

March 11, 2026

To: New Mexico Health Care Authority

Re: Public Comment on Proposed Revision to 8.321.10 NMAC

Dear Health Care Authority and Rulemakers,

I am writing to provide comments regarding the proposed revisions to 8.321.10 NMAC concerning Opioid Treatment Programs (OTPs).

By way of background, I currently serve as a Program Director of an OTP operating in New Mexico. My comments are based on direct professional and operational experience providing medication for opioid use disorder (MOUD) services within the state.

I appreciate the Health Care Authority's efforts to align New Mexico's OTP regulations with the updated federal requirements under 42 CFR Part 8, which were significantly revised by SAMHSA in 2024 to expand access to treatment and modernize OTP regulation.

However, I would like to raise concerns regarding NMAC 8.321.10.19(d).

Key Concern

NMAC 8.321.10.19(d) states:

“The OTP shall be open for patients every day of the week except for federal and state holidays, and Sundays, and be closed only as allowed in advance in writing by CSAT and the state opioid treatment authority (SOTA).”

This requirement does not appear in 42 CFR Part 8, nor is it consistent with the direction of the federal rule revisions.

The updated federal rule explicitly allows OTPs to provide take-home medication beginning at the initiation of treatment when clinically appropriate, recognizing that frequent in-person dosing requirements can create barriers to treatment engagement and retention. SAMHSA's modernization of the OTP regulations was intended to support more individualized treatment planning and reduce unnecessary clinic attendance when it is not clinically required.

Maintaining a state requirement that OTPs remain open six days per week may inadvertently conflict with this federal policy direction. If patients are appropriately receiving take-home medication under the federal framework, the operational need for mandatory Saturday dosing may be significantly reduced. In such cases, requiring programs to maintain Saturday operations primarily to satisfy regulatory requirements rather than clinical need may create unnecessary operational burden without improving patient care.

Aligning state operational requirements with the flexibility contemplated under 42 CFR Part 8 would allow OTPs to fully implement individualized treatment approaches while still maintaining appropriate clinical oversight and patient safety.

Operational and Access Implications

If implemented as written, this requirement may have several unintended consequences:

- Reduced access to care if clinics face operational challenges that limit their ability to maintain extended hours.
- Increased stigma for patients, particularly those required to attend clinics on weekends despite federal policy emphasizing normalization and flexibility in treatment.
- Significant workforce strain. Behavioral health providers are already in short supply across New Mexico. Mandating six-day operations may increase burnout among existing staff and create additional recruitment challenges.
- Operational inefficiencies, particularly for smaller or rural OTPs where staffing a clinic for a limited number of dosing hours may not be fiscally sustainable.

In many cases, requiring programs to maintain Saturday operations for only a small number of patients creates unnecessary administrative and financial burden without demonstrable improvements in patient outcomes.

Based on my experience working within opioid treatment programs in New Mexico, these operational concerns are commonly discussed among OTP providers who are working to expand access to medication for opioid use disorder while managing ongoing workforce and capacity challenges.

Suggested Revision

To better align with federal policy and the intent of 42 CFR Part 8, I respectfully recommend that the Health Care Authority consider either:

1. Revising NMAC 8.321.10.19(d) to mirror the language and operational flexibility permitted under 42 CFR Part 8, or
2. Removing subsection 8.321.10.19(d) in its entirety.

Aligning state regulations with the federal framework will allow New Mexico OTPs to implement evidence-based practices consistent with national standards while maintaining flexibility to meet the needs of their patient populations.

Another important consideration is the relationship between this proposed operational requirement and the expanded take-home medication flexibility established in the 2024 revisions to 42 CFR Part 8.

Conclusion

Thank you for the opportunity to provide feedback during this rulemaking process. I appreciate the Health Care Authority's continued efforts to modernize opioid treatment policy and improve access to care for individuals with opioid use disorder.

Please feel free to contact me if additional information or operational perspective from OTP providers would be helpful during this process.

Sincerely,

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