



Tennessee Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

OFFICERS

President

Jason D. Kirby, DO, MBA, DFASAM

President-Elect:

Chad Elkin, MD, FAACP, DFASAM

Immediate Past-President

Daniel D. Sumrok, MD, FAAFP, ABPM, ABAM, DFASAM

Secretary

Roger Sherman, MD, MPH, FASAM

Treasurer

Alexander P. Zotos, MD, FASAM

March 11, 2025

The Honorable Todd Gardenhire
Chair
Senate Committee on the Judiciary
600 Dr. Martin L. King, Jr. Blvd.
Nashville, TN 37243

Re: TNSAM's Support for HB1239/SB421

Dear Chair Gardenhire,

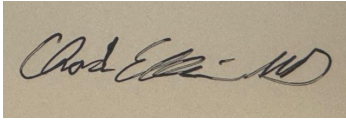
On behalf of the Tennessee Society of Addiction Medicine (TNSAM), the medical specialty society representing physicians and clinicians in Tennessee who specialize in the treatment of addiction, we write today to express our support for HB1239/SB421. This important legislation would responsibly expand access to treatment for opioid use disorder (OUD) by allowing nurse practitioners and physicians assistants to prescribe buprenorphine in state, county, and municipal correctional facilities.

Buprenorphine is an evidence-based treatment for OUD demonstrated to improve outcomes for patients with this condition, such as increasing treatment retention and lowering illicit substance use and criminal behavior.¹ Expanded access to buprenorphine is especially important for persons housed in correctional facilities because they are vulnerable to the adverse effects of substance misuse. For example, a substantial percentage of incarcerated persons have a history of addiction, including OUD.² Even higher percentages have engaged in illicit substance use in the time prior to their incarceration.³ Additionally, incarcerated individuals are significantly more likely to experience an overdose than the general population. According to landmark research, incarcerated individuals are 129 times more likely to die of an overdose within two weeks of their release.⁴ As such, it is a public health imperative that this group be offered evidence-based treatment for addiction while they are incarcerated and in the immediate aftermath of their release.

Additionally, expanding access to buprenorphine treatment for OUD in correctional facilities mitigates several negative consequences associated with discontinuing treatment. For example, forced opioid withdrawal occurs to an individual when treatment their treatment plan is abruptly cut off. Forced opioid withdrawal causes needless suffering and increases the likelihood of returning to use.⁵ Further, forced opioid withdrawal is associated with elevated post-release overdose risk among individuals with OUD.⁶ Research also shows that providing treatment for OUD with medications like buprenorphine in carceral settings improves treatment entry and retention post release and reduces mortality.^{7 8} Simply put, policies like those included in HB1239/SB421, are crucial to expand access to OUD treatment and improve our state's response to the overdose crisis.

For the reasons stated above, TNSAM supports HB1239/SB421 and urges all members of the committee to advance this legislation. Please do not hesitate to contact chadelkin@nationaladdictionspecialists.com if you have any questions or concerns. Thank you for your consideration.

Sincerely,



Chad Elkin, MD, FAACP, DFASAM
President-Elect and Policy Chair, Tennessee Society of Addiction Medicine

CC: The Honorable Kerry Roberts
The Honorable Paul Rose
The Honorable Bobby Harshbarger
The Honorable Sara Kyle
The Honorable London Lamar
The Honorable John Stevens
The Honorable Brent Taylor
The Honorable Dawn White

¹ SAMHSA. (2024). Medications for Substance Use Disorders. <https://www.samhsa.gov/medications-substance-use-disorders>

² NIDA. (2020). Criminal Justice DrugFacts. National Institutes of Health. <https://nida.nih.gov/publications/drugfacts/criminaljustice>

³ NIDA. (2020). Criminal Justice DrugFacts. National Institutes of Health. <https://nida.nih.gov/publications/drugfacts/criminaljustice>

⁴ Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from Prison – A High Risk of Death for Former Inmates. *New England Journal of Medicine*, 356(2), 157–165. <https://doi.org/10.1056/nejmsa064115>

⁵ Fiscella, K., Noonan, M., Leonard, S. H., Farah, S., Sanders, M., Wakeman, S. E., & Savolainen, J. (2020). Drug- and alcohol associated deaths in U.S. jails. *Journal of Correctional Health Care*, 26(2), 183–193. <https://doi.org/10.1177/1078345820917356>

⁶ Mattson, C. L., O'Donnell, J., Kariisa, M., Seth, P., Scholl, L., & Gladden, R. M. (2018). Opportunities to prevent overdose deaths involving prescription and illicit opioids, 11 states, July 2016–June 2017. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6734a2.htm>

⁷ Hedrich, D., Alves, P., Farrell, M., Stöver, H., Møller, L., & Mayet, S. (2012). The effectiveness of opioid maintenance treatment in prison settings: A systematic review. *Addiction*, 107(3), 501–517. <https://doi.org/10.1111/j.1360-0443.2011.03676.x>

⁸ Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D., Alexander-Scott, N., Boss, R., & Rich, J. D. (2018). Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*, 75(4), 405. <https://doi.org/10.1001/jamapsychiatry.2017.4614>