



Controlled Substance Monitoring
Committee Meeting Minutes
August 25, 2015

MEMBERS PRESENT

Dr. Michael Baron, Board of Medical Examiners, Chairperson
Dr. Reginald Dilliard, Board of Pharmacy
Dr. Debra Wilson, Board of Pharmacy
Dr. Kim Johnson, Board of Veterinary Medicine
Mr. Omar Nava, Committee on Physician Assistants
Ms. Rosemarie Otto, Executive Director, Health Related Boards
Ms. Patricia Eller, Board of Medical Examiners, Vice Chairperson
Ms. Joyce McDaniel, Board of Pharmacy
Dr. David Sables, Board of Podiatry
Mr. Brent Earwood, Board of Nursing
Dr. Donald Polk, Board of Osteopathy
Dr. Richard Orgain, Board of Optometry

MEMBERS ABSENT

Dr. Katherine Hall, Board of Dentistry

STAFF PRESENT

Dr. Mitchell Mutter, Special Projects
Dr. David Bess, Director of Controlled Substance Monitoring Database
Ms. Diona Layden, Interm Director, Office of Investigations and Deputy Director for Division of Health Licensure
Ms. Tracy Bacchus, Administrative Assistant
Ms. Linda Johnson, Board of Nursing
Ms. Debora Sanford, Project Manager
Ms. Mollie Gass, Attorney, Office of General Counsel
Jeremy Davis, Legislative Liaison
Mary K. Bratton, Attorney, Office of General Counsel

STAFF ABSENT

Sheila Bush, Administrative Manager

The Controlled Substance Monitoring Database Committee convened on Tuesday, August 25, 2015, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Baron called the meeting to order at 9:00 a.m. and requested that each member introduce themselves. A quorum of the members was present.

Dr. Baron mention to the group that we are live streaming so please make sure the green light is on and speak in your microphone.

Minutes

Dr. Baron asked had everyone read the minutes from the last meeting, and if so can we have a motion to approve the minutes. Brent Earwood made the motion to accept the minutes from the March 31, 2015 committee meeting. Omar Nava seconded the motion; move by acclamation the minutes were approved.

OGC Report

Ms. Mollie Gass discussed rule changes that will affect the CSMD. Those rules deal with law enforcement reports and ARCOS reporting. Dr. Polk asked if the fee of \$22.50 shall be paid to the Board for each request would that be an independent agreement with certain agency or a broad spectrum. Ms. Gass stated that it could be either. Dr. Baron asked where the fee comes from and how they come to that number. Ms. Gass stated the finance person came up with that number by the number of request and the salary of the person doing the requests. Dr. Baron asked did the committee need to vote on these rules, and Ms. Gass stated that these rules are going with the Board of Pharmacy packet. Dr. Polk asked how this relates to agency in the surrounding states that put in

request. Ms. Gass states that the statute is clear about who can make a request and if they don't fall within the statute then they aren't able to make a request. Dr. Sable asked will this inhibit other agencies from requesting data because they don't want to pay the fee. Ms. Gass mentioned that this fee is only related to law enforcement and drug court request. Dr. Baron asked about the minimum reporting requirements for manufacturing and wholesalers if that is submitted under the ARCOS format what would they use for names. Dr. Bess mentioned that this is not that type of information. This is what the wholesaler is shipping to someone in Tennessee that is dispensing or administering drugs. ARCOS data does not capture prescriber information. Ms. Gass stated ARCOS data is kept separately from the CSMD. Dr. Baron asked does the committee have to vote on ARCOS, and Ms. Gass stated not unless the committee has any changes.

Ms. Gass reported on alternative prescribing discipline, and she referenced a case where the department recommended the prescriber decrease his overall morphine equivalent to his top twenty-five patient in a six month time period by thirty percent. She reported that it was a success and the practitioner decreased his morphine equivalent by thirty-seven percent. She presented a document on prescribing action from July, 2009 through July, 2015. She stated that they have taken a total of 184 actions in the last six year, and probation is the most common action that they have taken. Dr. Orgain expressed concern that we have three hundred plus pain clinics in the state, and we have only taken action on six in the last three years. Ms. Gass stated that we are actively working on regulating pain clinics in a harsher fashion. The department is doing other things, for example the Office of Investigation is doing one hundred audits per year; and we are taking action on the ones that don't have things in place. Dr. Baron asked has the board seen an increase or decrease in reprimands, or probations as a whole? Ms. Gass stated she did not have that information, and could report on that at the next meeting. Dr. Sable asked what does other mean on the report. Ms. Gass stated she would do some research and report back to the committee at the next meeting.

Medical Director for Special Projects

Dr. Mutter introduced Ms. Linda Johnson as the new nursing consultant assigned from Board of Nursing. He mentioned that Ms. Bratton is the Chief of the Drug Task Force; and we have hired three new attorneys. He presented data on morphine equivalents consumed in the county by resident; county specific MME in Tennessee per capita; and in 2013 per capita for Tennessee annually the MME was 1350. He mentions that we are right now at 1295 MME per capita annually for Tennessee. Dr. Polk asked is there any tracking method for heroin, and Dr. Mutter stated that law enforcement is tracking heroin. Dr. Bess mentioned that law enforcement is also looking very close at synthetic drug use in the state.

Dr. Mutter mentioned that the Prescription Safety Act sunsets in 2016. He mentioned the new laws that will affect pain clinics. For example, July 1, 2015 you have to be a prescriber to own a pain clinic; and July 1, 2016 the medical director must be a physician and pain specialists. Dr. Mutter mentioned that we set our morphine equivalent at 120, and the CDC recommendation is 50-60 morphine equivalents. Dr. Mutter mentioned data on 2015 Top 50 prescribers, and the morphine equivalent is down by 8%. Dr. Baron asked do we have providers that were identified in all three years, and Dr. Mutter stated we do and most of those are already in OGC. Public Chapter 476

required us to do the top prescribers in small counties defined as less than 50,000 people. Dr. Mutter also presented 2014 IMS data on where Tennessee stands by drug and drug category. Dr. Polk suggested that we start to monitor 2nd and 3rd order of effect of antagonist drugs. Dr. Mutter asked the committee to consider purchasing some journals that we could use as reference. Dr. Orgain asked how we could reach the great number of prescribers on their prescribing practices, and Dr. Mutter stated the best option is to team up with the coalitions. Dr. Baron said that we need to educate these prescribers.

BIV Report

Ms. Layden stated that for the month of July there were 12 random audits completed. Ms. Eller mentioned that there was a checklist created for doing audits and she wanted to know since we have been doing audits have we made any updates to the checklist based on our audits? Ms. Layden stated that she was not aware of the form being updated but there have been internal discussions on how we could work smarter and more impactful, and she would check. Ms. Gass stated there may have been minor changes to that document, and how we review the audits. Dr. Polk asked about the 11 pain clinics that were closed he wanted to know if those were voluntary or forced to close. Ms. Layden stated she would do some more research and determine what information she could share and bring to the next meeting.

Legislative Update

Jeremy Davis presented data on legislative updates. He mentioned Public Chapter 26 deletes the Intractable Pain Act effective July 1, 2015. Public Chapter 396 this is the addiction treatment act of 2015. This act would grant criminal immunity for an individual who is suffering or with someone suffering from an overdose, and you can only get criminal immunity once. The second part of this act mandates that only M.D. or D.O. can prescribe buprenorphine for opioid dependents. Pregnant women, nursing mother, and patients who have hypersensitivity to naloxone can be prescribed buprenorphine mono. The Board of Medical Examiners and the Osteopathic Examiner are required to promulgate rules that establish a requirement for licensees to become addiction specialists. Public Chapter 475 all physician assistant and advanced practice nurses must be supervised by a pain management specialist in order to practice in a pain management. The Commissioner for the Department of Health is ordered to develop pain clinic standards. Public Chapter 476 is to identify the top 10 prescribers in small counties. Mr. Earwood asked is the definition for supervision for PA and APN defined in the bill? Mr. Davis stated that they have to be supervised by a pain medicine specialist, but it does not have to be the pain medicine specialist that is the medical director at the pain clinic.

Exemptions/Waivers

Dr. Bess asked the committee to approve the waiver from electronic reporting and exemption from reporting form. Dr. Orgain made the motion to approve and Ms. Eller seconds that motion. The motion carried.



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Dr. Bess mentioned to the committee that he made some updates to the waiver form to add attestation language to the form, and he needed the committee to approve the updates. The committee voted to approve the updates to the waiver form.

Name	Business
Gifty Codjoe	Success Meds
Gary Adams	David Pharmacy, LLC
Stephen Levan	Wellscripits, Inc.
Sherri Benson	Eiris Health Services #6012
Ronald Rahe	EHS Pharmacy
Yamma Lumar	Soleo Health, Inc.
Leslie Stone	Weatheford Compounding Pharmacy
Vishal Gandhi	Red Chip of Nevada
Siamak Bagheri	Beverly Sinai Medical Pharmacy
Kevin Yu	Y Medical Associates Inc.
Michael Bevilacqua	Cotrills Pharmacy, Inc.
Chacko Varghese	Jack P Herick Inc. dba Glades Drugs
Jeffrey Edbert	National Animal Hospital
Jessie Heaton	IV Solutions of Lubbock
Scott Nellis	Med Care Choice Pharmacy, Inc.
Mark Henn	Cardinal Health 414 LLC
Sun Kim	Baxter Healthcare Corporation
Douglas Synek	Heartland Veterinary Pharmacy
Philip Baker	Good Shepherd Medication Mgmt.
Patrick Baker	Cystic Fibrosis Services
Jelani Davis	Cordele Pharmacy LLC
Erica Yelton	Medscripits Pharmacy
James Schumacher	Apria Healthcare LLC dba Star Medical RX
Michael Clurman	Absolute Pharmacy

Name	Business
Julie Owen	Sina Drug LLC dba Onco360
Mark A Schnabel	Good Nursing Home Pharmacy dba Pharmerica
Walter Guice	Triad Isotopes Inc.
Arthur Schneider	Liberty Medical LLC dba Liberty Med Supply
Janine Cleveland	Pharmacy Consultants LLC dba Omincare Clinical Intervention Center-Spartanburg
Carolyn Bast	Express Script Specialty Distribution Services
Jeffrey Hinchey	Heartland Medical LLC
John Bridges	Baptist Hosptial for Woman
William Stuart	Hartley Medical Center Pharmacy, Inc
Joseph Lettrich	Kare Pharmacy LLC
Richard Mossor	Topical Apothecary Group LLC, dba Tag Pharmacy
Paul Schuchard	PetNet Solutions, Inc.
John Forea	PetNet Solutions, Inc.
Paul Stroud	PetNet Solutions, Inc.
Gary Umland	Heritage Therapeutics
Michael Nguyen	Matrix Pharmacy, LLC
Royce Burruss	Cardinal Health Specialty Pharmacy, LLC
Thomas Koontz	Custom Compounding Pharmacy
Milton Hagan	PetNet Solutions, Inc.
Kelli E. Lewis	AnovoRx Group, LLC
Yong Lee	Catamarian Home Delivery dba Catamarian

CSMD Director's Report

Dr. Bess mentioned that we were awarded a new CDC grant and this grant will replace the old grant. It will allow us to hire for 7 new positions funded directly by the grant. Our vendor Optimum Technologies was brought by Appriss at the end of April, and our contract with them will end in 2016. He presented the committee with dates for future committee meetings and the next meeting for this year is October 13, 2015. He mentioned that we have over 41,000 registered in the CSMD. Dr. Bess reiterated what Dr. Mutter mentioned earlier that our morphine milligram equivalent is down. He stated we are sharing data with 6 states and we are working on North Carolina and Alabama. Dr. Baron asked do we have arrangement with other states regarding their law enforcement agency able to access our database. Dr. Bess stated that all of those law enforcement requests will go to our OGC attorney. Ms. Gass stated that we have not seen these types of request yet, but we didn't think that we could provide out of state law enforcement reports.

Dr. Bess discussed **Public Chapter 1011**: Controlled Substance Reporting and this changes the required timeframe for reporting to the Controlled Substance Database to **once per business day**, effective January 1, 2016. **Public Chapter 983**: (Restriction on Prescriber Dispensing); Except as provided in § 63-1-313, a health care prescriber licensed under this title may not dispense an opioid or benzodiazepine; dispensing related to surgical procedure performed at a licensed health care facility allowed, but may not exceed 7 day supply; ARCOS data will be linked to CSMD for audit purposes The Public Chapter 983 was effective January 1, 2015. **Public Chapter 872**: ID Bill; Applies to C II-IV opioids, benzodiazepines, zolpidem, barbiturates, and carisoprodol in quantities greater than a 7 day supply; requires the person taking possession of the dispensed prescription to present a valid government issued identification or public/private insurance card, unless the person is personally known; does not require the person to be the same person for whom the prescription is written, and it was effective July 1, 2014.

Dr. Bess mentioned that Tennessee is in the top 5 in armed robberies and we had at least 10 or 11 within the last 90-100 days. Dr. Dilliard stated that it was 11 and 7 of those were in East Tennessee. Dr. Bess updated the committee on what happened with CSMD Committee decision to block APN and PA request for data if they had no supervising physician in the CSMD related to Public Chapter 898. He stated that it was successful and those providers are unable to run reports. Ms. Eller asked how many did not comply with public chapter 898, and Dr. Bess stated that we were at 60 percent mark of compliance. Dr. Orgain asked that we contact the supervisor to let them know that they are listed as the supervisor, and Dr. Bess stated that the supervisor would have to login to the CSMD to view or approve. Dr. Polk asked are the letters modified for the repeat top 50, and the answer was no that we did not customize the letters for repeat top 50 providers. He informed the committee that Appriss will be doing a hardware update the weekend of September 5, 2015. Dr. Baron asked how secure is the system, and Dr. Bess stated that we work with Mike Newman's group to make sure that we have security there for our users. Ms. Sanford stated that currently that our hardware is in the data center with limited accessibility by resources. The database is not encrypted, but data transported between the web app and the

user it is encrypted. Dr. Bess requested approval for travel to attend the National Association of State Controlled Substances Authorities in Scottsdale, Arizona for Dr. Bess and Dr. Chen from CSMD Program, Mollie Gass, attorney assigned to CSMD Program, and one additional attorney that work with over prescribing cases. Dr. Orgain motion to approve travel and Ms. Eller seconded. The motion carried.

Ms. Eller was asked what is needed to make sure that the CSMD doesn't sunset. She wanted to know if we need to put something in the annual report. Dr. Bess asked the committee to think about ideas that we can share at our next meeting. Dr. Mutter mentioned that the auditor's report will help with that as well. Dr. Reagan mentioned that Department is working with the Governor's Office to remove the sunset from that bill. Ms. Eller wanted to know if the committee could have the legislative report before the January meeting. Dr. Bess stated that he will get the committee the information as soon as he finishes the report.

Governance Committee Update

Dr. David Reagan shared the plan for the CSMD Governance Committee. The CSMD law was passed in 2002 and operational in 2006. He mentioned that the information in the CSMD is well over 100 million. He stated that Governance Committee is looking at an education component, public policy component, and regulations. There is also an operations part of the CSMD for example it needs to be accessible, and the other part is the analysis. He mentioned that we are looking to internally reorganize ourselves to better use all of our resources. He mentioned that we are recruiting some staff to help with the analytics section that will help us use the information wisely. Dr. Baron asked how do we change the educational habits of our younger residents, advance practice nurse, and physician assistant. Dr. Reagan stated yes that will be part of the educational piece and it is extremely important.

General Discussion

The general discussion was about an initiative to promote prescribing education for graduate training programs. Dr. Mutter thinks that there is room for long term perspective to have support for education training program in hospitals, and where the money comes from is the issue. Ms. Eller asked has anyone given thought to go to the Residency Review Board asking them to consider that be a part of the training program across the state. Both Dr. Mutter and Dr. Reagan thought that was a great idea from Ms. Eller. Dr. Dilliard mentioned that the pharmacy students should be included in this training program. Dr. Baron asked is there a place for the FSMSB to get involved. Dr. Polk stated the foundation provided scholarship of significant amount and there were about 25 states that took advantage of them for the RIM's program so there are opportunities.

The meeting was adjourned at 12:30 p.m.

The minutes were approved and ratified at the October 13, 2015 meeting.



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