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THE OPIOID EPIDEMIC IN TENNESSEE 2018 UPDATE ON NEW POLICY ACTIONS

This report on recent opioid-related policy actions and [a companion report on indicators of opioid abuse in Tennessee](#) supplement Part 1 of our August 2017 [introductory series](#) on Tennessee's opioid epidemic.

KEY TAKEAWAYS

- The Haslam administration and the General Assembly took numerous steps in response to Tennessee's opioid epidemic during the 2018 legislative session.
 - Policies that seek to further reduce the supply of prescription and/or illicit opioids focus on prescribing, dispensing, and law enforcement.
 - Steps to help prevent opioid abuse and addiction focus on education, data, neonatal abstinence syndrome, and adverse childhood experiences.
 - Efforts related to opioid addiction treatment and recovery focus on improving access and amending provider regulations.
- Policymakers should keep a close eye on whether and how these new policies move the needle on the supply of and demand for opioids and other illicit substances.

LESSONS FROM THE EVOLVING EPIDEMIC

Tennessee has implemented a variety of measures over the last 6 years to combat opioid abuse, but the epidemic has evolved. [While the number and potency of opioid prescriptions is falling, overdose deaths and other negative outcomes of opioid abuse continue to rise \(Figure 1\).](#)

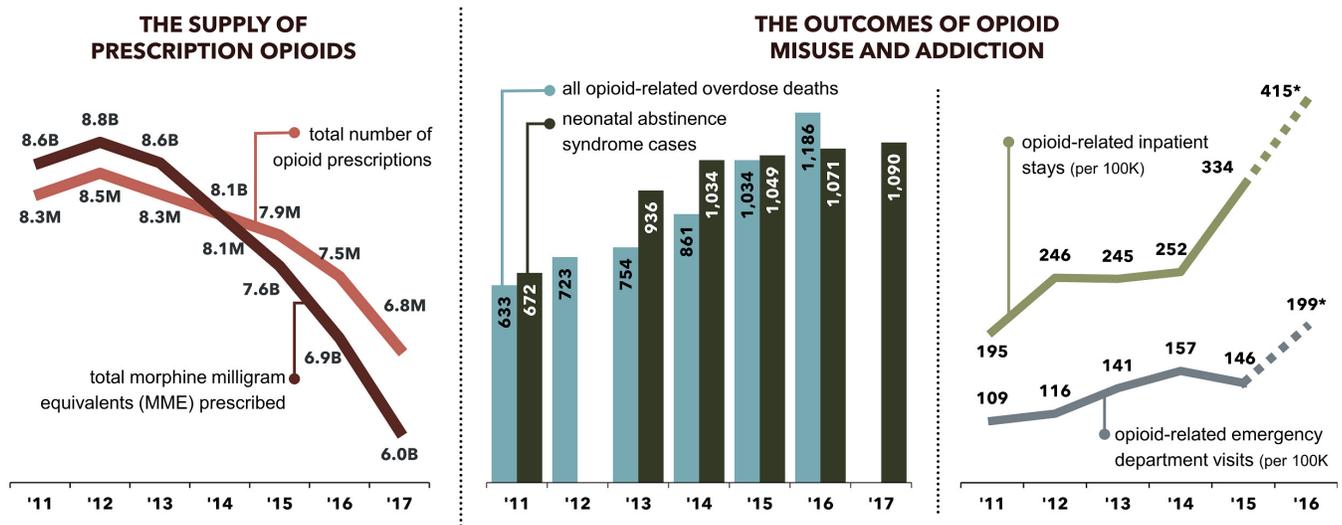
Research into the nature of this evolution offers some important lessons and insights. Here are 3.

1. **Policymakers should be prepared to adapt their strategies to changing facts on the ground.** For example, as the supply of prescription opioids has fallen, demand has grown for alternatives (e.g. heroin and fentanyl). Dealers increasingly package fentanyl, a synthetic opioid 50-100 times stronger than morphine, to look like heroin or prescription pills and sometimes mix it with other illicit drugs like cocaine. Often, this occurs without users' knowledge – increasing the risk they will overdose. (1)
2. **The opioid epidemic affects nearly every sector of our society.** Each sector (e.g. public, private, criminal justice, health care, education, labor markets, social services, etc.) has a different role and a

different perspective on the epidemic’s origin and solution. Policymakers’ challenge is to develop coordinated and complementary responses across many different stakeholders. (2)

3. **Eliminating all improper demand for opioids will require efforts to prevent, treat, and address the root causes of substance use disorder.** Individuals’ physical, social, and economic environments influence their risk for substance abuse and the likelihood that prevention and treatment efforts succeed. Addressing underlying issues like housing, employment, education, and family support systems can help reduce risk factors and make communities more resilient. (3)

FIGURE 1. TENNESSEE’S OPIOID EPIDEMIC: MEASURES OF PROGRESS



*2016 data are based on a new coding system
 Sources: Tennessee Controlled Substance Monitoring Database (4), Tennessee Department of Health (5) (6) (7), Agency for Healthcare Research and Quality (8), and Centers for Disease Control and Prevention (9)

SUMMARY OF NEW POLICIES IN TENNESSEE’S OPIOID EPIDEMIC RESPONSE

During the 2018 legislative session, Governor Bill Haslam’s administration and the General Assembly took numerous steps in response to Tennessee’s opioid epidemic. Haslam announced [the “TN Together” initiative](#) early in the session, and legislators approved most of it along with a number of their own proposals.

This report covers the new policies enacted into law or being implemented by the executive branch. A more detailed summary can be found in the Appendix. To review an overview of policies in place prior to 2018, see our [report from August 2017](#).

NEW POLICIES TO REDUCE THE SUPPLY OF OPIOIDS

New policies that seek to further reduce the supply of prescription and/or illicit opioids focus on prescribing, dispensing, and law enforcement. They include:

Prescribing & Dispensing

- Laws limiting the duration and potency of first-time opioid prescriptions.
- Funding in the approved FY 2018-2019 budget to establish pain management best practices and new medical education competencies for opioid prescribing and addiction.
- Laws to require reporting of opioid diversion, encourage safe opioid prescribing and pain management alternatives in TennCare, require wider use of electronic prescriptions for opioids and certain other drugs, and allow partial fills of opioid prescriptions.

Law Enforcement & Criminal Justice

- Funding in the approved FY 2018-2019 budget for costs associated with increasing criminal penalties and for the Tennessee Bureau of Investigation (TBI) to hire additional agents and increase relevant training.
- Laws to enhance criminal penalties for the distribution of opioids that result in death and for organized retail crimes.

NEW POLICIES TO PREVENT OPIOID ABUSE

New policies to help prevent opioid abuse and addiction focus on education, data, neonatal abstinence syndrome (NAS), and adverse childhood experiences (ACEs). They include:

Education & Awareness

- Refocusing existing resources and funding to target opioid-specific education efforts at students and the general public.

Data Collection & Sharing

- Funding in the approved FY 2018-2019 budget to enhance data collection and sharing across state government to identify high-risk areas and better target resources.

NAS Prevention & Services

- Continuing to remove barriers in TennCare to voluntary reversible long-acting contraceptives (VRLACs) to prevent unintended pregnancies and reduce the number of babies born with NAS.
- Laws seeking to raise awareness of the risk of opioid use during pregnancy and increase awareness of and access to VRLACs.
- Funding in the approved FY 2018-2019 budget for a grant to one organization to serve mothers and children affected by NAS.

Adverse Childhood Experiences (ACEs)

- More funding in the approved FY 2018-2019 budget for grants to prevent and mitigate [sources of childhood toxic stress](#) that are risk factors for substance abuse.
- A law to increase ACEs-related training for school leaders and teachers.

Efforts to reduce the supply of opioids (discussed above) also play a role in prevention.

NEW POLICIES FOR ADDICTION TREATMENT & RECOVERY

New policies related to opioid addiction treatment and recovery focus on improving access and amending provider regulations. They include:

Treatment Safety Net

- More funding in the approved 2018-2019 budget for Tennessee’s behavioral health safety net to serve an additional 3,900 individuals with opioid use disorder each year.
- A statewide public-private collaborative to help address the projected remaining unmet need.

Treatment for TennCare Enrollees

- Efforts in TennCare to develop new addiction treatment networks and educate chronic opioid users about treatment options.

Treatment in the Criminal Justice System

- Funding in the approved FY 2018-2019 budget for medication-assisted treatment (MAT) in recovery courts as well as personnel for the courts.
- Establishing 3 new recovery courts for lower-risk offenders using existing resources.
- A law seeking to incentivize intensive drug treatment for prisoners.

Treatment Provider Regulation

- Laws to allow freer use of buprenorphine ([1 of 3 drugs used in MAT](#)) during treatment, tighten other rules for buprenorphine treatment providers, and explore letting advance practice nurses and physician assistants prescribe the drug.
- A law making certain fraudulent or unethical marketing practices a criminal offense.

Other Treatment and Recovery Efforts

- Funding in the approved FY 2018-2019 budget for more recovery specialists in emergency departments, to provide access to transportation services to get to treatment, and to boost addiction science research.
- Laws to improve compliance with federal mental health and substance abuse parity requirements, allow local education agencies to open recovery high schools, and refine state rules for syringe exchange programs.

ADDITIONAL EFFORTS

In May 2018, Tennessee Attorney General Herbert Slatery sued the manufacturer of Oxycontin, alleging the company used unlawful marketing practices that contributed to the state’s opioid epidemic.

WHAT’S NEXT?

As these new policies take effect, policymakers should keep a close eye on whether and how they move the needle on the supply of and demand for opioids and other illicit substances. While existing policies have helped reduce the supply of prescription opioids, the negative outcomes of illicit opioid abuse and addiction continue to rise. The evidence suggests that demand for opiates remains strong.

As policymakers evaluate the impact of these policies going forward and weigh other possible strategies, they may want to consider the following questions:

1. **What do the data say?** Collecting, analyzing, and sharing data will help policymakers and other stakeholders measure and improve effectiveness.
2. **Are our efforts sustainable?** Some of the policies outlined above depend on temporary funding streams (e.g. time-limited grants, non-recurring state funds) that may not be replenished.

3. **How will federal action fit into Tennessee's strategy?** Congress is considering dozens of new federal policies related to opioids (including some that mirror recent state actions) and may also provide additional funding. (10)(11)(12)(13)
4. **What are other states doing?** In addition to Tennessee's current strategies to address the opioid epidemic, a number of [other ideas and approaches](#) are in use across the country. Data and research on these efforts can help policymakers weigh their potential value for Tennessee.
5. **Are prevention efforts broad enough to stem the next epidemic?** While today's opioid epidemic may recede, America's long history of drug epidemics suggests new challenges to come. (1)(14)(15) As a longer-term strategy to stem drug abuse, policymakers may want to consider how [the drivers of health influence Tennesseans' risk for and resilience against substance abuse](#). (3)

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APPENDIX: DETAILED SUMMARY OF NEW POLICIES IN TENNESSEE'S OPIOID EPIDEMIC RESPONSE

During the 2018 legislative session, Governor Bill Haslam's administration and the General Assembly took numerous steps in response to Tennessee's opioid epidemic. The accompanying report outlines new policies adopted since [our previous review in August 2017](#). This appendix goes into greater detail and, where available, provides context for each new policy (e.g. based on a recommendation, a practice adopted by other states, supporting data or evidence).

Governor Haslam announced the "TN Together" initiative to address Tennessee's opioid epidemic on January 22, 2018. The initiative drew on the efforts of a working group of public and private stakeholders with representation from the legislative, executive, and judicial branches. TN Together includes a number of new policies that require a mix of legislative and administrative action intended to support opioid abuse prevention, treatment, and law enforcement. Several of the approaches reflect similar recommendations made in 2017 by the Ad Hoc Opioid Abuse Task Force established by House Speaker Beth Harwell (referred to here as the "House Task Force").

The General Assembly approved most of the legislative elements of TN Together in addition to a number of its own proposals. This report covers legislation that was enacted, new or additional funding in the approved budget, and administrative actions being implemented by the executive branch.

NEW POLICIES TO REDUCE THE SUPPLY OF OPIOIDS

New policies that seek to further reduce the supply of prescription and/or illicit opioids focus on prescribing, dispensing, and law enforcement.

PRESCRIBING & DISPENSING

TN Together limits the duration and potency of first-time opioid prescriptions. The U.S. Centers for Disease Control and Prevention (CDC) concluded in 2017 that more potent prescriptions and each additional day of a first prescription both raise the odds a patient will still be using opioids 1 and 3 years later - particularly when prescriptions exceed the 5-day and 30-day marks. (16)

- **P.C. 1039 (SB 2257 / HB 1831)** places a general 3-day/180 morphine milligram equivalent (MME) limit on first-time opioid prescriptions. The law offers alternative 10- and 20-day limits so long as a number of precautionary steps are taken (e.g. checking the controlled substance monitoring database - CSMD). The law also allows for a number of exemptions to the requirement. (17)
- TN Together includes administrative action in TennCare to limit coverage of initial prescriptions to 5 days (currently 7) and set daily dosage limits. (18)

In September 2017, the House Task Force recommended a 7-day limit and outlined approaches for prior authorization, exemptions, and women of child-bearing age. (19) As of early April 2018, at least 28 states have limited the duration and/or potency of opioid prescriptions through statute, regulation, or industry self-regulation. (20)

In an effort to further improve provider prescribing, the approved budget for FY 2018-2019 also supports 2 additional TN Together efforts (similar to recommendations made by the House Task Force), including: (19)

- \$250,000 recurring increase to study, formulate, and implement pain management best practices.
- \$7,500 in one-time state spending for a special commission to develop medical education competencies related to pain management, opioids, opioid addiction, and the CSMD. (21) The governor established this commission via executive order on January 24, 2018. (22)

The legislature passed additional measures to require reporting of opioid diversion, encourage safe opioid prescribing and pain management alternatives in TennCare, require wider use of electronic prescribing, and allow for partial fills of opioid prescriptions:

- **P.C. 675 (SB 2022 / HB 2004)** requires the Tennessee Department of Health (TDH) to establish a mechanism for individuals to report allegations of opioid abuse or diversion. It also requires that any entity that prescribes, dispenses, or handles opioids to inform employees of the availability of the reporting system. The DEA operates a similar reporting system. (23)
- **P.C. 843 (SB 2155 / HB 2001)** holds providers harmless from any increased costs that may result from using alternatives to opioids for pain relief under TennCare's episodes of care payment initiative.
- **P.C. 864 (SB 1227 / HB 901)** requires TennCare to formulate rules for the "safe and responsible coverage" of opioids for TennCare enrollees, including addressing prior authorization and special circumstances for women of child-bearing age.
- **P.C. 883 (SB 2191 / HB 1993)** requires all providers to use electronic prescriptions for Schedule II drugs (see **Drug Schedules Explained**) by January 1, 2020, and lays out a number of exceptions. The House Task Force recommended encouraging e-prescribing. (19) Research suggests that e-prescribing can prevent forged prescriptions and provide a source of real-time data. (24) At least 9 other states have passed similar requirements. (25)
- **P.C. 1007 (SB 2025 / HB 2440)** allows individuals the option to only partially fill opioid prescriptions with pro-rated cost-sharing (e.g. co-pays). The approach is at least partially aimed at helping reduce the number of unused opioids. (26)

DRUG SCHEDULES EXPLAINED

The U.S. Drug Enforcement Agency (DEA) classifies all drugs into 1 of 5 "schedules," based on their perceived medical use and potential for abuse. According to the DEA:

Schedule I drugs have "no currently accepted medical use and a high potential for abuse." Heroin is a Schedule I drug.

Schedule II drugs are medical drugs with "a high potential for abuse" that could lead to "severe psychological or physical dependence." Prescription opioids are Schedule II drugs. (60)

LAW ENFORCEMENT & CRIMINAL JUSTICE

TN Together bolsters law enforcement activities to stem the supply of illicit opioids. The approved FY 2018-2019 budget includes:

- \$1,300,000 recurring increase and \$855,000 in one-time spending for the Tennessee Bureau of Investigation (TBI) to hire 10 new agents and increase training to combat illicit opioid trafficking and crime. The House Task Force recommended 25 additional agents – a number supported by TBI. (19) (27)
- \$299,400 recurring increase for the Tennessee Department of Corrections. The costs are associated with separate legislation (**P.C. 1040 - SB 2258 / HB 1832**) to reclassify certain controlled substances in order to increase criminal penalties.

The legislature passed additional measures to enhance criminal penalties for the distribution of opioids that result in death and for organized retail crimes.

- **P.C. 934 (SB 1875 / HB 1936)**, known as Henry’s Law, attaches stricter sentencing to a second degree murder of a minor associated with illegal Schedule I or II drugs.
- **P.C. 995 (SB 1787 / HB 1722)** stipulates that unlawful distribution of fentanyl or carfentanyl (a synthetic opioid about 100 times more potent than fentanyl) that results in death is a second degree murder. The approved FY 2018-2019 budget includes \$374,100 in new funding to cover the estimated increase in incarceration costs. (28)
- **P.C. 993 (SB 1717 / HB 1722)** enhances reporting requirements and criminal penalties associated with organized retail crimes, which generally included gift card theft. The approved FY 2018-2019 budget includes \$91,500 in new funding to cover the estimated increase in incarceration costs. (28) Gift card theft is reportedly one way that individuals help pay for illicit opioids. (29)

NEW POLICIES TO PREVENT OPIOID ABUSE

New policies to help prevent opioid abuse and addiction focus on education, data, neonatal abstinence syndrome (NAS), and adverse childhood experiences (ACEs). Efforts to reduce the supply of prescription opioids (discussed above) also play a role in prevention.

EDUCATION & AWARENESS

Using existing resources and funding, TN Together targets education efforts at students and the general public. The House Task Force recommended similar approaches. (19)

- The administration plans to modify Tennessee’s health education academic standards to include opioid abuse prevention education for elementary and secondary school students.
- A public awareness campaign will also educate Tennesseans about opioid abuse and resources available for people with substance use disorders (SUD). (30)

DATA COLLECTION & SHARING

To identify high-risk areas and better target resources, TN Together includes new funding for enhanced data collection and sharing. A number of other states are [using data in innovative ways](#) to collaborate across sectors, identify epidemic hotspots, and better tailor prevention efforts and limited resources. The approved

FY 2018-2019 budget includes a \$100,000 recurring increase and \$1,500,000 in one-time state funding for this purpose.

NEONATAL ABSTINENCE SYNDROME (NAS) PREVENTION & SERVICES

As part of TN Together, TennCare will continue to remove barriers to voluntary reversible long-acting contraceptives (VRLACs) in an effort to prevent unintended pregnancies and the number of babies born with NAS. (18) (31) (32) Examples of VRLACs include intrauterine devices (IUDs) and implants. TennCare is the primary payer for NAS cases in Tennessee. From 2010 to 2016, the rate of TennCare births with NAS grew from 1.1% to 2.8% – compared to 1.3% across all Tennessee births. (18) (6) In 2015, this amounted to 1,197 newborns on TennCare. (33)

The legislature passed additional measures to raise awareness of the risk of opioid use during pregnancy, to increase awareness of and access to VRLACs, and to support mothers and children affected by NAS.

- **P.C. 901 (SB 2674 / HB 2348)** requires physicians who prescribe more than a 3-day supply of opioids to women between the ages of 15-44 to counsel them on the risks associated with opioid use during pregnancy and the availability of VRLACs.
- **P.C. 686 (SB 883 / HB 1320)**, the Long-Acting Birth Control Information Act, includes public education and outreach about VRLACs and requires training, technical assistance, and/or funding for family planning and public health centers to provide access to VRLACs. To the extent that the new law expands the use of contraception, it could reduce unintended pregnancies that result in NAS.
- The approved FY 2018-2019 budget includes \$100,000 for a grant to Families Free, a faith-based organization in Northeast Tennessee, to provide services to mothers and children affected by NAS. (28)

ADVERSE CHILDHOOD EXPERIENCES

The legislature advanced efforts around adverse childhood experiences (ACEs) to address the sources of childhood toxic stress that are risk factors for substance abuse.

- The approved FY 2018-2019 budget includes \$2,870,000 in state funding for grants to prevent and mitigate ACEs. This sum not only increases funding by \$1,620,000 over prior years but also designates the majority as recurring for the first time.
- **P.C. 723 (SB 1386 / HB 1240)** requires the Tennessee Department of Education to develop an evidence-based training program for school leaders and teachers on ACEs and trauma-informed practices for the classroom.

NEW POLICIES FOR ADDICTION TREATMENT & RECOVERY

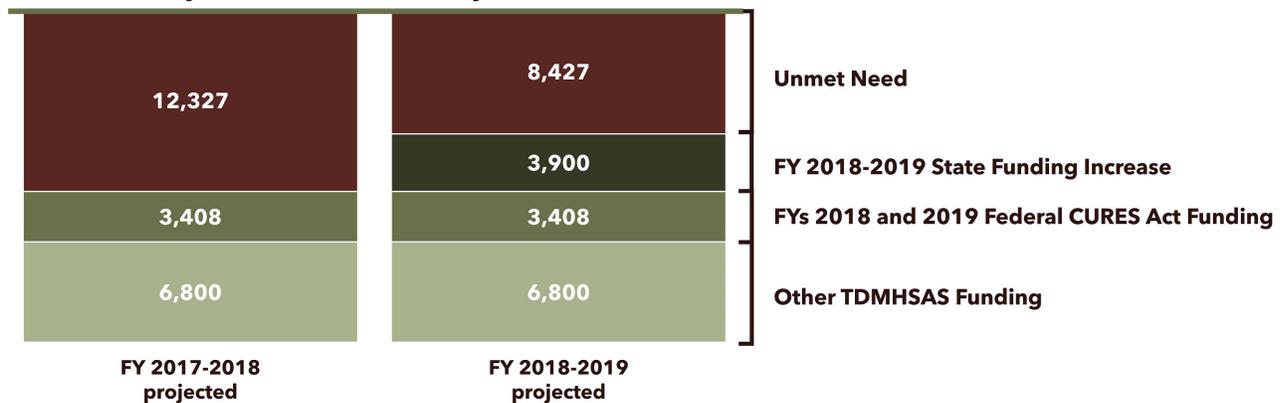
New policies related to opioid addiction treatment and recovery focus on improving access and amending provider regulations.

TREATMENT SAFETY NET

The TN Together initiative expands Tennessee’s behavioral health safety net to serve an additional 3,900 individuals with opioid use disorder (OUD) each year, funded in the approved FY 2018-2019 budget with a \$9,250,000 recurring increase. (34) The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) estimates about 22,500 low-income Tennesseans with OUD could qualify for safety net treatment. (34) Based on historical utilization, TDMHSAS projects reaching about 63% of these individuals with approved FY 2018-2019 funding (**Figure A1**). The actual number served would vary based on actual service needs.

FIGURE A1. TENNESSEE’S SAFETY NET CAPACITY FOR TREATING OPIOID USE DISORDER

An estimated 22,500 Tennesseans with an opioid use disorder may qualify for safety net services funded by TDMHSAS.



Based on TDMHSAS’ estimates of (1) the number of Tennesseans with OUD who may qualify for safety net services and (2) projections based on historical average service utilization. Actuals will vary based on actual eligibility, service needs, and utilization.

Source: The Sycamore Institute’s analysis of information from TDMHSAS and SAMHSA. (34) (35) (36)

The approved FY 2018-2019 funding increase would bring the total growth in recurring state funds since FY 2017-2018 to \$15,250,000. (37) Separate from TN Together, the approved FY 2018-2019 budget also includes a \$3,000,000 recurring increase in state funding to increase payment rates to the safety net’s drug treatment providers. (21) In addition, the feds have awarded Tennessee \$13,800,000 in new annual funding for FYs 2017-2018 and 2018-2019 to provide opioid treatment and recovery services. (38) TDMHSAS estimates these funds will allow it to serve 3,408 individuals each year (**Figure A1**). (39)

As part of TN Together, TDMHSAS also created a statewide public-private collaborative to help address the projected remaining unmet need. The collaborative launched in March 2018, and TDMHSAS hopes to leverage state funds through foundations and for-profit entities to serve more low-income Tennesseans with OUD. (40)

TREATMENT FOR TENNCARE ENROLLEES

TN Together seeks to improve treatment options for TennCare enrollees who may have OUD. The share of TennCare enrollees diagnosed with an OUD more than doubled from 2010 to 2016, rising from 0.9% to 2.0% – or about 30,000 people. (18) As part of TN Together:

- TennCare is developing OUD treatment networks that include both medication-assisted and behavioral health treatment.
- TennCare plans to increase outreach to chronic opioid users – particularly women of child-bearing age – to educate them about treatment options. (18) (31)

TREATMENT IN THE CRIMINAL JUSTICE SYSTEM

TN Together includes several steps to facilitate, expand, or incentivize treatment options for individuals involved in the criminal justice system.

- The approved FY 2018-2019 budget includes \$1,300,000 in one-time funding to supply the medications needed for medication-assisted treatment (MAT) in recovery courts and county jails. Participation would be voluntary for each recovery court. (34) (28) \$1,000,000 in one-time state funding was appropriated for this purpose in FY 2017-2018. (41) Research has found that MAT – a combination of counseling and medication – is the most effective way to treat opioid addiction, and national best practices recommend that recovery courts provide access to MAT. The House Task Force recommended exploring expansion of MAT in prisons and county jails. (19)
- The approved budget also includes a \$467,600 recurring increase and \$256,700 in one-time funding for 4 assistant district attorneys and a senior judge for recovery courts. (42)
- Using existing resources, the state will establish 3 recovery-oriented compliance courts (ROCCs) to expand alternative sentencing and treatment services for non-violent offenders with behavioral health issues. ROCCs will target low-risk offenders who are not currently eligible for recovery courts, which serve offenders with a high risk of returning to prison (i.e. recidivism). ROCCs will offer less intense programming, only be open to offenders with low risk of recidivism, and accept voluntary or involuntary participation. (30) (31) The House Task Force recommended expanding participation in recovery courts. (19)
- **P.C. 1040 (SB 2258 / HB 1832)** aims to incentivize intensive drug treatment for prisoners. Under the law, eligible offenders will receive a 60-day sentence reduction for completing an intensive residential treatment program of at least 9 months. (31) (43) This effort is expected to produce over \$2 million in annual cost-savings for the Department of Corrections. (43) (44)

TREATMENT PROVIDER REGULATION

The legislature passed a number of measures modifying buprenorphine treatment regulations.

Buprenorphine is 1 of 3 medications used for treating OUD. Because it is a synthetic opioid, it can be misused. In order to prescribe buprenorphine, physicians must meet special requirements and seek permission from the DEA and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). (45)

- **P.C. 674 (SB 2099 / HB 2002)** allows health care providers to administer buprenorphine without the use of naloxone for treating OUD so long as it is administered on site. Naloxone, which is an opioid antagonist used to treat overdoses, is often added to buprenorphine to reduce the likelihood that it can be misused. (46)

- **P.C. 978 (SB 777 / HB 717)** strengthens regulations for buprenorphine treatment providers, which is expected to increase the number of facilities needing to apply for special licensure. The approved FY 2018-2019 budget includes \$607,800 to cover the estimated implementation costs. (28) The law:
 - Redefines a non-residential, office-based opiate treatment facility to be consistent with federal definitions.
 - Requires TDMHSAS to revisit rules for these treatment facilities every 2 years.
 - Requires CSMD checks for all buprenorphine products.
 - Refines requirements for how TDH identifies and works with top opioid and buprenorphine prescribers.
 - Establishes a task force to monitor whether providers are following the standard of care in treating patients with SUD. (47)
- **P.C. 1059 (SB 2095 / HB 2510)** sets up a working group to look at the potential impact of allowing advance practice nurses and physician assistants prescribe buprenorphine. To expand access to MAT, the federal government authorized nurse practitioners and physician assistants to prescribe buprenorphine in 2016. Tennessee law explicitly bars all providers except physicians from prescribing buprenorphine. (48) (49) (50)

Lawmakers also passed a measure to rein in emerging treatment marketing practices that are fraudulent or unethical. **P.C. 855 (SB 2005 / HB 2068)** establishes criminal offenses for certain marketing practices for drug treatment services (e.g. making false statements about a provider's services, accepting kickbacks for referrals). As the demand for drug treatment has risen, reports of related fraud have emerged nationwide. Under one scheme, for example, companies use unethical marketing practices to steer individuals to specific treatment or recovery housing providers in exchange for kickback payments. (51) (52)

OTHER TREATMENT AND RECOVERY EFFORTS

TN Together includes targeted funding to expand the availability of recovery specialists, provide access to transportation services to get to treatment, and to boost addiction science research. The approved FY 2018-2019 budget includes:

- A \$750,000 recurring increase for peer recovery specialists in emergency departments with high rates of opioid-related visits. The National Governor's Association recommended this approach in its 2016 *Road Map for States*. (53)
- \$175,000 in one-time state spending to provide transportation services for ZERO TO THREE Court participants to access support services. Research has shown that personal barriers – including a lack of transportation – can often prevent people from accessing treatment.
- \$2,000,000 in one-time state funding for the Center for Addiction Science at the UT Health Science Center in Memphis. The Center trains physicians and health professionals in preventing, diagnosing, and treating addiction.

The legislature passed additional measures related to recovery high schools and the federal mental health and substance abuse parity law.

- **P.C. 569 (SB 1626 / HB 1460)** allows local education agencies to open recovery high schools for students with SUDs. The House Task Force recommended launching a recovery school pilot program

in each grand division of the state. (19) Evaluations of recovery high school students have found promising results related to alcohol/drug use and mental health compared to traditional high schools, but they can be expensive to operate and hard to sustain. (54)

- **P.C. 1012 (SB 2165 / HB 2355)** seeks to improve compliance with federal laws that require private health insurance to offer parity in coverage for mental health and addiction treatment and coverage of other conditions. The law provides guidance to the Tennessee Department of Commerce and Insurance on how to evaluate insurers' compliance and requires the department to report back to the legislature on its efforts. Insurers' coverage, restriction, and payment practices for addiction treatment may contribute to [Tennessee's deficiencies](#) in provider and MAT capacity and comparatively low MAT utilization rates by the privately insured.

Legislators also passed 2 bills to refine state law on syringe exchange programs. A law enacted in 2017 lets TDH approve non-governmental entities to operate evidence-based syringe exchange programs. (55) Since that time, 3 organizations have been approved to operate programs in Knoxville and Davidson, Hamilton, and Washington counties. (56) Syringe exchange programs in other states [have proven effective](#) at both preventing HIV and Hepatitis C and connecting intravenous drug-users to treatment. (57)

- **P.C. 945 (SB 2359 / HB 2675)** allows local health departments to operate locally-funded, TDH-approved programs.
- **P.C. 649 (SB 1977 / HB 2180)** prohibits any program within 1,000 feet of a school or public park in Nashville/Davidson County, Chattanooga, Knoxville, and Memphis.

ADDITIONAL EFFORTS

On May 15, 2018, Tennessee Attorney General Herbert Slatery sued the manufacturer of Oxycontin, alleging the company used unlawful marketing practices that contributed to the state's opioid epidemic. (58) According to the accompanying press release, the state is seeking a resolution that would help fund opioid prevention and treatment efforts in Tennessee. Nationwide, state and local governments have reportedly filed hundreds of similar lawsuits against opioid manufacturers and distributors. (59)

The approach is similar to the 1998 Tobacco Master Settlement Agreement (MSA) in which 46 states successfully sued the 4 major U.S. tobacco companies. The MSA restricted tobacco companies' marketing practices and required annual payments to states. (60) In FY 2017-2018, for example, Tennessee received about \$150 million from the tobacco MSA. (21) While many states reserve this money for efforts related to tobacco-cessation or other public health activities, Tennessee uses it to fund general government operations.