



September 8, 2025

Dr. Chinazo Cunningham, Commissioner, OASAS  
1440 Western Avenue  
Albany, NY 12222

Dear Commissioner Cunningham:

I am writing on behalf of the almost 200 member agencies represented by the New York State Council for Community Behavioral Healthcare. As you know, most of our members (non-profit freestanding agencies, counties that operate direct services, and general hospitals) offer a broad range of OASAS programs and services across New York, including OASAS Residential Services, OASAS Article 32-Part 822 Outpatient Clinics, and OTPs.

Today I want to communicate our concerns regarding a September 3 OASAS communication to the field that impacts agencies operating OASAS Residential Services Outpatient Clinics and OTPs in which OASAS announced the required use of a new form (PAS47M) beginning October 1. **I am writing to request a delay in the current implementation date (October 1, 2025) of the PAS47M, for a minimum of 90 days after OASAS ‘turns on’ the function that allows providers to report the required information in a batch format (as mentioned in the September 3 communication). Providers also need time to make changes to their technology that will hopefully enable them to meet this new requirement without additional burdens.**

While we know the information being collected through use of PAS47M is important, the reporting burden falls squarely on the shoulders of agencies that are already overwhelmed, understaffed, and fighting to remain viable. At a moment in time when the discussion between NYS government and healthcare providers seems to be centered on finding ways to mitigate the negative impacts of HR1 – the so-called OBBA, and to identify areas ripe for regulatory relief, the intensity of the requirements associated with use of the PAS47M, as currently constructed, appears to run contrary to these priorities.

We are interested in meeting with you for a collaborative and solution-focused discussion in which NYS Council members operating these programs and services discuss their ideas for how to minimize / mitigate the reporting burdens associated with this requirement. We can also describe what the current requirement means on the ground for agencies that are providing MAT.

On behalf of everyone at the NYS Council, I want to thank you for your ongoing leadership of OASAS and your continued service to all New Yorkers. I look forward to speaking with you about a meeting on this important topic as soon as possible.

Respectfully,

Lauri Cole, MSW, Executive Director  
NYS Council for Community Behavioral Healthcare