PALLIATIVE CARE INTERDISCIPLINARY ADVISORY COUNCIL MEETING 02262026

- 11:30 am Welcome and update on Council membership and Serious illness coalition.
- 11:35 am Introductions by participants and updates.
- 11:50 am Advance care planning registry and metrics required by CMS followed by QA.
  - Susan Nelson MD /Cindy Munn CEO LHCQF
- 12:30 am New business or other discussion.
  - Need additional member appointments
- 12:55 am Adjourn.

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 Ashley Keifer 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	Moved out of state
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

PCIAC AND SERIOUS ILLNESS COALITION

"WHAT MATTERS MOST"

AGE FRIENDLY HEALTH SYSTEM INITIATIVES

A PROPOSAL

Serious Illness Coalition

LaPOST

A Participating Program of National POLST

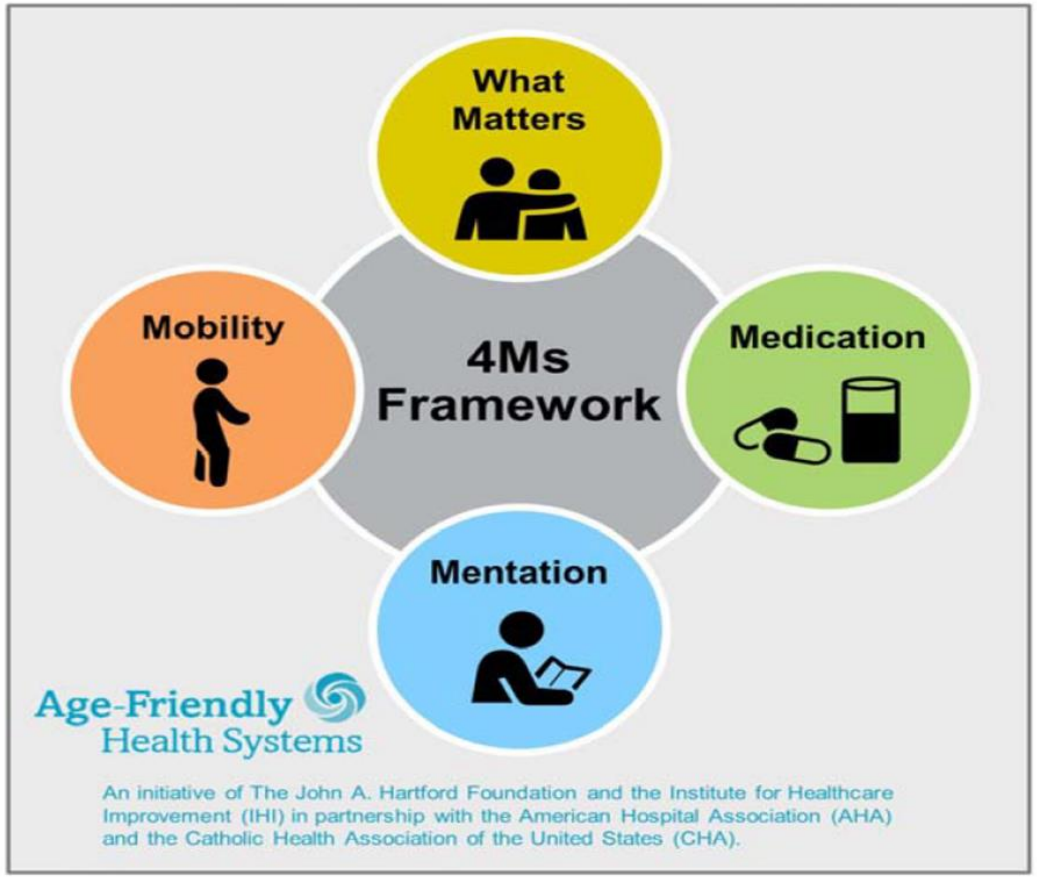
A LOUISIANA HEALTH CARE QUALITY FORUM INITIATIVE

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



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.

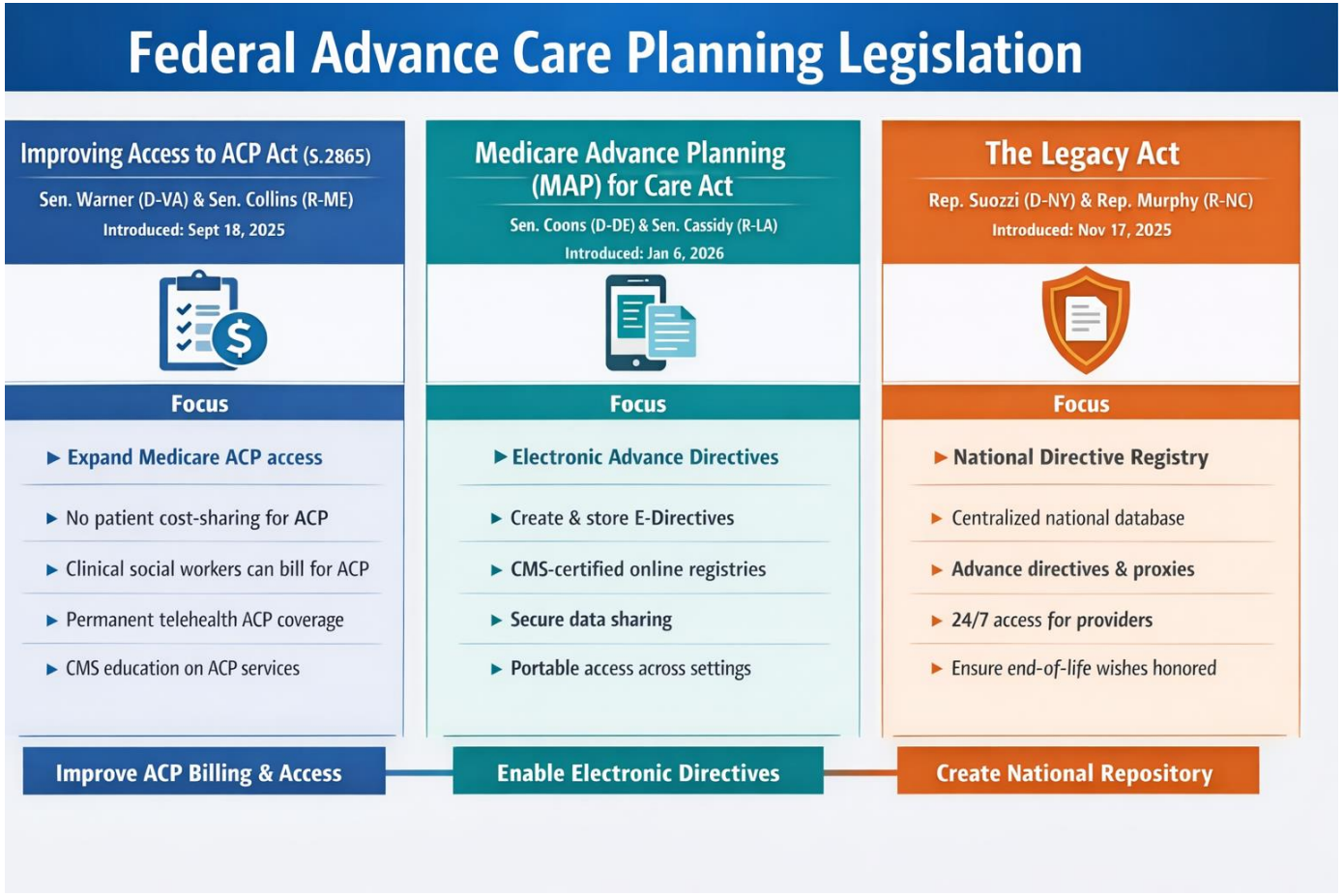
CMS METRICS FOR PAC/LTC DELAYED

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

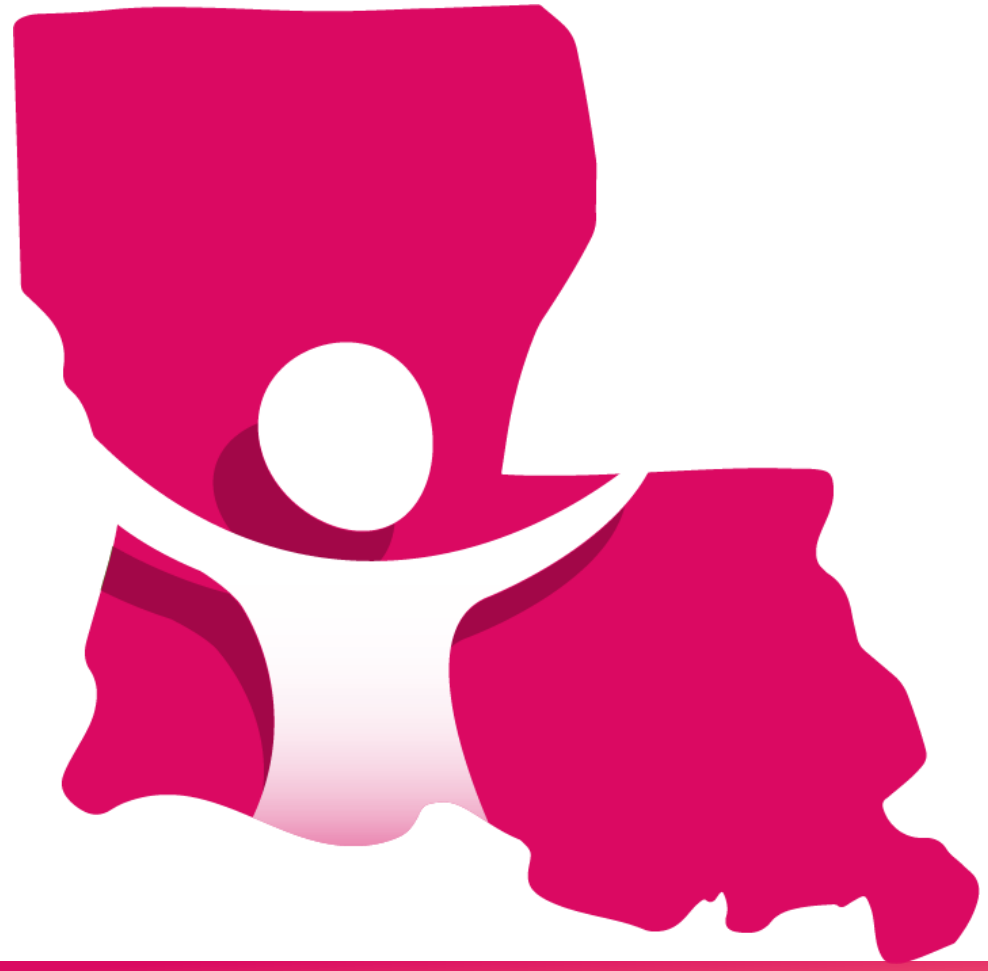


ACP DOCUMENTS ARE LEGAL DOCUMENTS

- Louisiana has a “standard HCPOA and Living Will” document available at https://www.lsba.org/documents/COV/healthcarepoa.pd 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

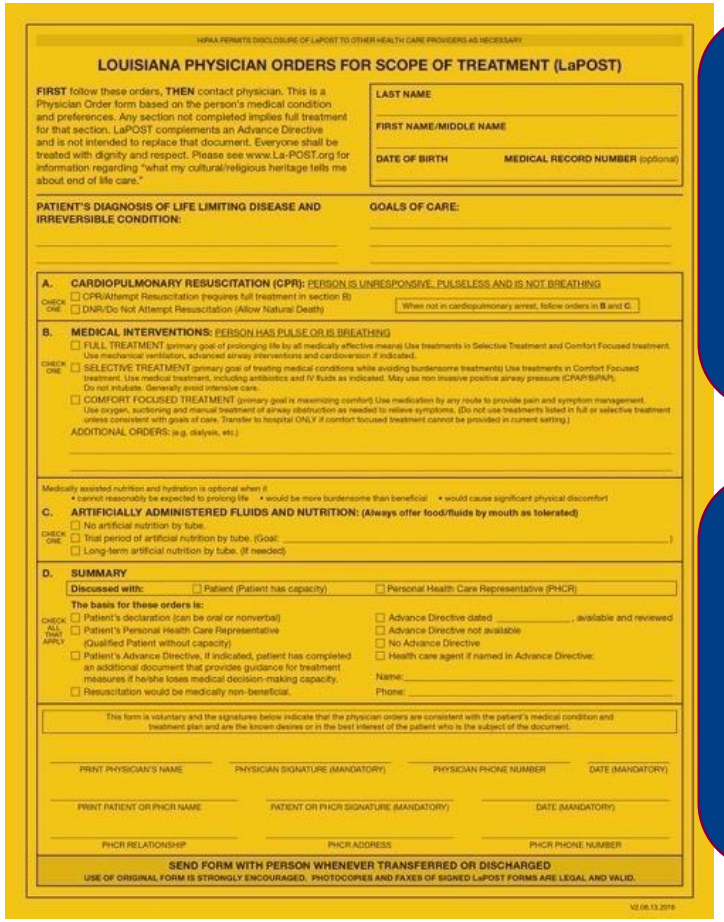
- Set of **portable medical orders** for a patient with a life limiting illness
  - Think of it as a prescription that can be followed by other medical personnel
  - *It is the ONLY document that travels with a patient otherwise requires separate orders at each destination.*
- Only for people with serious 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."

LAST NAME

FIRST NAME/MIDDLE NAME

DATE OF BIRTH MEDICAL RECORD NUMBER (optional)

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 medical treatment, including antibiotics 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 medication 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:

CHECK ALL THAT APPLY
- ☐ 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

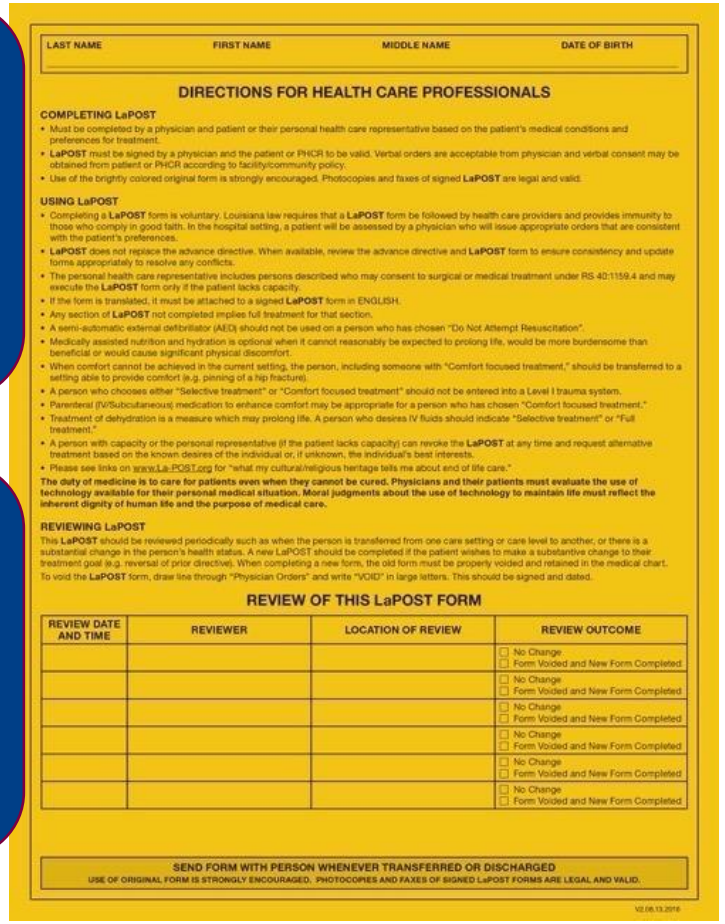
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

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

V2.06.13.2016

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 OF THIS LaPOST FORM

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
			☐ 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.

V2.06.13.2016

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

[redacted]

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.

[redacted] (Initial here if this is your choice)

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

[redacted]
Resident's Name (Please Print)

[redacted]

Resident Signature _____ Date

[redacted]
Responsible Party / P.O.A. Signature 3-1-2023 Date

[redacted]
Resident Services Director Signature 3/01/2023 Date

[redacted]
Executive Director Signature 3/1/23 Date

Dec. 18. 2025 9:27AM No. 3971 P. 2/2

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

Patient's Name: [redacted] **MR #:** _____

I request limited emergency care as herein described.

I understand DNR means that is 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** X **(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)**

[redacted]
Patient/Proxy Signature 3/29/2025 Date

[redacted]
Address

[redacted]
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/Conset 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)**

[redacted]
Signature of Resident or Responsible Party Date

[redacted]
Signature of Witness Date

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

[redacted]

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 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
	_____	☐ Yes	☑ No
g.	La. Post	☐ 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 _____

or

[redacted] Date 11-14-18

SELF on behalf of ANTHONY TAYLOR
Name of Resident

Relationship to Resident (Spouse, Child, Parent, etc.) [redacted]

Witness

11-14-18
Date

If resident is unable to sign, state reason:

ADVANCE DIRECTIVE ~~DECLARATION~~

[redacted]
Resident Name

10/22/21
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 RESUSCIATATION)
	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

[redacted]
Signature of Resident/Responsible Party

10/22/21
Date

[redacted]
Signature of Facility Representative

10/22/21
Date

Witness

10/22/21
Date

Witness

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.

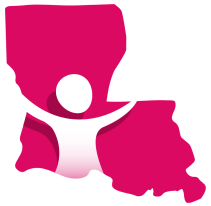
Please send the appropriate Will Registry or Living Will Declaration Form and filing fee to:

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.

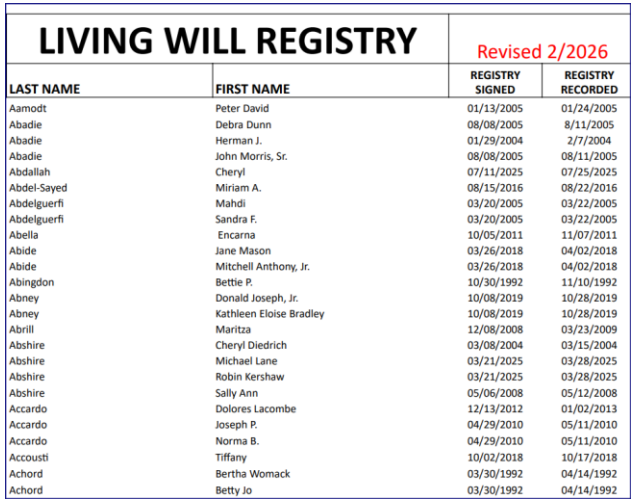
WILL REGISTRY AND LIVING WILL REGISTRY INFORMATION HERE

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
Abrill	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

PEDIATRIC ISSUES

- Dr. Autrey
- Dr. Trey Gibson

BILLS THAT HAVE BEEN FILED THAT MAY BE RELEVANT

- **Bill:** LA HB102 - Creates the crime of second degree cruelty to elderly and persons with infirmities **Sponsor List:** Jeffrey Wiley (R)*
- **AI Summary:**
- This bill creates a new crime called "second degree cruelty to elderly and persons with infirmities," which involves the intentional or criminally negligent mistreatment or neglect by a caregiver that causes serious bodily injury to a vulnerable person, including those who are elderly (60 years or older), have an infirmity, or have a disability, and reside in various facilities or are cared for at home. A caregiver is broadly defined as anyone responsible for the care of such individuals, including family members, neighbors, and institutions. The bill also designates this new crime as a "crime of violence," meaning it inherently involves a substantial risk of physical force or the use of a dangerous weapon. An affirmative defense is allowed if the caregiver provided treatment through a recognized spiritual healing method instead of medical treatment. Penalties for this offense include imprisonment at hard labor for up to forty years, with a mandatory minimum of five years served without parole, probation, or suspension if the victim dies as a result of the cruelty.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=HB102&sbi=y
- **Bill:** LA HB128 - Creates a state identification card designation for citizens with Alzheimer's disease and related dementias
- **Sponsor List:** Joy Walters (D)*
- **AI Summary:**
- This bill establishes a special designation on state identification cards for individuals diagnosed with Alzheimer's disease and related dementias, allowing them to voluntarily indicate their condition on their ID without any additional fee. To obtain this designation, applicants must provide a statement from a qualified medical or mental health professional who can diagnose these conditions, and this requirement also applies to renewals. The bill also includes penalties for those who falsely claim to have this diagnosis, with fines and potential jail time increasing for subsequent offenses. Furthermore, it mandates the creation of a training course for law enforcement officers to improve their sensitivity, awareness, and communication skills when interacting with individuals who have Alzheimer's disease and related dementias, covering topics such as identifying indicators, appropriate procedures, communication techniques, understanding the condition, available resources, and compliance with the Americans with Disabilities Act. The Department of Public Safety and Corrections will develop rules for implementation, and legislative committees will oversee the adoption of these rules.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=HB128&sbi=y

BILLS THAT HAVE BEEN FILED THAT MAY BE RELEVANT

- **Bill:** LA HB182 - Provides relative to victims of sexual assault **Sponsor List:** Travis Johnson (D)*, Michael Echols (R)
- **AI Summary:**
- This bill mandates that all licensed hospitals and healthcare providers in Louisiana must have a qualified healthcare professional available during their operating hours to provide treatment and conduct forensic examinations for victims of sexual assault, ensuring that a trained professional is ready to assist survivors. The bill also expands the definition of "healthcare provider" to encompass a broader range of facilities and institutions that offer healthcare services, and it defines "qualified healthcare professional" as a physician, sexual assault nurse examiner, or any other licensed and trained practitioner capable of performing a forensic medical examination.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=HB182&sbi=y
- **Bill:** LA SB26 - Provides relative to opioid treatment programs. (gov sig)
- **Sponsor List:** Patrick McMath (R)*
- **AI Summary:**
- This bill repeals specific sections of Louisiana law, namely R.S. 40:2116(B)(5) and 2159, which are related to opioid treatment programs, and also eliminates the requirement for a facility need review for these programs, meaning that new opioid treatment facilities will no longer need to prove there is a demonstrated need for their services in a particular area before they can be established.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=SB26&sbi=y

BILLS THAT HAVE BEEN FILED THAT MAY BE RELEVANT

- **Bill:** LA SB31 - Provides for an extension to the moratorium for nursing facilities. (8/1/26) **Sponsor List:** Gerald Boudreaux (D)*
- **AI Summary:**
- This bill extends the moratorium, which is a temporary suspension of new nursing facility construction or the addition of new beds, from its current expiration date of July 1, 2027, to July 1, 2032. This means that for the next several years, no new nursing facilities can be built, and existing ones cannot add more beds, in Louisiana.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=SB31&sbi=y
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- **Bill:** LA SB32 - Establishes a Perinatal Bereavement Care Initiative within the Louisiana Department of Health. (8/1/26)
- **Sponsor List:** Patrick McMath (R)*
- **AI Summary:**
- This bill establishes a Perinatal Bereavement Care Initiative within the Louisiana Department of Health, specifically within its office on women's health and community health, to improve access to and the quality of care for families experiencing a loss during pregnancy or shortly after birth. The initiative will coordinate with the Commission on Perinatal Care and Prevention of Infant Mortality and nonprofit organizations to provide hospitals offering maternity care with resources such as training for staff on how to support grieving parents after an intrauterine fetal demise (a baby dies in the womb), neonatal death, or stillbirth, as well as perinatal bereavement devices and information on available support services like grief counseling and support groups. Priority will be given to hospitals that lack these devices, serve many high-risk mothers, or deliver a large number of babies, and the department is authorized to accept various forms of funding, including federal funds, gifts, grants, and donations, to support these efforts.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=SB32&sbi=y

BILLS THAT HAVE BEEN FILED THAT MAY BE RELEVANT

- **Bill:** LA SB38 - Provides relative to nursing facilities. (gov sig) **Sponsor List:** Mike Fési (R)*
- **AI Summary:**
- This bill amends Louisiana law regarding nursing facilities by adding a definition for "license" as the permission granted by the Louisiana Department of Health to operate a nursing facility, and it introduces new provisions for the revocation and reissuance of these licenses. Specifically, if a nursing facility's license is revoked due to failures during an evacuation ordered by an executive order or declaration of emergency or disaster, the department must hold the license in abeyance and reissue it to a qualified person to ensure patient services continue, either at the original facility or a replacement in the same geographic area, provided no alternative facility is within ten miles and the emergency declaration occurred in 2021 or later. The bill also mandates that the department update its administrative rules to align with these changes and specifies the effective date of the legislation.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=SB38&sbi=y
- **Bill:** LA SB45 - Provides relative to hospice care. (gov sig) **Sponsor List:** William Wheat (R)*
- **AI Summary:**
- This bill creates a new law in Louisiana that exempts certain nonprofit organizations from needing a license to provide hospice care, which is care for terminally ill patients nearing the end of life. To qualify for this exemption, the organization must provide end-of-life care at no cost to patients and their families, not accept payments from Medicare, Medicaid, or other insurance, and offer private bedrooms for no more than three patients at a time. For these exempted organizations, the patient's location will be considered their residence for hospice care purposes, and medications will be handled as if the patient were at home. The patient's licensed hospice provider will still manage their care plan, and designated caregivers within the organization can perform delegated tasks, with licensed healthcare professionals who delegate these tasks in good faith being protected from disciplinary action. This exemption aims to facilitate gratuitous end-of-life care in a home-like setting for those who cannot afford it.
- **State Link:** https://www.legis.la.gov/legis/BillInfo.aspx?s=26rs&b=SB45&sbi=y

ADDITIONAL NEW BUSINESS

THANK YOU

Serious Illness Coalition

LaPOST

A Participating Program of National POLST

A LOUISIANA HEALTH CARE QUALITY FORUM INITIATIVE