Impact of Fetal Assault Law

Chapter 820 of the Public Acts of 2014 amends Tennessee’s fetal assault law (codified in Tenn. Code. Ann. §§ 39-13-107) to allow a woman to be prosecuted for the illegal use of a narcotic while pregnant, if her child is born addicted to or harmed by a narcotic drug and the addiction or harm is a result of her illegal use of a narcotic drug taken while pregnant. Chapter 820 allows a woman to be charged with assault, which is a Class A Misdemeanor, punishable by up to one year in jail. The implications for the treatment of pregnant drug using women were heavily debated at the bill’s inception. The bill was set to sunset in 2016 in order to assess the ramifications and outcomes before becoming permanent.

Chapter 820 also creates an affirmative defense for a woman who is actively enrolled in a long term addiction recovery program before the child was born, remained in the programs after delivery, and successfully completed the program, regardless of whether the child is born addicted to, dependent upon, or harmed by the narcotic drug. The bill’s sponsors state that the intent of the bill is to prevent and reduce the number of babies born with opiates in their systems, or a diagnosis of Neonatal Abstinence Syndrome (NAS).

Tennessee’s criminalization of the chronic disease of addiction will be the focus of a “White Paper” that TAADAS is writing to address the complications that have arisen with the implementation of Chapter 820. TAADAS is concerned that the bill did not adequately address access to care while criminalizing women who did not get care. Additionally, Tennessee currently has no standards or a protocol for the appropriate care for pregnant drug using women. NAS does not occur in every pregnancy when a woman uses opiates. Why some babies are born with NAS and others are not with the same fetal exposure to opiates remains a question. Each year, about 50 to 60 percent of opioid-exposed infants developed symptoms of NAS. With 79,954 live births to women in TN in 2013 and an expected rate of opiate use at 5.4% of those women (among pregnant women aged 15 to 44, 5.4 percent were current illicit drug users based on data averaged across 2012 and 2013 - SAMHSA) - 4318 pregnant women will need access to addictions treatment each year in Tennessee. (continued on next page)
Impact of Fetal Assault Bill — Continued ...

U.S. Department of Health and Human Services TIP 2 and the Substance Abuse and Mental Health Service Agency (SAMHSA) both recommend methadone maintenance treatment for pregnant women using opiates. SAMHSA guidelines (TIP 51) cite several studies that recommend Methadone treatment to reduce maternal and fetal complications. Methadone treatment during pregnancy, Jarvis MA, Schnoll SH., is a widely cited study that found methadone treatment to be safely used for opiate addiction during pregnancy and urges clinicians to send women to these programs. Conversely, another study by Kalterback in 1998 called Opioid Dependence During Pregnancy: Effects and Management found that the fetus is at risk for injury and death from circumstances of maternal withdrawal. Methadone treatment is an opiate replacement therapy that typically has the same risks for the fetus to be born with NAS. In some studies, a reduced risk of NAS was found when compared to continued street drug or heroin use. Women in medication assisted or replacement therapy programs with Methadone or Suboxone are slightly less likely to give birth to babies with NAS than women who are not in treatment. Offering treatment to women will not necessarily reduce the number of NAS births. In fact, a study by the National Institutes of Health titled NAS, Treatment and Pediatric Outcomes from March 2013, stated that the “Recent rise in rates of opiate replacement therapy among pregnant women have resulted in increasing number of infants requiring treatment for neonatal abstinence syndrome.” Increasing access to care is appropriate for these women, but the premise of this bill will not necessarily be realized. Treatment was found to maintain or even increase the number of NAS babies.

Methadone treatment is available to women who can pay cash for this service – it is a cash only business in Tennessee. Methadone services are not a TennCare benefit. Methadone treatment in Tennessee typically costs $12.50 a day - more than $4,500 a year if taken daily. Suboxone prescribed for addiction treatment is subject to strict caseload guidelines for physicians. Suboxone treatment is predominantly a cash only business because most physicians do not want the hassle of taking insurance for this service. Access to a suboxone prescriber for a pregnant woman can be difficult to find as the patient management is more difficult and costly for the physician.

Access to care remains a problem throughout Tennessee – including in our larger cities. There are only 12 licensed methadone centers throughout Tennessee. There are certified suboxone physicians who can provide MAT as well as hospital based detox. There are also 39 licensed residential detoxification programs in TN – often as part of a continuum of care that provides ongoing residential services. Only 11 of those licensed residential detox programs will accept pregnant women for detox. Consequently, the maximum amount of these treatment beds available at those 11 facilities (some beds swing between male and female slots) is 117. There will be an expected 4318 pregnant drug using women each year needing access to treatment. The average minimum amount of time for opioid detox is 5 days. 4318 women would need 21,590 residential bed days for treatment each year. The 117 available beds in TN can only provide 8541 of the treatment days needed to address opioid addiction for Tennessee’s pregnant drug using women.

Many of these pregnant drug using women will have insurance. But until our country’s parity laws are fully implemented, spend downs, deductibles and lack of network providers will keep many with insurance from accessing addiction care because of the cost and distance to access providers.

Tennessee mandates that state funded treatment centers give priority for alcohol and drug abuse treatment to women who are pregnant. While every provider abides by this mandate, it would be typical that a
A pregnant woman will still be on a waiting list for services. On any given day, there are very few state funded beds available statewide for men or women and a long waiting list is usual. Of the residential detoxification treatment programs that serve pregnant women, there is a wide range of admissions criteria. Most programs state that they take pregnant women on a case by case basis and if they accept pregnant women, most only serve women between the 8th and 34th week of pregnancy. The women accepted must be medically stable and most detox programs insist on having the women accepted by a high risk OB-GYN before admission to detox.

There are many barriers that are preventing women from seeking treatment for their opiate use. Lack of access to care is one issue – but SB 1391 seems to also be inhibiting women from accessing care. TDMHSAS data from state funded programs has found that substance abuse treatment admissions of pregnant women increased in the first 3-month period after T.C.A. § 39-13-107 went into effect in April 2014, then decreased. Successful treatment outcomes for pregnant women were lower than previous periods prior to the new law, and declined even further after the new law. More pregnant women using opioids or cocaine did enter treatment (6.9%) than women using other substances (3.5%) immediately after the law was enacted. The percentage of pregnant women admitted to recovery courts remained constant after the law change.

**Of the women who entered treatment immediately after the law change, more pregnant women had an unsuccessful outcome (5.6%) than a successful outcome (2.0%).**

![Figure 4. Pregnant women as a percent of all women’s treatment admissions by outcome type](chart)

This TDMHSAS data from TN-Wits will continue to be compiled and analyzed throughout the Summer and Fall. As this bill was enacted, many theorized that criminalizing women for fetal assault would prevent women from seeking treatment and this appears to be a valid concern. TAADAS would like to see access to treatment become a focus of the debate related to this statute and we intend to outline several ways that access to treatment for pregnant drug using women can be improved in our White Paper. TAADAS’ White Paper addressing these issues and others will be disseminated in the Fall.
Faith and Substance Abuse

Does the faith community have a role to play in recovery from substance use disorders? Does the faith community support the individual in recovery or does it hinder them? These are tall questions.

The Department of Mental Health and Substance Abuse Services believe that the faith community absolutely needs to be at the table. We live in a part of the United States where faith and the practice of one’s faith is extremely important to many people. For many, the faith experience guides much of their lives. There are times that the expression of one’s faith is missing and a hole is formed. That hole continues to grow if this is not addressed. Yes, some faith experiences have not been helpful, but there are faith communities that have been supportive by addressing their substance use issues.

The Department of Mental Health and Substance Abuse Services have entered into an aggressive outreach to the faith community in Tennessee. Monty Burks has been hired as the Director of Special Projects, and his current work is with the faith community. A program has been developed, the Tennessee Faith-Based Community Initiative, to certify churches and other faith-based organizations as a Recovery Church or Recovery Faith-Based Organization. The criteria are not complex, but the impact is great. For a church or faith-based organization to be certified by TDMHSAS, the following criteria must be met:

- Does the church or organization have recovery support services in their organization (i.e., 12 step meetings, Celebrate Recovery, recovery support groups, etc.)?
- Does the church or organization view addiction as a treatable disease?
- Does the church or organization embrace and support people in recovery and walk with them on their journey?
- Does the church or organization have a visible outreach for those dealing with alcohol and drug abuse in the community?
- Does the church or organization disseminate recovery information?

If the church or faith-based organization can adequately answer these questions, they will meet the criteria to be named a Recovery Church or Recovery Faith-Based Organization! To the knowledge of TDMHSAS, this is a first in the nation at certifying the faith community to do substance abuse work.

Recovery comes in various ways for a person. If the faith community can be a conduit to help in a person’s recovery, they need to be involved. TDMHSAS is very excited about this venture!

On June 16, 2015, there were 20 churches and faith-based organizations certified in Memphis. The event was held at St. John’s United Methodist Church and was attended by TDMHSAS Commissioner Doug Varney and may other officials. We look forward to celebrating many more Recovery Churches in the future!

By Rod Bragg, Assistant Commissioner
Tennessee Department of Mental Health & Substance Abuse Services — Division of Substance Abuse Services
News from Capitol Hill

July 2, 2015
Nathan H. Ridley

Our work here is done now. The Lone Ranger. The 2015 session of the 109th General Assembly concluded in the middle of the afternoon on April 22, 2015 with the adoption of Senate Joint Resolution 390. The General Assembly will reconvene in regular session at noon on January 12, 2016. Here are the top enactments of the 2015 session:

Budget Balanced. Chapter 427 of the Public Acts of 2015 authorizes the expenditure of $33.8 billion in state and federal funds for the 2015-2016 fiscal year. This budget has a nice mix of recurring revenues and recurring expenditures and does not rely upon the use of any one time funds to pay recurring expenditures. Tennessee has no highway funding debt, and the state’s consolidated pension system is actuarially sound. Most state employees and all teachers will receive raises and $75 million were placed in the state’s rainy day reserve fund. Policy makers are still a bit perplexed by the pleasant increase in corporate franchise and excise tax receipts, but they are still happy to have the money.

Guns in Parks. Chapter 250 of the Public Acts of 2015 permits handgun carry permit holders to carry their handguns in public parks. The prior law permitted local governments to prohibit the carrying of weapons in local parks.

Abortion. Chapters 419 and 473 were enacted in response to Tennessee’s November electoral decision to amend our Constitution and authorize the General Assembly to regulate abortion. Chapter 419’s ambulatory surgical treatment licensing requirements and Chapter 473’s informed consent requirements are both now subject to federal litigation.

Common Core Standards Redone. Chapter 423 creates a new review process in place and renames the former Common Core K-12 education standards.

Mandatory Automobile Liability Insurance. Chapter 511 of the Public Acts of 2015 increases the penalty for not having automobile insurance from $100 to $300 effective July 1, 2015, and implements a system tying the insurance requirement to one’s automobile registration process effective January 1, 2016.

As the World Turns. Jim Henry will assume the role as Governor Haslam’s chief of staff, on August 1. Henry, 70, takes over for Mark Cate, who announced earlier this year his decision to leave the administration to work in the private sector. Henry has had a long political career that includes positions as Mayor of Kingston, 12 years in the State House and chairman of the Tennessee Republican Party. Here’s a nice supportive quote from Senate Majority Leader Mark Norris, “Henry respects the separation of powers but knows how to help close the gaps if need be.” In addition, young but experienced staffers, Leslie Hafner, Warren Wells, and Will Cromer received promotions within the Governor’s leadership team.

Insure Tennessee Rumblings. No extraordinary legislative session is on the horizon. While the advocates for the Tennessee version of Medicaid expansion are buoyed by the United States Supreme Court decision in King v. Burwell in the last week of June, few positions seem to have changed among our legislative friends. We must remember that it took Arizona 17 years to opt into the 1965 Medicaid statute. 29 states and the District of Columbia have opted into system authorized by the 2010 Affordable Care Act. 19 States have not, and Alaska and Utah are pondering the matter now. The reimbursement rate under the 2010 federal law continues at 100% through 2016. The rate will drop to 95% in 2017. The good advocate is reminded of the epistle writer’s words, “We are perplexed, but not in despair.”

Checklist for this month:
- Call your elected state officials and ask them not to support any bill criminalizing the chronic disease of addiction.
- Make sure all you and all your employees are registered to vote.
- Several cities are having local elections this year. If yours is one of them, get to know your candidates.
- Note that our legislative advocacy work here is never done.

Calendar Notes: State offices will be closed Monday, September 7, for the Labor Day Holiday.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings LLP. You may contact him by e-mail at nridley@babc.com.
Act on Insure Tennessee

Reprinted with permission—The Tennessean, July 4, 2015

On June 25 we learned that the United States Supreme Court had affirmed the constitutionality of the Affordable Care Act. In a strong 6-3 decision, the highest court in the land upheld the legality of the ACA, designed with the laudable task of providing access to health care coverage to all Americans, regardless of their employment or health status. At its core, the case against the ACA was an attempt to chop the legs off the plan that, despite its detractors, is working and is doing the job it was designed to do — substantially increasing the number of individuals who have health care coverage.

It is a complex plan with a simple goal — with more people having access to health care, the overall costs of their care are significantly lowered when medical issues are caught early and when significant health challenges can be prevented with appropriate medical treatment. As Chief Justice John Roberts rightly said in the majority decision, "Congress passed the Affordable Care Act to improve health insurance markets, not to destroy them." The decision to implement the ACA was not based on conjecture. It has been seen in other states, in both good and bad examples, what happens when individuals do not have health insurance. In states where pre-existing conditions were not a barrier to getting coverage, the opposite effect was seen. Why pay for health insurance while you're healthy if you can get coverage at any time down the road, when you "need" it? As a result, these states had fewer and fewer individuals with health insurance, which drove the cost of the insurance higher and higher. Fewer and fewer people paid for coverage as a result, to the point at which it no longer made business sense for the insurance companies to offer the policies. In these states, the vast majority of companies that offered insurance pulled out of the markets, and the very insurance that people were relying on to be there in the future was no longer there. This happened in state after state.

The Affordable Care Act was designed and modeled after other states' successful attempts to right the ship. By requiring all individuals, except those in the poorest income brackets, to acquire coverage, this meant that more healthy individuals were covered. This increased the number of insurance companies who were willing to offer policies and kept the costs competitive and within reach of the majority of individuals. So, the situation was reversed — more people had health insurance, premiums were kept within reach and each state was again considered a viable market for insurance companies. Most important, good health care was now available to more than those people lucky enough to have a policy offered through their employment. It is time for our state legislature to return to the floor and work to pass Insure Tennessee so that families needing health care the most can see a doctor.

Over 200,000 Tennesseans... are waiting for the legislation and will remain uninsured without it — hard-working families who are doing their best but finding it a struggle to afford coverage. Playing politics with such an important issue is reprehensible. We should all take every opportunity to support the health and security of ourselves and those around us. It makes common sense. It is makes business sense. At the end of the day, it is the right thing to do.

Let's act now. We shouldn't wait. Lives depend on it.
FACT SHEET: Affordable Care Act by the Numbers

The Affordable Care Act is working. It is giving millions of middle class Americans the health care security they deserve, it is slowing the growth of health care costs and it has brought transparency and competition to the Health Insurance Marketplace.

- **8 million people signed up for private insurance in the Health Insurance Marketplace.** For states that have Federally-Facilitated Marketplaces, 35 percent of those who signed up are under 35 years old and 28 percent are between 18 and 34 years old, virtually the same youth percentage that signed up in Massachusetts in their first year of health reform.
- **3 million young adults gained coverage** thanks to the Affordable Care Act by being able to stay on their parents plan.
- **3 million more people were enrolled in Medicaid and CHIP** as of February, compared to before the Marketplaces opened. Medicaid and CHIP enrollment continues year-round.
- **5 million people** are enrolled in plans that meet ACA standards **outside the Marketplace**, according to a CBO estimate. When insurers set premiums for next year, they are required to look at everyone who enrolled in plans that meet ACA standards, both on and off the Marketplace.

![Expanding Coverage under the Affordable Care Act is Cheaper than Expected](https://via.placeholder.com/150)

**Congressional Budget Office projects the deficit will shrink more and premiums will be lower than expected:** CBO previously estimated that the ACA will reduce the deficit by $1.7 trillion over two decades, and, just this week, CBO concluded that lower-than-expected Marketplace premiums and other recent developments will cut $104 billion from our deficit over the next ten years. The CBO report also projects that lower-than-expected premiums will help to save $5 billion this year, and that lower premiums will persist in the years ahead, remaining 15 percent below projections by 2016 (the only year in which CBO provides a precise estimate).
The Coalition is working to bring together businesses, constituent groups, faith communities, and advocacy groups to educate the public and our Legislature about the benefits of Insure Tennessee. Please consider joining and visit their website for more information: http://coalitionforahealthytennessee.com/

Insure Tennessee will:

EXPAND HEALTH COVERAGE FOR LOW-INCOME WORKING TENNESSEANS
Insure Tennessee will provide insurance coverage for a significant portion of Tennessee’s uncovered workforce. Broader insurance coverage leads to a healthier population, and more effective public health interventions.

PROTECT RURAL TENNESSEANS & HEALTH PROVIDERS
Insure Tennessee has important implications for access to health care, particularly for Tennesseans in rural areas. Expanded insurance coverage under Insure Tennessee will help bolster the balance sheets of rural hospitals and ensure the ongoing provision of vital health care services.

CREATE JOBS & STRENGTHEN TENNESSEE’S ECONOMY
The overall economic impact of Insure Tennessee, based solely on additional health care spending is substantial. The injection of new spending in Tennessee would create $909 million in new income for residents of the state. The same spending would support 15,000 full-time equivalent jobs in Tennessee. This new economic activity would mean millions of additional sales tax dollars for the state and for local governments across Tennessee.

Insure Tennessee Is:

FINANCIALLY SOUND & SUSTAINABLE
Financed entirely by Tennessee’s hospitals, the Insure Tennessee program will not create any new taxes for Tennesseans. In fact, Tennessee taxpayers are currently paying taxes through the Affordable Care Act that are going to cover this population in other states. This program will bring those dollars to the state by leveraging enhanced federal funding and will automatically terminate in the event that either federal funding or support from the hospitals is modified in any way.

EXPANDS TENNESSEE’S PAYMENT REFORM EFFORTS
Governor Haslam’s Delivery System Reform Initiative lays the foundation for healthcare reform by addressing the underlying quality and outcome deficiencies that contribute to growing healthcare costs and unaffordable insurance coverage. This initiative creates financial incentives for providers to deliver high quality care in an efficient and appropriate manner so as to reduce costs and improve health outcomes. Insure Tennessee builds on this initiative by creating new participant incentives that align with the existing provider incentives. Ultimately, bringing the healthcare consumer into the equation is critical to controlling cost growth.
QUICK FACTS ABOUT TENNESSEANS IN THE GAP

FACT #1
Insure Tennessee will increase the number of Veterans who are eligible for coverage from approximately 35,000-64,000.

FACT #2
The Expansion population makes up 8% of the total population of Tennessee. Yet, they constitute nearly 30% of the state’s uninsured population.

FACT #3
Relative to TennCare recipients, unemployment for the Insure Tennessee population is largely temporary: 26% of the Insure Tennessee population currently not working worked in the last year compared to 14% of the currently eligible TennCare population.

FACT #4
60% of the full-time working uninsured are male. 73.7% are white, and 21.8% are African American.
Recovery Roundtable—Clarksville

Far Left—Daryl Murray, CEO of Welcome Home Ministries and Chair of the TAADAS Recovery Support and Criminal Justice Committee who hosted the event
Above Middle—Mary Linden Salter, Executive Director TAADAS
Above Right—Liz Ledbetter, TDMHSAS Office of Criminal Justice

Photo above from left to right Recovery Support Panelists:
Mary Ross, Operation Stand Down
Sherry Pickering, Montgomery Veteran’s Coalition
Holly Shore, Mid Cumberland
Cynthia Richards, Montgomery Co Recovery Court

Photo left from left to right panelists continued:
Judge Kenneth Goble, Montgomery County Veterans Recovery Court
Monty Burks, TDMHSAS
Lindsey Chantler, Montgomery County Veterans Recovery Court

Picture below:
Judge Ray Grimes, Montgomery County Recovery Court
Clarksville’s Roundtable was held on July 2 at First Missionary Baptist Church. Sixty Four people attended a robust discussion of the recovery support and treatment needs in their community. The audience reviewed the rules for recovery support and treatment providers as well as the rules for Recovery Courts—hopefully leading to a better understanding of the roles of each. Liz Ledbetter from TDMHSAS described the 10 Key Components for Recovery Courts and a new Department of Justice grant received by TDMHSAS to fund the administration of Veteran’s Treatment Courts. Monty Burks from TDMHSAS also attended and served as a Recovery Support panelist to discuss the Department’s initiative to support churches and faith communities around Tennessee that wish to promote recovery in their congregations. Monty described the TDMHSAS certification process for congregations who want to become Recovery Churches. TAADAS thanks First Missionary Baptist Church, all the panelists pictured on these two pages and the participants for this event who made it such a success.
Pain Management Clinic Regulatory Changes
By Leah Festa, PAT Director

During the recent 2015 legislative session, there were changes made in the regulation of pain management clinics in Tennessee. This article is intended to be a brief synopsis of the related bills so that you and your community may better understand the new requirements.

The certificate owner of a pain management clinic was redefined. The certificate must be awarded to an owner of the clinic that is also a licensed medical doctor, licensed osteopathic physician, licensed advanced practice nurse, or a licensed physician assistant who practices in TN with an unrestricted, unencumbered license. This changed is effective July 1, 2015. Prior to this change ANYONE could own a pain management clinic and be the certificate holder.

The new bill will also require that the application for such a certificate show proof that the clinic has a medical director who:

1. Has a sub-specialty certification in pain medicine as accredited by the Accreditation Council for Graduate Medical Education (ACGME through the ABMS or the AOA (American Osteopathic Association), or is eligible to sit for the board examination offered by ABMS or AOA, and maintains the minimum number of continuing medical education (CME) hours in pain management to satisfy retention of ABMS or AOA certification;

2. Meets the requirement of the ABPM (American Board of Pain Management) and is qualified to take the ABPM examination by July 1, 2016, when diplomate status is required and maintains the required number of continuing medical education as required by ABPM;

3. Is Board certified by the American Board of Interventional Pain Physicians (ABIPP) by passing exam 1 and maintaining the minimum number of CME hours in pain management to satisfy retention of ABIPP diplomate status; or

4. Has an active pain management practice in a clinic accredited in outpatient interdisciplinary pain rehabilitation by the commission on accreditation of rehabilitation facilities or any successor organization by July 1, 2016.

The new regulations also add a requirement that, by January 1, 2017, the TN Commissioner of Health should develop recommended pain clinic standards for the operation of a pain management clinic that can be used by certified pain clinics in this state as a guide for operations.

Last year, the top 10 medical prescribers in Tennessee wrote prescriptions for more than 20 million doses of restricted pain medication, with the top prescriber in the state doling out more than one-quarter of those. That is more than three pills for each of the state's 6 million-plus residents, but it's only a small fraction of the doses handed out by more than 30,000 medical prescribers statewide. Together, all prescribers in the state wrote nearly 18 million prescriptions for controlled substances such as Oxycontin and hydrocodone, according to an April report to the Tennessee General Assembly. Excluding certain drugs that were added in 2011, the number of prescriptions written increased about 23 percent from 2010 to 2011.
Good Samaritan Law in Tennessee
By Leah Festa, PAT Director

Drug overdoses are a major cause of preventable death in Tennessee. Increasingly, this includes prescription opioids. In fact, Tennesseans 18-25 years of age are using prescription opioids at a 30 percent higher rate than the national average.¹ Deaths caused by opioids are often preventable; however, often times medical assistance is not sought by those in need or their companions for fear of being arrested for use, possession or other drug-related crimes. Tennessee has enacted the Good Samaritan law in an effort to reduce the number of overdose-related deaths by encouraging people to seek help.

Under this new Tennessee bill, any person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose, the person for whom such medical assistance is requested or any person experiencing an drug overdose who in good faith seeks medical assistance will not be subject to the following, if related to the seeking of medical assistance:

1. Arrest, charge or prosecution for simple possession and casual exchange or possession of drug paraphernalia, if the evidence for such arrest, charge, or prosecution resulted from seeking such medical assistance;
2. Penalties for a violation of a permanent or temporary protective order or restraining orders; or
3. Sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation.

It does not:
1. Limit the admissibility of any evidence in connection with the investigation of a crime with regard to a defendant who does not qualify for the above protections or with regard to other crimes committed by a person who otherwise qualifies for the above protections;
2. Limit any seizure of evidence or contraband otherwise permitted; or
3. Limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to effectuate an arrest for any offense, except as provided above.

Note: An amendment was added on to the bill which limits immunity to overdose victims from prosecution to a person’s first overdose.

Reference:

One voice for Tennessee’s substance abuse prevention efforts

PAT’s mission is to inform and advocate for alcohol safety, substance abuse prevention, and public health policy concerns to Tennesseans and lawmakers.

www.TNCoalitions.org
Twyla Peterson Wilson presented a conference on Women’s issues in treatment on March 12, 2015 in Jackson, Tennessee. A group of treatment providers and community leaders worked together to bring this conference to Tennessee. Several of those who worked hard to develop the event are pictured right (left to right) and they include Barry Cooper, JACOA CEO, Hilda Little, Community Anti-Drug Coalition of Jackson-Madison County, Phillip Barham, (Lakeside) President of the Community Anti-Drug Coalition of Jackson-Madison County, Twyla Wilson, presenter, and John Mehr, Madison County Sheriff. Additional sponsors included The Next Door treatment program and TAADAS. The training was the topic and trainer appealed to a statewide audience and over 163 people attended the all day training.

Ms. Wilson is a psychotherapist in private practice who specializes in addictions treatment, particularly gender-responsive, trauma-informed approaches for women. Drawing on the work of mentor Dr. Stephanie Covington, she has developed a specialty practice emphasizing the compassionate, holistic treatment of women with addictive disease. She also trains professionals internationally, conducting workshops on gender-responsive, trauma-informed treatment for co-occurring disorders.

Prior to private practice, Ms. Wilson was a faculty member at Duke University Medical Center in the Department of Psychiatry. At the Duke Addictions Program (DAP), she did clinical, administrative and consultation work. There she was instrumental in establishing gender responsive services in an intensive outpatient treatment setting, integrating her mental health and substance abuse treatment knowledge into a comprehensive program for women, their children and other family members. She taught addiction medicine to psychiatry and family medicine residents, psychology interns and social work interns throughout her tenure at Duke. Prior to DAP, she served as Administrative Director of their Partial Hospital Program and the Centralized Evaluation Unit in the Department of Psychiatry. Always an advocate for client-centered treatment, she established and supervised clinical services in these areas.

This conference focused on the history of women's treatment while integrating current theoretical perspectives that best help women recovery. The training examined multiple issues in women's recovery and the barriers to success that many women face. Additionally the presentation sought to increase the participants' understanding of the needs of incarcerated women. The participants were asked to demonstrate specific treatment strategies for women during the conference as part of case discussions.
LADAC Licensure Rule Changes

The Tennessee Board of Alcohol and Drug Abuse Counselors has approved and issued new licensure rules which were effective June 25, 2015. Some of the changes are outlined below but please go to [http://www.state.tn.us/sos/rules/1200/1200-30/1200-30-01.20150625.pdf](http://www.state.tn.us/sos/rules/1200/1200-30/1200-30-01.20150625.pdf) for a full copy of the new rules.

The licensure types now include a Scope of Practice for both Level One as well as Level Two practitioners:

1200-30-01-.02 SCOPE OF PRACTICE. (1) A Level I Licensed Alcohol and Drug Abuse Counselor may provide alcohol and drug abuse counseling services in an alcohol and drug abuse treatment program or a recovery support program, or any program providing alcohol and drug abuse services other than a private practice in which the Level I Licensed Alcohol and Drug Abuse Counselor is self-employed. Such services shall include the eight (8) domains listed in T.C.A. § 68-24-606. (2) A Level II Licensed Alcohol and Drug Abuse Counselor may provide alcohol and drug abuse counseling services in an alcohol and drug abuse treatment program or a recovery support program, or any program providing alcohol and drug abuse services or in private practice. Such services shall include the eight (8) domains listed in T.C.A § 68-24-606. A Level II Licensed Alcohol and Drug Abuse Counselor may apply to the Board to become a Qualified Clinical Supervisor after meeting the Board’s requirements for such credential.

Each person currently licensed in good standing as a Licensed Alcohol and Drug Abuse Counselor before January 1, 2016 shall thereafter be licensed as a Level II Licensed Alcohol and Drug Abuse Counselor.

1200-30-01-.12 CONTINUING EDUCATION. Level I Licensed Alcohol and Drug Abuse Counselors, and Level II Licensed Alcohol and Drug Abuse Counselors must complete fifteen (15) contact hours of alcohol and drug abuse continuing education during each calendar year (January 1 to December 31). Nine (9) hours must be face to face and six (6) hours may be multi-media with at least three (3) of the fifteen (15) hours relating to ethics. A Qualified Clinical Supervisor (QCS) must complete a minimum of five (5) additional contact hours of training annually, in addition to the normal fifteen (15) contact hours necessary to maintain licensure. Such additional contact hours must be specific to Alcohol and Drug Clinical Supervision. Three (3) hours of the five (5) additional total hours of continuing education must be specific to clinical supervision ethics.

To become a Qualified Clinical Supervisor there is now an additional requirement for training. In section 1200-30-01-.10, the rules specify that “The supervisor has two (2) years of experience supervising alcohol and drug abuse counselors and has received thirty six (36) contact (clock) hours of supervision (by a qualified supervisor) of his or her supervisory work by supervision of at least one (1) person doing alcohol and drug abuse counseling and has obtained a minimum of thirty (30) hours of training specific to alcohol and drug clinical supervision, including six (6) hours of supervision ethics. “

Board of Alcohol and Drug Abuse Counselors—Meeting Schedule

Unless otherwise noted, all meetings are at 665 Mainstream Drive, MetroCenter:

- July 17, 2015 9:00 a.m. Poplar Room
- October 9, 2015 9:00 a.m. Poplar Room
TAADAS typically meets in Suite 140 at 1321 Murfreesboro Pike at 10 am on the second Thursday of each month and will meet this quarter on:

- **July 9**
- **August 13**
- **September 17** — Recovery Banquet

For information please contact:

Mary Linden Salter, Executive Director  615-780-5901, x-18  marylinden@taadas.org

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**TAADAS Training**

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<th>Event</th>
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| SASSI- Nashville | July 10, 2015 | Jack Freckman  
TAADAS Conference Room  
1321 Murfreesboro Pike Suite 140  
Nashville, TN 37217  
8:30 AM-4:30 PM CDT |
| Working Beyond the Ambivalence: Motivation Interviewing | July 16, 2015 | Lisa Black, M.Ed., CACII, CCS  
TAADAS Conference Room  
1321 Murfreesboro Pike Suite 140  
Nashville, TN 37217  
9:00 AM-4:00 PM CDT |
| Clinical Supervision | July 17, 2015 | Nan Casey, NCAC, LADAC, QCS  
Anita Wilson, NCAC, LADAC, QCS  
Goodwill Career Solution Center  
937 Herman Street  
Nashville, TN 37208  
9:00 AM-4:00 PM CDT |
| Ethics for Addiction Counselors | August 6, 2015 | Carol Copley, BPS, LADAC  
Lowell Thomas State Ofc Building  
225 Dr. Martin L. King Jr. Dr  
Jackson, TN 38301  
9:00 AM-12:00 PM CDT  
The Science of Recovery: An Advanced Clinical Seminar on Addiction and Recovery-Jackson  
Dr. Cardwell C. Nuckols  
Madison County Health Department  
804 N. Parkway  
Jackson, TN 38304  
9:00 AM-4:00 PM CDT |
Goodwill Career Solution Center  
937 Herman Street  
Nashville, TN 37208  
9:00 AM-4:00 PM CDT |
| DSM-5 Training-Nashville | August 20, 2015 | Dr. Lucy R. Canon, Ed.D., LCSW, CCDP-D  
Goodwill Career Solution Center  
937 Herman Street  
Nashville, TN 37208  
9:00 AM-4:00 PM CDT |
| Ethics ...Shades of Grey-Nashville | August 21, 2015 | Lori Mc Carter, LADAC, QCS  
United Way of Greater Knoxville  
1301 Hannah Ave  
Knoxville, TN 37921  
9:00 AM-4:00 PM EDT |
Strengthening individuals, families and communities with hope, access to services, and recovery.

Tennessee Co-Occurring Disorders Collaborative

42 Rutledge Street • Nashville, TN 37210-2043

(615) 244-2220, ext. 14
Toll free in TN. (800) 568-2642
Fax (615) 254-8331
The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS that is operational 24 hours a day - 7 days a week. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request. The REDLINE receives over 1,000 calls per month for assistance. Some of the issues that we can assist you with include, but are not limited to:

- Alcoholism
- Drug Dependence
- Gambling Addiction
- Eating Disorders
- Depression
- NAS
- PTSD
- Resources for Domestic Violence
- Smoking/Tobacco
- General Mental Health
- HIV/AIDS
- Free Literature (shipped to your door)
- Federal Marketplace Assistance
- Shelters and Transitional Living

1.800.889.9789

Call us toll free 24/7
Finding resources for children in Tennessee has never been easier.

With the Kid Central app, you’ll get mobile access to state services, receive useful notifications and have important contact info on the go.

Visit [http://kidcentraltn.com/](http://kidcentraltn.com/) for more information and to download the app for android or iphone.
TAADAS Programs and Services

TAADAS is a statewide association made up of alcohol and drug abuse treatment, prevention and recovery service professionals, and others who are interested in addiction issues. TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today. Log on to the TAADAS website for an online Membership Application.

The Clearinghouse’s mission is to provide a comprehensive information dissemination service for all Tennesseans. The Clearinghouse is home to a large and varied collection of resources that are continually updated and expanded. The extensive resource center for alcohol, drug and other addiction information offers free materials including pamphlets, fact sheets, booklets, and posters, etc. Topics range from general addiction knowledge to current research and trends. In addition to the free materials, a full service check out library is available including over 650 video/DVD programs and curricula, as well as a research area.

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Recovery Books & Things is the TAADAS Bookstore. Hundreds of self-help book titles are in stock - and more that can be special ordered! Recovery Books & Things stocks a unique collection of quality gifts designed to sustain, inspire, and celebrate the recovery journey. Shop online at www.recoverygifts.org from the comfort of your home, or visit our store in person. Recovery Books & Things is located in the TAADAS office in Nashville. Store hours are Monday through Friday from 8 am - 5 pm CST. Phone the store toll free at 877.863.6914.

Problem Gambling Program provides outreach to the general public, persons at risk for gambling problems, and service providers to raise awareness of the risks of problem gambling. Problem Gambling specific information and referral services are provided through the TN REDLINE. The Clearinghouse also offers literature and videos related to problem gambling and addiction.

Training Program – Substance Abuse Services is a collection of activities and services. These consist of in person training events conducted regionally, The Relias Learning project - which offers agencies the affordable option of online training and specialized training for specific groups such as Regional TNPAC, Department of Children’s Services and regional health departments.

The Screening, Brief Intervention, Referral for Treatment – Tennessee program is a federally funded program to implement SBIRT services for individuals using substances at risky levels in primary and community health settings. TAADAS provides SBIRT-TN related training to health care providers as designated by the State. TAADAS also oversees the SBIRT Champions program. Champions are identified health care professionals implementing SBIRT in their practices. These Champions work together on white papers, SBIRT best practices, and recruiting of their peers to raise awareness of the benefits SBIRT.
We thank the following members for their support and involvement in our organization!

Laura Berlind, President   Barry Cooper, President Elect   Paul Fuchcar, Treasurer

Organizational Members

Agape, Knoxville          Hope of East Tennessee, Oak Ridge
Aspell Recovery Ctr., Jackson    Jack Gean Shelter, Savannah
Buffalo Valley, Hohenwald     JACOA, Jackson
CADAS, Chattanooga          Knox County Recovery Court, Knoxville
CADCOR, Murfreesboro         Madison Treatment Center, Madison
Case Management Inc., Memphis  Memphis Recovery Center, Memphis
Cannon County Board of Education    Mending Hearts, Nashville
Church Health Center of Memphis      Metro Health Department, Nashville
Clay County Anti-Drug Coalition, Celina  PAL (Prevention Alliance of Lauderdale)
Community Prevention Coalition of Jackson Co., Gainsboro
Comprehensive Community Services, Johnson City
Crossbridge, Inc. Nashville
Cumberland Heights, Nashville
E.M. Jellinek Center, Knoxville
Families Free, Johnson City
First Step Recovery Center, Memphis
Friend of Bill’s Recovery Houses, Lebanon
Generations Mental Health, McMinnville
Grace House, Memphis
Grandpa’s Recovery House, Smyrna
Hamblin County Drug Court, Morristown
Harbor House of Memphis, Memphis
Healing Arts Research Training Ctr., Memphis
HealthConnect America, Nashville
Here’s Hope, Counseling Ctr., Dyersburg

Affiliate and Individual Members

Bradford Health         Oxford House
Employee Benefit Specialists, Inc.  TN Assoc. of Alcohol & Drug Abuse counselors
New Life Lodge           TN Professional Assistance Program

Todd Albert             Melody Morris
James Beck              Judge Seth Norman
Richard Chirip          Butch Odom
Cody Harris             Nathan Ridley
Leland Lusk             Brad Schmitt
John McAndrew           Sheila Shelton
Wayne McElhiney         George Snodgrass
Harold Montgomery       Lawrence Wilson
Richard Whitt
Ron Bailey
The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions. TAADAS programs are funded in part by grants from the Tennessee Department of Mental Health and Substance Abuse Services, Division of Alcohol and Drug Abuse Services. As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life—social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

**TAADAS’s purpose is to:**

- Promote common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;

- Work with and facilitate cooperation with all agencies interested in the health and welfare of the community;

- Impact legislation regarding alcohol and drug abuse and other addictions;

- Educate the community regarding alcohol and drug abuse and other addiction issues;

- Encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;

- Enhance the quality of services provided by Association members;

- To serve as a resource for Association members;

- To further fellowship among those members.

**TAADAS Membership**

Through its association membership and by networking with public policy makers, TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today. Membership benefits include:

- Expand knowledge – TAADAS has a statewide Clearinghouse of extensive resources and statewide training opportunities

- Impact public policy

- Networking opportunities that promote advocacy and best practices. TAADAS Committees address data and outcomes measurement, legislative advocacy and consumer support

- TAADAS Times Newsletter

- Discounts at Recovery Books & Things

- Discounted hotel rates

- Credit union membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention, or recovery support services and subject to payment of membership dues. **Organizational Member** - Any non profit or governmental organization or entity that provides addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

**Affiliate Member**—Any organization or business that is affiliated with or wishes to support the efforts of the A&D provider and recovery community.

**Individual Member** - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee.

**Student or Retiree Member**—Individual membership open to anyone with an interest in addiction, co-occurring or recovery support services in Tennessee who is retired, unemployed or enrolled in a higher education program or is working towards a LADAC.

**Annual Dues**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Dues</th>
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<tbody>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue &lt; $100,000</td>
<td>$200</td>
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<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $100,000- $500,000</td>
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<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $500,000- $1,000,000</td>
<td>$1000</td>
</tr>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $1,000,000- $2,000,000</td>
<td>$1500</td>
</tr>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue &gt; $2,000,000</td>
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<tr>
<td>Individual Member</td>
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</tr>
<tr>
<td>Retiree or Student Member</td>
<td>$50</td>
</tr>
</tbody>
</table>

*Minimum suggested leadership pledge … you may pledge more

**Date: ____________**  * Referring Member: (If Applicable) ____________________________

**Name: __________________________________________**

**Agency: __________________________________________**

**Address: __________________________________________**

City: __________________________ State: _________ Zip Code: __________________

Phone: __________________________ Toll Free: __________________________

Fax: __________________________ Email: __________________________

Non-Profit: Yes  No  Government contracted: Yes  No

**Agency Website: __________________________________________**

**Agency Representative: __________________________________________**

**Representative Email: __________________________________________**

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**Please send your completed application to TAADAS at 615-780-5905 (fax) or taadas@taadas.org**

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**This project is funded under an agreement with the State of Tennessee**
The Recovery Month Banquet and Awards—TAADAS Annual Meeting will be held at Trevecca Community Church 333 Murfreesboro Rd, Nashville, TN 37210 at 5:30 PM CDT on Thursday, September 17, 2015.

We will be honoring several leaders in the recovery field as well as awarding a public official as our Recovery Advocate of the Year at this event.

TAADAS invites you to participate in this event by purchasing tickets, being a sponsor, advertiser or exhibitor. This is an opportunity to showcase your products and services to key leaders and decision makers in the substance abuse field. Please contact us at TAADAS.org for tickets or a sponsorship form.

Comedian Jeff Allen is the invited entertainer for this year’s banquet. For four decades, Jeff Allen has been performing in theaters, on television and radio, and as a keynote for corporate functions and fundraisers around the world. Jeff will inspire the audience with his story of recovery and of a marriage gone wrong and redeemed. Jeff lives in Fairview, Tennessee when not touring. His projects include:

- Starring in the critically acclaimed film, Apostles of Comedy
- Featured in the Warner Bros. comedy film, Thou Shalt Laugh
- Starred in comedy specials on: Comedy Central, Showtime and VH1
- Starring in the Bananas Comedy Television Series syndicated nationally

Visit—www.jeffallencomedy.com for information

For more information please visit http://www.taadas.org or call TAADAS 615-780-5901