

Amendment No. 1 to SB1060

Crowe
Signature of Sponsor

AMEND Senate Bill No. 1060

House Bill No. 656*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 53-11-311(c), is amended by deleting the subsection and substituting instead the following:

(c)

(1) Notwithstanding any other provision of this title, and except as otherwise provided in subdivision (c)(2), a physician licensed under title 63, chapter 6 or 9, is the only healthcare provider authorized to prescribe any buprenorphine product for any federal food and drug administration approved use in recovery or medication-assisted treatment.

(2) Healthcare providers not licensed pursuant to title 63, chapter 6 or 9, and who are otherwise permitted to prescribe Schedule II or III drugs under this title, are prohibited from prescribing any buprenorphine product for the treatment of opioid use disorder unless the provider:

(A) Is licensed and has practiced as a family, adult, or psychiatric nurse practitioner or physician assistant in this state;

(B) Has had no limitations or conditions imposed on the provider's license by the provider's licensing authority within the previous three (3) years;

(C) Is employed by a community mental health center, as defined in § 33-1-101, or a federally qualified health center, as defined in § 63-10-601(a), that employs one (1) or more physicians and has adopted clinical protocols for medication-assisted treatment;

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(D) Is employed at a facility at which healthcare providers are contracted and credentialed with TennCare and TennCare's managed care organizations to treat opioid use disorder with buprenorphine products for use in recovery or medication-assisted treatment;

(E) Is employed at a facility at which healthcare providers are accepting new TennCare enrollees or patients for treatment of opiate addiction;

(F) Is employed by a facility that requires patients to verify identification;

(G) Does not write any prescription for a buprenorphine product that exceeds a sixteen-milligram daily equivalent;

(H) Does not prescribe or dispense a mono product or buprenorphine without naloxone;

(I) Works under the supervision of a physician who holds an active federal Drug Addiction Treatment Act of 2000 (DATA 2000) waiver registration from the federal drug enforcement agency that authorizes the physician to prescribe buprenorphine products and is actively treating patients with buprenorphine products for recovery or medication-assisted treatment;

(J) Obtains a waiver registration pursuant to the federal Drug Addiction Treatment Act of 2000 (DATA 2000) from the federal drug

enforcement agency that authorizes the provider to prescribe buprenorphine products under federal law;

(K) Prescribes buprenorphine products only to patients who are treated through the organization that employs the provider;

(L) Is supervised by or collaborates with a physician who is limited to the supervision of, or collaboration for, a maximum of four (4) licensed nurse practitioners or physician assistants;

(M) Is supervised by or collaborates with a physician who reviews one hundred percent (100%) of the charts of the patients being prescribed a buprenorphine product;

(N) Weighs the risk of relapse with the benefit of tapering down or off of buprenorphine when, similar to other disease states, tapering from the treatment medication is clinically appropriate and in agreement with the patient and tapering schedules and durations are patient specific. Providers shall initiate and lead a discussion regarding patient readiness to taper down or taper off treatment medications employed in the patient's treatment with each patient at any time upon the patient's request but no later than one (1) year after initiating treatment and then every six (6) months thereafter;

(O) Writes prescriptions that can only be dispensed by a licensed pharmacy to ensure entry into the controlled substance database; and

(P) Writes prescriptions of buprenorphine products to fifty (50) or fewer patients at any given time.

SECTION 2. This act shall take effect July 1, 2020, the public welfare requiring it.