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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 1212 Session of  
2023

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INTRODUCED BY KHAN, VENKAT, KOSIEROWSKI, MUNROE, SANCHEZ,  
KINSEY, HILL-EVANS, PROBST, HANBIDGE, MADDEN, WARREN,  
DELLOSO, CERRATO, FLEMING AND GUENST, MAY 19, 2023

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REFERRED TO COMMITTEE ON HEALTH, MAY 19, 2023

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AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the  
2 Pennsylvania Consolidated Statutes, in general provisions  
3 relating to health care, further providing for applicability,  
4 for definitions, for criminal penalties, for emergency  
5 medical services, for definitions, for orders, bracelets and  
6 necklaces, for revocation, for absence of order, bracelet or  
7 necklace and for emergency medical services, repealing  
8 provisions relating to advisory committee and providing for  
9 discontinuance and for Pennsylvania orders for life-  
10 sustaining treatment; and making editorial changes.

11 The General Assembly of the Commonwealth of Pennsylvania  
12 hereby enacts as follows:

13 Section 1. Section 5421(a) of Title 20 of the Pennsylvania  
14 Consolidated Statutes is amended to read:

15 § 5421. Applicability.

16 (a) General rule.--This chapter applies to advance health  
17 care directives [and], out-of-hospital nonresuscitation orders  
18 and Pennsylvania orders for life-sustaining treatment.

19 \* \* \*

20 Section 2. The definitions of "health care provider,"  
21 "medical command physician," "order" and "patient" in section

1 5422 of Title 20 are amended and the section is amended by  
2 adding definitions to read:

3 § 5422. Definitions.

4 The following words and phrases when used in this chapter  
5 shall have the meanings given to them in this section unless the  
6 context clearly indicates otherwise:

7 \* \* \*

8 "Health care provider." A person who is licensed, certified  
9 or otherwise authorized by the laws of this Commonwealth to  
10 administer or provide health care in the ordinary course of  
11 business or practice of a profession. The term includes  
12 personnel recognized under [the act of July 3, 1985 (P.L.164,  
13 No.45), known as the Emergency Medical Services Act.] 35 Pa.C.S.  
14 Ch. 81 (relating to emergency medical services system) and those  
15 individuals recognized under 42 Pa.C.S. § 8331.2 (relating to  
16 good Samaritan civil immunity for use of automated external  
17 defibrillator).

18 \* \* \*

19 "Medical command physician." A licensed physician who is  
20 authorized to give a medical command under [the act of July 3,  
21 1985 (P.L.164, No.45), known as the Emergency Medical Services  
22 Act] 35 Pa.C.S. Ch. 81 (relating to emergency medical services  
23 system).

24 \* \* \*

25 "Order." An out-of-hospital do-not-resuscitate order as  
26 defined under section 5483 (relating to definitions) or  
27 Pennsylvania orders for life-sustaining treatment as defined  
28 under section 5493 (relating to definitions).

29 "Out-of-hospital do-not-resuscitate order" or "OOH-DNR  
30 order." An out-of-hospital do-not-resuscitate order as defined

1 under section 5483 (relating to definitions).

2 ["Patient." An out-of-hospital do-not-resuscitate patient as  
3 defined under section 5483 (relating to definitions).]

4 "Pennsylvania orders for life-sustaining treatment" or  
5 "POLST." Pennsylvania orders for life-sustaining treatment as  
6 defined under section 5493 (relating to definitions).

7 \* \* \*

8 Section 3. Sections 5432, 5445(b), 5483, 5484(a) and (b),  
9 5485, 5486 and 5487 of Title 20 are amended to read:

10 § 5432. Criminal penalties.

11 (a) Criminal homicide.--A person shall be subject to  
12 prosecution for criminal homicide as provided in 18 Pa.C.S. Ch.  
13 25 (relating to criminal homicide) if the person intends to  
14 cause the withholding or withdrawal of life-sustaining treatment  
15 contrary to the wishes of the principal or patient and, because  
16 of that action, directly causes life-sustaining treatment to be  
17 withheld or withdrawn and death to be hastened and:

18 (1) falsifies or forges the advance health care  
19 directive, OOH-DNR order, bracelet [or], necklace or POLST  
20 of that principal or patient; or

21 (2) willfully conceals or withholds personal knowledge  
22 of a revocation of an advance health care directive or DNR  
23 status.

24 (b) Interference with health care directive.--A person  
25 commits a felony of the third degree if that person willfully:

26 (1) conceals, cancels, alters, defaces, obliterates or  
27 damages an advance health care directive, OOH-DNR order,  
28 bracelet [or], necklace or POLST without the consent of the  
29 principal or patient;

30 (2) causes a person to execute an advance health care

1 directive or order or wear a bracelet or necklace by undue  
2 influence, fraud or duress; or

3 (3) falsifies or forges an advance health care  
4 directive, OOH-DNR order, bracelet [or], necklace or POLST  
5 or any amendment or revocation thereof, the result of which  
6 is a direct change in the health care provided to the  
7 principal or patient.

8 § 5445. Emergency medical services.

9 \* \* \*

10 (b) Applicability.--This section is applicable only in those  
11 instances where an out-of-hospital DNR order is not in effect  
12 under section 5484 (relating to OOH-DNR orders, bracelets and  
13 necklaces).

14 § 5483. Definitions.

15 The following words and phrases when used in this subchapter  
16 shall have the meanings given to them in this section unless the  
17 context clearly indicates otherwise:

18 "Department." The Department of Health of the Commonwealth.

19 "Emergency medical services provider." [A health care  
20 provider recognized under the act of July 3, 1985 (P.L.164,  
21 No.45), known as the Emergency Medical Services Act.] As defined  
22 under 35 Pa.C.S. § 8103 (relating to definitions). The term  
23 includes those individuals recognized under 42 Pa.C.S. § 8331.2  
24 (relating to good Samaritan civil immunity for use of automated  
25 external defibrillator).

26 "EMS." Emergency medical services.

27 "Health care provider." A person who is licensed, certified  
28 or otherwise authorized by the laws of this Commonwealth to  
29 administer or provide health care in the ordinary course of  
30 business or practice of a profession. The term includes

1 personnel recognized under [the act of July 3, 1985 (P.L.164,  
2 No.45), known as the Emergency Medical Services Act,] 35 Pa.C.S.  
3 Ch. 81 (relating to emergency medical services system) and those  
4 individuals recognized under 42 Pa.C.S. § 8331.2 (relating to  
5 good Samaritan civil immunity for use of automated external  
6 defibrillator).

7 "Out-of-hospital do-not-resuscitate bracelet." A bracelet in  
8 the standard format set forth in section 5484 (relating to OOH-  
9 DNR orders, bracelets and necklaces), supplied by the department  
10 and issued by the attending physician, which may be worn at the  
11 patient's option to notify emergency medical services providers  
12 of the presence of an OOH-DNR order.

13 "Out-of-hospital do-not-resuscitate necklace." A necklace in  
14 the standard format set forth in section 5484 (relating to OOH-  
15 DNR orders, bracelets and necklaces), supplied by the department  
16 and issued by the attending physician, which may be worn at the  
17 patient's option to notify emergency medical services providers  
18 of the presence of an OOH-DNR order.

19 "Out-of-hospital do-not-resuscitate order[.]" or "OOH-DNR  
20 order." An order in the standard format set forth in section  
21 5484 (relating to OOH-DNR orders, bracelets and necklaces),  
22 supplied by the department and issued by the attending  
23 physician, directing emergency medical services providers to  
24 withhold cardiopulmonary resuscitation from the patient in the  
25 event of respiratory or cardiac arrest.

26 "Out-of-hospital do-not-resuscitate patient." An individual  
27 who:

28 (1) Has an end-stage medical condition or is permanently  
29 unconscious.

30 (2) Pursuant to section 5484(a) (relating to OOH-DNR

1 orders, bracelets and necklaces), possesses and in any manner  
2 displays or causes to be displayed for emergency medical  
3 services providers an apparently valid OOH-DNR order,  
4 bracelet or necklace.

5 "Surrogate." A health care agent or a health care  
6 representative.

7 § 5484. [Orders] OOH-DNR orders, bracelets and necklaces.

8 (a) Issuance.--An attending physician, upon the request of a  
9 patient who is at least 18 years of age, has graduated from high  
10 school, has married or is an emancipated minor, or the patient's  
11 surrogate if the surrogate is so authorized, shall issue to the  
12 patient an OOH-DNR order and may issue at the request of the  
13 patient or the patient's surrogate a bracelet or necklace  
14 supplied by the department. The patient may, at the patient's  
15 option, wear the bracelet or display the order or necklace to  
16 notify emergency medical services providers of the patient's DNR  
17 status.

18 (b) Format of OOH-DNR order.--The department shall, with the  
19 advice of the Pennsylvania Emergency Health Services Council and  
20 with the assistance of the regional emergency medical services  
21 councils, make available standard OOH-DNR orders for issuance to  
22 patients by attending physicians of this Commonwealth. The form  
23 of the order shall contain, but not be limited to, the  
24 following:

25 PENNSYLVANIA OUT-OF-HOSPITAL

26 DO-NOT-RESUSCITATE ORDER

27 Patient's full legal name:

28 I, the undersigned, state that I am the attending  
29 physician of the patient named above. The above-named patient  
30 or the patient's surrogate has requested this order, and I

1 have made the determination that the patient is eligible for  
2 an order and satisfies one of the following:

3 ..... has an end-stage medical condition.

4 ..... is permanently unconscious and has a living  
5 will directing that no cardiopulmonary resuscitation be  
6 provided to the patient in the event of the patient's cardiac  
7 or respiratory arrest.

8 I direct any and all emergency medical services  
9 personnel, commencing on the effective date of this order, to  
10 withhold cardiopulmonary resuscitation (cardiac compression,  
11 invasive airway techniques, artificial ventilation,  
12 defibrillation and other related procedures) from the patient  
13 in the event of the patient's respiratory or cardiac arrest.  
14 I further direct such personnel to provide to the patient  
15 other medical interventions, such as intravenous fluids,  
16 oxygen or other therapies necessary to provide comfort care  
17 or to alleviate pain, unless directed otherwise by the  
18 patient or the emergency medical services provider's  
19 authorized medical command physician.

20 Signature of attending physician:

21 Printed name of attending physician:

22 Dated:

23 Attending physician's emergency telephone number:

24 I, the undersigned, hereby direct that in the event of my  
25 cardiac and/or respiratory arrest efforts at cardiopulmonary  
26 resuscitation not be initiated and that they may be withdrawn  
27 if initiated. I understand that I may revoke these directions  
28 at any time by giving verbal instructions to the emergency  
29 medical services providers, by physical cancellation or  
30 destruction of this form or my bracelet or necklace or by

1 simply not displaying this form or the bracelet or necklace  
2 for my EMS [caregivers] providers.

3 Signature of patient (if capable of making informed  
4 decisions):

5 I, the undersigned, hereby certify that I am authorized  
6 to execute this order on the patient's behalf by virtue of  
7 having been designated as the patient's surrogate and/or by  
8 virtue of my relationship to the patient (specify  
9 relationship: .....). I hereby direct that in the event  
10 of the patient's cardiac and/or respiratory arrest efforts at  
11 cardiopulmonary resuscitation not be initiated and be  
12 withdrawn if initiated.

13 Signature of surrogate (if patient is incapable of making  
14 informed decisions):

15 \* \* \*

16 § 5485. Revocation.

17 (a) Patient.--If a patient has obtained an OOH-DNR order,  
18 only the patient may revoke the patient's DNR status.

19 (b) Surrogate.--If a surrogate has obtained an OOH-DNR  
20 order, the patient or the surrogate may revoke a patient's  
21 status.

22 (c) Manner.--Revocation under this section may be done at  
23 any time without regard to the patient's physical or mental  
24 condition and in any manner, including verbally or by destroying  
25 or not displaying the OOH-DNR order, bracelet or necklace.

26 § 5486. Absence of OOH-DNR order, bracelet or necklace.

27 If an OOH-DNR order has not been issued by an attending  
28 physician, a presumption does not arise as to the intent of the  
29 individual to consent to or to refuse the initiation,  
30 continuation or termination of life-sustaining treatment.



1 § 5487. Emergency medical services.

2 (a) Medical command instructions.--Notwithstanding the  
3 absence of an OOH-DNR order, bracelet or necklace pursuant to  
4 this section, emergency medical services providers shall at all  
5 times comply with the instructions of an authorized medical  
6 command physician to withhold or discontinue resuscitation.

7 (b) Effect of OOH-DNR order, bracelet or necklace.--

8 (1) Emergency medical services providers are authorized  
9 to and shall comply with an OOH-DNR order if made aware of  
10 the order by examining a bracelet, a necklace or the order  
11 itself.

12 (2) Emergency medical services providers shall provide  
13 other medical interventions necessary and appropriate to  
14 provide comfort and alleviate pain, including intravenous  
15 fluids, medications, oxygen and any other intervention  
16 appropriate to the level of the certification of the  
17 provider, unless otherwise directed by the patient or the  
18 emergency medical services provider's authorized medical  
19 command physician.

20 (3) As used in this subsection, the term "comply" means:

21 (i) to withhold cardiopulmonary resuscitation from  
22 the patient in the event of respiratory or cardiac  
23 arrest; or

24 (ii) to discontinue and cease cardiopulmonary  
25 resuscitation in the event the emergency medical services  
26 provider is presented with an OOH-DNR order or discovers  
27 a necklace or bracelet after initiating cardiopulmonary  
28 resuscitation.

29 (c) Uncertainty regarding validity or applicability of OOH-  
30 DNR order, bracelet or necklace.--

1 (1) Emergency medical services providers who in good  
2 faith are uncertain about the validity or applicability of an  
3 OOH-DNR order, bracelet or necklace shall render care in  
4 accordance with their level of certification.

5 (2) Emergency medical services providers who act under  
6 paragraph (1) shall not be subject to civil or criminal  
7 liability or administrative sanction for failure to comply  
8 with an OOH-DNR order under this section.

9 (d) Recognition of other states' orders.--Emergency medical  
10 services or [~~out-of-hospital DNR~~] OOH-DNR orders, bracelets or  
11 necklaces valid in states other than this Commonwealth shall be  
12 recognized in this Commonwealth to the extent that these orders,  
13 bracelets or necklaces and the criteria for their issuance are  
14 consistent with the laws of this Commonwealth. Emergency medical  
15 services providers shall act in accordance with the provisions  
16 of this section when encountering a patient with an apparently  
17 valid EMS or out-of-hospital DNR form, bracelet or necklace  
18 issued by another state. Emergency medical services providers  
19 acting in good faith under this section shall be entitled to the  
20 same immunities and protections that would otherwise be  
21 applicable.

22 Section 4. Section 5488 of Title 20 is repealed:

23 [~~§ 5488. Advisory committee.~~]

24 [~~(a) Establishment.--Within 60 days of the effective date of~~  
25 ~~this section, the department shall establish a committee to~~  
26 ~~assist it in determining the advisability of using a~~  
27 ~~standardized form containing orders by qualified physicians that~~  
28 ~~detail the scope of medical treatment for patients' life-~~  
29 ~~sustaining wishes.~~]

30 [~~(b) Membership.--The committee shall include representatives~~]

1 from the Pennsylvania Medical Society, the Hospital and Health  
2 System Association of Pennsylvania, the Joint State Government  
3 Commission's Advisory Committee on Decedents' Estates Laws, the  
4 Pennsylvania Bar Association, the Department of Aging, the  
5 Department of Public Welfare and other interested persons at the  
6 department's discretion.

7 (c) Scope of review.--The committee's review shall include,  
8 but not be limited to, examination of the following:

9 (1) The need to adopt this type of standardized form in  
10 view of the existing use of do-not-resuscitate orders.

11 (2) The use and evaluation of use of such forms in other  
12 states.

13 (3) Any other matters determined by the department to be  
14 relevant to its determination.]

15 Section 5. Title 20 is amended by adding a section to read:  
16 § 5489. Discontinuance.

17 An OOH-DNR order may not be executed on or after the date the  
18 department adopts an initial POLST form under section 5498  
19 (relating to POLST form). This subchapter shall continue to  
20 apply to any OOH-DNR order executed prior to the date the  
21 department adopts an initial POLST form. Previously executed  
22 OOH-DNR orders, bracelets and necklaces may continue to be  
23 recognized as valid.

24 Section 6. Chapter 54 of Title 20 is amended by adding a  
25 subchapter to read:

26 SUBCHAPTER F

27 PENNSYLVANIA ORDERS FOR LIFE-SUSTAINING TREATMENT

28 Sec.

29 5491. Scope of subchapter.

30 5492. Legislative findings and intent.

1 5493. Definitions.  
2 5494. Prohibitions on use.  
3 5495. Voluntary consent requirement.  
4 5496. POLST Advisory Committee.  
5 5497. Administration of POLST program.  
6 5498. POLST form.  
7 5498.1. Education about POLST.  
8 5498.2. Requirements for valid POLST.  
9 5498.3. Portability.  
10 5498.4. Team care.  
11 5498.5. Copies of orders.  
12 5498.6. Signature options.  
13 5498.7. Standards for surrogate decision makers.  
14 5498.8. Revocation.  
15 5498.9. Transfer requirements.  
16 5498.10. Review requirements.  
17 5498.11. Compliance.  
18 5498.12. Emergency medical services.  
19 5498.13. Immunity.  
20 5498.14. Conflict with advance health care directive.  
21 5498.15. POLST executed under prior POLST form.  
22 5498.16. POLST executed under PLSWC form.  
23 5498.17. POLST executed in another state or jurisdiction.  
24 5498.18. POLST registry study.  
25 § 5491. Scope of subchapter.  
26 This subchapter relates to Pennsylvania Orders for Life-  
27 Sustaining Treatment.  
28 § 5492. Legislative findings and intent.  
29 The General Assembly finds and declares as follows:  
30 (1) All individuals have a qualified right to control

1 their health care and should not lose that right if they  
2 become incompetent or have never been a competent adult.

3 (2) The Commonwealth has recognized this right by  
4 providing for advance health care directives in which  
5 individuals may provide direction and state their goals and  
6 preferences about future health care and by providing for  
7 surrogate decision makers for incompetent adults and  
8 unemancipated minors.

9 (3) A Pennsylvania order for life-sustaining treatment,  
10 or POLST, differs from an advance health care directive as it  
11 converts an individual's wishes regarding health care into a  
12 medical order that is immediately actionable and applicable  
13 across all health care settings.

14 (4) The use of POLST may overcome many of the  
15 limitations and problems associated with advance health care  
16 directives and existing orders regarding cardiopulmonary  
17 resuscitation and other end-of-life care, including out-of-  
18 hospital do-not-resuscitate orders.

19 (5) In many cases, advance health care directives only  
20 name a surrogate decision maker to make health care decisions  
21 for the principal or lack specificity as to the principal's  
22 goals and preferences for a medical condition that  
23 subsequently develops because it was not foreseen by the  
24 principal.

25 (6) Existing medical orders frequently are ineffective  
26 when the patient is transferred from one care setting to  
27 another because the procedures, forms and requirements at  
28 each care setting may be different, resulting in a loss in  
29 the ability of patients to have their wishes honored.

30 (7) Existing emergency medical services protocols may

1 require emergency medical services personnel to proceed to  
2 cardiopulmonary resuscitation when an individual is found in  
3 cardiac and respiratory arrest, even if the individual has  
4 completed an advance directive or has otherwise clearly  
5 indicated that the individual does not wish to receive  
6 cardiopulmonary resuscitation.

7 (8) A POLST, which is executed by a health care  
8 practitioner under appropriate circumstances to implement the  
9 wishes of the patient expressed directly by the patient or  
10 through a surrogate decision maker, provides clear direction  
11 for the patient's care regarding health care issues likely to  
12 emerge given the patient's current medical condition.

13 (9) A key step in the POLST process is the health care  
14 practitioner's review with the patient or the patient's  
15 surrogate decision maker of the patient's current health  
16 status, diagnoses and prognosis to determine whether a POLST  
17 order would be appropriate or should be updated.

18 (10) The POLST decision-making process and medical  
19 orders are intended for patients who are considered to be at  
20 risk for a life-threatening clinical event because they have  
21 a serious life-limiting medical condition, which may include  
22 advanced frailty.

23 (11) Among vulnerable populations, including persons  
24 with disabilities, a POLST is appropriate for seriously ill  
25 or frail patients if their health care practitioner would not  
26 be surprised if they died within the next year.

27 (12) A POLST is not recommended for individuals with  
28 stable, even chronic, medical conditions with years of life  
29 expectancy.

30 (13) It should not be assumed that all patients in any

1 facility, including a nursing home, should have or would  
2 desire a POLST.

3 (14) The well-being of the patient is paramount in  
4 considering a POLST, not cost savings to the government or  
5 insurers.

6 (15) A POLST is appropriately entered following a shared  
7 decision-making process that facilitates patient consent that  
8 is voluntary, educated, collaborative and thoughtful,  
9 including a discussion of the patient's current clinical  
10 status, treatment options and likely outcomes, together with  
11 the patient's goals of care, preferences and values.

12 (16) Conversations about a POLST must avoid any bias  
13 against continuation of care and must not characterize the  
14 continuation of life as burdensome. When appropriate, these  
15 conversations should emphasize palliative care and hospice  
16 availability.

17 (17) A standardized POLST form, which is easily  
18 recognized, understood and implemented, can greatly advance  
19 the ability of patients to ensure that their medical care is  
20 aligned with their goals of care, preferences and values, as  
21 informed by a shared decision-making process.

22 (18) Advance health care directives remain critically  
23 important for adults from the age of majority until death. An  
24 advance health care directive, rather than a POLST, is the  
25 appropriate advance care planning tool for healthy patients.

26 (19) When the use of a POLST becomes appropriate, an  
27 existing advance health care directive will help shape the  
28 choices of the patient or the patient's surrogate decision  
29 maker when discussing a POLST with a health care provider.

30 (20) This subchapter is intended to provide a framework

1 and legal authority for a POLST to be valid and portable  
2 across all care settings, consistent with the foregoing  
3 findings.

4 § 5493. Definitions.

5 The following words and phrases when used in this subchapter  
6 shall have the meanings given to them in this section unless the  
7 context clearly indicates otherwise:

8 "Committee." The POLST Advisory Committee established under  
9 this subchapter.

10 "Department." The Department of Health of the Commonwealth.

11 "Health care facility." Any of the following:

12 (1) A facility that is licensed as a health care  
13 facility by the department under Chapter 8 of the act of July  
14 19, 1979 (P.L.130, No.48), known as the Health Care  
15 Facilities Act, including a hospital, long term care  
16 facility, home health care agency or hospice.

17 (2) A facility that is licensed or approved by the  
18 Department of Human Services under Article IX or X of the act  
19 of June 13, 1967 (P.L.31, No.21), known as the Human Services  
20 Code, and provides health care services, including a  
21 psychiatric facility or intermediate care facility for the  
22 developmentally or intellectually disabled.

23 (3) A facility that is licensed as a prescribed  
24 pediatric extended care center by the department under the  
25 act of November 24, 1999 (P.L.884, No.54), known as the  
26 Prescribed Pediatric Extended Care Centers Act.

27 "Health care insurer." A person, corporation or other entity  
28 that offers administrative, indemnity or payment services under  
29 a program of health care or disability benefits, including the  
30 following:



1           (1) An insurance company, association, exchange or  
2 fraternal benefit society subject to the act of May 17, 1921  
3 (P.L.682, No.284), known as The Insurance Company Law of  
4 1921.

5           (2) A health maintenance organization subject to the act  
6 of December 29, 1972 (P.L.1701, No.364), known as the Health  
7 Maintenance Organization Act.

8           (3) A hospital plan corporation subject to 40 Pa.C.S.  
9 Ch. 61 (relating to hospital plan corporations).

10           (4) A professional health service corporation subject to  
11 40 Pa.C.S. Ch. 63 (relating to professional health services  
12 plan corporations).

13           (5) A self-insured employee welfare benefit plan.

14           (6) A third-party administrator of a self-insured  
15 employee welfare benefit plan.

16           (7) A Federal, State or local government sponsored or  
17 operated program.

18           "Health care practitioner." A physician, physician assistant  
19 or certified registered nurse practitioner acting in accordance  
20 with applicable law, including their respective licensing acts  
21 and regulations.

22           "Health care provider." As defined in section 5483 (relating  
23 to definitions).

24           "Patient Life-Sustaining Wishes Committee." The committee  
25 appointed to assist the department in determining the  
26 advisability of using a standardized form containing orders by  
27 qualified physicians that detail the scope of medical treatment  
28 for patients' life-sustaining wishes under former section 5488  
29 (relating to advisory committee).

30           "Pennsylvania orders for life-sustaining treatment" or

1 "POLST." One or more medical orders, issued for the care of an  
2 individual, regarding cardiopulmonary resuscitation or other  
3 medical interventions that are entered in accordance with  
4 section 5498.2 (relating to requirements for valid POLST).

5 "PLSWC form." The form for a POLST previously approved by  
6 the department on the recommendation of the Patient Life-  
7 Sustaining Wishes Committee.

8 "POLST form." The form for a POLST adopted under section  
9 5498 (relating to POLST form).

10 "Secretary." The Secretary of Health of the Commonwealth.

11 "Surrogate decision maker." A health care agent, health care  
12 representative, guardian of the person or parent of a minor who  
13 is legally authorized to make a health care decision for a  
14 patient.

15 § 5494. Prohibitions on use.

16 (a) Stable medical conditions.--A POLST is not recommended  
17 for individuals with stable, even if chronic, medical conditions  
18 and years of life expectancy.

19 (b) Construction.--Nothing in this subchapter shall be  
20 construed to advance or support euthanasia, suicide or health  
21 care practitioner-assisted suicide.

22 § 5495. Voluntary consent requirement.

23 (a) Patient consent.--No POLST shall be valid without the  
24 voluntary consent of the patient or a surrogate decision maker.

25 (b) Health insurance or coverage.--A health care insurer may  
26 not:

27 (1) Require an individual to consent to a POLST or to  
28 have a POLST as a condition for being insured.

29 (2) Charge an individual a different rate or fee whether  
30 or not the individual consents to, or has, a POLST.

1       (3) Require a health care provider to have a policy to  
2 offer a POLST to any individual.

3       (4) Provide a health care provider a financial  
4 incentive, payment, discount or rating incentive for having a  
5 policy or procedure relating to POLST completion.

6       (5) Impose a rating or reimbursement penalty if a health  
7 care provider fails to achieve a target for POLST  
8 completions.

9       (c) Consultation.--Notwithstanding subsection (b), a health  
10 care provider may be paid for consultation with or counseling of  
11 a patient concerning a POLST or offering advance health care  
12 planning.

13       (d) Health care provider and health care facility  
14 policies.--

15       (1) A health care provider and a health care facility  
16 may not make consent to a POLST or having a POLST a condition  
17 of admission to, continued occupancy at, or the provision of  
18 health care services by the health care provider or a health  
19 care facility.

20       (2) A health care provider and a health care facility  
21 may not provide a patient or surrogate decision maker an in-  
22 kind or financial incentive, payment or discount for  
23 consenting to or having a POLST.

24       (3) In complying with paragraphs (1) and (2), a health  
25 care provider and a health care facility may have a policy to  
26 offer a POLST to appropriate individuals as part of a  
27 conversation about goals of care, personal values and  
28 preferences, benefits of various treatment options and  
29 avoiding unwanted burden.

30 § 5496. POLST Advisory Committee.

1 (a) Appointment.--The secretary shall appoint a POLST  
2 Advisory Committee, including a chairperson and vice chairperson  
3 of the committee.

4 (b) Role of committee.--The committee shall advise the  
5 department on POLST-related matters, including the format and  
6 content of the POLST form and education about POLST.

7 (c) Composition.--

8 (1) After consulting Statewide organizations comprised  
9 of relevant stakeholders, the secretary shall appoint one or  
10 more representatives of the following to the committee:

11 (i) The Pennsylvania Medical Society.

12 (ii) The Hospital and Healthsystem Association of  
13 Pennsylvania.

14 (iii) The Pennsylvania Homecare Association.

15 (iv) The Pennsylvania Bar Association.

16 (v) The Joint State Government Commission's Advisory  
17 Committee on Decedents' Estates Laws.

18 (vi) Pennsylvania Emergency Health Services Council.

19 (vii) Pennsylvania College of Emergency Physicians.

20 (viii) Long-term care facilities and providers of  
21 long-term support.

22 (ix) Patient advocates.

23 (x) Disability rights advocates.

24 (xi) Faith-based health care providers.

25 (xii) Bioethicists, including both a secular and  
26 faith-based representative.

27 (2) The secretary may appoint additional individuals to  
28 the committee to provide expertise and a broad representation  
29 of interests.

30 (3) The secretary shall ensure that members appointed to

1 the committee include individuals with knowledge about:

2 (i) community POLST coalition efforts; and

3 (ii) nationally accepted physician orders for life-  
4 sustaining treatment standards and educational resources,  
5 including the National POLST Paradigm Task Force.

6 § 5497. Administration of POLST program.

7 (a) Duties.--The department shall perform the following  
8 duties in consultation with the committee:

9 (1) Adopt and update a POLST form under section 5498  
10 (relating to POLST form).

11 (2) Develop and update basic education materials on  
12 POLST under section 5498.1 (relating to education about  
13 POLST).

14 (3) Make the POLST form and its educational materials  
15 available and accessible through the department's publicly  
16 accessible Internet website.

17 (b) Plain language requirement.--In consultation with the  
18 committee, the department shall make the POLST form and its  
19 educational materials clear, concise, well-organized and  
20 otherwise understandable to patients, their families, other  
21 surrogate decision makers and health care providers.

22 (c) Coordination.--In the performance of its  
23 responsibilities under this subchapter, the department shall  
24 coordinate with other State agencies that address the special  
25 needs of individuals with disabilities and older persons,  
26 including the Department of Aging and the Department of Human  
27 Services.

28 § 5498. POLST form.

29 (a) General rule.--In consultation with the committee, the  
30 department shall adopt, and periodically update when

1 appropriate, a standard POLST form for health care practitioners  
2 to issue a POLST with the voluntary consent of the patient or an  
3 authorized surrogate decision maker.

4 (b) Medical order options.--

5 (1) The POLST form shall include options for a set of  
6 medical orders for cardiopulmonary resuscitation and other  
7 medical interventions that are determined to be appropriate  
8 for a POLST.

9 (2) The POLST form shall be outcome neutral. The medical  
10 order options shall range from full treatment to comfort care  
11 only, with options in between.

12 (3) The POLST form may include options for nutrition and  
13 hydration administered by gastric tube or intravenously or by  
14 other medically administered means. If the consent is  
15 provided by a surrogate decision maker, the following  
16 requirements shall apply:

17 (i) Section 5456(c)(5)(iii) (relating to authority  
18 of health care agent).

19 (ii) Section 5461(c) (relating to decisions by  
20 health care representative).

21 (iii) Section 5462(c) (relating to duties of  
22 attending physician and health care provider).

23 (4) Except as provided under section 5498.2(a)(2)  
24 (relating to requirements for valid POLST), no medical order  
25 option section shall be required to be completed for the  
26 POLST to be valid.

27 (c) Notices.--

28 (1) The POLST form shall clearly and conspicuously state  
29 that a POLST may only be issued with the voluntary consent of  
30 the patient or the patient's authorized surrogate decision

1 maker and that a patient or surrogate decision maker may not  
2 be compelled by a health care provider or health care insurer  
3 to complete or sign a POLST.

4 (2) The POLST form may include other notices regarding  
5 patient rights, health care practitioner responsibilities and  
6 availability of educational information which the department,  
7 in consultation with the committee, determines are  
8 appropriate.

9 (d) Identification and signatures.--

10 (1) The POLST form shall provide for identification of  
11 the patient, any surrogate decision maker who consents to the  
12 POLST on behalf of the patient and the health care  
13 practitioner who issues the POLST.

14 (2) The POLST form shall provide for the signatures of  
15 the patient, any surrogate decision maker and the health care  
16 practitioner who issues the POLST.

17 (e) Instructions.--The POLST form shall include instructions  
18 for its completion. The instructions shall clearly convey the  
19 sections required to be completed for the POLST to be valid.

20 (f) Opportunity for comment.--

21 (1) Prior to adopting the initial POLST form developed  
22 after the effective date of this section, the department  
23 shall transmit to the Legislative Reference Bureau notice of  
24 the proposed form for publication in the next available issue  
25 of the Pennsylvania Bulletin and provide an opportunity for  
26 comment on the proposed form for at least 60 days after  
27 publication of the notice. The following shall apply:

28 (i) In addition to submitting for publication notice  
29 of the initial form in the next available issue of the  
30 Pennsylvania Bulletin, the department shall serve a copy

1 of the form to the Health and Human Services Committee of  
2 the Senate and the Health Committee of the House of  
3 Representatives.

4 (ii) Within 60 days after the close of the comment  
5 period, the department shall submit for publication a  
6 subsequent notice in the next available issue of the  
7 Pennsylvania Bulletin that responds to each comment the  
8 department has received. In providing responses to each  
9 comment, the department shall indicate the reasons for  
10 adopting or rejecting the recommendations made during the  
11 comment period. The department shall submit for  
12 publication a final version of the POLST form in the next  
13 available issue of the Pennsylvania Bulletin and on the  
14 department's publicly accessible Internet website.

15 (2) The department shall comply with the procedures  
16 under paragraph (1) for updates to the POLST form.

17 (3) The adoption of the initial POLST form and any  
18 subsequent updates to the POLST form shall be exempt from the  
19 following:

20 (i) Article II of the act of July 31, 1968 (P.L.769,  
21 No.240), referred to as the Commonwealth Documents Law.

22 (ii) Sections 204(b) and 301(10) of the act of  
23 October 15, 1980 (P.L.950, No.164), known as the  
24 Commonwealth Attorneys Act.

25 (iii) The act of June 25, 1982 (P.L.633, No.181),  
26 known as the Regulatory Review Act.

27 (iv) Section 612 of the act of April 9, 1929  
28 (P.L.177, No.175), known as The Administrative Code of  
29 1929.

30 (g) POLST forms.--POLST forms executed prior to the



1 effective date of this section shall be recognized as valid  
2 POLST forms and shall have full force and effect as if executed  
3 on or after the effective date of this section.

4 (h) Printed copies.--The POLST form may not be required to  
5 be obtained exclusively from the department or any particular  
6 vendor. The department shall provide a process for the POLST  
7 form to be downloaded free of charge from a publicly accessible  
8 Internet website.

9 § 5498.1. Education about POLST.

10 (a) General rule.--In consultation with the committee, the  
11 department shall develop, and periodically update when  
12 appropriate, educational materials about POLST for patients,  
13 surrogate decision makers, health care providers and the public.

14 (b) Basic education.--The department shall make its basic  
15 educational materials available in alternative formats that are  
16 accessible to persons with a disability. The department's POLST  
17 educational materials shall include basic information that  
18 explains and provides guidance on the following:

19 (1) The definition of a POLST, including the types of  
20 medical interventions that may be covered.

21 (2) How a POLST is an immediately actionable medical  
22 order and is valid and portable across all patient settings.

23 (3) When a POLST may be useful and appropriate and when  
24 a POLST may not be appropriate.

25 (4) The differences between a POLST and an advance  
26 health care directive.

27 (5) The voluntary consent requirement, including a  
28 patient's right to refuse to execute a POLST without adverse  
29 consequences under section 5495(b) and (d) (relating to  
30 voluntary consent requirement).

1           (6) The importance of a shared decision-making process  
2 to assure understanding and voluntary consent by patients and  
3 surrogate decision makers.

4           (7) When review of a POLST is required or recommended.

5           (8) The obligation of health care providers to comply  
6 with a POLST under this subchapter.

7           (9) Legal requirements for surrogate decision making.

8           (10) Appropriate inclusion of patients, to the extent  
9 possible, regardless of the patient's physical or mental  
10 condition, in decision making when decisions are made on the  
11 patient's behalf by surrogate decision makers.

12       (c) Training recommendations.--The department's educational  
13 materials shall include recommendations for training of health  
14 care practitioners and others who educate patients about POLST  
15 or assist in completion of a POLST form to assure that the  
16 practitioner or other individual has the practiced skills of  
17 those conversations and understands the applicable law, medical  
18 issues and treatments covered by a POLST. These materials shall  
19 incorporate information consistent with the findings in section  
20 5492(9), (10), (11), (12), (13), (14), (15) and (16) (relating  
21 to legislative findings and intent).

22       (d) Other resources.--The department may provide information  
23 about the availability of educational materials from other  
24 sources, including nonprofit organizations that provide  
25 education, training and resources for POLST programs.

26 § 5498.2. Requirements for valid POLST.

27       (a) General rule.--To be valid, a POLST shall require each  
28 of the following:

29           (1) Use of the POLST form, except under sections 5498.5  
30 (relating to copies of orders), 5498.15 (relating to POLST

1 executed under prior POLST form), 5498.16 (relating to POLST  
2 executed under PLSWC form) and 5498.17 (relating to POLST  
3 executed in another state or jurisdiction).

4 (2) Completion of the section regarding cardiopulmonary  
5 resuscitation.

6 (3) Completion of the section documenting preferences  
7 regarding hospitalization and preferred level of care.

8 (4) The date and signature of a health care practitioner  
9 in accordance with section 5498.6 (relating to signature  
10 options), except under subsection (b).

11 (5) The date and signature of the patient or a surrogate  
12 decision maker in accordance with section 5498.6, except  
13 under subsection (c).

14 (b) Verbal orders.--A verbal order is effective from the  
15 date given without countersignature until the expiration of the  
16 period of countersignature set forth under paragraph (2) or (3).  
17 A health care practitioner's verbal order for a POLST shall be  
18 deemed to meet the requirements of subsection (a)(2) if all of  
19 the following requirements are met:

20 (1) The order is entered for a patient receiving care  
21 from a health care facility.

22 (2) The order is documented on the POLST form and  
23 countersigned by the health care practitioner in accordance  
24 with any applicable laws and regulations governing the health  
25 care facility, including a time frame in which the order must  
26 be countersigned.

27 (3) No law or regulation governing the health care  
28 facility establishes a time limit in which the order must be  
29 countersigned, and the order is countersigned by the health  
30 care practitioner within seven days.

1 (c) Verbal consent.--A surrogate decision maker's verbal  
2 consent for a POLST shall be deemed to satisfy the requirements  
3 of subsection (a) (4) if all of the following requirements are  
4 met:

5 (1) Obtaining the signature of the surrogate decision  
6 maker is not feasible in a timely manner.

7 (2) The consent is documented on the POLST form by the  
8 health care facility in accordance with its policies and  
9 procedures.

10 (3) The signature of the surrogate decision maker is  
11 obtained as soon as feasible.

12 (d) Effectiveness.--A POLST shall be effective on the date  
13 it meets the requirements of this section.

14 § 5498.3. Portability.

15 (a) General rule.--A POLST executed in accordance with this  
16 subchapter shall be valid anywhere within this Commonwealth,  
17 including all health care facilities, the patient's residence  
18 and other care settings outside of a health care facility, and  
19 while the patient is in transit from one health care facility or  
20 care setting to another.

21 (b) Authority of health care practitioners.--A POLST  
22 executed in accordance with this subchapter shall be valid in a  
23 health care facility regardless of whether the health care  
24 practitioner who signed the order has clinical privileges with  
25 the health care facility.

26 (c) Other orders.--This subchapter does not prohibit a do-  
27 not-resuscitate or other order issued for care within a health  
28 care facility from being valid and actionable within that health  
29 care facility in accordance with the laws and regulations  
30 governing the health care facility.

1 § 5498.4. Team care.

2 A health care facility may designate individuals who have  
3 been trained in a manner consistent with section 5498.1(c)  
4 (relating to education about POLST), including nurses and social  
5 workers, to participate in conversations with a patient or the  
6 patient's surrogate decision maker regarding a POLST or  
7 assisting in completion of the POLST form.

8 § 5498.5. Copies of orders.

9 A copy of a POLST, including a photocopy, facsimile or other  
10 electronic copy, shall be as effective as the original POLST.

11 § 5498.6. Signature options.

12 (a) Options.--A signature required by section 5498.2  
13 (relating to requirements for valid POLST) may be provided by a  
14 hand-written signature or any other means allowed under this  
15 section.

16 (b) Patient unable to sign.--If a patient is unable to sign  
17 by a written signature, it shall be sufficient for:

18 (1) the patient to sign by a mark; or

19 (2) another individual to sign for the patient if that  
20 patient specifically directs the other individual to sign the  
21 POLST for the patient.

22 (c) Electronic signatures.--In the case of a patient  
23 receiving care from a health care facility, a signature on a  
24 POLST may be obtained by any electronic means that is authorized  
25 by the policies and procedures of the facility and is consistent  
26 with the laws governing the facility, including a digitized  
27 signature and a digital signature. A copy of the POLST shall  
28 show a representative image of the signature in the applicable  
29 signature field.

30 § 5498.7. Standards for surrogate decision makers.

1 (a) General rule.--When making a decision about a POLST on  
2 behalf of a patient, a surrogate decision maker shall comply  
3 with all applicable legal requirements for health care decision  
4 making by a surrogate decision maker, including those provided  
5 under subsection (b), and the decisions of the surrogate  
6 decision maker are subject to all applicable legal restrictions  
7 on decisions by a surrogate decision maker.

8 (b) Specific laws.--Surrogate decision makers must comply  
9 with the following:

10 (1) Subchapter C (relating to health care agents and  
11 representatives), including:

12 (i) Section 5456(c) (relating to authority of health  
13 care agent).

14 (ii) Section 5461(c) (relating to decisions by  
15 health care representative).

16 (iii) Section 5462(c) (relating to duties of  
17 attending physician and health care provider).

18 (2) Chapter 55 (relating to incapacitated persons).

19 (c) Minors.--A surrogate decision maker for an unemancipated  
20 minor shall be subject to the requirements and restrictions  
21 applicable to a health care representative for an adult when  
22 making a decision about a POLST on behalf of the minor.

23 (d) Competent patient.--This section does not limit the  
24 right of a competent patient to consent to a POLST.

25 § 5498.8. Revocation.

26 (a) Consent.--A patient or a surrogate decision maker acting  
27 within a decision-making authority may revoke consent to all or  
28 part of a POLST at any time and in any manner that communicates  
29 an intent to revoke.

30 (b) Notice.--A health care provider or surrogate decision

1 maker who is informed of a revocation shall promptly communicate  
2 the fact of the revocation to any attending health care provider  
3 and to any health care facility from which the patient is  
4 receiving care.

5 (c) Implementation.--A health care provider that is notified  
6 of a POLST revocation shall record that the POLST is void in any  
7 medical records containing the order that are maintained by the  
8 health care provider.

9 § 5498.9. Transfer requirements.

10 (a) Notice of POLST.--A health care facility that transfers  
11 a patient with a POLST to another health care facility shall  
12 provide the POLST to the receiving facility and any health care  
13 providers who are responsible for the patient's care during  
14 transport to the receiving facility. The notice of the order  
15 shall be provided prior to the transfer, or, if prior notice is  
16 not feasible, as soon as feasible thereafter.

17 (b) Compliance.--The requirements of section 5498.11  
18 (relating to compliance) shall apply in the event that the  
19 receiving health care provider or health care provider involved  
20 in the transfer is unable in good conscience to comply with the  
21 POLST or the policies of the health care provider preclude  
22 compliance.

23 § 5498.10. Review requirements.

24 (a) Mandatory review.--In the event a patient with a POLST  
25 is admitted or transferred to a health care facility, the  
26 treating health care provider at the health care facility shall  
27 review the POLST as soon as feasible with the patient or the  
28 patient's authorized surrogate decision maker. The POLST shall  
29 remain effective unless and until modified or voided as a result  
30 of the review.

1 (b) Recommended review.--In consultation with the committee,  
2 the department shall develop recommendations for other  
3 situations in which it is appropriate or advisable for a POLST  
4 to be reviewed, giving consideration to the following  
5 circumstances:

6 (1) A substantial change in the patient's health status.

7 (2) A change in the patient's goals of care or treatment  
8 preferences.

9 § 5498.11. Compliance.

10 (a) Notification by attending physician or health care  
11 provider.--If an attending physician or other health care  
12 provider cannot in good conscience comply with a POLST or if the  
13 policies of a health care provider preclude compliance with a  
14 POLST, the attending physician or health care provider shall so  
15 inform the patient, if the patient is competent, and any  
16 surrogate decision maker who consented to the order on behalf of  
17 the patient.

18 (b) Transfer.--The attending physician or health care  
19 provider under subsection (a) shall make every reasonable effort  
20 to assist in the transfer of the patient to another physician or  
21 health care provider who will comply with the POLST.

22 (c) Liability.--If transfer under subsection (b) is  
23 impossible, the provision of care necessary to sustain life to a  
24 patient may not subject an attending physician or a health care  
25 provider to criminal or civil liability or administrative  
26 sanction for failure to carry out the POLST.

27 (d) Policies.--The department shall require health care  
28 facilities to have policies and procedures for implementation of  
29 a POLST.

30 § 5498.12. Emergency medical services.



1 (a) Medical command instructions.--Notwithstanding the  
2 absence of a do-not-resuscitate order in a POLST, emergency  
3 medical services providers shall at all times comply with the  
4 instructions of an authorized medical command physician to  
5 withhold or discontinue resuscitation.

6 (b) Effect of POLST do-not-resuscitate order.--

7 (1) Emergency medical services providers shall comply  
8 with a do-not-resuscitate order in a POLST if made aware of  
9 the order. In order to be in compliance with the do-not-  
10 resuscitate order in a POLST, an emergency medical service  
11 provider must:

12 (i) withhold cardiopulmonary resuscitation from the  
13 patient in the event of respiratory and cardiac arrest;  
14 or

15 (ii) discontinue and cease cardiopulmonary  
16 resuscitation, in the event the emergency medical  
17 services provider is presented with a do-not-resuscitate  
18 order in a POLST after initiating cardiopulmonary  
19 resuscitation.

20 (2) Emergency medical services providers shall provide  
21 other medical interventions necessary and appropriate to  
22 provide comfort and alleviate pain, including intravenous  
23 fluids, medications, oxygen and any other intervention  
24 appropriate to the level of the certification of the  
25 provider, unless otherwise directed by the patient or the  
26 emergency medical services provider's authorized medical  
27 command physician.

28 (c) Uncertainty regarding validity or applicability of do-  
29 not-resuscitate order in POLST.--

30 (1) Emergency medical services providers who in good

1 faith are uncertain about the validity or applicability of a  
2 do-not-resuscitate order in a POLST shall render care in  
3 accordance with their level of certification.

4 (2) Emergency medical services providers who act under  
5 paragraph (1) may not be subject to civil or criminal  
6 liability or administrative sanction for failure to comply  
7 with a do-not-resuscitate order in a POLST.

8 (d) Uncertainty regarding validity or applicability of  
9 POLST.--Emergency medical services providers are not required  
10 to, but may if they deem it necessary, contact the medical  
11 command physician prior to complying with a POLST.

12 § 5498.13. Immunity.

13 (a) Compliance.--A health care provider or other person may  
14 not be subject to civil or criminal liability or to discipline  
15 for unprofessional conduct for complying with a POLST based upon  
16 the good faith assumption that the orders therein were valid  
17 when made and have not been revoked or terminated.

18 (b) Noncompliance.--A health care provider or other person  
19 may not be subject to civil or criminal liability or to  
20 discipline for unprofessional conduct for refusing to comply  
21 with a POLST on the good faith belief that:

22 (1) The POLST is not valid.

23 (2) Compliance with the POLST would be unethical or, to  
24 a reasonable degree of medical certainty, would result in  
25 medical care having no medical basis in addressing any  
26 medical need or condition of the patient, provided that the  
27 health care provider complies in good faith with sections  
28 5462(c) (relating to duties of attending physician and health  
29 care provider) and 5498.11 (relating to compliance).

30 (c) Other protection.--This section does not limit the

1 immunity available to a health care provider or person under  
2 section 5431 (relating to liability) or 5498.12(c)(2) (relating  
3 to emergency medical services).

4 § 5498.14. Conflict with advance health care directive.

5 If a POLST conflicts with a provision of an advance health  
6 care directive, the provision of the instrument latest in date  
7 of execution shall prevail to the extent of the conflict.

8 § 5498.15. POLST executed under prior POLST form.

9 A POLST executed on a POLST form that was valid when executed  
10 shall remain valid even if the department subsequently adopts a  
11 revised form.

12 § 5498.16. POLST executed under PLSWC form.

13 (a) Validity.--Except as provided under subsection (b), a  
14 POLST executed on the PLSWC form prior to the adoption of a  
15 POLST form under this subchapter is effective to the same extent  
16 as it would be effective if executed on the POLST form.

17 (b) Emergency medical services providers.--Emergency medical  
18 services providers are not required to, but may if they deem it  
19 necessary, contact the medical command physician prior to  
20 complying with a POLST executed on the PLSWC form.

21 (c) Immunity.--For purposes of the immunity under sections  
22 5431 (relating to liability) and 5498.13 (relating to immunity),  
23 a POLST executed on the PLSWC form shall be deemed to be a POLST  
24 executed under this subchapter.

25 § 5498.17. POLST executed in another state or jurisdiction.

26 (a) Validity.--Except as provided under subsection (b), a  
27 health care provider may comply with a POLST, or its substantial  
28 equivalent executed under the laws of another state or  
29 jurisdiction and in conformity with the laws of that state or  
30 jurisdiction, if:

1 (1) the order meets the requirements of section  
2 5498.2(a)(2), (3) and (4) (relating to requirements for valid  
3 POLST); and

4 (2) the health care provider consults, as soon as  
5 feasible, with the patient if competent and any surrogate  
6 decision maker regarding continued compliance with the order.

7 (b) Exception.--Subsection (a) may not apply to orders  
8 executed in another state or jurisdiction to the extent that the  
9 order directs procedures or the withholding or withdrawal of  
10 procedures under circumstances that are inconsistent with the  
11 laws of this Commonwealth, including section 5498.7 (relating to  
12 standards for surrogate decision makers).

13 (c) Immunity.--For purposes of the immunity under sections  
14 5431 (relating to liability) and 5498.13 (relating to immunity),  
15 a POLST, or its substantial equivalent that was executed under  
16 the laws of another state or jurisdiction and is valid under  
17 subsections (a) and (b), shall be deemed to be a POLST executed  
18 under this subchapter.

19 § 5498.18. POLST registry study.

20 (a) Study.--In consultation with the committee and the  
21 Pennsylvania eHealth Partnership Authority, the department shall  
22 study the feasibility and cost of creating an Internet-based  
23 POLST registry that would allow health care providers caring for  
24 a patient to obtain a current POLST for the patient.

25 (b) Report.--The department shall report the results of the  
26 study to the Health and Human Services Committee of the Senate  
27 and the Health Committee of the House of Representatives. The  
28 department shall report the status of the study to the  
29 committees at least every 180 days until the final results are  
30 reported.

1 Section 7. This act shall take effect as follows:

2 (1) The following provisions shall take effect  
3 immediately:

4 (i) The addition of 20 Pa.C.S. § 5496.

5 (ii) This section.

6 (2) The remainder of this act shall take effect in 90  
7 days.