

# **Ad Hoc Task Force on Opioid Abuse Draft Recommendations**

## **Treatment**

1. Advise Governor the House of Representatives wants to see a budget for FY 2018-19 that allows more Tennesseans suffering from addiction access to Community Substance Abuse Services that are non-profit, faith-based or affiliated with local governments and include services such as screening and assessment, detoxification, family intervention, residential rehabilitation, recovery houses, day treatment, and outpatient services
2. Pilot a Recovery School in each grand division of the state. Seek to use existing vacant state properties
3. Distribute Naloxone in the state's high-risk areas to law enforcement
4. Develop strategy to expand participation in recovery courts
5. Explore expansion of Naltrexone grant program for criminal offenders with opioid addiction from not only detainees of prisons but also detainees of county jails
6. Direct the Department of Mental Health and Substance Abuse Services and the Board of Pharmacy, in consultation with the Department of Health, to develop a Statewide Collaborative Pharmacy Practice model or other appropriate initiatives for expanding the distribution of Naltrexone

## **Prevention**

7. Develop a multifaceted public awareness campaign to inform and educate the public. Seek sponsorship from pharmaceutical industry. Campaign should include, but is not limited to:
  - a. Addiction is a treatable disease; reduce the stigma
  - b. What are proper disposal practices for pharmaceuticals; where are disposal sites
  - c. Hotline and/or web access for public to get information about treatment for addicts
  - d. Dangers of opioid use
  - e. Dangers of using opioids while pregnant (Neonatal Abstinence Syndrome); patient access to long-acting reversible contraceptives
  - f. How to acquire and administer Naloxone
  - g. Recruit a prominent campaign spokesperson
8. State Board of Education and applicable state agencies develop age appropriate lesson plans about opioid and drug use and promote the benefits of a sober, healthy lifestyle
9. State licensure Boards for occupations with authority to prescribe controlled substances are encouraged to make continuing education about alternative pain management options a requirement of licensure renewal
10. Pain-management curriculum for healthcare professionals should be modernized to reflect alternative pain management options

11. Explore legislation to give patients option for partial fill of Schedule II controlled substances
12. Prescribing community will limit the number of days an opioid pain reliever can be prescribed to seven (7) days at the lowest effective dosage. If a second consecutive refill is requested, patient is required to give prescriber feedback on effectiveness of course of treatment. After two (2) consecutive prescriptions of have been written, prescriber must receive prior-authorization from insurance carrier prior to a third consecutive prescription of opiates be written.
  - a. Prior-authorization should include, but is not limited to:
    - i. Cause of pain has been determined
    - ii. Treatment other than opiates has been considered
    - iii. Hazards of opiates and the potential for addiction have been explained
    - iv. Tennessee Chronic Pain Guidelines have been followed
  - b. For women of childbearing age
    - i. Pregnancy status has been determined
    - ii. Counseling has been provided to explain the hazards of using opiates during pregnancy
    - iii. Counseling has been provided to explain the options for contraception, including long-acting reversible contraceptives, and how they can be obtained
  - c. Insurance carrier will develop exemptions from the above Prior-authorization requirement for patients:
    - i. With chronic pain related to cancer
    - ii. Dependent on or addicted to opioids and receiving treatment
    - iii. In hospice care
    - iv. In palliative care
    - v. Confined to nursing home/ long term care facilities

### **Policy**

13. Limit emergency rooms to prescribing five (5) days of Schedule II controlled substances
14. Establish a Tennessee Commission to Combat Drug Abuse that will meet at least quarterly to review current programs and trends and make recommendations to the Governor and General Assembly on needed policy and/or statutory changes
15. Add 25 agent positions to the Tennessee Bureau of Investigation FY 2018-19 budget to combat the opioid epidemic
16. Encourage the electronic submission of prescriptions of schedule II controlled substances
17. Prohibit pain clinics from treating walk-ins; patient must have a referral from an independent health care provider

18. Request the Department of Health to report back to the Health Committees of the House and Senate on the status of the prescription drug donation repository program that was established through PC 392 of the Public Acts of 2017
19. Appeal to the White House to fund the second year of the CURE's Act to continue to address the opioid epidemic and maximize existing federal resources

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