



# **How Changes in MO DNR Law Impacts LTC through TPOPP/POLST: Navigating New Standards for Code Status and Treatment Preferences in Missouri**

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Missouri Association of Nursing  
Home Administrators  
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Lodge of the Four Seasons  
Lake of the Ozarks  
June 9, 2025  
9:45 –10:45 AM

# Objectives and Declarations

- 1) Compare and contrast risks, benefits and differences in MO's Purple Form and the **MO/KS TPOPP/POLST** across the continuum of care as nursing home residents transfer from one location to another due to health crisis and emergent care needs.
- 2) Describe how MO's TPOPP/POLST **medical order set** provides better protection for nursing home residents when acute episodes occur for residents living with advanced illness and frailty.
- 3) Conflicts of Interest – Volunteer (none to declare)

# What is TPOPP/POLST?

- TPOPP/POLST is Transportable Physician Orders for Patient Preferences / Physician Orders for Life Sustaining Treatments
- A national paradigm to ensure person's wishes towards end of life are carried out (may have slightly different names e.g. MOLST)
- It is a **medical order applicable in all sites of service** (home, nursing home, assisted living, dialysis etc.)
- It complements and reflects advance directives - which are not medical orders
- Covers both Missouri and Kansas
- It is NOT one and done, and is Transportable

# Compare MO DNR Purple Form & TPOPP/POLST (1 of 3)

Document Features	Missouri OHDNR Purple Form	TPOPP/POLST - Medical Order
Governed By	Statutory citation 190.600-190.621 RSMo (9/07, 8/23) and as amended &	Same law and regulations as MO OHDNR (effective 12.30.2024) TPOPP/POLST has been determined by MO DHSS to meet the requirements of existing statutes as described in law and regulation and amended.
Target groups	Capacitated adults or those represented by an agent for whom the individual has granted authority to decline CPR in the event of cardiac or respiratory arrest.	Adult persons with or without capacity living with advanced illness or frailty who: 1) by advance health care directives indicate treatment preferences for all, certain types or no CPR treatments, or 2) have elected a comfort care plan, or 3) have a legal agent to act on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders. Pediatric patients represented by a parent or legal guardian living with similar conditions.

# MO DNR Purple Form & TPOPP/POLST comparison (2 of 3)

<b>Settings</b>	All outside hospital settings.	All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.
<b>Initiated by</b>	Adult patient with capacity or guardian/ agent with powers in notarized appointment. Pediatric patients represented by parent/ guardian.	Physician or authorized licensed professional on behalf of patients with advanced illness/ frailty in compliance with scope of practice, state law/regulations.
<b>Health Status of Patient</b>	Not required for declaration.	Serious illness and/or advanced frailty (see POLST Intended Population)
<b>Requirements to execute/validate</b>	Capacitated patient or authorized agent or guardian as appointed or guardian of incapacitated adult. Parent/ guardian of minor. <b>Physician signature required in MO*</b>	Signature of <b>physician*</b> /authorized licensed professional required. Signature of adult patient or patient representative or parent/ guardian of minor required to validly acknowledge/ concur with medical order.

# MO DNR Purple Form & TPOPP/POLST comparison (3 of 3)

<b>Adherence to Form</b>	Must be in the form prescribed by statute for immunity protection.	Standardized TPOPP/POLST form or other state POLST determined by MO DHSS to meet MO statutory requirements as of effective date.
<b>Immunity protections</b>	Immunity from liability subject to 190.606 RSMO (9/07 Rev 2023)	Immunity protection also granted by same statute (effective 12.30.2024). Also governed by professional Standards of Care and Scope of Practice(s).
<b>Range of Treatments Addressed</b>	Addresses only Full or No CPR attempt	Addresses complete range of treatments from Full Treatment to DNAR in guiding responders and providers. Based on patient current clinical condition, goals of care and advance directives.

# Why TPOPP/POLST now?

- Use was limited in Missouri due to lack of “ambulance indemnity”, meaning EMS could not be given indemnity from legal actions if the form was followed in good faith
- Ambulance indemnity was briefly in effect in mid 2019 until the DHSS lawyers determined it did not conform to law
- A **new law** passed in 2024 session for all persons (including pediatric code status) finally went into effect **Dec 30, 2024** that **gives ambulance indemnity to TPOPP/POLST**
- It is more comprehensive than MO OHDNR (Purple form)

# Missouri OHDNR

- ▶ OHDNR=Out of Hospital DNR
- ▶ ONLY applies to Missouri
- ▶ ONLY addresses CPR and ONLY outside the hospital
- ▶ Does not address any other interventions (limited code)
- ▶ Must be on purple paper
- ▶ Only can be filled out by a competent person, DPHCA or guardian (no proxies)

OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE (OHDNR) ORDER		
I, _____, authorize emergency medical services personnel to (name) withhold or withdraw cardiopulmonary resuscitation from me in the event I suffer cardiac or respiratory arrest. Cardiac arrest means my heart stops beating and respiratory arrest means I stop breathing.		
I understand that in the event that I suffer cardiac or respiratory arrest, this OHDNR order will take effect and no medical procedure to restart breathing or heart functioning will be instituted.		
I understand this decision will not prevent me from obtaining other emergency medical care and medical interventions, such as intravenous fluids, oxygen or therapies other than cardiopulmonary resuscitation such as those deemed necessary to provide comfort care or to alleviate pain by any health care provider (e.g. paramedics) and/or medical care directed by a physician prior to my death.		
I understand I may revoke this order at any time.		
I give permission for this OHDNR order to be given to outside the hospital care providers (e.g. paramedics), doctors, nurses, or other health care personnel as necessary to implement this order.		
I hereby agree to the "Outside The Hospital Do-Not-Resuscitate" (OHDNR) Order.		
Patient – Printed or Typed Name		Date
Patient's Signature or Patient Representative's Signature		Date
<b>REVOCATION PROVISION</b>		
I hereby revoke the above declaration.		
Patient's Signature or Patient Representative's Signature		Date
<b>I AUTHORIZE EMERGENCY MEDICAL SERVICES PERSONNEL TO WITHHOLD OR WITHDRAW CARDIOPULMONARY RESUSCITATION FROM THE PATIENT IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST.</b> I affirm this order is the expressed wish of the patient/patient's representative, medically appropriate and documented in the patient's permanent medical record.		
Attending Physician's Signature (Mandatory)		Date
Attending Physician – Printed or Typed Name	Attending Physician's License No.	Attending Physician's Telephone No.
Address – Printed or Typed		Facility or Agency Name
THIS OHDNR ORDER SHALL REMAIN WITH THE PATIENT WHEN TRANSFERRED OUTSIDE THE HEALTH CARE FACILITY.		
Emergency Medical Services personnel shall not comply with an outside the hospital do-not-resuscitate order when the patient or the patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated or if the patient is or is believed to be pregnant.		
Statutory citation 190.600-190.621 RSMo 9/07		



# TPOPP/POLST - Section A

<b>A.</b> CHECK ONE	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow orders in B and C.
	<input type="checkbox"/> <b>Attempt Resuscitation/CPR</b> <i>(Selecting CPR in Section A requires selecting Full Treatment in Section B)</i> <input type="checkbox"/> <b>Do Not Attempt Resuscitation</b> <i>(DNAR/no CPR/Allow Natural Death)</i>

Primary section for EMS– others more applicable to ER/others

Relates to a person found without pulse or breathing

Relates immediate actions to take place – Does the patient want to be coded if found deceased as opposed to allowing natural death?

# TPOPP/POLST - Section B

B. CHECK ONE	<b>INITIAL TREATMENT ORDERS: Follow these orders if patient has a pulse and/or is breathing.</b>
	Reassess and discuss treatments with patient and/or representative regularly to ensure patients care goals are met.
	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Full Treatments (required if CPR chosen in Section A).</b> <u>GOAL: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical treatments as indicated in an attempt to prolong life, including intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion, including intensive care.</li><li><input type="checkbox"/> <b>Selective Treatments.</b> <u>GOAL: Attempt to restore functions while avoiding intensive care and resuscitation efforts (i.e., ventilator, defibrillation, and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.</li><li><input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>GOAL: Attempt to maximize comfort through symptom management only; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital if comfort cannot be achieved in current setting.</li></ul>

For persons with a pulse and/or breathing who need emergent intervention

Full must be chosen if the patient wants CPR/intubation under Part A

Selective Treatments applies to intensity; comfort to hospice-type care

# TPOPP/POLST - Section C

<b>C.</b> CHECK ONE	<b>MEDICALLY ADMINISTERED NUTRITION: Offer food by mouth if desired by patient, is safe and tolerated.</b>  <input type="checkbox"/> Provide feeding through new or existing surgically-placed tubes <input type="checkbox"/> Trial period for medically assisted nutrition but no surgically-placed tubes <input type="checkbox"/> No medically assisted means of nutrition desired <input type="checkbox"/> Not discussed or no decision made
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Not usually applicable to EMS (when called for emergency transport)

Relates to desire for artificial feeding. Does not have to be completed if the person does not want to discuss / address

Time limited trial may be appropriate – length of time can be stipulated  
Under comments if desired, otherwise to be determined in real time

# TPOPP/POLST - Section D

<b>D.</b>	<b>ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C:</b> Includes e.g., time trials, blood products, and other orders. [EMS Protocols may limit emergency responder ability to act on orders in this section.]
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Mainly applicable to ER/others. Relates to providing details about decisions above.

Examples could include length of time limited trials, who makes decision on withdrawal if time not specifically listed, use of intubation for transient severe issues, pneumonia, use of pressors, and further details on Selective Treatments (Section B above)



# TPOPP/POLST - Section E

<b>E.</b> CHECK ALL THAT APPLY	<b>INFORMATION AND SIGNATURES (E-Signed documents are valid)</b>		
	<b>Discussed with:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Agent/DPOA Health Care <input type="checkbox"/> Parent of minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Patient Representative <input type="checkbox"/> Other (specify): _____		
	<b>Signature of patient or recognized decision maker (all fields required):</b> By signing this form, the patient/recognized decision maker voluntarily acknowledges that this treatment order is consistent with the known desires and/or best interest of the patient.		
	Print name:	Signature:	The most recently completed valid TPOPP/ POLST form supersedes all previously completed TPOPP/POLST forms.
	Address:	Relationship:	
	<b>Signature of authorized healthcare provider (all fields required):</b> My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. (verbal orders are acceptable with follow up signature)		
	Print name of authorized provider and/or Physician:		Phone:
Signature of authorized provider:		Date:	

Relates to providing signatures of both the person/legally responsible part and the physician. **In Missouri only a physician can sign** (NOT NP/PA). Those involved in the decision making should be noted per checkboxes

Can be electronically signed if the EMR has the capacity to do so.

# TPOPP/POLST - Side 2

ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS			
<b>Review of Advance Directives (Check all that apply)</b>			
<input type="checkbox"/> Healthcare Directive (Living Will)	<input type="checkbox"/> Other Instructions or Documents		
<input type="checkbox"/> Advance Directives Unavailable	<input type="checkbox"/> No Advance Directives Exist		
<input type="checkbox"/> Appointment of Durable Power of Attorney for Health Care (Name): _____ (Phone): _____			
<b>Patient's Emergency Contact (if other than person signing form) and Provider(s)</b>			
Full Name: _____ Phone (voice __ text __ ): _____			
Primary Care Provider Name: _____ Phone: _____			
Hospice Care Agency (If Applicable) Name: _____ Phone: _____			
<b>Health Care Providers and Others Assisting with Form Preparation Process (Check all that apply)</b>			
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Nurse	<input type="checkbox"/> Clergy	<input type="checkbox"/> Palliative Care Provider
<input type="checkbox"/> Health Care Agent	<input type="checkbox"/> Parent of Minor	<input type="checkbox"/> Family Member	<input type="checkbox"/> "Person of Care and Concern"
<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other: _____	

Documentation on current advance directives, emergency contacts, PCP and hospice agency done (as applicable). Any person involved with the conversation can be noted here.

TPOPP/POLST does not need notarization (Medical orders are not witnessed)

# Storing TPOPP/POLST

- ▶ Signing provider and person/legal representative should safe-guard / keep original form. **Copies are legal**
- ▶ Best practice is to have a copy in a Vial of Life, on refrigerator or in an easily accessible place (e.g. with medications)
- ▶ TPOPP/POLST order is stored under advance directive in hospital EMR; most systems have it available on the front patient page

# Modifying or Voiding TPOPP/POLST

- Patient with capacity can at any time request other treatments or revoke TPOPP/POLST. Sections A through D should have a line drawn through them with "VOID" written in large letters, dating and signing.
- Legally recognized decision maker can request to modify orders in collaboration with the physician based on known desires of the person, advance directives and the patient's best interest if patient is unable.
  - If desired changes appear contrary to patient's known wishes, ethics / legal should be contacted to further review desires and reasons for changes



# Electronic TPOPP/POLST Permitted

- Statute allows for electronic storage of TPOPP/POLST (treated as a copy which are legal)
- **EMS can use electronic version for immediate actions**
  - E.g. MyChart copy of TPOPP/POLST on patient cellphone
- Transfer from one site to another (e.g. hospital to nursing home) should ensure a paper copy is carried to allow that next provider to scan to their EMR
  - ER/hospital can act on internally stored TPOPP/POLST if verified as active

# Who Can Sign TPOPP/POLST, and Can We Accept Other State's Forms?

- ▶ In Missouri it can **only** be signed by a **physician**
  - NP, PA, CNS can NOT sign but may participate, guide and discuss TPOPP/POLST
- ▶ Reciprocity is limited due to physician signature requirement.  
Only the following states have reciprocity
  - Alaska
  - **Arkansas**
  - Georgia
  - Indiana
  - New Mexico
  - **Kansas**

# **TPOPP/POLST Ed underway/completed**

- All 8 EMS regions, two bistate EMS groups and their education committee being in-serviced
- 4 Nursing Home organizations (MHCA, Leading Age, MANHA, MALTCP), Voyce, Gateway End of Life Coalition, and MO-NAELA have put out printed material and most will have presentations through their association meetings
- Missouri Hospital Association and Missouri College of Emergency Physicians have included an article in newsletter
- MO Elder Law Attorneys – 250 attended May presentation

# **What About Advance Directives & Durable Power of Attorney for Healthcare?**

- TPOPP/POLST should be derived from an advance directive and DPHCA which provide support for choices made.
  - Pre-existing documents may need updating to be concordant with medical orders of TPOPP/POLST
  - An advance directive is not required to have a TPOPP/POLST
- Physicians and NPs can be paid for advance care planning – recommend their input (99497 and 99498)

# Many Different Advance Directives Available

- MO Bar Association forms work well with TPOPP/POLST but educational level required to comprehend may be high for some
- 5 Wishes, Conversation Project, Caring Conversations® (free); SICP from Ariadne Labs, CAPC all work well
- *Prepare for Your Care* may be better for some persons as designed for understanding at a 5<sup>th</sup> grade educational level, has instructional videos

# Spreading the Word!

- TPOPP/POLST needs to be available to medical personnel to be effective!
- Make sure primary care provider and local hospital have copies
  - Many EMRs now have a patient portal that can accept downloaded forms
  - *Vial of Life* in refrigerator/beside is another method
  - National repositories available, but not fully utilized / integrated yet. Some e-ACP apps also available (CPB site)

# TPOPP/POLST Resources - FREE

link to all TPOPP resources: (scroll down on this page)

<https://www.practicalbioethics.org/programs/transportable-physician-orders-for-patient-preferences-tpopp-polst/>

*(Web page includes links to forms, Clinical Guide, consumer resources (including patient/family)).*

*All are FREE*

The screenshot displays the website for the Center for Practical Bioethics, which has the tagline "Guidance at the Crossroads of Decision". The navigation menu includes links for Home, Events, What We Do, Resources, About (with a dropdown arrow), Contact, and a prominent blue "Donate" button. A message states: "To implement the TPOPP form at your organization, please complete the training and read the guidebook to use the form." Below this, four resource cards are presented:

- Step One: The Training & Slides**: Features a thumbnail of a "Kansas-Missouri TPOPP Watch Training & Download Slides" poster. It includes a "Watch Training" button and a "View/Download Training Slides" button.
- Step Two: The Guidebook**: Features a thumbnail of a pink "TPOPP" guidebook. It includes a "View/Download" button.
- Step Three: The Form**: Features a thumbnail of a TPOPP form. It includes an "Access Form" button.
- TPOPP for Patients: TPOPP/POLST Caring Conversations Continued**: Features a thumbnail of a patient brochure. It includes a "View/Download" button.

# More Resources

We encourage implementing TPOPP/POLST after discussion with high volume utilizers in your area– EMS, hospitals etc.

- TPOPP/POLST forms designed direct to patients/families for initiating conversations with physicians, should be non-executable. Medical staff can access those directly using the links provided above
- Link to the revised Missouri statute (starting page 55) <https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-40a.pdf>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8931303/>
- **FAQ on POLST from national POLST group** <https://polst.org/faq-2/>
- ACEP policy position on POLST

<https://www.acep.org/patient-care/policy-statements/guidelines-for-emergency-physicians-on-the-interpretation-of-portable-medical-orders>



# Key Points

- TPOPP/POLST is a medical order in effect wherever patient goes
- Ambulance Indemnity both TPOPP/POLST like the MO OHDNR
- TPOPP/POLST superior to MO OHDNR due to breadth of code status options and treatments (e.g., time trials, dynamic-not static)
- E-versions of TPOPP/POLST valid – follow health system policy
- TPOPP/POLST should be signed by physician (only) in MO
- Implementing TPOPP/POLST is best done by collaborating with high volume utilizers – nursing homes, hospitals, etc

# TPOPP/POLST Faculty Contact Information

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