

Date of Hearing: June 16, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
SB 1088 (Blakespear) – As Amended March 17, 2026

SENATE VOTE: 38-0

SUBJECT: Health care decisions: life-sustaining treatment.

SUMMARY: Replaces the term Physician Orders for Life Sustaining Treatment with “POLST,” or “Portable Orders Listing Scope of Treatment.” Authorizes a request regarding resuscitative measures to be entered into by an individual with capacity, or a health care agent, conservator, or surrogate and a physician, nurse practitioner, or physician assistant. Specifies that an electronic signature is sufficient for any signature required for a request regarding resuscitative measures. Specifically, **this bill:**

- 1) Replaces the terms “Physician Orders for Life Sustaining Treatment” form with “POLST or Portable Orders Listing Scope of Treatment” form.
- 2) Allows the following individuals to be signatories on a “request regarding resuscitative measures:” a health care agent, 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. Clarifies that a form without a date is not invalid, however requires, if there are both a dated and undated form, the dated form to be treated as more recent.
- 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 do not resuscitate (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) Allows 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.

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 emergency medical system (EMS). [Health and Safety Code (HSC) §§ 1799-1799.8]
- 2) Establishes an “Advance Health Care Directive” (AHCD), which gives an individual the right to give instructions about their physical and mental health care and name another individual to act as an agent to make health care decisions for the individual. [Probate Code (PROB) §§ 4000-4071]
- 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. This request is not an AHCD. Indicates a request regarding resuscitative measures can be a prehospital DNR form or a POLST. [PROB § 4780]
- 4) Establishes POLST 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. Establishes the POLST eRegistry Act administered by EMSA. [PROB §§ 4780-4786 and HSC §§ 1860-1863]
- 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. [HSC § 1861 and PROB § 4780]
- 6) Prohibits an employer from having policies interfering with an employee who voluntarily provides EMS to a person, except that policies are permitted when a person has expressed the desire to forgo resuscitation or other medical interventions through legally recognized means such as a POLST, AHCD, or a legally recognized decisionmaker. [HSC § 1799.103]
- 7) 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 § 4643, § 4711, and § 4712]
- 8) 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. [HSC § 1418.8]

- 9) Allows a long-term care public patient representative to participate in an interdisciplinary team review of a decision that would directly or inexorably lead to death of a patient through the creation or revision of POLST, DNR, comfort care orders, and elections of hospice care. [Welfare and Institutions Code (WIC) § 9270]
- 10) Defines “electronic signature” in the Uniform Electronic Transactions Act 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. Indicates a digital signature is a type of electronic signature. Permits 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. [Civil Code § 1633.2 and Government (GOV) § 16.5]
- 11) 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 § 16.5]

FISCAL EFFECT: None. This bill is currently keyed non-fiscal.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, people should have control over the end of their lives and the care they receive, even if they are unconscious. The author states that this bill 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. The author concludes that by aligning advance care directives, POLSTs, and prehospital DNRs, this bill ensures there are no ambiguities or uncertainties about end-of-life care.
- 2) **BACKGROUND.** Advance care planning is the process for a person to consider, express, and document the type of care and medical treatment they want — and don’t want — should they become seriously ill or injured. There are three legal tools for communicating one’s care preferences, an AHCD, a DNR, or a POLST.
 - a) **AHCD.** An AHCDs allows a person to designate someone to make medical decisions on their behalf and to explain what medical treatments should and should not be done if they lose decision-making capacity. AHCDs express preferences, not medical orders, so providers and the designated decision-maker may view it as a general guidance, rather than clear instructions.
 - b) **DNR.** According to EMSA, a prehospital DNR is an official document developed by EMSA, in concert with the California Medical Association (CMA) and EMS providers, for the purposes of instructing EMS personnel regarding a patient’s decision to forgo resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and drugs which stimulate the heart. The form does not affect the provision of life sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, including treatment for pain, difficulty breathing, major

bleeding, or other medical conditions. The DNR must be signed by the patient or by the patient's legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The patient's physician must also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent. The DNR should be clearly posted or maintained near the patient. The DNR form is available to order for a small cost on the CMA's website.

- c) **POLST.** A POLST is a medical order that gives seriously ill patients more control over their care by specifying the type of medical treatment a patient wishes to receive at the end of life. The POLST must be signed and dated by a physician, nurse practitioner, or physician assistant acting under the supervision of the physician, and the patient or legally recognized health care decisionmaker, and should be clearly posted or maintained near the patient. It is recommended that POLST be copied on bright pink paper to help ensure that the document stands out and is followed, however any color is valid. The POLST form is available for free on EMSA's website.
- d) **“Legally recognized decision maker?”** Both the POLST and a DNR must be signed by a medical provider making them binding medical orders that other health care providers are required to follow. Current law with respect to a DNR includes language that authorizes a “legally recognized decision maker” to sign, however, that phrase is not defined or used consistently throughout current law relating to AHCDs and POLSTs. Coalition for Compassionate Care of California (CCCC), the sponsors of this bill, in a 2024 survey of more than 3,600 clinicians and first responders across the continuum of care found that there was considerable confusion over just who would be considered a “legally recognized decisionmaker” authorized to sign a POLST or prehospital DNR on behalf of an incapacitated patient. California law is very specific as to who is allowed that authority through what mechanism, and these persons are collectively referred to as “surrogates” (PROB § 4643):
- i) Healthcare agent appointed under a healthcare power of attorney (PROB §§ 4680–4691);
 - ii) Surrogate verbally designated by a patient with decision-making capacity (PROB § 4711);
 - iii) Surrogate selected by a provider from close kin and close friends of an incapacitated patient (PROB § 4712);
 - iv) Interdisciplinary team at a skilled nursing facility with input from a patient representative (HSC § 1418.8); and
 - v) Conservator with healthcare decision-making authority (PROB §§ 2350–2361).

“Next of kin” is not on this list, and yet nearly 48% of respondents to the statewide survey identified “next of kin” as a “legally recognized decisionmaker” authorized to sign a POLST. Only 27% correctly identified the surrogate selected by the provider as an authorized signer. This bill provides more specificity in the language in the statute to clarify what persons, under what authority, are authorized signers of the POLST or DNR.

- e) **POLST eRegistry.** Language in a previous budget bill (discussed below) established the POLST eRegistry. According to EMSA, an eRegistry Request for Offer was awarded on March 14, 2025, to SeviceNow for the POLST platform, which is an enterprise service platform that will be used by all EMSA programs. EMSA has also established a POLST Advisory Committee to ensure that seriously ill patients can make their wishes known about life-sustaining treatment and have those wishes honored.
- 3) **SUPPORT.** CCCC states 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 originated in the law (specifically PROB § 4780, *et seq.*) authorizing the use of POLST and some operational misalignments between POLST, the prehospital DNR, and AHCDs. This bill will correct these misunderstandings and misalignments, thereby strengthening the suite of advance care planning tools available to Californians.

CCCC notes that this bill would more clearly identify which surrogates, under what 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, this bill specifies that electronic signatures are valid.

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.

4) PREVIOUS LEGISLATION.

- a) AB 118 (Committee on Budget), Chapter 42, Statutes of 2023 removes a requirement to incorporate the AHCD Registry into the POLST eRegistry.
- b) AB 133 (Committee on Budget), Chapter 143, Statutes of 2021 establishes the California POLST Registry including AHCD Registry and appropriates \$10 million General Fund (GF) to EMSA to support the planning, development, and implementation of a statewide POLST eRegistry. Indicates the \$10 million appropriation shall not fully fund implementation, maintenance, or operations costs, and the funding shall be used after Project Approval Life Cycle planning approval by the Department of Technology. Appropriates \$750,000 GF annually to EMSA for state operations to prepare for and support the POLST eRegistry.
- c) AB 890 (Wood), Chapter 265, Statutes of 2020 requires the Board of Registered Nursing (BRN) to establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners (NPs); authorizes an NP to provide specified services in specified settings, without standardized procedures, if the NP meets additional education, examination, and training requirements; establishes physician consultation, collaboration, and referral requirements; and requires the BRN and the Department of Consumer Affairs to identify or develop an examination that tests for independent practice competency.

- d) SB 19 (Wolk), Chapter 504, Statutes of 2015 requires EMSA to establish and operate a California POLST eRegistry pilot to collect POLSTs and disseminate information to authorized users.
 - e) AB 637 (Campos), Chapter 217, Statutes of 2015 adds NPs and physician assistants acting under supervision of the physician to create a valid POLST.
 - f) AB 3000 (Wolk), Chapter 266, Statutes of 2008 establishes POLST form which directs 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.
- 5) **DOUBLE REFERRAL.** This bill is double-referred, upon passage of this committee, it will be referred to the Assembly Committee on Judiciary.
- 6) **AMENDMENTS.** The author is proposing to amend this bill as follows:
- a) Remove provisions of this bill regarding dates on POLST and DNR forms. The pending implementation of the POLST eRegistry will make this language unnecessary.
 - b) Remove the requirement for NPs to be “acting under the supervision of physician” as consistent with current law as defined by AB 890.
 - c) Clarify that conservators must have medical decision-making authority to sign on behalf of a patient.

REGISTERED SUPPORT / OPPOSITION:

Support

Coalition for Compassionate Care of California (sponsor)
Alzheimer's Greater Los Angeles
Alzheimer's Orange County
Alzheimer's San Diego
California Academy of Family Physicians
California Assisted Living Association
California Association for Nurse Practitioners
California Catholic Conference
California Medical Association (CMA)

Opposition

None on file

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