An Introduction to This Summary

SVMIC strives to keep you informed about issues affecting both risk, as well as running your practice. Our Risk Education Department is pleased to provide you with an updated Tennessee Prescribing Summary and schedule of our 2016 live seminar, “Rx Safety: A Team Effort,” to educate prescribers and staff on current laws and tools for safe prescribing. This course meets the Physician, Advanced Practice Nurse and Physician Assistant 2 hour mandatory prescribing CME for licensure renewal. To register, go to www.RegisterSVMIC.com.

Check out our 2016 prescribing course schedule!

**Rx Safety: A Team Effort**

- Chattanooga: April 5-6
- Cookeville: May 5
- Cleveland: June 29
- Franklin: October 27
- Gatlinburg: October 24
- Jackson: September 21
- Johnson City: October 13
- Kingsport: October 12
- Knoxville: August 17-18
- Memphis: August 2-3
- Murfreesboro: September 15
- Nashville: August 9-10

**TN Medical Board CME Requirements**

All medical doctors must complete forty (40) hours in the two calendar years preceding the year of license renewal. Unless exempted by statute, two (2) of the forty (40) required hours must relate to controlled substance prescribing, which must include instruction in the Department’s treatment guidelines on opioids, benzodiazepines, barbiturates and carisoprodol.

**EXEMPTIONS:** Medical doctors or osteopathic physicians who are board certified by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA) or the American Board of Physician Specialties in pain management, anesthesiology, physical medicine and rehabilitation, neurology or rheumatology.

Advanced Practice Nurses (with a Certificate of Fitness) and Physician Assistants (with a DEA) must also meet the 2 hour course requirement.

Penalties for noncompliance may include fines, additional CME hours and public discipline against the license.

**EXAMPLE**

If your medical license is renewed in any month in 2016, forty hours (including two prescribing hours) of CME must be completed between January 1, 2014 and December 31, 2015. It doesn’t matter how many hours are completed in a single year as long as all hours are completed within the appropriate two year time frame.

Visit SVMIC.com for more prescribing resources.

The guidelines are located at https://www.tn.gov/assets/entities/health/attachments/ChronicPainGuidelines.pdf.

DISCLAIMER: The information provided in this summary is intended for general guidance only and does not include all laws or regulations pertaining to prescribing. This summary does not supersede the law or constitute legal advice. Those who are or may be subject to this information are strongly urged to review the applicable laws and rules and seek personal legal counsel if necessary. Revised: 3/16.

Questions? Contact Julie Loomis at 800.342.2239 or 615.846.8319
When do I have to check the database?

The law requires the prescriber or healthcare practitioner extender to check the database:

- Before prescribing an opioid or benzodiazepine as a new course of treatment lasting more than seven days; and
- At least annually when that controlled substance remains part of the patient’s treatment plan.

Note: Prescribers also have a professional responsibility to check the database for any Schedule II-V controlled substance if doctor shopping, diversion or other misuse is suspected. Prescribers should regularly (suggest monthly) obtain their own practitioner report for unauthorized use of a prescriber’s DEA license (contact law enforcement) or for incorrect information (contact dispensing pharmacy).

Are there any exceptions?

T.C.A. § 53-10-310

Prescribers are not required to check the CSMD if one or more of these conditions is met (partial list only):

- Only a 7-day supply is prescribed with no refill
- The controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care
- The controlled substance is prescribed as a non-refillable prescription as part of treatment for a surgical procedure that occurred in a licensed healthcare facility (Proposed Bill HB 2571 would limit this to 7 days without a database check)
- The controlled substance is prescribed for administration directly to a patient during the course of inpatient or residential treatment in a hospital or nursing home

How do I document and handle the CSMD Report?

T.C.A. § 53-10-306

TN state law now allows the CSMD report to be placed in the medical record. However, the prescriber should be aware of potential inaccuracies because of similarities in patient data and take extra care to accurately select ONLY the boxes next to those patients with profile data matching the desired patient. The CSMD may also include data from neighboring states including those with criminal penalties for certain disclosures of their data. Because of this, SVMIC does not recommend placing the CSMD report in the medical record. Prescribers should document access to the CSMD including the initials of the person accessing, date and action taken by the prescriber.

CSMD CLINICAL NOTIFICATIONS

Identifies patients with 4 or more providers; 4 or more pharmacies and/or ≥ 90 morphine equivalents over a 90 day period. (Y = yellow, R = red)

<table>
<thead>
<tr>
<th>Multiple Providers (Diamond)</th>
<th>Multiple Pharmacies (Triangle)</th>
<th>Morphine Equivalents (Square)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>≥ 4 Practitioners in last 90 days</td>
<td>≥ 4 Pharmacies in last 90 days</td>
<td>≥ 90 but &lt; 120 Active Morphine Equivalents</td>
</tr>
<tr>
<td>R</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>≥ 5 Practitioners in last 90 days</td>
<td>≥ 5 Pharmacies in last 90 days</td>
<td>≥ 120 Active Morphine Equivalents</td>
</tr>
</tbody>
</table>
These guidelines are not applicable to end-of-life care, emergency room care or acute pain. Occasional deviation from these guidelines for appropriate medical reasons is to be expected and documented.

### Morphine Equivalents (MME)

<table>
<thead>
<tr>
<th>Patients at:</th>
<th>Provider encouraged to manage; have a valid TN license; DEA and required CME</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;120 MME</td>
<td>Consult with a Pain Management Specialist (PMS)</td>
</tr>
<tr>
<td>&gt;120 MME</td>
<td>Annual consultation with a PMS</td>
</tr>
</tbody>
</table>

### Pain Management Specialist

**T.C.A. § 63-1-301**

- Must attain one of the following:
  - Sub-specialty certification in pain medicine as accredited by the ACGME (ABMS or the AOA); or
  - ABPM diplomate status; or
  - ABIPP (Exam 1 Passage); or
  - An active pain management practice in an accredited outpatient interdisciplinary pain rehab facility
- Unencumbered TN license
- Maintains CME hours in pain management to satisfy retention of above

*Any exceptions to this must be approved by the respective regulatory board.*

### Managing Opioid Treatment

- Reasonable non-opioid treatment should be tried.
- Review of prior records
- Current diagnosis justifying opioid treatment
- Avoid benzodiazepines. If >120 MME, refer to a mental health specialist.

### Goals for treatment

- Goal is pain reduction, not elimination
- Clinically significant improvement in function, not only “pain score”
- Include non-opioid modalities

- Document (H&P, lab tests, imaging results)
- Informed Consent
- Pain Management Agreement
- Attempted treatments
- Screening of mental health disorders
- Assessment for misuse, abuse, diversion, addiction, urine drug screening and CSMD check, per guidelines

### Urine Drug Screening

**T.C.A. § 53-11-308**

Chronic Pain Treatment guidelines recommend the following:

<table>
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<th>Risk Level</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>HIGH</td>
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</tr>
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</tr>
<tr>
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<td>1-2 times per year</td>
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UDS is NOT mandatory except for pain management clinics providing chronic therapy.

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**Document:**

- UDS is NOT mandatory except for pain management clinics providing chronic therapy.
Pain Clinics & Additional Laws

Laws That Have Passed Since Our Last Update

Public Chapter 26 deletes the Intractable Pain Act.

Public Chapter 623 allows a licensed health care practitioner to prescribe naloxone to a person (or their family/friend) at risk of having an opiate related overdose.

Public Chapter 820 allows for the prosecution of a woman illegally using narcotics who gives birth to a child with Neonatal Abstinence Syndrome except in certain circumstances.

Public Chapter 898 states that APNs and PAs MUST add supervising physicians to the CSMD, and supervising physicians must approve in CSMD or the APN/PA is unable to access it.

”Addiction Treatment Act of 2015” offers immunity for the first request for medical assistance during a drug overdose.

PROPOSED BILLS TO WATCH

HB 2571 enacts the "Tennessee Prescription Safety Act of 2016"
- Modifies exceptions: If prescribed as part of a treatment for a surgical procedure that occurred in a licensed health care facility, limited to seven-day supply, nonrefillable
- Dispensing practices are required to check the database
- Specifies that a "new episode of treatment" means a prescription not prescribed within the previous 12 months

HB 2126 sets out nine requirements for dispensing opioids or benzodiazepines by physician practices.

PAIN MANAGEMENT CLINIC CRITERIA

Pain Management Clinics  T.C.A. § 63-1-301
- Effective July 1, 2016, a medical director must be a Pain Management Specialist.

Majority Rule
- Privately owned
- Any licensed healthcare provider offering chronic non-malignant pain treatment: “Chronic non-malignant pain treatment” means prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol for ninety (90) days or more in a twelve (12) month period for pain unrelated to cancer or palliative care
  - To a majority of patients >90 days within 12 months
  - May count caseload of entire group

Advertising Rule
- Privately owned plus advertises in any medium for any pain services
- Does not apply to interventional pain management if the clinic does not provide chronic non-malignant pain treatment to a majority of patients >90 days/12 months

Pain Medicine Specialist Rule
- Pain Management Clinic does not mean:
  A clinic owned and operated by a physician multi-specialty practice in which one or more board-eligible or board-certified Pain Medicine Specialists approved by ACGME, ABPM, ABMS, AAPS or AOA perform the pain management services.

Doctor Shopping & Mandatory Reporting
T.C.A. § 53-11-402

Generally, it is unlawful to deceive or fail to disclose to a health care provider from whom the person obtains a prescription for a controlled substance that the person has received the same or similar controlled substance within the previous 30 days. Generally, any health care provider who has actual knowledge that a person has knowingly, willfully and with intent to deceive, obtained or attempted to obtain controlled substances in violation of the law must report it to local law enforcement or drug task force within 5 business days. The law allows the CSMD to serve as "actual knowledge.”
2016 SVMIC Live
Prescribing Seminar
Schedule Included!