



**Notice of Proposed Rulemaking  
Regulatory Impact Statement**

Amend 14 NYCRR Part 830

**DESIGNATED SERVICES**

1. Statutory Authority:

- (a) Section 1.03(6) of the Mental Hygiene Law defines “facility” as any place in which services for the mentally disabled are provided.
- (b) Section 19.07(c) of the Mental Hygiene Law authorizes the commissioner to adopt standards ensuring the personal and civil rights of persons seeking and receiving addiction services, care, treatment and rehabilitation are adequately protected.
- (c) Section 19.07(e) of the Mental Hygiene Law authorizes the commissioner to adopt standards including necessary rules and regulations pertaining to chemical dependence services.
- (d) Section 19.09(b) of the Mental Hygiene Law authorizes the commissioner to adopt regulations necessary and proper to implement any matter under his or her jurisdiction.
- (e) Section 19.21(d) of the MHL requires the Office to establish reasonable performance standards for providers of services certified by the Office.
- (f) Section 32.01 of the Mental Hygiene Law 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 Mental Hygiene Law.
- (g) 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 physician to treat a chemically dependent individual pursuant to section 32.09(b) of the MHL.
- (h) 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.
- (i) 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 a chemically dependent individual.
- (j) Article 160 of the Education Law provides for the licensure or certification of acupuncturists and limited practice of unlicensed persons in treatment of substance use disorder.

(k) Article 29-G of the Public Health Law relates to reimbursement for health care services delivered via “telehealth.”

(l) Section 3351 of the Public Health Law authorizes the prescribing or dispensing of controlled substances for the purposes of substance use disorder treatment.

(m) Section 829 of Title 21 of the United States Code governs the law concerning internet prescribing of controlled substances.

(n) Article 15 of the Executive Law enacts the Human Rights Law prohibiting discrimination against protected classes of New Yorkers including on the basis of sexual orientation and gender identity or expression.

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. The amendments to Part 830 add two new designations for providers to obtain if they meet the standards and wish to do so. They include the Adolescent Endorsement and the Ancillary Withdrawal Endorsement.

3. Needs and Benefits: Both the adolescent endorsement and the ancillary withdrawal endorsement allow programs the option of meeting the standards for an additional program endorsement. The regulatory amendments serve as a formal means of identifying adolescent programs in the OASAS system, and/or those that offer ancillary withdrawal services in outpatient settings for providers certified pursuant to Part 822 and meet the standards in the regulation. The addition of these optional endorsements will make it easier for those seeking OASAS services to obtain the appropriate services.

4. Costs: No additional administrative costs to the agency are anticipated.

5. Paperwork: There is no additional paperwork beyond what is already required. The adolescent endorsement and ancillary withdrawal endorsement are optional for providers and therefore any additional paper work required will not create additional burdens.

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, without options for either the adolescent endorsement or ancillary withdrawal endorsement. Not creating a distinction for OASAS certified programs that meet these additional requirements for the endorsements may have the effect of limiting access to appropriate care.

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*.

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