Title 450. Department of Mental Health and Substance Abuse Services
Rule Impact Statement – Chapter 70 Revisions

A. Purpose of the proposed rule and legal authority.

The proposed revisions update opioid treatment program requirements by making peer recovery support services optional, replacing "individual placement and support services" with "employment services," and limiting registry reporting requirements to methadone. Additional changes align the rules with current Oklahoma statutes and telehealth requirements.

The legal authorities for the proposed rules are Board of Mental Health and Substance Abuse Services; 43A O.S., §§ 3-306 and 3-601, 42 C.F.R., Part 8, Subpart C.

B. Description of the proposed rule.

The proposed revisions change peer recovery support services from a required activity to an allowable activity during all phases of treatment in opioid treatment programs. Further revisions replace "individual placement and support services" with "employment services" and narrow reporting requirements for individuals receiving medication for opioid use disorder from all MOUD to methadone to align with the current registry's reporting capabilities. Additionally, the revisions align existing language with applicable Oklahoma statutes regarding opioid substitution treatment programs and telehealth.

C. Classification of the rule(s) and justification for classification.

Classification: ☐ Major ☒ Nonmajor

Justification: The proposed revisions are expected to be budget neutral, as they modify existing requirements without establishing additional services or financial obligations.

Total annual implementation and compliance costs: The proposed revisions are not expected to result in additional implementation or compliance costs.

Methodology used to calculate costs: The anticipated fiscal impact was determined by reviewing the proposed revisions against existing service requirements, reimbursement practices, and reporting processes. The changes primarily remove or clarify existing requirements, including services that are not reimbursable through ODMHSAS or OHCA, and do not establish additional financial obligations. Therefore, no additional implementation or compliance costs are anticipated.

D. Description of affected classes of persons most likely to be impacted by the proposed rule.

The proposed revisions will primarily affect ODMHSAS certified opioid treatment program providers and individuals receiving services through these programs. The

changes modify requirements related to peer recovery support services, employment services, methadone registry reporting, and telehealth.

E. Description of the classes of persons who will benefit from the proposed rule.

ODMHSAS certified opioid treatment program providers will benefit from increased flexibility in providing peer recovery support services, clarified employment service requirements, and reporting requirements that align with current registry capabilities. Individuals receiving treatment may also benefit from greater flexibility in how services are provided to meet their individual needs.

F. Comprehensive analysis of the rules' economic impact.

The proposed revisions are expected to be budget neutral and are not anticipated to result in additional costs to ODMHSAS, OHCA, or affected providers. Changing peer recovery support services from a required activity to an allowable activity may reduce administrative and operational burdens for opioid treatment programs. Additionally, updating employment service terminology, aligning methadone registry reporting requirements with current capabilities, and clarifying statutory and telehealth requirements are not expected to create additional financial obligations. No significant economic impact is anticipated as a result of the proposed revisions.

G. Probable costs and benefits to the ODMHSAS and other agencies.

The proposed revisions are not expected to result in additional costs to ODMHSAS or other state agencies. The changes will provide clearer service and reporting requirements, align the administrative rules with current practices and applicable statutes, and may reduce administrative burdens associated with oversight and compliance.

H. Economic impact on political subdivisions and whether their cooperation is required.

The proposed revisions are not expected to have an economic impact on political subdivisions, as they do not establish additional financial or administrative requirements. No cooperation from political subdivisions is required to implement the proposed revisions.

I. Economic impact on small businesses.

The proposed revisions are not expected to have a significant economic impact on small businesses, including opioid treatment programs that qualify as small businesses. The changes do not establish additional fees or financial obligations and may reduce administrative and operational burdens by providing greater flexibility in service delivery and aligning reporting requirements with current practices.

J. Measures taken to minimize compliance and assessment of less costly, less intrusive, or nonregulatory alternatives.

The proposed revisions seek to minimize compliance burdens by making peer recovery support services optional, clarifying employment service requirements, and aligning methadone registry reporting with current capabilities. The changes are not expected to create additional costs or administrative burdens. Nonregulatory alternatives would not adequately address the existing requirements established in administrative rule or ensure alignment with applicable Oklahoma statutes and telehealth requirements.

K. Effect of the rule on public health, safety, and the environment.

The proposed revisions are not expected to have a negative impact on public health or safety. The changes clarify existing requirements and align administrative rules with current practices and applicable statutes while maintaining existing standards of care.

L. Determination of any detrimental effect on the public health, safety and environment if the proposed rule(s) is/are not implemented.

Failure to implement the proposed revisions could result in continued inconsistencies between administrative rules and current Oklahoma statutes, potentially creating confusion regarding provider requirements and compliance. Additionally, retaining outdated service and reporting requirements could place unnecessary administrative burdens on opioid treatment programs and potentially affect the delivery of services. While no direct environmental impact is anticipated, failure to implement the revisions could negatively affect public health and safety by creating uncertainty regarding applicable treatment requirements.

M. Summary of and preliminary comparison to existing or proposed federal regulations.

The proposed revisions were reviewed in relation to 42 CFR Part 8, which establishes federal standards for opioid treatment programs, including requirements related to treatment services and telehealth. The revisions update state-specific service and reporting requirements while maintaining alignment with applicable federal regulations. No conflicts with existing federal requirements are anticipated.

N. Analysis of alternative to adopting the proposed rule.

Alternatives such as provider guidance, training, or written notifications would not adequately address the proposed changes, as the existing requirements are established in administrative rule. Formal rulemaking is necessary to update service and reporting requirements, clarify provider expectations, and ensure alignment with current Oklahoma statutes and applicable federal regulations. Therefore, no nonregulatory alternatives were identified that would accomplish the intended purpose of the revisions.

O. Estimates of internal ODMHSAS employee time and other resources used to develop the proposed rule.

Between policy staff, program staff, and legal staff, the ODMHSAS has spent about 20 hours developing the proposed rule changes.

P. Date the rule impact statement was prepared and if modified, the date modified.

Prepared: October 9, 2026

Modified: