

### **MEMBERS PRESENT**

Dr. Melanie Blake, Board of Medical Examiners, Chairperson  
Dr. Montgomery McInturff, Board of Veterinary Medicine,  
Dr. Bhekumuzi Khumalo, Podiatry Board  
Dr. Robert Caldwell, Board of Dentistry  
Dr. Kurt Steele, Board of Optometry  
Mr. Robert White, Committee on Physician Assistants  
Dr. Adam Rodgers, Board of Pharmacy  
Ms. Amber Wyatt, Board of Nursing

### **STAFF PRESENT**

Dr. Andrea Miller, Interim Director of Controlled Substance Monitoring Database  
Mr. Jae Lim, Attorney, Office of General Counsel  
Ms. Debora Sanford, Clinical Application Coordinator  
Ms. Tracy Bacchus, Administrative Assistant  
Ms. Jaime Byerly, Office of Investigation

### **MEMBERS ABSENT**

Mr. Robert Ellis, Board of Medical Examiners  
Mr. Jake Bynum, Board of Pharmacy Public Member  
Dr. Shant Garabedian, Osteopathic Board, Vice Chairperson

The Controlled Substance Monitoring Database (CSMD) Committee convened on Tuesday, June 21, 2022, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Blake called the meeting to order at 9:00 a.m. and the members introduced themselves.

### **Minutes**

Dr. Blake asked if everyone had read the minutes from the meeting on February 15, 2022, and if so, could the committee have a motion to approve the minutes.

- Dr. Bhekumuzi Khumalo made the motion to accept the minutes from the February 15, 2022, committee meetings, and Dr. Adam Rodgers seconded the motion.
- Minutes were approved.

### **Office of Legislative Affairs – Elizabeth Foy**

[Public Chapter 644—SB1823/HB1867—Johnson/Zachary](#)

Re: Covid-19 Vaccine Exemptions. This public chapter requires that an employer grant certain exemptions to requirements of proof/receipt of vaccinations if the request for exemption is either (1) supported by signed/date statement by a licensed physician that the staff member has a condition recognized under generally accepted medical standards as a basis for the medical exemption or (2) the staff member attests in writing (including electronic means) that the staff member has a sincerely held religious believe that prevents the staff member from complying the requirement in accordance with guidance from Medicare and Medicaid services. This public chapter creates a civil penalty of \$10,000 for violation of this statute. Effective as of March 11, 2022.



[Public Chapter 721—SB1682/HB1854—Gardenhire/Whitson](#)

Re Public Records. This public chapter states that if it is not practicable for a public record to be promptly available for public inspection, the custodian of the public record must make the public record available to the requestor within seven days. This public chapter also clarifies that a governmental entity is not required to sort through files to compile information into a new record or to create or recreate a record that does not exist. A request for inspection or copying of a public record must be sufficiently detailed to enable the governmental entity to identify responsive records for inspection and copying. Lastly, this public chapter authorizes a governmental entity to require other forms of identification, if a person does not possess photo identification, to evidence the person's residency in this state. Effective on July 1, 2022.

[Public Chapter 739—SB2218/HB2447—Briggs/Williams](#)

Re: Physician Self-Referral. This public chapter adds any conduct or activity that does not violate, or that is protected by, federal law or rule to the physician self-referral exceptions. Effective as of March 24, 2022.

[Public Chapter 749—SB2572/HB2465—Crowe/Leatherwood](#)

Re: Naloxone Standing Order. This public chapter allows licensed healthcare workers to prescribe, directly or through standing order, naloxone or other similarly acting and equally safe drugs approved by the FDA to an organization or municipal or county entity, including but not limited to a recovery organization, hospital, school, or county jail. This public chapter also allows an individual or entity under a standing order to receive and store an opioid antagonist and provide an opioid antagonist directly or indirectly to an individual. Additionally, this public chapter authorizes a first responder acting under a standing order to receive and store an opioid antagonist and to provide an opioid antagonist to an individual at risk of experiencing a drug-related overdose or to a family member friend or other individual in a position to assist an at-risk individual. This public chapter includes "unresponsiveness, decreased level of consciousness, and respiratory depression" to be included within the definition of drug related overdose. Effective on July 1, 2022.

[Public Chapter 764—SB2427/HB2177—Johnson/Lamberth](#)

Re: Drug Paraphernalia. This public chapter excludes narcotic testing equipment used to determine whether a controlled substance contains a synthetic opioid from the definition of "drug paraphernalia" as used within the criminal code unless the narcotic testing equipment is possessed for purposes of the defendant's commission of certain drug related offenses. This public chapter will be repealed on July 1, 2025. Effective as of March 31, 2022.

[Public Chapter 775—SB1993/HB2050—Watson/Williams](#)

Re: Agency Contract Prohibitions. This public chapter prohibits a public entity from entering into a contract with a company to acquire or dispose of services, supplies, information technology, or construction unless the contract includes a written certification that the company is not currently engaged in and will not for the duration of the contract engage in, a boycott of Israel. This public chapter does not apply to contracts with a total potential value of less than \$250,000 or to contractors with less than ten employees. Contracts entered into or after July 1, 2022, that fail to comply with this section are void. For the purposes of this public chapter, public entity means this state or any political subdivision thereof including all boards, commissions, agencies, institutions, authorities, counties, municipalities, and other bodies politic and corporate of this state, created by or in accordance with state law or rule. This public chapter authorizes the Commissioner of Finance and Administration or the Commissioner's designee to promulgate rules to implement this section. For rule making purposes, effective as of April 8, 2022. For all other purposes, effective on July 1, 2022.

[Public Chapter 804—SB1802/HB1763—Reeves/Lamberth](#)

Re: Drug Paraphernalia. This public chapter includes pill press devices and pieces of pill press devices to the definition of drug paraphernalia for the purposes of drug offenses. Pill devices or pieces of pill press



devices are not included within this definition if used by a person or entity that lawfully possesses drug products in the course of legitimate business activities, such as a pharmacy or pharmacist. Effective on July 1, 2022 and applies to offenses committed on or after that date.

[Public Chapter 823—SB1765/HB1916—Southerland/Eldridge](#)

Re: State Employee Eligibility. This public chapter prohibits a state agency from requiring a condition of eligibility for hire to a position in state employment that an applicant have a bachelor's degree. This prohibition does not apply if the knowledge, skills, or abilities required for the position for which an applicant is applying can only reasonably be obtained through a course of study in pursuit of a bachelor's degree. Effective on July 1, 2022.

[Public Chapter 825—HB2171/SB2421—Lamberth \(Terry\)/Johnson \(Reeves\)](#)

Re: CSMD. Creates data protection and pathways through the CSMD for reporting of Part 2 data and methadone. Expands data sharing within the CSMD committee process but requires that the commissioner enter into agreements in order to disseminate such data. Department of Health's Administration Bill. Effective as of April 14, 2022.

[Public Chapter 856—HB2864/SB2889—Rudd/Gardenhire](#)

Re: Public Meetings. Permits boards or agencies of state government to have electronic meetings. If an electronic meeting is being held, requires that members of the public be allowed to view and/or listen to the meeting in real time. There must also be a method of members of the public to participate in the meeting electronically if they would otherwise be permitted to participate in person. Instructions for participate are to be included in the notice of the meeting. An electronic meeting shall be recorded, and that recording must be posted on the website of the organization within 3 days. The governing body shall maintain that electronic record of the meeting for at least 3 years. Effective on July 1, 2022.

[Public Chapter 881—SB2240/HB2335—Haile/Vaughn](#)

Re: Buprenorphine. Prohibits prescribing of buprenorphine via telehealth unless the healthcare provider is employed by a licensed non-residential opioid treatment facility, a community mental health center, an FQHC, a hospital, or through TennCare. Effective as of April 14, 2022.

[Public Chapter 908—SB2188/HB2746—Niceley/Lynn](#)

Re: Ivermectin. Permits a pharmacist to enter into a collaborative practice agreement with a physician in order to provide ivermectin. Requires that the Board of Pharmacy adopt rules to establish standard procedures for the provision of ivermectin by pharmacists, including a risk assessment tool and a standardized fact sheet. Provides civil liability protection against pharmacists who dispense ivermectin pursuant to this statute except under gross negligence circumstances. Effective as of April 22, 2022. Mandatory rulemaking.

[Public Chapter 1061—HB2228/S2465—Ramsey/Reeves](#)

Re: Opioid Antagonists. Requires that a prescriber offer a prescription for an opioid antagonist when issuing a prescription for an opioid if the prescription is for longer than 3 days and there is a history of or suspicion of abuse. This does not apply in palliative care or veterinarian settings. Penalties are included for failure to comply. Effective on July 1, 2022 and applies to opioid prescriptions issued after that date.

[Public Chapter 1083—SB0887/HB0519—Stevens/Gant](#)

Re: Professional Privilege Tax. Eliminates the professional privilege tax for physicians (both those licensed under the Board of Medical Examiners and the Board of Osteopathic Examiners). Effective as of May 27, 2022 and applies to privilege taxes due and payable after May 31, 2023

[Public Chapter 1094—SB1891/HB1905—Hulsey/Doggett](#)

Re: Mandatory Reporting of Fatal Drug Overdoses. Requires that a fatal overdose be reported to law enforcement, including by doctors and nurses. Effective July 1, 2022.

[Public Chapter 1119—SB2466/HB2500—Reeves/Boyd](#)

Re: Health Facilities Commission Creation. Creates the Health Facilities Commission from the division of health licensure and regulation within TDH. The commission is empowered to issue licenses and regulate hospitals, recuperation centers, nursing homes, homes for the aged, residential HIV facilities, assisted living facilities, home care organizations, hospices, birthing centers, prescribed childcare centers, renal dialysis clinics, ambulatory surgical centers, outpatient diagnostic centers, adult care, homes, and TBI residential homes. Clarifies that the Health Facilities Commission also handles the certificate of need process. Effective July 1, 2022.

[Public Chapter 1135—SB1997/HB2043—Bell/Cochran](#)

Re Tianeptine as Controlled Substance. Classifies Tianeptine and all derivatives thereof as Schedule II controlled substances. Effective July 1, 2022.

**Office of Investigations (OIV) Update – Jamie Byerly**

- Heat map showing the active pain clinics in Tennessee
- Lifecycle of a complaint
- First review
  - Complaint Closed
  - Investigation Initiated
- Second Review
  - Case Closed
  - Case Transferred to Office of General Council
    - Closed with no action
    - Board order Drafted
    - Board order Ratified
    - Disciplinary Coordinator Receives Board Order
- In 2022, thirty-one total PMC inspections have been completed.
  - 17 biennial inspections
  - 8 new application inspections
  - 6 reinspection's
- Overprescribing Complaints 2022 YTD
  - Ten complaints are pending first review:
    - Doctor of Osteopath (DO): 1
    - Medical Doctor (MD): 9
  - Thirty-two complaints are being investigated:
    - Advanced Practice Registered Nurse (APRN): 12
    - DO: 3
    - MD: 17
  - Forty complaints are pending second review:
    - APRN: 13
    - DO: 3
    - MD: 18
    - Physician Assistant (PA): 6
  - Seventeen cases are pending third party action:
    - APRN: 1
    - DO: 2
    - MD: 10
    - PA: 3

- Pain Management Clinics: 1
- There are no open complaints for dentists, podiatrists, optometrists, or veterinarians.

#### **Office of General Counsel – Jae Lim**



- Reported prescribing cases for February 2022 through April 2022
  - Eighteen BME cases
  - Two Board of Nursing cases
  - One Board of Physician Assistant case
- Mr. Lim discussed more on HB2171\*/SB2421 –
  - this bill would require the reporting of all methadone dispensed in Tennessee;
  - under this bill, only drugs administered directly to a patient during inpatient or residential treatment would be exempt from the reporting requirements;
  - this bill would enhance the Commissioner’s ability to share CSMD data and information by authorizing her to enter into agreements with “other governmental entities” (e.g., other Tennessee state government agencies or federal agencies) and expanding the scope of sharing to “patient care coordination”; and
  - this bill would ensure compliance with federal privacy and confidentiality laws related to Part 2 programs and authorize the Commissioner to promulgate rules governing the additional reporting requirements.
- Updated the CSMD FAQ question 10 has been updated to the new changes and since we updated the FAQ’s we have not gotten any more questions

#### **Bamboo Health Report – Blake McGowan**

- Who they Help?
  - Hospital & Health System
  - State Government
  - ACO’s & Provider Organizations
  - Health Plans
  - Community & Behavioral Health Providers & FQHC
  - Physicians
  - Post-Acute Facilities
- Open Beds is another service that Bamboo offers
  - Improving access to mental health, substance use disorder, and crisis services through a trusted treatment referral network
- Prescription Monitoring Program interconnect’s (PMPi) the architecture facilitating the transfer of prescription monitoring program (PMP) data across state lines, allowing participating state PMPs to be linked.
  - National Association of Board of Pharmacy (NABP) owned
  - Bamboo Health developed and managed the platform for NABP
  - PMPi facilitates over 1 billion patient encounters per yea
  - 51 of 54 PMPs connect to PMPi
  - Connecting over 100,000 facilities and 800,000 healthcare providers across the country
- Top 5 Licensees:
  - Vanderbilt University Medical Center

- Summit Medical Group TN
- Phydata/ AdvancedHEALTH
- Veteran’s Health Administration
- Covenant Health
- First facility went live July 2020 (Marcrom’s Pharmacy)
- Top 5 Licensee Gateway Report views from May 2021 to May 2022: 463,871
- TN has had 27.68 Million successful Gateway Requests over the last 18 months
- TN Statewide Gateway
  - Number of active Unique Licensees: 468
  - Individual facilities that are live with Gateway: 1,505
  - Unique Requestor ID’s: 10,680
  - Licensees that have active requests for integration (in progress): 200+

**CSMD Director’s Report – Dr. Andrea Miller**

- Dr. Miller updated the committee on a question that was asked during the February 2022 CSMD Committee meeting related to when a request comes from out of state into Tennessee, if the search could be an exact match to narrow the results being returned from the CSMD to the other states
  - Bamboo communicated this type of change would require changing fundamentally the way PMPi returns results
  - Note: Gateway uses PMPi and the search logic of the disclosing state to determine which records to disclose. The net will be as wide or as narrow as the disclosing state’s search logic
- Opioid Benzo Muscle Relaxer All 3 (Red) 
  - Triggers when patient has all three of these drug classes (opioid, benzo, controlled muscle relaxer) active at the time of the report generation
  - Icon is 3 red multi multi-circles with color written underneath to facilitate grayscale printing
- Opioid Benzo Muscle Relaxer 2 of 3 (Yellow) 
  - Triggers when patient has any combination (two of three) drug classes (opioid, benzo, controlled muscle relaxer) active at the time of the report generation
  - Icon is two yellow multi multi-circles with color written underneath to facilitate grayscale printing
- Medical Examiner Role
  - The business requirements are finalized
  - Development has started
- Data Collection Manual
  - Nearing completion
- Upcoming CSMD Committee Meeting
  - October 18, 2022
  - January 31, 2023
  - June 27, 2023
  - October 17, 2023

- Dr. Miller wanted to confirm that delegating to approve the waivers was delegated to the position and not the person
  - Mr. Lim stated that for future reference it doesn't matter if the committee takes further action the delegation stays with the position and not the person
- Dr. Miller asked the committee to approve travel for the following meetings: ASAP Conference for Director and Debora Sanford; PMPi Steering Committee meeting for Ms. Sanford; and NASCSA Conference 2022 for Debora Sanford, Director of the CSMD and Dr. Zhi Chen and or their designee
  - Dr. Adam Rodgers made the motion to approve travel for the Director of the CSMD and Ms. Sanford or their designee, and Mr. Robert White seconded the motion.
  - Travel requests were approved.
- Election for Chair and Vice Chair of the CSMD Committee
  - Dr. Adam Rodgers nominated Dr. Shant Garabedian as the Chair of the CSMD Committee, and Dr. Kurt Steele seconded the motion,
  - Move by acclamation that Dr. Shant Garabedian is the Chair of the CSMD Committee were approved
  - Dr. Adam Rodgers nominated Mr. Robert White as the Vice-Chair of the CSMD Committee, and Dr. Kurt Steele seconded the motion,
  - Move by acclamation that Mr. Robert White is the Vice-Chair of the CSMD Committee were approved

#### **TennCare Update – Dr. Victor Wu, Andrei Dumitrescu, and Sarah Raybin**

- Background of Data Partnership between TennCare and Department of Health
  - Began with discussions in 2017 about the significant number of TennCare members that suffer from substance use disorder and need counseling, care, and support
  - On September 14, 2019, 5-year *Interagency Agreement amendment* between TDH and TennCare to share CSMD data was signed and executed
  - TennCare and its partner MCCs have developed use cases in accordance with the outlined agreement
  - TennCare is currently in the 4<sup>th</sup> year of the agreement and has deeply integrated the CSMD into member and provider quality strategies
- CSMD Data Security
  - Health transmits CSMD data to TennCare
  - TennCare transmits CSMD data to Managed Care Contractors (MCC)
  - MCCs store CSMD data isolated from other data
  - MCCs access & integrate CSMD data
  - TennCare and the MCCs have a strict protocol in place if a security breach was detected
    - TennCare requires immediate notification of ANY potential security or privacy incident, not just confirmed breaches
    - MCC agreements require cooperation towards breach resolution and have strict non-compliance penalties.
- TennCare Opioid Strategy
  - Primary Prevention limit opioid exposure to prevent progression to chronic opioid use
    - Implemented rule in January 2018 placing dosage and day coverage allowances on opioid prescriptions for naïve and acute users.
    - Increased prior authorization requirements for all opioid refills.
    - Continued support of nonpharmacological pain management and clinical services, such as physical therapy.

- Supported TN Together legislation and educational opportunities for providers and members
- Secondary Prevention early detection and intervention to reduce impact of opioid misuse
  - Partnering with Tennessee Department of Health to better integrate the Controlled Substance Monitoring Database (CSMD).
  - Developed Manage Care Organizations (MCO) strategy to proactively engage women of childbearing age using opioids based on data and clinical risk.
  - The MCOs have performed thousands of outreaches to women of childbearing age over the past year. This is an ongoing effort by all MCOs.
  - Implemented stateside quality improvement initiatives focused on increasing access to vLARCs (Voluntary Long-Acting Reversible Contraception)
- Tertiary Prevention support active recovery for severe opioid dependence and addiction
  - Increased outreach to chronic opioid users to refer to treatment and prevent overdoses.
  - Each MCO established a medication assisted treatment (MAT) provider network to broaden access to high quality treatment for opioid/substance use disorder. (referred to as the BESMART Program).
  - Enhanced care coordination services available for members in treatment
  - Aligned chronic opioid user MME dosage allowances with Center for Disease Control chronic pain guidelines.
- TennCare has cut the number of opioid pills dispensed by more than 70% since 2015
- TennCare and Dentaquest worked to integrate aggregated Controlled Substance Monitoring Database (CSMD) to bolster existing opioid efforts to ensure
  - if the same providers are identified as potential providers and
  - examine if cash pay opioid prescriptions identify additional opportunities for intervention in both data sources
  - TennCare has partnered with its DBM to utilize multiple efforts including targeted outreach, education, opioid toolkit, and clinical training to highest dental prescribers of opioids.
- Buprenorphine Enhanced Supportive Medication Assisted Recovery and Treatment (BESMART) is A specialized provider network focused on contracting with high quality MAT providers to provide comprehensive care to TennCare members with opioid use disorder (OUD)
  - Launched in January of 2019 as the BMAT or Enhanced MAT program and rebranded to BESMART in 2021
  - BESMART is only for prescribing buprenorphine—there are separate Program Descriptions for Naltrexone and Methadone
  - Providers must attest to the BESMART Program Description to be in the program and receive the benefits
  - The MCOs determine the providers in their BESMART networks
  - There are currently 385 contracted BESMART providers across all three MCOs
  - Total number of unique TennCare Members receiving Medication Assisted Treatment in 2021 is 14,817

The meeting adjourned at 11:04 a.m.