

# Collaborating to Address the Opioid Crisis

## Preparing for Prescriber Education: Getting the Lay of the Land

Prevention efforts focused on educating prescribers about opioids and alternative pain management techniques are increasing in popularity. These programs have been shown to be effective in helping prescribers understand the complexities of treating chronic pain, including the impact of overprescribing opioids.<sup>1</sup>

Prevention practitioners can play an important role in both creating and supporting prescriber education programs. Before stepping into this arena, however, it is important to understand the environment in which these programs operate. For instance, there is considerable variation across states in terms of how prescribers are licensed, monitored, and regulated. Taking the time to understand who can legally prescribe opioids, and the laws and requirements that regulate prescribing, will help you target your prevention programming and identify partners who can put you on the path to success.

This tool is designed to help practitioners answer the following questions:

- *Who is authorized to prescribe opioids in your state?*
- *What educational programming or certifications do prescribers need to obtain a license to prescribe opioids?*
- *Who issues prescriber licenses in your state?*
- *Do opioid prescribers in your state need to adhere to continuing education requirements to renew a license?*

### Q: Who is authorized to prescribe opioids in your state?

Across all states, only those prescribers registered at the federal level by the Drug Enforcement Administration (DEA) are legally permitted to write prescriptions for controlled substances, including opioids.<sup>2</sup> A hospital or retail pharmacy can legally fill only those prescriptions written by prescribers who possess an active DEA registration.



The DEA recognizes two types of prescriber registrations: practitioners and mid-level practitioners.

- 1 Practitioners** include doctors, dentists, veterinarians and podiatrists. Practitioners have wide latitude to prescribe most classes of controlled substances as part of their federal DEA registration, including all Schedule II through V drugs.<sup>2</sup>
- 2 Mid-Level Practitioners** include nurse practitioners, physician assistants, homeopathic practitioners, acupuncturists, and registered pharmacists, among others. Mid-level practitioners have less latitude; their prescribing regulations are determined at the state level, and there is wide variation across states. Some states, like Kansas, grant broad prescribing abilities to mid-level practitioners like physician assistants. Others, like Kentucky, prohibit physician’s assistants from prescribing any controlled substances at all.<sup>3</sup>



Knowing exactly which medical professionals can and cannot prescribe opioids in your state will ensure that your program reaches the right audience! You can find a complete list of mid-level practitioners and their prescribing abilities by state here:

[https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp\\_by\\_state.pdf](https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf)

## Q: What educational programming or certifications do prescribers need to obtain a license to prescribe opioids?

Obtaining a federal DEA registration number is just the first step in becoming authorized to prescribe controlled substances. Most states also have additional licensing requirements such as proof of ongoing education or completion of topic-specific programming. Individual practitioner licenses are issued at the state level by a designated state licensing board. These licenses are state specific. Practitioners who work across multiple states must obtain multiple DEA numbers and separate state licenses.<sup>4</sup>

State licensing boards have tremendous leeway in determining the educational requirements and certifications necessary for practice:

- Some states, like California, use a “one license” process.<sup>5</sup> In these states, the DEA licensing process to prescribe controlled substances is the same as the state’s application to prescribe controlled substances.
- In other states, like Massachusetts, an additional state-level license is required in order to prescribe controlled substances.<sup>5</sup>

Even states that participate in a “one license” process, however, may still require prescribers to undergo mandatory training on emerging medical topics of interest, such as opioids.<sup>6</sup> In California, for example, practitioners must complete an opioid prescriber education program in order to satisfy state licensing requirements.



Understanding the certification and educational programming required by your state’s licensing boards will prevent you from re-inventing the wheel when developing educational programming for prescribers, and help you fill any critical education gaps.

## Q: Who issues prescriber licenses in your state?

All prescriber licenses are granted by state licensing boards, which are composed of a combination of practitioners and other community members. These licensing boards are responsible for licensing, monitoring, and regulating their state’s prescribers.

States vary considerably as to where their licensing boards “live.” Some licensing boards are housed within their state governments. For example, Colorado’s licensing board, the Colorado Medical Board, sits within the state’s Department of Regulatory Agencies. Others exist independently, as in Arkansas, where its licensing board, the Arkansas Medical Board, is a stand-alone entity.<sup>7</sup>

Licensing boards also vary widely in their authority. Some boards have narrow authority over a small subset of prescribers; others have broad authority over many different types of prescribers. Most have authority over both prescribers who can and cannot prescribe opiates. For example, Massachusetts’ Board of Registration in Medicine oversees the licensing for physicians, who *can* prescribe opiates, and acupuncturists, who *cannot*.<sup>8</sup>



Knowing who issues licenses to whom, and how these boards are organized, will help you focus your educational efforts, identify critical gatekeepers, and help you understand the context in which the board operates. For example, independent prescriber boards may have more flexibility regarding prescriber protocols than state-embedded boards, and thus may be more open to change. For a complete list of prescriber boards by state, visit the Federation of State Medical Boards website: <http://www.fsmb.org/policy/contacts>. The DEA also lists the phone numbers for various licensing boards on [www.deadiversion.usdoj.gov/drugreg/statebrd.htm](http://www.deadiversion.usdoj.gov/drugreg/statebrd.htm)

## Q: Do opioid prescribers need to adhere to continuing education requirements to renew a license?

Many states require continuing education certifications or programming to maintain a prescriber license. In some cases, state licensing boards require educational training on specific topics prior to license renewal. For example, in response to a growing concern about the state's opioid crisis, New York recently issued a mandate that requires all prescribers who hold a DEA number and treat humans (the language purposely excludes veterinarians) to complete three hours of comprehensive prescriber education. Education topics include state and federal requirements for prescribing controlled substances; pain management; appropriate prescribing practices; managing acute pain; palliative medicine; prevention, screening, and signs of addiction; responses to abuse and addiction; or end-of-life care.<sup>9</sup>



Understanding your state's training and continuing education requirements will help you align new programming with existing efforts, reduce duplication of efforts, and identify content gaps that could be met by the prevention sector. The Federation of State Medical Boards compiles and updates state-specific continuing education requirements annually at: <http://www.fsmb.org/globalassets/advocacy/key-issues/continuing-medical-education-by-state.pdf>

## Related Tools

For more information on prescriber education strategies, check out these tools from SAMHSA and SAMHSA's Center for the Application of Prevention Technologies:

- **[Opioid Overdose and the Role of Prescriber Education](#)**. This at-a-glance resource describes the relationship between opioid overdose and overprescribing, and makes the case for prescriber education as a prevention strategy.
- **[Opportunities for Collaborating with Medical Professionals to Prevent Opioid Misuse](#)**. This tool presents examples of state- and local-level opportunities for collaborating with medical professionals across settings to plan and support prescriber education programming.
- **[Opioid Prescribing Courses for Health Care Providers](#)**. This area of the SAMHSA website contains information on SAMHSA-supported continuing medical education (CME) courses on prescribing opioids for chronic pain.

- **SAMHSA’s Efforts to Fight Prescription Drug Misuse and Abuse**. This area of the SAMHSA website provides information for physicians and others on evidence-based practices to prevent, treat, and promote recovery from prescription drug misuse.

For more tools and resources to support opioid misuse and overdose prevention efforts, visit [samhsa.gov/capt](https://www.samhsa.gov/capt).

## References

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