By Senator Brandes

A bill to be entitled

An act relating to physician orders for life-sustaining treatment; creating s. 401.451, F.S.; establishing the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Department of Health; defining terms; providing duties of the department; providing requirements for POLST forms; providing a restriction on the use of POLST forms; requiring periodic review of POLST forms; providing for the revocation of POLST forms; authorizing expedited judicial intervention under certain circumstances; specifying which document controls when directives in POLST forms conflict with other advance directives; providing limited immunity for legal representatives and specified health care providers acting in good faith in reliance on POLST forms; imposing additional requirements on POLST forms executed on behalf of minor patients under certain circumstances; requiring review of POLST forms upon the transfers of patients; prohibiting POLST forms from being required as a condition for treatment or admission to health care facilities; providing that execution of POLST forms does not affect, impair, or modify certain insurance contracts; providing for the invalidity of POLST forms executed in return for payment or other remuneration; providing construction; creating s. 408.064, F.S.; defining terms; requiring the Agency for Health Care Administration to establish and maintain a database of compassionate and palliative care plans by a specified date; providing duties of the agency; authorizing the agency to subscribe to or participate in a public or private
clearinghouse in lieu of establishing and maintaining an independent database; amending ss. 400.142 and 400.487, F.S.; authorizing specified personnel to withhold or withdraw cardiopulmonary resuscitation if a patient has a POLST form that contains an order not to resuscitate; providing immunity from criminal prosecution or civil liability to such personnel for such actions; providing that the absence of a POLST form does not preclude physicians from withholding or withdrawing cardiopulmonary resuscitation; amending s. 400.605, F.S.; requiring the Department of Elderly Affairs, in consultation with the agency, to adopt by rule procedures for the implementation of POLST forms in hospice care; amending s. 400.6095; F.S.; authorizing hospice care teams to withhold or withdraw cardiopulmonary resuscitation if presented with POLST forms that contain an order not to resuscitate; providing immunity from criminal prosecution or civil liability to hospice staff for such actions; providing that the absence of a POLST form does not preclude physicians from withholding or withdrawing cardiopulmonary resuscitation; amending s. 401.35, F.S.; requiring the Department of Health to establish circumstances and procedures for honoring certain POLST forms; amending s. 401.45, F.S.; authorizing emergency medical transportation providers to withhold or withdraw cardiopulmonary resuscitation or other medical interventions if presented with POLST forms that contain an order not to resuscitate; amending s.
429.255, F.S.; authorizing assisted living facility personnel to withhold or withdraw cardiopulmonary resuscitation if presented with POLST forms that contain an order not to resuscitate; providing immunity from criminal prosecution or civil liability to facility staff and facilities for such actions; providing that the absence of a POLST form does not preclude physicians from withholding or withdrawing cardiopulmonary resuscitation; amending s. 429.73, F.S.; requiring the Department of Elderly Affairs to adopt rules for the implementation of POLST forms in adult family-care homes; authorizing providers of such homes to withhold or withdraw cardiopulmonary resuscitation if presented with POLST forms that contain an order not to resuscitate; providing immunity from criminal prosecution or civil liability to providers for such actions; amending s. 456.072, F.S.; authorizing certain licensees to withhold or withdraw cardiopulmonary resuscitation or the use of an external defibrillator if presented with orders not to resuscitate or POLST forms that contain an order not to resuscitate; requiring the Department of Health to adopt rules providing for the implementation of such orders; providing immunity from criminal prosecution or civil liability to licensees for withholding or withdrawing cardiopulmonary resuscitation or the use of an automated defibrillator or for carrying out specified orders under certain circumstances; amending s. 765.205, F.S.; requiring
health care surrogates to provide written consent for
POLST forms under certain circumstances; providing an
effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 401.451, Florida Statutes, is created to read:

401.451 Physician Orders for Life-Sustaining Treatment
Program.—The Physician Orders for Life-Sustaining Treatment
Program is established within the Department of Health to
implement and administer the development and use of physician
orders for life-sustaining treatment consistent with this
section and to collaborate with the Agency for Health Care
Administration in the implementation and operation of the
Clearinghouse for Compassionate and Palliative Care Plans
created under s. 408.064.

(1) DEFINITIONS.—As used in this section, the term:
(a) “Advance directive” has the same meaning as provided in
s. 765.101.
(b) “Agency” means the Agency for Health Care
Administration.
(c) “Clearinghouse for Compassionate and Palliative Care
Plans” or “clearinghouse” has the same meaning as provided in s.
408.064.
(d) “End-stage condition” has the same meaning as provided
in s. 765.101.
(e) “Examining physician” means a physician who examines a
patient who wishes, or whose legal representative wishes, to
execute a POLST form; who attests to the ability of the patient or the patient’s legal representative to make and communicate health care decisions; who signs the POLST form; and who attests to the execution of the POLST form by the patient or by the patient’s legal representative.

(f) “Health care provider” has the same meaning as provided in s. 408.07.

(g) “Legal representative” means a patient’s legally authorized health care surrogate or proxy as provided in chapter 765, a patient’s court-appointed guardian as provided in chapter 744 who has been delegated authority to make health care decisions on behalf of the patient, an attorney in fact under a durable power of attorney as provided in chapter 709 who has been delegated authority to make health care decisions on behalf of the patient, or a patient’s parent if the patient is under 18 years of age.

(h) “Order not to resuscitate” means an order issued under s. 401.45(3).

(i) “Physician order for life-sustaining treatment” or “POLST” means an order issued pursuant to this section which specifies a patient with an end-stage condition and provides directives for that patient’s medical treatment and care under certain conditions.

(2) DUTIES OF THE DEPARTMENT.—The department shall:
   (a) Adopt rules to implement and administer the POLST program.
   (b) Prescribe a standardized POLST form.
   (c) Provide the POLST form in an electronic format on the department’s website and prominently state on the website the
requirements for a POLST form as specified under paragraph (3)(a).

(d) Consult with health care professional licensing groups, provider advocacy groups, medical ethicists, and other appropriate stakeholders on the development of rules and forms to implement and administer the POLST program.

(e) Collaborate with the agency to develop and maintain the clearinghouse.

(f) Ensure that department staff receive ongoing training on the POLST program and are aware of the availability of POLST forms.

(g) Recommend a statewide, uniform process for identifying a patient who has, or whose legal representative has, executed a POLST form and for providing the contact information for the examining physician to the health care providers currently treating the patient.

(h) Adopt POLST-related continuing education requirements for health care providers licensed by the department.

(i) Develop a process for collecting feedback from health care providers to facilitate the periodic redesign of the POLST form in accordance with current health care best practices.

(3) POLST FORM.—

(a) Requirements.—A POLST form may not include a directive regarding hydration or the preselection of any decision or directive. A POLST form must be voluntarily executed by the patient or, if the patient is incapacitated or a minor, the patient’s legal representative, and all directives included in the form must be made by the patient or, if the patient is incapacitated or a minor, the patient’s legal representative at
the time of signing the form. A POLST form is not valid and may not be included in a patient’s medical records or submitted to the clearinghouse unless the form:

1. Is printed on one or both sides of a single piece of paper in a solid color or on white paper as determined by department rule;

2. Includes the signatures of the patient and the patient’s examining physician or, if the patient is incapacitated or a minor, the patient’s legal representative and the patient’s examining physician. The POLST form may be executed only after the examining physician consults with the patient or the patient’s legal representative, as appropriate;

3. Prominently states that completion of a POLST form is voluntary, that the execution or use of a POLST form may not be required as a condition for medical treatment, and that a POLST form may not be given effect if the patient is conscious and competent to make health care decisions;

4. Prominently provides in a conspicuous location on the form a space for the patient’s examining physician to attest that, in his or her good faith clinical judgment, at the time the POLST form is completed and signed, the patient has the ability to make and communicate health care decisions or, if the patient is incapacitated or a minor, that the patient’s legal representative has such ability;

5. Includes an expiration date, provided by the patient’s examining physician, that is within 1 year after the patient or the patient’s legal representative signs the form or that is contingent on completion of the course of treatment addressed in the POLST form, whichever occurs first; and
6. Identifies the medical condition or conditions, provided by the patient’s examining physician, that necessitate the POLST form.

(b) Restriction on the use of a POLST form.—A POLST form may be completed only by or for a patient determined by the patient’s examining physician to have an end-stage condition or a patient who, in the good faith clinical judgment of the examining physician, is suffering from a life-limiting medical condition that will likely result in the death of the patient within 1 year after the execution of the form.

(c) Periodic review of a POLST form.—At a minimum, the patient’s examining physician must review the patient’s POLST form with the patient or the patient’s legal representative, as appropriate, when the patient:

1. Is transferred from one health care facility or level of care to another in accordance with subsection (6);

2. Is discharged from a health care facility to return home before the expiration of the POLST form;

3. Experiences a substantial change in his or her condition as determined by the patient’s examining physician, in which case the review must occur within 24 hours after the substantial change; or

4. Expresses an intent to change his or her medical treatment preferences.

(d) Revocation of a POLST form.—

1. A POLST form may be revoked at any time by the patient or the patient’s legal representative if the patient is a minor or if the patient is incapacitated and has granted the authority to revoke a POLST form to his or her legal representative.
2. The execution of a POLST form by a patient and the patient’s examining physician or, if the patient is incapacitated or a minor, by the patient’s legal representative and the patient’s examining physician under this section automatically revokes all POLST forms previously executed by the patient.

(e) Review of a legal representative’s decision on a POLST form.—If a family member of the patient, the health care facility providing services to the patient, or the patient’s physician who may reasonably be expected to be affected by the patient’s POLST form directives believes that directives executed by the patient’s legal representative are in conflict with the patient’s prior expressed desires regarding end-of-life care, the family member, facility, or physician may seek expedited judicial intervention pursuant to the Florida Probate Rules.

(f) Conflicting advance directives.—To the extent that a directive made on a patient’s POLST form conflicts with another advance directive of the patient which addresses a substantially similar health care condition or treatment, the document most recently signed by the patient takes precedence. Such directives may include, but are not limited to:

1. A living will.
2. A health care power of attorney.
3. A POLST form for the specific medical condition or treatment.
4. An order not to resuscitate.

(4) ACTING IN GOOD FAITH; LIMITED IMMUNITY.—

(a) An individual acting in good faith as a legal
representative who executes a POLST form on behalf of an incapacitated patient or a minor patient in accordance with this section and rules adopted by the department is not subject to criminal prosecution or civil liability for executing the POLST form.

(b) A licensee, physician, medical director, emergency medical technician, paramedic, or registered nurse who in good faith complies with a POLST form is not subject to criminal prosecution or civil liability for complying with the POLST form, and has not engaged in negligent or unprofessional conduct as a result of carrying out the directives of a POLST form executed in accordance with this section and rules adopted by the department.

(5) POLST FORM FOR A MINOR PATIENT.—If a medical order on a POLST form executed for a minor patient directs that life-sustaining treatment may be withheld from the minor patient, the order must include certifications by the patient’s examining physician and a health care provider other than the examining physician stating that, in their clinical judgement, an order to withhold medical treatment is in the best interest of the minor patient. A POLST form for a minor patient must be signed by the minor patient’s legal representative. The minor patient’s examining physician must certify the basis for the authority of the minor patient’s legal representative to execute the POLST form on behalf of the minor patient, including the legal representative’s compliance with the relevant provisions of chapter 744 or chapter 765.

(6) PATIENT TRANSFER; POLST FORM REVIEW REQUIRED.—If a patient whose goals and preferences for care have been entered
in a valid POLST form is transferred from one health care
facility or level of care to another, the health care facility
or level of care initiating the transfer must communicate the
existence of the POLST form to the receiving facility or level
of care before the transfer. Upon the patient’s transfer, the
treating health care provider at the receiving facility or level
of care must review the POLST form with the patient or, if the
patient is incapacitated or a minor, the patient’s legal
representative.

(7) POLST FORM NOT A PREREQUISITE.—A POLST form may not be
a prerequisite for receiving medical services or for admission
to a health care facility. A health care facility or health care
provider may not require a person to complete, revise, or revoke
a POLST form as a condition of receiving medical services or
treatment or as a condition of admission. The execution,
revision, or revocation of a POLST form must be a voluntary
decision of the patient or, if the patient is incapacitated or a
minor, the patient’s legal representative.

(8) INSURANCE NOT AFFECTED.—The presence or absence of a
POLST form does not affect, impair, or modify a contract of life
or health insurance or annuity to which an individual is a party
and may not serve as the basis for a delay in issuing or
refusing to issue a policy of life or health insurance or an
annuity or for an increase or decrease in premiums charged to
the individual.

(9) INVALIDITY.—A POLST form is invalid if payment or other
remuneration was offered or made in exchange for execution of
the form.

(10) CONSTRUCTION.—This section may not be construed to
condone, authorize, or approve mercy killing or euthanasia. The Legislature does not intend that this act be construed as authorizing an affirmative or deliberate act to end a person’s life, except to allow the natural process of dying.

Section 2. Section 408.064, Florida Statutes, is created to read:

408.064 Clearinghouse for Compassionate and Palliative Care Plans.—

(1) DEFINITIONS.—As used in this section, the term:

(a) “Advance directive” has the same meaning as provided in s. 765.101.

(b) “Clearinghouse for Compassionate and Palliative Care Plans” or “clearinghouse” means the state’s electronic database of compassionate and palliative care plans submitted by residents of this state and managed by the agency pursuant to this section.

(c) “Compassionate and palliative care plan” or “plan” means an end-of-life document or medical directive document recognized by this state and executed by a resident of this state, including, but not limited to, an advance directive, an order not to resuscitate, a physician order for life-sustaining treatment, or a health care surrogate designation.

(d) “Department” means the Department of Health.

(e) “End-stage condition” has the same meaning as provided in s. 765.101.

(f) “Order not to resuscitate” means an order issued pursuant to s. 401.45(3).

(g) “Physician order for life-sustaining treatment” or “POLST” means an order issued pursuant to s. 401.451 which
specifies a patient with an end-stage condition and provides
directions for that patient’s medical treatment and care under
certain conditions.

(2) ELECTRONIC DATABASE.—The Agency for Health Care
Administration shall:
(a) By January 1, 2018, establish and maintain the
Clearinghouse for Compassionate and Palliative Care Plans, a
reliable and secure database consisting of compassionate and
palliative care plans submitted by residents of this state which
is accessible to health care providers, health care facilities,
and other authorized individuals through a secure electronic
portal. The clearinghouse must allow the electronic submission,
storage, indexing, and retrieval of such plans and allow access
to such plans by the treating health care providers of the
patients.
(b) Develop and maintain a validation system that confirms
the identity of the health care facility, health care provider,
or other authorized individual seeking the retrieval of a plan
and provides privacy protections that meet all state and federal
privacy and security standards for the release of a patient’s
personal and medical information to a third party.
(c) Consult with compassionate and palliative care
providers, health care facilities, and residents of this state
as necessary and appropriate to facilitate the development and
implementation of the clearinghouse.
(d) Publish and disseminate to residents of this state
information regarding the clearinghouse.
(e) In collaboration with the department, develop and
maintain a process for the submission of compassionate and
palliative care plans by residents of this state or by health
care providers on behalf, and at the direction, of their
patients, or the patients’ legal representatives as defined in
s. 401.451, for inclusion in the clearinghouse.

(f) Provide training to health care providers and health
care facilities in this state on how to access plans in the
clearinghouse.

(3) ALTERNATIVE IMPLEMENTATION.—In lieu of developing the
clearinghouse, the agency may subscribe to or otherwise
participate in a database operated by a public or private entity
if that database meets the requirements of this section. The
alternative database must operate on a statewide basis in this
state, and may operate on a nationwide or regionwide basis.

Section 3. Subsection (3) of section 400.142, Florida
Statutes, is amended to read:

400.142 Emergency medication kits; orders not to
resuscitate.—

(3) Facility staff may withhold or withdraw cardiopulmonary
resuscitation if presented with an order not to resuscitate
executed pursuant to s. 401.45 or a physician order for life-
sustaining treatment (POLST) form executed pursuant to s.
401.451 which contains an order not to resuscitate. Facility
staff and facilities are not subject to criminal prosecution or
civil liability, or considered to have engaged in negligent or
unprofessional conduct, for withholding or withdrawing
cardiopulmonary resuscitation pursuant to such an order or a
POLST form. The absence of an order not to resuscitate executed
pursuant to s. 401.45 or a POLST form executed pursuant to s.
401.451 does not preclude a physician from withholding or
Section 4. Section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician’s, physician assistant’s, and advanced registered nurse practitioner’s treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate; physician orders for life-sustaining treatment.—

(1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient’s legal representative specifying the home health services to be provided, the rates or charges for services paid with private funds, and the sources of payment, which may include Medicare, Medicaid, private insurance, personal funds, or a combination thereof. A home health agency providing skilled care must make an assessment of the patient’s needs within 48 hours after the start of services.

(2) If required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, or advanced registered nurse practitioner, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician assistant, or advanced registered nurse practitioner before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders
must be signed within the time allowed under the provider agreement. The treatment orders shall be reviewed, as frequently as the patient’s illness requires, by the physician, physician assistant, or advanced registered nurse practitioner in consultation with the home health agency.

(3) A home health agency shall arrange for supervisory visits by a registered nurse to the home of a patient receiving home health aide services in accordance with the patient’s direction, approval, and agreement to pay the charge for the visits.

(4) Each patient has the right to be informed of and to participate in the planning of his or her care. Each patient must be provided, upon request, a copy of the plan of care established and maintained for that patient by the home health agency.

(5) If nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee. Services provided by others under contractual arrangements to a home health agency must be monitored and managed by the admitting home health agency. The admitting home health agency is fully responsible for ensuring that all care provided through its employees or contract staff is delivered in accordance with this part and applicable rules.

(6) The skilled care services provided by a home health agency, directly or under contract, must be supervised and coordinated in accordance with the plan of care.

(7) Home health agency personnel may withhold or withdraw
cardiopulmonary resuscitation if presented with an order not to
resuscitate executed pursuant to s. 401.45 or a physician order
for life-sustaining treatment (POLST) form executed pursuant to
s. 401.451 which contains an order not to resuscitate. The
agency shall adopt rules providing for the implementation of
such orders. Home health personnel and agencies are not be
subject to criminal prosecution or civil liability, and are not
considered to have engaged in negligent or unprofessional
conduct, for withholding or withdrawing cardiopulmonary
resuscitation pursuant to such orders and rules adopted
by the agency.

Section 5. Paragraph (e) of subsection (1) of section
400.605, Florida Statutes, is amended to read:
400.605 Administration; forms; fees; rules; inspections;
fines.—

(1) The agency, in consultation with the department, may
adopt rules to administer the requirements of part II of chapter
408. The department, in consultation with the agency, shall by
rule establish minimum standards and procedures for a hospice
pursuant to this part. The rules must include:

(e) Procedures relating to the implementation of advance
directives; physician order for life-sustaining
treatment (POLST) forms executed pursuant to s. 401.451; and
orders not to resuscitate do not resuscitate orders.

Section 6. Subsection (8) of section 400.6095, Florida
Statutes, is amended to read:
400.6095 Patient admission; assessment; plan of care;
discharge; death.—

(8) The hospice care team may withhold or withdraw
cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45 or a physician order for life-sustaining treatment (POLST) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The department shall adopt rules providing for the implementation of such orders. Hospice staff shall not be subject to criminal prosecution or civil liability, and are not considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such orders and applicable rules. The absence of an order to resuscitate executed pursuant to s. 401.45 or a POLST form executed pursuant to s. 401.451 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise permitted by law.

Section 7. Subsection (4) of section 401.35, Florida Statutes, is amended to read:

401.35 Rules.—The department shall adopt rules, including definitions of terms, necessary to carry out the purposes of this part.

(4) The rules must establish circumstances and procedures under which emergency medical technicians and paramedics may honor orders by the patient’s physician not to resuscitate executed pursuant to s. 401.45, or under a physician order for life-sustaining treatment (POLST) form executed pursuant to s. 401.451 which contains an order not to resuscitate or honor orders to withhold or withdraw other forms of medical intervention, and the documentation and reporting requirements for handling such requests.
Section 8. Paragraph (a) of subsection (3) of section 401.45, Florida Statutes, is amended to read:

401.45 Denial of emergency treatment; civil liability.—

(3)(a) Resuscitation or other forms of medical intervention may be withheld or withdrawn from a patient by an emergency medical technician or paramedic, or other health care professional if the technician, paramedic, or professional is presented with evidence of an order not to resuscitate by the patient’s physician or evidence of a physician order for life-sustaining treatment (POLST) form executed pursuant to s. 401.451 which contains an order not to resuscitate or an order not to perform other medical intervention, as applicable is presented to the emergency medical technician or paramedic. To be valid, an order not to resuscitate or not to perform other medical intervention, to be valid, must be on the form adopted by rule of the department. The form must be signed by the patient’s physician and by the patient or, if the patient is incapacitated, the patient’s health care surrogate or proxy as provided in chapter 765, court-appointed guardian as provided in chapter 744, or attorney in fact under a durable power of attorney as provided in chapter 709 or, if the patient is a minor, the patient’s parent or legal guardian. The court-appointed guardian or attorney in fact must have been delegated authority to make health care decisions on behalf of the patient.

Section 9. Subsection (4) of section 429.255, Florida Statutes, is amended to read:

429.255 Use of personnel; emergency care.—

(4) Facility staff may withhold or withdraw cardiopulmonary
resuscitation or the use of an automated external defibrillator if presented with an order not to resuscitate executed pursuant to s. 401.45 or a physician order for life-sustaining treatment (POLST) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The department shall adopt rules providing for the implementation of such orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, and are not considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation or use of an automated external defibrillator pursuant to such an order or a POLST form which contains an order not to resuscitate and rules adopted by the department. The absence of an order not to resuscitate executed pursuant to s. 401.45 or a POLST form executed pursuant to s. 401.451 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation or use of an automated external defibrillator as otherwise authorized permitted by law.

Section 10. Subsection (3) of section 429.73, Florida Statutes, is amended to read:

429.73 Rules and standards relating to adult family-care homes.—

(3) The department shall adopt rules providing for the implementation of orders not to resuscitate and physician order for life-sustaining treatment (POLST) forms executed pursuant to s. 401.451. The provider may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45 or a POLST form executed pursuant to s. 401.451 which contains an order not to
resuscitate. The provider shall not be subject to criminal prosecution or civil liability, and is not be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such orders and applicable rules.

Section 11. Present subsections (7) and (8) of section 456.072, Florida Statutes, are redesignated as subsections (8) and (9), respectively, and a new subsection (7) is added to that section, to read:

456.072 Grounds for discipline; penalties; enforcement.—
(7) A licensee may withhold or withdraw cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with an order not to resuscitate executed pursuant to s. 401.45 or a physician order for life-sustaining treatment (POLST) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The department shall adopt rules providing for the implementation of such orders. A licensee is not subject to criminal prosecution or civil liability, and is not considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator, or otherwise carrying out an order in an order not to resuscitate executed pursuant to s. 401.45 or a POLST form executed pursuant to s. 401.451, pursuant to the order not to resuscitate or the POLST form and pursuant to rules adopted by the department. The absence of an order not to resuscitate executed pursuant to s. 401.45 or a POLST form executed pursuant to s. 401.451 does not preclude a licensee from withholding or withdrawing cardiopulmonary resuscitation or the use of an
automated external defibrillator or otherwise carrying out a medical order authorized by law.

Section 12. Paragraph (c) of subsection (1) of section 765.205, Florida Statutes, is amended to read:

765.205 Responsibility of the surrogate.—

(1) The surrogate, in accordance with the principal’s instructions, unless such authority has been expressly limited by the principal, shall:

(c) Provide written consent using an appropriate form whenever consent is required, including a physician’s order not to resuscitate or a physician order for life-sustaining treatment (POLST) form executed pursuant to s. 401.451.

Section 13. This act shall take effect July 1, 2017.