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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/01/2016	.	
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The Committee on Health Policy (Gaetz) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 401.451, Florida Statutes, is created to
read:

401.451 Physician Orders for Life-Sustaining Treatment
Program.—The Physician Orders for Life-Sustaining Treatment
Program is established within the Department of Health to
implement and administer the development and use of physician



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11 orders for life-sustaining treatment consistent with this
12 section and to collaborate with the Agency for Health Care
13 Administration in the implementation and operation of the
14 Clearinghouse for Compassionate and Palliative Care Plans
15 created under s. 408.064.

16 (1) DEFINITIONS.—As used in this section, the term:

17 (a) "Advance directive" has the same meaning as in s.
18 765.101.

19 (b) "Agency" means the Agency for Health Care
20 Administration.

21 (c) "Clearinghouse for Compassionate and Palliative Care
22 Plans" or "clearinghouse" has the same meaning as in s. 408.064.

23 (d) "Compassionate and palliative care plan" or "plan" has
24 the same meaning as in s. 408.064.

25 (e) "Do-not-resuscitate order" means an order issued under
26 s. 401.45(3).

27 (f) "End-stage condition" has the same meaning as in s.
28 765.101.

29 (g) "Examining physician" means a physician licensed under
30 chapter 458 or chapter 459 who examines a patient who wishes, or
31 whose legal representative wishes, to execute a POLST form; who
32 attests to the patient's, or the patient's representative's,
33 ability to make and communicate health care decisions; who signs
34 the POLST form; and who attests to the patient's execution of
35 the POLST form.

36 (h) "Legal representative" means a patient's legally
37 authorized health care surrogate or proxy as provided in chapter
38 765, a patient's court-appointed guardian as provided in chapter
39 744, an attorney in fact, or a patient's parent if the patient



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40 is a minor.

41 (i) "Physician order for life-sustaining treatment" or
42 "POLST" means an order issued pursuant to this section which
43 specifies a patient with an end-stage condition and provides
44 directives for that patient's medical treatment under certain
45 conditions.

46 (2) DUTIES OF THE DEPARTMENT.—The department shall:

47 (a) Adopt rules to implement and administer the POLST
48 program.

49 (b) Prescribe a standardized POLST form pursuant to this
50 section.

51 (c) Provide the POLST form in an electronic format on the
52 department's website and prominently state on the website the
53 requirements for a POLST form under paragraph (3)(a).

54 (d) Consult with health care professional licensing groups,
55 provider advocacy groups, medical ethicists, and other
56 appropriate stakeholders on the development of rules and forms.

57 (e) Collaborate with the agency to develop and maintain the
58 clearinghouse.

59 (f) Ensure that department staff receive ongoing training
60 on the POLST program and the availability of POLST forms.

61 (g) Recommend a statewide, uniform process through which a
62 patient who has executed a POLST form is identified and the
63 health care providers currently treating the patient are
64 provided with contact information for the examining physician
65 who signed the POLST form.

66 (h) Adopt POLST-related continuing education requirements
67 for health care providers licensed by the department.

68 (i) Develop a process for collecting provider feedback to



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69 facilitate the periodic redesign of the POLST form in accordance
70 with current health care best practices.

71 (3) POLST FORM.—

72 (a) Requirements.—A POLST form may not include directives
73 regarding hydration or the preselection of any decisions or
74 directives. A POLST form must be voluntarily executed by the
75 patient or, if the patient is incapacitated, the patient's legal
76 representative, and all directives included in the form must be
77 made by the patient or, if the patient is incapacitated, the
78 patient's legal representative at the time of signing the form.
79 A POLST form is not valid and may not be included in a patient's
80 medical records or submitted to the clearinghouse as provided in
81 this section unless it also meets all of the following
82 requirements:

83 1. Be printed on one or both sides of a single piece of
84 paper in a solid color or on white paper as determined by
85 department rule.

86 2. Include the signatures of the patient and the patient's
87 examining physician or, if the patient is incapacitated, the
88 patient's legal representative and the patient's examining
89 physician, executed after consultation with the patient or the
90 patient's legal representative as appropriate.

91 3. Prominently state that completion of a POLST form is
92 voluntary, that the execution or use of a POLST form may not be
93 required as a condition for treatment, and that a POLST form may
94 not be given effect if the patient is conscious and competent to
95 make health care decisions.

96 4. Prominently provide in a conspicuous location on the
97 form a space for the patient's examining physician to attest and



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98 affirm that, in his or her good faith clinical judgment, at the
99 time the POLST form is completed and signed, the patient has the
100 ability to make and communicate health care decisions or, if the
101 patient is incapacitated, that the patient's legal
102 representative has such ability.

103 5. Provide an expiration date that is within 1 year after
104 the patient or the patient's legal representative signs the form
105 or that is contingent on completion of the course of treatment
106 addressed in the POLST form, whichever occurs first.

107 6. Identify the medical condition or conditions that
108 necessitate the POLST form.

109 (b) Restriction on use of a POLST form.—A POLST form may be
110 completed only by or for a patient determined by the patient's
111 examining physician to have an end-stage condition or a patient
112 who, in the good faith clinical judgment of the examining
113 physician, is suffering from at least one life-limiting medical
114 condition that will likely result in the death of the patient
115 within 1 year.

116 (c) Periodic review of a POLST form.—At a minimum, the
117 patient's physician must review the patient's POLST form with
118 the patient or the patient's legal representative, as
119 appropriate, when the patient:

120 1. Is transferred from one health care setting or level of
121 care to another in accordance with subsection (6);

122 2. Is discharged from a health care setting to return home
123 before the expiration of the POLST form;

124 3. Experiences a substantial change in his or her condition
125 as determined by the patient's examining physician, in which
126 case the review must occur within 24 hours of the substantial



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127 change; or

128 4. Expresses an intent to change his or her treatment
129 preferences.

130 (d) Revocation of a POLST form.—

131 1. A POLST form may be revoked at any time by a patient or,
132 if the patient is incapacitated and the authority to revoke a
133 POLST form has been granted by the patient to his or her legal
134 representative, the representative.

135 2. The execution of a POLST form by a patient and his or
136 her examining physician under this section automatically revokes
137 all POLST forms previously executed by the patient.

138 (e) Review of legal representative's decision on a POLST
139 form.—If a family member of the patient, the health care
140 facility providing services to the patient, or the patient's
141 physician who may reasonably be expected to be affected by the
142 patient's POLST form directives believes the directives are in
143 conflict with the patient's prior expressed desires regarding
144 end-of-life care, he or she or the facility may seek expedited
145 judicial intervention pursuant to the Florida Probate Rules.

146 (f) Conflicting advance directives.—To the extent that
147 directives made on a patient's POLST form conflict with another
148 advance directive of the patient that addresses a substantially
149 similar health care condition or treatment, the document most
150 recently signed by the patient takes precedence. Such directives
151 may include, but are not limited to:

152 a. Living wills.

153 b. Health care powers of attorney.

154 c. POLST forms for the specific medical condition or
155 treatment.



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156 d. Do-not-resuscitate orders.

157 (4) ACTING IN GOOD FAITH; LIMITED IMMUNITY.—

158 (a) An individual acting in good faith as a legal
159 representative under this section is not subject to civil
160 liability or criminal prosecution for executing a POLST form as
161 provided in this section on behalf of a patient who is
162 incapacitated.

163 (b) Any licensee, physician, medical director, emergency
164 medical technician, or paramedic who in good faith complies with
165 a POLST form is not subject to criminal prosecution or civil
166 liability, and has not engaged in negligent or unprofessional
167 conduct as a result of carrying out the directives of a POLST
168 form executed in accordance with this section and rules adopted
169 by the department.

170 (5) POLST FORM FOR A MINOR PATIENT.—If medical orders on a
171 POLST form executed for a minor patient direct that life-
172 sustaining treatment may be withheld from the minor patient, the
173 order must include certification by one health care provider in
174 addition to the physician executing the POLST form that, in
175 their clinical judgement, an order to withhold treatment is in
176 the best interest of the minor patient. A POLST form for a minor
177 patient must be signed by the minor patient's legal
178 representative. The minor patient's physician must certify the
179 basis for the authority of the minor patient's legal
180 representative to execute the POLST form on behalf of the minor
181 patient, including his or her compliance with the relevant
182 statutory provisions of chapter 765 or chapter 744.

183 (6) PATIENT TRANSFER; POLST FORM REVIEW REQUIRED.—If a
184 patient whose goals and preferences for care have been entered



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185 in a valid POLST form is transferred from one health care
186 facility to another, the health care facility initiating the
187 transfer must communicate the existence of the POLST form to the
188 receiving facility before the transfer. Upon the patient's
189 transfer, the treating health care professional at the receiving
190 facility must review the POLST form with the patient or, if the
191 patient is incapacitated, the patient's legal representative.

192 (7) POLST FORM NOT A PREREQUISITE.—A POLST form may not be
193 a prerequisite for receiving medical services or for admission
194 to a facility. Facilities and providers may not require a person
195 to complete, revise, or revoke a POLST form as a condition of
196 receiving services or treatment or as a condition of admission.
197 The execution, revision, or revocation of a POLST form must be a
198 voluntary decision of the patient.

199 (8) INSURANCE NOT AFFECTED.—The presence or absence of a
200 POLST form does not affect, impair, or modify a contract of life
201 or health insurance or annuity to which an individual is a party
202 and may not serve as the basis for any delay in issuing or
203 refusing to issue an annuity or policy of life or health
204 insurance or for an increase or decrease in premiums charged to
205 the individual.

206 (9) INVALIDITY.—A POLST form is invalid if payment or other
207 remuneration was offered or made in exchange for execution of
208 the form.

209 (10) LEGISLATIVE INTENT.—This section may not be construed
210 to condone, authorize, or approve mercy killing or euthanasia.
211 The Legislature does not intend that this act be construed as
212 permitting any affirmative or deliberate act to end a person's
213 life, except to permit the natural process of dying.



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214 Section 2. Section 408.064, Florida Statutes, is created to
215 read:

216 408.064 Clearinghouse for Compassionate and Palliative Care
217 Plans.—The Clearinghouse for Compassionate and Palliative Care
218 Plans is established within the Agency for Health Care
219 Administration.

220 (1) DEFINITIONS.—As used in this section, the term:

221 (a) “Advance directive” has the same meaning as in s.
222 765.101.

223 (b) “Clearinghouse for Compassionate and Palliative Care
224 Plans” or “clearinghouse” means the state’s electronic database
225 of compassionate and palliative care plans submitted by
226 residents of this state and managed by the agency pursuant to
227 this section.

228 (c) “Compassionate and palliative care plan” or “plan”
229 means any end-of-life document or a medical directive document
230 recognized by this state and executed by a resident of this
231 state, including, but not limited to, an advance directive, a
232 do-not-resuscitate order, a physician order for life-sustaining
233 treatment, or a health care surrogate designation.

234 (d) “Department” means the Department of Health.

235 (e) “Do-not-resuscitate order” means an order issued
236 pursuant to s. 401.45(3).

237 (f) “End-stage condition” has the same meaning as in s.
238 765.101.

239 (g) “Physician order for life-sustaining treatment” means
240 an order issued pursuant to s. 401.451 which specifies the care
241 and medical treatment under certain conditions for a patient
242 with an end-stage condition.



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243 (2) ELECTRONIC DATABASE.—The agency shall:
244 (a) By January 1, 2017, establish and maintain a reliable
245 and secure database consisting of compassionate and palliative
246 care plans submitted by residents of this state which is
247 accessible to health care providers through a secure electronic
248 portal. The database must allow the electronic submission,
249 storage, indexing, and retrieval of such plans, and allow access
250 to such plans by the treating health care providers of the
251 residents.
252 (b) Develop and maintain a validation system that confirms
253 the identity of the facility, health care provider, or other
254 authorized individual seeking the retrieval of a plan and
255 provides privacy protections that meet all state and federal
256 privacy and security standards for the release of a patient's
257 personal and medical information to third parties.
258 (c) Consult with compassionate and palliative care
259 providers, health care facilities, and residents of this state
260 as necessary and appropriate to facilitate the development and
261 implementation of the database.
262 (d) Publish and disseminate to residents of this state
263 information regarding the clearinghouse.
264 (e) In collaboration with the department, develop and
265 maintain a process for the submission of compassionate and
266 palliative care plans by residents of this state or by health
267 care providers on behalf of and at the direction of their
268 patients for inclusion in the database.
269 (f) Provide training to health care providers and health
270 care facilities in this state on how to access plans through the
271 database.



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272 (3) ALTERNATIVE IMPLEMENTATION.—In lieu of developing the
273 electronic database required by this section, the agency may
274 subscribe to or otherwise participate in a database operated by
275 a public or private clearinghouse if that database meets the
276 requirements of this section. The alternative database may
277 operate nationwide, regionally, or on a statewide basis in this
278 state.

279 Section 3. Subsection (3) of section 400.142, Florida
280 Statutes, is amended to read:

281 400.142 Emergency medication kits; orders not to
282 resuscitate.—

283 (3) Facility staff may withhold or withdraw cardiopulmonary
284 resuscitation if presented with an order not to resuscitate
285 executed pursuant to s. 401.45 or a physician order for life-
286 sustaining treatment (POLST) form executed pursuant to s.
287 401.451 which contains an order not to resuscitate. Facility
288 staff and facilities are not subject to criminal prosecution or
289 civil liability, or considered to have engaged in negligent or
290 unprofessional conduct, for withholding or withdrawing
291 cardiopulmonary resuscitation pursuant to such an order or a
292 POLST form. The absence of an order not to resuscitate executed
293 pursuant to s. 401.45 or a POLST form executed pursuant to s.
294 401.451 does not preclude a physician from withholding or
295 withdrawing cardiopulmonary resuscitation as otherwise allowed
296 ~~permitted~~ by law.

297 Section 4. Section 400.487, Florida Statutes, is amended to
298 read:

299 400.487 Home health service agreements; physician's,
300 physician assistant's, and advanced registered nurse



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301 practitioner's treatment orders; patient assessment;
302 establishment and review of plan of care; provision of services;
303 orders not to resuscitate; physician orders for life-sustaining
304 treatment.—

305 (1) Services provided by a home health agency must be
306 covered by an agreement between the home health agency and the
307 patient or the patient's legal representative specifying the
308 home health services to be provided, the rates or charges for
309 services paid with private funds, and the sources of payment,
310 which may include Medicare, Medicaid, private insurance,
311 personal funds, or a combination thereof. A home health agency
312 providing skilled care must make an assessment of the patient's
313 needs within 48 hours after the start of services.

314 (2) ~~If~~ When required by ~~the provisions of~~ chapter 464; part
315 I, part III, or part V of chapter 468; or chapter 486, the
316 attending physician, physician assistant, or advanced registered
317 nurse practitioner, acting within his or her respective scope of
318 practice, shall establish treatment orders for a patient who is
319 to receive skilled care. The treatment orders must be signed by
320 the physician, physician assistant, or advanced registered nurse
321 practitioner before a claim for payment for the skilled services
322 is submitted by the home health agency. If the claim is
323 submitted to a managed care organization, the treatment orders
324 must be signed within the time allowed under the provider
325 agreement. The treatment orders shall be reviewed, as frequently
326 as the patient's illness requires, by the physician, physician
327 assistant, or advanced registered nurse practitioner in
328 consultation with the home health agency.

329 (3) A home health agency shall arrange for supervisory



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330 visits by a registered nurse to the home of a patient receiving
331 home health aide services in accordance with the patient's
332 direction, approval, and agreement to pay the charge for the
333 visits.

334 (4) Each patient has the right to be informed of and to
335 participate in the planning of his or her care. Each patient
336 must be provided, upon request, a copy of the plan of care
337 established and maintained for that patient by the home health
338 agency.

339 (5) ~~If~~ When nursing services are ordered, the home health
340 agency to which a patient has been admitted for care must
341 provide the initial admission visit, all service evaluation
342 visits, and the discharge visit by a direct employee. Services
343 provided by others under contractual arrangements to a home
344 health agency must be monitored and managed by the admitting
345 home health agency. The admitting home health agency is fully
346 responsible for ensuring that all care provided through its
347 employees or contract staff is delivered in accordance with this
348 part and applicable rules.

349 (6) The skilled care services provided by a home health
350 agency, directly or under contract, must be supervised and
351 coordinated in accordance with the plan of care.

352 (7) Home health agency personnel may withhold or withdraw
353 cardiopulmonary resuscitation if presented with an order not to
354 resuscitate executed pursuant to s. 401.45 or a physician order
355 for life-sustaining treatment (POLST) form executed pursuant to
356 s. 401.451 which contains an order not to resuscitate. The
357 agency shall adopt rules providing for the implementation of
358 such orders. Home health personnel and agencies are ~~shall~~ not ~~be~~



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359 subject to criminal prosecution or civil liability, and may not
360 ~~not~~ be considered to have engaged in negligent or unprofessional
361 conduct, for withholding or withdrawing cardiopulmonary
362 resuscitation pursuant to such an order or a POLST form and
363 rules adopted by the agency.

364 Section 5. Paragraph (e) of subsection (1) of section
365 400.605, Florida Statutes, is amended to read:

366 400.605 Administration; forms; fees; rules; inspections;
367 fines.—

368 (1) The agency, in consultation with the department, may
369 adopt rules to administer the requirements of part II of chapter
370 408. The department, in consultation with the agency, shall by
371 rule establish minimum standards and procedures for a hospice
372 pursuant to this part. The rules must include:

373 (e) Procedures relating to the implementation of advance
374 ~~advanced~~ directives; physician orders for life-sustaining
375 treatment (POLST) forms executed pursuant to s. 401.451; and do-
376 not-resuscitate orders.

377 Section 6. Subsection (8) of section 400.6095, Florida
378 Statutes, is amended to read:

379 400.6095 Patient admission; assessment; plan of care;
380 discharge; death.—

381 (8) The hospice care team may withhold or withdraw
382 cardiopulmonary resuscitation if presented with an order not to
383 resuscitate executed pursuant to s. 401.45 or a physician order
384 for life-sustaining treatment (POLST) form executed pursuant to
385 s. 401.451 which contains an order not to resuscitate. The
386 department shall adopt rules providing for the implementation of
387 such orders. Hospice staff are ~~shall~~ not ~~be~~ subject to criminal



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388 prosecution or civil liability, and may not ~~not~~ be considered to
389 have engaged in negligent or unprofessional conduct, for
390 withholding or withdrawing cardiopulmonary resuscitation
391 pursuant to such an order or a POLST form and applicable rules.
392 The absence of an order to resuscitate executed pursuant to s.
393 401.45 or a POLST form executed pursuant to s. 401.451 does not
394 preclude a physician from withholding or withdrawing
395 cardiopulmonary resuscitation as otherwise allowed ~~permitted~~ by
396 law.

397 Section 7. Subsection (4) of section 401.35, Florida
398 Statutes, is amended to read:

399 401.35 Rules.—The department shall adopt rules, including
400 definitions of terms, necessary to carry out the purposes of
401 this part.

402 (4) The rules must establish circumstances and procedures
403 under which emergency medical technicians and paramedics may
404 honor orders by the patient's physician not to resuscitate
405 executed pursuant to s. 401.45 or under a physician order for
406 life-sustaining treatment (POLST) form executed pursuant to s.
407 401.451 which contains an order not to resuscitate and the
408 documentation and reporting requirements for handling such
409 requests.

410 Section 8. Paragraph (a) of subsection (3) of section
411 401.45, Florida Statutes, is amended to read:

412 401.45 Denial of emergency treatment; civil liability.—

413 (3) (a) Resuscitation or other forms of medical intervention
414 may be withheld or withdrawn from a patient by an emergency
415 medical technician, ~~or~~ paramedic, or other health care
416 professional if he or she is presented with evidence of a



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417 physician order for life-sustaining treatment (POLST) form
418 executed pursuant to s. 401.451 which contains an order not to
419 resuscitate or perform other medical intervention, as
420 applicable, or an order not to resuscitate by the patient's
421 physician is presented to the emergency medical technician or
422 paramedic. To be valid, an order not to resuscitate, to be
423 valid, must be on the form adopted by rule of the department.
424 The form must be signed by the patient's physician and by the
425 patient or, if the patient is incapacitated, the patient's
426 health care surrogate or proxy as provided in chapter 765,
427 court-appointed guardian as provided in chapter 744, or attorney
428 in fact under a durable power of attorney as provided in chapter
429 709. The court-appointed guardian or attorney in fact must have
430 been delegated authority to make health care decisions on behalf
431 of the patient.

432 Section 9. Subsection (4) of section 429.255, Florida
433 Statutes, is amended to read:

434 429.255 Use of personnel; emergency care.—

435 (4) Facility staff may withhold or withdraw cardiopulmonary
436 resuscitation or the use of an automated external defibrillator
437 if presented with an order not to resuscitate executed pursuant
438 to s. 401.45 or a physician order for life-sustaining treatment
439 (POLST) form executed pursuant to s. 401.451 which contains an
440 order not to resuscitate. The department shall adopt rules
441 providing for the implementation of such orders. Facility staff
442 and facilities are shall not be subject to criminal prosecution
443 or civil liability, and may not nor be considered to have
444 engaged in negligent or unprofessional conduct, for withholding
445 or withdrawing cardiopulmonary resuscitation or use of an



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446 automated external defibrillator pursuant to such an order or a
447 POLST form and rules adopted by the department. The absence of
448 an order not to resuscitate executed pursuant to s. 401.45 or a
449 POLST form executed pursuant to s. 401.451 does not preclude a
450 physician from withholding or withdrawing cardiopulmonary
451 resuscitation or use of an automated external defibrillator as
452 otherwise allowed ~~permitted~~ by law.

453 Section 10. Subsection (3) of section 429.73, Florida
454 Statutes, is amended to read:

455 429.73 Rules and standards relating to adult family-care
456 homes.—

457 (3) The department shall adopt rules providing for the
458 implementation of orders not to resuscitate and physician orders
459 for life-sustaining treatment (POLST) forms executed pursuant to
460 s. 401.451. The provider may withhold or withdraw
461 cardiopulmonary resuscitation if presented with an order not to
462 resuscitate executed pursuant to s. 401.45 or a POLST form
463 executed pursuant to s. 401.451 which contains an order not to
464 resuscitate. The provider is ~~shall~~ not ~~be~~ subject to criminal
465 prosecution or civil liability, and may not ~~not~~ be considered to
466 have engaged in negligent or unprofessional conduct, for
467 withholding or withdrawing cardiopulmonary resuscitation
468 pursuant to such orders ~~an order~~ and applicable rules.

469 Section 11. Present subsections (7) and (8) of section
470 456.072, Florida Statutes, are redesignated as subsections (8)
471 and (9), respectively, and a new subsection (7) is added to that
472 section, to read:

473 456.072 Grounds for discipline; penalties; enforcement.—

474 (7) A licensee may withhold or withdraw cardiopulmonary



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475 resuscitation or the use of an automated external defibrillator
476 if presented with an order not to resuscitate executed pursuant
477 to s. 401.45 or a physician order for life-sustaining treatment
478 (POLST) form executed pursuant to s. 401.451 which contains an
479 order not to resuscitate. The department shall adopt rules
480 providing for the implementation of such orders. Licensees are
481 not subject to criminal prosecution or civil liability, and may
482 not be considered to have engaged in negligent or unprofessional
483 conduct, for withholding or withdrawing cardiopulmonary
484 resuscitation or the use of an automated external defibrillator
485 or otherwise carrying out the orders in an order not to
486 resuscitate or a POLST form pursuant to such an order or POLST
487 form and rules adopted by the department. The absence of an
488 order not to resuscitate executed pursuant to s. 401.45 or a
489 POLST form executed pursuant to s. 401.451 does not preclude a
490 licensee from withholding or withdrawing cardiopulmonary
491 resuscitation or the use of an automated external defibrillator
492 or otherwise carrying out medical orders allowed by law.

493 Section 12. Paragraph (c) of subsection (1) of section
494 765.205, Florida Statutes, is amended to read:

495 765.205 Responsibility of the surrogate.—

496 (1) The surrogate, in accordance with the principal's
497 instructions, unless such authority has been expressly limited
498 by the principal, shall:

499 (c) Provide written consent using an appropriate form
500 whenever consent is required, including a physician's order not
501 to resuscitate or a physician order for life-sustaining
502 treatment (POLST) form executed pursuant to s. 401.451.

503 Section 13. This act shall take effect July 1, 2016.



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===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to physician orders for life-
sustaining treatment; creating s. 401.451, F.S.;
establishing the Physician Orders for Life-Sustaining
Treatment (POLST) Program within the Department of
Health; defining terms; requiring the department to
adopt rules to implement and administer the program;
requiring the department to develop and adopt by rule
a POLST form; providing requirements for the POLST
form; requiring the signature and attestation of a
physician on a POLST form; specifying that a POLST
form may not include directives regarding hydration;
requiring that POLST forms be voluntarily executed by
the patient and that all directives included in the
form be made at the time of the signing; providing
requirements for POLST forms; providing a restriction
on the execution of POLST forms; requiring periodic
review of POLST forms; providing for the revocation of
a POLST form; requiring the immediate review of a
POLST form in certain circumstances; specifying which
document controls when a POLST conflicts with other
advance directives; providing limited liability for
legal representatives and specified health care
providers acting in good faith in reliance on a POLST;



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533 imposing additional requirements on a POLST form
534 executed on behalf of a minor patient in certain
535 circumstances; requiring review of a POLST form on the
536 transfer of the patient; prohibiting a POLST form from
537 being required as a condition for treatment; providing
538 that execution of a POLST form does not affect,
539 impair, or modify certain insurance contracts;
540 providing for the invalidity of POLST forms executed
541 in return for payment or other remuneration; providing
542 legislative intent; creating s. 408.064, F.S.;
543 defining terms; requiring the Agency for Health Care
544 Administration to establish a database of
545 compassionate and palliative care plans by a specified
546 date; requiring that the database be electronically
547 accessible to health care providers; requiring that
548 the database allow the electronic submission, storage,
549 indexing, and retrieval of such plans, forms, and
550 directives by residents of this state; requiring that
551 the database comply with specified privacy and
552 security standards; requiring the agency to consult
553 with advisers and experts as necessary and appropriate
554 to facilitate the development and implementation of
555 the database; requiring the agency to publish and
556 disseminate information on the database to the public;
557 requiring the agency, in collaboration with the
558 department, to develop and maintain a process for the
559 submission of compassionate and palliative care plans
560 by residents or by health care providers on behalf of
561 and at the direction of their patients for inclusion



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562 in the database; requiring the agency to provide
563 specified training; authorizing the agency to
564 subscribe to or participate in a public or private
565 clearinghouse in lieu of establishing and maintaining
566 an independent database; amending ss. 400.142 and
567 400.487, F.S.; authorizing specified personnel to
568 withhold or withdraw cardiopulmonary resuscitation if
569 a patient has a POLST form that contains such an
570 order; providing immunity from civil and criminal
571 liability to such personnel for such actions;
572 providing that the absence of a POLST form does not
573 preclude a physician from withholding or withdrawing
574 cardiopulmonary resuscitation; amending s. 400.605,
575 F.S.; requiring the Department of Elderly Affairs, in
576 consultation with the agency, to adopt by rule
577 procedures for the implementation of POLST forms in
578 hospice care; amending s. 400.6095; F.S.; authorizing
579 a hospice care team to withhold or withdraw
580 cardiopulmonary resuscitation if a patient has a POLST
581 form that contains such an order; providing immunity
582 from civil and criminal liability to a provider for
583 such actions; providing that the absence of a POLST
584 form does not preclude a physician from withholding or
585 withdrawing cardiopulmonary resuscitation; amending s.
586 401.35, F.S.; requiring the Department of Health to
587 establish circumstances and procedures for honoring a
588 POLST form; amending s. 401.45, F.S.; authorizing
589 emergency medical transportation providers to withhold
590 or withdraw cardiopulmonary resuscitation or other



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591 medical interventions if a patient has a POLST form
592 that contains such an order; amending s. 429.255,
593 F.S.; authorizing assisted living facility personnel
594 to withhold or withdraw cardiopulmonary resuscitation
595 if a patient has a POLST form that contains such an
596 order; providing immunity from civil and criminal
597 liability to facility staff and facilities for such
598 actions; providing that the absence of a POLST form
599 does not preclude a physician from withholding or
600 withdrawing cardiopulmonary resuscitation; amending s.
601 429.73, F.S.; requiring the Department of Elderly
602 Affairs to adopt rules for the implementation of POLST
603 forms in adult family-care homes; authorizing a
604 provider of such home to withhold or withdraw
605 cardiopulmonary resuscitation if a patient has a POLST
606 form that contains such an order; providing immunity
607 from civil and criminal liability to a provider for
608 such actions; amending s. 456.072, F.S.; providing
609 that a licensee may withhold or withdraw
610 cardiopulmonary resuscitation or the use of an
611 external defibrillator if presented with an order not
612 to resuscitate or a POLST form that contains an order
613 not to resuscitate; requiring the Department of Health
614 to adopt rules providing for the implementation of
615 such orders; providing immunity to licensees for
616 withholding or withdrawing cardiopulmonary
617 resuscitation or the use of an automated defibrillator
618 pursuant to such orders; amending s. 765.205, F.S.;
619 requiring a health care surrogate to provide written



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consent for a POLST form under certain circumstances;
providing an effective date.