

UNFINISHED BUSINESS

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Bill No: SB 1088  
Author: Blakespear (D)  
Amended: 6/18/26  
Vote: 21

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SENATE HEALTH COMMITTEE: 11-0, 4/8/26

AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove,  
Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE JUDICIARY COMMITTEE: 12-0, 4/28/26

AYES: Umberg, Niello, Allen, Alvarado-Gil, Ashby, Caballero, Durazo, Laird,  
Stern, Wahab, Weber Pierson, Wiener

NO VOTE RECORDED: Reyes

SENATE FLOOR: 38-0, 5/18/26

AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear,  
Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez,  
Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar,  
Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas,  
Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

NO VOTE RECORDED: Niello, Padilla

ASSEMBLY FLOOR: 73-0, 6/29/26 (Consent) - See last page for vote

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**SUBJECT:** Health care decisions: life-sustaining treatment

**SOURCE:** Coalition for Compassionate Care of California

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**DIGEST:** This bill brings consistency in authorized signatories for requests regarding resuscitative measures, allows electronic signatures on Physician Orders for Life Sustaining Treatment forms (renames to Portable Orders Listing Scope of Treatment [POLST]), recognizes out-of-state requests regarding resuscitative measures to the same extent as a POLST executed in California, requires POLSTs to be dated, and where there are two POLSTs, the dated form to be considered

most recent. Requires requests regarding resuscitative measures to be voluntary. Allows a physician or other health care provider to assume a request regarding resuscitative measures is valid and unrevoked.

*Assembly Amendments* revise references to interdisciplinary teams under the definition of surrogate. Clarify that a conservator must have health care decisionmaking authority. Clarify nurse practitioners without specified authorization are acting under the supervision of the physician. Delete the requirement that a POLST form be dated and the dated form to be treated as the more updated POLST.

### **ANALYSIS:**

Existing law:

- 1) 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. [Probate Code (PROB) § 4780-4786 and Health and Safety Code (HSC) §1860-1863]
- 2) 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]
- 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 Advanced Health Care Directive (AHCD). Indicates a request regarding resuscitative measures can be a prehospital “do not resuscitate form” (DNR) or a POLST. [PROB §4780]
- 4) Authorizes nurse practitioners to perform specified functions if specified requirements are met, such as passing a national nurse practitioner board certification exam, and indicates they type of settings such nurse practitioners can practice, such as health and hospice facilities. Authorizes nurse

practitioners who hold an active certification to practice outside of certain settings based on specified conditions. [BPC §2837.103 and § 2837.104]

This bill:

- 1) Allows the following individuals to be signatories on a “request regarding resuscitative measures”: a health care agent, conservator with health care decisionmaking authority, or surrogate, nurse practitioner practicing under specified authority, nurse practitioner or physician assistant acting under the supervision of the physician.
- 2) Replaces the term “legally recognized health care decisionmaker” with “health care agent, conservator, or surrogate,” to describe who may execute a POLST.
- 3) Defines “surrogate” as the term exists in specified existing law and includes a facility’s interdisciplinary team in overseeing the care of a resident, as specified.
- 4) Requires an electronic signature to be sufficient for any signature required for a request regarding resuscitative measures.
- 5) 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.
- 6) 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.
- 7) 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.

## **Background**

According to EMSA, POLST is approved by EMSA and the Commission on EMS and was developed by the Coalition for Compassionate Care of California (CCCC). 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 EMSA approved 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. EMSA states that the 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.

### **Comments**

According to the author of this bill, "People should have control over the end of their lives and the care they receive, even if they are unconscious. 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 as are out-of-state advance directives. Finally, it allows electronic signatures to help the transition to a statewide electronic POLST registry. By aligning advance care directives, POLSTs, and prehospital DNRs, this bill ensures there are no ambiguities or uncertainties about end-of-life care."

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: No Local: No

**SUPPORT:** (Verified 6/30/26)

Coalition for Compassionate Care of California (source)

A Better Exit

Alliance of Catholic Health Care

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 Association of Health Facilities

California Association of Long-Term Care Medicine

California Catholic Conference

California Medical Association

Compassion & Choices

End of Life Choices, California

Hemlock Society of San Diego

LeadingAge California

My Directives, Inc.

Five individuals

**OPPOSITION:** (Verified 6/30/26)

California Clinical Nurse Specialist Association

**ARGUMENTS IN SUPPORT:** This bill's sponsor, CCCC, intends for this bill to correct misunderstandings and misalignments with advance care planning tools such as the AHCD, prehospital DNR, and POLST. According to CCCC, this bill aligns these tools by recognizing the role of nurse practitioners and physician assistants in end-of-life and other crisis decisions making and allowing them to sign prehospital DNR orders as well as POLST. CCCC writes, "This bill renames POLST to better reflect the range of authorized signing providers and its broad purpose in specifying treatments beyond life-sustaining or end-of-life care, more clearly identifies which surrogates and authority apply when signing a POLST on behalf of an incapacitated patient, and, ensures continuity of care across state lines by creating a presumption of validity for POLST or DNR executed out of California." The California Association of Health Facilities writes, "This bill puts patients first by reducing confusion, strengthening continuity of care, and ensuring that person's medical wishes are honored when they matter most." The California Academy of Family Physicians believes this bill ensures patients wishes are honored, facilitates informed decision-making, and enables physicians, patients, and families to collaborate in providing compassionate, patient-centered care at the

end of life. Alzheimer's Los Angeles, Orange County, and San Diego write that a POLST 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 treatments they do not want.

**ARGUMENTS IN OPPOSITION:** The California Association of Clinical Nurse Specialists (CACNS) is opposed unless amended and requests an amendment to include Clinical Nurse Specialists, acting within their scope of practice, to be explicitly authorized to sign POLST forms. CACNS writes that Clinical Nurse Specialists bring the same and often greater education and clinical expertise as other advanced practice roles included in this bill.

ASSEMBLY FLOOR: 73-0, 6/29/26

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bauer-Kahan, Bennett, Berman, Bonta, Bryan, Calderon, Caloza, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lee, Macedo, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Bains, Boerner, Carrillo, Lackey, Lowenthal, Muratsuchi

Prepared by: Teri Boughton / HEALTH / (916) 651-4111  
7/1/26 16:55:31

\*\*\*\* END \*\*\*\*