

!! Attention Patients !!

The state of Tennessee is proposing new state regulations that are harmful to quality treatment.

It is imperative that you act and contact your state representatives.

Here are a few of the regulations that will affect your treatment:

Page 14, #11: The screening process: Verification shall be obtained that the service recipient has had two documented unsuccessful attempts at detoxification or drug-free treatment within a 24-hour period. This is a huge barrier to treatment and impossible for patients to meet.

Page 21, Items #8: The administration of greater than 100 milligrams of methadone to a service recipient requires written notification to the SOTA within 10 working days, signed by the program physician, which details clinical justification for exceeding 100 milligrams. We feel that such over regulation results in sub therapeutic dosing and that this decision should be in the hands of a physician. .

Page 21, Items #9 and 10: No dose in excess of 120 milligrams may be ordered or administered without the prior approval of the SOTA. Any requests for approval of a dose of methadone in excess of 140 milligrams shall ne submitted with a peak and trough for SOTA approval. This promotes sub therapeutic dosing and forces the patients to wait for an increase. Blood borne diseases can be spread when patients are HIV or HCV positive and must wait for an increase and relief.

Page 24 Item #18 (d): Service recipients on a monthly schedule wose drug screen reports indicate drug abuse shall be returned to a weekly schedule for at least two weeks or longer, if clinically indicated. The federal government recommends that no action regarding privledges be taken until the second positive drug screen. At the first positive screen the patient should be notified and it would be good practice to discuss any issues the patient may be having.

Page 26, Item (d): Drug Screens: Upon a fourth positive drug test within a six month period, the service recipient shall be immediately discharged from the opioid treatment program or may opt for ASW. We feel that the State is trying to redefine dependency, and not viewing addiction as a chronic recurring disease.

Page 29 #21 Central Registry. We do not see any specific requirements or provisions for oversight of the Central Registry. State agencies, as a rule should not maintain a registry because usually the state cannot assure confidentiality. The regulations require that the patient's name be submitted, and this is risky. A better method would be to check against specific variables. We believe it is dangeous for any state agency to manage a registry and especially when names will be entered.

We feel there are a lot of areas of concern in these proposed regs and the state seems to be pushing this through very quickly.

WHAT CAN YOU DO?

The Hearing is January 5th

Contact your State Representative and tell them about your concerns.

You can call them or email them.

Tell them that the proposed methadone regulations will decrease the effectiveness of treatment.

Tell them the proposed methadone regulations are based on punishment and heavy handed regulation and not on quality medical treatment.

The National Alliance for Medication Assisted Recovery (NAMA Recovery) is an organization of patients, healthcare professionals, friends, and associates working together for greater public understanding and acceptance of the use of medication assisted treatment in the recovery from opioid addiction. As the premier national advocacy organization for MAT NAMA Recovery will actively respond to the issues that affect the daily lives of methadone and buprenorphine patients and work towards the day when all patients can take pride in their accomplishments.



NAMA Recovery

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Together we can make a difference.