

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 1088 (Blakespear) – As Amended June 18, 2026

SENATE VOTE: 38-0

SUBJECT: HEALTH CARE DECISIONS: LIFE-SUSTAINING TREATMENT

SYNOPSIS

Because patients do not always have the capacity to make their health care decisions, California law already provides individuals with three legal tools for communicating an individual's preferences for care, in such cases: 1) an advance health care directive; 2) a DNR (Do Not Resuscitate) Order; and 3) a POLST (Physician Order for Life Sustaining Treatment). DNRs and POLSTs are medical orders that provide instructions for providers and emergency personnel regarding the care a patient wishes to receive near the end of their life. However, stakeholders have identified gaps and inconsistencies in the existing law regarding DNRs and POLSTs. This bill attempts to fill those gaps and resolve potential confusion surrounding these documents. This bill clarifies which individuals are authorized to sign these documents and specifies that the signing of either is entirely voluntary, and care cannot be conditioned on a signing of a DNR or a POLST. Additionally, it provides that out-of-state orders regarding requests for resuscitative measures are valid and enforceable in this state. Finally, it specifies that POLSTs can be signed electronically and makes changes to terminology in existing law related to POLSTs.

This bill is sponsored by the Coalition for Compassionate Care of California and supported by various health care advocacy organizations. They note that this bill will reduce misinformation regarding POLSTs and increase access and align California's POLST with other state programs. This Committee did not receive timely opposition to the bill. This bill was approved by the Assembly Health Committee on consent.

SUMMARY: Replaces the term “Physician Orders for Life Sustaining Treatment” (POLST) with “Portable Orders Listing Scope of Treatment,” and makes changes regarding POLSTs and requests regarding resuscitative measures. Specifically, **this bill:**

- 1) Replaces the term “Physician Orders for Life Sustaining Treatment” (POLST) with “Portable Orders Listing Scope of Treatment.”
- 2) Replaces the term “legally recognized decisionmaker” with “health care agent, conservator with health care decisionmaking authority, or surrogate.”
- 3) Defines “surrogate” as the term exists in specified existing law and includes a facility’s interdisciplinary team overseeing the care of a facility resident, as defined.
- 4) Allows the following individuals to be signatories to a “request regarding resuscitative measures”: an individual with capacity, or a health care agent, conservator, or surrogate, nurse practitioner, or physician assistant acting under the supervision of a physician.

- 5) Provides that a request regarding resuscitative measures in any form is entirely voluntary and the provision of care or admission to a facility must not be conditioned on completion of or refusal to complete a POLST or prehospital “do not resuscitate” order.
- 6) Provides that an electronic signature will be sufficient for any signature required for a request regarding resuscitative measures.
- 7) Specifies that a request regarding resuscitative measures or a substantially similar instrument executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or of this state is valid and enforceable in this state to the same extent as a POLST form validly executed in this state.
- 8) 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.
- 9) Makes other technical and conforming changes.

EXISTING LAW:

- 1) Defines an “advance health care directive” or an “advance directive” as either an individual health care instruction or a power of attorney for health care. (Probate Code Section 4605.)
- 2) Defines “surrogate” to mean an adult, other than a patient’s agent or conservator, authorized to make a health care decision for the patient. (Probate Code Section 4643.)
- 3) Specifies that a patient may designate an adult as a surrogate to make health care decisions by personally informing the supervising health care provider or a designee of the health care facility caring for the patient. Requires the designation to be promptly recorded in the patient’s health care records. (Probate Code Section 4711.)
- 4) Provide that, if a patient lacks the capacity to make a health care decision, the following legally recognized health care decisionmakers may make health care decisions on the patient’s behalf, in the following order of priority:
 - a) The patient’s surrogate selected pursuant to existing law.
 - b) The patient’s agent pursuant to an advance health care directive or a power of attorney for health care.
 - c) The conservator or guardian of the patient having authority to make health care decisions for the patient. (Probate Code Section 4712.)
- 5) Defines a “request regarding resuscitative measures” to mean 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. Specifies that a “request regarding resuscitative measures,” includes one or both of the following:
 - a) A prehospital “do not resuscitate” form as developed by the Emergency Medical Services Authority or other substantially similar form.

- b) A POLST form, as approved by the Emergency Medical Services Authority. (Probate Code Section 4780 (a).)
- 6) Defines “POLST” form to mean a request regarding resuscitative measures that directs a health care provider regarding resuscitative and life-sustaining measures. (*Id.*)
- 7) Requires a health care provider to explain the POLST form and the medical interventions and procedures offered by the form. Specifies that the form must be completed by a health care provider based on patient preferences and medical indications, and signed by a physician, or a nurse practitioner or a physician assistant acting under the supervision of a physician, and the patient or their legally recognized health care decisionmaker. Specifies that a health care provider, during the process of completing the POLST form, should inform the patient about the difference between an advance health care directive and the POLST. (Probate Code Section 4780 (c).)
- 8) Allows an individual having capacity to revoke a POLST form at any time and in any manner that communicates an intent to revoke, consistent with existing law. (Probate Code Section 4780 (d).)
- 9) Specifies that an employer may adopt and enforce a policy prohibiting an employee from performing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, on a person who has expressed the desire to forgo resuscitation or other medical interventions through any legally recognized means, including but not limited to, a do-not-resuscitate order, a POLST form, an advance health care directive, or a legally recognized health care decisionmaker. (Health and Safety Code Section 1799.103 (c).)
- 10) Requires the Emergency Medical Service Authority to establish a POLST eRegistry, in consultation with the Coalition for Compassionate Care of California and other pertinent stakeholders, to operate a statewide electronic registry system for the purpose of collecting a patient’s POLST information received from a physician, nurse practitioner, physician assistant, or the designee of a physician, nurse practitioner, or physician assistant, and disseminating the information to an authorized user. (Health and Safety Code Section 1862 (a).)
- 11) Specifies that a public patient representative may participate in an interdisciplinary team review to create or revise a POLST, Do Not Resuscitate, comfort care orders, and elections of hospice care. Specifies that the public patient representative must ascertain whether that care is consistent with the health care instructions of the individual resident of the skilled nursing or intermediate care facility, if any, or otherwise whether the proposed intervention appears consistent with the best interest of the resident. (Welfare and Institutions Code Section 9270.)

FISCAL EFFECT: As currently in print this bill is keyed non-fiscal.

COMMENTS: In a perfect world, patients have the capacity to make their own medical decisions, so that they can be provided with the care and treatment that they want. Unfortunately, patients do not always have the capacity to make those determinations. California law already provides individuals with three legal tools for communicating an individual’s preferences for care, in such cases: 1) an advance health care directive; 2) a DNR (Do Not Resuscitate) Order; and 3) a POLST (Physician Order for Life Sustaining Treatment). However, stakeholders have

identified gaps and inconsistencies in the existing law regarding DNRs and POLSTs. This bill attempts to fill those gaps and resolve potential confusion surrounding these important documents.

According to the author:

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 assistance 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.

POLSTs. The POLST Paradigm is a clinical process designed to facilitate communication between health care professionals and patients (or their authorized decisionmakers in cases where the patients themselves do not have the capacity to make health care decisions) who are very ill or very frail. The process encourages 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 (CPR) and other medical interventions. The POLST paradigm promotes the use of a highly visible, portable medical form, known as a POLST form, which transfers from one setting to another with the patient. The form itself is outcome neutral. It allows individuals to make requests regarding the use of resuscitative measures, including requests for Do Not Resuscitate (DNR) orders, which tell emergency medical personnel not to perform CPR if a person’s heart stops or they stop breathing. Additionally, it provides options that range from full treatment to comfort care only.

The POLST form is neither an advance directive, nor a replacement for advance directives. While an advance directive is a form in which 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 and/or provides guidance or instructions for making health care decisions, the POLST consists of a set of medical orders that applies to a limited population of patients and addresses a limited number of critical medical decisions. Additionally, POLST forms are not valid until signed by the individual or their designated decisionmaker and a physician, nurse practitioner, or a physician assistant. POLSTs can also be revoked at any time by an individual having the capacity to do so.

This bill makes several updates and changes regarding POLST forms, and requests regarding resuscitative measures, like DNRs.

First, the bill makes several changes to the terminology in existing law. The bill replaces the term “Physician Orders for Life Sustaining Treatment” to “Portable Orders Listing Scope of Treatment,” to reflect that POLSTs may be signed by both nurse practitioners and physician assistants. This term is used by other states that have POLST programs and it makes clear that physicians are not the only providers allowed to sign these forms.

The bill also removes the term “legally recognized health care decision maker” and replaces it with specified individuals, to describe who may execute a POLST. Under existing law, a POLST must be signed by a health care provider and the individual, if they have capacity, or their legally

recognized health care decisionmaker. That term is not consistently used throughout existing law. Accordingly, the bill replaces the term with the following individuals: a health care agent, a conservator with health care decisionmaking authority, or surrogate, as defined, making it clear that only these kinds of individuals can sign a POLST.

Second, this bill clarifies several aspects regarding requests for resuscitative measures, like DNRs. It specifies that, in addition to physicians, nurse practitioners and physician assistants are also authorized to sign these requests. These providers are already allowed to sign POLSTs, which contain these kinds of requests already. Additionally, because of reports that facilities are conditioning admission on the signing of a POLST, the bill makes clear that requests regarding resuscitative measures, in any form, are entirely voluntary and care cannot be conditioned on the refusal to sign a POLST or prehospital DNR order. The bill also specifies that out-of-state requests regarding resuscitative measures or substantially similar instruments are valid and enforceable to the same extent as a POLST form in this state, ensuring that the end-of-life care wishes of those who cross state lines can be honored in this state.

Lastly, the bill provides that POLSTs can be signed electronically. According to the sponsor, POLSTs are already being completed electronically. The Emergency Medical Services Authority is also tasked with developing an electronic registry for POLSTs, and this clarification regarding electronic signatures could further support those digitization efforts.

A request from the Physician Assistant Board. The Physician Assistant Board (PAB) submitted a position it titled “watch” for this bill. In their letter, PAB notes that the bill’s current language does not explicitly state that nurse practitioners require physician oversight when authorizing requests regarding resuscitative measures. Whether or not to explicitly clarify that both physician assistants and nurse practitioners must be acting under the supervision of a physician when authorizing these requests is an issue within the jurisdiction of the Committee on Health, which heard this measure and approved it on consent.

ARGUMENTS IN SUPPORT: Several community-based organizations that provide services and support to individuals living with Alzheimer’s and related dementias, including Alzheimer’s Los Angeles, Alzheimer’s Orange County, and Alzheimer’s San Diego, state the following in support of the bill:

A POLST form is a medical order that gives people with serious illness more control over their care during a medical emergency. This plays an important role in ensuring that people with Alzheimer’s and other dementias can get the care that they want and prevent them from getting medical treatments they do not want. A person with Alzheimer’s and other dementias may not always be able to communicate their medical preferences, especially during emergencies. But a POLST form, especially if written in the early stages of the disease and with family caregivers, ensures that their preferences are protected and honored.

By modernizing the POLST form, this legislation will help to reduce misinformation about the form, increase access and use, and align POLSTs with other state programs. By changing the name of the form from “Physician Orders for Life Sustaining Treatment” to “POLST (portable medical orders)” it will make the purpose of the form clearer and in alignment with national recommendations. SB 1088 will also clarify who is an authorized signer for an incapacitated patient. For people with cognitive decline, this is an important clarification as they may be unable to make important medical decisions for themselves. This bill will also

ensure that California will honor POLSTs, POLST-like forms, and prehospital DNRs executed in other states. All 50 states now have some kind of POLST program with substantially similar form and nearly identical basic provisions. For individuals visiting or recently moved to California, these documents should be honored in our state. Many of the families that we serve choose to move the person with dementia closer to family in Southern California so they can provide care, which may mean uprooting. Honoring POLST created in other states will help to reduce one administrative burden for those families who may be moving across state lines.

Similarly, the Alliance of Catholic Health Care writes:

Catholic health care has long supported policies that ensure persons at the end of life receive care consistent with their wishes when they are no longer able to express them. The Alliance was an original co-sponsor of the POLST legislation and remains a strong advocate for this important decision-making tool, along with advanced health care directives and pre-hospital DNR orders.

SB 1088 improves alignment among these tools by recognizing the role of nurse practitioners and physician assistants in end-of-life decision-making and authorizing them to sign stand-alone DNR orders. The bill also updates the name of “Physician Orders for Life-Sustaining Treatment” and affirms the validity of electronic signatures to facilitate electronic completion, storage, and retrieval of POLST forms.

In addition, SB 1088 clarifies that requests regarding resuscitative measures are entirely voluntary and that care or treatment cannot be conditioned on completing one. The bill also promotes continuity of care by creating a presumption of validity for POLST forms and DNR orders executed outside California.

REGISTERED SUPPORT / OPPOSITION:

Support

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 Assisted Living Association
California Association for Nurse Practitioners
California Catholic Conference
California Medical Association (CMA)
LeadingAge California

Opposition

None on file

Analysis Prepared by: Kristian Wright / JUD. / (916) 319-2334