



May 01, 2025

DAL: DHDTTC DAL 25-05  
DACF 25-18  
DHCBS 25-04  
DNH 25-09  
DEMS 25-01

Dear Chief Executive Officers and Administrators:

This notification is to inform you of recent changes the Department of Health (Department) has made to the Medical Orders for Life-Sustaining Treatment (MOLST) form (DOH-5003). The Department was joined by the Office for People with Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH) in updating this form. Changes were made based on feedback from stakeholders in response to the previous version of the MOLST form released in August 2022. No changes have been made to the one-page Nonhospital Order Not to Resuscitate (DOH-3474).

Existing MOLST forms that have already been completed remain valid. The changes to the MOLST form are being incorporated into the electronic MOLST application (eMOLST).

### **Revisions to the MOLST Form (DOH-5003, May 01, 2025)**

It is strongly recommended that staff involved with MOLST read the instructions and legal requirements checklists that are on the Department's website  
[https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](https://www.health.ny.gov/professionals/patients/patient_rights/molst/)

Changes to the MOLST form include the following:

“Do-Not-Resuscitate” (DNR) and “Do-Not-Intubate” (DNI) Medical Orders, which emergency medical services (EMS) and health care professionals look for in an emergency, have been moved to the first page.

The first page includes:

- **Section A**, which outlines patient information and advanced directives.
- **Section B**, “Resuscitation Orders When the Patient Has No Pulse and/or Is Not Breathing.”
- **Section C**, “Intubation Orders for Life-Sustaining Treatment When the Patient Has a Pulse and is Breathing,” provide clarity as to available choices, which now include:
  - Intubation and long-term mechanical ventilation, includes tracheostomy;
  - Intubation and long-term mechanical ventilation, includes tracheostomy, following use of non-invasive ventilation;
  - Do Not Intubate (DNI) Use of Non-Invasive Ventilation Only; and
  - Do Not Intubate (DNI) and Do Not Use Non-Invasive Ventilation or Mechanical Ventilation.

- **Section D**, “Consent for Sections B and C,” updated check boxes under “Who is the individual making decisions” to change the checkbox “FHCDA Surrogate” to “FHCDA Surrogate for Adult,” and to change the checkbox “Minor’s Parent/Guardian” to “FHCDA Surrogate for Minor.”
- **Section E**, “Physician, Nurse Practitioner, or Physician Assistant Signature for Sections B and C.”

On the second page:

- **Section F**, “Additional Orders for Life-Sustaining Treatment,” are to be reviewed with the patient and reflect the patient’s personal preferences. An urgent in-depth discussion may be required based on the patient’s diagnosis, prognosis, and disease trajectory. For other patients, these conversations may be deferred, in which case those treatments will then be provided in full to the patient as necessary. Under Section F of the form, if a decision has not been made, the physician, nurse practitioner, or physician assistant may choose the option “Determine use or limitation if need arises.” If the patient or decision-maker reaches a decision concerning the treatment option at a later time, a new form must be completed and signed by a physician, nurse practitioner, or physician assistant.
- **Future Hospitalization/Transfer has a new option**: “Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.” When the patient, Health Care Agent, or Surrogate chooses “Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled,” additional assessment, care planning, and education is required to review the scope of care that can be provided by community-based services as compared with those available within a hospital.
- **Section G**, “Consent for Section F,” was updated in the same manner as **Section D**, “Consent for Sections B and C,” as noted above.
- **Section H**, “Physician, Nurse Practitioner, or Physician Assistant Signature for Section F.”
- **Section I** is on the third page. This section allows regular review and renewal of the form, and in the event that a new MOLST form is completed, this section provides a place to document that the old form was voided.
- The **MOLST General Instructions** section begins on the fourth page and includes a listing and description of the MOLST checklists. The checklist used when working with minor patients was renamed to “DOH Checklist #6 for Minor Patients.” This checklist should be used for minor patients for whom decisions are being made under the FHCDA. The instructions for instances in which the medical orders are for an adult or minor patient with an intellectual or developmental disability (I/DD), were expanded to provide additional clarity.

### **Working with the MOLST**

The Department has approved the MOLST to help physicians and other health care providers discuss and convey a patient’s wishes regarding end-of-life care, including cardiopulmonary resuscitation (CPR), other life-sustaining treatments, as well as comfort care measures such as pain and symptom management. The MOLST can be used statewide by health care practitioners and facilities. The MOLST is generally for a patient with serious health conditions who:

- Wants to avoid or receive any or all life-sustaining treatment;

- Resides in a long-term care facility or requires long-term care services; and/or
- Might die within the next year.

Completion of the MOLST begins with a conversation or a series of conversations between the patient, the patient's health care agent or surrogate, and their attending practitioner, that defines the patient's goals of care, reviews possible treatment options on the entire MOLST form, and ensures shared, informed medical decision-making. The MOLST is also intended to serve as a tool to support and educate caregivers. All ethical and legal requirements must be followed, including special procedures when a patient has I/DD or lacks capacity.

The MOLST form is one way of documenting a patient's treatment preferences concerning life-sustaining treatment. However, under State law (Public Health Law Article 29-CCC, Nonhospital Orders Not to Resuscitate), the MOLST form is the only authorized form in New York State for documenting both nonhospital Do Not Resuscitate (DNR) and nonhospital Do Not Intubate (DNI) orders. In addition, the form is beneficial to patients and providers as it provides specific medical orders and is recognized and used in a variety of health care settings. All health care professionals, including EMS providers, are required to follow these medical orders. The Health Insurance Portability and Accountability Act (HIPAA) permits disclosure of the MOLST to other health care professionals.

In hospitals, hospices, and nursing homes, the form may be used to issue any orders concerning life-sustaining treatment. In the community, the form may be used to issue non-hospital DNR and DNI orders, and in certain circumstances, orders concerning other life-sustaining treatment.

A MOLST is completed only after a thoughtful discussion or a series of discussions. Completing a MOLST is voluntary and cannot be required. Completion of the MOLST begins with determining if the patient is appropriate for MOLST. The patient, health care agent or surrogate, and family should be prepared for a MOLST discussion by being provided with education on what a medical order is and how it differs from an advance directive. Informed consent must be obtained from the legally authorized health care decision-maker before a physician, nurse practitioner, or physician assistant issues orders to withhold or withdraw life-sustaining treatment using the MOLST form.

**For individuals with an intellectual or developmental disability, the MOLST and DNR authorization process is governed by different statutory requirements. For information on that process, refer to the Office for People with Developmental Disabilities (OPWDD) website at <https://opwdd.ny.gov/providers/health-care-decisions>, and to the OPWDD MOLST Legal Requirements Checklist for Individuals with Developmental Disabilities.**

### **Ordering MOLST Forms**

Although medical orders that have already been issued using previous versions of the MOLST form remain valid, providers are encouraged to replace their current supplies of the MOLST with the most updated version. The MOLST form can be downloaded at <https://www.health.ny.gov/forms/doh-5003.pdf>, and the supporting checklists can be downloaded at [https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](https://www.health.ny.gov/professionals/patients/patient_rights/molst/). Providers are strongly encouraged to use "Pulsar Pink" paper when replacing their current supply of MOLST forms.

**To order MOLST forms, please complete the [DOH Order Form](#) and email it to [bmcc@health.ny.gov](mailto:bmcc@health.ny.gov). Quantities may be limited.**

More information about MOLST is available on the Health Department website at [https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](https://www.health.ny.gov/professionals/patients/patient_rights/molst/).

Sincerely,

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Commissioner of Health

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