The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL:	CS/SB 664
INTRODUCER:	Health Policy Committee and Senator Brandes
SUBJECT:	Physician Orders for Life-sustaining Treatment
DATE:	February 2, 2016 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Fav/CS**
2.			AHS	
3.			AP	

I. Summary:

CS/SB 664 recognizes a Physician Order for Life Sustaining Treatment (POLST) and establishes a Clearinghouse for Compassionate and Palliative Care Plans for state residents as a central registry for advance directives for health care. The Agency for Health Care Administration (AHCA) is directed to establish and maintain the site, either independently or through a national or private clearinghouse. Plans are required to be electronically accessible. The AHCA is also directed to disseminate information about the clearinghouse once available.

The bill also provides requirements for the contents of the POLST form and its proper execution. The Department of Health (DOH) is required to develop the form by rule.

The effective date of the bill is July 1, 2016.

II. Present Situation:

End of Life Decision-Making

There are a number of different advanced decision making documents an individual may use to express his or her end of life health care decisions. In Florida, state law defines advance directives as witnessed, oral statements or written instructions that express a person's desires about any aspect of his or her future health care, including the designation of a health care surrogate, a living will, or an anatomical gift.[1]

Resuscitation may also be withheld from an individual if a "do not resuscitate" order (DNRO) by the patient's physician is presented to the health care professional treating the patient. For the DNRO to be valid, it must be on the form adopted by the DOH, signed by the patient's physician

[1] *See* s. 765.101, F.S.

and by the patient, or if the patient is incapacitated, the patient's health care surrogate or proxy, court-appointed guardian, or attorney in fact under a durable power of attorney.[2] Florida's DNRO form is printed on yellow paper.[3] It is the responsibility of the Emergency Medical Services provider to ensure that the DNRO form or the patient identification device, which is a miniature version of the form, accompanies the patient.[4] A DNRO may be revoked by the patient at any time, if signed by the patient, or the patient's health care surrogate, proxy, court-appointed guardian or a person acting under a durable power of attorney.[5]

A Physician Order for Life-Sustaining Treatment (POLST) documents a patient's health care wishes in the form of a physician order for a variety of end of life measures, including cardiopulmonary resuscitation (CPR).[6] A DNRO is limited to the withholding of CPR. The POLST form can only be completed by a physician and is then provided to the patient to be kept secured in a visible location for emergency personnel.[7] It is suggested that the form be completed when an individual has a serious illness, regardless of age, as the POLST serves as a medical order for a current illness.[8]

Some questions asked on other states' POLST forms include what level of care is wanted for CPR (attempt or do not attempt); medical intervention (comfort only, limited additional intervention, or full treatment); and artificially administered nutrition (none, trial, or long-term). At least 16 other states have implemented or endorsed a POLST program, with Oregon and West Virginia being cited as having mature programs.[9]

In comparison to a POLST, an advance directive's purpose is to give instructions on the appointment of a health care representative, express intentions for future treatment or health care, or for an anatomical gift.[10] Florida law allows such advance directives to be expressed in writing or by orally designating another person to make health care decisions upon that person's incapacity.[11]

A living will is another mechanism used by individuals to express life-prolonging wishes through a written document or a witnessed oral statement.[12] Any competent adult may make a living will or written declaration, at any given time, to address the providing, withholding, or withdrawing of life-prolonging procedures should that individual have a terminal or end-stage condition.[13] A living will requires the signature of the individual in the presence of two witnesses, one of whom is not the spouse nor a blood relative. It becomes the individual's

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[2] *See* ss. 395.1041, 400.142, 400.487, 400.605, 400.6095, 401.35, 401.45, 429.255, 429.73, and 7665.205, F.S.
[3] Rule 64J-2.018, F.A.C.
[4] Id.
[5] Id.
[6] POLST.ORG, *About the National POLST Paradigm*, http://www.polst.org/about-the-national-polst-paradigm/ (last visited Jan. 27, 2016).
[7] POLST.ORG, *FAQ*, http://www.polst.org/advance-care-planning/faq/ (last visited Jan. 27, 2016).
[8] POLST.ORG, *POLST v. Advance Directives*, http://www.polst.org/advance-care-planning/polst-and-advance-directives/ (last visited Jan. 27, 2016).
[9] POLST.ORG, *Programs in Your State*, http://www.polst.org/programs-in-your-state/ (last visited Jan. 26, 2016).
[10] *See* s. 765.101, F.S.
[11] *See* s. 765.101(2), F.S.
[12] *See* s. 765.101(13), F.S.
[13] Section 765.302, F.S.

responsibility to notify health care providers about the living will, so it can be made a part of the individual's medical record.

Starting January 1, 2016, advance care planning (ACP) services from physicians and other health care professionals will be available as a separate billed service covered by Medicare.[14] If a Medicare beneficiary wants to discuss advance care planning during his or her annual wellness visit, physicians and other health care professionals may provide the service during the visit and bill Medicare separately for it. Such services can be provided in both facility and non-facility settings. Previous to this date, ACP services could only billed as part of another visit; it could not be the sole reason for the physician visit.[15]

Clearinghouse for Compassionate and Palliative Care Plans

In addition to the availability of the POLST form, several states also have registries for the collection of advance directives. In 2012, West Virginia created the WV e-Directive Registry which makes advance directives, DNROs, POLSTs, living wills, and medical powers of attorney available online 24/7 to health care practitioners and facilities when the individual specifically opts in to the registry.[16] Almost 100 hospitals, nursing homes, home care agencies, and private practice health care professionals have access to the WV e-Registry.[17]

Oregon released its first POLST form in 1995.[18] An individual is not required to send a completed POLST form to the registry. If an individual does not want his or her form in the registry, the Oregon POLST form contains an "opt-out" box that can be checked.[19] When a POLST form is submitted to the registry by the primary care physician, the individual receives a confirmation letter in return, a magnet, and a set of stickers with their registry identification number for future access.[20] The number is to be given to the individual's primary care physician and the magnet and stickers put in prominent places, including something the person might usually carry with them. The registry is overseen by the Oregon Health Authority.[21]

Idaho's Health Care Directives Registry is offered through its Secretary of State's office. Individuals may submit several types of health care directive documents, including a Physician Order for Scope of Treatment (POST) form, living will, or durable power of attorney for health care.[22] Documents can be submitted online to the Secretary of State or via the mail. Once

[14] 42 CFR 410.15.
[15] Henry J. Kaiser Family Foundation, *10 FAQs: Medicare's Role in End of Life Care*, http://kff.org/medicare/fact-sheet/10-faqs-medicares-role-in-end-of-life-care/ (last visited Jan. 27, 2016).
[16] West Virginia Center for End-of-Life Care, *e-Directive Registry*, http://www.wvendoflife.org/resources-links/e-directive-registry/ (last visited Jan. 27, 2016).
[17] Id.
[18] POLST Oregon, http://www.or.polst.org/history (last visited Jan. 27, 2016).
[19] POLST Oregon, http://www.or.polst.org/registry-resources (last visited Jan. 27, 2016).
[20] Id.
[21] The Oregon Health Authority is responsible for most state health services. It is overseen by a nine-member citizen Oregon Health Policy Board. *For more see:* http://www.oregon.gov/oha/Pages/index.aspx
[22] Idaho Secretary of State, *Health Care Directive Registry*, http://www.sos.idaho.gov/GENERAL/hcdr.html (last visited Jan. 27, 2016).

registration is confirmed, individuals receive a wallet sized registration card with an individualized filing number and password and information about using the registry.[23]

New York utilizes a secure web-based application for its electronic Medical Orders for Life-Sustaining Treating (eMOLST) forms. The forms can be printed for the medical record and then stored and linked to the electronic eMOLST registry. The forms can be accessed by emergency medical services, hospitals, nursing homes, and most all health care providers in the community via the online portal.[24] The eMOLST form may also be used for minor patients.[25]

III. Effect of Proposed Changes:

Physician Orders for Life-Sustaining Treatment (POLST) Program (Section 1)

The bill creates s. 401.451, F.S., the Physician Order for Life-Sustaining Treatment program, within the DOH. The DOH is directed to implement and administer the program and to collaborate with the AHCA on the implementation and operation of the Clearinghouse for Compassionate and Palliative Care plans.

Under s. 401.451, F.S., definitions are provided for the following terms:

- "Advance directive" means the same as in s. 765.101, F.S.;[26]
- "Agency" means the Agency for Health Care Administration;
- "Clearinghouse for Compassionate and Palliative Care Plans" or "clearinghouse" means the same as in s. 408.064, F.S.;[27]
- "Compassionate and palliative care plan" or "plan" means the same as in s. 408.064, F.S.;[28]
- "Do-not-resuscitate order" means an order issued pursuant to s. 401.45(3), F.S.;
- "End-stage condition" means the same as in s. 765.101, F.S.;[29]
- "Examining physician" means a physician licensed under ch. 458, F.S., or ch. 459, F.S., who examines a patient who wishes, or whose legal representative wishes, to execute a POLST form; who attests to the patient's or the patient's representative's ability to make and communicate health care decisions; who signs the POLST form; and who attests to the patient's execution of the POLST form;

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[23] Id.

[24] eMOLST - Electronic Medical Orders for Life Sustaining Treatment in New York State, *available at* http://www.compassionandsupport.org/index.php/for_professionals/molst_training_center/emolst (last visited Jan. 27, 2016).

[25] Medical Orders for Life Sustaining Treatment - Professionals (FAQS), *available at* http://www.compassionandsupport.org/index.php/for_professionals/molst_training_center/frequently_asked_questions/molst_faqs_page_1 (last visited Jan. 27, 2016).

[26] "Advance directive" means a witnessed written document or oral statement in which instructions are given by a principal or in which the principal's desires are expressed concerning any aspect of the principal's health care or health information, and includes, but is not limited to, the designation of a health care surrogate, a living will, or an anatomical gift made pursuant to part V of ch. 765, F.S.

[27] "Compassionate and palliative care plans" means the state's electronic database of compassionate and palliative care plans submitted by residents of this state and managed by the agency pursuant to s. 408.064, F.S.

[28] "Compassionate and palliative care plan" means any end-of-life document or medical care directive document recognized by this state and executed by a resident of this state, including, but not limited to, an advance directive, a do-not-resuscitate order, a physician order for life-sustaining treatment, or a health care surrogate designation.

[29] "End-stage condition" means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

- "Legal representative" means a patient's legally authorized health care surrogate or proxy as provided in ch. 765, F.S., a patient's court-appointed guardian as provided in ch. 744, F.S., an attorney in fact, or a patient's parent if the patient is a minor; and
- "Physician order for life-sustaining treatment" or "POLST" means an order issued pursuant to s. 401.451, F.S., which specifies a patient with an end stage condition and provides directives for that patient's medical treatment under certain conditions.

The bill establishes specific duties for the DOH for the POLST program. These duties include the requirement to:

- Adopt rules to implement and administer the POLST program;
- Prescribe a standardized POLST form;
- Provide the POLST form in an electronic format on the DOH's website and prominently state the requirements for a POLST form;
- Consult with health care professional licensing groups, provider advocacy groups, medical ethicists, and other appropriate stakeholders on the development of rules and forms;
- Collaborate with the AHCA to develop and maintain the clearinghouse;
- Ensure that the DOH staff receive ongoing training on the POLST program and the availability of POLST forms;
- Recommend a statewide, uniform process through which a patient that has executed a POLST form is identified and the health care providers currently treating the patient are provided with contact information for the examining physician who signed the POLST form;
- Adopt POLST-related continuing education requirements for health care providers licensed by the DOH; and
- Develop a process for collecting provider feedback to facilitate the periodic re-design of the POLST form with current health care best practices.

POLST Form (Section 1)

The form must be voluntarily executed by the patient, or if the patient is incapacitated, by the patient's legal representative at the time of signing the form. To be valid, the POLST form must meet all of the following requirements:

- Be printed on one or both sides of a single piece of paper in a solid color, which may be white, as determined by the DOH rule;
- Include the signatures of the patient and the patient's examining physician or, if the patient is incapacitated, the patient's legal representative and the patient's examining physician, executed after consultation with the patient or the patient's legal representative as appropriate;
- Indicate prominently that completion of the form is voluntary, the use of the form is not a condition of any treatment, and the form cannot be given any affect if the patient is conscious and competent to make health care decisions;
- Prominently provide in a conspicuous location on the form a space for the examining physician to attest and affirm that, in his or her good faith clinical judgment, at the time the POLST form is completed and signed, the patient has the ability to make and communicate health care decisions or, if the patient is incapacitated, that the patient's legal representative has such an ability;

- Provide an expiration date that is within 1 year after the patient or the patient's legal representative signs the form or that is contingent on the completion of the course of treatment addressed in the POLST form, whichever occurs first;
- Identify the medical condition or conditions that necessitate the POLST form; and
- Not include a directive regarding hydration or the preselection of any decisions or directives.

The POLST form may only be used by a patient whose examining physician has determined that the patient has an end-stage condition or who, in the good faith clinical judgment of the examining physician, is suffering from at least one life-limiting medical condition that will likely result in the death of the patient within 1 year.

At a minimum, the patient's physician must review the POLST form with the patient or the patient's representative, when the patient:

- Is transferred from one health care setting or level of care to another;
- Is discharged from a health care setting to return home before the expiration of the POLST form;
- Experiences a substantial change in his or her condition as determined by the patient's examining physician, in which case the review must occur within 24 hours of the substantial change; or
- Expresses an intent to change his or her treatment preferences.

A POLST form may be revoked at any time by a patient, or if the patient is incapacitated and the authority to revoke a POLST form has been granted by the patient to his or her legal representative, the patient's legal representative. The execution of a POLST form by a patient and his or her examining physician under this section automatically revokes any prior POLST form previously executed by the patient.

If a family member of the patient, the health care facility providing the services to the patient, or the patient's physician who may reasonably be expected to be affected by the patient's POLST form directives believes the directives are in conflict with the patient's prior expressed desires regarding end-of-life care, he or she or the facility may seek expedited judicial intervention pursuant to the Florida Probate Rules.

If the directives on a patient's POLST form conflict with another advance directive of the patient that address a substantially similar health care condition or treatment, the document most recently signed by the patient takes precedence. Such directives may include, but are not limited to:

- Living wills;
- Health care powers of attorney;
- POLST forms for the specific medical condition of treatment; or
- Do-not-resuscitate orders.

Any licensee, physician, medical director, emergency medical technician, or paramedic who in good faith complies with a POLST form is not subject to criminal prosecution or civil liability, and has not engaged in negligent or unprofessional conduct as a result of carrying out the

directives of a POLST form. A person, acting in good faith as a legal representative, is not subject to civil liability or criminal prosecution for executing a POLST form pursuant to this law.

If medical orders on a POLST form are carried out to withhold life-sustaining treatment for a minor, the order must include certification by one health care provider in addition to the physician executing the POLST form that the order is in the best interest of the minor patient. A POLST form for a minor patient must also be signed by the minor patient's legal representative. The minor patient's physician must certify the basis for the authority of the minor patient's legal representative to execute the POLST form, including his or her compliance with the relevant statutory provisions of ch. 765, F.S., relating to health care advance directives and ch. 744, F.S., relating to guardianship.

The bill further requires that when a patient who has executed a valid POLST form is transferred from one health care facility to another, the health care facility initiating the transfer must communicate the existence of the POLST form to the receiving facility before the transfer. Upon the patient's transfer, the receiving facility's treating physician must review the POLST form with the patient or if the patient is incapacitated, the patient's legal representative.

Facilities and providers may not require a person to complete, revise, or revoke a POLST as a prerequisite or condition of receiving services or treatment or as a condition of admission. The execution, revision, or revocation of a POLST form must be a voluntary decision of the patient.

The presence or absence of a POLST form does not affect, impair, or modify a contract of life or health insurance or annuity to which an individual is a party and may not serve as the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or for an increase or decrease in premiums charged to an individual.

A POLST form is invalid if payment or other remuneration was offered or made in exchange for its execution.

The act may not be construed to condone, authorize, or approve mercy killing or euthanasia. A statement of legislative intent provides that this act is not to be construed as permitting any affirmative or deliberate act to end a person's life, except to permit the natural process of dying.

Clearinghouse for Compassionate and Palliative Care Plans (Section 2)

Section 2 creates s. 408.064, F.S., which establishes the Clearinghouse for Compassionate and Palliative Care Plans within the AHCA. The AHCA is responsible for establishing and maintaining the clearinghouse directly or through a designee. The clearinghouse must be a reliable and secure database that will allow Florida residents to electronically submit their individual plans for compassionate and palliative care. The database may only be accessed by a health care provider who is treating the resident.

As used in this section, the bill provides definitions for these terms:

- "Advance directive" means the same as in s. 765.101, F.S.;[30]
- "Clearinghouse for Compassionate and Palliative Care Plans" or "clearinghouse" means the state's electronic database of compassionate and palliative care plans submitted by residents of this state and managed by the agency pursuant to this section;
- "Compassionate and palliative care plan" or "plan" means any end-of-life document or medical directive document recognized by this state and executed by a resident of this state, including, but not limited to, an advance directive, a do-not-resuscitate order, a physician order for life-sustaining treatment, or a health care surrogate designation;
- "Department" means the Department of Health;
- "Do-not-resuscitate order" means an order issued pursuant to s. 401.45(3), F.S.;
- "End-stage condition" means the same as in s. 765.101, F.S.;[31] and
- "Physician order for life-sustaining treatment" or "POLST" means an order issued pursuant to s. 401.451, F.S., which specifies the care and medical treatment under certain medical conditions for a patient with an end stage conditions.

By January 1, 2017, the AHCA is required to establish and maintain a reliable and secure database consisting of compassionate and palliative care plans submitted by state residents which is accessible to health care providers through a secure portal. The database must allow for electronic submission, storage, indexing, and retrieval of plans by treating health care providers. The AHCA must also develop and maintain an identity validation system that confirms the identity of the facility, health care provider, or other authorized individual seeking retrieval of plans while protecting the privacy of patient's personal and medical information. The system must meet all applicable state and federal privacy and security standards.

The AHCA is directed to seek input on the clearinghouse from state residents, compassionate and palliative care providers, and health care facilities for its development and implementation. The AHCA may subscribe to or participate in a national or private clearinghouse that will accomplish the same goals in lieu of establishing an independent clearinghouse. Once clearinghouse information is available, the AHCA is required to publish and disseminate information regarding the availability of the clearinghouse to Floridians. The AHCA must also provide training to health care providers and health care facilities on how to access plans.

Statutory Revisions to Include POLST (Sections 3-10 and 12)

Provisions in statute requiring health professional staff to honor "do not resuscitate" orders (DNROs) are revised to include recognition of a POLST document in the same manner.

The table below reflects the statutes impacted by these revisions.

[30] "Advance directive" means a witnessed written document or oral statement in which instructions are given by a principal or in which the principal's desires are expressed concerning any aspect of the principal's health care or health information, and includes, but is not limited to, the designation of a health care surrogate, a living will, or an anatomical gift made pursuant to part V of ch. 765, F.S.

[31] "End-stage condition" means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

Statutory Revisions - Addition of POLST Language	
F.S. Citation	**Description**
§400.142	Nursing Homes; Emergency medication kits; DNROs
§400.487	Home Health Service Agreements; DNROs
§400.605	Hospices; Administration; forms; fees
§400.6095	Hospice; patient admission; assessment; plan of care; discharge; death
§401.35	Medical Transportation Services: Rules
§401.45	Denial of emergency treatment; civil liability
§429.255	Assisted Living Facilities; Use of personnel; emergency care
§429.73	Rules and standards relating to adult family-care homes
§456.072	Grounds for discipline; penalties; enforcement
§765.205	Responsibility of the surrogate

Section 11 - amends s. 456.072, F.S., relating to discipline for health care practitioners generally, to allow a licensee to withhold or withdraw cardiopulmonary resuscitation (CPR) or the use of an automated external defibrillator if presented with an order not to resuscitate or a POLST which includes a DNRO. The DOH is directed to adopt rules for the implementation of such orders. Additionally, the bill provides that licensees who withhold CPR or the use of an automated external defibrillator may not be subject to criminal prosecution and may not be considered to have acted in a negligent or unprofessional manner for carrying out DNRO or POLST orders.

The bill further provides that the absence of an order [not] to resuscitate pursuant to s. 408.064, F.S., or a POLST form executed pursuant to s. 408.064, F.S., does not preclude a licensee from withholding or withdrawing CPR or the use of an external automated defibrillator or otherwise carrying out medical orders allowed by law.

The effective date of the bill is July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

A separate public records exemption bill for the Clearinghouse for Compassionate and Palliative Care Plans (SB 662) is linked to this bill to ensure the information contained on the POLST forms is kept confidential and exempt from s. 119.07(1), F.S., and s. 24(a), Art. I of the State Constitution. The POLST forms contain sensitive medical information and personal identifying information.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Potentially, a private sector vendor would be selected to operate the Clearinghouse for Compassionate and Palliative Care Plans. The AHCA estimates the fiscal impact to the state for this contract for implementation to be $350,000 for the first year and $140,000 for maintenance costs to participate in a national or private clearinghouse.[32]

Patients might request their providers complete and submit POLST forms on their behalf to the clearinghouse, which could increase a provider's administrative costs.

C. Government Sector Impact:

The AHCA estimates the costs for the Clearinghouse for Compassionate and Palliative Care Plans to be $350,000 for the first year of implementation and $140,000 per year for maintenance costs to participate in a national or private clearinghouse.[33]

The AHCA also requests 1.00 FTE to administer the project from planning and procurement through implementation and to direct statewide outreach and education activities for residents and providers. For the first year, the AHCA requests $67,045 and then $62,518 recurring annually for the position.[34]

The DOH estimates minimal fiscal impact relating to rule development for the POLST form and orders not to resuscitate pursuant to a POLST form.[35] The DOH indicates these costs can be absorbed within existing resources.[36]

The Department of Elderly Affairs (DOEA) estimates a minimal fiscal impact related to rulemaking for implementation of the POLST forms at hospices, assisted living facilities, and adult family day cares.[37] The DOEA indicates these costs can be absorbed within existing resources.[38]

VI. Technical Deficiencies:

[32] Agency for Health Care Administration, *Senate Bill 664 Analysis,* p. 5-6, (Feb. 2, 2016) (on file with the Senate Committee on Health Policy).
[33] Id.
[34] Id.
[35] Department of Health, *Senate Bill 664 Analysis,* p. 3 (Oct. 30, 2015) (on file with the Senate Committee on Health Policy).
[36] Id at 4.
[37] Department of Elderly Affairs, *Senate Bill 664 Analysis,* p. 2 (Dec. 15, 2015) (on file with the Senate Committee on Health Policy).
[38] Id at 4.

CS/SB 664 does not amend s. 395.1041, F.S., to protect hospital personnel for honoring a POLST form as the filed bill, SB 664, did. This appears to be an oversight.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 400.142, 400.487, 400.605, 400.6095, 401.35, 401.45, 429.255, 429.73, 456.072, and 765.205.

This bill creates the following sections of the Florida Statutes: 401.451 and 408.064.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on February 1, 2016:
The CS created a separate statutory section for the POLST form distinct from the registry and modified the program's requirements by:

- Adding an expiration date to the form;
- Including identification of the medical condition(s) that necessitate the form;
- Specifying additional components for usage by minor patients;
- Providing for periodic review of the form; and
- Allowing for revocation.

The CS also identified specific program responsibilities for the Department of Health to:

- Collaborate with others to develop rules and forms;
- Adopt continuing education requirements for licensed health practitioners and develop training for the DOH staff on the POLST program; and
- Recommend a statewide uniform process for identifying patients and health care providers who signed the POLST form.

B. Amendments:

None.