



February 22, 2016

SUMMARY OF ORIGINAL BILL: Effective January 1, 2017, establishes the following additional requirements of any health care prescriber in order to dispense opioids or benzodiazepines: requiring that all purchases of opioids or benzodiazepines be from a manufacturer licensed by the Board of Pharmacy or a repackager; installation of computer software that will manage, inventory, dispense, and report all controlled substances; developing the capable of electronically submitting such reports; dispensing opioids and benzodiazepines in the minimum dosage amounts that a health prescriber would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or symptoms; dispensing opioids and benzodiazepines in safety-sealed, prepackaged containers stamped with the manufacturer's national drug code (NDC) number; periodically administering and recording pill-counts for opioids and benzodiazepines in order to monitor patient compliance with the prescription; dispensing no more than a thirty-day supply, unless circumstances provide otherwise; assuring that patients receive medically necessary medication counseling, both written and orally, including information on possible side effects and adverse drug interactions with other medications the patient may be taking; assuring opioids or benzodiazepines are dispensed only to an established patient of the practice by a health care prescriber, or a medical technician working under the direct supervision of a physician.

The Board of Pharmacy is authorized to promulgate rules necessary for the registration of all dispensing health care prescribers who dispense opioids or benzodiazepines and assess a fee for registration, as necessary. Authorizes the Department of Health (DOH) to randomly inspect clinics where dispensing health care prescribers dispense opioids or benzodiazepines solely for the purpose of determining compliance with the requirements provided in this legislation. Any dispensing health care prescriber that is licensed or becomes licensed by the Board of Pharmacy is exempt from the requirements of this legislation.

FISCAL IMPACT OF ORIGINAL BILL:

Increase State Revenue –

\$221,500/FY16-17/Board of Pharmacy

\$416,700/FY17-18 and Subsequent Years/Board of Pharmacy

Increase State Expenditures –

\$221,500/FY16-17/Board of Pharmacy

\$416,700/FY17-18 and Subsequent Years/Board of Pharmacy

SUMMARY OF AMENDMENT (012104): Deletes all language after the enacting clause. Deletes the current requirement that an opioid or benzodiazepine dispensed by a physician be in a unit-dosed prepackaged container. Requires any physician which provides opioids or benzodiazepines as a provision of healthcare service to submit dispensing information to the Controlled Substance Monitoring Database (CSMD).

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

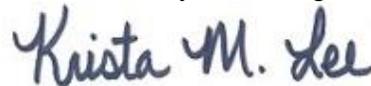
NOT SIGNIFICANT

Assumptions for the bill as amended:

- Deleting the requirement that opioids or benzodiazepines dispensed by a physician be provided in unit-dosed packaging will have no significant fiscal impact on the policies of the Board of Pharmacy.
- Currently, physicians must submit information to the CSMD in conjunction with any dispensation of a controlled substance. This amendatory language only confirms this requirement with regards to dispensing opioids or benzodiazepines; therefore, this is no significant change in the current policy of any board under the Division of Health Related Boards.
- Pursuant to Tenn. Code Ann. § 4-29-121, all health related boards are required to be self-supporting over any two year period. The Board of Pharmacy had a deficit of \$66,136 in FY13-14, a surplus of \$284,085 in FY14-15, and a cumulative reserve balance of \$1,444,168 on June 30, 2015.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



Krista M. Lee, Executive Director

/jdb