GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION
519 Eighth Avenue, 16th Floor, New York, NY, 10018
Phone: 212-643-2828 Fax: 212-643-2956 www.gnyhcfa.org

Memo 25-16

To: Administrator, DNS, Medical Director, Nurse Practitioner(s)/Physician Assistants, Director of Social Services, IDT TEAM, and QA Committee

From: **Mary Gracey-White RN, Director of Regulatory Compliance** and
Arlette A Drigpaul, MSN RN Infection Preventionist/Education Coordinator

Date: June 4, 2025

Re: Updated NYSDOH DAL Revisions to the MOLST Form (DOH-5003)

As a follow up to GNYHCFA Memo 25-11, NYSDOH released an updated Dear Administrator Letter outlining the revisions made to the MOLST form. https://www.health.ny.gov/forms/doh-5003.pdf. Changes were made based on feedback from stakeholders in response to the version of the MOLST form released on May 1, 2025.

As of 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.

Existing MOLST forms that have already been completed for residents remain valid. No changes have been made to the one-page Nonhospital Order Not to Resuscitate DOH-3474.

We strongly recommend you review and incorporate the MOLST Checklists located here: https://www.health.ny.gov/professionals/patients/patient_rights/molst/

Completion of the MOLST begins with a discussion between the resident, the resident's health care agent or surrogate, and their attending practitioner, which identifies the resident's goals of care and reviews possible treatment options on the MOLST form.

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.

Please note that 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.**

To order MOLST forms, please complete the **DOH Order Form** and email it to **ogs.sm.gdc@ogs.ny.gov**. Providers are encouraged to replace their current supplies of MOLST with the most updated version.

If you are an eMOLST user in need of technical support, please contact Excellus IT at 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/

Thank You,
GNYHCFA Team

https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs?docPath=/hcs_Documents/Source/hpn/hpnSrc/369819D9704B96D6E0631403580ACC0B.docx.