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.

To learn more go to www.POLSTIL.org