

PALLIATIVE CARE INTERDISCIPLINARY ADVISORY COUNCIL MEETING 05282026

- Welcome Debbie Bourgeois CNS APRN
- Introductions by participants and updates (name/representing organization/employer/what are you working on?)
 - Need additional member appointments

Pediatric Palliative Care update

Trey Gibson/Ashley Autrey MD

ACP Registry

Cindy Munn

Long Term Care

Need for a subgroup to discuss how to

best care for patients who need support with Huntington's Disease

Next meeting

August 27 11: 30-1

INTRODUCTIONS

- Name
- Representing what organization?
- Employer?
- What are you working on?

Membership in Palliative Care Advisory Board-members appointed by Governor Edwards will need to be reappointed by Governor Landry! No longer sunsets **Still awaiting official appointments since 2023!**

Appointing Entities Specified in Act 659	Profession	Additional Credentials Required	Appointee
LA State Board of Medical Examiners	Physician	Board Certified in hospice and palliative medicine	Mary Raven, MD
LA State Board of Medical Examiners	Physician	Board Certified in hospice and palliative medicine	Sonia Malhotra, MD
LA State Board of Medical Examiners	Physician	Board Certified in pain management	Mordecai Potash, MD resigned need replacement
LA State Board of Medical Examiners	Physician	Board Certified in pediatric palliative medicine	Cori Morrison, MD resigned recommended Caitlin Creel MD
LA State Board of Nursing	Registered nurse	Board Certified in hospice and palliative care	Christine Guidry, RN resigned need replacement
LA State Board of Nursing	Advanced practice RN	Board Certified in hospice and palliative care	Deborah Bourgeois, APRN
LA State Board of Nursing	Advanced practice RN	Board Certified in hospice and palliative care	Karen Lyon, APRN resigned due to retirement need new appointment
LA Board of Pharmacy	Pharmacist	Experience providing palliative care	Richard Mannino
LA State Board of Social Work Examiners	Social Worker	Experience providing palliative care	Edgar Guedry, MSW
LDH Medicaid		Non-voting	Justin Owens
LDH Designee		Non-voting	Elizabeth Adkins
Governor	Palliative Care Provider Administrator or Director	Current operational experience managing a palliative care program	Susan Nelson, MD
Governor	Spiritual care professional	Experience with providing palliative care	Need new member
Governor	Insurance plan administrator	Experience in reimbursement coverage and claims processing for palliative care	Dr. Deidre Barfield
Governor	Patient/family advocate	Must be independent of a hospital or other healthcare facility	Janet Pugh Foret (pending official re-appointment) Unable to contact
Governor	Patient/family advocate	Must be independent of a hospital or other healthcare facility	Trey Gibson
Governor	Patient/family advocate	Must be independent of a hospital or other healthcare facility	Debra Merritt (pending official appointment) Not sure

PCIAAC AND SERIOUS ILLNESS COALITION

- Need additional appointments to be identified and completed by the Governor's office
- Let me (susan.nelson@ochsner.org or Emily.Andrus@LA.gov) know of recommendations

PEDIATRIC TOPICS

- Dr. Autrey/Creel
 - New Peds Palliative Medicine docs – Dr Ashley Autrey/Dr Caitlin Creel at Manning, Dr Christopher Adrian/Dr Erika (Kiki) Mendoza at Ochsner
 - Two bills in legislature – pending governor's signature
 - Bereavement
 - Perinatal notification bill
 - Website resources about pediatric palliative care on LDH website
- Dr. Trey Gibson update on Louisiana Cancer Prevention and Control

SB32 ESTABLISHES THE PERINATAL BEREAVEMENT CARE INITIATIVE

Key provisions include:

- Creating a statewide program to provide **perinatal bereavement resources** to hospitals.
- Prioritizing hospitals with high-risk maternal populations or lacking perinatal cooling devices.
- Coordinate with the Commission on Perinatal Care and Prevention of Infant Mortality and nonprofit organizations.
- Provide hospitals offering maternity care with:
 - Training for staff on supporting grieving parents after intrauterine fetal demise, neonatal death, or stillbirth.
 - Bereavement devices and information on grief counseling and support groups.
- Prioritize hospitals lacking these resources, serving many high-risk mothers, or delivering a large number of babies.
- Allowing LDH to seek **federal funds, grants, and donations**.
- Requiring **annual progress reports** from Feb. 1, 2027 through Feb. 1, 2030.
- Officially naming the act **“Angel’s Law.”**

OTHER BILLS WE WERE WATCHING

- SB 45 by Senator Wheat - this exempts hospice house from having a hospice license and run as a home for the patient. This has made it through the process and waiting for the Governors Signature.
-
- SB 273 by Senator Abraham - codifies what hospices and inpatient facilities are currently doing. Has also been sent to the Governor.
-
- HB 199 by Rep. Miller - extends the nursing home moratorium to July 2031. Has been signed by the Governor.

ACP REGISTRY

- Complete slides in the appendix
- Still awaiting LDH to discuss how we can operationalize this important metric for all health entities statewide!

HUNTINGTON'S DISEASE

- **Working with LDH to develop a plan for this particular group of patients and their families and care partners. (They do not automatically get Mcare like patients with ALS)**
- HD is an inherited disorder that involves mood/memory/motion. It is autosomal dominant meaning if you get the gene, you get the disease. The disease severity can be dependent on whether it came from MOM or DAD (worse) and how many error repeats of the gene sequence there are.
- As the disease worsens, they develop chorea (uncontrolled muscle movements) which make them fall, impulsive behavior (which make them sometimes not redirectable), memory impairment (neurodegenerative disease) to the point that they become nonverbal and have swallowing difficulties and lose weight– at risk for aspiration (feeding tubes are not indicated for many reasons).
- They are difficult to place because of the above as no NH wants this kind of liability risk.
- The hallmark of treatment is the use of antipsychotics because they increase chemicals in the brain to lessen the movements. BUT...the NH don't want a patient on these drugs if they are a "Haldol free facility" despite the algorithm that allows these drugs for HD.
- Ochsner has a Huntington's Disease Center of Excellence. There are about 200 FAMILIES in LOUISIANA with this disorder.
- Let me know if interested in working on this

ADDITIONAL NEW BUSINESS

- Medicaid Palliative Care Benefit just added in NJ
- Now exists in HI, CA, NJ
- How can we assist in improving serious illness care for children and adults and their families and carepartners? Is there any interest in benefit design package?

THANK YOU



**Serious Illness
Coalition**

LaPOST

A Participating Program of National POLST

A LOUISIANA HEALTH CARE QUALITY FORUM INITIATIVE

APPENDIX

- Previously discussed work in progress

“WHAT MATTERS MOST” AGE FRIENDLY HEALTH SYSTEM INITIATIVES A PROPOSAL



A LOUISIANA HEALTH CARE QUALITY FORUM INITIATIVE

Susan Nelson MD FACP FAAHPM

Chair, Serious Illness Coalition and Palliative Care Advisory Council

Cindy Munn CEO Louisiana Healthcare Quality Forum

In Collaboration with Louisiana Stakeholders

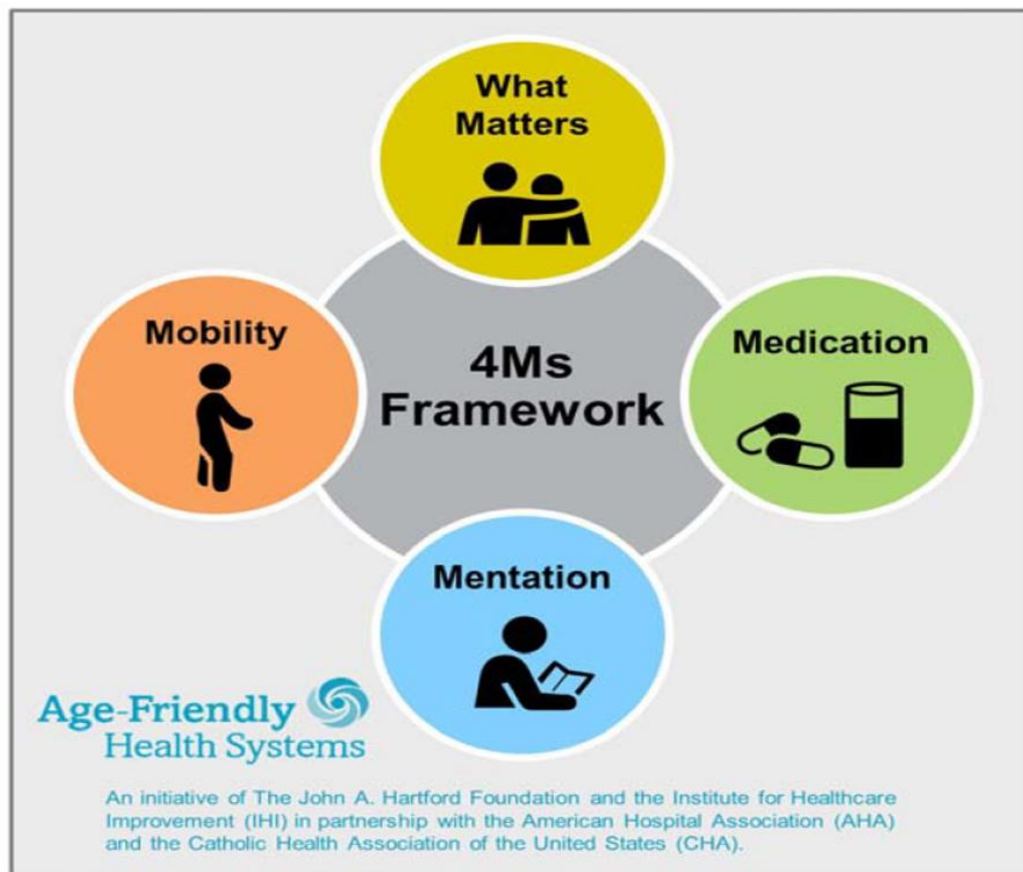
February 2026

OBJECTIVES

- Discuss IHI Age Friendly Health System Initiatives
- Review efforts to improve advance care planning “What Matters MOST”
- Strategize improvements at the state, health system and community level to normalize these discussions and documents
- Develop a workgroup focused on improving advance care planning in Louisiana as a model for other states!



AGE-FRIENDLY HEALTH SYSTEMS



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

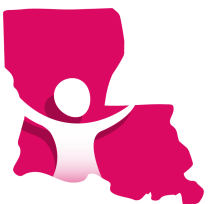
Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



WHAT DO WE KNOW ABOUT “WHAT MATTERS MOST”?

- Advance directives are legal documents that are usually written in advance of illness and before a patient cannot speak for themselves.
- These conversations and documents are a gift to the family to help understand medical decisions when the patient can no longer speak for themselves.
 - **AD-requires physician interpretation to be enacted. POLST is a portable medical order**
- Advance care planning discussions allow the patient, family and health care team to honor the patient's goals and values so the care they want or is possible is the care they receive.
- Goal directed care provides much relief to the family and the health care team and is associated with decreased admissions and readmissions. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-489/subpart-I>



AGE-FRIENDLY HEALTH SYSTEMS

- **RESOURCES AND PRACTICES MADE AVAILABLE BY
AGE-FRIENDLY HEALTH SYSTEMS HELP HOSPITALS
COMPLY WITH NEW QUALITY MEASURES**

- Taking effect in 2025, the new Age-Friendly Hospital Measure builds on the success of the Age-Friendly Health Systems movement, which popularized the 4Ms Framework (**What Matters MOST, Medication, Mentation, Mobility**). “This structural measure seeks to ensure that hospitals are reliably implementing the “4 M’s” and thus providing evidence-based elements of high-quality care for all older adults.” ([CMS final rule](#), page 1426).



CMS ACP METRICS-ALL PATIENTS 18 AND OVER!

Denominator Definition

Includes all patients 18 or older with at least one inpatient encounter during the measurement period.

Numerator Criteria

Captures patients with ACP documents or documented ACP discussions recorded in the EHR before discharge.

- **Have an advance care planning (ACP) document**
 - e.g., advance directive, POLST, living will, or similar, **recorded in the EHR**
- **Have documentation of an ACP discussion**
 - resulting in a **documented decision** in the EHR during that hospitalization

Exclusions and Preparation

Organizations must prepare for future exclusions as CMS finalizes technical specifications.

Strategic Leadership Focus

ACP impacts multiple CMS quality programs, making it a priority for standardization and workflow integration.

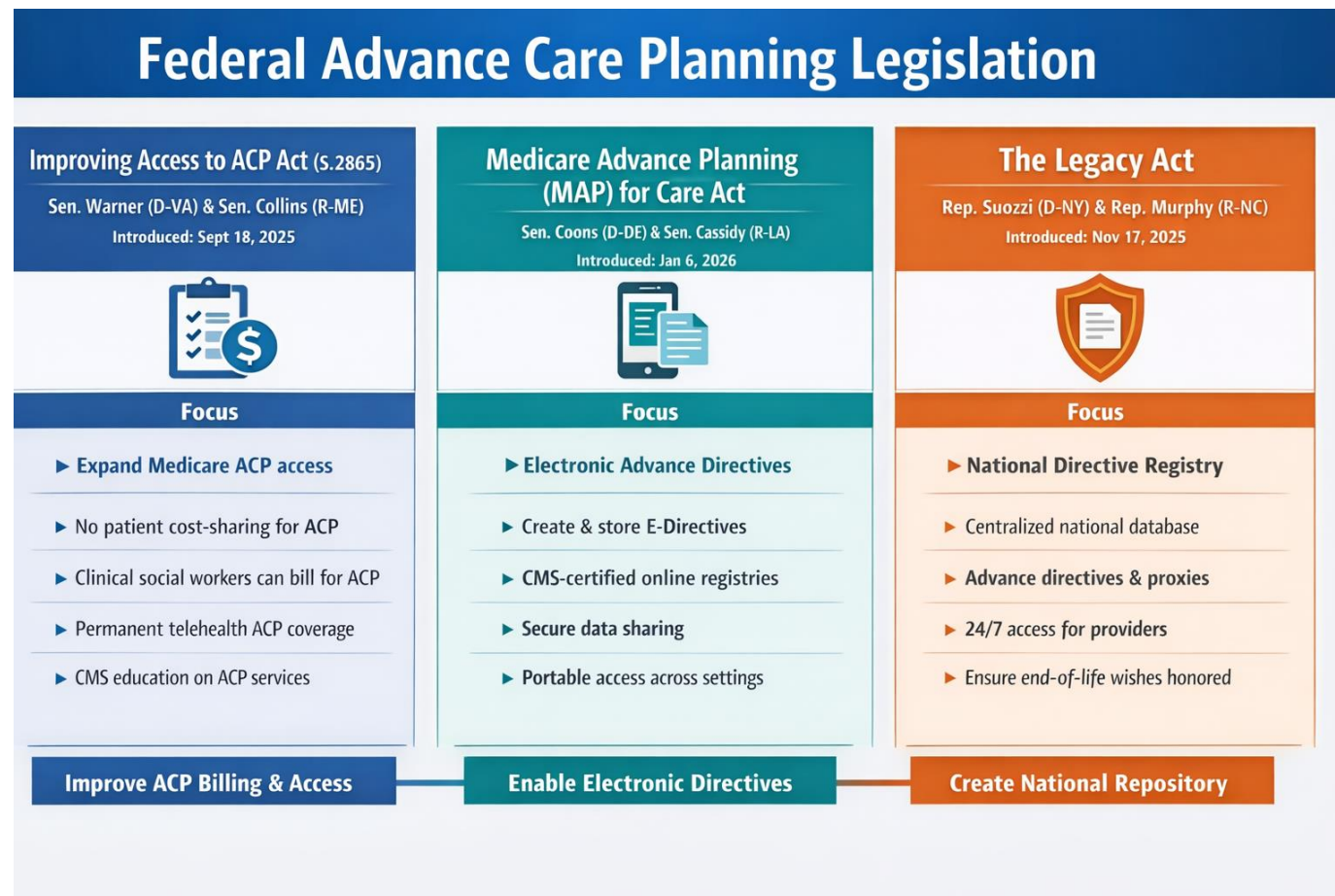
CMS METRICS FOR PAC/LTC DELAYED

On January 14, 2026, the Centers for Medicare and Medicaid Services (CMS) **withdrew the Advance Care Planning (MUC 2025-20) measure from consideration for post-acute/long-term care (PAC/LTC) settings**

It had been proposed for the Home Health Quality Reporting Program, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), and SNF Value-Based Purchasing (VBP) program.

<https://leadingage.org/cms-withdraws-advance-care-planning-measure-under-consideration-for-pac-ltc-providers/>

IMPROVING ACCESS S. 2865 MAP FOR CARE S. 3473 LEGACY ACT HR. 5861

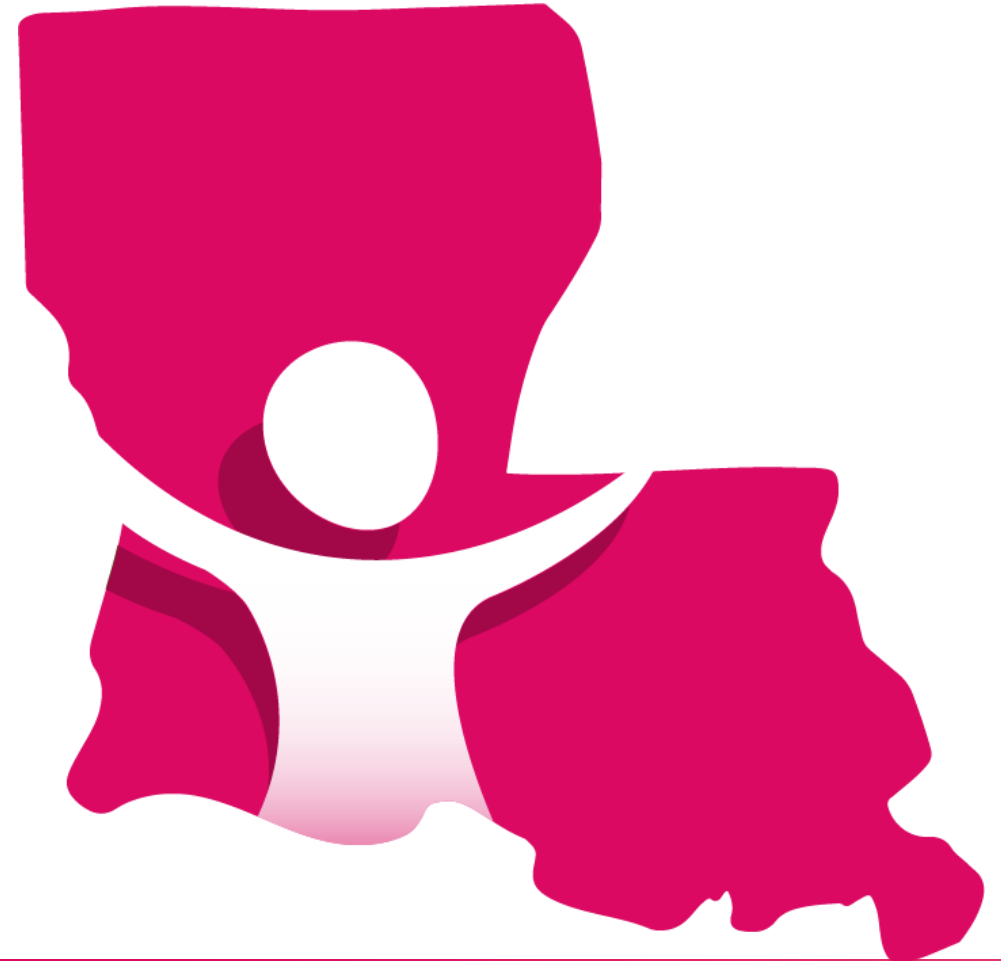


ACP DOCUMENTS ARE LEGAL DOCUMENTS

- Louisiana has a “standard HCPOA and Living Will” document available at
<https://www.lsba.org/documents/COV/healthcarepoa.pdf>
<https://www.sos.la.gov/ouroffice/publisheddocuments/livingwilldeclarationform.pdf>
- Many other documents are available or can be handwritten- These are a few examples:
MyDirectives <https://www.mydirectives.com/> Five Wishes
<https://www.fivewishes.org/> from the American Bar Association
https://www.americanbar.org/content/dam/aba/administrative/law_aging/lawyers-ad-counseling-guide.pdf Prepare for Your Care
<https://prepareforyourcare.org/en/prepare/welcome>

- Set of **portable medical orders** for a patient with a life limiting illness
 - Think of it as a prescription that can be followed by other medical personnel
 - *It is the ONLY document that travels with a patient otherwise requires separate orders at each destination.*
- Only for people with serious illness and frailty (6-month trajectory)
- This is completed by a physician and kept with the patient but **should be available to all medical personnel in a registry.**

LaPOST



POLST IS A PORTABLE MEDICAL ORDER THAT TRANSFERS ACROSS HEALTH CARE SETTINGS

- Voluntary
- ONLY for those with serious advanced illness or frailty
- NOT VALID unless signed by the patient (decision maker) and MD/DO or others depending on state law
- NOT just a check box form but the result of conversations between the patient, their family and the appropriate health care professional **that should be documented in the medical record (and accessible)**
- Complementary with advance directives
- Revised with changes in the patient condition
- Changed or voided by the patient at any time based on their wishes
- Known by many similar names: LaPOST, MOLST-NY, POST-WV, MS, TPOPP-KS/MO www.polst.org
- Louisiana has an electronic registry embedded in ACP module in Ochsner EPIC

HIPAA PERMITS DISCLOSURE OF LAPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY.

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

FIRST follow these orders, **THEN** contact physician. This is a Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND IRREVERSIBLE CONDITION:

GOALS OF CARE:

A. CARDIOPULMONARY RESUSCITATION (CPR): PERSON IS UNRESPONSIVE, PULSELESS AND IS NOT BREATHING

CHECK ONE

☐ CPR/Attempt Resuscitation (requires full treatment in section B)

☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B and C.

B. MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING

CHECK ONE

☐ FULL TREATMENT (primary goal of prolonging life by all medically effective means) Use treatments in Selective Treatment and Comfort Focused treatment. Use mechanical ventilation, advanced airway interventions and cardioversion if indicated.

☐ SELECTIVE TREATMENT (primary goal of treating medical conditions while avoiding burdensome treatments) Use treatments in Comfort Focused treatment. Use non-invasive airway interventions and IV fluids as indicated. May use non-invasive positive airway pressure (CPAP/BiPAP). Do not intubate. Generally avoid intensive care.

☐ COMFORT FOCUSED TREATMENT (primary goal is maximizing comfort) Use medications by any route to provide pain and symptom management. Use oxygen, suctioning and manual treatment of airway obstruction as needed to relieve symptoms. (Do not use treatments listed in full or selective treatment unless consistent with goals of care. Transfer to hospital ONLY if comfort focused treatment cannot be provided in current setting.)

ADDITIONAL ORDERS: (e.g. dialysis, etc.)

Medically assisted nutrition and hydration is optional when it:

- cannot reasonably be expected to prolong life
- would be more burdensome than beneficial
- would cause significant physical discomfort

C. ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (Always offer food/fluids by mouth as tolerated)

CHECK ONE

☐ No artificial nutrition by tube.

☐ Trial period of artificial nutrition by tube. (Goal: _____)

☐ Long-term artificial nutrition by tube. (if needed)

D. SUMMARY

Discussed with: ☐ Patient (Patient has capacity) ☐ Personal Health Care Representative (PHCR)

The basis for these orders is:

☐ Patient's declaration (can be oral or nonverbal)

☐ Patient's Personal Health Care Representative (Qualified Patient without capacity)

☐ Patient's Advance Directive. If indicated, patient has completed an additional document that provides guidance for treatment measures if he/she loses medical decision-making capacity.

☐ Resuscitation would be medically non-beneficial.

Advance Directive dated _____, available and reviewed _____

Advance Directive not available

No Advance Directive

Health care agent if named in Advance Directive: Name: _____ Phone: _____

This form is voluntary and the signatures below indicate that the physician orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interest of the patient who is the subject of the document.

PRINT PHYSICIAN'S NAME _____ PHYSICIAN SIGNATURE (MANDATORY) _____ PHYSICIAN PHONE NUMBER _____ DATE (MANDATORY) _____

PRINT PATIENT OR PHCR NAME _____ PATIENT OR PHCR SIGNATURE (MANDATORY) _____ DATE (MANDATORY) _____

PHCR RELATIONSHIP _____ PHCR ADDRESS _____ PHCR PHONE NUMBER _____

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

USE OF ORIGINAL FORM IS STRONGLY ENCOURAGED. PHOTOCOPIES AND FAXES OF SIGNED LAPOST FORMS ARE LEGAL AND VALID.

12.08.13.2016

LaPOST is meant to reflect the care physicians/people want in the community, outside of the hospital.

Meant for people with serious illness and/or frailty with <6 months to live but no penalty if they live longer .

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____ **DATE OF BIRTH** _____

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

COMPLETING LaPOST

- Must be completed by a physician and patient or their personal health care representative based on the patient's medical conditions and preferences for treatment.
- LaPOST must be signed by a physician and the patient or PHCR to be valid. Verbal orders are acceptable from physician and verbal consent may be obtained from patient or PHCR according to facility/community policy.
- Use of the brightly colored original form is strongly encouraged. Photocopies and faxes of signed LaPOST are legal and valid.

USING LaPOST

- Completing a LaPOST form is voluntary. Louisiana law requires that a LaPOST form be followed by health care providers and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders that are consistent with the patient's preferences.
- LaPOST does not replace the advance directive. When available, review the advance directive and LaPOST form to ensure consistency and update forms appropriately to resolve any conflicts.
- The personal health care representative includes persons described who may consent to surgical or medical treatment under RS 40:1159.4 and may execute the LaPOST form only if the patient lacks capacity.
- If the form is translated, it must be attached to a signed LaPOST form in ENGLISH.
- Any section of LaPOST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation."
- Medically assisted nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial or would cause significant physical discomfort.
- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort focused treatment," should be transferred to a setting able to provide comfort (e.g. pinning of a hip fracture).
- A person who chooses either "Selective treatment" or "Comfort focused treatment" should not be entered into a Level I trauma system.
- Parenteral (IV/Subcutaneous) medication to enhance comfort may be appropriate for a person who has chosen "Comfort focused treatment."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective treatment" or "Full treatment."
- A person with capacity or the personal representative (if the patient lacks capacity) can revoke the LaPOST at any time and request alternative treatment based on the known desires of the individual or, if unknown, the individual's best interests.
- Please see links on www.La-POST.org for "what my cultural/religious heritage tells me about end of life care."

The duty of medicine is to care for patients even when they cannot be cured. Physicians and their patients must evaluate the use of technology available for their personal medical situation. Moral judgments about the use of technology to maintain life must reflect the inherent dignity of human life and the purpose of medical care.

REVIEWING LaPOST

This LaPOST should be reviewed periodically such as when the person is transferred from one care setting or care level to another, or there is a substantial change in the person's health status. A new LaPOST should be completed if the patient wishes to make a substantive change to their treatment goal (e.g. reversal of prior directive). When completing a new form, the old form must be properly voided and retained in the medical chart. To void the LaPOST form, draw line through "Physician Orders" and write "VOID" in large letters. This should be signed and dated.

REVIEW DATE AND TIME	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			☐ No Change ☐ Form Voided and New Form Completed
			☐ No Change ☐ Form Voided and New Form Completed
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SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

USE OF ORIGINAL FORM IS STRONGLY ENCOURAGED. PHOTOCOPIES AND FAXES OF SIGNED LAPOST FORMS ARE LEGAL AND VALID.

12.08.13.2016

<https://law.justia.com/codes/louisiana/2011/rs/title40/rs40-1299-64-2/>

I DO want all possible means taken to revive me if my heart stops beating.

_____(Initial here if this is your choice)

I DO NOT want measures taken to revive me if my heart stops beating.

_____(Initial here if this is your choice)

I understand that I am free to change my mind about CPR at any time.

Resident's Name (Please Print)

Resident Signature

Date

Responsible Party / P.O.A. Signature

Date

Resident Services Director Signature

Date

Executive Director Signature

Date

Dec. 18. 2025 9:27AM

AUTHORIZATION FOR HOME CARE DNR/DNI CONSENT
(An Advance Request by the Client to Limit the Scope of Emergency Medical Care)

No. 3971 P. 2/2

Patient's Name:

MR #:

I request limited emergency care as herein described.

I understand DNR means that if my heart stops beating or if I stop breathing, no medical treatment will be started or continued.

I understand DNI means that if I stop breathing, I will not be placed on an artificial breathing machine.

I understand either or both of these decisions will not prevent me from obtaining emergency medical care by paramedics and other medical care prior to my death at the direction of my physician.

I understand I may revoke these directions at any time.

I give permission for this information to be given to paramedics, doctors, nurses or other health personnel as necessary to implement these directives.

DO NOT RESUSCITATE (DNR) - In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

☒ I hereby agree to the "Do Not Resuscitate" order _____ (initial)

DO NOT INTUBATE (DNI) - In the event of acute or impending respiratory failure, endotracheal intubation to provide sustained assisted ventilation shall not be performed. (DNI does not prohibit emergency management to prevent or reverse acute airway obstruction with oral, nasal, or esophageal obturator airways or treatment of transient respiratory insufficiency with oxygen or short trials of assisted ventilation with positive pressure ventilation equipment or ambu-bags).

☐ I hereby agree to the "Do Not Intubate" order _____ (initial)

☐ I choose not to make a Declaration at this time _____ (initial)

Patient/Proxy Signature

3/29/2025
Date

Witness (Family Member - if appropriate)

3/29/2025
Date

THESE DIRECTIVES ARE THE EXPRESSED WISHES OF THE PATIENT, ARE MEDICALLY APPROPRIATE AND ARE DOCUMENTED IN THE PATIENT'S PERMANENT CLINICAL RECORD. The signed DNR/DNI authorization/consent will be in effect for one (1) year from the date of the patient's signature on the DNR/DNI Authorization/Consent form unless previously revoked.

Physician's Signature

Date

Physician's Name (Please Print)

White - Agency Yellow - Patient

RESIDENT CONSENT FOR CARDIOPULMONARY RESUSCITATION

RESIDENT NAME: [REDACTED] MR # 1476

This facility requests that a written signature of the resident be obtained in advance regarding his/her wishes in regard to the desire for cardiopulmonary resuscitation (CPR) in the event of extreme emergency. If the resident is mentally or physically unable to make this decision, then the spouse, POA, or family as a class, can make this decision.

CPR is the initiation of life saving measures for an individual who has had the sudden cessation of cardiac and/or respiratory function. These procedures include artificial respirations (oxygen), and chest compressions. These procedures will artificially enable the heart to keep pumping as well as aerate the lungs.

Please note that CPR constitutes an extraordinary measure and can be a lifesaving procedure. A possible effect of these procedures "may be" some form of brain damage due to the absence of oxygen reaching the brain. Other side effects can be damage to internal organs or broken ribs. Often these procedures are successful and will allow the patient life saving time until they can be transferred to the hospital.

We ask that you check ONE of the decisions below, accompanied by your signature and date.

This statement will remain in effect as long as the resident resides in our facility or until we receive a written and signed notice of revocation from you.

IV I understand that CPR constitutes an extraordinary measure and **SHOULD NOT** be done on this resident. (DNR)

I understand that CPR constitutes an extraordinary measure and **SHOULD** be done on this resident in the case of extreme emergency. (FULL CODE)

Signature of Resident or Responsible Party [REDACTED] Date [REDACTED]
Signature of Witness [REDACTED] Date [REDACTED]

DNR ORDER (To be hand written by physician)

Do not resuscitate

Printed Name of Veteran Home Physician [REDACTED]

Signature of Veteran Home Physician [REDACTED]

Date 5/7/2024

PATIENT SELF DETERMINATION ACT OF 1990 ADVANCE DIRECTIVE ACKNOWLEDGEMENT FORM

(Check all that apply)

1. ☒ I have received the information on Advance Directives, including the information on my rights as a resident to accept or refuse medical or surgical treatment. This includes:

- a. "Patient Self Determination Act" Written Description of the Law of the State of Louisiana
- b. Written description of my right to under the Patient Self Determination Act of 1990.

2. ☒ I have received this facility's written policies respecting the implementation of my rights under the Patient Self Determination Act of 1990, and Louisiana State Law.

3. ☐ I have executed in Louisiana:

- a. A Living Will ☐ Yes ☒ No
- b. A Durable Power of Attorney for Health Care Matters ☐ Yes ☒ No
- c. Health Care Proxy ☐ Yes ☒ No
- d. Health Care Surrogate ☐ Yes ☒ No
- e. DNR Order ☐ Yes ☒ No
- f. Other _____ ☐ Yes ☒ No
- g. _____ ☐ Yes ☒ No
- h. _____ ☐ Yes ☒ No

4. ☒ I understand that the execution of Advance Directives is not required for admission to, or for a continued stay in the nursing facility.

Signature of Resident

Date

Signature of Resident's Representative

Date

SELF

on behalf of

ANTHONY

TAYLOR

Relationship to Resident (Spouse, Child, Parent, etc.)

Name of Resident

Witness

11-14-18

Date

If resident is unable to sign, state reason:

If resident is unable to sign, state reason:

ADVANCE DIRECTIVE DECLARATION

Resident Name

Date of Admit

This is to acknowledge that I have been informed in writing, in a language that I understand, of my rights and rules and regulations to make decisions concerning medical care, including the right to formulate and to issue Advance Directives to be followed should I become incapacitated.

I want efforts made to prolong my life and I want life-sustaining treatment to be provided. I DO NOT choose to formulate or issue any living will directives at this time.

AB I DO NOT want efforts made to prolong my life. Having been fully explained the current medical condition and prognosis, and having had the opportunity to ask and have my questions answered, I request the following:

YES	NO	ADVANCED DIRECTIVE
	X	LIVING WILL
	X	CPR (CARDIO PULMONARY RESUSCIATION)
	X	VENTILATOR (ARTIFICIAL LIFE SUPPORT)
X		ANTIBIOTICS
X		IV THERAPY
X		ORGAN DONATION
X		HOSPITALIZATION

YES	NO	ADVANCED DIRECTIVE
X		MEDICATIONS
X		COMFORT MEASURES (PAIN MEDICATION, OXYGEN AS NEEDED, HYDRATION AND NUTRITION, ROUTINE MEDICATION)
	X	TUBE FEEDING
X		DIAGNOSTIC TESTING
X		TRANSFUSIONS

Signature of Resident/Responsible Party

Signature of Facility Representative

Witness

Witness

Date

Date

Date

Date

END OF LIFE REGISTRY PROGRAMS

Living Will Declaration

At the direction of the Louisiana Legislature (La. R.S. 40:1299.58.1-10, Act 382 of 1984, effective July 6, 1985, as amended), the Secretary of State's Office maintains a registry of living will declarations in which any adult person may make a written declaration directing the withholding or withdrawal of life sustaining procedures in the event such person should have a terminal and/or irreversible condition. We accept the original, a multiple original or a certified copy of the declaration, either from the declaring person or his authorized attorney. The fee to register a declaration is \$20, and an additional \$20 if you would like a certified copy. The fee to file a notice of revocation of a declaration is \$5. When a living will declaration is filed, a laminated wallet ID card and an engraved "Do Not Resuscitate" bracelet are provided to the declarant, indicating that the living will declaration is on file in our office. We provide copies of declarations when requested by any attending physician or health care facility.

We do not provide forms to prepare a "Specific Medical Procedure" living will and suggest that those who are interested in preparing such should contact an attorney. However, you may obtain a blank declaration form (as provided by the Louisiana Legislature La. R.S. 40:1151.2); download and print [Living Will Declaration Form](#). You may also view the [alphabetical list of living will declaration registrations](#).

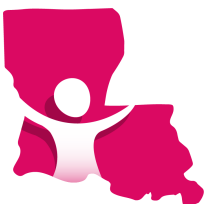
Please send the appropriate Will Registry or Living Will Declaration Form and filing fee to:

Louisiana Secretary of State
Elections Services
P.O. Box 94125
Baton Rouge, LA 70804-9125

If there are any questions regarding these registries, please [send us a message](#) or call 225.922.0900.

WILL
REGISTRY
AND LIVING
WILL
REGISTRY
INFORMATION
HERE

<https://www.sos.la.gov/OurOffice/EndOfLifeRegistries/Pages/default.aspx>



FORMS CAN BE ACCESSED HERE (OTHER FORMS INCLUDING HANDWRITTEN DOCUMENTS ARE LEGAL)

- <https://www.sos.la.gov/OurOffice/PublishedDocuments/LivingWillDeclarationForm.pdf>

- List of people with a document filed is here:

- The LIST is available online but not the document and only M-F 8-5 no holidays

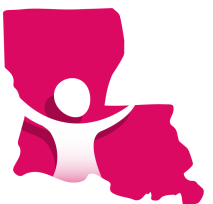
- <https://www.sos.la.gov/OurOffice/PublishedDocuments/LivingWillRegistry.pdf>

- 241 pages of names in alphabetical order

- 10.8 K names

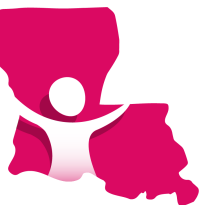
- Not connected to LDH Center for Vital Records and Statistics (death records kept 50yrs)

LIVING WILL REGISTRY		Revised 2/2026	
LAST NAME	FIRST NAME	REGISTRY SIGNED	REGISTRY RECORDED
Aamodt	Peter David	01/13/2005	01/24/2005
Abadie	Debra Dunn	08/08/2005	8/11/2005
Abadie	Herman J.	01/29/2004	2/7/2004
Abadie	John Morris, Sr.	08/08/2005	08/11/2005
Abdallah	Cheryl	07/11/2025	07/25/2025
Abdel-Sayed	Miriam A.	08/15/2016	08/22/2016
Abdelguerfi	Mahdi	03/20/2005	03/22/2005
Abdelguerfi	Sandra F.	03/20/2005	03/22/2005
Abella	Encarna	10/05/2011	11/07/2011
Abide	Jane Mason	03/26/2018	04/02/2018
Abide	Mitchell Anthony, Jr.	03/26/2018	04/02/2018
Abingdon	Bettie P.	10/30/1992	11/10/1992
Abney	Donald Joseph, Jr.	10/08/2019	10/28/2019
Abney	Kathleen Eloise Bradley	10/08/2019	10/28/2019
Abriell	Maritza	12/08/2008	03/23/2009
Abshire	Cheryl Diedrich	03/08/2004	03/15/2004
Abshire	Michael Lane	03/21/2025	03/28/2025
Abshire	Robin Kershaw	03/21/2025	03/28/2025
Abshire	Sally Ann	05/06/2008	05/12/2008
Accardo	Dolores Lacombe	12/13/2012	01/02/2013
Accardo	Joseph P.	04/29/2010	05/11/2010
Accardo	Norma B.	04/29/2010	05/11/2010
Accousti	Tiffany	10/02/2018	10/17/2018
Achord	Bertha Womack	03/30/1992	04/14/1992
Achord	Betty Jo	03/30/1992	04/14/1992



RULE ABOUT OMV AND LIVING WILL DECLARATIONS AND ORGAN DONATION

- <https://public.powerdms.com/ladpsc/documents/368271>
- “Living Will” Declaration
- All Motor Vehicle field offices shall have the current approved LIVING WILL declaration document available. (DPSMV2011)
 - The individual should follow the instructions provided on the declaration form or contact the Secretary of State's Publication Division (225.922.0900) for information as it pertains to the Living Will.
 - The Office of Motor Vehicles will not assume responsibility of forwarding the declaration (to the registry or anywhere else).
 - There is a check box on the back of the driver's license that says you have one but is not connected to any repository



SOLUTIONS?

- **Discuss with Department of Health and Health systems** to see what opportunities there might be to have a singular secure, global, interoperable repository of documents, accessible by providers across the state.
 - These documents include Living Will, Health Care Power of Attorney, Mental Health Directives, and LaPOST (a set of portable medical orders for people with serious illness and/or frailty)
 - This registry could be delegated to the Louisiana Health Care Quality Forum from SOS LA
- **Make it easy for providers** to access existing and facilitate new ACPs and Portable Medical Orders within existing EHR workflows in collaboration with this repository
 - Provide multiple options to make it easier for people to create their plans, including family discussion guides, multiple languages, etc.
 - Enable ACPs to be stored in the LA Wallet along with individuals' driver's licenses, hunting and fishing licenses, SMART Health Card, Medicaid Health Plan Care, My Vehicles and Concealed Handgun Permits
- **Create a work group** with deliverables and timelines made up of interested stakeholders including legislators and other government officials and agencies

