



June 02, 2025

DAL: DHDTC DAL 25- 06  
DACF 25- 18  
DHCBS 25- 08  
DNH 25- 11  
DEMS 25- 04

**SUBJECT: Further Revisions to Medical Orders for Life Sustaining Treatment (MOLST)**

Dear Chief Executive Officers and Administrators:

This notification updates the Dear Administrator Letter (DAL) dated May 1, 2025, pertaining to the Medical Orders for Life-Sustaining Treatment (MOLST) form (DOH-5003), and provides information regarding additional revisions that have been made to the MOLST. The Department of Health ("Department") was joined by the Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and the Justice Center for the Protection of People With Special Needs in updating this form. Changes were made based on feedback from stakeholders in response to the version of the MOLST form released on May 1, 2025. 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 most recent changes to the MOLST form are being incorporated into the electronic MOLST application (eMOLST).

Future updates to the MOLST Checklists and Frequently Asked Questions (FAQs) will be forthcoming at a later date.

**Revisions to the MOLST Form DOH-5003, (6/2025)**

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/).

The June 2, 2025, changes to the MOLST form include the following:

- **Section C**, (page 1) has two changes:
  - The first check box now reads, "Intubation and long-term mechanical ventilation, may include tracheostomy."
  - The second checkbox was replaced with the following language: "A trial period of intubation and/or mechanical ventilation."
- **Section I**, (page 3), has five changes:
  - The "decision-makers named in Section D" replace the term "surrogate" for greater clarity.

- There is now a statement that clarifies that even if the MOLST is not reviewed and renewed within 90 days, the last completed MOLST remains valid and must be followed.
- A statement is included that directs the attending practitioner to void the form if the patient or other decision-maker named in Section D withdraws their consent to a decision in the MOLST or if the patient objects to the decision.
- This section now includes clarification that a health care agent or surrogate cannot change the decision to withhold/withdraw treatment that the patient had already made when they had capacity.
- A statement has been added that specifies that if a health care agent or surrogate consented to this MOLST, they are able to continue to make decisions to withhold/withdraw treatment based on the patient's current health status.

Please be mindful of the directions marked by an asterisk (\*) throughout the MOLST: ***If this decision relates to an adult or minor patient with an intellectual or developmental disability (I/DD), refer to the instructions on page 4 of the MOLST before proceeding.***

### **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 [ogs.sm.gdc@ogs.ny.gov](mailto:ogs.sm.gdc@ogs.ny.gov). Quantities may be limited.**

Health care providers using the electronic version of the MOLST who encounter problems with the electronic version should contact the following Bureau Mail Log at Excellus: [emolstadmin@excellus.com](mailto:emolstadmin@excellus.com).

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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