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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 474

01/17/2023 Authored by Huot
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; requiring the commissioner of health to study issues related to
1.3 the development of a statewide registry for provider orders for life-sustaining
1.4 treatment; requiring a report.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. STUDY OF THE DEVELOPMENT OF A STATEWIDE REGISTRY
1.7 FOR PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT.

1.8 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
1.9 the meanings given.

1.10 (b) "Commissioner" means the commissioner of health.

1.11 (c) "Life-sustaining treatment" means any medical procedure, pharmaceutical drug,
1.12 medical device, or medical intervention that maintains life by sustaining, restoring, or
1.13 supplanting a vital function. Life-sustaining treatment does not include routine care necessary
1.14 to sustain patient cleanliness and comfort.

1.15 (d) "POLST" means a provider order for life-sustaining treatment, signed by a physician,
1.16 advanced practice registered nurse, or physician assistant, to ensure that the medical treatment
1.17 preferences of a patient with an advanced serious illness who is nearing the end of their
1.18 life are honored.

1.19 (e) "POLST form" means a portable medical form used to communicate a physician's
1.20 order to help ensure that a patient's medical treatment preferences are conveyed to emergency
1.21 medical service personnel and other health care providers.

2.1 Subd. 2. **Establishment.** (a) The commissioner, in consultation with the advisory  
2.2 committee established in paragraph (c), shall develop recommendations for a statewide  
2.3 registry of POLST forms to ensure that a patient's medical treatment preferences are followed  
2.4 by all health care providers. The registry must allow for the submission of completed POLST  
2.5 forms and for the forms to be accessed by health care providers and emergency medical  
2.6 service personnel in a timely manner for the provision of care or services.

2.7 (b) The commissioner shall develop recommendations on the following:

2.8 (1) electronic capture, storage, and security of information in the registry;

2.9 (2) procedures to protect the accuracy and confidentiality of information submitted to  
2.10 the registry;

2.11 (3) limits as to who can access the registry;

2.12 (4) where the registry should be housed;

2.13 (5) ongoing funding models for the registry; and

2.14 (6) any other action needed to ensure that patients' rights are protected and that their  
2.15 health care decisions are followed.

2.16 (c) The commissioner shall create an advisory committee with members representing  
2.17 physicians, physician assistants, advanced practice registered nurses, nursing homes,  
2.18 emergency medical system providers, hospice and palliative care providers, the disability  
2.19 community, attorneys, medical ethicists, and the religious community.

2.20 Subd. 3. **Report.** The commissioner shall submit recommendations on establishing a  
2.21 statewide registry of POLST forms to the chairs and ranking minority members of the  
2.22 legislative committees with jurisdiction over health and human services policy and finance  
2.23 by February 1, 2024, and implement the registry no later than December 1, 2024.