MEMBERS PRESENT
Dr. Melanie Blake, Board of Medical Examiners, Vice Chairperson
Mr. Mark Young, Board of Nursing
Ms. Lisa Tittle, Board of Pharmacy
Dr. R. Michael Dickenson, Board of Pharmacy
Dr. Sheila Schuler, Podiatry Board
Dr. Shant Garabedian, Osteopathic Board
Dr. Robert Simpson, Board of Veterinary Medicine
Dr. Linda Tharpe, Board of Optometry

STAFF PRESENT
Dr. D. Todd Bess, Director of Controlled Substance Monitoring Database
Dr. Mitchell Mutter, Medical Director for Special Projects
Mr. Andrew Coffman, Attorney, Office of General Counsel
Ms. Mary K. Bratton, Office of General Counsel
Ms. Debora Sanford, Clinical Application Coordinator
Ms. Antoinette Welch, Director, Office of Investigations
Ms. Tracy Bacchus, Administrative Assistant

MEMBERS ABSENT
Dr. Katherine Hall, Board of Dentistry
Mr. Robert Ellis, Board of Medical Examiners
Mr. Omar Nava, Committee on Physician Assistants

The CSMD Committee convened on Monday, July 10, 2018, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Blake called the meeting to order at 9:05 a.m. and the members introduce themselves.

Dr. Blake mentioned to the group that we are live streaming so please make sure the green light is on and speak into microphone.

Action Item:

- Add definition of "contractor" to the interagency agreement.
- Modify the fourth bullet in A4 to say "quality care provided"
- Make modification to A7 to include that TennCare would come back to the CSMD meetings regularly before a year.

TennCare Project – Dr. David Reagan and Dr. Victor Wu

- Dr. Reagan and Dr. Wu appeared before the committee and shared the proposed Interagency Agreement between TDH and TennCare with the CSMD committee. Dr. Reagan started by reviewing what TDH and TennCare wanted to do from a clinical standpoint.
    - A4 TDH shall make available to TennCare information contained within the database for purposes of analysis of controlled substance prescriptions as directed by TennCare's chief medical officer, associate chief medical directors, director of quality oversight, and directors of pharmacy. These analyses shall be used to improve the TennCare

program, increase the quality of care to TennCare members and support decision making processes for providers and prescribers. TennCare shall not publish or share publically any individual level information or aggregate analyses of the data that describe population level statistics or metrics without explicit review and explicit written approval of TDH. Notwithstanding the foregoing, and pursuant to the aforementioned designation by the CSMD Committee, TennCare is permitted to share population level analyses, results of analyses, statistics or metrics and individual member information with the following contractors involved in the management of the Medicaid program: Managed Care Organizations (MCOs), Dental Benefits Manager (DBM), and Pharmacy Benefits Manager (PBM) (hereinafter "MCCs"). The MCCs shall receive member line level data only for their respective members, and the MCCs are not permitted to further share or distribute the member line level data to any third parties. The MCCs may only share population level analyses, results of analytic processes, statistics, or metrics with their contractors involved in and only for the purposes of furthering the initiatives listed below. The MCCs receive the information from TennCare in order to further its patient care and decision making initiatives, including those listed below:

- Increase patient engagement and improve access to clinical service delivery for TennCare opioid users;
- Improve data analytics to determine population and individual member level patterns of high risk opioid use across the TennCare program;
- Strengthen predictive analytics of clinical risk through incorporation of opioid data;
- Monitor and improve quality of care providers by our contracted organizations to members who use opioids;
- Support monitoring of program integrity for prescribers and pharmacies in opioid prescribing and dispensing patterns;
- Support monitoring of patient fraud for TennCare members receiving opioids; and
- Guide policy decisions and objectively monitor the impact of specific policy change

- Andrei Dumitrescu discussed the TennCare regular use of HIPAA information and how TennCare works with MCCs under the HIPAA guidelines.
  - Mindful of how TennCare protects the information;
  - Who TennCare shares the information with; and
  - How it is going to be used.
- Andrei Dumitrescu reassured the committee that those receiving data will be well trained to handle sensitive CSMD data.
- Ms. Bratton mentioned at the meeting on April 10, 2018 that counsel advised the CSMD Committee to vote access based on Tenn. Code Ann. § 53-10-306; and in Tenn. Code Ann. § 53-10-306(a)(6) there are several categories of TennCare program personnel who can have access to the data in the CSMD. In the process of drafting and working out the interagency agreement, the manner in which TennCare views there MCCs, dental benefits manager, pharmacy manager, and the managed care organizations is as a part of TennCare

and the way that the statue is written it does not have the same outlook in mind. It has specific TennCare offices in mind it grants statutory access to the CSMD information. This contract is back before the CSMD Committee for a vote to not just authorize the contract, but to vote under a different statutory section Tenn. Code Ann. § 53-10-306(a)(2) which allows access authorized to committee, board, or department personnel or any designee appointed by the CSMD Committee engaged in analysis of controlled substances prescription information as a part of their assigned duties and responsibilities;

- Dr. Blake had a question under A4 "Monitor and improve quality of care providers by our contracted organizations to members who use opioids"
    - Dr. Wu stated they wanted to provide active and actable information back to their providers who may be prescribing opioids. One of the areas is a use case that TennCare is interested in working on is a national data as well as current pharmacy benefits data which indicates dentist are the highest prescribing specialty for opioids in children under 18 years of age. TennCare would like to help dentists understand and look at prescribing patterns around opioids for their patients.
- Dr. Blake wanted to see in the agreement about specific use cases that would go forward with this one-year pilot for example NAS and the application of this information to providers. TennCare indicated that this data would be used more for the members more that providers education.
    - Dr. Wu stated that one of the challenges that TennCare has is understanding the best way to use the data. The first area that TennCare would be focusing on is women of childbearing age. A lot of that will depend on how the data gets ingested; how they can use the data; how the analysis can be set up in a way to tie the members to their TennCare members; the medical claims to the pharmacy claims with the claims in the CSMD.
- Dr. Blake asked how will TennCare grant access to the data?
    - Mr. Dumitrescu stated that once data is in house, and get familiar with it would better be able to provide it to their MCOs and dental benefit manager for these initiatives. TennCare will make the final decision on which initiatives to go first based on the quality and structure of the data.
- Ms. Tittle asked about A2 "Further, the database is to be used to assist in research, statistical analysis and enforcement of standards of health professional practice among other activities" what was the intent of this language if it is not about enforcement why do you need this language in the agreement?
    - Dr. Wu stated that this project is not about disenrolling TennCare members, but to look forward in the future to determine if our policies and how we are enforcing our policies to better help TennCare members
    - Ben Simpson, on behalf of TN Medical Association (TMA), stated there was a specific physician related to where in the contractual language it addressed sharing this information to an insurance company so that the insurance company won't be punitive with providers. Ms. Bratton stated that the language in A2 is language that is taken from the CSMD statue 53-10-304 (c) "Further, the database is to be used to assist in research, statistical analysis, criminal investigations, enforcement of standards of health professional practice, and state or federal laws involving

controlled substances."

- Ms. Bratton mentioned the reason that this project has come in two parts is because TennCare is a little different from other companies that do insurance. When presenting this information to you the first time TennCare sees the MCOs as a part of TennCare and not a part of Blue Cross or Cigna. This is why we put this statutory language into this agreement. Mr. Dumitrescu stated that in their agreement with MCCs they put specific guard rails around the functions they are required to follow in regards to the data they receive from TennCare.

- Dr. Mutter asked if the Commissioner does not like where this is going can he cancel this at any time without cause.
  - Dr. Reagan stated the Commissioner and the Director of TennCare can cancel this project as well
- Ms. Tittle asked does the current contract they have with their MCCs protect this data or would that contract have to be tighten up at all?
  - Mr. Dumitrescu stated that the current contract already contemplates sensitive information all the way up to including behavioral health and substance abuse information so the agreement already covers the firewalls that Dr. Wu mentioned. They will reiterate the firewalls by providing them a copy of this agreement at the time they present them with this data.
- Dr. Mutter asked when TennCare gives the data to the MCCs could the MCCs turn around and give the data to another party?
  - Dr. Wu stated that in A4 of the agreement in regards to the MCCs "The MCCs shall receive member line level data only for their respective members, and the MCCs are not permitted to further share or distribute the member line level data to any third parties." This should prevent that kind of thing.
- Dr. Blake asked about this statement in A6 of the agreement "TennCare and its data infrastructure partner teams, including but **not limited to** STS, DXC, Altruista, and KPMG will maintain appropriate internal data use, storage, management, access and administrative controls for all transferred data"
  - Mr. Dumitrescu mentioned that these are the database administrator and the people that house the data. He can walk through all of the people on this list:
    - STS provides all the server in the State of Tennessee
    - DXC is the technology partner (database administrators)
    - Altruista helps with the care coordination tools
    - KPMG is technical advisory services. They work hand in hand with TennCare and DXC. The DXC contract is up next year so they introduced the "not limited to" language to keep from having to come back in front of the committee every time one of the contractors changes. Dr. Blake's second question was about the last sentence of section A8 "The Contractor shall provide a written confirmation of destruction to TDH within ten (10) business days after destruction." Mr. Dumitrescu stated that would be STS, DXC, Altruista, and KPMG and as well as the MCOs. Any contractor that has the data, TennCare requires them to destroy the data and give them a certificate, and if they need to maintain it longer they need to protect it in an appropriate way.

- Dr. Blake asked about A4 "Monitor and improve quality of care providers by our contracted organizations to members who use opioids;" because she would rather see this as a specific use case down the road when TennCare is ready to use this information?
    - Dr. Wu stated that it does not read correctly and should say "Monitor and improve quality of care provided by our contracted organizations to members who use opioids."
- Dr. Blake recommended that there be some type of attestation to clarify to our physicians that the agreements are tight between TennCare and MCCs and that they cover the specific utilization of the CSMD data.
    - Mr. Dumitrescu stated that they will present the MCCs with a copy of this agreement, and can do an attestation to the MCCs that point to this agreement. The MCCs would need to pass the attestation to any sub-recipient to sign as well. Ms. Bratton stated that it would be the committee preference to add language in the contract to make sure TennCare would do that. We will modify the bullet to say "**quality care provided". Make some modification to A7 to include that TennCare would come back to the CSMD meetings regularly before a year.**

Dr. Tharpe made the motion to approve with the project with the modification specified earlier in various parts of the document, and Dr. Garabedian second the motion. .

- Move by acclimation the TennCare data request was approved

Minutes

Dr. Blake asked had everyone read the minutes from the meeting on April 10, 2018, and if so can the committee have a motion to approve the minutes.

- Dr. Tharpe made the motion to accept the minutes from the April 10, 2018 committee meetings, and Dr. Garabedian second the motion,
- Move by acclimation the minutes were approved

CSMD Director's Report – Dr. D. Todd Bess

The controlled substance monitoring database rules are in draft form, and the Office of General Counsel should have a version that we can possible share at our next CSMD committee meeting on October 2, 2018.

Discussed the Appriss Contract

- Received the BRD and Appriss Contract back from Appriss on June 22, 2018
- TDH working to finish final edits

Discussed the NABP Contract

- Amendment approved to extend current contract to share data with other states through the end of October 2018
- TDH working on new language for the contract that will allow TDH to do Gateway EHR/Pharmacy System Integration
- NABP Hub has 42+ participating states and NABP has a relationship with APPRISS that enables EHR integration through Gateway.
- Twenty-eight (28) states currently utilize APPRISS Gateway integrated system

Dr. Bess also discussed Public Chapter 1039 impact on CSMD

- ICD 10 Codes
- Medical necessity

Public Chapter 1040

- Adds gabapentin as a Schedule V drug

Dr. Bess ask the committee to vote on reporting all Schedule V drugs that demonstrate abuse potential be reported to the CSMD

- Mr. Coffman mentioned that the Commissioners and the Committee has the authority to adopt rules.
    - Under section 53-10-304 the PSA 2016 changes the law to require reporting all controlled substances Schedules II-IV dispensed in the State of Tennessee and Schedule V drugs as identified by the CSMD committee that demonstrate the potential for abuse
    - Mr. Coffman stated there were some exceptions where are Schedule V drugs do not need to be reported to the CSMD database. Dr. Bess stated that this is Schedule V prescription where the Schedule V drug that was prescribed for that patient, and dispense by the dispenser that would be reported
        - Dr. Dilliard stated it does clarify when you use the term prescriptions, but there is an opportunity under the current rules to allow individual pharmacist to create a prescription for the record. So if you are selling the medication for codeine and Robitussin or one of the other over the counter preparation it could be sold without a prescription, but you create that prescription to have it on your record or your files that would not have to be reported under those circumstance. If you put it as a requirement, it would prohibit someone from creating that type of prescription in order to keep a good record.
            - Dr. Garabedian stated that if we keep adding more drugs on the report it would make it harder for the prescriber to review and make a sound judgement on their patient.
            - Dr. Blake asked how will electronic prescribing of scheduled drugs effects the database, will it import more rapidly or is there an interface built?
                - Dr. Bess does not see that it will have a major impact on the database. Potentially a prescription could get reported quicker

- Dr. Dickenson made motion to accept the language that all Schedule V drugs be reported to the Controlled Substance Monitoring Database, and Ms. Tittle second the motion,
    - Move by acclimation that Schedule V drugs will be reported to the CSMD was approved

Dr. Bess gave the committee an update on sharing data with Georgia

- Had a conference call with Georgia on June 22, 2018
- Tennessee has concerns with a few roles and how they are mapped

- Goal to have Georgia turned on as soon as all the issues are worked out

Dr. Bess discussed the Gateway proposal that will allow practitioner to login through their hospital EHR environment. Dr. Bess asked the committee to agree to request Appriss to develop the requested enhancement to the Gateway because their version one do not have the things he just showed you, but they will include the following:

- Picklist feature
- None of these feature
- Patient Not Found feature
- Clinical Risk Indicators feature
- Development Authorization for current OTech Application that will also be available in the next Appriss application

Dr. Dickenson asked do we have any cost estimate for these enhancements, and Debora Sanford stated that the vendor agreed to make these enhancements at no charge to the State. The next set of enhancement will have a cost associated to them.

Dr. Michael Dickenson made the motion to accept the language regarding functionality enhancements to the CSMD, and Ms. Tittle second the motion.

- Move by acclimation to accept the language regarding functionality enhancements to the CSMD was approved

Dr. Bess asked the committee is the Gateway integration with EHR something that the committee would like to endorse in the State of Tennessee.

- Dr. Reagan mentioned that each Regulatory Board would need to agree to use their reserve funds to do a statewide pilot to do integration with EHR's.
- Dr. Bess stated that the estimated cost for this project:
    - Year 1: $546,000
    - Year 2: $819,000
    - Year 3 and subsequent years: $1,092,000 annually
- Dr. Blake asked why does the price increase over year 2 and subsequent years?
    - Dr. Bess stated that TDH is getting the details on why the cost increased in the third year.
    - Dr. Reagan thought that is because they will not be able to service everyone in the first year, and by the third year, they should have everyone integrated within your EHR.
- Dr. Blake asked would there be any agreements with say Cerner/Epic, Appriss and the state happen?
    - Dr. Bess stated that we would have to get our legal department involved on the most efficient way to role this out with the parties involved to make sure our expectations are being met.
- Dr. Blake asked would we still have the web portal and would that be an expense we have to maintain as well.
    - Dr. Bess stated yes. Dr. Reagan stated that these funds do not give value to the

licensee anymore they generally sit there and they are difficult to get access to.

- Dr. Dickenson wanted to know if there was anyone from our Budget Office to give an update on the reserve fund for each board have?
    - Ms. Noranda French stated that FY 2017 most current number available, and do not include any of the recent request each board has agreed to:
        - Dental Board $4,317,445
        - Medical Examiner $2,855,288
        - Nursing Board $9,273,967
        - Optometry Board $694,555
        - Osteopathic Board $794,230
        - Podiatry Board $308787
        - Physician Assistant Committee $718,717
        - Pharmacy Board $2,601,137
        - Veterinary Board $659,671
- Ms. Tittle asked are some of the other boards are presenting requests to use some the reserve funds for
    - Ms. French stated that the department has asked a couple of the boards for amounts from their reserve account for example Medical Board and Nursing Board has agreed to contribute to some amount to the department.
    - Dr. Reagan added that the language to be able to spend the funds has to have appropriation language included to be able to spend the funds.
- Ms. Tittle asked we feel like the current language in the Appropriation Bill would handle this type of request without having to go back to the Legislature and Finance & Administration (F&A) approval it should.
    - Dr. Reagan stated that F&A would have to approve it, but we have been in discussion with F&A, and it is within the current appropriation language.
- Ms. Tittle also asked if these three years are development and implementation statewide?
    - Dr. Reagan clarified we are limited to a one year request from the reserve account, cannot answer if there are ways to extend that at this point. TDH will continue to work on ways to see if that can be extended, but the one-year request is clearly doable.

- Ms. Tittle asked if we get beyond the point that everyone has access and all of the implementation are complete are we going to ask the providers to pay a user fee or are we going back to the boards to pay the maintenance costs?
    - Dr. Reagan stated that we do not have an opinion on that, and right now, we are not advocating one way or the other. Dr. Bess stated that other PMP Director that he talked to have been very happy and would not go back to the way it was.
- Dr. Blake mentioned that we should stress to Appriss that they do a parallel agreement with either Epic or Cerner other the users that built along the way. The value is seen by the other side because the boards will not be able to certain it the cost.
- Dr. Garabedian asked is there interest from Vanderbilt that say yes we want this here, and if TDH put this out to agree to use it?
    - Dr. Bess stated yes they have already expressed interest.

- Dr. Garabedian was concerned about how the information is going to be used, and would this be a HIPAA violation or data breach.
    - Mr. Coffman stated that for this particular case it would be what role you could have within Epic. The Prescription Safety Act (PSA) allows a physician to save information in medical record now and it is at that point the PSA no longer applies to the information. Once the information is included in the medical record, it is viewed in the same way and the same laws apply such as HIPAA.
- Dr. Blake asked would the CSMD Committee need to appoint a subcommittee for the EHR integration?
    - Dr. Bess stated he would welcome the committee's input on that and thinks one of the things we will have to get our legal team involved in would be to get a better legal understanding with Appriss
    - Ms. Bratton stated that we are not at the contract drafting stage yet. This is a preliminary ask of the committee to make sure that the committee is comfortable doing the integration. Then the department will go to the boards to ask for the funds for this project.
- Dr. Bess asked the committee if they would approve moving forward with Gateway integration into EHR, and it was approved to move forward with the Gateway integration to EHR.
- Dr. Bess gave the dates for next year 2019.
    - February 4, 2019
    - April 9, 2019
    - July 9, 2019
    - October 8, 2019

Medical Director for Special Projects – Dr. Mitchell Mutter

Prescriber will receive 2.5 hours of CME for attending one of the educational efforts for 2018. You can register at https://www.etsu.edu/com/cme/tndoh2018.php. Here is a list of the next symposia:

- July 19 – Knoxville, UT Medical Center
- August 9 – Clarksville, Location TBD
- September 27 – Jackson, Jackson-Madison County General Hospital
- October 18 – Memphis, St. Francis Hospital
- November 15 – Cookeville, Putnam County Health Department

The meeting for the Chronic Pain Guidelines Meeting scheduled for July 27, 2018 from 9:00 a.m. – 4:00 p.m. in the Iris Conference Room at 665 Mainstream Drive, Nashville, TN will be rescheduled;

Agenda for the Chronic Pain Guidelines Meeting is

- Governor Bill HB 1831
    - Acute Pain
    - Perioperative Guidelines
- High Risk Utilizer
- Ketamine Clinics
- Chronic Pain Guidelines

- TennCare Pilot
- CSMD Integration with EHR & Pharmacy
- Other Business

Dr. Mutter mentioned the pain clinic regulation progress you already know about;

- There are between 170-175 pain clinics;
- Six (6) license pending inspections;
- Comprehensive Pain Specialists (CPS) there are twelve (12) license, and nine (9) certified, and thirteen expired and there are four pain clinics were denied for various reasons

Dr. Mutter mentioned that the Department of Health is working to have the Top 10, Top 20, and Top 50 ready by July 31, 2018

Dr. Mutter introduced Ms. Tonya Wilkins to the committee. Ms. Wilkins was hired to work on Pain Management Clinics and high risk prescribing.

Legislative Update – Patrick Powell

Public Chapter 611
This law requires an agency holding a public hearing as a part of the rulemaking process to make copies available in redline form. Effective July 1, 2018.

Public Chapter
It allows a pharmacy to dispense a prescription without proper authorization or valid prescription to a patient from another state who is displaced by disaster it must be done in good faith. Prescription can be obtained by prescription label, verbal order or any number of means the pharmacist determined is legitimate. Effective July 1, 2018.

Public Chapter 674
This public chapter allows buprenorphine mono or buprenorphine without naloxone to be directly administered by a healthcare provider acting within the scope of practice. Administration must be for substance use disorder and pursuant to medical or prescription order from a physician license under title 63 chapter 69; and it is not allowed dispensing away from the premises. Effective April 12, 2018

Public Chapter 978
This law requires buprenorphine reporting to CSMD subject to federal law.

Public Chapter 754
This prevents boards or committee created by statues from promulgating rules, issuing statement, or issuing interagency memorandum that infringe on any member's freedom of speech. That includes opinion about the committee or matters regarding that governmental entity excluding those under the Tennessee code that are confidential. Effective April 18, 2018

Public Chapter 883
E-prescribing lays framework for e-prescribing, and the exceptions. It does require that all

Schedule II prescriptions be E-prescribed by January 1, 2020 except for the exceptions in statue. Any health-related board that is affected by this act shall report to the General Assembly by January 1, 2019 on issues related to the Implementation of this section, and the Commissioner of Health has the authority to promulgate rules to effectuate the purpose of the act. Effective on May 3, 2018 for rule purposes, and January 1, 2019 for all other purposes.

Public Chapter 929
The act re-defines policies and requires each agency to submit a list of policies with certain exceptions that have been adopted or changed in the previous year. The submission shall include a summary of the policy, and justification for adopting the policy instead of a rule. The main goal is to crackdown on policies that should be rules. This will affect policies after July 1, 2018.

Public Chapter 978
This deals with OBOTS or non-residential office based opioid treatment facilities – makes a number of changes but most important to CSMD. This will require the dispensing of buprenorphine to be subject to CSMD and is subject to federal requirements under 42 CFR part 2. It also requires the comptroller be tasked with a study to identify prescribers and high risks prescribers and shall provide information to comptrollers that they deemed relevant. Any record that personally identify the patients or healthcare practitioner that is disclosed to the comptroller shall be confidential and shall not be disclosed as a public record or subject to subpoena. After the completion of the study and no later than July 31st, of each subsequent year in consultation with CSMD, the comptroller would need to notify statistical outliers in addition to the top prescribers and high-risk prescribers identified pursuant to this section.

P**ublic Chapter 1007**
This act will allow prescriptions for controlled substances to be partial filled if requested by the patient or the practitioner who wrote the prescription and the total quantity dispense through partial fill does not exceed the total quantity prescribed for the original prescription. The pharmacist shall only record in the CSMD the amount actually dispensed.

Governor's Opioid Bill
This bill discusses the limits set of up to a 3-day supply and 180 morphine milligram equivalent (MME) with no other rule requirements; 10-day supply with 500 MME; 20-day supply with 850 MME; and 30-day supply with 1,200 MME. The requirement is set out in the Governor's website TN Together has information for practitioners and prescribers. Checking the CSMD is required. The Commissioner will have the authority to promulgate rules establishing the MME calculation for opioid drugs contained in Schedules II-V, and if no such rules promulgated for an opioid drug, the MME calculation from the CDC will be used.

Public Chapter 1040
The acts makes gabapentin a Schedule V drug. Made it illegal sale, offer to sale, or purchase Kratom under the age 21. Effective July 1, 2018.

Bureau of Investigations – Antoinette Welch

- Ms. Welch stated that there will be twenty-seven (27) Comprehensive Pain Specialists pain

clinics shutting down at the end of July.

- The Office of Investigation has about 500 open complaints across the State of Tennessee;
- Sixty-nine (69) pain clinics license since the law went into effect, and twelve (12) of those were CPS;
- Twenty (20) more clinics still valid under the certification;
- Eighteen (18) applications is in the Office of Investigation;
- Tracking if there have been increases in overdoses in the areas where we are losing a lot of our pain clinics

Office of General Counsel- Andrew Coffman

- Thirteen over prescribing cases from January 2018 – May 2018
  - Two Nursing case revocation, and one on probation
  - One BME case revocation, two BME cases reprimand, and three on probation
  - One DO case on probation
  - One Dentistry case on probation
  - One physician assistant case on suspension
  - One podiatric examiner case on suspension
- TDH is rewriting the rules that are in place right now to try to come into compliance. We will be presenting these rules as Commissioner Rules, and the commissioner and committee have the authority.
- Public Chapter 1039
  - It put some limitation on prescribing opioids and then it create a number of exception and they apply in a different way
    - Patients that have received severe burns or suffered a major physical trauma
    - At the October 2, 2018 we will bring in individual to discuss the Adoption of definitions of "severe burn" and "major physical trauma" as required by Public Chapter 1039
    - Dr. Garabedian suggested that TDH should include pediatric specialists, geriatric specialists, Dr. Simpson suggested Tennessee Medical Association, Tennessee Nursing Association, Tennessee Pharmacy Association, Emergency Physician Association, and Emergency Nurses Association
- Kentucky Project Update
  - Received a new version of requested to be added to the contract from our informatics team, and have been assigned to a new team
- Mr. Coffman ask the committee to approve one person to go to the NASCSA Conference in Scottsdale, AZ in the last week of October in the amount not to exceed $2,500.
  - Dr. Garabedian made the motion to approve one person to go to NASCSA Conference in October 2018, and Dr. Dickenson second the motion,
  - Move by acclimation the committee approved one person to attend NASCSA conference

Our next CSMD committee meeting will be October 2, 2018

The meeting adjourned at 11:20 a.m.