



**Notice of Proposed Rulemaking
Regulatory Impact Statement**

Amend Part 822

**GENERAL SERVICE STANDARDS FOR SUBSTANCE USE DISORDER
OUTPATIENT PROGRAMS**

1. Statutory Authority:

- (a) Section 19.07(c) of the Mental Hygiene Law (MHL) charges the Office with the responsibility to ensure that persons who have a substance use disorder and their families are provided with care and treatment that is effective and of high quality.
- (b) Section 19.07(e) of the MHL authorizes the commissioner to adopt standards including necessary rules and regulations pertaining to substance use disorder treatment services.
- (c) Section 19.09(b) of the MHL authorizes the commissioner to adopt regulations necessary and proper to implement any matter under their jurisdiction.
- (d) Section 19.16 of the MHL requires the commissioner to establish and maintain, either directly or through contract, a central registry for purposes of preventing multiple enrollments in opioid treatment programs and provides medication dosage information during an emergency, when displaced patients may seek such treatment from an alternate program.
- (e) Section 19.21(b) of the MHL requires the commissioner to establish and enforce regulations concerning the licensing, certification, and inspection of substance use disorder treatment services.
- (f) Section 19.21(d) of the MHL requires the Office to establish reasonable performance standards for providers of services certified by the Office.
- (g) Section 19.40 of the MHL authorizes the commissioner to issue operating certificates for the provision of substance use disorder treatment services.

- (h) Section 22.07(c) of the Mental Hygiene Law authorizes the commissioner to promulgate rules and regulations to ensure that the rights of individuals who have received, and are receiving, substance use disorder services are protected.
- (i) Section 32.01 of the MHL authorizes the commissioner to adopt any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by Article 32 of the MHL.
- (j) Section 32.05(b) of the MHL provides that a controlled substance designated by the commissioner of the New York State Department of Health (DOH) as appropriate for such use may be used by a prescribing professional to treat an individual with a substance use disorder pursuant to section 32.09(b) of the MHL.
- (k) Section 32.07(a) of the MHL authorizes the commissioner to adopt regulations to effectuate the provisions and purposes of Article 32 of the MHL.
- (l) Section 32.09(b) of the MHL provides that the commissioner may, once a controlled substance is approved by the commissioner of DOH as appropriate for such use, authorize the use of such controlled substance in treating an individual with a substance use disorder.
- (m) Section 220.78 of the Penal Law affords limited protections from prosecution for persons seeking medical attention for accidental overdose.
- (n) Section 3309 of the Public Health Law authorizes the DOH to establish standards for approval of any opioid overdose prevention program.
- (o) Section 2781 of the Public Health Law defines the rules governing HIV testing in New York.
- (p) 42 CFR Part 8 relates to the federal oversight and regulation of medication for addiction treatment for opioid use disorders.

2. Legislative Objectives: The legislature has authorized OASAS to establish standards and regulations governing the provision of addiction services, including the provision of medications for addiction treatment, as well as standards for providers seeking to offer such services.

3. Needs and Benefits: OASAS is updating the language used in this regulation consistent with amendments made to other OASAS regulations and OASAS guidance to clarify provider requirements with respect to the provision of medication for addiction treatment for substance use disorder and to update definitions consistent with other OASAS regulations.

4. Costs: No additional administrative costs to the agency are anticipated.
5. Paperwork: There is no additional paperwork beyond what is already required.
6. Local Government Mandates: There are no new local government mandates.
7. Duplications: This proposed rule does not duplicate, overlap, or conflict with any State or federal statute or rule.
8. Alternatives: The alternative is to leave the regulation as it currently reads, with language inconsistent across Title 14 regulations and providers unsure of their obligation to provide medication for addiction treatment for substance use disorders.
9. Federal Standards: This regulation does not conflict with federal standards.
10. Compliance Schedule: This rulemaking will be effective upon publication of a Notice of Adoption in the *State Register*.