

# FACTSHEET: Tennessee's Oversight of Opioid Prescribing and Monitoring of Opioid Use

## POLICIES AND PROCEDURES

*State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).*

### State-wide Laws, Regulations, and Guidance Related to Opioids

- In 2018, the Tennessee (TN) General Assembly passed the Governor's multifaceted opioid reform initiative, "TN Together." The initiative combats Tennessee's opioid epidemic through prevention, treatment, and law enforcement. As a part of this initiative, the following legislation became effective July 1, 2018:
  - Public Chapter 1039 (House Bill 1831/Senate Bill 2257) amended various Tennessee Code Annotated (TCA) provisions relative to prevention and treatment, and it:
    - limited the duration and dosage of opioid prescriptions for new patients, with reasonable exceptions;
    - limited initial opioid prescriptions to a 3-day supply of 180 morphine milligram equivalent (MME) dose;
    - limited initial fill of higher dosages and durations to half of the total prescribed amount; and
    - established that, if a higher dosage and duration were necessary, the healthcare practitioner must:
      - check the Controlled Substance Monitoring Database (CSMD);<sup>1</sup>
      - conduct a thorough evaluation of the patient;
      - document consideration of alternative treatments for pain;
      - obtain informed consent; and
      - include the International Classification of Diseases-10 code in the patient's chart and on the prescription.
  - Public Chapter 1040 (House Bill 1832/Senate Bill 2258) amended various TCA provisions relative to law enforcement, and it:

This factsheet shows Tennessee's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of October 2018. See page 13 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 14 for a glossary of terms used in this factsheet.

<sup>1</sup> Tennessee's Controlled Substance Monitoring Act of 2002 established a database to monitor the dispensing of controlled substances. Data collection began for all dispensers on December 1, 2006. The Prescription Safety Acts of 2012 and 2016 enhanced the monitoring capabilities of the database.



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- included the director of the Tennessee Bureau of Investigation in the process of revising and republishing the annual schedules of dangerous drugs (the schedules);
- excluded certain drugs from the schedules;
- updated the list of drugs and common names for drugs to be categorized in the schedules; and
- allowed for sentence reduction credits to prisoners after successfully completing intensive treatment for substance use.

## TennCare Policies Related to Opioids

- TennCare, the name of Tennessee's Medicaid program, has rules that govern the benefits covered for its members. Specific to opioids, these rules include certain controls and coverage limits. For example:
  - Effective January 16, 2018, TennCare and its pharmacy benefits manager (PBM) implemented a point-of-sale edit on agents in the Short-Acting and Long-Acting Narcotics classes of the Preferred Drug List.
  - For first time or non-chronic opioid users, TennCare will cover opioid prescriptions for up to 15 days in a 180-day period at a maximum dosage of 60 MME per day. After the first-fill prescription (less than or equal to 5 days), a member can receive up to an additional 10 days of opioid treatment with prior authorization.
- As of 2017, as recommended in the Centers for Disease Control (CDC) chronic pain guidelines, TennCare no longer covers a prescription for a patient receiving a short-acting or long-acting opioid with a cumulative daily MME greater than 200 MME.

## Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- Tennessee's Controlled Substance Monitoring Act of 2002 established a database to monitor the dispensing of controlled substances and required each health care practitioner, pharmacist, or pharmacy that dispenses a controlled substance to submit certain data to the CSMD Advisory Committee (the CSMD Committee) for inclusion in the CSMD.
- The Tennessee General Assembly passed the Prescription Safety Act of 2012, Public Chapter No 880, Senate Bill No. 2253, fully effective April 1, 2013, requiring:
  - recording the dispensing of controlled substances in the CSMD within 7 days;
  - checking the CSMD prior to prescribing certain controlled substances to a patient at the beginning of a new episode of treatment, including opioids and benzodiazepines; and



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- checking the CSMD if the dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance, including opioids, for illicit purposes.
- The Prescription Safety Act of 2016 reauthorized and strengthened the Prescription Safety Act of 2012 and:
  - required dispensers to check the CSMD prior to dispensing certain controlled substances to a patient at the beginning of a new episode of treatment, including opioids and benzodiazepines;
  - required prescribers to check the CSMD if the prescriber is aware or reasonably certain that a person is attempting to obtain a controlled substance, including opioids, for illicit purposes;
  - required data for the CSMD to be submitted in the correct format each business day but no later than the close of business on the following business day;
  - clarified that a high pattern of prescribing, distributing, or dispensing controlled substances may trigger an investigation;
  - revised investigation procedures to specify that, if an investigator serving a health related board believes that a healthcare practitioner violated a criminal law, then the investigator is authorized to report the conduct to law enforcement; and
  - granted certain TennCare personnel access to controlled substance prescribing information from the CSMD.

## Laws, Regulations, and Guidance Related to Treatment

- TCA § 63-1-403 required the Commissioners of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Tennessee Department of Health (TDH) to work with expert stakeholders and develop guidelines for using buprenorphine for the treatment of Opioid Use Disorder (OUD) in nonresidential settings. In partnership with other State agencies, TDMHSAS and TDH developed the *Tennessee Nonresidential Buprenorphine Treatment Guidelines*. This set of guidelines helps providers treat patients with OUD using products containing buprenorphine.
- TDMHSAS's *Minimum Program Requirement for the Nonresidential Office-Based Opiate Treatment Facilities* (Chapter 0940-05-35) identifies requirements for licensing and regulating nonresidential office-based opiate treatment facilities for the State. These facilities provide medication assisted treatment (MAT) for Tennesseans facing substance use disorder (SUD).



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## Laws, Regulations, and Guidance on Naloxone

- Effective July 1, 2014, Tennessee added regulations (TCA § 63-1-152):
  - permitting the prescribing and dispensing of naloxone to any at-risk person, their family members, friends, or other person in a position to assist a person at risk of experiencing an opiate-related overdose and allowing them to administer it to a person believed to be experiencing an opioid overdose;
  - requiring these individuals to receive basic instruction from TDH on administering naloxone; and
  - providing these individuals and licensed healthcare providers, in the absence of gross negligence or willful misconduct, immunity from civil liability and, if applicable, disciplinary and adverse administrative actions.
- Effective March 10, 2016, Tennessee added regulations (TCA § 63-1-157):
  - authorizing TDH's Chief Medical Officer to implement a State-wide collaborative pharmacy practice agreement (CPPA) specific to opioid antagonist therapy with any pharmacist licensed and practicing in Tennessee;
  - authorizing CPPA pharmacists to dispense an opioid antagonist, including naloxone, to a person at risk of experiencing an opiate-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose; and
  - providing TDH's Chief Medical Officer and CPPA pharmacists, in the absence of gross negligence or willful misconduct, immunity from civil liability, disciplinary actions, and adverse administrative actions.
- TennCare provides coverage for all pharmaceuticals in the TennCare pharmacy benefit for prescriptions written for eligible members. As such, TennCare covers any prescription for naloxone with a prior authorization. Although naloxone requires a prior authorization, TennCare simplified the prior authorization requirements to allow for prescription coverage by physicians and pharmacists under the State-wide CPPA.

## DATA ANALYTICS

*Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).*

- TennCare houses all medical, pharmacy, and dental claims for TennCare members and uses this data to analyze opioid prescribing and use.



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- TennCare has a Health Care Informatics team that performs data analytics under the guidance of TennCare leadership. Examples of analyses performed at TennCare to track opioid prescribing and use are:
  - rate of neonatal opioid withdrawal syndrome (NOWS),
  - rate of OUD among TennCare members, and
  - provider-level episodes of care reports tracking opioid use by member and diagnosis.
- Top Prescribers Report Card: TennCare's Drug Utilization Review Board analyzes the top prescribers of controlled substances and releases to prescribers a report card identifying those prescribing controlled substances at a high rate.
- TennCare uses data and analytics to identify specific providers for engagement and outreach. For example, TennCare performed analysis to:
  - identify members with a prescription for MAT, a significant number of prescriptions filled without an office visit, or a drug-related arrest and
  - generate a corresponding provider notification.
- TennCare partners with its Managed Care Organizations (MCOs)<sup>2</sup> and PBM to use data analytics to identify potential clinical risk for women of childbearing age using opioids, stratify this risk, and deliver appropriate forms of member engagement, outreach, and possible intervention.
- TennCare's MCOs have their own data analytics teams. Each MCO has analytics dedicated to opioid use, monitoring, and program integrity.
  - The data analytics performed by the MCOs are for two key purposes:
    - tracking and monitoring the opioid epidemic and subsequent member engagement and
    - program integrity (fraud, waste and abuse).
  - The MCOs partnered with a data analytics contractor to provide advanced analytics and additional clinical education support on combating the opioid epidemic in Tennessee.
- Based on extensive analytics of CSMD data, TDH:
  - released a CSMD report addressing activities and outcomes related to the substance abuse crisis;
  - created an online data dashboard measuring fatal overdoses, nonfatal overdoses, and drug prescribing; and
  - released weekly online reports on all NOWS cases in the State.

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<sup>2</sup> TennCare operates under a Section 1115 waiver from the Centers for Medicare and Medicaid Services as an integrated, full-risk managed care program.



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## OUTREACH

*Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).*

### Outreach to Providers

- TennCare works closely with its MCOs, dental benefits manager, and PBM to create valuable outreach to providers. The following are examples of TennCare's provider education, training, and resources:
  - TennCare sends notices to all contracted providers outlining TennCare's opioid strategy, including TennCare's three priorities for combating the opioid epidemic:
    - reducing the risk of TennCare members becoming newly dependent or addicted to opioids;
    - increasing patient engagement, early detection of dependence, and evidence-based pain treatment for TennCare members chronically using opioids; and
    - supporting high-quality addiction and recovery treatment services for TennCare members who are dependent, misusing, or abusing opioids and other substances.
  - TennCare's MCOs create and distribute provider education materials. Each generated provider-facing materials to educate providers on new opioid prescribing policies.
  - TennCare's MCOs and their data analytics contractor worked to develop clinical care pathways for different diagnoses and protocols (e.g. opioid tapering cessation protocol). These care pathways help guide a provider's decision to prescribe opioids or controlled substances.
  - TennCare's MCOs and their data analytics contractor generated Risk Identification and Mitigation (RIM) reports for providers and reflected the provider's overall performance on opioid prescribing relative to their peers.
  - TennCare's PBM developed an easy-to-access online "Physician Pocket Reference" for opioids and "Morphine Milligram Equivalent Conversion Chart."
  - TennCare and MCO representatives held in-person or web-based training sessions on appropriate opioid prescribing practices.
  - TennCare's MCO representatives visited practices to provide education to physicians and their staffs on best practices for opioid prescribing and policy changes.
  - For educational purposes, TennCare worked with its dental benefits manager to develop an opioid toolkit for dentists.



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- With the implementation of a MAT network, TennCare and its MCOs focused on educating providers on MAT and OUD prior to and after joining the network.
- TDMHSAS developed online toolkits for providers. For example, it developed a substance use best practice tool guide containing information and resources aligning with initiatives of the U.S. Department of Substance Abuse and Mental Health Services Administration (SAMHSA).
- The Governor's Commission on Pain and Addiction Medicine Education developed competencies for Tennessee's medical educational institutions to address proper treatment for pain, safe and effective prescribing practices, and proper diagnoses and treatment for individuals abusing or misusing controlled substances.
- As part of the licensure process, clinicians with a current Federal Drug Enforcement Administration (DEA) license who prescribe controlled substances are required to complete a minimum of two hours of continuing education related to controlled substance prescribing.
- In partnership with East Tennessee State University's Quillen College of Medicine, TDH created online training (continuing medical education credits) for opioid prescribing.
- TDH and the Tennessee Pharmacists Consortium for Education created an online opioid antagonist training for pharmacists.

## Outreach to Patients

- TennCare's managed care model allows the MCOs to engage directly with members in prevention as well as acute care coordination. TennCare's MCOs each have a high-skilled team of care coordinators, nurses, and other clinical experts trained to work with members at high-risk of developing SUD or OUD. They also partner closely with the provider community.
- TDMHSAS distributes overdose prevention and referral communications (such as cards and flyers) to providers and beneficiaries. TDMHSAS distributed these communications at medical forums, town hall meetings, health fairs, and overdose prevention training. TDMHSAS also distributed these communications to every person receiving naloxone.
- TennCare and its MCOs partner on several initiatives to reduce the rates of NOWS and the burden of OUD. For example:
  - TennCare and its MCOs work to decrease barriers to Voluntary Reversible Long Acting Contraception (VRLACs) for women to reduce infants born with NOWS,



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- including making VRLACs more readily available at the time of delivery to increase use.
- TennCare's MCOs partner with external organizations to provide additional resources to their members. These MCOs contracted with 180 Health Partners, which is an organization that provides ancillary services to stabilize expecting mothers with the goal of improving birth outcomes and providing them with a sustainable social support network.
- TDH provides multiple educational opportunities through regional face-to-face events and archived talks available online. In 2017, TDH directly reached approximately 3,000 attendees State-wide. Education included information on regulatory changes, best practices for prescribing and dispensing, CDC chronic pain guidelines, and requirements related to pain clinics and pain specialists. For example:
  - TDH conducted three regional community summits to bring communities together, assist them with data analysis, and develop a community action plan.
  - TDH is currently funding a media campaign in which local anti-drug coalitions will fund the implementation of CDC's "Rx Awareness" opioid campaign.
- TDH, TDMHSAS, BlueCross BlueShield of Tennessee Health Foundation, and others partner with 93 Tennessee counties to prevent prescription drug addiction via the "Count it! Lock it! Drop it!" initiative.

## PROGRAMS

*State programs related to opioids (e.g., opioid-use-disorder treatment programs).*

### Prevention Programs

- "TN Together" is a multi-faceted initiative, composed of legislation, more than \$30 million in Federal and State funds, and other executive actions to attack the State's opioid epidemic through three major components: prevention, treatment, and law enforcement. Tennessee's prevention efforts under this initiative include:
  - decreasing the supply and dosage of prescription opioids through reasonable limits and appropriate exceptions;
  - limiting coverage of opioids for TennCare enrollees to an initial five-day supply at maximum daily dosage amounts;
  - increasing prevention education for elementary and secondary schools through revisions to the State's health education academic standards;
  - implementing a public awareness campaign to raise awareness about the potential dangers of opioid use and to provide resources and support to those struggling with addiction;



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- identifying women of childbearing age who are chronic opioid users and providing outreach, contraception, and treatment to prevent NOWS births;
  - establishing a commission to formulate current, evidence-based pain and addiction medicine competencies; and
  - creating a health care stakeholder collaborative to study, formulate, and implement best practices around pain management.
- TDMHSAS's "Prescription for Success" is a strategic plan created in collaboration with other State agencies affected by the prescription drug epidemic. "Prescription for Success" is comprehensive and multi-year in scope and nature, and it consists of strategies to prevent and treat prescription drug abuse in Tennessee.
  - TDMHSAS leads the effort to discard unused medications safely through Tennessee's "Take Back" program.
    - Permanent drug "Take Back" boxes are available throughout the State to collect unused prescription and over-the-counter medications, thus protecting children and waterways.
    - TDMHSAS provides education about safe at-home disposal of medication.
    - The State supports events highlighting the importance of safely disposing of medications that are expired or no longer needed. For example, Tennesseans disposed of over 20,590 pounds of prescription drugs during the April 2018 15<sup>th</sup> National Take Back Day.
  - TDMHSAS uses the Tennessee Web-based Information Technology System to evaluate the effectiveness of its programs. This data system collects client-level data on intake/admission, encounters, and discharge information on individuals who receive TDMHSAS-funded services.

## Detection Programs

- The "Controlled Substance Monitoring Database Program" is Tennessee's prescription drug monitoring program. With certain exceptions, healthcare practitioners prescribing or dispensing controlled substances in Tennessee must register in the CSMD.
- TDH and the CSMD Committee monitor the CSMD and use it to detect unusual patterns of prescribing and dispensing controlled substances, taking into account the particular specialty, circumstances, patient-type, or location of the healthcare practitioners.
- Providers can use the CSMD to refer individuals suspected of doctor shopping to law enforcement. If necessary, local law enforcement can also request CSMD access.



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- The CSMD Committee reports annually to the General Assembly on activities and outcomes related to the substance abuse crisis as it relates to the CSMD, and it makes recommendations regarding controlled substances.

## Opioid-Use-Disorder Treatment Programs

- Tennessee's treatment efforts under the "TN Together" initiative include:
  - providing more than \$26 million in Federal and State funds for treatment and recovery services for individuals with OUD. Funded services include:
    - recovery services for individuals without means to get treatment and
    - expanded staffing of peer recovery specialists in targeted, high-need emergency departments;
  - ensuring TennCare members with OUD have access to high-quality treatment options;
  - improving data access and sharing to identify critical hotspots for targeting resources and to increase information about patient and community risks;
  - creating a State-wide public and private treatment collaborative to collectively serve Tennesseans who are struggling with opioid addiction;
  - expanding residential treatment and services for opioid dependence and creating incentives for offenders in State correction facilities to complete intensive substance use treatment programs while incarcerated; and
  - providing funding to the State's court programs for transportation needs relative to therapeutic and family support services.
- TennCare covers comprehensive substance abuse treatment services through each MCO, including detox, inpatient, residential, outpatient, and peer-to-peer support. TennCare and the MCOs are working to expand enrollee access to high quality MAT.
- Tennessee has 13 accredited opioid treatment programs (OTPs) licensed by TDMHSAS.
- TDMHSAS provides resources to connect Tennesseans with OTPs. TDMHSAS has resources for buprenorphine, methadone, and naltrexone MAT for Tennesseans who are ineligible for TennCare and without financial means for treatment.

## Law Enforcement Programs

- Tennessee's law enforcement efforts under the "TN Together" initiative include:
  - increasing State funding to attack the illicit sale and trafficking of opioids through additional law enforcement agents and training;
  - updating the controlled substance schedules to better track, monitor, and penalize the use and unlawful distribution of dangerous and addictive drugs; and



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- providing every State trooper with naloxone for the emergency treatment of opioid overdoses.
- The recovery court programs in Tennessee are specialized courts or court calendars that completed an extensive certification process based on the National Drug Court Ten Key Components. These programs incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of addicted non-violent offenders who meet the criteria of the drug court program and voluntarily want to participate in the program. There are 46 adult recovery courts in Tennessee.
- The Tennessee General Assembly appropriated funds to TDMHSAS for supplying naltrexone in the State's recovery courts and through a voluntary county jail pilot project to decrease opioid dependence and the risk of overdose.

## OTHER

*Other State activities related to opioids that are not covered by the other categories in this factsheet.*

- Tennessee identified numerous other TDMHSAS programs supporting its efforts to fight the opioid crisis, including:
  - **Public Private Partnership** - In 2018, TDMHSAS implemented a Public Private Partnership, a group of stakeholders representing all of the different access points on the continuum of care, whose primary objective is to build relationships and increase access so that there is "no wrong door" for a Tennessean seeking treatment.
  - **Tennessee Recovery Navigators** - Tennessee Recovery Navigators are individuals in long-term recovery who can serve as an access point to treatment and recovery resources. The individual maintains a Certified Peer Recovery Specialist Certification in order to use his/her lived experience to help others find recovery.
    - Navigators' responsibility is primarily to meet patients who recently overdosed in a hospital emergency department and connect them with the substance abuse treatment and recovery services they need to break the cycle of overdose.
    - There are 11 Recovery Navigators in Tennessee.
  - **Project Lifeline** - Project Lifeline is a group of peers in long-term recovery (at least 2 years) who focus on reducing the stigma related to the disease of addiction and increase community support for policies that provide for treatment and recovery services.
    - Lifeliners make educational presentations for civic groups, faith based organizations, and community leaders to increase understanding of the disease of addiction and support for recovery strategies.



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- Each Lifeline serves a specific region of the State where they increase awareness, coordinate between community resources, and connect individuals with treatment and recovery services.
    - There are 10 Lifelines in Tennessee.
  - **MAT Training Institute** - TDMHSAS (in partnership with TennCare, the MCOs, and others) facilitated MAT training to practitioners and administrators on MAT best practices.
  - **Faith Based Initiative** - The Faith Based Initiative's goal is to leverage the underused and State-wide resource of the faith community to provide a pathway to recovery and a welcoming place for those suffering with addiction.
  - **Tennessee Redline** - The Tennessee Redline is a toll-free, 24/7, anonymous information and referral line.
    - Redline staff provide at least three referral sources for each caller, such as treatment providers, MCOs, and Project Lifeline.
    - Redline staff do not provide a clinical assessment; however, they do provide referrals (depending on payer sources and services requested).
    - The Redline implemented a warm hand-off, where callers can receive an immediate transfer to the referred source.
    - In the future, the Redline will be adding capacity to have both text and chat features so that callers may interact digitally with Redline staff.
  - **Anti-Drug Coalitions** - Anti-drug coalitions work to reduce dependence on harmful and potentially lethal substances such as prescription drugs, alcohol, and tobacco. These local efforts, funded by Tennessee since 2008, help get the word out about the dangers and consequences of substance use, including opioid misuse and abuse. There are 41 Anti-Drug Coalitions in Tennessee.
- TDH maintains a number of grants that address OUD including the following:
    - Prescription Drug Overdose Prevention for States grant (from CDC),
    - Enhanced State Opioid Overdose Surveillance grant (from CDC),
    - Harold Rogers Prescription Drug Monitoring Program: Data-Driven Responses to Prescription Drug Abuse grant (from Department of Justice), and
    - State Targeted Response grant (from SAMHSA).
  - TDMHSAS receives a Substance Abuse Prevention and Treatment Block Grant from SAMHSA and a grant from the U.S. Department of Justice.



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## TENNESSEE ENTITIES

**Drug Utilization Review Board:** TennCare's Drug Utilization Review Board meets quarterly to review TennCare drug utilization trends for appropriateness.

**Governor's Commission on Pain and Addiction Medicine Education:** Tennessee Gov. Bill Haslam created this commission in January 2018 as part of his comprehensive "TN Together" initiative to address the opioid crisis in Tennessee. The commission developed competencies for Tennessee's medical educational institutions to address proper treatment for pain, safe and effective prescribing practices, and proper diagnoses and treatment for individuals abusing or misusing controlled substances.

**TennCare:** TennCare is the name of Tennessee's Medicaid program.

**Tennessee Department of Correction:** TDOC's mission is to operate safe and secure prisons to enhance public safety in Tennessee through incarceration and rehabilitation of felony offenders.

**Tennessee Department of Health:** TDH's mission is to protect, promote, and improve the health and prosperity of people in Tennessee.

**Tennessee Department of Mental Health and Substance Abuse Services:** TDMHSAS's mission is to provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.



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## GLOSSARY OF TERMS

**Controlled Substance Monitoring Database:** The purpose of the database is to increase the quality of patient care by equipping healthcare practitioners with accurate, timely information that they can use to determine when patients acquiring controlled substances may require counseling or intervention for substance abuse. Further, the database is used to assist with research, statistical analysis, criminal investigations, enforcement of standards of health professional practice, and enforcement of State or Federal laws involving controlled substances.

**medication-assisted treatment:** MAT is OUD treatment combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**morphine milligram equivalents:** The amount of milligrams of morphine an opioid dose is equal to when prescribed.

**naloxone:** A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

**neonatal opioid withdrawal syndrome:** Neonates having in utero exposures from maternal substance abuse can experience central nervous system effects of the drugs, including drug toxicity and withdrawal. Neonatal abstinence syndrome (NAS), initially described in the 1970s, is the term used for the constellation of withdrawal symptoms. The clinical features and treatment of withdrawal from opioids is a specific form of NAS that has recently been termed NOWS.

**opiate antagonist:** Opiate antagonist drugs such as naloxone are used in the treatment of opioid dependence and in the reversal of an opioid overdose.

**opioids:** Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

**opioid use disorder:** A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

