PA | ELA
Pennsylvania Association of Elder Law Attorneys

October 12, 2026

Re: Senate Bill 730 — An Unintended Consequence for Pennsylvania Patients

Dear Members of the Pennsylvania General Assembly:

The Pennsylvania Association of Elder Law Attorneys (PAELA) is concerned that Senate Bill 730, as presently written and with the proposed amendment, could prevent seriously ill Pennsylvanians from having their end-of-life treatment decisions honored.

Consider an 87-year-old woman with advanced heart disease, chronic lung disease, and increasing frailty. She has been hospitalized twice this year. She enjoys time with her grandchildren and may live several more years. Her physician would not be surprised if she died within the next year but cannot reliably predict when she will die.
She wants treatment for infections and other reversible conditions. But after careful discussion with her physician, she has decided that she does not want CPR or mechanical ventilation. Her physician agrees that standing medical orders reflecting her choices are appropriate.

Under SB 730, she may be ineligible for a POLST because her physician cannot determine that her medical condition would ordinarily cause death within one year.

Now imagine that she experiences a medical emergency at home. Her family calls 911. Without an appropriate portable medical order, emergency personnel may be required to initiate resuscitation that she expressly declined.

This is precisely the problem POLST was designed to prevent.

The problem with SB 730 is not the recognition that POLST is intended for seriously ill or frail patients. The problem is converting a clinical screening guideline into a statutory mortality requirement. A patient's need for standing medical orders should not depend on a physician's ability to predict death within one year.

There is an additional consequence that deserves particular attention.

SB 730 also eliminates Pennsylvania's long-standing statutory framework for issuing new out-of-hospital Do Not Resuscitate (DNR) orders once the new POLST form is adopted, subject to a limited transition provision. Previously executed DNR orders remain valid, but patients seeking new orders will generally be directed to the POLST framework.

This means that individuals who cannot satisfy the new one-year eligibility requirement may be left without a means of obtaining a new, portable medical order communicating their treatment decisions to emergency personnel. They may still execute advance health care directives, but those directives do not necessarily provide the immediately actionable instructions that emergency responders require.

We risk eliminating an established mechanism for documenting DNR decisions while restricting access to the very medical orders intended to replace it.

PAELA supports appropriate clinical safeguards, informed consent, and the voluntary nature of POLST. We do not believe that age, disability, or residence in a nursing home should determine eligibility.

But neither should eligibility depend upon a physician's ability to predict death within twelve months.

PAELA cannot support SB 730 in its present form. We respectfully request reconsideration of the one-year eligibility requirement and preservation of a workable mechanism for patients to communicate their treatment decisions through portable medical orders. We welcome the opportunity to assist with technical amendments, or provide any additional information.

Respectfully submitted,

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