



NJATOD

NJ Association for the Treatment of Opioid Dependence

NJATOD MEMBERS

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SUNRISE CLINICAL SERVICES
THE LENNARD CLINIC
TRENTON TREATMENT CENTER
URBAN TREATMENT ASSOCIATES

April 19, 2024

Sent via Email

Kaitlan Baston, Commissioner
New Jersey Department of Health
P. O. Box 360
Trenton, NJ 08625-0360

Sarah Adelman, Commissioner
New Jersey Department of Human Services
222 S Warren Street
Trenton, NJ 08625

Valerie Mielke, Assistant Commissioner
New Jersey Department of Human Services
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625-0362

Dear Commissioner Baston and DHS Constituents:

I am writing on behalf of the New Jersey Association for the Treatment of Opioid Dependence (NJATOD) and its members which represent 42 Opioid Treatment Programs (OTPs) in New Jersey. Our Association was founded in 1984 and we represent the many varieties of OTPs in New Jersey including small and large non-profit organizations and small and large proprietary (for-profit) operations.

We understand that you are in support of the *Modernizing Opioid Treatment Access Act (MOTAA - H.R.1359/S.644)* as evidenced by your participation in Congressman Donald Norcross' recent roundtable. There is a great deal of evidence indicating that prescribing methadone for unsupervised pickup in pharmacies will lead to greater overdose and death.^{1,2,3,4,5}

We think it would be premature for state leadership to weigh in at this time as the Substance Abuse and Mental Health Services Administration (SAMHSA) just released a Final Rule at the end of January that makes major changes to the rules around telehealth, mobile units and take-home doses of methadone. We expect these regulatory changes to have a major



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impact on access to methadone, particularly in rural areas. We are specifically asking that the State regulations align with the SAMHSA regulations to give OTP's more flexibility and the ability to embrace the "harm reduction" model, provide individualized treatment and person-centered care. Current state regulations impose limitations and restrictions that preclude us from fully adopting the new SAMHSA regulations, i.e., counselor/patient ratios, counselor caseload maximums and the New Jersey Phase System guidelines which dictate the number of counseling encounters required based upon time in treatment.

There are two federal agencies who provide regulatory oversight to OTPs including the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration. Additionally, there are State Opioid Treatment Authorities, which have their own regulatory requirements for the OTPs. All OTPs, both for-profit and non-profit, must follow all the regulatory requirements. There is no opt-out provision.

We also understand that our opposition to this legislation has been framed in protecting the financial interests of all OTPs including non-profit and for-profit entities. Rather than debate the findings of five federal reports highlighting this dangerous reality, supporters of MOTAA instead attack opioid treatment programs' (OTPs) opposition to this policy as being profit driven. This dishonest argument ignores that fact 40% of OTPs nationwide are not-for-profit providers. As a collective provider organization, we want to voice our unequivocal opposition to MOTAA. Since proponents of MOTAA raise the issue of profits, it is worth noting that physicians in private practice who would be able to prescribe methadone under this legislation are for-profit entities themselves.

There are just over 2,000 OTPs in the United States treating 600,000 patients with opioid use disorder on any given day. We can provide your staff with methods of expanding access to care, especially with the use of mobile van services and medication units that are directly affiliated with OTPs. This is among several policy recommendations that can increase access to care safely and without creating inherent dangers that are associated with the *Modernizing Opioid Treatment Access Act (MOTAA)*.

Thank you for taking our perspective into account. Additionally, we request an opportunity to meet with you to provide stakeholder input concerning policies that directly impact our member providers and the patients we treat.

Sincerely yours,

Maiysha Ware

President, NJATOD

¹ SAMHSA's Center for Substance Abuse Treatment, Methadone-Associated Mortality: Report of a National Assessment, 2003

² U.S. Department of Justice, National Drug Intelligence Center, Methadone Diversion, Abuse, and Misuse: Deaths Increasing at Alarming Rate, Nov 16, 2007

³ SAMHSA's Center for Substance Abuse Treatment, Methadone Mortality – A Reassessment: Summary Report of the Meeting, 2007

⁴ Government Accountability Office, Methadone Associated Overdose Deaths: Factors Contributing to Increased Deaths and Efforts to Prevent Them, 2009

⁵ SAMHSA's Center for Substance Abuse Treatment, Methadone Mortality – A Reassessment, 2010



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Cc: Adam Bucon, NJ State Opioid Treatment Authority
Robert Eilers, NJ DMHAS Medical Director

¹ SAMHSA's Center for Substance Abuse Treatment, Methadone-Associated Mortality: Report of a National Assessment, 2003

² U.S. Department of Justice, National Drug Intelligence Center, Methadone Diversion, Abuse, and Misuse: Deaths Increasing at Alarming Rate, Nov 16, 2007

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