



HOUSE BILL 681: Update Opioid Abatement Treatment Prog. Rules.

2025-2026 General Assembly

Committee:	House Health. If favorable, re-refer to Regulatory Reform. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	April 29, 2025
Introduced by:	Reps. Crawford, Reeder, Chesser	Prepared by:	Stewart Sturkie
Analysis of:	PCS to First Edition H681-CSDC-12		Committee Co-Counsel

OVERVIEW: *The PCS to House Bill 681 would direct the Commission for Mental Health, Developmental Disabilities, and Substance Use Services (Commission) to amend rules applicable to outpatient opioid treatment programs (OTPs) to include changes mandated by the North Carolina General Assembly and to increase conformity with federal regulations. The Proposed Committee Substitute would make the following changes:*

- *Continue to require observed urine drug testing.*
- *Allow OTPs to administer methadone to patients who are not enrolled with the OTPs as their patients, provided the patients can be verified as patients with another OTP.*
- *Change the required publication date of the amended rules to January 1, 2026.*

CURRENT LAW:

Subchapter G of Chapter 27 of Title 10A of the North Carolina Administrative Code currently regulates outpatient opioid treatment in North Carolina. These rules address the scope of outpatient opioid treatment, create definitions, address staffing and operations of facilities, and regulate medication and mobile units.

Part 8 of Title 42 of the Code of Federal Regulations regulates medications for the treatment of opioid use disorder. These regulations include general provisions, accreditation of opioid treatment programs, certification and treatment standards for opioid treatment programs, procedures for informal review of suspension or proposed revocation of OTP certification and of adverse action regarding withdrawal of approval of an accreditation body.

BILL ANALYSIS:

Section 1.(a) of the PCS would require the Commission to amend the applicable rules of Subchapter G to make them more consistent with federal regulations. At a minimum, the Commission would be required to make the following changes:

- Remove the stability of a patient's social relationships and home environment as criteria for their eligibility to receive take-home medication.
- Explicitly prohibit administrative discharge of a patient from treatment due to continued substance use, missed doses, and nonparticipation in ancillary services.

Kara McCraw
Director



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- Remove structured counseling schedules to improve alignment with federal regulations that promote individualized, flexible, patient-centered care.
- Conform the number of required drug tests with the frequency required by federal regulations.
- Explicitly allow OTPs to administer methadone to patients who are not enrolled as a patient with the OTP, if the patient can be verified as a patient with another OTP by:
 - Contacting the patient's home OTP.
 - Checking the central registry.
 - Other means established by the Commission.

Section 1.(b) of the PCS would require the Commission, when it is determining whether to make other changes to the rules in order to be more consistent with federal regulations, to:

- Engage with current and former OTP clients and providers for input on changes that would further the goal of improving access to patient-centered care and would improve alignment with federal regulations.
- Not amend the rules based on input that is inconsistent with State or federal law.

Section 1.(c) of the PCS would require the Commission to publish proposed text of the amended rules by January 1, 2026.

EFFECTIVE DATE: This act would be effective when it becomes law.