Opioid Crisis and TN Laws

Mitchell Mutter, M.D.
Director of Special Projects

February 4, 2017
6 Key Indicators

1. Mandatory Prescriber Education
2. Opioid Prescribing Guidelines
3. Eliminating Pill Mills
4. Prescription Drug Monitoring Programs (PDMPs)
5. Increased Access to Naloxone
6. Availability of Opioid Use Disorder (OUD) Treatment

TN has 10% capacity to meet the need for help.
Nationwide Implementation

A Roadmap for Strengthening Laws & Regulations

- 47 states need to improve!
- 28 states are “failing”
- 4 states are “making progress”
**Converting Opioids to Morphine Milligram Equivalents**

**Formula for MME per day:**

\[ \text{Strength (in mg)} \times \text{Morphine Equivalent} \times \text{Quantity} \times \text{Number of days} \]

**Conversions to Morphine Milligram Equivalents:**

<table>
<thead>
<tr>
<th>Opioid name</th>
<th>Milligrams (mg) of opioid</th>
<th>Equivalent milligrams (mg) of morphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine (Oral)</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>1</td>
<td>7.2</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Morphine</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Codeine</td>
<td>1</td>
<td>0.15</td>
</tr>
<tr>
<td>Tramadol</td>
<td>1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**Example:**

80 MME

- 1 pill of 8mg Buprenorphine
- 2.5 pills of 8mg Hydromorphone
- 16 pills of 50mg Tramadol
# Opioid Utilization by State

## A State Comparison: Annual Prescriptions per Capita 2015

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Rx per Capita</th>
<th>Rank</th>
<th>State</th>
<th>Rx per Capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alabama</td>
<td>1.2</td>
<td>27</td>
<td>Rhode Island</td>
<td>0.7</td>
</tr>
<tr>
<td>2</td>
<td>Tennessee</td>
<td><strong>1.2</strong></td>
<td>28</td>
<td>Wisconsin</td>
<td>0.7</td>
</tr>
<tr>
<td>3</td>
<td>West Virginia</td>
<td>1.1</td>
<td>29</td>
<td>District of Columbia</td>
<td>0.7</td>
</tr>
<tr>
<td>4</td>
<td>Arkansas</td>
<td>1.1</td>
<td>30</td>
<td>Washington</td>
<td>0.7</td>
</tr>
<tr>
<td>5</td>
<td>Mississippi</td>
<td>1.1</td>
<td>31</td>
<td>Iowa</td>
<td>0.7</td>
</tr>
<tr>
<td>6</td>
<td>Louisiana</td>
<td>1.0</td>
<td>32</td>
<td>South Dakota</td>
<td>0.7</td>
</tr>
<tr>
<td>7</td>
<td>Oklahoma</td>
<td>1.0</td>
<td>33</td>
<td>New Mexico</td>
<td>0.7</td>
</tr>
<tr>
<td>8</td>
<td>Kentucky</td>
<td>1.0</td>
<td>34</td>
<td>Virginia</td>
<td>0.7</td>
</tr>
<tr>
<td>9</td>
<td>Michigan</td>
<td>1.0</td>
<td>35</td>
<td>New Hampshire</td>
<td>0.7</td>
</tr>
<tr>
<td>10</td>
<td>South Carolina</td>
<td>0.9</td>
<td>36</td>
<td>Maryland</td>
<td>0.7</td>
</tr>
<tr>
<td>11</td>
<td>Indiana</td>
<td>0.9</td>
<td>37</td>
<td>Wyoming</td>
<td>0.7</td>
</tr>
<tr>
<td>12</td>
<td>North Carolina</td>
<td>0.9</td>
<td>38</td>
<td>Connecticut</td>
<td>0.6</td>
</tr>
<tr>
<td>13</td>
<td>Kansas</td>
<td>0.9</td>
<td>39</td>
<td>Colorado</td>
<td>0.6</td>
</tr>
<tr>
<td>14</td>
<td>Missouri</td>
<td>0.9</td>
<td>40</td>
<td>Florida</td>
<td>0.6</td>
</tr>
<tr>
<td>15</td>
<td>Ohio</td>
<td>0.9</td>
<td>41</td>
<td>Illinois</td>
<td>0.6</td>
</tr>
<tr>
<td>16</td>
<td>Nevada</td>
<td>0.8</td>
<td>42</td>
<td>Vermont</td>
<td>0.6</td>
</tr>
<tr>
<td>17</td>
<td>Delaware</td>
<td>0.8</td>
<td>43</td>
<td>North Dakota</td>
<td>0.6</td>
</tr>
<tr>
<td>18</td>
<td>Pennsylvania</td>
<td>0.8</td>
<td>44</td>
<td>Massachusetts</td>
<td>0.6</td>
</tr>
<tr>
<td>19</td>
<td>Oregon</td>
<td>0.8</td>
<td>45</td>
<td>Texas</td>
<td>0.6</td>
</tr>
<tr>
<td>20</td>
<td>Georgia</td>
<td>0.8</td>
<td>46</td>
<td>Alaska</td>
<td>0.6</td>
</tr>
<tr>
<td>21</td>
<td>Idaho</td>
<td>0.8</td>
<td>47</td>
<td>New Jersey</td>
<td>0.5</td>
</tr>
<tr>
<td>22</td>
<td>Maine</td>
<td>0.7</td>
<td>48</td>
<td>Minnesota</td>
<td>0.5</td>
</tr>
<tr>
<td>23</td>
<td>Utah</td>
<td>0.7</td>
<td>49</td>
<td>New York</td>
<td>0.5</td>
</tr>
<tr>
<td>24</td>
<td>Nebraska</td>
<td>0.7</td>
<td>50</td>
<td>California</td>
<td>0.5</td>
</tr>
<tr>
<td>25</td>
<td>Arizona</td>
<td>0.7</td>
<td>51</td>
<td>Hawaii</td>
<td>0.5</td>
</tr>
<tr>
<td>26</td>
<td>Montana</td>
<td>0.7</td>
<td>52</td>
<td>Puerto Rico</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**All states = 0.7 annual prescriptions per capita**

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2015 USA total Opioid prescriptions = 227,780,915; TN total = 7,800,947
2014 USA total Opioid prescriptions = 244,457,347; TN total = 8,239,048

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Regulatory and Controlled Substance Update

- **TN PUBLIC CHAPTER 1002:** enacts the "Tennessee Prescription Safety Act of 2016,"
- Effective upon the Governor’s signature on April 27, 2016
- Creates a professional duty to check the database before prescribing to someone exhibiting drug seeking for any controlled substance
- Adds requirement for dispensers to check patients with prescriptions for opioids and benzodiazepines similar to prescribers
Do all Healthcare Providers have to Register?

“If you provide direct care and prescribe controlled substances to patients in Tennessee for more than 15 days per year or you are a dispenser in practice providing direct care to patients in Tennessee for more than 15 days per year, you are required to register with the CSMD.”
Why do you check the CSMD before prescribing?

**Prescribers**
- Mandatory check: 67%
- New Patient: 52%
- Other: 36%
- ED Visit: 15%
- Planned Surgery: 4%

**Dispensers**
- New Patient: 82%
- Suspected Doctor Shopping: 72%
- Suspected Pharmacy Shopping: 79%
- Suspected Alteration of Prescription: 27%
- Other: 30%

Source: 2015 CSMD Prescriber and Dispenser Survey
Registrants in the CSMD by Role (as of December 31, 2016)

<table>
<thead>
<tr>
<th>Role</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner</td>
<td>18,719</td>
</tr>
<tr>
<td>Practitioner Extender</td>
<td>6,520</td>
</tr>
<tr>
<td>Residents/Fellows/VA</td>
<td>3,245</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>6,643</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1,550</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>8,199</td>
</tr>
<tr>
<td>Pharmacist Extender</td>
<td>1,649</td>
</tr>
</tbody>
</table>
Practitioner vs. Peer Report

Search Criteria: DEA# = 'BJ1234567' and Rx Written between '02/25/2013' and '03/25/2014'

<table>
<thead>
<tr>
<th>Practitioner Name &amp; Address</th>
<th>DEA Number</th>
<th>Occupation</th>
<th>Specialty Care</th>
<th>No Of Rx</th>
<th>Rank</th>
<th>Total No. Of Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner 1</td>
<td>BJ1234567</td>
<td>Medical Doctor</td>
<td>Physician - General, Internal, or Family Medicine</td>
<td>11513</td>
<td>27</td>
<td>3243</td>
</tr>
</tbody>
</table>

Disclaimer: Information contained in the report results from the search criteria entered and incorporated by the user and from the data entered by the dispenser. Any clinical notifications incorporated into this report are the result of information submitted by the dispenser. Therefore, the Tennessee Department of Health and the Board of Pharmacy do not express or imply any warranty regarding the accuracy, adequacy, completeness, reliability, or usefulness of the data provided. Additionally, neither the Tennessee Department of Health nor the Board of Pharmacy make recommendations, or give any legal advice, to the user as to actions, if any, that might be required as a result of viewing the report or the information contained in the report. For more information about a prescription, please contact the dispenser or prescriber identified in the report.
## Considerations When Reading CSMD Report

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Identifying Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>01</td>
</tr>
<tr>
<td>Medicaid</td>
<td>02</td>
</tr>
<tr>
<td>Medicare</td>
<td>03</td>
</tr>
<tr>
<td>Commercial Ins.</td>
<td>04</td>
</tr>
<tr>
<td>Military Inst. and VA</td>
<td>05</td>
</tr>
<tr>
<td>Workers Comp</td>
<td>06</td>
</tr>
<tr>
<td>Indian Nations</td>
<td>07</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
</tr>
</tbody>
</table>
**See explanation at end of report.**

**Search Criteria:** D.O.B. = 05/08/1977 And ( Last Name Contains doe Or First Name Contains jan Or First Name Contains jane ) And Request Period '02/24/2014' To '02/24/2015'

**Disclaimer:** Information contained in the report results from the search criteria entered and incorporated by the user and from the data entered by the dispenser. Any clinical notifications incorporated into this report are the result of information submitted by the dispenser. Therefore, the Tennessee Department of Health and the Board of Pharmacy do not express or imply any warranty regarding the accuracy, adequacy, completeness, reliability, or usefulness of the data provided. Additionally, neither the Tennessee Department of Health nor the Board of Pharmacy make recommendations, or give any legal advice, to the user as to actions, if any, that might be required as a result of viewing the report or the information contained in the report.

For more information about a prescription, please contact the dispenser or prescriber identified in the report.

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### Patients that match search criteria

<table>
<thead>
<tr>
<th>Pt ID</th>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 Main Bark Dr Jonesborough TN 376596198</td>
</tr>
<tr>
<td>9999</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>99 Wrong Bnd Johnson City TN 376042860</td>
</tr>
<tr>
<td>8888</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 MAIN BARK DR JONESBOROUGH TN 37659</td>
</tr>
<tr>
<td>1111</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 MAIN BARK DR JONESBOROUGH TN 376590000</td>
</tr>
<tr>
<td>5555</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 MAIN BARK DRIVE Jonesborough TN 37659</td>
</tr>
<tr>
<td>3333</td>
<td>DOE, JANE A</td>
<td>05/08/1977</td>
<td>120 CSMD Dr Johnsonson City TN 376152717</td>
</tr>
</tbody>
</table>

### Active Cumulative Morphine Equivalent

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
</tr>
</tbody>
</table>

---

### Prescriptions

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Quantity</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
<th>Written</th>
<th>Rx #</th>
<th>Daily MED*</th>
<th>Active*</th>
<th>N/R</th>
<th>Pharm</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/18/2015</td>
<td>ALPRAZOLAM, 2 MG, TAB</td>
<td>90.00</td>
<td>30</td>
<td>3333</td>
<td>ABC DE11</td>
<td>02/18/2015 00040020</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>AR0030080</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>02/13/2015</td>
<td>HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG,</td>
<td>120.00</td>
<td>30</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/13/2015 030090</td>
<td>40.00</td>
<td>Y</td>
<td>N</td>
<td>FF0030010</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>01/20/2015</td>
<td>CARISOPRODOL, 350 MG, TAB</td>
<td>90.00</td>
<td>10</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/20/2015 100400</td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>BW0080070</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>01/13/2015</td>
<td>HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG,</td>
<td>120.00</td>
<td>30</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/13/2015 001008</td>
<td>40.00</td>
<td>N</td>
<td>N</td>
<td>FW0070090</td>
<td>04</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Risk Indicators (high risk patients) on CSMD Reports

Y = 4 Practitioners in last 90 days

Y = 4 Pharmacies in last 90 days

≥ 90 but < 120 Active Cumulative Morphine Equivalents per day

R ≥ 5 Practitioners in last 90 days

R ≥ 5 Pharmacies in last 90 days

≥ 120 Active Cumulative Morphine Equivalents per day
Tennessee’s Bordering States
Interstate Data Sharing Patient Requests for 2015

- AR: 188,576 (TN to Other States), 20,494 (Other States to TN)
- KY: 616,412 (TN to Other States), 325,031 (Other States to TN)
- MS: 214,264 (TN to Other States), 74,759 (Other States to TN)
- MI: 104,589 (TN to Other States), 17,163 (Other States to TN)
- SC: 128,420 (TN to Other States), 5,395 (Other States to TN)
- VA: 275,031 (TN to Other States), 91,198 (Other States to TN)
Regulatory and Controlled Substance Update

- TN Public Chapter 476 & 396
- Currently, the top 50 prescribers of controlled substances in the state are annually identified and sent a letter notifying them of their inclusion on this list and asked to respond with a justification for their prescribing patterns.
- Public Chapter 476 adds the top 10 prescribers from all of the combined counties having populations of fewer than 50,000 this process
- Effective/Signed May 18, 2015
Top 50 and Top 10 Prescribers

• Registered letter to identified prescriber
  – Significant control substances
  – Number of patients
  – Morphine Equivalents prescribed

• Prescriber must respond with an explanation justifying the amounts of control substance prescribe within 15 business days
Morphine Milligram Equivalents Prescribed by Top 50 Prescribers and Dispensed in 2013 - 2016*

Morphine Milligram Equivalent Prescribed by Top 50 Prescribers and Filled in 2013 - 2016*

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount of Morphine Milligram Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1.43</td>
</tr>
<tr>
<td>2014</td>
<td>1.26</td>
</tr>
<tr>
<td>2015</td>
<td>1.16</td>
</tr>
<tr>
<td>2016</td>
<td>1.03</td>
</tr>
</tbody>
</table>

*MME in 2013 and 2014 covered 12-month opioid prescriptions written by the top 50 prescribers from April 1 of preceding year to March 31 of current year; MME in 2016 covered opioid prescriptions filled by the patients of the top 50 prescribers during January 1, 2015 to December 31, 2015.
Top 50 Prescribers Identified in 2016
(based on data from Jan – Dec 2015 using CDC MME Conversion Tables)

Top 50 Identified in 2016
(Based on Data from Jan-Dec 2015)

- Medical Doctors (MD)
  - 15
    - Repeat MDs 10
    - New MDs 5

- Osteopathic Doctors (DO)
  - 2
    - Repeat DO 1
    - New DO 1

- Advance Practice Nurses (APN)
  - 29
    - Repeat APNs 21
    - New APNs 8

- Physician Assistants (PA)
  - 4
    - Repeat PAs 2
    - New PAs 2
All Prescriptions Dispensed to TN Patients and Reported to the CSMD by Age Group, 2010-2015

*Excluding prescriptions reported from VA pharmacies.
There was a decrease from 2011 – 2015 by certain age groups for Tennessee patients. 
54.7% (20 to less than 30 years) / 38.8% (30 to less than 40 years) / 28.8% (40 to less than 50 years)
Public Chapter 623  
“Naloxone”

- Licensed Healthcare Practitioner
- Patient, family member, friend of patient at risk for overdose death
- Naloxone Education is currently available on the Department of Health website
- Instruction how to administer  
  http://www.tn.gov/health/topic/information-for-naloxone
• Nasal Mist
In 2016, there was a total of 1005 cases reported.

<table>
<thead>
<tr>
<th>Maternal County of Residence</th>
<th># Cases</th>
<th>% Cases²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>East</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Hamilton</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Jackson/Madison</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>KNOX</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>North East</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shelby</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South Central</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>South East</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sullivan</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>West</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9</td>
<td>99.9</td>
</tr>
</tbody>
</table>

Source of Exposure

<table>
<thead>
<tr>
<th>Source of Exposure</th>
<th># Cases³</th>
<th>% Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication assisted treatment</td>
<td>5</td>
<td>55.6</td>
</tr>
<tr>
<td>Legal prescription of an opioid pain reliever</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Legal prescription of a non-opioid</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Prescription opioid obtained without a prescription</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Non-opioid prescription substance obtained without a prescription</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Other non-prescription substance</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>No known exposure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other⁴</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Total percentage may not equal 100.0% due to rounding.
3. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.
4. Other exposure may include cases reported to the archived surveillance system with classifications not captured in the current system.
75-85% have used prescription drugs


Total Number

- 2011: 1062
- 2012: 1094
- 2013: 1166
- 2014: 1263
- 2015: 1451

Yearly total overdose deaths from 2011 to 2015.

Rate Per 100,000

- 2011: 16.6
- 2012: 16.6
- 2013: 17.9
- 2014: 19.3
- 2015: 22
Public Chapter 430

- Chronic Pain Guidelines written by January 1, 2014
- All prescribers with DEA 2 hours CME every 2 years
- Prescribe 30 days at a time Schedule II-IV
- By January 1, 2014 the commissioner shall develop recommended treatment guidelines for prescribing opioids, benzodiazepines, barbiturates, and carisoprodol. That can be used in the state as guide for caring for patients.
Chronic Pain Guidelines Appendices

- Pain Medicine Specialist
- Mental Health Assessment Tools
- Medication Assisted Treatment Program
- Women’s Issues: Women of Child Bearing Age
- Pregnant Women
- Risk Assessment Tools
- CSMD: Controlled Substance Monitoring Database
- Sample Informed Consent: Controlled Substance Agreement
- Sample Informed Consent: Controlled Substance Treatment
- Urine Drug Testing
- Tapering Protocol
- Morphine Equivalent Dose
- Table of Frequently Prescribed Pain Medications
- Terms/Definitions
- Safety Net
- Prescription Drug Disposal
- Use of Opioids in Workers’ Compensation Medical Claims
- Medical Treatment Guidelines for Pain Management for Workers Compensation
- Naloxone
- Chronic Pain Guideline Algorithm Women’s Health
- Chronic Pain Guideline Algorithm Opioid Therapy
- Non-Opioid Therapies
- Tennessee Emergency Department Prescribing Guidelines
Pain Specialist

- Board of Medical Specialties (ABMS) primary physician certification organization in US
- ABMS certifies pain medicine fellowship programs in Anesthesia, Physical Medicine and Neurology, Emergency Room Medicine, and Radiology
- American Board of Pain Medicine (ABPM) is not ABMS and does not oversee fellowship training programs.
- ABPM offers practice – related examinations to qualified candidates. Diplomates of ABPM have certification in Pain Medicine
- AOA Certification
- ABIPP
Pain Management Clinics – January 2017

Pain Management Clinics Per County
As of 1.4.2017

Legend

Number of PMC Per County

- 0 - 1
- 2 - 4
- 5 - 8
- 9 - 13
- 14 - 24

Total Number = 187
Pain Management Clinics Per 10,000 Persons Per County
January 2017

Legend

<table>
<thead>
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<th>PMC per Capita</th>
<th>Color</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

Total Number = 187
• Pain Management Clinics require licensure
  – Medical director holds license – Not transferable
  – A pain specialist is only eligible to be medical director
  – No pharmacy
  – Clinic can be suspended based on specific violation
    • No new patients
    • Monitored
  – Goes into effect on July 1, 2017
Public Chapter 1033

• All licensees will be inspected and found to be in compliance by the Department of Health.
  • Inspection for Pain Management Clinics will take places every 2 years
On or after July 1, 2017 no person shall own or operate a pain management clinic unless the medical director obtains a license.

- Duration is **24 months**
- Rolling conversion of current certificate system to license system
- License is invalid **60 days** after expiration of renewal
Public Chapter 1033

- The Commissioner may suspend a pain clinic to new admissions pending complete investigation
  - Monitor in place
- Pain management services at an unlicensed clinic may be revoked and fined at least $1000 per day
The Medical Director of a Pain Management Clinic submits information *including but not limited to*:

- Names of all owners
- Location address
- Name of Medical Director and other licensed clinics they are associated with
- Names and TN license numbers for other employees, contracted employees, or clinics
- Indicate any owner, employee, or person with whom the Pain Management Clinic contracts that is a felon or under indictment for drug related offense.
Public Chapter 1033

It shall be the Medical Director’s duty to:

- Report the number of physicians, physician assistants, and advanced practice registered nurses working in the clinic each month
- Report the number of patients and treatment plan for those who are being treated for non malignant pain
- Report whether the clinic is an affiliate of a hospital
After complaint comes into the Board of Investigations:

- **Complaint P1**
  - Open: CSMD Files, Interviews, Analytics, Law Enforcement Data

- **P2**
  - Notice to Respondent for Consent Order
  - Close Case
  - Letter of Warning
  - Letter of Concern

- **Office of General Counsel**
  - Expert
  - Contested Hearing
  - Reviewed by Boards

**Filing a Complaint:**
By Phone - 800-852-2187
Complaints can be filed by:

- Law Enforcement
- Practitioners
- Dispensers
- Top 50
- Patients
- Families of Overdose or NAS
If facts are not disputed then respondent may ask for a screening panel for an idea of remedies.
NPD Events

- Reprimand
- Probation
- Suspension
- Revocation
- Voluntary Surrender
External Resources

Pain Management Clinic Registry Website
http://tn.gov/health/topic/PM-board

Legislative Report 2016

TN Chronic Pain Guidelines 2014

CDC Guidelines 2016
http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
More Resources

Public Safety Act 2012

Public Chapter 1002

Public Chapter 1033
Mitchell Mutter, M.D.
Medical Director of Special Projects

615-532-3541
Mitchell.Mutter@tn.gov

Tennessee Department of Health
Health Related Boards
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Thank you!