DBHDS Regulation	Regulatory Reduction Actions Effective 6/19/25	MOUD Amendments Effective 12/1/25	Change, intent, rationale, and likely impact of new requirements
12VAC35-105-20. Definitions.		AMENDED	Removal of the terms "medical detoxification" and "medication assisted opioid treatment", and the addition of the terms "medication for opioid use disorder," "opioid treatment practitioner", sometimes referred to as "OTP", and "withdrawal management." Also, aligns with federal changes and current evidence-based practices and terminology to provide person- centered treatment.
12VAC35-105-30 Licenses.		AMENDED	This change updated the name of the license from "Medication Assisted Opioid Treatment" to "Medication for Opioid Use Disorder Treatment." This aligns with federal changes and current terminology.
*12VAC35-105-925 Standards for the evaluation of new license for providers of services to individuals with opioid addiction.		AMENDED	925A.-D: No changes 925.E: Amendments here include updated staffing requirements to align with federal changes which reduce the burden on licensed providers. Terminology has been updated from "Medication Assisted Opioid Treatment" to "Medication for Opioid Use Disorder" 925.F-J: No changes 925.K-L: These amendments align with federal changes and current terminology. 925.M and N: No changes
12VAC35-105-930 Registration, certification, or accreditation.		AMENDED	Terminology has been updated to reflect "Opioid Use Disorder"
*12VAC35-105-935 Criteria for patient admission.		AMENDED	Terminology has been updated from "Medication Assisted Opioid Treatment" to "Medication for Opioid Use Disorder" Eliminates the 1-year Opioid Addiction History Requirement, promotes priority treatment for individuals who are pregnant, and removes the requirement of 2 documented instances of unsuccessful treatment for people under age 18. This aligns with federal changes and removes unnecessary barriers to medication access by focusing on individual needs. These amendments add protections for vulnerable groups.

DBHDS Regulation	Regulatory Reduction Actions Effective 6/19/25	MOUD Amendments Effective 12/1/25	Change, intent, rationale, and likely impact of new requirements
*12VAC35-105-940 Criteria for involuntary termination from treatment.	NO CHANGES	NO CHANGES	No changes as a result of these regulatory actions.
*12VAC35-105-945 Criteria for patient discharge.		AMENDED	Terminology has been updated from "Medication Assisted Opioid Treatment" to "Medication for Opioid Use Disorder". This aligns with federal changes and current terminology.
*12VAC35-105-950 Service operation schedule.	NO CHANGES	NO CHANGES	No changes as a result of these regulatory actions.
*12VAC35-105-960 Initial and periodic assessment services.		AMENDED	960.A and B: Requirements for initial medical examinations have been updated. The amendments allow screening examinations to be performed by practitioners external to the Opioid Treatment Program under certain conditions. 960.C-I: These amendments allow the screening of individuals for admission via audio-only or audio-visual telehealth technology if certain requirements are met. Telehealth is an evidence-based practice that has been shown to be safe and effective. Its use expands access to care.
12VAC35-105-965 Special services for pregnant individuals.	NO CHANGES	NO CHANGES	No changes as a result of these regulatory actions.
12VAC35-105-970 Counseling sessions.		AMENDED	The amendments to this section are stricter than the federal requirements, however the amendments allow for telehealth counseling and reduce the required frequency of counseling sessions. These changes remove unnecessary barriers to treatment access by focusing on individual needs.
*12VAC35-105-980 Drug screens.		AMENDED	The amendments for this regulation reduce the required drug screens per year. The amendments also change the frequency of drug screens when an individual's drug screen indicates continued illicit drug use from weekly, to a frequency determined by the clinician. This change is intended to reduce barriers for individuals receiving services and increase treatment retention.

<table>
<tr><th>DBHDS Regulation</th><th>Regulatory Reduction Actions Effective 6/19/25</th><th>MOUD Amendments Effective 12/1/25</th><th>Change, intent, rationale, and likely impact of new requirements</th></tr>
<tr><td>*12VAC35-105-990
<u>Take- home medication.</u></td><td></td><td>AMENDED</td><td>Overall, amendments to 990 remove unnecessary barriers to treatment access and increases access to lifesaving, evidence-based, MOUD treatment, and increases treatment retention.

990.A: The provisions in Part A are aligned completely with federal regulations. Additionally, the amended regulations make the Covid 19 flexibilities permanent. These flexibilities demonstrated that wider access to methadone improves outcomes without increasing rates of diversion when paired with individualized treatment, clinical judgement, safeguards and education.

990.B-C: Amendments to these regulations align the criteria for assessment for suitability for take-home medication with federal regulations.
These changes update criteria for consideration of take-home doses of methadone and allow individuals to receive a single take-home dose from the first week of treatment, with additional flexibilities with continued treatment under certain conditions. The amendments to this section are somewhat stricter than the federal requirements. Changes also reduce regulatory burden as a simplified take-home schedule will result in less administrative burden on providers.

<table>
<tr><td>990.C. 1</td><td><u>For the first seven days of treatment</u></td><td>A single take-home dose for one day when the clinic is closed for business, including Sundays and state or federal holidays</td></tr>
<tr><td>990.C.2</td><td><u>From eight days of treatment to 30</u> days of treatment</td><td>A <u>maximum of a five-day consecutive supply of take-home doses</u></td></tr>
<tr><td>990.C.3</td><td><u>From 31 days of treatment to 60</u> days of treatment</td><td><u>A maximum of a 14-day supply of take-home doses</u></td></tr>
<tr><td>990.C.4</td><td><u>After 60</u> days of treatment</td><td><u>A maximum of a 28-day consecutive supply of take-home medication</u></td></tr>
</table>

990.D-G: Use of updated terms</td></tr>
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DBHDS Regulation	Regulatory Reduction Actions Effective 6/19/25	MOUD Amendments Effective 12/1/25	Change, intent, rationale, and likely impact of new requirements
*12VAC35-105-1000 Preventing duplication of medication services.		AMENDED	These changes align with federal changes and current terminology.
12VAC35-105-1010 Guests.		AMENDED	A few clarifying edits were made, and the changes also align with federal changes and current terminology.
*12VAC35-105-1020 Withdrawal management prior to involuntary discharge.		AMENDED	Regulation title changed to replace the term "Detoxification" with "Withdrawal management". Subsections A and B have been added. Updated "state methadone authority" to "State Opioid Treatment Authority", or "SOTA". Clarifying edits were made that incorporate DBHDS policy into regulations by stating that providers may immediately discharge an individual who has exhibited violent behavior *if* the provider has defined the circumstances under which such discharge would be appropriate within their policies. This promotes a safer treatment environment for staff and individuals receiving services.
12VAC35-105-1030 Opioid agonist medication renewal.	NO CHANGES	NO CHANGES	No changes as a result of these regulatory actions.
*12VAC35-105-1040 Emergency preparedness plan.	NO CHANGES	NO CHANGES	No changes as a result of these regulatory actions.
*12VAC35-105-1050 Security of opioid agonist medication supplies.	NO CHANGES	NO CHANGES	No changes as a result of these regulatory actions.
12VAC35-105-1055 Description of care provided	REPEALED		Repeal unnecessary section of a service that is no longer licensed. This was blended into an ASAM level of care.
12VAC35-105-1060 Cooperative agreements with community agencies.	REPEALED		Repeal unnecessary section of a service that is no longer licensed. ASAM sections have language establishing expectations related to affiliations and coordination of services.
12VAC35-105-1070 Observation area.		REPEALED	Repeal unnecessary section of a service that is no longer licensed.

DBHDS Regulation	Regulatory Reduction Actions Effective 6/19/25	MOUD Amendments Effective 12/1/25	Change, intent, rationale, and likely impact of new requirements
12VAC35-105-1080 Direct- care training for providers of detoxification services.	REPEALED		Repeal unnecessary section of a service that is no longer licensed. This was blended into an ASAM level of care.
12VAC35-105-1090 Minimum number of employees or contractors on duty.		REPEALED	Repeal unnecessary section of a service that is no longer licensed.
12VAC35-105-1100 Documentation.		REPEALED	Repeal unnecessary section of a service that is no longer licensed.
12VAC35-105-1110 Admission assessments.		REPEALED	Repeal unnecessary section of a service that is no longer licensed.
*12VAC35-105-1120 Vital signs.		REPEALED	Repeal unnecessary section of a service that is no longer licensed.
12VAC35-105-1130 Light snacks and fluids.		REPEALED	Repeal unnecessary section of a service that is no longer licensed.

***Regulation or sub-regulation requires policies, procedures or written plan.**