



# Tennessee Society of Addiction Medicine

*A Chapter of American Society of Addiction Medicine*

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March 15, 2023

The Honorable Rusty Crowe  
Chair  
Senate Committee on Health and Welfare  
Cordell Hull Building  
425 Rep. John Lewis Way North  
Nashville, TN 37243

Re: TNSAM's Comments on HB665/SB733

Dear Chair Crowe,

On behalf of the Tennessee Society of Addiction Medicine (TNSAM), the medical specialty society representing physicians and clinicians in Tennessee who specialize in the prevention and treatment of addiction, thank you for the opportunity to comment on this legislation. We write today to express our concerns with HB665/SB733. This legislation would prohibit licensed practitioners from prescribing buprenorphine until a patient signs a document acknowledging the risks of buprenorphine use to pregnant patients, unborn children, and infants. We fear that this legislation may reinforce stigma, inadvertently lead to pregnant individuals declining evidence-based addiction treatment, and ultimately cause avoidable harm to the patient and their child.

The American Society of Addiction Medicine (ASAM) National Practice Guideline states that buprenorphine is the standard of care for opioid use disorder (OUD) treatment during pregnancy.<sup>i</sup> A substantial body of research indicates that treatment with buprenorphine improves outcomes for both parent and child especially when compared to the alternative.<sup>ii iii</sup> As such, the ASAM National Practice Guideline recommends that pregnant patients who are not in treatment for OUD be encouraged to start treatment as early as possible during pregnancy.<sup>iv</sup> In light of this evidence, we are greatly concerned that HB665/SB733's disclosure requirements about the risks of buprenorphine use during and after pregnancy paint an incomplete picture.

TNSAM fully agrees that patients should be informed of the risks and benefits of treatment and be required to consent to such care before the treatment protocol begins. However, pregnant patients who forego evidence-based treatment are at a much higher risk for adverse events than those who accept treatment, specifically increased risk of maternal overdose death.<sup>v vi</sup> Therefore, information on any risks associated with treatment for OUD must be balanced by the significant harm patients may experience should they decide to forego treatment for OUD. Consequentially, **TNSAM recommends that HB665/SB733 be amended such that the form at the heart of this legislation include a new sentence at the end of section 1, paragraph 2 that states "This form shall also require the patient to acknowledge the adverse health events associated with opioid use disorder, including, but not limited to, the patient's death and the death of their unborn child should the patient decide against medication, including buprenorphine."** Without this amendment, we urge the committee to vote against its advancement.

TNSAM is strongly concerned that HB665/SB733 in its current form will do more harm than good. These new requirements, if enacted, will discourage pregnant patients from seeking evidence-based treatment at a time of desperate need and will only fuel the current crisis. **As such, we strongly encourage you to consider our proposed amendment to HB665/SB733. Without this amendment, we urge the committee to vote against its advancement.** Please do not hesitate to contact [sumrokd@gmail.com](mailto:sumrokd@gmail.com) if you have any questions or concerns. Thank you for your consideration.

Sincerely,



Daniel D. Sumrok, MD, FAAFP, DFASAM  
President, Tennessee Society of Addiction Medicine

CC: The Honorable Ferrell Haile  
The Honorable Shane Reeves  
The Honorable Joey Hensley  
The Honorable Ed Jackson  
The Honorable Becky Massey  
The Honorable Art Swann  
The Honorable Bo Watson  
The Honorable Jeff Yarbro

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<sup>i</sup> American Society of Addiction Medicine - ASAM. (2020). The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder: 2020 Focused Update. *Journal of Addiction Medicine*, 14(2S), 1–91. <https://doi.org/10.1097/adm.0000000000000633>

<sup>ii</sup> Patrick, S. W., Schiff, D. M., Ryan, S. A., Quigley, J., Gonzalez, P. K., & Walker, L. R. (2017). A Public Health Response to Opioid Use in Pregnancy. *Pediatrics*, 139(3). <https://doi.org/10.1542/peds.2016-4070>

<sup>iii</sup> i Noormohammadi, A., Foorinash, A., Yancey, A., Crannage, E., Campbell, K., & Shyken, J. (2016). Buprenorphine Versus Methadone for Opioid Dependence in Pregnancy. *Annals of Pharmacotherapy*, 50(11), 984–984. <https://doi.org/10.1177/1060028016659890>

<sup>iv</sup> American Society of Addiction Medicine - ASAM. (2020). The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder: 2020 Focused Update. *Journal of Addiction Medicine*, 14(2S), 1–91. <https://doi.org/10.1097/adm.0000000000000633>

<sup>v</sup> Schiff, D. M., Nielsen, T., Terplan, M., Hood, M., Bernson, D., Diop, H., Bharel, M., Wilens, T. E., LaRochelle, M., Walley, A. Y., & Land, T. (2018). Fatal and nonfatal overdose among pregnant and postpartum women in Massachusetts. *Obstetrics & Gynecology*, 132(2), 466–474. <https://doi.org/10.1097/aog.0000000000002734>

<sup>vi</sup> Krans, E. E., Kim, J. Y., Chen, Q., Rothenberger, S. D., James, A. E., Kelley, D., & Jarlenski, M. P. (2021). Outcomes associated with the use of medications for opioid use disorder during pregnancy. *Addiction*, 116(12), 3504–3514. <https://doi.org/10.1111/add.15582>