State of Tennessee

PUBLIC CHAPTER NO. 483

HOUSE BILL NO. 1207

By Representatives Kumar, Johnson, Terry, Butt, Ragan, Kevin Brooks, Gravitt, Holsclaw, Powell, Daniel, Curcio, Keisling, Powers, Love, Sherrell, Doss

Substituted for: Senate Bill No. 1041

By Senators Haile, Crowe, Bailey, Tracy

AN ACT to amend Tennessee Code Annotated, Title 4; Title 29; Title 33; Title 38; Title 39; Title 40; Title 41; Title 49; Title 53; Title 56; Title 63; Title 68 and Title 71, relative to substance abuse.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 68-1-128, is amended by adding the following new subsection (c) and redesignating existing subsections accordingly:

(c)

(1) In addition to identifying prescribers pursuant to subsections (a) and (b), beginning July 1, 2017, and annually thereafter, the department shall identify high-risk prescribers based on clinical outcomes, including patient overdoses. The determination of which providers are high-risk prescribers, including the criteria to make such determination, shall be made by the department. Providers determined to be high-risk prescribers pursuant to this subdivision (c)(1) shall be subject to selected chart review and investigation by the department.

(2) If a prescriber is identified as a high-risk prescriber pursuant to subdivision (c)(1), the department shall submit the high-risk prescriber's information to the board that issued the prescriber's license for appropriate action.

(3) Upon receiving information pursuant to subdivision (c)(2), the licensing board shall notify the prescriber and, if applicable, the prescriber's supervising physician, of the prescriber's identification as a high-risk prescriber and, as applicable, require the prescriber to:

(A) Participate in continuing education that is designed to inform providers about the risks, complications, and consequences of opioid addiction. The specific continuing education courses and number of hours to be completed by the prescriber shall be determined by the licensing board;

(B) Make available, in the prescriber's waiting room and clinic areas where the prescriber's patient can view, educational literature that warns persons of risks, complications, and consequences of opioid addiction. The specific literature to be made available pursuant to this subdivision (c)(2)(B) shall be determined by the department and made available on the department's website;

(C) Obtain written consent on a form that explains the risks of, complications of, medical and physical alternatives to, and consequences of opioid therapy and addiction to any patient who will receive opioid therapy for more than three (3) weeks with daily dosages of sixty (60) morphine milligram equivalents (MME) or higher. The consent shall include a certification from the patient that the patient understands the information. In order to continue to treat the patient, the provider must

assure that the consent is signed by the patient and made part of the patient's health record; and

(D) Renew the consent described in subdivision (c)(3)(C) at four-week intervals for patients who continue to receive opioid therapy. In order to continue to treat the patient, the provider must assure that the consent is signed by the patient and made part of the patient's health record.

(4) An identified high-risk prescriber must comply with the requirements set out in subdivision (c)(3) for a period of one (1) year from the time the provider was notified of the provider's identification as a high-risk prescriber of opioids. Failure of a prescriber to comply with the requirements set out in subdivision (c)(3) shall be treated as an act constituting unprofessional conduct for which disciplinary action may be instituted under the authority of the board that issued the prescriber's license.

(5) All costs associated with this subsection (c) shall be paid by the identified provider.

(6) If the provider disputes the identification of the provider as a high-risk prescriber of opioids, the provider may request the department conduct an internal review of the identification, which shall be done by the commissioner or the commissioner's designee. Any such internal review is not subject to the provisions of title 4, chapter 5, part 3.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 1, Part 8, is amended by adding the following as a new section:

On or before January 15, 2018, the commissioner of health, in consultation with the perinatal advisory committee and with the assistance of relevant state agencies, shall report to the health committee of the house of representatives and the health and welfare committee of the senate concerning the following aspects of births involving neonatal abstinence syndrome and opioid use by women of childbearing age for the last two (2) available fiscal years or calendar years, as may be available:

(1) From data available to the bureau of TennCare, the number of births involving neonatal abstinence syndrome to enrollees in the TennCare program, the lengths of stay in a hospital for infants born with neonatal abstinence syndrome to enrollees in the TennCare program, and the costs to the program of those births;

(2) From information available to managed care organizations participating in the TennCare program, a description of any initiatives by the managed care organizations to address health outcomes, costs, and other issues raised by births involving neonatal abstinence syndrome and opioid use by women of childbearing age;

(3) From data available to the department of health, and district and county health departments, the number of women with a substance abuse diagnosis involving opioid use who received family planning services and the number of those women who received long acting reversible contraceptives;

(4) From data available to the department of children's services, the number of cases involving investigations that included an infant born with neonatal abstinence syndrome, the number of such infants in custody of the department, and the number of visits made by the department to families with an infant born with neonatal abstinence syndrome; and

(5) From data available to the bureau of TennCare and the department of health, the number of cases in which the source of opiates in the mother of an infant born with neonatal abstinence syndrome can be reasonably associated with a substance prescribed to the mother.

SECTION 3. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Bureau" means the bureau of TennCare; and

(2) "Managed care organization" or "MCO" means a health maintenance organization, behavioral health organization, or managed health insurance issuer that participates in the TennCare program.

(b) The general assembly finds that issues raised by births of children with neonatal abstinence syndrome and the use of opioids by women of childbearing age constitute a critical problem for enrollees in the TennCare program, healthcare providers, the TennCare program, public health, and the fiscal well-being of the state.

(c) In order to address issues raised by births of children with neonatal abstinence syndrome and the use of opioids by women of childbearing age in the TennCare program, the bureau is directed to promptly fully review these issues and to develop an appropriate and accountable policy response that includes both primary prevention and secondary prevention.

(d) On or before September 1, 2017, the bureau shall issue appropriate requests for information for program initiatives aimed at primary prevention and secondary prevention of births involving neonatal abstinence syndrome and the use of opioids by women of childbearing age enrolled in the TennCare program.

(e)

(1) Each MCO that participates in the TennCare program shall provide the overall medical loss ratio for the MCO with respect to the TennCare program. The MCO shall also calculate a medical loss ratio with respect to expenditures associated with neonatal abstinence syndrome and the use of opioids by women of childbearing age enrolled in the TennCare program.

(2) For purposes of this subsection (f), "medical loss ratio" means the ratio of medical claims and quality improvement activities to the total funds received by the MCO from the bureau pursuant to its contractor risk agreement.

(f) Nothing in this section shall affect contracts in effect on the effective date of this act with the managed care organizations for program services related to opioid use by women of childbearing age enrolled in the TennCare program.

(g) The bureau shall report concerning the progress and implementation of the program authorized by this section to the speaker of the house of representatives, the speaker of the senate, the comptroller of the treasury, the chair of the health committee of the house of representatives, and the chair of the health and welfare committee of the senate beginning on September 1, 2017, and thereafter on a quarterly basis.

(h) The bureau shall recommend to the general assembly any legislation necessary to implement initiatives selected under subsection (g) on or before January 15, 2018.

(i) If the commissioner of finance and administration, in consultation with the bureau, determines that a federal waiver or an amendment to an existing federal waiver is necessary in order to implement initiatives under this section, the commissioner shall promptly apply for an appropriate waiver or waiver amendment to the United States department of health and human services.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.

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PASSED: May 10, 2017

BETH HARWELL, SPEAKER
HOUSE OF REPRESENTATIVES

RANDY MCNALLY
SPEAKER OF THE SENATE

APPROVED this 6th day of June 2017

BILL HASLAM, GOVERNOR