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February 14, 2023

Miriam E. Delphin-Rittmon, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Submitted electronically via www.regulations.gov

RE: RIN 0930-AA39 Medications for the Treatment of Opioid Use Disorder (HHS-OCR-0946-AA16)

Dear Assistant Secretary Delphin-Rittmon:

The Healthcare Association of New York State, on behalf of our member nonprofit and public hospitals, nursing homes, home health agencies and other healthcare providers, writes in response to SAMHSA's proposed revisions to the Medications for the Treatment of Opioid Use Disorder, 42 Code of Federal Regulations, Part 8.

In New York state and across the country, OUD and overdose are an ongoing, serious public health concern. Our hospital and health system members are integral to the OUD treatment and management care continuum. HANYYS commends SAMHSA for making permanent flexibilities that advance access to care and reduce stigma for individuals living with OUD.

Our comments on specific proposals are below.

Flexibility for methadone medication take homes in OTPs

HANYYS strongly supports proposed changes that make permanent flexibilities that allow patients to take home doses of methadone rather than requiring daily visits to outpatient treatment programs for extended periods of time. This change will remove treatment barriers for patients and allow service providers to devote more of their limited resources to providing quality care.

OTP flexibility to prescribe MOUD via telehealth without an initial in-person evaluation

HANYYS strongly supports the proposal to make permanent flexibilities that allow for the initiation of buprenorphine via audio-only or audio-visual telehealth technology, and audio-visual telehealth for any new patient who will be treated by the OTP with methadone.

Ongoing access to telehealth care will prevent service interruptions and address obstacles to care due to transportation, especially for individuals in rural communities, where the [effects of the opioid epidemic are more intense](#) and fewer care options exist.

Expansion definition of “practitioner”

HANYS strongly supports expanding the definition of practitioner to include physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives. This change would help alleviate severe and persistent workforce shortages.

Removal of reporting requirements for prescribers authorized to treat up to 275 patients

HANYS strongly supports removing annual reporting requirements for those who are authorized to treat up to 275 patients with buprenorphine. This will help reduce unnecessary administrative burdens that detract from the core OTP mission.

As SAMHSA works in partnership with other federal agencies for monitoring purposes as an alternative to this annual reporting, HANYS encourages the agency to identify reporting requirements in other areas that may be alleviated through this work.

Thank you for the opportunity to provide feedback on the proposed modifications to the Part 8 regulations. If you have questions, [contact me](#) or Sarah DuVall, director, behavioral health, at 518.431.7769 or sduvall@hanys.org.

Sincerely,



Victoria Aufiero, Esq.
Vice president, insurance, managed care and behavioral health