



Practitioner Orders for  
Life-Sustaining Treatment

## Quick Facts

**Public Act 102-0140: Effective January 1, 2022**

### FACT #1

PA 102-0140 **removes the requirement for a witness signature on the POLST form.**

#### HOW TO IMPLEMENT

- If you are a first responder, you should **honor a POLST form with or without a witness signature** on it.

### FACT #2

PA 102-0140 **expands which providers are authorized to assess a patient as having a qualifying condition and lacking decisional capacity.**

#### HOW TO IMPLEMENT

- When healthcare practitioners are assessing a patient for decisional capacity and the presence of a qualifying condition for the purpose of appointing a default surrogate decision-maker to make life-sustaining treatment decisions (per the Health Care Surrogate Act), **one of the two providers required can be an APRN, a PA or a resident (second year +).**

### FACT #3

PA 102-0140 **allows recognition of other POLST forms.**

#### HOW TO IMPLEMENT

- First responders and healthcare facilities, including healthcare colleagues in all Illinois Healthcare settings, **will recognize any POLST form that is formally authorized by a state or territory within the United States such as a MOST, POST, MOLST, as well as the National POLST form.**
- Previously completed Illinois POLST forms on prior form versions will still be recognized.

### FACT #4

PA 102-0140 **provides guidance to healthcare practitioners for when a default surrogate decision-maker wants to override a patient-completed POLST form.**

#### HOW TO IMPLEMENT

- Establish the following processes **when revoking or voiding a POLST form signed by the patient while decisional:**
  - Engage in a conversation with the default surrogate decision-maker.
  - Consult and discuss patient-completed advance directives.
  - Explain the substituted judgement standard (act on behalf of the patient) to the default surrogate decision-maker.
  - Document the discussion in the patient's electronic medical record.

### FACT #5

PA 102-0140 **adds protections reinforcing that completion of a POLST form is voluntary.**

#### HOW TO IMPLEMENT

- Recognize that a POLST form is **not a requirement for admission to any facility or for the provision of care.**
- Recognize that an individual may void his/her POLST form at will.