

# National Association for Behavioral Healthcare



Access. Care. Recovery.

14 February 2023

Miriam E. Delphin-Rittmon, Ph.D.  
Assistant Secretary for Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 13-E-30  
Rockville, MD 20857

**Submitted electronically:** <https://www.regulations.gov>

Dear Dr. Delphin-Rittmon:

The National Association for Behavioral Healthcare (NABH) respectfully submits the following recommendations in response to the Substance Abuse and Mental Health Services Administration's (SAMHSA) proposed rule "Medications for the Treatment of Opioid Use Disorder" that takes effect on Feb. 14, 2023.

NABH represents behavioral healthcare systems that provide addiction and mental health treatment across the entire continuum of care, including inpatient, residential treatment, partial hospitalization, intensive outpatient programs, as well as other facility-based outpatient programs including approximately one-third of the nation's opioid treatment programs (OTPs).

In general, NABH supports these thoughtful and far-reaching proposed revisions to the OTP "Part 8" regulations. As our nation confronts a growing addiction crisis with more than 107,000 overdose deaths in the 12-month period ending August 2022, the proposals will significantly improve access for younger people, individuals in rural and urban areas, individuals in different phases of recovery, and individuals who had been incarcerated. The changes could also improve treatment engagement by enhancing convenience and feasibility of medication dosing. In addition, the changes provide greater deference to the clinical decision-making of the professionals who serve individuals with opioid use disorder (OUD), thereby enhancing quality person-centered care. We especially support the ability to provide methadone induction via audio-visual telehealth.

To further expand availability of services, **NABH requests that in addition to increasing the number of days for which interim treatment may be provided, SAMHSA also permit for-profit OTPs to provide interim treatment.** OTPs are increasingly falling into the for-profit tax designation; restricting their ability to provide interim treatment is not only unjustified, it also unduly restricts access for individuals with OUD. Low-threshold services should be offered to every individual, regardless of the tax designation of their chosen treatment center.

We have significant concerns about the proposed changes to the accreditation standards in section 8.4(b)(1)(iii) and (b)(2) and request that these be removed. The regulatory proposal recommends that one or more accreditation recommendations would result in either a one-year accreditation or non-accreditation (versus a three-year accreditation), and also imposes a 60-day conformance period for these recommendations, even if the audit recommendation does not pertain to direct patient care or safety. These are not reasonable standards. Most programs will have at least one recommendation from an audit. This is not uncommon in the accreditation industry for all types of programs and services. If programs have to shut down for one recommendation, it would destabilize the operation of individual

900 17th Street, NW, Suite 420  
Washington, DC 20006-2507

**Phone:** 202.393.6700  
**Email:** [nabh@nabh.org](mailto:nabh@nabh.org)  
**Web:** [www.nabh.org](http://www.nabh.org)

# National Association for Behavioral Healthcare



Access. Care. Recovery.

OTPs, interrupt patient care, and reverberate across the industry, threatening the very access these proposed regulations purport to offer. The results of accreditation surveys can impact a program's standing with state licensing authorities, the U.S. Drug Enforcement Administration, and insurance carriers. Accreditation requirements number in the thousands. Allowing one audit recommendation to trigger such a cataclysmic event is a disproportionate and unwarranted requirement.

Lastly, please confirm that these regulatory revisions ensure an OTP remains the only entity that can request an exemption for a practitioner 'who wishes to treat a limited number of patients in a non-metropolitan area with few physicians and no OUD treatment services geographically accessible, and requests exemption from some of the staffing and service standards.'

Thank you for your thoughtful revision to the OTP regulations and considering our concerns and recommendations. If you have any questions, please contact Sarah Wattenberg at [sarah@nabh.org](mailto:sarah@nabh.org).

Sincerely,

Shawn Coughlin  
President and CEO

900 17th Street, NW, Suite 420  
Washington, DC 20006-2507

**Phone:** 202.393.6700  
**Email:** [nabh@nabh.org](mailto:nabh@nabh.org)  
**Web:** [www.nabh.org](http://www.nabh.org)