



Always There for Healthcare

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May 15, 2022

Chinazo O. Cunningham, MD, MS
Commissioner
Office of Addiction Services and Supports
1450 Western Avenue
Albany, NY 12203-3526

Submitted electronically: carmelita.cruz@oasas.ny.gov

Dear Commissioner Cunningham:

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, welcomes the opportunity to comment on proposed changes to 14 NYCRR Parts 800, 815-820, 822, 823 and 830.

Overdose complications and deaths have reached record highs in recent years and many New Yorkers are living with the major health, social and financial challenges associated with addiction disorders. HANYYS believes it is critically important to ensure that OASAS regulations are current and that they enable providers to best serve people impacted by addiction disorders.

We support OASAS' efforts to update regulations to reflect current definitions and guidance, and address disparities in access to care. We offer the following recommendations.

Alignment and clarification of requirements

Retention of patient records for ten years in outpatient settings

HANYYS strongly recommends that the timeline for retaining patient records remain consistent with existing state and federal requirements. This proposed change would impose significant administrative burdens and require providers to make costly investments. Deviations between state and federal requirements would impose an undue burden on providers already straining to meet care demands.

Medication for addiction treatment

OASAS proposes that patient access to medication for addiction treatment not be contingent on participation in any additional services offered by the program. However, federal rule, [42 CFR 8](#), requires patients receiving MAT in opioid treatment programs to also receive counseling and other behavioral therapies.

HANYS recommends that OASAS provide clarification to reconcile this difference. In addition, OASAS proposes that MAT programs must have a formal agreement with at least one opioid treatment program to facilitate patient access to full opioid agonist medication. HANYS recommends that clarification and consideration be provided for programs without access to a local OTP.

Treatment plans

OASAS proposes that treatment plans be re-evaluated and revised when goals are not met. Recent changes to 14 NYCRR Part 822 removed requirements for a stand-alone treatment/recovery plan. HANYS recommends that OASAS provide clarification regarding implementing this section in outpatient settings.

Flexibility for clinical decision making

Treatment refusal and discharge

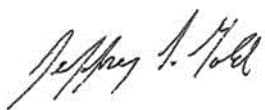
OASAS proposes that providers do not discharge a patient solely for their refusal to participate in a recommended service. Programs are unable to bill if services are not provided. Further, our members have cited concerns about circumstances where patients who choose not to participate in treatment influence the participation of others. HANYS recommends that these considerations be factored into any proposed changes and guidance.

Support and resources

Our members are experiencing widespread workforce shortages at a time when the need for addiction-related services has sharply increased. HANYS strongly urges OASAS to provide support and resources to help programs implement proposed changes, including direct funding. To ensure the success and sustainability of services, and meet patient needs, providers need ongoing opportunities to offer feedback as guidelines are developed and regulations are implemented.

We look forward to continued opportunities to engage with your office. If you have questions, contact me at 518.431.7730 or jgold@hanys.org, or Sarah DuVall, director, behavioral health, at 518.431.7769 or sduvall@hanys.org.

Sincerely,



Jeff Gold, Esq.
Senior Vice President and Special Counsel, Managed Care and Insurance