

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

RWH/JA

P.L. 2019, CHAPTER 218, *approved August 9, 2019*
Senate, No. 1109 (*First Reprint*)

1 AN ACT concerning ¹**【Physician】** Practitioner¹ Orders for Life-
2 Sustaining Treatment forms, amending P.L.2011, c.145 ¹and
3 P.L.2014, c.68¹, and supplementing Title 45 of the Revised
4 Statutes.

5
6 **BE IT ENACTED** by the Senate and General Assembly of the State
7 of New Jersey:

8
9 ¹1. Section 6 of P.L.2014, c.68 (C.26:2H-5.29) is amended to
10 read as follows:

11 6. a. Nothing in this act shall be construed to interfere with the
12 rights of an agent operating under a valid advance directive
13 pursuant to the provisions of the "New Jersey Advance Directives
14 for Health Care Act," P.L.1991, c.201 (C.26:2H-53 et al.), the "New
15 Jersey Advance Directives for Mental Health Care Act," P.L.2005,
16 c.233 (C.26:2H-102 et al.), or the "**【Physician】** Practitioner Orders
17 for Life-Sustaining Treatment Act," P.L.2011, c.145 (C.26:2H-129
18 et al.).

19 b. A patient may designate a caregiver in an advance
20 directive.¹

21 (cf: P.L.2014, c.68, s.6)

22
23 ¹2. Section 1 of P.L.2011, c.145 (C.26:2H-129) is amended to
24 read as follows:

25 1. Sections 1 through 13 of this act shall be known and may be
26 cited as the "**【Physician】** Practitioner Orders for Life-Sustaining
27 Treatment Act."¹

28 (cf: P.L.2011, c.145, s.1)

29
30 ¹**【1.】** 3.¹ Section 2 of P.L.2011, c.145 (C.26:2H-130) is
31 amended to read as follows:

32 2. The Legislature finds and declares that:

33 a. Pursuant to the "New Jersey Advance Directives for Health
34 Care Act," P.L.1991, c.201 (C.26:2H-53 et seq.), this State has
35 statutorily recognized the right of an adult with decision-making
36 capacity to plan ahead for health care decisions through the
37 execution of advance directives and designate a surrogate decision-
38 maker, and to have the wishes expressed in those documents
39 respected, subject to certain limitations, in order to ensure that the

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】 in the above bill is not enacted and is intended to be omitted in the law.**

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹**Senate SHH committee amendments adopted March 12, 2018.**

- 1 right to control decisions about one's own health care is not lost if a
2 patient loses decision-making capacity and is no longer able to
3 participate actively in making his own health care decisions;
- 4 b. The Physician Orders for Life-Sustaining Treatment ¹or
5 Practitioner Orders for Life-Sustaining Treatment¹, or POLST, form
6 complements an advance directive by converting a person's wishes
7 regarding life-sustaining treatment, such as those set forth in an
8 advance directive, into a medical order;
- 9 c. The POLST form: contains immediately actionable, signed
10 medical orders on a standardized form; includes medical orders that
11 address a range of life-sustaining interventions as well as the
12 patient's preferred intensity of treatment for each intervention; is
13 typically a brightly colored, clearly identifiable form; and is
14 recognized and honored across various health care settings;
- 15 d. The use of a POLST form is particularly appropriate for
16 persons who have a compromised medical condition or a terminal
17 illness, and the experience in other states has shown that the use of
18 the POLST form helps these patients to have their health care
19 preferences honored by health care providers;
- 20 e. The use of POLST forms can overcome many of the
21 problems associated with advance directives, which in many cases
22 are designed simply to name an individual to make health care
23 decisions for the patient if the latter becomes incapacitated or
24 otherwise lack specificity in regard to the patient's health care
25 preferences, and are often locked away in file drawers or safe
26 deposit boxes and unavailable to health care providers when the
27 need arises to ensure that the patient's wishes are followed;
- 28 f. A completed POLST form is signed by, and more readily
29 available than an advance directive to, the patient's attending
30 physician, physician assistant, or advanced practice nurse, and
31 provides a specific and detailed set of instructions for a health care
32 professional or health care institution to follow in regard to the
33 patient's preference for the use of various medical interventions;
- 34 g. To date, at least the following states, or communities within
35 these states, have established programs providing for the use of the
36 POLST form that have been endorsed by the National POLST
37 Paradigm Task Force or are in the process of developing such
38 programs: Alaska, California, Colorado, Florida, Georgia, Hawaii,
39 Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts,
40 Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New
41 Hampshire, New York, North Carolina, North Dakota, Ohio,
42 Oregon, Pennsylvania, Tennessee, Texas, Utah, Washington, West
43 Virginia, Wisconsin, and Wyoming; and
- 44 h. The right and preference of New Jerseyans to have their
45 health care preferences respected would be better served by the use
46 of the POLST form in this State to augment the use of advance
47 directives, and the enactment of this act will conduce to that end.
48 (cf: P.L.2011, c.145, s.2)

1 ~~1~~¹ **[2.] 4.** Section 3 of P.L.2011, c.145 (C.26:2H-131) is
2 amended to read as follows:

3 3. As used in sections 1 through 12 of this act:

4 "Advance directive" means an advance directive for health care
5 as defined in section 3 of P.L.1991, c.201 (C.26:2H-55).

6 "Advanced practice nurse" or "APN" means a person who is
7 certified as an advanced practice nurse pursuant to P.L.1991, c.377
8 (C.45:11-45 et seq.).

9 "Commissioner" means the Commissioner of Health.

10 "Decision-making capacity" means a patient's ability to
11 understand and appreciate the nature and consequences of a
12 particular health care decision, including the benefits and risks of
13 that decision, and alternatives to any proposed health care, and to
14 reach an informed decision.

15 "Department" means the Department of Health.

16 "Emergency care" means the use of resuscitative measures and
17 other immediate treatment provided in response to a sudden, acute,
18 and unanticipated medical crisis in order to avoid injury,
19 impairment, or death.

20 "Emergency care provider" means an emergency medical
21 technician, paramedic, or member of a first aid, ambulance, or
22 rescue squad.

23 "Health care decision" means a decision to accept, withdraw, or
24 refuse a treatment, service, or procedure used to diagnose, treat, or
25 care for a person's physical or mental condition, including life-
26 sustaining treatment.

27 "Health care institution" means a health care facility licensed
28 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a psychiatric
29 facility as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), or
30 a State developmental center listed in R.S.30:1-7.

31 "Health care professional" means a health care professional who
32 is licensed or otherwise authorized to practice a health care
33 profession pursuant to Title 45 or 52 of the Revised Statutes and is
34 currently engaged in that practice.

35 "Life-sustaining treatment" means the use of any medical device
36 or procedure, artificially provided fluids and nutrition, drugs,
37 surgery, or therapy that uses mechanical or other artificial means to
38 sustain, restore, or supplant a vital bodily function, and thereby
39 increase the expected life span of a patient.

40 "Patient" means a person who is under the care of a physician,
41 physician assistant, or APN.

42 "Patient's representative" means an individual who is designated
43 by a patient or otherwise authorized under law to make health care
44 decisions on the patient's behalf if the patient lacks decision-making
45 capacity.

46 "Physician" means a person who is licensed to practice medicine
47 and surgery pursuant to chapter 9 of Title 45 of the Revised
48 Statutes.

1 “Physician Assistant” means a health professional who meets the
2 qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and
3 holds a current, valid license issued pursuant to section 4 of
4 P.L.1991, c.378 (C.45:9-27.13).

5 ¹**【Physician】 Practitioner** Orders for Life-Sustaining Treatment
6 form" or "POLST form" means a standardized printed document
7 that is uniquely identifiable and has a uniform color, which:

8 a. is recommended for use on a voluntary basis by patients who
9 have advanced chronic progressive illness or a life expectancy of
10 less than five years, or who otherwise wish to further define their
11 preferences for health care;

12 b. does not qualify as an advance directive;

13 c. is not valid unless it meets the requirements for a completed
14 POLST form as set forth in this act;

15 d. provides a means by which to indicate whether the patient
16 has made an anatomical gift pursuant to P.L.2008, c.50 (C.26:6-77
17 et al.);

18 e. is intended to provide direction to emergency care personnel
19 regarding the use of emergency care, and to a health care
20 professional regarding the use of life-sustaining treatment, with
21 respect to the patient, by indicating the patient's preference
22 concerning the use of specified interventions and the intensity of
23 treatment for each intervention;

24 f. is intended to accompany the patient, and to be honored by
25 all personnel attending the patient, across the full range of possible
26 health care settings, including the patient's home, a health care
27 institution, or otherwise at the scene of a medical emergency; and

28 g. may be modified or revoked at any time by a patient with
29 decision-making capacity or the patient's representative in
30 accordance with the provisions of section 7 of this act.

31 "Resuscitative measures" means cardiopulmonary resuscitation
32 provided in the event that a patient suffers a cardiac or respiratory
33 arrest.

34 (cf: P.L.2012, c.17, s.255)

35
36 ¹⁵. Section 4 of P.L.2011, c.145 (C.26:2H-132) is amended to
37 read as follows:

38 4. It shall be the public policy of this State to encourage public
39 awareness and understanding of the **【Physician】 Practitioner**
40 Orders for Life-Sustaining Treatment form as a means of enabling
41 patients in this State to indicate their preferences for health care
42 through the use of a completed POLST form as a complementary
43 measure to the use of an advance directive, or in lieu of an advance
44 directive if the patient has not executed such a document, in
45 accordance with the provisions of this act.¹

46 (cf: P.L.2011, c.145, s.4)

1 ¹~~3~~ 6.¹ Section 6 of P.L.2011, c.145 (C.26:2H-134) is
2 amended to read as follows:

3 6. a. A health care professional, health care institution, or
4 emergency care provider shall treat a patient who has a completed
5 POLST form in accordance with the information contained therein,
6 except as otherwise provided in this act.

7 b. A POLST form shall be deemed to be completed, and
8 therefore valid for the purposes of this act if it:

9 (1) contains information indicating a patient's health care
10 preferences;

11 (2) has been voluntarily signed by a patient with decision-
12 making capacity, or by the patient's representative in accordance
13 with the patient's known preferences or in the best interests of the
14 patient;

15 (3) includes the signature of the patient's attending physician,
16 physician assistant, or APN and the date of that signature; and

17 (4) meets any other requirements to be deemed valid for the
18 purposes of this act.

19 c. A document executed in another state, which meets the
20 requirements of this act for a POLST form, shall be deemed to be
21 completed and valid for the purposes of this act to the same extent
22 as a POLST form completed in this State.

23 (cf: P.L.2011, c.145, s.6)

24

25 ¹~~4.~~ 7.¹ Section 7 of P.L.2011, c.145 (C.26:2H-135) is
26 amended to read as follows:

27 7. a. If the goals of care of a patient with a completed POLST
28 form change, the patient's attending physician, physician assistant,
29 or APN may, after conducting an evaluation of the patient and after
30 obtaining informed consent from the patient or, if the patient has
31 lost decision-making capacity, the patient's representative in
32 accordance with subsection d. of this section, issue a new order that
33 modifies or supersedes the completed POLST form consistent with
34 the most current information available about the patient's health
35 status and goals of care.

36 b. A patient with decision-making capacity, may, at any time,
37 modify or revoke the patient's completed POLST form or otherwise
38 request alternative treatment to the treatment that was ordered on
39 the form.

40 c. If the orders in a patient's completed POLST form regarding
41 the use of any intervention specified therein conflict with the
42 patient's more recent verbal or written directive to the patient's
43 attending physician, physician assistant, or APN, then the
44 physician, physician assistant, or APN shall honor the more recent
45 directive from the patient in accordance with the provisions of
46 subsection e. of this section.

47 d. The POLST form shall provide the patient with the choice to
48 authorize the patient's representative to revoke or modify the

1 patient's completed POLST form if the patient loses decision-
2 making capacity. If the patient so authorizes the patient's
3 representative, the patient's representative may, at any time after the
4 patient loses decision-making capacity and after consultation with
5 the patient's attending physician or APN, request the physician,
6 physician assistant, or APN to modify or revoke the completed
7 POLST form, or otherwise request alternative treatment to the
8 treatment that was ordered on the form, as the patient's
9 representative deems necessary to reflect the patient's health status
10 or goals of care. If the patient does not authorize the patient's
11 representative to revoke or modify the patient's completed POLST
12 form, the patient's representative may not revoke or modify the
13 patient's completed POLST form.

14 e. A verbal or written request by a patient or the patient's
15 representative to modify or revoke a patient's completed POLST
16 form, in accordance with the provisions of this section, shall be
17 effectuated once the patient's attending physician, physician
18 assistant, or APN has signed the POLST form attesting to that
19 request for modification or revocation.

20 (cf: P.L.2011, c.145, s.7)

21

22 ¹**[5.] 8.**¹ Section 8 of P.L.2011, c.145 (C.26:2H-136) is
23 amended to read as follows:

24 8. a. In the event of a disagreement among the patient, the
25 patient's representative, and the patient's attending physician,
26 physician assistant, or APN concerning the patient's decision-
27 making capacity or the appropriate interpretation and application of
28 the terms of a completed POLST form to the patient's course of
29 treatment, the parties:

30 (1) may seek to resolve the disagreement by means of
31 procedures and practices established by the health care institution,
32 including, but not limited to, consultation with an institutional
33 ethics committee, or with a person designated by the health care
34 institution for this purpose; or

35 (2) may seek resolution by a court of competent jurisdiction.

36 b. A health care professional involved in the patient's care,
37 other than the attending physician, physician assistant, or APN, or
38 an administrator of a health care institution may also seek to resolve
39 a disagreement concerning the patient's decision-making capacity or
40 the appropriate interpretation and application of the terms of a
41 completed POLST form to the patient's course of treatment in the
42 same manner as set forth in subsection a. of this section.

43 (cf: P.L.2011, c.145, s.8)

44

45 ¹**[6.] 9.**¹ (New section) a. The State Board of Medical
46 Examiners shall require that the number of credits of continuing
47 medical education required of each person licensed as a physician
48 assistant, as a condition of biennial renewal pursuant to section 4 of

1 P.L.1991, c.378 (C.45:9-27.13), include two credits of educational
2 programs on topics related to end-of-life care. The continuing
3 medical education requirement in this subsection shall be subject to
4 the provisions of section 16 of P.L.1991, c.378 (C.45:9-27.25),
5 including, but not limited to, the authority of the board to waive the
6 provisions of this section for a specific individual if the board
7 deems it is appropriate to do so.

8 b. The State Board of Medical Examiners, pursuant to the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.), shall adopt such rules and regulations as are necessary to
11 effectuate the purposes of this section.

12

13 ¹**[7.] 10.**¹ This act shall take effect immediately.

14

15

16

17

18 _____
19 Renames "Physician Orders for Life-Sustaining Treatment Act"
20 as "Practitioner Orders for Life-Sustaining Treatment Act"; permits
21 physician assistants to sign and modify POLST forms; requires
continuing education concerning end-of-life care.

SENATE, No. 1109

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED JANUARY 25, 2018

Sponsored by:
Senator M. TERESA RUIZ
District 29 (Essex)

SYNOPSIS

Permits physician assistants to sign and modify Physician Orders for Life-Sustaining Treatment forms; requires continuing education concerning end-of-life care.

CURRENT VERSION OF TEXT

As introduced.



S1109 RUIZ

2

1 AN ACT concerning Physician Orders for Life-Sustaining Treatment
2 forms, amending P.L.2011, c.145, and supplementing Title 45 of
3 the Revised Statutes.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7

8 1. Section 2 of P.L.2011, c.145 (C.26:2H-130) is amended to
9 read as follows:

10 2. The Legislature finds and declares that:

11 a. Pursuant to the "New Jersey Advance Directives for Health
12 Care Act," P.L.1991, c.201 (C.26:2H-53 et seq.), this State has
13 statutorily recognized the right of an adult with decision-making
14 capacity to plan ahead for health care decisions through the
15 execution of advance directives and designate a surrogate decision-
16 maker, and to have the wishes expressed in those documents
17 respected, subject to certain limitations, in order to ensure that the
18 right to control decisions about one's own health care is not lost if a
19 patient loses decision-making capacity and is no longer able to
20 participate actively in making his own health care decisions;

21 b. The Physician Orders for Life-Sustaining Treatment, or
22 POLST, form complements an advance directive by converting a
23 person's wishes regarding life-sustaining treatment, such as those
24 set forth in an advance directive, into a medical order;

25 c. The POLST form: contains immediately actionable, signed
26 medical orders on a standardized form; includes medical orders that
27 address a range of life-sustaining interventions as well as the
28 patient's preferred intensity of treatment for each intervention; is
29 typically a brightly colored, clearly identifiable form; and is
30 recognized and honored across various health care settings;

31 d. The use of a POLST form is particularly appropriate for
32 persons who have a compromised medical condition or a terminal
33 illness, and the experience in other states has shown that the use of
34 the POLST form helps these patients to have their health care
35 preferences honored by health care providers;

36 e. The use of POLST forms can overcome many of the
37 problems associated with advance directives, which in many cases
38 are designed simply to name an individual to make health care
39 decisions for the patient if the latter becomes incapacitated or
40 otherwise lack specificity in regard to the patient's health care
41 preferences, and are often locked away in file drawers or safe
42 deposit boxes and unavailable to health care providers when the
43 need arises to ensure that the patient's wishes are followed;

44 f. A completed POLST form is signed by, and more readily
45 available than an advance directive to, the patient's attending

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 physician, physician assistant, or advanced practice nurse, and
2 provides a specific and detailed set of instructions for a health care
3 professional or health care institution to follow in regard to the
4 patient's preference for the use of various medical interventions;

5 g. To date, at least the following states, or communities within
6 these states, have established programs providing for the use of the
7 POLST form that have been endorsed by the National POLST
8 Paradigm Task Force or are in the process of developing such
9 programs: Alaska, California, Colorado, Florida, Georgia, Hawaii,
10 Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts,
11 Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New
12 Hampshire, New York, North Carolina, North Dakota, Ohio,
13 Oregon, Pennsylvania, Tennessee, Texas, Utah, Washington, West
14 Virginia, Wisconsin, and Wyoming; and

15 h. The right and preference of New Jerseyans to have their
16 health care preferences respected would be better served by the use
17 of the POLST form in this State to augment the use of advance
18 directives, and the enactment of this act will conduce to that end.

19 (cf: P.L.2011, c.145, s.2)

20

21 2. Section 3 of P.L.2011, c.145 (C.26:2H-131) is amended to
22 read as follows:

23 3. As used in sections 1 through 12 of this act:

24 "Advance directive" means an advance directive for health care
25 as defined in section 3 of P.L.1991, c.201 (C.26:2H-55).

26 "Advanced practice nurse" or "APN" means a person who is
27 certified as an advanced practice nurse pursuant to P.L.1991, c.377
28 (C.45:11-45 et seq.).

29 "Commissioner" means the Commissioner of Health.

30 "Decision-making capacity" means a patient's ability to
31 understand and appreciate the nature and consequences of a
32 particular health care decision, including the benefits and risks of
33 that decision, and alternatives to any proposed health care, and to
34 reach an informed decision.

35 "Department" means the Department of Health.

36 "Emergency care" means the use of resuscitative measures and
37 other immediate treatment provided in response to a sudden, acute,
38 and unanticipated medical crisis in order to avoid injury,
39 impairment, or death.

40 "Emergency care provider" means an emergency medical
41 technician, paramedic, or member of a first aid, ambulance, or
42 rescue squad.

43 "Health care decision" means a decision to accept, withdraw, or
44 refuse a treatment, service, or procedure used to diagnose, treat, or
45 care for a person's physical or mental condition, including life-
46 sustaining treatment.

47 "Health care institution" means a health care facility licensed
48 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a psychiatric

S1109 RUIZ

1 facility as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), or
2 a State developmental center listed in R.S.30:1-7.

3 "Health care professional" means a health care professional who
4 is licensed or otherwise authorized to practice a health care
5 profession pursuant to Title 45 or 52 of the Revised Statutes and is
6 currently engaged in that practice.

7 "Life-sustaining treatment" means the use of any medical device
8 or procedure, artificially provided fluids and nutrition, drugs,
9 surgery, or therapy that uses mechanical or other artificial means to
10 sustain, restore, or supplant a vital bodily function, and thereby
11 increase the expected life span of a patient.

12 "Patient" means a person who is under the care of a physician,
13 physician assistant, or APN.

14 "Patient's representative" means an individual who is designated
15 by a patient or otherwise authorized under law to make health care
16 decisions on the patient's behalf if the patient lacks decision-making
17 capacity.

18 "Physician" means a person who is licensed to practice medicine
19 and surgery pursuant to chapter 9 of Title 45 of the Revised
20 Statutes.

21 "Physician Assistant" means a health professional who meets the
22 qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and
23 holds a current, valid license issued pursuant to section 4 of
24 P.L.1991, c.378 (C.45:9-27.13).

25 "Physician Orders for Life-Sustaining Treatment form" or
26 "POLST form" means a standardized printed document that is
27 uniquely identifiable and has a uniform color, which:

28 a. is recommended for use on a voluntary basis by patients who
29 have advanced chronic progressive illness or a life expectancy of
30 less than five years, or who otherwise wish to further define their
31 preferences for health care;

32 b. does not qualify as an advance directive;

33 c. is not valid unless it meets the requirements for a completed
34 POLST form as set forth in this act;

35 d. provides a means by which to indicate whether the patient
36 has made an anatomical gift pursuant to P.L.2008, c.50 (C.26:6-77
37 et al.);

38 e. is intended to provide direction to emergency care personnel
39 regarding the use of emergency care, and to a health care
40 professional regarding the use of life-sustaining treatment, with
41 respect to the patient, by indicating the patient's preference
42 concerning the use of specified interventions and the intensity of
43 treatment for each intervention;

44 f. is intended to accompany the patient, and to be honored by
45 all personnel attending the patient, across the full range of possible
46 health care settings, including the patient's home, a health care
47 institution, or otherwise at the scene of a medical emergency; and

1 g. may be modified or revoked at any time by a patient with
2 decision-making capacity or the patient's representative in
3 accordance with the provisions of section 7 of this act.

4 "Resuscitative measures" means cardiopulmonary resuscitation
5 provided in the event that a patient suffers a cardiac or respiratory
6 arrest.

7 (cf: P.L.2012, c.17, s.255)

8

9 3. Section 6 of P.L.2011, c.145 (C.26:2H-134) is amended to
10 read as follows:

11 6. a. A health care professional, health care institution, or
12 emergency care provider shall treat a patient who has a completed
13 POLST form in accordance with the information contained therein,
14 except as otherwise provided in this act.

15 b. A POLST form shall be deemed to be completed, and
16 therefore valid for the purposes of this act if it:

17 (1) contains information indicating a patient's health care
18 preferences;

19 (2) has been voluntarily signed by a patient with decision-
20 making capacity, or by the patient's representative in accordance
21 with the patient's known preferences or in the best interests of the
22 patient;

23 (3) includes the signature of the patient's attending physician,
24 physician assistant, or APN and the date of that signature; and

25 (4) meets any other requirements to be deemed valid for the
26 purposes of this act.

27 c. A document executed in another state, which meets the
28 requirements of this act for a POLST form, shall be deemed to be
29 completed and valid for the purposes of this act to the same extent
30 as a POLST form completed in this State.

31 (cf: P.L.2011, c.145, s.6)

32

33 4. Section 7 of P.L.2011, c.145 (C.26:2H-135) is amended to
34 read as follows:

35 7. a. If the goals of care of a patient with a completed POLST
36 form change, the patient's attending physician, physician assistant,
37 or APN may, after conducting an evaluation of the patient and after
38 obtaining informed consent from the patient or, if the patient has
39 lost decision-making capacity, the patient's representative in
40 accordance with subsection d. of this section, issue a new order that
41 modifies or supersedes the completed POLST form consistent with
42 the most current information available about the patient's health
43 status and goals of care.

44 b. A patient with decision-making capacity, may, at any time,
45 modify or revoke the patient's completed POLST form or otherwise
46 request alternative treatment to the treatment that was ordered on
47 the form.

1 c. If the orders in a patient's completed POLST form regarding
2 the use of any intervention specified therein conflict with the
3 patient's more recent verbal or written directive to the patient's
4 attending physician, physician assistant, or APN, then the
5 physician, physician assistant, or APN shall honor the more recent
6 directive from the patient in accordance with the provisions of
7 subsection e. of this section.

8 d. The POLST form shall provide the patient with the choice to
9 authorize the patient's representative to revoke or modify the
10 patient's completed POLST form if the patient loses decision-
11 making capacity. If the patient so authorizes the patient's
12 representative, the patient's representative may, at any time after the
13 patient loses decision-making capacity and after consultation with
14 the patient's attending physician or APN, request the physician,
15 physician assistant, or APN to modify or revoke the completed
16 POLST form, or otherwise request alternative treatment to the
17 treatment that was ordered on the form, as the patient's
18 representative deems necessary to reflect the patient's health status
19 or goals of care. If the patient does not authorize the patient's
20 representative to revoke or modify the patient's completed POLST
21 form, the patient's representative may not revoke or modify the
22 patient's completed POLST form.

23 e. A verbal or written request by a patient or the patient's
24 representative to modify or revoke a patient's completed POLST
25 form, in accordance with the provisions of this section, shall be
26 effectuated once the patient's attending physician, physician
27 assistant, or APN has signed the POLST form attesting to that
28 request for modification or revocation.

29 (cf: P.L.2011, c.145, s.7)

30

31 5. Section 8 of P.L.2011, c.145 (C.26:2H-136) is amended to
32 read as follows:

33 8. a. In the event of a disagreement among the patient, the
34 patient's representative, and the patient's attending physician,
35 physician assistant, or APN concerning the patient's decision-
36 making capacity or the appropriate interpretation and application of
37 the terms of a completed POLST form to the patient's course of
38 treatment, the parties:

39 (1) may seek to resolve the disagreement by means of
40 procedures and practices established by the health care institution,
41 including, but not limited to, consultation with an institutional
42 ethics committee, or with a person designated by the health care
43 institution for this purpose; or

44 (2) may seek resolution by a court of competent jurisdiction.

45 b. A health care professional involved in the patient's care,
46 other than the attending physician, physician assistant, or APN, or
47 an administrator of a health care institution may also seek to resolve
48 a disagreement concerning the patient's decision-making capacity or

1 the appropriate interpretation and application of the terms of a
2 completed POLST form to the patient's course of treatment in the
3 same manner as set forth in subsection a. of this section.
4 (cf: P.L.2011, c.145, s.8)

5
6 6. (New section) a. The State Board of Medical Examiners
7 shall require that the number of credits of continuing medical
8 education required of each person licensed as a physician assistant,
9 as a condition of biennial renewal pursuant to section 4 of P.L.1991,
10 c.378 (C.45:9-27.13), include two credits of educational programs
11 on topics related to end-of-life care. The continuing medical
12 education requirement in this subsection shall be subject to the
13 provisions of section 16 of P.L.1991, c.378 (C.45:9-27.25),
14 including, but not limited to, the authority of the board to waive the
15 provisions of this section for a specific individual if the board
16 deems it is appropriate to do so.

17 b. The State Board of Medical Examiners, pursuant to the
18 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
19 seq.), shall adopt such rules and regulations as are necessary to
20 effectuate the purposes of this section.

21
22 7. This act shall take effect immediately.

23
24
25 STATEMENT

26
27 This bill allows physician assistants to sign, modify, or revoke
28 Physician Orders for Life-Sustaining Treatment (POLST) forms, in
29 the same manner as physicians and advanced practice nurses
30 (APNs) are currently permitted.

31 A POLST form complements an advance directive by converting
32 a person's wishes regarding life-sustaining treatment into a medical
33 order. Currently, a POLST form may be created, modified, or
34 revoked by a patient or, if the patient has lost decision-making
35 capacity, the patient's representative, and must be signed by a
36 physician or APN. The bill would allow a physician assistant to
37 sign a POLST form as well.

38 The bill also requires that physician assistants to complete two
39 credits of continuing medical education on topics related to end-of-
40 life care as a condition of continued licensure.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 1109

STATE OF NEW JERSEY

DATED: MARCH 7, 2019

The Assembly Health and Senior Services Committee reports favorably Senate Bill No. 1109 (1R).

The bill changes the name of the act from “Physician Orders for Life-Sustaining Treatment Act” to “Practitioner Orders for Life-Sustaining Treatment Act,” and updates references to the form in the law accordingly. The bill permits physician assistants to sign, modify, or revoke a Practitioner Orders for Life-Sustaining Treatment (POLST) form in the same manner as physicians and advanced practice nurses (APNs) are currently permitted.

A POLST form complements an advance directive by converting a person's wishes regarding life-sustaining treatment into a medical order. Currently, a POLST form may be created, modified, or revoked by a patient or, if the patient has lost decision-making capacity, the patient’s representative, and must be signed by a physician or APN. The bill permits a physician assistant to sign a POLST.

The bill also requires that physician assistants complete two credits of continuing medical education on topics related to end-of-life care as a condition of continued licensure.

As reported by the committee, Senate Bill No. 1109 (1R) is identical to Assembly Bill No. 2144 which was amended and reported by the committee on this date.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 1109

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 12, 2018

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 1109.

The bill, as amended, changes name of “Physician Orders for Life-Sustaining Treatment Act” and to “Practitioner Orders for Life-Sustaining Treatment Act,” and updates references to the form in the law accordingly. The bill allows physician assistants to sign, modify, or revoke a Practitioner Orders for Life-Sustaining Treatment (POLST) form in the same manner as physicians and advanced practice nurses (APNs) are currently permitted.

A POLST form complements an advance directive by converting a person's wishes regarding life-sustaining treatment into a medical order. Currently, a POLST form may be created, modified, or revoked by a patient or, if the patient has lost decision-making capacity, the patient’s representative, and must be signed by a physician or APN. The bill allows a physician assistant to sign a POLST.

The bill also requires that physician assistants complete two credits of continuing medical education on topics related to end-of-life care as a condition of continued licensure.

ASSEMBLY, No. 2144

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JANUARY 29, 2018

Sponsored by:

Assemblywoman NANCY F. MUNOZ

District 21 (Morris, Somerset and Union)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

SYNOPSIS

Permits physician assistants to sign and modify Physician Orders for Life-Sustaining Treatment forms; requires continuing education concerning end-of-life care.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/12/2018)

1 AN ACT concerning Physician Orders for Life-Sustaining Treatment
2 forms, amending P.L.2011, c.145, and supplementing Title 45 of
3 the Revised Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. Section 2 of P.L.2011, c.145 (C.26:2H-130) is amended to
9 read as follows:

10 2. The Legislature finds and declares that:

11 a. Pursuant to the "New Jersey Advance Directives for Health
12 Care Act," P.L.1991, c.201 (C.26:2H-53 et seq.), this State has
13 statutorily recognized the right of an adult with decision-making
14 capacity to plan ahead for health care decisions through the
15 execution of advance directives and designate a surrogate decision-
16 maker, and to have the wishes expressed in those documents
17 respected, subject to certain limitations, in order to ensure that the
18 right to control decisions about one's own health care is not lost if a
19 patient loses decision-making capacity and is no longer able to
20 participate actively in making his own health care decisions;

21 b. The Physician Orders for Life-Sustaining Treatment, or
22 POLST, form complements an advance directive by converting a
23 person's wishes regarding life-sustaining treatment, such as those
24 set forth in an advance directive, into a medical order;

25 c. The POLST form: contains immediately actionable, signed
26 medical orders on a standardized form; includes medical orders that
27 address a range of life-sustaining interventions as well as the
28 patient's preferred intensity of treatment for each intervention; is
29 typically a brightly colored, clearly identifiable form; and is
30 recognized and honored across various health care settings;

31 d. The use of a POLST form is particularly appropriate for
32 persons who have a compromised medical condition or a terminal
33 illness, and the experience in other states has shown that the use of
34 the POLST form helps these patients to have their health care
35 preferences honored by health care providers;

36 e. The use of POLST forms can overcome many of the
37 problems associated with advance directives, which in many cases
38 are designed simply to name an individual to make health care
39 decisions for the patient if the latter becomes incapacitated or
40 otherwise lack specificity in regard to the patient's health care
41 preferences, and are often locked away in file drawers or safe
42 deposit boxes and unavailable to health care providers when the
43 need arises to ensure that the patient's wishes are followed;

44 f. A completed POLST form is signed by, and more readily
45 available than an advance directive to, the patient's attending

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 physician, physician assistant, or advanced practice nurse, and
2 provides a specific and detailed set of instructions for a health care
3 professional or health care institution to follow in regard to the
4 patient's preference for the use of various medical interventions;

5 g. To date, at least the following states, or communities within
6 these states, have established programs providing for the use of the
7 POLST form that have been endorsed by the National POLST
8 Paradigm Task Force or are in the process of developing such
9 programs: Alaska, California, Colorado, Florida, Georgia, Hawaii,
10 Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts,
11 Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New
12 Hampshire, New York, North Carolina, North Dakota, Ohio,
13 Oregon, Pennsylvania, Tennessee, Texas, Utah, Washington, West
14 Virginia, Wisconsin, and Wyoming; and

15 h. The right and preference of New Jerseyans to have their
16 health care preferences respected would be better served by the use
17 of the POLST form in this State to augment the use of advance
18 directives, and the enactment of this act will conduce to that end.

19 (cf: P.L.2011, c.145, s.2)

20

21 2. Section 3 of P.L.2011, c.145 (C.26:2H-131) is amended to
22 read as follows:

23 3. As used in sections 1 through 12 of this act:

24 "Advance directive" means an advance directive for health care
25 as defined in section 3 of P.L.1991, c.201 (C.26:2H-55).

26 "Advanced practice nurse" or "APN" means a person who is
27 certified as an advanced practice nurse pursuant to P.L.1991, c.377
28 (C.45:11-45 et seq.).

29 "Commissioner" means the Commissioner of Health.

30 "Decision-making capacity" means a patient's ability to
31 understand and appreciate the nature and consequences of a
32 particular health care decision, including the benefits and risks of
33 that decision, and alternatives to any proposed health care, and to
34 reach an informed decision.

35 "Department" means the Department of Health.

36 "Emergency care" means the use of resuscitative measures and
37 other immediate treatment provided in response to a sudden, acute,
38 and unanticipated medical crisis in order to avoid injury,
39 impairment, or death.

40 "Emergency care provider" means an emergency medical
41 technician, paramedic, or member of a first aid, ambulance, or
42 rescue squad.

43 "Health care decision" means a decision to accept, withdraw, or
44 refuse a treatment, service, or procedure used to diagnose, treat, or
45 care for a person's physical or mental condition, including life-
46 sustaining treatment.

47 "Health care institution" means a health care facility licensed
48 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a psychiatric

1 facility as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), or
2 a State developmental center listed in R.S.30:1-7.

3 "Health care professional" means a health care professional who
4 is licensed or otherwise authorized to practice a health care
5 profession pursuant to Title 45 or 52 of the Revised Statutes and is
6 currently engaged in that practice.

7 "Life-sustaining treatment" means the use of any medical device
8 or procedure, artificially provided fluids and nutrition, drugs,
9 surgery, or therapy that uses mechanical or other artificial means to
10 sustain, restore, or supplant a vital bodily function, and thereby
11 increase the expected life span of a patient.

12 "Patient" means a person who is under the care of a physician,
13 physician assistant, or APN.

14 "Patient's representative" means an individual who is designated
15 by a patient or otherwise authorized under law to make health care
16 decisions on the patient's behalf if the patient lacks decision-making
17 capacity.

18 "Physician" means a person who is licensed to practice medicine
19 and surgery pursuant to chapter 9 of Title 45 of the Revised
20 Statutes.

21 "Physician Assistant" means a health professional who meets the
22 qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and
23 holds a current, valid license issued pursuant to section 4 of
24 P.L.1991, c.378 (C.45:9-27.13).

25 "Physician Orders for Life-Sustaining Treatment form" or
26 "POLST form" means a standardized printed document that is
27 uniquely identifiable and has a uniform color, which:

28 a. is recommended for use on a voluntary basis by patients who
29 have advanced chronic progressive illness or a life expectancy of
30 less than five years, or who otherwise wish to further define their
31 preferences for health care;

32 b. does not qualify as an advance directive;

33 c. is not valid unless it meets the requirements for a completed
34 POLST form as set forth in this act;

35 d. provides a means by which to indicate whether the patient
36 has made an anatomical gift pursuant to P.L.2008, c.50 (C.26:6-77
37 et al.);

38 e. is intended to provide direction to emergency care personnel
39 regarding the use of emergency care, and to a health care
40 professional regarding the use of life-sustaining treatment, with
41 respect to the patient, by indicating the patient's preference
42 concerning the use of specified interventions and the intensity of
43 treatment for each intervention;

44 f. is intended to accompany the patient, and to be honored by
45 all personnel attending the patient, across the full range of possible
46 health care settings, including the patient's home, a health care
47 institution, or otherwise at the scene of a medical emergency; and

1 g. may be modified or revoked at any time by a patient with
2 decision-making capacity or the patient's representative in
3 accordance with the provisions of section 7 of this act.

4 "Resuscitative measures" means cardiopulmonary resuscitation
5 provided in the event that a patient suffers a cardiac or respiratory
6 arrest.

7 (cf: P.L.2012, c.17, s.255)

8

9 3. Section 6 of P.L.2011, c.145 (C.26:2H-134) is amended to
10 read as follows:

11 6. a. A health care professional, health care institution, or
12 emergency care provider shall treat a patient who has a completed
13 POLST form in accordance with the information contained therein,
14 except as otherwise provided in this act.

15 b. A POLST form shall be deemed to be completed, and
16 therefore valid for the purposes of this act if it:

17 (1) contains information indicating a patient's health care
18 preferences;

19 (2) has been voluntarily signed by a patient with decision-
20 making capacity, or by the patient's representative in accordance
21 with the patient's known preferences or in the best interests of the
22 patient;

23 (3) includes the signature of the patient's attending physician,
24 physician assistant, or APN and the date of that signature; and

25 (4) meets any other requirements to be deemed valid for the
26 purposes of this act.

27 c. A document executed in another state, which meets the
28 requirements of this act for a POLST form, shall be deemed to be
29 completed and valid for the purposes of this act to the same extent
30 as a POLST form completed in this State.

31 (cf: P.L.2011, c.145, s.6)

32

33 4. Section 7 of P.L.2011, c.145 (C.26:2H-135) is amended to
34 read as follows:

35 7. a. If the goals of care of a patient with a completed POLST
36 form change, the patient's attending physician, physician assistant,
37 or APN may, after conducting an evaluation of the patient and after
38 obtaining informed consent from the patient or, if the patient has
39 lost decision-making capacity, the patient's representative in
40 accordance with subsection d. of this section, issue a new order that
41 modifies or supersedes the completed POLST form consistent with
42 the most current information available about the patient's health
43 status and goals of care.

44 b. A patient with decision-making capacity, may, at any time,
45 modify or revoke the patient's completed POLST form or otherwise
46 request alternative treatment to the treatment that was ordered on
47 the form.

1 c. If the orders in a patient's completed POLST form regarding
2 the use of any intervention specified therein conflict with the
3 patient's more recent verbal or written directive to the patient's
4 attending physician, physician assistant, or APN, then the
5 physician, physician assistant, or APN shall honor the more recent
6 directive from the patient in accordance with the provisions of
7 subsection e. of this section.

8 d. The POLST form shall provide the patient with the choice to
9 authorize the patient's representative to revoke or modify the
10 patient's completed POLST form if the patient loses decision-
11 making capacity. If the patient so authorizes the patient's
12 representative, the patient's representative may, at any time after the
13 patient loses decision-making capacity and after consultation with
14 the patient's attending physician or APN, request the physician,
15 physician assistant, or APN to modify or revoke the completed
16 POLST form, or otherwise request alternative treatment to the
17 treatment that was ordered on the form, as the patient's
18 representative deems necessary to reflect the patient's health status
19 or goals of care. If the patient does not authorize the patient's
20 representative to revoke or modify the patient's completed POLST
21 form, the patient's representative may not revoke or modify the
22 patient's completed POLST form.

23 e. A verbal or written request by a patient or the patient's
24 representative to modify or revoke a patient's completed POLST
25 form, in accordance with the provisions of this section, shall be
26 effectuated once the patient's attending physician, physician
27 assistant, or APN has signed the POLST form attesting to that
28 request for modification or revocation.

29 (cf: P.L.2011, c.145, s.7)

30
31 5. Section 8 of P.L.2011, c.145 (C.26:2H-136) is amended to
32 read as follows:

33 8. a. In the event of a disagreement among the patient, the
34 patient's representative, and the patient's attending physician,
35 physician assistant, or APN concerning the patient's decision-
36 making capacity or the appropriate interpretation and application of
37 the terms of a completed POLST form to the patient's course of
38 treatment, the parties:

39 (1) may seek to resolve the disagreement by means of
40 procedures and practices established by the health care institution,
41 including, but not limited to, consultation with an institutional
42 ethics committee, or with a person designated by the health care
43 institution for this purpose; or

44 (2) may seek resolution by a court of competent jurisdiction.

45 b. A health care professional involved in the patient's care,
46 other than the attending physician, physician assistant, or APN, or
47 an administrator of a health care institution may also seek to resolve
48 a disagreement concerning the patient's decision-making capacity or

1 the appropriate interpretation and application of the terms of a
2 completed POLST form to the patient's course of treatment in the
3 same manner as set forth in subsection a. of this section.
4 (cf: P.L.2011, c.145, s.8)

5
6 6. (New section) a. The State Board of Medical Examiners
7 shall require that the number of credits of continuing medical
8 education required of each person licensed as a physician assistant,
9 as a condition of biennial renewal pursuant to section 4 of P.L.1991,
10 c.378 (C.45:9-27.13), include two credits of educational programs
11 on topics related to end-of-life care. The continuing medical
12 education requirement in this subsection shall be subject to the
13 provisions of section 16 of P.L.1991, c.378 (C.45:9-27.25),
14 including, but not limited to, the authority of the board to waive the
15 provisions of this section for a specific individual if the board
16 deems it is appropriate to do so.

17 b. The State Board of Medical Examiners, pursuant to the
18 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
19 seq.), shall adopt such rules and regulations as are necessary to
20 effectuate the purposes of this section.

21
22 7. This act shall take effect immediately.

23
24
25 STATEMENT

26
27 This bill allows physician assistants to sign, modify, or revoke
28 Physician Orders for Life-Sustaining Treatment (POLST) forms, in
29 the same manner as physicians and advanced practice nurses
30 (APNs) are currently permitted.

31 A POLST form complements an advance directive by converting
32 a person's wishes regarding life-sustaining treatment into a medical
33 order. Currently, a POLST form may be created, modified, or
34 revoked by a patient or, if the patient has lost decision-making
35 capacity, the patient's representative, and must be signed by a
36 physician or APN. The bill would allow a physician assistant to
37 sign a POLST form as well.

38 The bill also requires that physician assistants to complete two
39 credits of continuing medical education on topics related to end-of-
40 life care as a condition of continued licensure.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2144

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 7, 2019

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 2144.

The bill, as amended, changes the name of the act from “Physician Orders for Life-Sustaining Treatment Act” to the “Practitioner Orders for Life-Sustaining Treatment Act,” and updates references to the form in the law accordingly. The bill permits physician assistants to sign, modify, or revoke a Practitioner Orders for Life-Sustaining Treatment (POLST) form in the same manner as physicians and advanced practice nurses (APNs) are currently permitted.

A POLST form complements an advance directive by converting a person's wishes regarding life-sustaining treatment into a medical order. Currently, a POLST form may be created, modified, or revoked by a patient or, if the patient has lost decision-making capacity, the patient’s representative, and must be signed by a physician or APN. The bill allows a physician assistant to sign a POLST.

The bill also requires that physician assistants complete two credits of continuing medical education on topics related to end-of-life care as a condition of continued licensure.

COMMITTEE AMENDMENTS:

The committee amendments change the name of the act from “Physician Orders for Life-Sustaining Treatment Act” to the “Practitioner Orders for Life-Sustaining Treatment Act,” and updates references to the form in the law accordingly.

Governor Murphy Takes Action on Legislation

08/9/2019

TRENTON - Today, Governor Phil Murphy signed the following bills into law:

A312 (Pinkin, Conaway, Giblin, Holley, Danielsen, Mukherji, Wimberly/Vitale, Rice) - Requires certain health care facilities to provide information concerning palliative care and hospice care services.

A841 (Land, Calabrese/Andrzejczak) - Provides for establishment of county college certificate programs to meet needs of certain regional employers.

A1700 (Dancer, Vainieri Huttie, Calabrese/Cruz-Perez, Cunningham) - Expands eligibility criteria for designating certain areas as being in need of redevelopment.

A2004 (Karabinchak, Mazzeo, Pinkin, Coughlin/Diegnan) - Requires municipality to pay certain nonresidential property tax appeal refunds in equal installments over period of three years.

A3937 (DeAngelo, Reynolds-Jackson, Verrelli/Turner) - Allows local government water system employees to reside in all municipalities served by water system.

A4115 (Benson, DeAngelo, Holley/Greenstein) - Clarifies that certain students are eligible for NJ STARS and NJ STARS II scholarship upon initial enrollment at institution of higher education on part-time basis.

A4223 (Johnson, Rooney/Weinberg, Lagana) - Requires State Treasurer to pay county prosecutor's expenses for overseeing certain law enforcement agencies.

A4938 (Tucker, Pinkin, Vainieri Huttie/Ruiz, Greenstein) - Requires DOH to establish "My Life, My Plan" program to support women of childbearing age in developing reproductive life plan.

A5021 (Quijano, Bramnick, Reynolds-Jackson, Pinkin, Downey/Vitale, Kean) - Requires Medicaid coverage for group prenatal care services under certain circumstances.

A5322 (Burzichelli, Milam, Houghtaling, Taliaferro/Sweeney, Oroho, Beach, Andrzejczak) - Establishes program for cultivation, handling, processing, transport, and sale of hemp; repeals New Jersey Industrial Hemp Pilot Program.

A5392 (Quijano, Murphy/Vitale, Scutari) - Establishes new liability standards in sexual abuse lawsuits filed against public entities and public employees.

A5595 (Milam, Houghtaling, Dancer, Wirths/Oroho, Pennacchio) - Expands eligibility for EDA small business loan program to specifically include certain farming operations and qualified dairy farmers.

S601 (Smith, Greenstein/Pinkin, McKeon) - Establishes "New Jersey Solar Panel Recycling Commission."

S781 (Sarlo, O'Scanlon/Giblin, DiMaso, Handlin) - Revises penalties for certain violations of law by public movers and warehousemen.

S984 (Vitale, Singleton/Conaway, Mukherji, Murphy) - Establishes certain requirements, including allowable fees, for provision of medical records to patients, legally authorized representatives, and authorized third parties.

S1109 (Ruiz/Munoz, Quijano) - Renames "Physician Orders for Life-Sustaining Treatment Act" as "Practitioner Orders for Life-Sustaining Treatment Act"; permits physician assistants to sign and modify POLST forms; requires continuing education concerning end-of-life care.

S1739 (Oroho, Andrzejczak/Land, Space, Milam) - Renames county corrections officers as county correctional police officers.

S2807 (Cryan, Cruz-Perez/Pinkin, Moriarty, Zwicker) - Concerns service of food or refreshments on mortuary premises.

S2858 (Gopal, Diegnan/Houghtaling, Downey, Johnson) - Prohibits issuance of certain badges to NJT board members, PANYNJ commissioners, and local and State elected officials.

S3212 (Ruiz, Rice/Pintor Marin, Holley) - Permits municipalities to establish temporary supplemental zoning boards of adjustment to address application backlogs.

S3334 (Diegnan, Vitale/Conaway, Pinkin) - Exempts certain surgical technologists from general educational and training requirements.