SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 1088 (Blakespear)
Version: March 17, 2026
Hearing Date: April 28, 2026
Fiscal: No
Urgency: No
AM

SUBJECT

Health care decisions: life-sustaining treatment

DIGEST

This bill changes the term "Physician Orders for Life Sustaining Treatment" with "POLST" or "Portable Orders Listing Scope of Treatment." The bill authorizes electronic signatures on POLST forms. The bill provides that out-of-state orders or instruments regarding resuscitative measures are valid and enforceable to the extent of a validly executed POLST form. The bill requires POLST forms to be dated, but provides that failure to include this date does not invalidate an otherwise valid POLST form. The bill provides that requests regarding resuscitative measures are entirely voluntary and the provision of care or admission to a facility cannot be conditioned on completion of or refusal to complete a POLST or similar form.

EXECUTIVE SUMMARY

This bill seeks to address certain gaps in existing law identified by the sponsor of the bill after they conducted a statewide survey of providers across numerous settings and disciplines to assess awareness of POLST and adherence to POLST best practices. The bill seeks to address these gaps with the goal of strengthening advanced care planning tools that are available to Californians.

The bill is sponsored by the Coalition for Compassionate Care of California and supported by various advocacy organizations for patient care. The bill is opposed by the California Association of Clinical Nurse Specialists. This bill passed the Senate Health Committee on a vote of 11 to 0.

PROPOSED CHANGES TO THE LAW

Existing law:

1) Establishes the Commission on Emergency Medical Services, which is a 19-member body in the California Health and Human Services Agency that reviews and approves regulations, standards, and guidelines to be developed by the Emergency Medical Services Authority (EMSA), and advises on communications, equipment, training, facilities and other components of the EMS system. (Health & Saf. Code §§ 1799 to 1799.8.)

2) Provides for an advance health care directive (AHCD), which gives an individual the right to provide instructions about their physical and mental health care and name another individual, or individuals, to act as an agent to make health care decisions for them. (Prob. Code §§4000 to 4071.)

3) Defines "request regarding resuscitative measures" as a written document signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual's physician, that directs a health care provider regarding resuscitative measures.
    a) This request is not an AHCD. Indicates a request regarding resuscitative measures can be a prehospital "do not resuscitate form" (DNR) or a POLST. (Prob. Code § 4780.)

4) Establishes the Physician Orders for Life Sustaining Treatment (POLST) form and authorizes a legally recognized health care decisionmaker to execute the POLST order only if the individual lacks capacity, or the individual has designated a decisionmaker, as specified.
    a) Establishes the POLST eRegistry Act administered by EMSA. (Prob. Code §§ 4780 to 4786; Health & Saf. Code §§ 1860 to 1863.)

5) Defines "POLST" as a form that is a request regarding resuscitative measures that directs a health care provider regarding resuscitative and life-sustaining measures. Requires POLST to be completed by a health care provider based on patient preferences, and signed by a physician, nurse practitioner, or physician assistant acting under the supervision of the physician. (Health & Saf. Code § 1861; Prob. Code § 4780.)

6) Defines "surrogate" as an adult, other than a patient's agent or conservator, authorized to make a health care decision for the patient. Permits a patient to designate a surrogate during treatment or a stay in the institution by personally informing the supervising health care provider or designee of the health care facility. Requires this to be documented in the patient's medical record. Allows a health care provider or facility, for a patient who lacks capacity to make health care decisions

and who has no legally recognized health care decision maker, to choose a surrogate, as specified. (Prob. Code §§ 4643, 4711, & 4712.)

7) Establishes an interdisciplinary team to oversee the care of a skilled nursing facility or intermediate care facility when a resident lacks capacity to make a health care decision and there is no person with legal authority to make those decisions on behalf of the resident. (Health & Saf. Code § 1418.8.)

8) Authorizes a long-term care public patient representative to participate in an interdisciplinary team review of a decision that would directly or inexorably lead to the death of a patient through the creation or revision of POLST, DNR, comfort care orders, and elections of hospice care. (Welf. & Ins. Code § 9270.)

9) Defines "electronic signature" in the Uniform Electronic Transactions Act (UETA) as an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record.
    a) Indicates a digital signature is a type of electronic signature. Authorizes the use of digital signatures in written communication with a public entity by any party to the communication if it is compliance with the law, as specified. (Civ. Code § 1633.2; Gov. Code § 16.5.)

10) Defines "digital signature" as an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature. (Gov. Code § 16.5.)

This bill:

1) Replaces the terms "Physician Orders for Life Sustaining Treatment" form with the "Portable Orders Listing Scope of Treatment" or "POLST" form.

2) Authorizes the following individuals to be signatories on a "request regarding resuscitative measures:"
    a) a health care agent; or
    b) a conservator, or surrogate, nurse practitioner, or physician assistant acting under the supervision of the physician.

3) Replaces the term "legally recognized health care decisionmaker" with "health care agent, conservator, or surrogate," to describe who may execute a POLST.

4) Defines "surrogate" as the term exists in specified existing law and includes an individual authorized to act on behalf of a facility's interdisciplinary team in overseeing the care of a resident, as specified.

5) Requires an electronic signature to be sufficient for any signature required for a request regarding resuscitative measures.

6) Requires the POLST form to contain the date the document was signed by the health care provider and the patient, or their health care agent, conservator, or surrogate.
    a) Clarifies that a form without a date is not invalid, however requires, if there are a dated and undated forms, the dated form is to be treated as the more recent one.

7) Requires a request regarding resuscitative measures in any form to be entirely voluntarily and prohibits the provision of care or admission to a facility from being conditioned on completion of or refusal to complete a POLST form or DNR order.

8) Requires a request regarding resuscitative measures or substantially similar instrument executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or of this state to be valid and enforceable in California to the same extent as a POLST form validly executed in California.

9) Authorizes, in the absence of knowledge to the contrary, a physician or other health care provider to presume a request regarding resuscitative measures, whether executed in another state or jurisdiction or in California, to be valid and unrevoked.

COMMENTS

1. Stated need for the bill

The author writes:

> People should have control over the end of their lives and the care they receive, even if they are unconscious. SB 1088 updates the name of POLST—from Physician Orders for Life Sustaining Treatment to Portable Orders Listing Scope of Treatment—in recognition that nurse practitioners and physician assistants can sign them. It also creates a presumption that POLST and prehospital DNRs from out-of-state are valid the same way out-of-state advance directives are. Finally, it allows electronic signatures to help the transition to a statewide electronic POLST registry. By aligning advance care directives, POLSTs, and prehospital DNRs, SB 1088 ensures there are no ambiguities or uncertainties about end-of-life care.

2. POLST

The POLST Paradigm is designed to facilitate communication between health care professionals and patients, or their authorized surrogates in cases where the patients themselves do not have the capacity to make health care decisions, who are very ill or very frail. The idea is to encourage patients and their families to participate in planned,

shared, and informed medical decision-making that respects the patients' goals for care in regard to the use of cardiopulmonary resuscitation and other medical interventions. It functions as a Do Not Resuscitate order and provides treatment direction for multiple health situations. The POLST form is not an AHCD, which is where an individual appoints a person or persons to make health care decisions for the individual if and when the individual loses capacity to make health care decisions (health care power of attorney) and/or provides guidance or instructions for making health care decisions (living will). A POLST form consists of a set of medical orders that applies to a limited population of patients and addresses a limited number of critical medical decisions. The POLST form is a complement to AHCDs.

The sponsor of the bill, the Coalition for Compassionate Care of California, notes that:

> […] While under contract (2022 to 2025) to EMSA as a subject matter expert in their still-in-process development of the POLST registry, CCCC undertook a statewide survey of providers across numerous settings and disciplines to assess awareness of POLST and adherence to POLST best practice. The survey revealed a number of concerning deficiencies in providers' knowledge of POLST and how best to use it. Some of these deficiencies, we learned, originated in the law (specifically Probate Code Section 4780 et seq) authorizing the use of POLST and some operational misalignments between POLST, the prehospital DNR, and advance healthcare directives. The amendments proposed in SB 1088 will correct these misunderstandings and misalignments, thereby strengthening the suite of advance care planning tools available to Californians. […]

This bill does several things to address these gaps. The bill renames the POLST form to Portable Orders Listing Scope of Treatment, and authorizes nurse practitioners and physician assistants acting under the supervision of the physician to sign prehospital DNR orders (existing law already allows them to sign POLST forms). The bill provides more clarity to which surrogates can sign a POLST form. The bill makes it clear that a facility cannot force a patient to sign a POLST form or other resuscitative order as a condition of being admitted to the facility and that these forms are completely voluntary. In order to ensure continuity of care across state lines, the bill creates a presumption that a resuscitative measure or substantially similar instrument executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or of this state are to be valid and enforceable in California to the same extent as a POLST form validly executed in California. The bill provides that in the absence of knowledge, to the contrary, a physician or other health care provider may presume a request regarding resuscitative measures, whether executed in another state or jurisdiction or in this state, is valid and unrevoked. POLST forms are required to be dated; however, not having a date does not invalidate an otherwise valid POLST form. In the scenario where two or more POLST forms exists and one is undated, the dated one is to be treated as more recent than the undated forms. Lastly, the bill authorizes an

electronic signature, as defined under UETA, are sufficient for any signature required for a request regarding resuscitative measures.

3. Stakeholder statements

The Coalition for Compassionate Care of California, the sponsor of the bill, writes in support stating:

> [….] SB 1088 aligns these tools by recognizing the role of nurse practitioners and physician assistants in end-of-life and other crisis decision making and allowing them to sign prehospital DNR orders as well as POLST. This bill would rename POLST from "Physician Orders for Life-Sustaining Treatment" to better reflect the range or authorized signing providers and its broad purpose in specifying treatments beyond life-sustaining or end-of-life care.
>
> SB 1088 would more clearly identify which surrogates, under want authority, can sign a POLST on behalf of an incapacitated patient, and would further clarify that requests regarding resuscitative measures are entirely voluntary: Care or treatment cannot be conditioned on a person completing one. To facilitate electronic completion, storage, and retrieval of a POLST, SB 1088 would specify that electronic signatures are valid.
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> Finally, this bill would ensure continuity of care across state lines by creating a presumption of validity for a POLST or DNR executed out of California, allowing healthcare providers to presume validity in the absence of knowledge to the contrary. […]

The bill is opposed unless amended by the California Association of Clinical Nurse Specialists. They ask that the bill be amended to include clinical nurse specialists (CNSs) in the bill. The California Clinical Nurse Specialist Association writes that:

> CNS are Advanced Practice Nurses, as defined by the California Board of Registered Nursing, educated at the master's and doctoral level. In addition to advanced direct clinical cares, CNSs are uniquely prepared in systems leadership, policy, program development, and the implementation of evidenced-based solutions. Across the lifespan care settings, CNSs improve patient outcomes, strengthen healthcare systems. And deliver high-value, fiscally responsible care.

SUPPORT

Coalition for Compassionate Care of California (sponsor)
A Better Exit
Alliance of Catholic Health Care, Inc.
Alzheimer's Greater Los Angeles

Alzheimer's Orange County
Alzheimer's San Diego
California Academy of Family Physicians
California Association of Health Facilities
California Association of Long Term Care Medicine
California Catholic Conference
Compassion & Choices
End of Life Choices, California
Hemlock Society of San Diego
MyDirectives, Inc.

OPPOSITION

California Association of Clinical Nurse Specialists

RELATED LEGISLATION

Pending Legislation: None known.

Prior Legislation:

AB 133 (Committee on Budget, Ch. 143, Stats. 2021) established the California POLST Registry including AHCD Registry, as provided.

SB 19 (Wolk, Ch. 504, Stats. 2015) enacted the California POLST eRegistry Pilot Act, as provided.

AB 637 (Campos, Ch. 217, Stats. 2015) authorized nurse practitioners and physician assistants acting under supervision of the physician to create a valid POLST form.

AB 3000 (Wolk, Ch. 266, Stats. 2008) established the POLST form to direct a health care provider as to the resuscitative and life-sustaining measures selected by a patient concerning the end of life and requires health care providers to treat individuals in accordance with their POLST across all healthcare settings.

PRIOR VOTES

Senate Health Committee (Ayes 11, Noes 0)

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