, health care power of attorney, and more for APRNs and other clinicians.

Section: This excerpt is for the POLST authorization elements, included in Section 13 and 14 of the final House Bill 392.

Placement: The final bill language inserted and defined the terms *"advanced practice registered nurse"* and *"physician assistant"* into the law's *Definitions (A.S. §13.52.390)* under the existing state law that established the POLST form and program under Alaska's *Title 13. Decedents' Estates, Guardianships, Transfers, Trusts, and Health Care Decisions, Chapter 52. Health Care Decisions Act.*

***Tip**: The newly added terms include a reference to each respective chapter of state law that defines and governs the license and practice of these clinicians, i.e., the code reference for the Alaska Nurse Practice Act. This bill drafting convention illustrates a common bill drafting best practice for all legislation that impacts a profession.*

AANP Case Study Example: Arizona

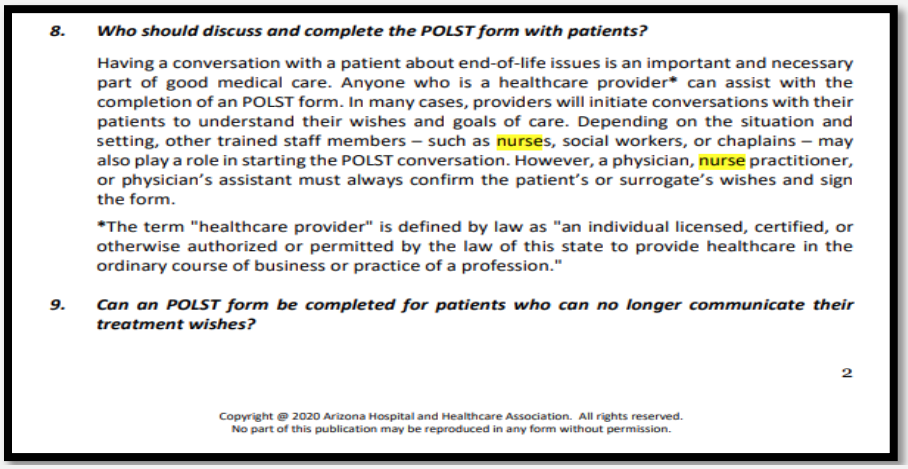
Background: Arizona has a permissive legal framework **implicitly** authorizing NPs to complete POLST forms *without* setting specific requirements in statute. Arizona outlines advanced health care directives and processes more generally. The law defines "health care providers" broadly to include multiple licensed health care professionals that may participate in aspects of care planning. This definition includes nurse practitioners by reference to the state's nurse practice act, *Arizona Title 32, Chapter 15*.

Arizona Statutes Title 36. Public Health and Safety, Chapter 32. Living Wills and Health Care Directives

"7. "Health care provider" means a natural person who is licensed under title 32, chapter 11, 13, 15, 17 or 25, a hospice as defined in section 36-401 that is licensed under chapter 4 of this title or an organization that is licensed under this title, that renders health care designed to prevent, diagnose or treat illness or injury and that employs persons licensed under title 32, chapter 11, 13, 15, 17 or 25."

While Arizona state law doesn't explicitly address POLST forms, the state government officially recognizes the use of POLST under the larger umbrella of health care directives. The Arizona Healthcare and Hospital Association (AzHHA) administers the state's POLST program and maintains the Arizona POLST forms and accompanying educational resources.

The Arizona Attorney General and the state court system both reference AzHHA's materials and direct the public to its resources. Additionally, the accompanying forms and guidance from AzHHA clearly state that nurse practitioners are authorized to complete and sign Arizona's POLST forms (below).



8. *Who should discuss and complete the POLST form with patients?*

Having a conversation with a patient about end-of-life issues is an important and necessary part of good medical care. Anyone who is a healthcare provider* can assist with the completion of an POLST form. In many cases, providers will initiate conversations with their patients to understand their wishes and goals of care. Depending on the situation and setting, other trained staff members – such as nurses, social workers, or chaplains – may also play a role in starting the POLST conversation. However, a physician, nurse practitioner, or physician's assistant must always confirm the patient's or surrogate's wishes and sign the form.

*The term "healthcare provider" is defined by law as "an individual licensed, certified, or otherwise authorized or permitted by the law of this state to provide healthcare in the ordinary course of business or practice of a profession."

9. *Can an POLST form be completed for patients who can no longer communicate their treatment wishes?*

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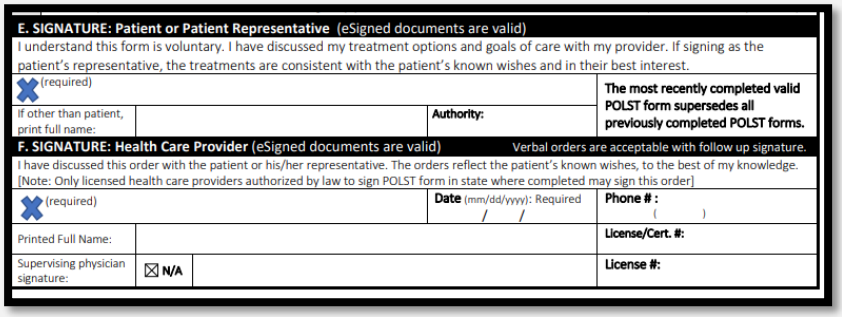
Further, the Arizona official POLST form itself (below) and accompanying materials are based on the National POLST form, a standardized form which is provider-neutral and does not restrict the health care clinician authorized to complete or sign the form. AzHHA provides Arizona-specific POLST information online.



E. SIGNATURE: Patient or Patient Representative (eSigned documents are valid)

I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's representative, the treatments are consistent with the patient's known wishes and in their best interest.

✖ (required) | The most recently completed valid POLST form supersedes all previously completed POLST forms.

If other than patient, print full name: | **Authority:**

F. SIGNATURE: Health Care Provider (eSigned documents are valid) — Verbal orders are acceptable with follow up signature.

I have discussed this order with the patient or his/her representative. The orders reflect the patient's known wishes, to the best of my knowledge. [Note: Only licensed health care providers authorized by law to sign POLST form in state where completed may sign this order]

✖ (required) | **Date** (mm/dd/yyyy): Required / / | **Phone #:** ( )

Printed Full Name: | **License/Cert. #:**

Supervising physician signature: ☒ N/A | **License #:**

Screenshots of Arizona Hospital and Healthcare Association POLST form and instructions used with permission.

No: States Do Not Recognize NPs in POLST Processes

These states may have laws or regulations where only physicians and/or other providers are explicitly authorized, or they may have language which outright prohibits NPs from signing.

AANP Case Study Example: Louisiana

§1155.3. Louisiana Physician Order for Scope of Treatment
A. The secretary of the Louisiana Department of Health is hereby authorized and directed to promulgate and publish rules, regulations, and standards, in accordance with the Administrative Procedure Act, to provide for the Louisiana Physician Order for Scope of Treatment "LaPOST" program.
B. The rules and regulations shall include the following:
(1) Promulgation of the LaPOST form.
(2) Requirements that shall be met in order for a LaPOST form to be valid, including but not limited to situation in which the personal health care representative of a patient may execute the LaPOST form.
(3) Methods for revocation.
(4) Requirements which relate to a patient's informed consent upon executing a LaPOST form.
(5) Requirements for periodic review of the LaPOST form by the patient and his physician.
C. Nothing in this Subpart shall be construed in any manner to prevent the withholding or the withdrawal of life-sustaining procedures from an adult person who is comatose, incompetent, or otherwise physically or mentally incapable of communication and has not executed a prior LaPOST form in accordance with this Subpart.
D. The Louisiana Physician Order for Scope of Treatment or LaPOST form is not a declaration concerning life-sustaining procedures and therefore shall not have to comply with the provisions of R.S. 40:1151 through 1151.9 in order to be valid and enforceable.

Acts 2010, No. 954, §1; Redesignated from R.S. 40:1299.64.3 by HCR 84 of 2015 R.S.

Background:
In Louisiana, the state law passed in 2010 that designated the state's POST program restricted the signing authority of the *LaPOST* form to physicians only. Any changes to the components of the POST form, including the authorized signature of the provider, would require passing and enacting legislation to amend this current state law.

Developing: States Have No Officially Recognized Statewide POLST form or process

These states lack any official recognition in law or regulations of a formal POLST form or process. These states may still be in the process of developing a unified, statewide approach.

AANP Case Study Example: Texas

Background: Texas has no officially recognized statewide POLST. Texas is classified as "developing" in the absence of any official agency, regulation, or state law that acknowledges and recognizes a standard, statewide format for a POLST order.

- The state law and regulations are silent with regard to POLST elements AANP looks for.
- The state Health and Human Services Agency maintains an updated list of official advanced care planning forms, and POLST is not included.
- Meanwhile, individual patient services organizations or regional health systems may have their own internally developed pathways or forms that include many of the elements of a POLST order.
- However, these orders may have limits to availability, access or recognition for all NPs and patients in the state.

Tip: *The AANP annually updated state fact sheets have detailed insights into each state's POLST status and links to state forms. See the summary table at the end of this guide for a list of all state POLST programs and NP authorization.*

Best Practice #2: Identifying Stakeholders

Engage a broad range of stakeholders who are affected by POLST policies. Collaborate with existing task forces and advocacy groups focused on end-of-life care and empowering patients. A comprehensive, inclusive campaign made up of diverse voices that centers the patient experience significantly enhances the campaign's credibility and effectiveness.

Include diverse organizations, such as:

- National and state associations (AANP, National POLST.org)
- Hospice and palliative care groups
- Patient advocacy organizations (AARP, Alzheimer's Association)
- Legal and healthcare entities (Estate planning organizations, elder care agencies)
- Hospital, health system and nursing home/skilled nursing facilities (institutions that would benefit from the use of POLST forms)

Best Practice #3: Consider All Policy Levers and Retain Future Flexibility

Assess whether the situation requires a change to state law. Other policy levers include administrative pathways, such as a state agency's regulatory rulemaking processes.

Legislative Approach:
If legislation is necessary, care should be taken in the drafting process to consider potential future impacts. For example, states are the most successful long-term if the POLST legislation does not include or embed the actual form. Similarly, the language should avoid being overly prescriptive about the mandated elements and should utilize provider-neutral language where possible. This flexibility in the law will allow for future evolution in healthcare that can be addressed at the state agency administrative level without requiring new legislation each time a change is needed.

- State laws that use provider-neutral language allow for the possibility that the state agency that administers the POLST form can simply approve any new class of qualified health professionals to complete the form.

- State laws that use *outdated* language, (for example "terminal conditions" to apply to POLST patients) create unnecessary ambiguity that is not in step with current end-of-life care recommendations. Flexible statutory language that defers to the authority of the state agency or the clinical judgment of the

provider ensures that the form can be updated with clinical practice and terminology without the need to run new legislation.

- Due to the variability of POLST policy construction, "borrowing" bill or statute language from other states is not recommended. Doing so may import challenges, like the ones described here, creating unintended consequences in another state.

Keep in mind that legislation often leads to a regulatory process for form development and updates, which can take anywhere from a few months to a year or more for full implementation. Campaigns for POLST updates will need to set realistic goals considering these timelines.

Administrative Agency Rulemaking Approach:
Alternatively, the state law may already be sufficient. Updates or clarification of administrative codes and regulations, or revisions to the form itself, may be all that is necessary. In these cases, coalition leaders should coordinate a meeting with administrative agency officials (for example, state departments of public health) to consider opportunities to participate in public hearings and comment periods for clarifying rule changes or new form revisions.

Tip: *The AANP State Government Affairs team can assist in crafting approaches tailored to each state that remains adaptable as POLST programs and standards continue to evolve, and recommending refined regulatory language that will mirror the intent of relevant statutes and bring the state into alignment with national recommendations.*

Best Practice #4: Illustrate the Need for Change

Good campaigns clearly articulate the benefits of POLST policies. The central goal of POLST is to ensure that patient wishes are known and honored. The focus of any campaign should prioritize patient-centered care. The best way to secure positive campaign momentum is to (1) build a broad coalition, (2) highlight real patient and family experiences that can make this issue tangible to policy makers and (3) underscore the urgency for taking policy action now.

When it comes to effective campaign messaging, the audience and the messenger are critical considerations. Policy summaries, high-level talking points and patient-care examples can be well-conveyed on informative "leave-behind" printed or digital materials. Other messages to policymakers may be best communicated by state coalition leaders or their lobbyists when there is a need to convey technical details or address opposition messages and concerns.

Patient stories *can* be shared with lawmakers in e-mail campaigns, but they are most effective if the storyteller is directly sharing their experience in a meeting or public comment opportunity with their elected officials or state agency decisionmakers. AANP's State Government Affairs team has tools and resources available to help craft and deploy a tailored and successful messaging strategy.

Successful Messaging Examples:

- **State Coalition to Policymakers and/or Grassroots Base:** "*NPs and other clinicians are integral to patient care; it's essential that our state honors patients' choices in their end-of-life care.*"
- **State Coalition to Policymakers and/or Grassroots base:** "*Our coalition seeks to modernize outdated policies to enhance patient autonomy and streamline end-of-life care processes.*"
- **Grassroots Constituent written or in-person communication with Policymakers:**
  "I'm an NP in hospice care in __County/Town/City. I work daily with patients facing chronic or life-threatening conditions. While I can discuss the POLST form with them, state law requires a physician's signature. This often leads to delays and confusion. I've had instances where a patient's wishes were not honored because a form wasn't yet signed. Help us honor patients by updating the signature line on these forms.
- **Patient/Family stories are best shared directly communicating with Policymakers**:
  "I'm a patient/family member, and having a POLST form is crucial for directing my care. After discussing my wishes with my trusted NP, I found out that a physician I've never met needs to sign the form. I want my chosen provider to be recognized alongside my care wishes."

Best Practice #5: Assess the Policy Landscape

All campaigns require time and resources. Assessing the political landscape is critical for determining the viability of proposed changes. Conducting a thorough landscape analysis is essential for assessing the feasibility of POLST changes and understanding their long-term implications for NPs and patient care delivery in the state. Consider these factors to determine if the time is right for your state to advance a POLST initiative.

- **Understand the political climate.** For example, are there upcoming elections, new committee chairs, or term limits creating opportunities and/or risks?
- **Scan current legislative trends**. For example, is this a session in which lawmakers are focused on reducing administrative burden, or improving consumer and patient choice? POLST can be framed as a solution that aligns with those efforts.
- **Look for existing legislative pathways.** Is there a technical or "cleanup" bill already moving through the legislature? For example: health code modernization, sunset legislation, or general standardization of health

department forms or processes. POLST updates can often be folded into these bills or positioned as part of a larger suite of patient-focused reforms.

- **Avoid moral/ethical landmines.** Be cautious of triggering sensitive debates around medical aid in dying or end-of-life care that will derail POLST discussions. Emphasize that POLST is always voluntary and is designed only to be a portable medical order that clearly communicates patient wishes in select circumstances. POLST should always be framed as a distinct and separate item that is meant to serve as a complement to—not a replacement for—all other advanced directive planning.

- **Evaluate opposition potential**. Identify early any groups or policymakers likely to oppose POLST efforts. It may be strategic to engage those leaders in advance, offering to answer questions and address their concerns. It may also be strategic to hold for a future, more favorable session.

- **Timing is everything.** For example, "recency bias" refers to tendency for lawmakers to experience fatigue by NP or POLST-related issues if they've encountered several recently. Conversely, lawmakers may view new developments more favorably as a positive continuation of recent progress. AANP has observed this effect can play an outsize role in whether an effort succeeds or fails to gain traction with policymakers. Consider a few strategic timing questions when assessing the landscape:
    - *Have NPs, other APRNs, or other clinician groups previously pursued their own legislative efforts to update POLST or other forms?*
    - *How recent were those campaigns and how successful or unsuccessful were they?*
    - *Are there similar efforts planned for this session—either for NPs or other groups—that may distract from the campaign?*

Taking it together, it is critical to thoroughly assess the whole picture from the perspective of policymakers before introducing a new bill. But take heart: even if one or more landscape factors are not ideal, NPs may still have opportunities to make progress.

To decide, early and honest conversations with key policy leaders prior to any bill introduction can be very effective in gauging the political viability of a potential NP bill and making note of any lasting impressions left by prior sessions.

Tip: *Lobbyists and coalition partners can be invaluable in assessing whether recency bias is a threat to potential legislation. Lawmakers may more readily share their fears, concerns, or unfavorable impressions with others rather than directly with NPs, who may also be their constituents or members of their community. AANP State Government Affairs can help with insights from our experience managing state capitol legislative consultants and maintaining legislators and bill sponsor relationships.*

Best Practice #6: Align Short-term Plans with Long-Term NP Goals

Legislative campaigns require major resource investments. It is wise for state organizations to focus and plan engagement efforts in ways that not only advance important individual issues, like POLST, but build political capital and resiliency within the NP community for the long term. Strategically emphasizing key themes of long-term goals, such as eliminating outdated practice restrictions and strengthening the overall health care workforce in your state, can help secure needed POLST changes (and other targeted barrier removal efforts) while strengthening your position to advance long-term goals.

Using a "Phased" Approach

For states pursuing Full Practice Authority or other major legislative reforms, AANP has found that a strategic "staging and stacking" approach can be very effective. This involves setting long-term goals (e.g., achieving FPA within five years or more) while identifying shorter-term milestones (e.g., 1- and 3-year objectives) that provide immediate patient benefits in specific areas and will build momentum and lay the groundwork toward those larger efforts.

These kinds of targeted, issue-specific, shorter-term campaigns have the potential to engage stakeholders, demonstrate the value of NP involvement in patient-centered care, and raise the visibility of NPs as an authority in health policy conversations. Through strategic timing, NPs can improve patient care in targeted areas while also building credibility, partnerships, and legislative familiarity, all of which contribute to stronger positioning for larger efforts in subsequent sessions.

Example metrics of how targeted campaigns can deliver toward the longer-term goals of the state:

- Build relationships with lawmakers on patient care issues.
- Create a broad coalition of healthcare and patient advocacy interests.
- Assess organizational capacity for running larger, sustained campaigns
- Evaluate political leaders' willingness to support NP/nursing policies
- Introduce newer policymakers to the NP role and advanced nursing patient priorities.

A Word of Caution: Two Leaps Backward for a Small Step Forward

When it comes to strategic timing, states should be extra cognizant of opposition tactics to limit progress and disrupt long-term goals while NPs are focusing on current priorities. This can be a major threat to POLST or any other near-term issue. For example, a state would move *backward* if POLST legislation recognized only *some* NPs practicing in specific care settings to complete the form or specifically requires physician delegation to sign a POLST form.

Exceptions, restrictions, carve-outs, or conditions that further anchor NP care to physicians or the state medical board would not align with long-term goals of patient access, and may move your state further away from alignment with national standards. Be wary of "creative" legislative maneuvers that could potentially erect new barriers in place of old ones.

Tip: *AANP has tools and resources for countering legislative negotiations like these and holding ground during state legislative sessions.*

AANP Case Study Example: Michigan

Seamlessly Integrating POLST into Longer-term Goals:
Michigan's steady trajectory toward Full Practice Authority (FPA) has been marked by planned, phased efforts—building credibility and political relationships over time. A pivotal example came in 2017 during the state's initial effort to update POLST legislation (H.B. 4170). The original bill would have required nurse practitioners to be under physician contracts just to be eligible to sign a POLST form—a move that not only limited the patient benefits of POLST but also risked reinforcing outdated hierarchies and undermining long-term NP goals.

State contacts recognized the threat and consulted the AANP State Government Affairs team. In rapid coordination, Michigan leaders and AANP staff worked to craft an amendment that removed the supervision requirements.

Using open, quick communication and a well-established relationship with the bill sponsor, advocates submitted the amendment in time to meet a critical legislative deadline. The change was accepted, and the final version of the bill—enacted as Public Act 154 of 2017—recognized NP authority to sign POLST legislation *without ties to physician oversight*.

Working together in coordination with other stakeholders, this move ensured better patient access to POLST and protected Michigan's progress toward FPA. Michigan's NP community continues to watch for the opportunity to update legislative language and insert provider-neutral/provider-inclusive terminology in broader health policy bills. These actions have cultivated coalition partners, built ongoing relationships with legislators, and maintained visibility of the NP profession as a leader in health policy discussions at the legislature. The result has been a strengthened position for the state NP organization to engage in broader licensure reforms and FPA legislation.

Key takeaways: This example of a "staged and stacked" approach illustrates how targeted-campaigns, like POLST reform and ongoing engagement, can serve both as a strategic milestone and a momentum-builder. Effective campaigns often hinge on timing, relationships, and a clear long-term vision that builds on a series of short-term efforts and wins.

Conclusion

POLST campaigns have the power to honor patients and ensure better support for their families. Successful POLST efforts require collaboration, strategic planning, and a focus on patient needs. State NP associations are uniquely positioned to deliver these wins for patient-centered care.

Resources and Next Steps

- Review AANP's POLST Policy Brief for historical context and latest state counts and updates.
- Request a Consult with the State Government Affairs team on POLST or other tailored guidance and strategies.

Table of State Laws and Authorization Status

Updated: 2024

- **Seven (7) states** have not adopted an officially recognized, statewide POLST form in state law or regulations.
- **Forty-three (43) states plus Washington D.C.** have codified their POLST programs into state law or an officially recognized state form.
  - Nurse practitioner (NP) signatures are recognized on official statewide POLST forms in **thirty-seven (37) states and Washington D.C.**
  - Of the jurisdictions that have an established state POLST form, **only six (6) do not** explicitly recognize NP signature on these items of patient care.

State	Officially Recognized POLST Program & Form	Statute or Official Guidance	NP Signature Recognition
AL	***No officially recognized statewide form***		
AK	Physician Orders for Life-Sustaining Treatment	**AS 13.52.390**	Yes
AZ	*National POLST: A Portable Medical Order*	***Arizona Attorney General* and *Arizona Judicial System Court Official Forms***	Yes
AR	Physician Orders for Life-Sustaining Treatment	**A.C.A. § 20-06-308**	No
CA	Physician Orders for Life-Sustaining Treatment	**CA HLTH&S§ 102875; Section 4780; Probate Code**	3Yes
CO	Medical Orders for Scope of Treatment	**C.R.S.A. § 15-18.7-104**	Yes
CT	Medical Orders for Life-Sustaining Treatment	**C.G.S.A 19a-580h**	Yes
DE	Medical Orders for Scope of Treatment	**16 Del.C. § 2509A**	Yes
FL	***No officially recognized statewide form***		
GA	Physician Orders for Life Sustaining Treatment	**Ga. Code Ann. § 31-1-14**	No
HI	Provider Orders for Life-Sustaining Treatment	**HRS § 327K-1**	Yes
ID	Physician Orders for Scope of Treatment	**I.C. § 39-4512A**	Yes
IL	Practitioner Orders for Life-Sustaining Treatment	**755 ILCS 40/65**	Yes
IN	Physician Orders for Scope of Treatment	**IC 16-36-6-7**	Yes

IA	Physician Orders for Scope of Treatment	**I.C.A. § 144D.2**	Yes
KS	***No officially recognized statewide form***		
KY	Medical Orders for Scope of Treatment	**KRS § 311.6225**	No
LA	Physician Orders for Scope of Treatment	**LSA-R.S. 40:1155.3**	No
ME	Maine POLST*	**18-C M.R.S.A. § 5-802**	Yes
MD	Maryland Order for Life Sustaining Treatment	**MD Code § 5-608.1**	Yes
MA	Medical Orders for Life-Sustaining Treatment	**105 CMR 158.004**	Yes
MI	Physician Orders for Sustaining Treatment	**M.C.L.A. 333.5672**	Yes
MN	Provider Orders for Life Sustaining Treatment	**M.S.A. § 145C.03**	Yes
MS	Physician Orders for Sustaining Treatment	**M.C.A. § 41-41-302**	No
MO	***No officially recognized statewide form***		
MT	Provider Orders for Life Sustaining Treatment	**MT ADC 37.10.101**	Yes
NE	***No officially recognized statewide form***		
NV	Physician Order for Life-Sustaining Treatment	**NRS 449A.551**	Yes
NH	Portable Orders for Life Sustaining Treatment	**N.H. Rev. Stat. § 137-L:2**	Yes
NJ	Practitioner Orders for Life-Sustaining Treatment	**N.J.S.A. 26:2H-130**	Yes
NM	Medical Orders for Scope of Treatment	**NM ADC 7.27.6**	Yes
NY	Medical Orders for Life Sustaining Treatment	NY State DOH	Yes
NC	Medical Orders for Scope of Treatment	**N.C.G.S.A. § 90-21.17**	Yes
ND	ND Physician Orders for Life Sustaining Treatment	**N.D.C.C. 23-06.5 HEALTH CARE DIRECTIVES**	Yes
OH	***No officially recognized statewide form***		
OK	Physician Order of Life Sustaining Treatment (BOM&AG)	**63 OK Stat § 3105.3 (2023)**	No
OR	Portable Orders for Life Sustaining Treatment	**ORS 127.663**	Yes
PA	Pennsylvania – Orders for Life Sustaining Treatment (POLST)	**PA-DOH**	Yes
RI	Medical Orders for Life Sustaining Treatment (MOLST)	**RI ST § 23-4.11-2**	Yes

SC	Physician Orders for Scope of Treatment	**SC COL SEC 44-80-10**	Yes
SD	Medical Orders for Scope of Treatment (MOST)	**SDCL § 34-12H-4**	Yes
TN	Physician Orders for Scope of Treatment (POST)	**T. C. A. § 68-11-224**	Yes
TX	***No officially recognized statewide form***		
UT	Provider Order for Life-Sustaining Treatment (POLST)	**U.A.C. 1953 § 75-2a-106**	Yes
VT	Clinician Orders for Life Sustaining Treatment (COLST)	**18 V.S.A. § 9708**	Yes
VA	VA POLST	**§54.1-2957.02 and §54.1-2952.2**	Yes
WA	Portable Orders for Life Sustaining Treatment form	**RCW 43.70.480**	Yes
WV	WV POST Form	**W. Va. Code, § 30-7-15d**	Yes
WI	Declaration to Health Care Professionals	**WI DHS & 154.03**	Yes
WY	WyoPOLST	**W.S.1977 § 35-22-504**	Yes
D.C.	Medical Orders for Scope of Treatment	**DC ST § 21-2221.01**	Yes

Additional Resource: National POLST Model Form

Please see POLST.org for the latest official version of the national recommended form and ways to bring the standardized national form to your state.

National POLST provides a model form and information for healthcare professionals.