

# MORRISTOWN BOARD OF ZONING APPEALS

## Agenda August 13<sup>th</sup>, 2019



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### Call to Order

**I.** Approval of May 14<sup>th</sup>, 2019 Minutes

**II.** Old Business: none

**III.** New Business:

UORV-2316: Use on Review for Proposed Medical Clinic in HI  
(Heavy Industry District) 230 Bowman Street

### Adjournment

*The next meeting of the Morristown Board of Zoning Appeals is scheduled for September 10<sup>th</sup>, 2019 at 4:00 pm.  
The deadline to submit applications for this meeting is August 19<sup>th</sup>, 2019.*

**Morristown Board of Zoning Appeals  
May 14, 2019**

**Members Present**

Chairman Jack Kennerly  
Secretary Robert (Bob) Garrett  
Mayor Gary Chesney  
Board Member Wanda Neal  
Board Member Ventrus Norfolk  
Board Member Frank McGuffin

**Others Present**

Steve Neilson, Community Development Director  
Lori Matthews, Senior Planner  
Josh Cole, Planner  
Tina Allison, Admin. Asst. Planning  
David Quillen  
Randy Corlew

**Members Absent**

Board Member Bill Thompson

Chairman Jack Kennerly called the meeting to order and invited anyone who wished to join the Commission in an Invocation and the Pledge to do so.

**I. Chairman Jack Kennerly called for approval of the March 12<sup>th</sup>, 2019 minutes.**

Board Member Wanda Neal made a motion for approval of the February 12<sup>th</sup>, 2019 minutes seconded by Board Member Ventrus Norfolk.

Upon voice votes, all Ayes. Motion carries.

**II. Old Business:**

None

**III. New Business:**

**UORV-2276: Use Permitted on Review for Automobile Sales at 2020 E. Andrew Johnson Hwy**

Senior Planner Lori Matthews discussed a request received from Mr. Oniel Santiezteban to operate an automobile sales center at 2020 East Andrew Johnson Highway. The property, owned by Trademark Investments, is zoned Intermediate Business (IB) which requires both use and site plan approval by the Board of Zoning Appeals for any automotive sales or repair center.

Surrounded by residential areas, this parcel also marks the beginning of a commercial corridor along this end of East Andrew Johnson Highway. The property is currently vacant except for the remnants of a former car wash which includes a small office between four car washing stations, the stations will serve as four parking spaces to be included as part of the total overall parking requirement. The submitted site plan indicates the rear of the property will not be used and will remain grass. The front half of the property which fronts East Andrew Johnson Highway provides enough room for a maximum of 22 parking stalls, one of which will be handicapped and three will be dedicated to customer parking. The remainder will be utilized for storage of sales vehicles. Entering and exiting the site will be one way with signage provided along the highway. Trees already exist to buffer the west, south and east side from the adjoining residential properties.

Staff was satisfied that the submitted site plan meets the intent of current zoning regulations and recommended the Board approve the automotive sales use as requested at this location.

Mayor Gary Chesney made a motion to approve request Board Member Frank McGuffin seconded motion.

Voting results: 6 yes, 0 no. Motion Passed

**UORV-2278: Use Permitted on Review for Automobile Sales and Automobile Repair at  
2546 Buffalo Trail**

Senior Planner Lori Matthews discussed a request for an automotive sales center and repair shop located at 2546 Buffalo Trail. The property is owned by Mr. Abdulla Alghamdi and is zoned Intermediate Business (IB) which requires both use and site plan approval by the Board of Zoning Appeals for any automotive sales or repair center.

Located between the RiteQuik convenience market and Wesleyan Church in north Morristown, the site fronts Buffalo Trail and adjoins the east side of Lakemoore Subdivision. The wastewater plant and Moose Lodge are west of the site across Buffalo Trail. Land to the east and south are residentially used and zoned with the opposite of Buffalo Trail and the convenience market zoned Intermediate Business (IB).

Records indicate the property was originally home to the Northgate Shopping Center. Since that time, the building has transitioned several times and has contained many different businesses, though no active business license can be found for the past several years.

Ms. Matthews stated the site plan shows on this three-acre site 110 paved parking stalls including six handicapped stalls, none of which will be any closer than 40 feet to the front property line. The existing building, which is over 24,000 square feet in size will contain two offices with the remainder being used for storage of inoperable vehicles. No junk vehicles will be viewed from the street. Fifty-two evergreen trees will serve to buffer the site along the east and south property lines and the site will have a grassed area and five canopy trees along Buffalo Trail. There exist two entrances to the site which are of the required size. All areas behind the building shall remain free and clear to accommodate any emergency vehicle.

Staff has reviewed the submitted site plan and considered it to meet current Zoning Regulations; therefore, Staff recommended approval of both uses for automotive repair and automotive sales use and site plan.

Board member Frank McGuffin made a motion to approve request Board Member Ventrus Norfolk seconded motion.

Voting results: 6 yes, 0 no. Motion Passed.

No further business, meeting is adjourned.

Respectfully submitted,

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Bob Garrett, Secretary

BG/ta

# City of Morristown

Incorporated 1855

## DEPARTMENT OF COMMUNITY DEVELOPMENT & PLANNING



TO: Morristown Board of Zoning Appeals  
FROM: Lori Matthews, Senior Planner  
DATE: August 13<sup>th</sup> 2019  
SUBJECT: Use on Review for Medical Office in HI District

### **BACKGROUND:**

An application for a use review has been submitted by Mr. Lee Dilworth on behalf of applicant ReVIDA Recovery Centers, P.C. to be located at 230 Bowman Road. The applicant seeks permission to operate a medical clinic within an HI (Heavy Industrial) zoned district. Medical clinics are land uses not allowed by right under current zoning regulations, however, should they meet the necessary use requirements, approval may be given by the Board of Zoning Appeals.

The subject property is located along the west side of Bowman Road at its intersection with West Morris Boulevard just west of Hyde Eye Clinic. Situated on just over 1 acre, the existing office building measures just under 10,000 square feet and is currently occupied by the property owner Mr. (Dr.) Zain. The entire area west of Bowman Road to East Economy north to West 1<sup>st</sup> Street has been zoned for industrial uses since at least 1975.

There exist within this platted subdivision (shown below) a pawn shop, a construction vehicle leasing business, a nail salon, an OBGYN clinic and an occupation medicine clinic with an old dilapidated warehouse to the rear used for storage and industrial uses and a hodgepodge of accessory structures for sale along the far west end.

As there exist medical and professional offices within the subject area, Staff would normally recommend approval of this submittal; however, after discussions with two of the ReVida Recovery Center employees, it was found the use was to be a non-residential office based opiate treatment facility. This type of land use is classified differently than a simple medical office under current zoning definitions as shown below:

137. **MEDICAL CAMPUS** shall mean a health care facility licensed by the Tennessee State Department of Health and hold accreditation by the Joint Commission on Accreditation of Healthcare organizations that has one or more structures on one or more adjacent parcels. (3243-04/18/2006)

138. **METHADONE TREATMENT CLINIC OR FACILITY** shall mean a licensed facility for the counseling of patients and the distribution of methadone, suboxone, or similar drug for outpatient, non-residential purposes only. (3431-02/07/2012)

As the use is defined by our Zoning Ordinance as a treatment facility, and, as the attached letter from founder Mr. Dilworth clearly states, their clinics are to be licensed as office based opiate treatment (OBOT) clinics, the applicant is obligated to meet those requirements as found under Section 14-1403 in order to operate as an opiate treatment facility within an HI zoned district. Those requirements are listed below:

57. Methadone Treatment Clinic or Facility (3169-03/02/2004) (4331-02/07/2012)
- a. The consideration for approval by the Board of Zoning Appeals of a methadone treatment clinic or facility shall be contingent upon the receipt of the appropriate license and certificate of need by the State of Tennessee.
  - b. Maps showing existing land use and zoning within one-quarter (1/4) mile of the proposed site should be submitted with an application for Use of Review approval along with the license of the applicant, certificate of need, site plan, survey or other information deemed reasonable by the Board of Zoning Appeals for use in making a thorough evaluation of the proposal.
  - c. The clinic or facility shall be located on and have access to a Principal Arterial street.



d. Measurement shall be made in a straight line on the Morristown Zoning Map from the nearest wall of the building in which the methadone treatment clinic or facility is situated to the nearest property line of the following uses:

1. The clinic or facility shall not be located within one thousand (1,000) feet of a school, day care facility, park, church, mortuary or hospital.
2. The clinic or facility shall not be located within one thousand (1,000) feet of any establishment that sells alcoholic beverages for either on- or off- premises consumption.
3. The clinic or facility shall not be located within one thousand (1,000) feet of any area devoted to public recreation activity.
4. The clinic or facility shall not be located within one thousand (1,000) feet of any amusement catering to family entertainment.
5. The site shall not be less than one thousand (1,000) feet of any residentially zoned property at the time of approval.
6. The site shall not be less than one-half (1/2) mile from any other methadone treatment clinic or facility.
7. The site shall comply with off-road parking requirements as regulated by Section 14-216 of the Municipal Code of the City of Morristown.

**RECOMMENDATION:**

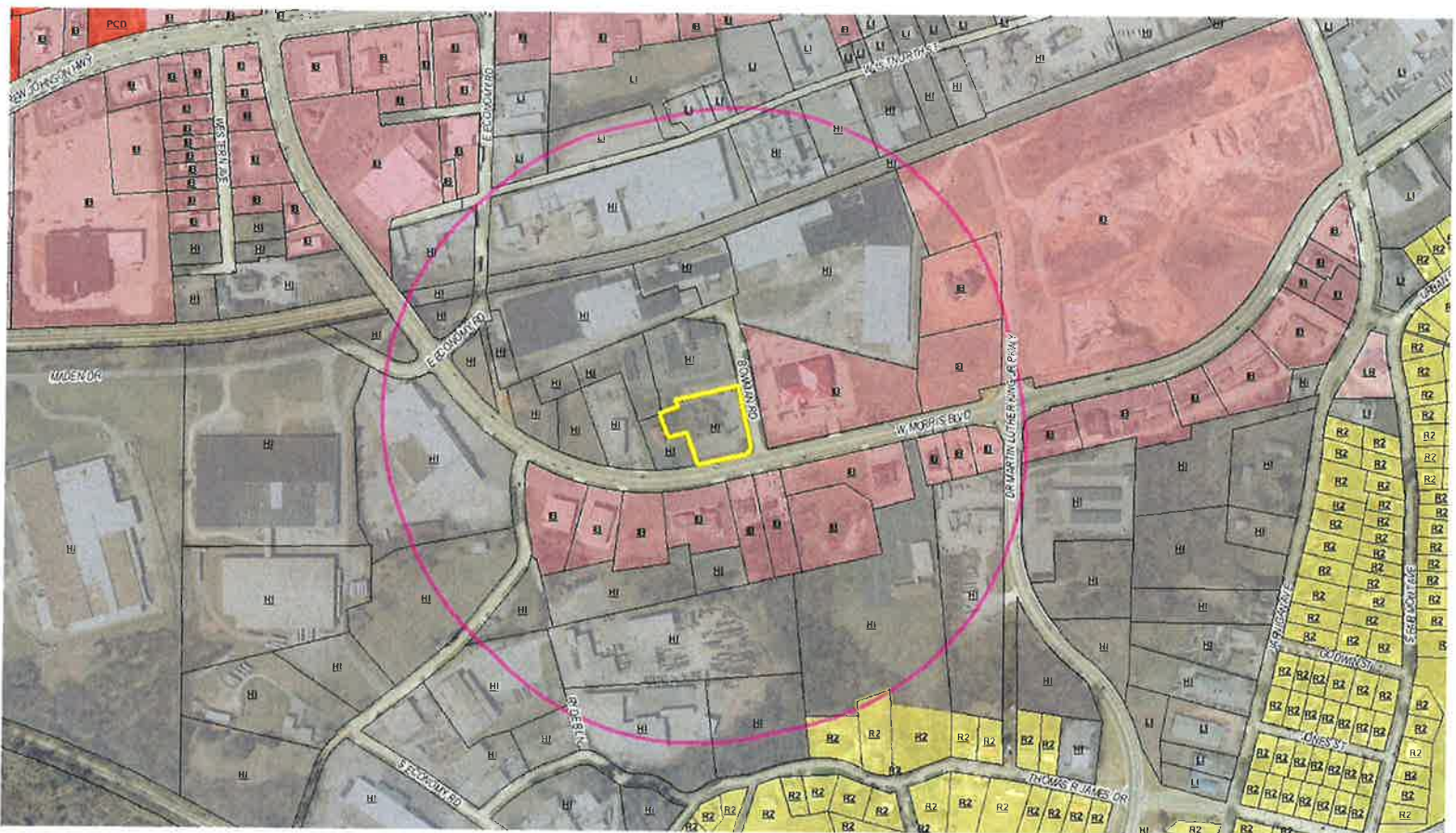
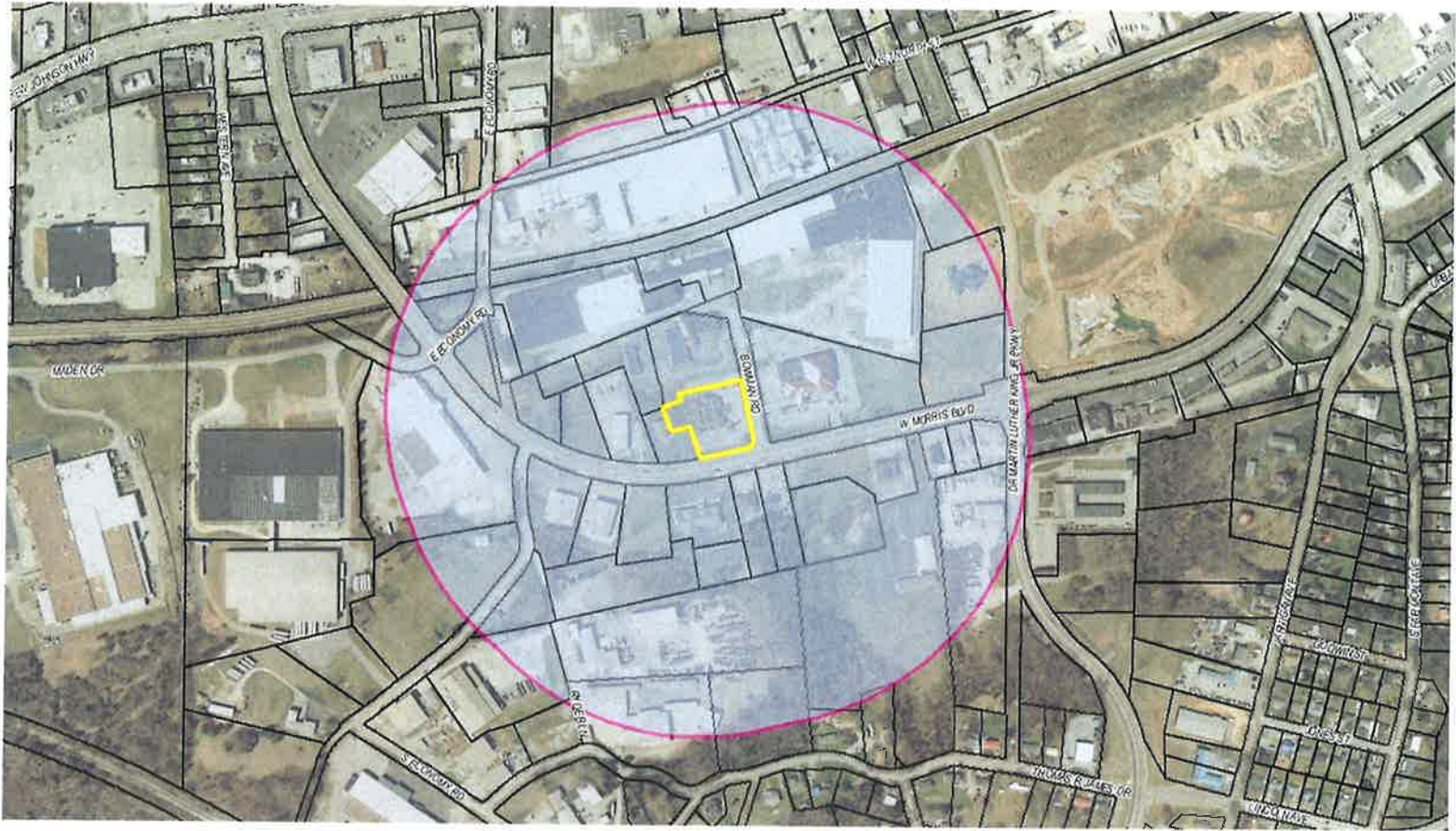
As the proposed use fails to meet all of the use on review conditions as listed under Section 14-1403.57 of the City's Zoning Ordinance, City Staff recommends denial of this application at this time. The attached graphics show the subject area with a 1,000 foot buffer drawn around it. This buffer area includes 56 different properties, which include churches. Per our regulations, no OBOT may be located within 1,000 feet of a church, therefore, the applicant will not comply with the City's Zoning Ordinance.

\* However, should the applicant submit information which demonstrates they are able to meet or exceed the above specified criteria, Staff would be agreeable in rehearing this case.





1000 feet from subject property





## BOARD OF ZONING APPEALS APPLICATION

City of Morristown

Prior to a **variance or use on review** request being placed on the Board of Zoning Appeals Agenda, the applicant must furnish to the Department of Community Development and Planning the following information:

1. **Date:** 08/05/2019
2. **Name of Property Owner:** Harry A. Zain, M.D.  
Mailing Address: 230 Bowman Street City/State/Zip Morristown, TN 37813  
Telephone: (Home) \_\_\_\_\_ (Business) 423-581-2822 (Mobile) \_\_\_\_\_  
E-Mail Address: mr.clean@charter.net
3. **Name of Applicant:** ReVIDA Recovery Centers, P.C.  
Mailing Address: 230 Bowman Street City/State/Zip Morristown, TN 37813  
Telephone: (Home) \_\_\_\_\_ (Business) 423-586-3249 (Mobile) 276-870-1034  
E-Mail Address: kaissen.carr@revidarecovery.com
4. **Name of Agent** (third party): Richard S. Armstrong, III  
Mailing Address: 403 Sixth Street City/State/Zip Bristol, TN 37620  
Telephone: (Home) \_\_\_\_\_ (Business) 423-968-7173 (Mobile) 423-967-9486  
E-Mail Address: armstrong@tcigroup.com
5. **Property information:** Street Address: 230 Bowman Street  
County Tax Map: 041F Group: A Parcel(s) 002.03  
Current zoning: H1 Parcel size: 1.40 acres City/U.G.B. Morristown  
Existing Use: Medical Proposed Use: Medical
6. **Nature of Request:** (please circle)  
a) ☒ Use on review (\$50.00 Fee)  
b) ☐ Variance (\$50.00 Fee) - Amount/type of variance requested: \_\_\_\_\_  
Reason for request: (1) property shape (2) topographic conditions (3) Other: \_\_\_\_\_  
c) ☐ Appeal \_\_\_\_\_  
d) ☐ Other Requests: \_\_\_\_\_
7. List name and addresses of **adjacent property owner(s)** that would be affected by request (reverse side).  
N/A
8. Submit site plans, surveys, special fees or other items as required for review by City staff and Board of Zoning Appeals members.  
N/A
9. **Applicant Signature:** By: Lee C. Dilworth Lee C. Dilworth **Date:** 08/05/2019

This application will not be accepted unless all information is complete. If a question is not applicable, please draw a line through the space provided or mark "n/a" (not applicable).



ReVIDA Recovery Centers, LLC  
Corporate Office  
400 Overbeck, Suite 201  
Nashville, TN 37204-2551  
[Lee.Dilworth@ReVidaRecovery.com](mailto:Lee.Dilworth@ReVidaRecovery.com)  
Direct: 615-622-6647  
Fax: 615-647-9995

August 5, 2019

Steve Neilson  
City Planner  
City of Morristown  
100 W. 1<sup>st</sup> North Street  
Morristown, TN 37814  
via email to [sneilson@mymorristown.com](mailto:sneilson@mymorristown.com)

Re: 230 Bowman Street, Suites 2 & 3, Morristown, Tennessee

Dear Mr. Neilson:

I am writing to introduce ReVIDA Recovery Centers, PC ("ReVIDA") and to outline ReVIDA's intended use of medical office space we recently leased at 230 Bowman Street in Morristown (Suites 2 and 3). We have enjoyed being an active member of the Morristown community at our prior location at 1369 West Andrew Johnson Highway until an accidental fire unexpectedly caused us to relocate to this new location. Our operations at 230 Bowman Street will be identical to the operations we conducted at 1369 West Andrew Johnson Highway, including the same physicians and clinical staff.

ReVIDA is a Tennessee medical professional corporation owned by Dr. Matthew Thomas, D.O. Dr. Thomas is a triple Board-certified physician in Emergency Medicine, Internal Medicine and Addiction Medicine. Under Dr. Thomas's medical direction, ReVIDA operates a medical office where physicians and licensed behavioral health professionals treat patients who struggle primarily with opioid use disorder. Each time our patients come in for an office visit, they receive a physician examination, counseling by licensed professionals and care coordination/case management. All ReVIDA physicians have current waivers from the DEA under the federal DATA 2000 Act.

ReVIDA is fully certified by and participates in the TennCare program. ReVIDA is also fully licensed by the Tennessee Department of Mental Health and Substance Abuse Services as a "non-residential office-based opiate treatment facility" (or "OBOT" for short).

Johnson City, TN - Morristown, TN - Newport, TN - Knoxville, TN  
Abingdon, VA - Duffield, VA - Wytheville, VA



I'd like to emphasize that, as an OBOT:

- ReVIDA does not store, provide or dispense ANY medications on-site. When clinically appropriate, our patients receive a prescription which they then take to their local pharmacy.
- ReVIDA is not a methadone treatment clinic or facility. In fact, the state rule that authorizes OBOTs makes clear that OBOTs are not methadone clinics (TCA 0940-05-35-.02(2)(a)(1)). Again, we have no methadone or any other medications on-site, nor do we dispense any medications.
- ReVIDA is not a pain management clinic.

ReVIDA is essentially a medical practice like other physician offices in Morristown. Patients schedule appointments and come and go just like they would at any of their other doctors. The only difference is that our physicians specialize in addiction medicine rather than other subspecialties.

We are proud to be in Morristown and are committed to being an active member of the local community, including maintaining strong relationships with the City of Morristown.

Please feel free to reach out if I can provide any further information. My cell phone is 615-815-6897 and my email is [lee.dilworth@ReVidaRecovery.com](mailto:lee.dilworth@ReVidaRecovery.com).

Respectfully,



Lee C. Dilworth  
Chief Executive Officer

cc: Lori Matthews, Senior Planner, City of Morristown  
via email at [lmattthews@mymorristown.com](mailto:lmattthews@mymorristown.com)

# Local addiction treatment facility raided by federal agents

BECKY CAMPBELL • MAY 2, 2018 AT 10:29 PM  
bcampbell@johnsoncitypress.com

The home of a local addiction treatment doctor and the eight recovery centers he operates in Virginia and Tennessee were raided Wednesday by federal agents — a move Dr. Tom Reach called “overzealous” that could likely cause drug overdose deaths in the region.

As the search warrants, signed by U.S. Magistrate Dennis Inman in Greeneville, were executed at the various Tennessee treatment centers, patients were turned away as they showed up for their appointments. A Johnson City police officer stood guard at the front door to tell people the business was closed. Agents inside the center refused to speak to the Press.

Reach said he was driving to Virginia when his wife called around 10 a.m. to tell him the “feds were raiding the house.” He returned home to find Drug Enforcement Agents taking documents from his home.

“They downloaded my computer, my wife’s computer and my daughter’s computer and they downloaded our phones,” Reach said. The computers at the various treatment centers were also apparently downloaded as well as the personal cellphones of the agency’s employees. Reach said the DEA could have walked in and asked to see whatever they wanted to see and he would have complied willingly.

“This wasn’t necessary,” he said. “There were no charges and no one was arrested. We have done absolutely nothing illegal, immoral or unethical.”

Reach said the search warrant he was given allowed agents to search for a variety of documents, including anything related to Medicaid or Medicare, banking records and medical records and anything related to the distribution of drugs or misbranding of drugs.

He said the treatment centers have never taken Medicare or Medicaid and does not file insurance claims, although some patients are reimbursed for their medications. He also said there are no medications at the recovery centers and doctors do not administer medications.

“We have no medications in our facilities at any time,” he said.

Reach said with his background in addiction recovery and work in helping set standards in the field, he was shocked by what happened Wednesday. As far as the agency’s finances, Reach said all profits go back into the company, but right now it is upside down financially.

“We have set ourselves up as a national standard of care on how to do Suboxone right. I’m the past president on the Tennessee Society of Addiction Medicine, I’m on the legislative committee of the American Society of Addiction Medicine, we’ve had Micah Van Huss, Matthew Hill, Ron Ramsey, Phil Roe in our office. We’ve had other clinics come from other states to examine our model and build the model we built.

“I helped write the legislation for the state of Tennessee for the OBOT (Office Based Opioid Treatment) rules and regulations because of the unethical practices of unethical physicians. I was on the governor’s advisory committee in Virginia,” said.

Reach said he and his staff will do everything possible to be open Thursday so patients don't have a lapse in their care.

"My concern is that in the present political environment that things have just gotten a little bit out of hand. The guys that are treating addiction are not the problem. My main concern is for 4,500 patients and their families that now are going to have trouble getting care or they'll have to go to other providers that don't provide the level of care that we do," he said. Reach said he's also concerned for the 100 people he employs at the centers across Northeast Tennessee and Southwest Virginia.

"We're going to do the best we can to have our doors open tomorrow," Reach said. He said agents seized all paper records at each site, but there are still electronic records he "hopes we can access. (The agents) have done everything they can do to hinder us from taking care of addicts that need treatment, and that is not the national model for health care when it comes to treating the disease of opiate dependency."

According to the Watauga Recover Center website, patients with opiate dependence are treated with Suboxone, a medication comprised of buprenorphine and naloxone, for their physical addiction and treatment plans require patients attend at least one AA or NA meeting per month at the facility. The agency also encourages patients to attend additional 12-step recovery meetings in the community as well.

Reach said he's concerned that patients who haven't been able to overcome their addiction and can't get the care and medication prescriptions they receive at Watauga Recovery Center could cause them to resort to street drugs.

"This kind of action could cause overdose deaths," he said



# ReVIDA Recovery officially takes ownership of Watauga Recovery Center's addiction clinics

ZACH VANCE • FEB 25, 2019 AT 6:58 PM

[zvance@johnsoncitypress.com](mailto:zvance@johnsoncitypress.com)

Seven opioid addiction recovery centers in Northeast Tennessee and Southwest Virginia have been rebranded under new ownership.

Nashville-based health care executive Lee Dilworth announced Monday the formation of ReVIDA Recovery Centers LLC, a company that provides medication-assisted treatment and behavioral health services to more than 2,000 patients each month.

This past fall, Dilworth and his partner David Dempsey entered into an agreement to buy Watauga Recovery Center and its seven affiliated clinics in Johnson City, Knoxville, Morristown and Newport in Tennessee, and Abingdon, Duffield and Wytheville in Virginia. Dilworth said his company officially took ownership of Watauga Recovery Center in late October.

"It has been smooth. Patients have actually increased, and we've hired two new, board-certified medical directors, one in Virginia and one in Tennessee," Dilworth said.

Continuing the services Watauga Recovery provided its patients, Dilworth said ReVIDA will provide buprenorphine, also known as Suboxone, treatment, as well as wrap-around services.

While Dilworth said his vision for ReVIDA is to eventually expand its access, he said the company has no plans to offer other medication-assisted treatments, like methadone.

In addition to serving as CEO, Dilworth will also serve on ReVIDA's board of directors, as will Nashville businessmen Martin Rashis, Byron Smith and Dave Cooley.

"ReVIDA is in the business of assisting people with opioid use disorder to reclaim their lives. In order to make a positive and lasting impact on each patient's life, our staff is dedicated to working with primary care providers, law enforcement, social services, non-profits, and other community members to help the entire community overcome this epidemic," Dilworth said in a press release.

"Every patient who successfully reclaims their life as they find recovery becomes a healthier and more productive participant in their community. Recovery saves lives, heals fractured families, reduces the costs of healthcare, social services, and in the criminal justice system. Recovery results in healthier and safer communities."

Ed Ohlinger, who formerly served as a regional director of Acadia Healthcare, will serve as ReVIDA's chief operating officer. Ohlinger has more than 30 years experience leading large-scale operations in the behavioral health industry, the press release stated.

Ohlinger recently received a Lifetime Achievement Award from the Virginia Association of Medication Assisted Recovery Programs for his work on improving access to care and decreasing the stigma of addiction.

"I have worked in the behavioral healthcare space for many years and have never seen the level of dedication to positive patient outcomes that I see here," Ohlinger said.

“From the moment a patient walks in the door, our team is committed to helping them not only overcome addiction, but rebuild relationships, reduce stigma, and reclaim their life.”

Dilworth said ReVIDA’s Abingdon, Duffield and Wytheville locations currently accept Virginia Medicaid insurance. For the Tennessee locations, Dilworth said his company is working to accept TennCare insurance.

ReVIDA’s seven locations include:

- 2001 Highland Ave. Knoxville.
- 1369 W. Andrew Johnson Highway
- 330 Heritage Blvd. Newport.
- 3114 Browns Mill Road, Johnson City.
- 198 Ross Carter Blvd. Duffield, Va.
- 300 Valley St. NE Abingdon, Va.
- 255 Holston Road, Wytheville, Va.

# DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES - CURRENT LICENSES

License Category: ALL  
Sites in Hamblen County

August 05, 2019

## Parents Helping Intercede in the Lives of Adolescents Inc.

'PHILA Inc - Morristown' at 300 West First North Street, Morristown, TN 37814

Contact: Marcus Bragg (423) 616-0213

L000000022786 09/01/18 - 08/31/19

Mental Health Outpatient Facility

Mental Health Psychosocial Rehabilitation Program

## Premier Support Services, Inc.

'Interim Healthcare of East TN Home Style Services' at 2482 Brights Pike, Morristown, TN 37814

Contact: Kimberly Noe (423) 587-8771

L000000024020 04/01/19 - 03/31/20

Personal Support Services Agency

## ReVIDA Recovery Centers, P.C.

'ReVIDA Recovery Centers - Morristown' at 1369 West Andrew Johnson Hwy., Morristown, TN 37814

Contact: Amy Morris (910) 986-6439

I000000024197 04/18/19 - 10/31/19

Alcohol & Drug Non-Residential Office-Based Opiate Treatment Facility

## Southern Home Care Services, Inc.

'All Ways Caring HomeCare - Morristown' at 1907 West Morris Boulevard, Suite A100, Morristown, TN 37813

Contact: Amy Hawk (423) 787-7717

L000000024005 02/21/19 - 12/31/19

Personal Support Services Agency

## Youth Villages, Inc.

'Youth Villages - Morristown' at 225 West First North Street, Suite 302 Millennium Square, Morristown, TN 37814

Contact: Drew Miller (423) 587-7310

L000000023805 03/01/19 - 02/29/20

Mental Health Outpatient Facility

16 Licenses

14 LicensEEs

16 Sites

licensed categories  
(services)



## Development and Implementation of Tennessee Nonresidential Buprenorphine Treatment Guidelines

Erica B. Schlesinger, PharmD; Wesley Geminn, PharmD; Kenneth C. Hohmeier, PharmD; Howard L. Burley, Jr., MD  
Tennessee Department of Mental Health and Substance Abuse Services  
University of Tennessee Health Science Center College of Pharmacy

### Abstract

**Objective:** To describe the recent legislation in Tennessee and subsequent development and implementation of state-wide buprenorphine treatment guidelines.

**Practice Innovation:** In 2016, Tennessee began licensing office-based opioid treatment (OBOT) clinics. Due to initial licensing criteria, not all providers were required to be licensed with the Department of Mental Health and Substance Abuse Services (TDMHSAS). The gap in licensing made it difficult to ensure an appropriate standard of care was being met by all addiction treatment providers. Therefore, the state developed legislation that allowed for the creation of best practice guidelines to encompass all providers of buprenorphine in the state of Tennessee, not just the licensed OBOT clinics. The guidelines define what the standard of care should entail while treating this vulnerable addiction population.

**Results:** Tennessee legislation granted the formation of a committee to create the Tennessee Nonresidential Buprenorphine Treatment Guidelines. The committee was comprised of physicians, pharmacists, lawyers, law enforcement, and state officials. The finalized guidelines were published and effective January 1, 2018, and adopted as policy by the boards of medical examiners, osteopathic physicians, and pharmacy shortly thereafter. The guidelines are now enforceable by the boards and give them the ability to discipline physicians who practice outside the standard of care.

**Conclusion:** Tennessee legislation provides a model for other states to take action in combating this opioid crisis by not only increasing access to addiction treatment, but increasing access to quality care.

**Key Words:** Buprenorphine; Opioid; Guidelines; Treatment

In 2016, the CDC estimated 2.1 million people had an opioid use disorder. There were more than 42,000 opioid overdose deaths in the United States<sup>1,2</sup>, 1,186 of those overdose deaths were in Tennessee alone<sup>3</sup>. Being in the midst of an opioid pandemic, many states are taking action to help combat this opioid crisis including stricter penalties for overprescribing, over-dispensing of opioids, and increasing prevention strategies. Tennessee is attempting to increase access to addiction treatment, by not only increasing access to care but access to quality care.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), medication-assisted treatment (MAT) is the use of FDA-approved medications, in combination with counseling and other behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Medication is one tool that can be used as adjunct

to counseling or other behavioral therapies. MAT services can be provided in opioid treatment programs (OTPs), which are more commonly known as “methadone clinics”, office-based opioid treatment (OBOT) clinics, and in inpatient settings. The medications used in these facilities are methadone, naltrexone, or buprenorphine. To be eligible to prescribe buprenorphine for the treatment of opioid use disorder (OUD), a prescriber must apply and receive their DATA 2000 waiver, or better known as their “X” DEA number. Buprenorphine exerts a mixed agonist-antagonist action on the CNS opiate receptors<sup>4</sup>. Advantages of using buprenorphine include increased safety in cases of overdose, when compared to methadone, and can be filled at a pharmacy. The MAT approach has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity, and increase patients’ ability to gain and maintain employment<sup>5</sup>. The ultimate goal of MAT is to improve the patients’ quality of life and help them to enter full recovery<sup>5</sup>.

In 2016, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) began licensing office-based opioid treatment (OBOT) clinics to better regulate the standard of care which buprenorphine clinics provided. However, due to the licensing requirements, not all DATA 2000 waived physicians were required to apply for a licensure. As a

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state, Tennessee began to see an influx of clinics providing only prescription services without counseling or behavioral therapy services, to patients with an opioid use disorder while staying below the licensing criteria. This made it difficult to regulate these clinics and ensure patients were receiving appropriate care. As a result, the state then set forth to establish the “adequate care” standard for buprenorphine treatment of opioid use disorder with the development of legislation that would allow for the creation of best practice guidelines to encompass all providers of buprenorphine in the state of Tennessee, not just the licensed OBOT clinics.

As of March 2018, only four states, including Tennessee, have buprenorphine treatment guidelines that are endorsed by their state legislature<sup>6,7,8</sup>. Other states have buprenorphine treatment guidelines created by institutions within the state, but do not have support from state legislature. These latter states include the Baltimore Buprenorphine Initiative developed by the Baltimore City Health Department, Baltimore Substance Abuse Systems, and HealthCare Access Maryland<sup>9</sup>. Of importance, most states do have guidelines for the treatment of opioid use disorder, which includes sections addressing the use of buprenorphine. However, these documents do not address buprenorphine treatment alone in great detail, typically only devoting a few paragraphs to the matter or referring providers to the SAMHSA guidelines. The SAMHSA guidelines are thorough; however, they do not address some important issues relevant to practice, such as guidance on interdisciplinary patient care. For example, the role of the pharmacist in the treatment of opioid use disorders is not clearly established in these guidelines. Additionally, further guidance was needed on how to initiate pharmacist-led discussions with patients, how to collaborate with providers, and how to determine what constitutes a high quality clinic and provider. For this reason, the Tennessee Nonresidential Buprenorphine Treatment Guidelines aim to address many aspects of treatment including assessment, diagnosis, maintenance, tapering, relapse indicators, pharmacist involvement, and provides an extensive list of resources for providers who treat substance use disorders. The guidelines were created by an expert panel of physicians who specialize in treating substance use disorders, law enforcement, pharmacists, lawyers, and state officials. The guidelines were grounded in evidence from SAMHSA<sup>10</sup>, the American Society of Addiction Medicine (ASAM)<sup>11</sup>, and the American Board of Preventative Medicine.

#### ***Tennessee Senate Bill 0709***<sup>12</sup>

There are two core elements of the Tennessee legislation:

##### ***1. Development of Nonresidential Treatment Guidelines for the Use of Buprenorphine***

The Department of Mental Health and Substance Abuse Services, in collaboration with the Department of Health will develop recommended nonresidential treatment guidelines. The guidelines developed will be used by practitioners,

prescribing buprenorphine-containing products, in Tennessee as a guide for caring for patients with opioid use disorder in a nonresidential, outpatient setting.

##### ***2. Publishing and Updating Requirements of the Guidelines***

Beginning in 2019, the guidelines will be reviewed and updated by September 30 of each year. The guidelines are posted on both the TN Department of Mental Health and Substance Abuse Services and the Department of Health's websites. When the guidelines are updated each year, the finished product must be provided to the chairs of the Health Committee of the House of Representatives and the Health and Welfare Committee of the Senate.

#### **The Legislative Process**

The bill itself encountered no opposition as it made its way through the legislature, after questions and concerns were clarified through committee hearings. It passed unanimously in both the House and Senate, was signed by the Governor on April 7, 2017, and became Public Chapter 112 on April 19, 2017. The guidelines were developed and took effect on January 1, 2018.

The Tennessee legislature raised questions throughout the hearings. First, representatives asked for clarification on the difference between the OBOT rules that passed the year prior and the need for best practice guidelines. The Department of Mental Health and Substance Abuse Services explained the need for the guidelines based on issues with gaps in licensure and inadequate care being provided by some clinicians in the community. The growing need for access to good, quality substance use disorder care further provided evidence of the necessity for the development of best practice guidelines.

Another question surrounded the genesis of the legislation. Some expressed concern for overregulation of the profession of medicine. Explanation was given expressing the treatment-focused approach by the Department of Mental Health and Substance Abuse Services is and how development of these guidelines would establish a minimum standard of care that was not previously being met.

The legislature requested a copy of the guidelines and any revisions of the guidelines developed be provided to the chairs of the Health Committee of the House of Representatives and the Health and Welfare Committee of the Senate. The guidelines and revisions must be posted to the websites of the Department of Mental Health and Substance Abuse Services and the Department of Health.

The final question asked for clarification whether the bill would create a committee that would in turn create the guidelines. The Department of Mental Health and Substance Abuse Services, in conjunction with the Department of Health, invited appropriate addiction physicians, alcohol and substance use

counselors, law enforcement, pharmacists, and other government entities to form a committee to develop the nonresidential buprenorphine treatment best practice guidelines.

### Guideline Development

The commissioners of Mental Health and Substance Abuse Services and Health convened a group of expert providers and stakeholders in substance abuse treatment. The committee consisted of representatives from residential inpatient treatment settings, law enforcement, healthcare providers specialized in treating opioid use disorders, pharmacists, lawyers, state officials, and patient advocates. The committee convened was rather large, and opted to create a smaller, working group to do the bulk of the work in the development of the guidelines. The working group met on several occasions, for several hours at a time, to work through the formation of the guidelines. Once a final draft was prepared, the guidelines were brought back to the larger group for wordsmithing and finalization. The finished product was then presented to the commissioners of mental health and health for final approval and publication.

After their publication, the Tennessee Nonresidential Buprenorphine Treatment Guidelines were presented to the board of medical examiners, osteopathic examination, and pharmacy, respectively; each board adopted the guidelines as policy and provided a link to the guidelines on their respective websites. This adoption allows the boards to take action against licensees who practice outside the guidelines without proper documentation. The guidelines were not presented to the board of nursing due to their inability to prescribe or dispense buprenorphine in the state of Tennessee. [https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018\\_Buprenorphine\\_Treatment\\_Guidelines.PDF](https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018_Buprenorphine_Treatment_Guidelines.PDF)

### Conclusion

Public Chapter 112 grants the Department of Mental Health and Substance Abuse Services and the Department of Health the authority to create guidelines for the use of buprenorphine for opioid use disorder in a nonresidential setting<sup>12</sup>. As such, it provides a potential model for other states to pursue in the years ahead. The entire process took approximately a year and a half from the beginning development of the legislation in November 2016 to the final completion and publication of the guidelines in January 2018. The guideline committee worked for approximately six months to progress from a working draft to the final document. Though we encountered no opposition overall in this endeavor, the legislature did have some questions regarding regulations and the genesis of the legislation. By soliciting comment and bringing key stakeholders to the table early on in the process, we developed a collaborative approach to addressing and resolving any technical or philosophical issues that may have been potential barriers. Our department also leveraged

existing relationships with advocates within the substance use disorder treatment community to garner support for the legislation, facilitating its passage. Other jurisdictions looking to implement similar legislation may also benefit from utilizing community resources, such as medical provider association and continuing education events, to provide education to healthcare providers. It is essential to work collectively and collaboratively with multiple state departments, community partners, the general public and healthcare providers to ensure all potential barriers are identified and discussed.

The guidelines were adopted as policy by the boards of Medical Examiners, Osteopathic Examination, and Pharmacy to allow for enforcement. It was self-evident that opioid deaths were a problem in Tennessee; therefore it was our aim not to prove there was a problem, but rather to provide an interdisciplinary approach as part of the solution. Our hope with this legislation, and subsequent guideline development and adoption, is that the standard of care in outpatient, nonresidential substance use disorder treatment will be elevated and allow for the residents of Tennessee to receive quality substance use disorder care. By addressing the opioid crisis from an access to care standpoint, we hope to make a positive impact by decreasing the number of overdose deaths in our state. Moving forward, the guidelines will be updated yearly, giving the Department and the community the opportunity to evaluate its relevance and applicability in improving patient care. The guidelines will continue to be an ever evolving, living document with the aim to improve patient care and substance use disorder treatment.

**Funding Support:** None

**Conflicts of Interest:** None

### References

1. HHS Office, Public Affairs. About the U.S. Opioid Epidemic. HHS.gov. <https://www.hhs.gov/opioids/about-the-epidemic/index.html>. Published March 6, 2018. Accessed March 27, 2018.
2. U.S. Department of Health & Human Services. Mortality in the United States, 2016 NCHS Data Brief No. 293, <https://www.cdc.gov/nchs/data/databriefs/db293.pdf>. Accessed March 27, 2018
3. Tennessee Drug Overdose Dashboard. Data Dashboard. <https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html>. Accessed March 27, 2018.
4. Buprenorphine [package insert]. Columbus, OH: Roxane Laboratories, Inc; 2015



5. Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment (MAT), 2018, <https://www.samhsa.gov/medication-assisted-treatment>. Published February 7, 2018. Accessed April 4, 2018.
6. Rules of the Alabama Board of Medical Examiners. Chapter 540-X-21 Policy on DATA 2000: Guidelines for the Treatment of Opioid Addiction in the Medical Offices. <http://albme.org/Documents/Rules/540-X-21%20eff%204-23-15.pdf>. Published 2015. Accessed March 27, 2018.
7. Department of Vermont Health Access Managed Care Entity. Vermont Buprenorphine Clinical Practice Guidelines. <http://dvha.vermont.gov/for-providers/buprenorphine-practice-guidelines-revised-final-10-15.pdf>. Published August 2015. Accessed March 27, 2018.
8. New Mexico Behavioral Health Collaborative. New Mexico Treatment Guidelines for Medical Providers Who Treat Opioid Addiction Using Buprenorphine. [http://www.rld.state.nm.us/uploads/FileLinks/a5bdc4c0017d4bf294dd2cbfea6f294e/NM\\_Buprenorphine\\_Guidelines\\_2012.pdf](http://www.rld.state.nm.us/uploads/FileLinks/a5bdc4c0017d4bf294dd2cbfea6f294e/NM_Buprenorphine_Guidelines_2012.pdf). Published 2012. Accessed March 27, 2018.
9. Baltimore Substance Abuse Systems, Inc., Baltimore City Health Department, and HealthCare Access Maryland. The Clinical Guidelines for Buprenorphine Treatment of Opioid Dependence in the Baltimore Buprenorphine Initiative. <http://www.bhsbaltimore.org/site/wp-content/uploads/2013/09/BBI-Clinical-Guidelines-Revised-2013.pdf>. Published 2009, Revised 2013. Accessed March 27, 2018.
10. Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment (MAT), 2018, <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>. Published February 7, 2018. Accessed April 10, 2018.
11. The American Society of Addiction Medicine. The National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use. <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>. Published 2015. Accessed April 10, 2018.
12. Nonresidential Buprenorphine Treatment Guidelines. TCA 63-1-403. 2017.
13. Tennessee Department of Mental Health and Substance Abuse Services and Tennessee Department of Health. Tennessee Nonresidential Buprenorphine Treatment Guidelines. [https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018\\_Buprenorphine\\_Treatment\\_Guidelines.PDF](https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018_Buprenorphine_Treatment_Guidelines.PDF). Published January 1, 2018.