WHEREAS, National POLST is an important part of advance care planning, helping patients get the medical treatments they want and avoid the medical treatments they do not want when they are seriously ill or have advanced frailty;

AND WHEREAS, there are state-specific legislative or regulatory issues and other educational deficits that present barriers to widespread implementation of National POLST;

AND WHEREAS, POLST* forms that lack standardized data elements inhibit the ability to conduct quality assurance activities and research, create specific patient and provider education, and have POLST be well understood as part of advance care planning leading to appropriate implementation;

AND WHEREAS, National POLST is a well-respected, authoritative collective impact organization where all participants, currently 44 states and Washington DC, share a vision for change and build consensus on critical policies, guidance and elements of POLST programs and forms;

AND WHEREAS, the National POLST form, released in the fall of 2019, is the product of almost two years of interviews, consensus building, feedback, compromise and iterative versions of the form among 47 state POLST Programs, AMDA – The Society for Post-Acute and Long-Term Care Medicine, and other stakeholders;

AND WHEREAS, the National POLST form increases the portability of the medical order across the United States and provides opportunities for improving the quality of POLST, consistent patient and provider education and, most importantly, making it easier for patients who are seriously ill or with advanced frailty to have their treatment wishes known and honored;

AND WHEREAS, AMDA – The Society for Post-Acute and Long-Term Care Medicine and its state chapters have previously committed to supporting education about, dissemination and appropriate use of, and resident access to POLST and other advance care planning materials, along with collaborating with National POLST by passing Resolution D14.
THEREFORE BE IT RESOLVED that AMDA – The Society for Post-Acute and Long-Term Care Medicine formally endorse and publicly support the adoption of the National POLST form (or its equivalent that includes standardized data elements as recommended by National POLST) in all states;

AND BE IT FURTHER RESOLVED that AMDA – The Society for Post-Acute and Long-Term Care Medicine collaborate with other organizations to address barriers in implementation of the National POLST form including education that promotes its promulgation for best-practice use;

AND BE IT FURTHER RESOLVED that AMDA – The Society for Post-Acute and Long-Term Care Medicine work with the American Medical Association and other organizations to support legislation and regulatory action to allow POLST* orders from one state to be followed across state lines.

*The term “POLST” is used here as the generic identifier for all programs fitting its definition regardless of the actual term used in a state.

FISCAL NOTE:
The fiscal impact of this is likely to be low. Endorsement has no cost implications, and collaboration and joint advocacy with peer organizations can be integrated into existing efforts and coalition work.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY