

1 WHEREAS, health care professionals caring for patients
2 in various settings may in good faith initiate or withhold
3 treatments contrary to the desires of the patient if the
4 patient's wishes are not readily available to the treating
5 health care professionals, and

6 WHEREAS, physician orders for life-sustaining treatment
7 (POLST) forms are designed to help health care professionals
8 honor the treatment wishes of their patients and are now
9 available in many states, and

10 WHEREAS, in order to document a patient's wishes for
11 life-sustaining treatment in the form of physicians' orders,
12 streamline the transfer of patient records between facilities,
13 clarify treatment intentions, and minimize confusion about
14 patient preferences, a standardized POLST form shall be
15 implemented in the state, NOW, THEREFORE,

16
17 Be It Enacted by the Legislature of the State of Florida:

18
19 Section 1. Section 765.3065, Florida Statutes, is
20 created to read:

21 765.3065 Form for physician orders for life-sustaining
22 treatment.--

23 (1) The Department of Health shall create, by rule, a
24 standardized, voluntary physician orders for life-sustaining
25 treatment (POLST) form similar to those being used in other
26 states. The department shall make any necessary changes to
27 that form to make it consistent with state law or department
28 rules.

29 (2) For purposes of this section:

30 (a) "Licensed health care professional" means a
31 physician licensed under chapter 458, an osteopathic physician

1 licensed under chapter 459, a nurse licensed under part I of
2 chapter 464, a physician assistant licensed under chapter 458
3 or chapter 459, or a dentist licensed under chapter 466.

4 (b) "Physician" means a person licensed under chapter
5 458 or chapter 459.

6 (c) "Principal" means a competent adult who has
7 completed a POLST form and on whose behalf health care
8 decisions are to be made.

9 (d) "Proxy" means a competent adult who has not been
10 expressly designated to make health care decisions for a
11 particular incapacitated individual, but who, nevertheless, is
12 authorized pursuant to s. 765.401 to make health care
13 decisions for such individual.

14 (e) "Surrogate" means any competent adult expressly
15 designated by a principal to make health care decisions on
16 behalf of the principal upon the principal's incapacity.

17 (3) The POLST form shall be completed by a licensed
18 health care professional based on the principal's preferences
19 and medical indications, but the POLST form must be signed by
20 a physician to be valid. Photocopies and facsimiles of signed
21 POLST forms are legal and valid; however, the department
22 strongly encourages the use of the original form.

23 (a) Any section of the POLST form concerning the
24 following treatments which is not completed implies full
25 treatment for that section:

- 26 1. Cardiopulmonary resuscitation;
- 27 2. Medical interventions;
- 28 3. Antibiotics; or
- 29 4. Artificially administered nutrition.

30
31

1 Oral fluids and nutrition must always be offered if medically
2 feasible.

3 (b) Intravenous fluids or medication may be
4 administered to a principal to enhance comfort if the
5 principal has chosen the category "Comfort Measures Only" on
6 the POLST form for authorized medical interventions.

7 (c) The principal, if competent, or the surrogate or
8 proxy may revoke the POLST form at any time and request
9 alternative treatment.

10 (d) A principal must sign the form if the principal
11 has the capacity and competence to sign the form in accordance
12 with chapter 765.

13 (e) A principal is not required to sign the form if he
14 or she does not have the capacity or competence to sign the
15 form. The physician shall verify the signature of the
16 principal, or the signature of the surrogate or proxy if the
17 principal is incapacitated or incompetent, before the
18 physician affixes his or her signature to validate the POLST
19 form.

20 (f) The POLST form must be reviewed periodically. A
21 new POLST form must be completed when:

22 1. The principal is transferred from one care setting
23 or care level to another;

24 2. There is a substantial change in the health status
25 of the principal; or

26 3. The treatment preferences of the principal change.

27
28 When a new POLST form is completed, the form must be signed by
29 a physician.

30 (g) If an advance directive document with a more
31 recent execution date is provided to the facility where the

1 principal is located, the advance directive document is
2 legally controlling. The facility must revoke the POLST form
3 submitted before the advance directive and offer the
4 principal, or the surrogate or proxy, the opportunity to
5 complete and sign a new POLST form.

6 (4) The Department of Health shall make any future
7 changes to the POLST form which are necessary to reflect
8 changes in state law or department rules or may otherwise
9 modify the POLST form in accordance with this section.

10 (5) If a completed POLST form expresses a principal's
11 desires concerning life-sustaining procedures and has been
12 signed by a reviewing physician, that form shall be included
13 in the medical record of the principal.

14 (6) The Department of Health shall make the POLST form
15 available on the department's Internet website.

16 Section 2. Subsection (1) of section 765.101, Florida
17 Statutes, is amended to read:

18 765.101 Definitions.--As used in this chapter:

19 (1) "Advance directive" means a witnessed written
20 document or oral statement in which instructions are given by
21 a principal or in which the principal's desires are expressed
22 concerning any aspect of the principal's health care, and
23 includes, but is not limited to, the designation of a health
24 care surrogate, a living will, a physician orders for
25 life-sustaining treatment (POLST) form, or an anatomical gift
26 made pursuant to part X of chapter 732.

27 Section 3. This act shall take effect July 1, 2006.
28
29
30
31