INFORMATION ABOUT THE ONGOING NOVEL CORONAVIRUS OUTBREAK.

Laws & Policies

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This webpage outlines the various policies and laws the state of Tennessee implemented from 2012 to 2016. Please note this is not a complete list of all the laws.

2012 - The Tennessee Prescription Safety Act outlines a variety of changes in order to amplify the monitoring potentialities of the database

All controlled substances dispensed must be recorded in the Tennessee Controlled Monitoring Database (CSMD) including the strength of the medication, the estimated days of the supply, etc. within seven days of prescribing the medication. Additionally, before prescribing controlled substance prescribers must check the controlled monitoring substance database.

The Board of Pharmacy and the CSMD Committee monitor and maintain the occurrences within the CSMD to ensure quality control.

Under the 2012 Prescription Safety Act, dispensers (pharmacists, clinics, etc.) will have an increased work load as the number of monthly prescriptions multiplies. The increased work load includes more patient visits to fill prescriptions, meaning more prescriptions to fill, and more time to upload data into the CSMD (currently set at every seven days).

Download Senate Bill No. 2253.

2013 - All of these new laws enacted in 2013 serve the purpose of limiting or preventing the abuse of prescription drugs in Tennessee.

Beginning in April 2013, Tennessee law required health care professionals to check the Controlled Substance Monitoring Database (CSMD) before prescribing a controlled substance to a patient in a majority of cases and as a routine for those on chronic CPD management.

- Additionally, all practitioners in Tennessee were required to use tamper-resistant paper for all prescriptions written or

printed (T.C.A. § 53-10-400). Each prescriber should be aware of the requirements specific to their practice.

Effective July 1, 2013, physicians supervising physician assistants must follow additional specific guidelines for prescribing Schedule II substances (T.C.A. § 63-19-107).

- Additionally, dispensing of controlled substances by pain management clinics is prohibited (T.C.A. § 63-1-313). Pharmacists are required to use their professional judgment to make every reasonable effort to prevent abuse of drugs he or she dispenses (T.C.A. § 53-10-112).

Effective October 1, 2013, a new Tennessee law (T.C.A. § 53-11-308) set a limit on the amount of Schedule II and III drugs being prescribed or dispensed for a 30-day supply. This regulation will also require practitioners to assess patients for substance misuse by conducting urine drug testing at least every thirty days if they prescribe Schedule II or III drugs alone or in combination beyond a thirty day period. Within this law, any Tennessee licensed pharmacist, receiving prescriptions written from either in or outside of Tennessee, cannot dispense more than a 30-day supply of any Schedule II or III drug regardless of the amount prescribed by the practitioner

2014 - Prior to initiating Chronic Non-Malignant Pain:

- A patient having been prescribed opioids by a previous provider is not, in and of itself, a reason to continue opioids
- Reasonable non-opioid treatments should be tried before opioids are initiated
- All newly pregnant women should have a drug test administered by the appropriate women's health provider
- The provider should discuss a birth control plan to prevent unintended pregnancies with every woman of child-bearing age who has reproductive capacity when opioids are initiated
- Patient's medical history, physical examination, laboratory tests, imaging results, electro-physiologic testing, and other elements supporting the plan of care, should be documented in the medical record prior to initiating opioid therapy
- Chronic pain shall not be treated by the use of controlled substances through the use of telemedicine

For Initial Chronic Non-Malignant Pain:

- Patient should be prescribed a maximum of four doses of a short-acting opioid per day
    - If provider deems it necessary to do otherwise, s/he shall clearly document the medical reasons for this decision
- Providers who are not pain medicine specialists shall not prescribe methadone for a chronic pain condition

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- Prescribers shall not prescribe buprenorphine in the form of oral or sublingual buprenorphine for chronic pain condition
- Benzodiazepines should be generally avoided in combination with chronic opioid therapy
- When the opioid dose reaches 120mg MEDD and the benzodiazepines are being used for mental health purposes, the provider shall refer to a mental health professional to assess necessity of benzodiazepine medication
- Buprenorphine/naloxone combinations shall be avoided for the treatment of chronic pain
- If treatment deviates from recommended guidelines, the reasons shall be documented in the medical record

For Ongoing Chronic Non-Malignant Pain:

- All chronic opioid therapy should be handled by a single provider or practice and all prescriptions should be filled in a single pharmacy, unless the provider is informed and agrees that the patient can go to another pharmacy for a specific reason
- Opioids should be used at the lowest effective dose
- Provider should not use more than one short-acting opiate concurrently
- Documentation of the 5 A's (analgesia, activities of daily living, adverse side effects, aberrant drug- taking behaviors, and affect) at the initiation of chronic opioid therapy and at follow up visits should be included in the medical record

2015 - Opioid Abuse Reduction Act

Requires the Commissioner of Mental Health and Substance Abuse Services to convene a working group to examine the problem of opioid abuse in this state

Addiction Treatment Act of 2015

Mandates that only M.D.'s or D.O.'s are permitted to prescribe buprenorphine for

- Buprenorphine may only be prescribed for uses recognized by the FDA
- Only pregnant women, nursing mothers, or patients with a documented history of an only pregnant women, nursing mothers, or patients with a documented history of an adverse reaction or hypersensitivity to naloxone may be prescribed buprenorphine mono

2016 TN – SB2552 Prescription Safety Act of 2016

- Adds requirement for dispensers to check patients with prescriptions for opioids and benzodiazepines similar to

prescribers

- The information for the Controlled Substance Database must be submitted in the correct format for each business day but no later than the close of business on the following business day
- Health care practitioners or persons under the supervision and control of the practitioners, pharmacists or pharmacies who are legally authorized to dispense a schedule II, III, IV or V controlled substance are required to submit certain data to the controlled substance monitoring database
- Under present law, all prescribers or their designated healthcare practitioner's extenders, unless otherwise exempted, must check the controlled substance database prior to prescribing certain controlled substances to a human patient at the beginning of a new episode of treatment and must check the database for that human patient at least annually when that prescribed controlled substance remains part of the treatment.

https://trackbill.com/bill/tn-sb2552-drugs-prescription-as-enacted-enacts-the-tennessee-prescription-safety-act-of-2016-which-revises-regulation-of-controlled-substances-makes-permanent-most-all-of-the-changes-made-under-the-tennessee-prescription-safety-act-of-2012-and-revises-and-enacts-other-provisions-amends-tca-title-53-chapter-10-title-63-chapter-1-chapter-791-of-the-public-acts-of-2014-and-chapter-880-of-the-public-acts-of-2012/1240426/