



**Continuing Medical Education**  
*Board-by-Board Overview*

STATE	CME Required	Number of Hours and Category/Content Requirement	Statute/Rule/Regulation
AL	YES	25 hours per year; all must be AMA PRA Category 1.	Ala. Admin. Code r. 540-x-14.02.
AK	YES	50 hours every 2 years; all must be AMA Category 1 or AOA Category 1 or 2  Physician may not be exempted from more than 15 hours of continuing education in a five-year period.	Alaska Admin. Code tit. 12, § 40.200.  Alaska Statutes § 8-64-312.
AZ-M	YES	40 hours every 2 years	Ariz. Admin. Code R4-16-102
AZ-O	YES	40 hours every 2 years; 12 must be AOA Category 1-A and no more than eight hours are obtained annually by completing a CME classified by the ACCME as Category 1.	Ariz. Admin. Code R4-22-207.
AR	YES	20 hours per year. Fifty percent of said hours shall be in subjects pertaining to physician's primary area of (current) practice and designated as Category I.	Code Ark. R. 060.00.001 Reg. No. 17.
CA-M	YES	50 Hours of approved CME during each biennial renewal cycle (every two years). If an initial license was issued for less than 13 months, only 25 hours must be completed. All must be Category 1 approved.  <b>All physicians (except pathologists and radiologists) are required to take, as a one-time requirement, 12 units on pain-management and the appropriate care and treatment of the terminally ill. Physicians must complete this requirement by their second license renewal date or within four years, whichever comes first.</b>  General internists and family physicians which have over 25 % of the patient population at least 65 years of age are required to complete at least 20 percent of their mandatory CME in the field of geriatric medicine.	Cal. Code Reg. tit. 16, §1336.  Cal. Bus. & Prof. Code § Sec. 2190.5.  Cal. Bus. & Prof. Code § Sec. 2190.3.
CA-O	YES	150 hours within a 3 year period; minimum of 60 hours must be AOA Category 1-A or 1-B.  <b>All physicians (except pathologists and radiologists) are required to take, as a one-time requirement, 12 units on pain-management and the appropriate care and treatment of the terminally ill. Physicians must complete this requirement by their second license renewal date or within four years, whichever comes</b>	16 Cal. Admin. Code § 1635.  Cal. Bus. & Prof. Code § Sec. 2190.5.

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		<p>first.</p> <p>General internists and family physicians which have over 25 % of the patient population at least 65 years of age are required to complete at least 20 percent of their mandatory CME in the field of geriatric medicine.</p>	Cal. Bus. & Prof. Code § Sec. 2190.3.
CO	NO	--	--
CT	YES	<p>50 contact hours within the preceding twenty-four month period in an area of the physician's practice.</p> <p>In the first renewal period for which CME is required (the second license renewal), and once every six years after that, a physician must take at least one contact hour of training or education in <u>each</u> of the following topics: infectious diseases, risk management, sexual assault, domestic violence, and behavior health. 1 hour cultural competency also required.</p> <p>The commissioner may grant a waiver for not more than 10 contact hours of CME for physicians who 1) engage in activities related to the physician's service as a member of the Connecticut Medical Examining Board; 2) engages in activities related to the physician's service as a member of a medical hearing panel; or 3) assists the departments with its duties to boards and commissions as described in section 19a-14.</p>	Conn. Gen. Stat. § 20-10(b).
DE	YES	40 hours every 2 years; all must be Category 1	24 Del. Admin. Code 1700-22.0.
DC	YES	<p>50 hours every 2 years; all must be Category 1</p> <p>Physicians, physician assistants and nurses must complete 3 credits of instruction on HIV and AIDS.</p>	<p>D.C. Mun. Regs. tit.17, § 4615.</p> <p>D.C. Official Code § 3-1205.10.</p>
FL-M	YES	<p>40 First time license renewal: 1 hour of HIV/AIDS, 2 hours prevention of medical errors.</p> <p>Second and subsequent renewals require 40 hours including 2 hours in prevention of medical errors.</p> <p>Every third renewal requires 40 hours, including two hours in prevention of medical errors and two hours in domestic violence.</p> <p>CME requirements for physicians prescribing or dispensing controlled substance medications in registered pain-management clinics.</p>	<p>Fla. Admin. Code. Ann. r. 64B8-13.005; 64B8-45.001, 64B8-45.006, 64B8-9.0131.</p> <p>Fla. Admin. Code. Ann. r. 64B8-9.0131.</p>
FL-O	YES	<p>First time renewal: 40 hours; Five hours to include one hour in each of the following topics: 1) Risk Management, Florida Laws and Rules, laws regarding the use and abuses of controlled substances; Two hours in Prevention of Medical Errors. Beginning in the 2010-2012 licensure biennium, five of the CME hours must include one hour in each of the following topics: 1) professional and medical ethics education,</p>	Fla. Admin. Code. Ann. r. 64B15-13.001.

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		<p>Florida laws and rules, federal and state laws related to the prescribing of controlled substances; Two hours required in the Prevention of Medical Errors.</p> <p>Every third biennial renewal, licensee shall complete a two hour domestic violence court.</p> <p>Licensee must complete a one hour HIV/AIDS course no later than upon the first biennial renewal of licensure.</p> <ul style="list-style-type: none"> <li>• Twenty (20) hours of general, AOA Category 1-A CE related to the practice of osteopathic medicine or under osteopathic auspices</li> <li>• Two (2) hours of Domestic Violence as part of every third biennium renewal (or every six years)</li> <li>• Thirteen (13) or fifteen (15) hours of general, AOA or AMA approved CE; thirteen (13) if you are due to take the two (2) hours of Domestic Violence CE and fifteen (15) if you are not</li> </ul>	
GA	YES	40 hours every 2 years; all must be Category 1	Ga. Comp. R. & Regs. r. 360-15-.01.
GU	YES	100 hours every 2 years; 25% must be Category 1	25 GAR Prof. & Voc. Regs § 11101(g)(9).
HI	YES	40 category 1 CME hours and 60 category 2 CME hours; or, 100 category 1 CME hours	Haw. Admin. R. §16-85-33.
ID	YES	40 Hours every 2 years; all must be Category 1	Idaho Admin. Code r. 22.01.01-079.01.
		The Board may accept certification or recertification by a member of ABMS, the AOA or the Royal College of Physicians and Surgeons of Canada in lieu of compliance with CME requirements during the cycle in which the certification or recertification is granted.	Idaho Admin. Code r. 22.01.01-079.01.
IL	YES	150 hours every 3 years; 60 hours must be Category 1	Ill. Admin. Code tit.68., § 1285.110.
IN	NO	--	--
IA	YES	40 hours every 2 years; may include up to 20 hours of credit carried over from the previous license period.	Iowa Admin. Code r. 653-11.4(1).
		<p>A licensee who regularly provides primary health care to children must complete two hours of training in child abuse identification in the previous five years. A primary care provider must complete two hours of training in dependent adult abuse identification and reporting in the previous five years.</p> <p>The Board will accept as equivalent to 50 hours of category 1 activity, participation in an approved resident training program or board certification or recertification by an ABMS or AOA specialty board within the licensing period.</p> <p>Iowa-licensed physicians who provide primary care must complete two hours of Category 1 training for chronic pain management and two hours of Category</p>	<p>Iowa Admin. Code r. 653-11.2(2).</p> <p>Iowa Admin. Code r. 653-11.4(272C).</p>

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		1 training for end-of-life care every five years.	
KS	YES	Licensee must during the 18-month period preceding the expiration date, verify completion of at least 50 credits of continuing education, at least 20 in category 1; during the 30-month period preceding the expiration date, verify completion of at least 100 credits of continuing education, at least 40 in category; or during the 42-month period preceding the expiration date, verify completion of at least 150 credits of continuing education, at least 60 in category.	Kan. Admin. Regs. § 100-15-5.
KY	YES	60 hours every 3 years; 30 must be Category 1; One-time domestic violence course for primary care physicians; a minimum of 2 hours must be acquired once every 10 years in HIV/AIDS education; <b>For each three (3) year continuing education cycle beginning on January 1, 2015, at least four and one-half (4.5) hours of approved continuing education hours relating to the use of KASPER, pain management, addiction disorders, or a combination of two (2) or more of those subjects for licensees who are authorized to prescribe or dispense controlled substances within the Commonwealth</b>	201 KAR 9:310.
LA	YES	20 hours per year; all must be Category 1; One-time board orientation course to acquaint new licensees with the Louisiana Medical Practice Act, the function of the Board and its rules, opportunities available in rural and professional health shortage areas, etc.	La. Admin. Code tit. 46, pt. XLV, §§ 435.
ME-M	YES	100 hours every 2 years; 40 must be Category 1	Code Me. R 02-373 Ch.1 § 8.
ME-O	YES	100 hours every 2 years; 40 must be osteopathic medical education; primary care physicians: all must be AOA Category 1; osteopathic specialists: all must be AOA, ACGME, or AMA Category 1	Code Me. R. 02-383 Ch. 14 §§ 1-2.
MD	YES	50 hours every 2 years; all must be Category 1	COMAR 10.32.01.09.
MA	YES	100 hours every 2 years; 40 must be Category 1; Not more than 60 credits can be Category 2; 10 must be in the area of Risk Management, 2 hours on study of Board's regulations  Licensees must participate in at least two credits of Category 1 or 2 CPD studying end-of-life care issues as a condition for renewal, revival or reinstatement of licensure. End-of-life care studies may be used to satisfy the risk management requirement.  <b>Licensees must complete three credits of opioid education and pain management training as a condition for renewal. Opioid education and pain management training may be used toward a licensee's required risk management credits of continuing professional education.</b>  <b>Pain Management Training. Applicants who prescribe</b>	243 Code Mass. Regs. 2.06(5).  243 Code Mass. Regs. 2.06(b).  243 Code Mass. Regs 2.06(d).  M.G.L. c. 94C, § 18; 243 CMR 2.00.

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		<p>controlled substances shall, as a prerequisite to obtaining or renewing a medical license, complete appropriate pain management training and opioid education. Pain Management training shall consist of at least three credits of Board-approved continuing professional development and may be used toward the required ten credits of risk management training.</p> <p><u>EHR:</u> As of January 1, 2015, an applicant or licensee shall obtain at least three credits of training in electronic health records prior to licensure or relicensure, and these credits may be used toward the required ten credits of risk management training.</p>	243 Mass. Code Regs. 2.02.
MI-M	YES	150 hours every 3 years; 75 must be Category 1 or 6;	Mich. Admin. Code r. 338.2371-.2382.
MI-O	YES	150 hours every 3 years; 60 must be Category 1 or 3	Mich. Admin. Code r. 338.91-.99.
MN	YES	75 hours every 3 years; all must be Category 1	Minnesota Rules, part 5605.0100-.1200.
MS	YES	40 hours every 2 years; all must be Category 1	Code Miss. Rules 50 013 001.
MO	YES	50 hours every 2 years; all must be AMA Category 1 or AOA Category 1A or 2A; or 40 hours Category 1 or AOA Category 1A with proof of post-testing	Mo. Code Regs. Ann. Tit. 20, 2150-2.125.
MT	NO	--	--
NE	YES	50 hours every 2 years; all must be Category 1	Neb. Admin. R. & Regs. Tit. 172, Ch. 88, § 016.
NV-M	YES	<p>40 hours every 2 years; 20 hours must be in scope of practice of specialty; 2 must be in medical ethics, 18 may be any Category 1; New applicants require 4 hours in WMD/bioterrorism</p> <p>Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:  1. The Board shall not issue or renew a license to practice as a physician, physician assistant or perfusionist unless the applicant for issuance or renewal of the license attests to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.  2. In addition to the attestation provided pursuant to subsection 1, a physician shall attest that any person:  (a) Who is under the control and supervision of the physician;  (b) Who is not licensed pursuant to this chapter; and  (c) Whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.</p>	Nev. Rev. Stat. 630.253; Nev. Admin. Code ch. 630, s. 153, 154, 155.
NV-O	YES	Proof to the board that renewal applicant has	Nev. Admin. Code § 633.250.

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		<p>attended at least 35 hours of continuing education courses or programs approved by the Board during the preceding year, at least 10 hours of which are category 1A courses.</p> <p>“Category 1A course” means a course of continuing medical education that is offered by a sponsor accredited to offer such a course by the American Osteopathic Association or the Accreditation Council for Continuing Medical Education.</p> <p>As part of the biennial continuing education requirements for an osteopathic physician, the Board will require at least 2 hours of continuing education credits in ethics, pain management, or addiction care. The Board will add this requirement on every odd year renewal application.</p>	
NH	YES	100 hours of approved continuing medical education (CME) requirements every 2 years, 40 hours of which shall be in Category I, and no more than 60 credit hours of which shall be in Category II.	N.H. Rev. Stat. § 329:16-g; N.H. Admin. R. Ann. Med 402.01.
NJ	YES	<p>100 hours every 2 years; 40 must be Category 1; 60 hours can be Category II; 6 hours Cultural competence (for physicians licensed prior to 3/2/2005, the cultural competence hours are in addition to 100 hour requirement)</p> <p>For newly licensed physicians, the Board requires attendance at an orientation program; no CME credit.</p>	N.J. Stat. Ann. § 45:9-7.1; N.J. Admin. Code 13:35-6.15.
NM-M	YES	<p>75 hours every 3 years; all must be Category 1.</p> <p>Between November 1, 2012 and no later than June 30, 2014, all NM medical board licensees who hold a federal drug enforcement administration registration and licensure to prescribe opioids, shall complete no less than five (5) CME hours in appropriate courses that shall include:</p> <ul style="list-style-type: none"> <li>• An understanding of the pharmacology and risks of controlled substances,</li> <li>• a basic awareness of the problems of abuse, addiction and diversion,</li> <li>• awareness of state and federal regulations for the prescription of controlled substances,</li> <li>• management of the treatment of pain, and</li> <li>• courses may also include a review of NMAC 16.10.14 the applicability of such courses toward fulfillment of the continuing medical education requirement is subject to medical board approval. Practitioners who have taken continuing medical education hours in these educational elements between July 1, 2011 and November 1, 2012, may apply those hours toward the required five continuing</li> </ul>	<p>N.M. Admin. Code § 16.10.4.</p> <p>N.M. Admin. Code § 16.10.14.</p>

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		<p>medical education hours described in this subsection.</p> <p>Beginning with the July 1, 2014 triennial renewal date, all NM medical board physician licensees who hold a federal drug enforcement administration registration and license to prescribe opioids shall be required to complete and submit five (5) CME hours.</p> <p>All new licensees holding a federal drug enforcement administration registration and license shall complete five (5) CME hours in pain management during the first year of licensure.</p>	<p>N.M. Admin. Code § 16.10.14.</p> <p>N.M. Admin. Code § 16.10.14.</p>
NM-O	YES	75 hours every 3 years; all must be Category 1	N.M. Admin. Code tit. 16, § 17.4.
NY	YES*	Infection control, child abuse	N.Y. Comp. Codes, R. & Regs. tit. 8, §§ 59.12, 59.13.
NC	YES	60 category 1 credits	N.C. Admin. Code tit. 21, r. 32R.0101.
ND	YES	60 hours every 3 years; all must be Category 1	N.D. Admin. Code 50-04-01-01.
OH	YES	<p>100 hours every 2 years; 40 hours must be Category 1</p> <p>Section 4731-29-01(B)</p> <p>(1) Physician owner/operators of pain management clinics must complete at least twenty hours of category I continuing medical education in pain medicine every two years, to include one or more courses addressing the potential for addiction. The courses completed in compliance with this rule shall be accepted toward meeting the category I requirement for certificate of registration renewal for the physician.</p>	Ohio Rev. Code Ann. § 4731.281, 282, 283; Ohio Admin. Code §§ 4731-10-01 through 4731-10-15; Ohio Admin. Code § 4731-29-01.
OK-M	YES	60 hours every 3 years; all must be Category 1	Okla. Admin. Code § 435:10-15-1.
OK-O	YES	16 hours every year; all must be AOA Category 1-A or 1-B; 1 hour every other year on prescribing, dispensing, and administering of controlled substances	Okla. Admin. Code § 435:10-3-8.
OR	YES	<p>60 hours every 2 years, or 30 hours if licensed during the second year of the biennium. All AMA Category 1; AOA Category 1-A or 2-A</p> <p>All licensees of the Oregon Medical Board (except licensee holding Lapsed, Limited, Telemedicine, Teleradiology, or Telemonitoring licenses) must complete a 1 hour pain management course; a minimum of 6 CME credit hours in the subject of pain management and/or the treatment of terminally ill and dying patients. Any combination of CME coursework focusing on pain management and/or treatment of terminally ill and dying patients may be used to fulfill this requirement.</p> <p>Participation in cultural competency education may be counted toward the mandatory continuing education required of all Board licensees.</p>	<p>Or. Admin. R § 847-008-0070;</p> <p>Or. Admin. R. § 847-008-0075(1).</p> <p>Or. Admin. R. § 847-008-0070.</p>

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PA-M	YES	100 hours every 2 years; 20 hours must be Category 1; 12 hours of patient safety or risk management; remaining hours either Category 1 or 2	Pa. Code tit. 49, § 16.19.
PA-O	YES	100 hours every 2 years; 20 hours must be Category 1; 12 hours of patient safety or risk management; remaining hours either Category 1 or 2	Pa. Code tit. 49, § 25.271.
PR	YES	60 hours every 3 years; 40 must be Category 1	-
RI	YES	40 hours every 2 years; all must be Category 1; 2 hours on universal precautions, infection control, modes of transmission, bioterrorism, end of life education, palliative care, OHSA, ethics, or pain management	Code R.I. R. r. 14.140.031(6).
SC	YES	40 hours every 2 years; all must be Category 1; at least thirty hours of which must be related directly to the licensee's practice area and at least two (2) hours must be related to approved procedures for prescribing and monitoring schedules II, III, and IV controlled substances.	SC Code § 40-47-40; S.C. Code Regs. 81-95.
SD	NO	--	--
TN-M	YES	40 hours every 2 years; all must be Category 1; at least 1 of 40 on prescribing practices; providers of intractable pain treatment must have specialized CME in pain management	Tenn. Comp. R. & Regs. 0880-2-.19. Tenn. Comp. R. & Regs. 0880-02-.14.
TN-O	YES	40 hours every 2 years; all must be AOA 1-A or 2-A; 1 hour on prescribing practices	Tenn. Comp. R. & Regs. 1050-2-.12.
TX	YES	48 credits of continuing medical education (CME) every 24 months. CME credits must be completed in the following categories: (1) At least 24 credits every 24 months are to be from formal courses that are: (A) designated for AMA/PRA Category 1 credit by a CME sponsor accredited by the Accreditation Council for Continuing Medical Education or a state medical society recognized by the Committee for Review and Recognition of the Accreditation Council for Continuing Medical Education; (B) approved for prescribed credit by the American Academy of Family Physicians; (C) designated for AOA Category 1-A credit required for osteopathic physicians by an accredited CME sponsor approved by the American Osteopathic Association; (D) approved by the Texas Medical Association based on standards established by the AMA for its Physician's Recognition Award; or (E) approved by the board for medical ethics and/or professional responsibility courses only. (2) At least two of the 24 formal credits of CME which are required by paragraph (1) of this subsection must involve the study of medical ethics and/or professional responsibility. Whether a particular credit of CME involves the study of medical ethics and/or	TX Occupations Code §§ 156.051 through 156.057; Tex. Admin. Code tit. 22, § 166.2.

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		<p>professional responsibility shall be determined by the organizations which are enumerated in paragraph (1) of this subsection as part of their course planning.</p> <p>(3) The remaining 24 credits for the 24-month period may be composed of informal self-study, attendance at hospital lectures, grand rounds, or case conferences not approved for formal CME, and shall be recorded in a manner that can be easily transmitted to the board upon request.</p> <p><b>Rule 195.4 operation of mgmt clinics subsection e - CME related to pain mgmt for those working (practicing) in a pain clinic</b></p>	
UT-M	YES	40 hours every 2 years; 34 must be ACCME Category 1; 6 hours maximum may come from the Division of Occupational & Professional Licensing	Utah Admin. Code r. 156-67-304.
UT-O	YES	40 hours every 2 years; 34 must be ACCME Category 1; 6 hours maximum may come from the Division of Occupational & Professional Licensing	Utah Admin. Code r. 156-68-304.
VT-M	YES	<p><b>30 hours wherein 1 hour must be on hospice, palliative care, and/or pain management services.</b></p> <p><b>For each licensee who holds or has applied for a DEA number, at least 1 CME hour must be on safe and effective prescribing of controlled substances.</b></p>	12-5 Vt. Code R. § 200.
VT-O	YES	30 hours every 2 years; 40% must be osteopathic medical education	Code Vt. R. 04 030 220.
VI	YES	25 hours every year; all must be Category 1	VI Code 27 § 38d.
VA	YES	60 hours every 2 years; 30 must be Category 1	Va. Admin. Code 85-20-235.
WA-M	YES	<p>200 hours every 4 years</p> <p>The following are categories of creditable continuing medical education activities approved by the commission:</p> <ul style="list-style-type: none"> <li>• Category I Continuing medical education activities with accredited sponsorship</li> <li>• Category II Continuing medical education activities with non-accredited sponsorship (maximum of eighty hours)</li> <li>• Category III Teaching of physicians or other allied health professionals (maximum of eighty hours)</li> <li>• Category IV Books, papers, publications, exhibits (maximum of eighty hours)</li> <li>• Category V Self-directed activities: Self-assessment, self-instruction, specialty board examination preparation, quality of care and/or utilization review (maximum of eighty hours).</li> </ul>	<p>WAC 246-919-421-480.</p> <p>WAC 246-919-450.</p>
WA-O	YES	150 hours every 3 years; 60 must be Category 1	Wash. Admin. Code §§246-853-060, 246-853-070, 246-853-080.
WV-M	YES	<b>50 hours every 2 years; all must be Category 1. One-time requirement of 2 hours on end of life care</b>	W. Va. R. tit. 11, § 6-2; W. Va. Code, § 30-1-7a.

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		including pain management; 30 hours in physician's designated specialty. Beginning May 1, 2014, unless a physician certifies that he or she has not prescribed, administered, or dispensed a controlled substance during the entire previous reporting period, every physician must complete a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training as a condition of licensure renewal (proposed rule, § 11-6-1).	
WV-O	YES	32 hours every 2 years; 50% must be Category 1 or CME hours in standard heart saver courses; One-time requirement of 2 hours on end-of-life care including pain management; 30 hours in physician's designated specialty.  Physicians prescribing controlled substances must have completed 3 hours of CME on drug diversion and best practice prescribing from a CME program approved by the WV Board of Osteopathic Medicine. These 3 hours must be completed prior to the June 2014 license renewal period to meet the license renewal requirement and, every renewal period thereafter.  End-of-life CME requirements will expire on July 1, 2012.	W. Va. Code R. § 24-1-15; W. Va. Code, § 30-1-7a; W. Va. Code R. § 24-1-15.2.g.
WI	YES	30 hours every 2 years; all must be Category 1.	Wis. Admin. Code MED § 13.02.
WY	YES	60 hours every 3 years; all must be Category 1.	WY Rules & Regulations AI BM Ch. 1 s 5.
Northern Mariana Islands	YES	25 hours annually; all must be Category 1.	<a href="http://www.cnmilaw.org/pdf/public_laws/07/pl07-48.pdf">http://www.cnmilaw.org/pdf/public_laws/07/pl07-48.pdf</a> .

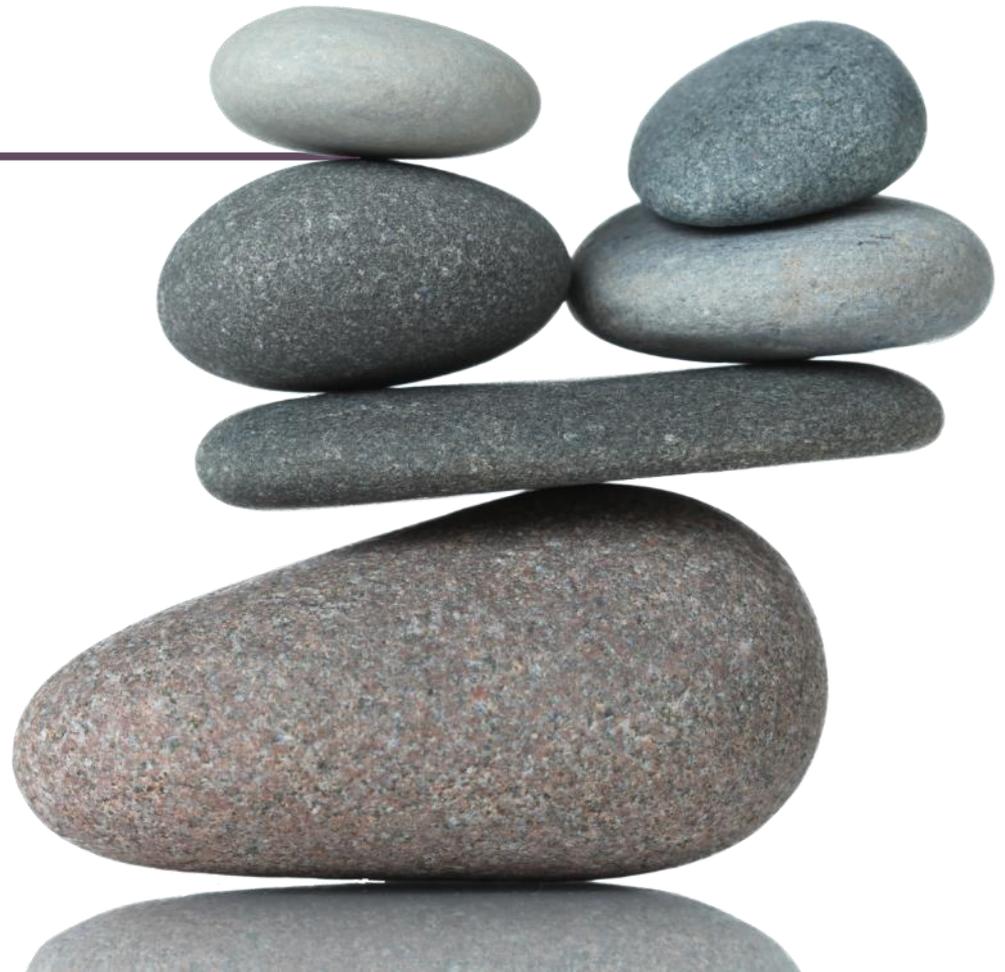
**\*Jurisdiction requires content-specific CME.**

*For informational purposes only: This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.*

# WHY PRESCRIBER EDUCATION IS IMPORTANT

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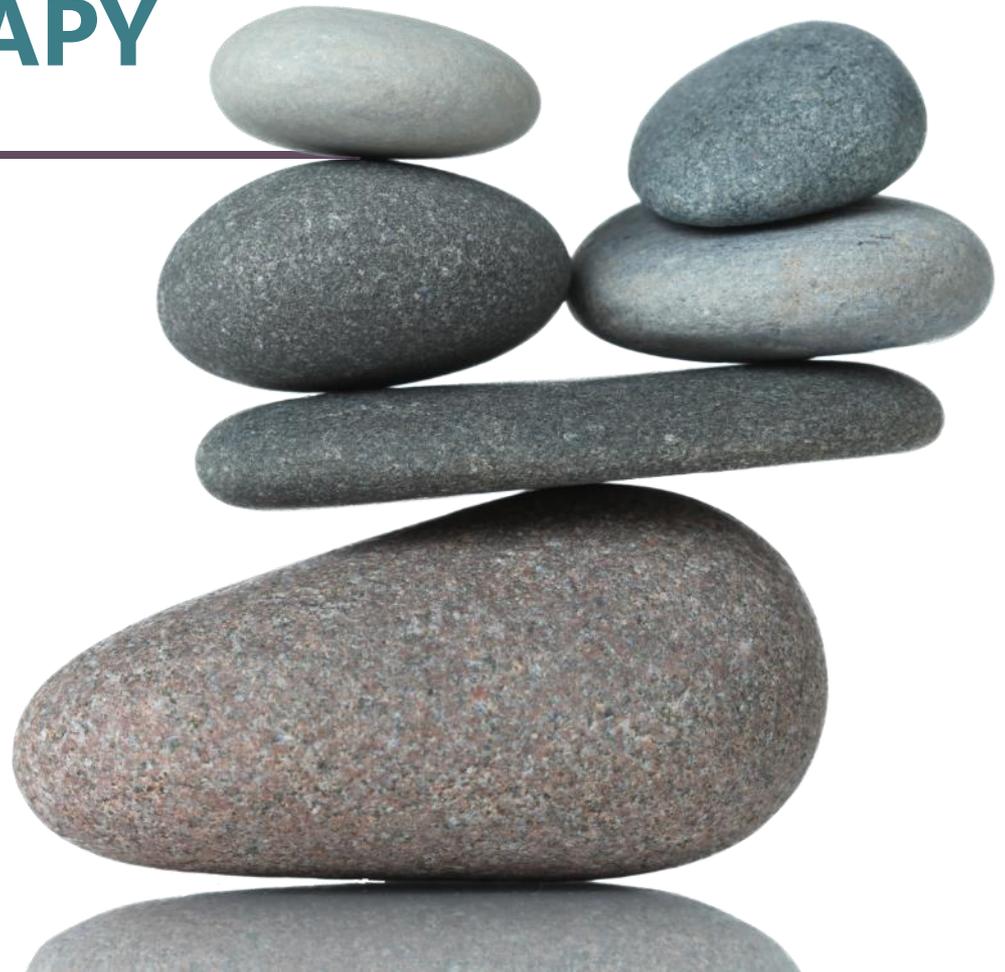
## Introduction



# ASSESSING PATIENTS FOR TREATMENT WITH ER/LA OPIOID ANALGESIC THERAPY

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## Unit 1



# Standards for Prescribing or Dispensing of Controlled Substances for Pain



**Prior to initial prescribing of a controlled substance for pain or other associated symptoms, the first physician prescribing or dispensing a controlled substance shall:**

Obtain an appropriate medical history relevant to the medical complaint, including a history of present illness & if the complaint:

Does not relate to a psychiatric condition, conduct a physical exam of the patient relevant to the medical complaint & related symptoms & document the info in the patient's medical record; or

Relates to a psychiatric condition, perform, or have performed by a psychiatrist or other mental health provider, an evaluation appropriate to the presenting complaint & document the relevant findings

Obtain & review a KASPER report for the 12-month period preceding the patient encounter, & utilize that info to evaluate & treat the patient



# Standards for Prescribing or Dispensing of Controlled Substances for Pain, Cont'd



After examining the benefits & risks of prescribing or dispensing a controlled substance to the patient, including non-treatment or other treatment, make a deliberate decision that it is medically appropriate to prescribe or dispense the controlled substance in the amount specified

Not prescribe or dispense an ER/LA opioid for acute pain

Explain to the patient that a controlled substance used to treat an acute complaint is for time-limited use, & that the patient should discontinue the use of the controlled substance when the condition has resolved

Explain to the patient how to safely use & properly dispose of any unused controlled substance

# Standards for Commencing Long-Term Use of Controlled Substances for Pain



Before commencing to prescribe or dispense a controlled substance to a patient  $\geq 16$  years for pain or other symptoms associated w/ the same primary medical complaint for a period  $> 3$  months, the physician shall:

Obtain the following info from the patient & record it in the medical record:

- History of present illness
- Past medical history
- History of substance use & any prior treatment for that use by the patient, & history of substance abuse by first degree relatives of the patient
- Past family history of relevant illnesses & treatment
- Psychosocial history

Conduct an appropriate physical exam sufficient to support medical indications for long-term prescribing or dispensing a controlled substance

# Standards for Commencing Long-Term Use of Controlled Substances for Pain Cont'd



Perform appropriate baseline assessments to establish beginning values to assist in establishing & periodically evaluating the functional goals of a treatment plan

If a specific or specialized evaluation is necessary to formulate a working diagnosis or treatment plan, only continue controlled substance use after determining that continued use is safe & medically appropriate in the absence of that info

If the patient previously received treatment for the presenting medical complaint or related symptoms & review of the prior treatment records is necessary to justify long-term prescribing of a controlled substance, obtain those prior medical records & use the info to evaluate & treat the patient

# Standards for Commencing Long-Term Use of Controlled Substances for Pain Cont'd

## Working diagnosis:

Based upon consideration of all info available, promptly formulate & document a working diagnosis of the source of the patient's medical complaint & related symptoms without simply describing or listing the related symptoms

If unable, despite best efforts, to formulate a working diagnosis, consider the usefulness of additional info, such as a specialized evaluation or assessment, referral to an appropriate specialist, & the usefulness of further observation & evaluation, before attempting again to formulate a working diagnosis

If is unable to formulate a working diagnosis, despite the use of an appropriate specialized evaluation or assessment, only prescribe long-term controlled substance use after establishing that its use at a specific level is medically indicated & appropriate

# Standards for Commencing Long-Term Use of Controlled Substances for Pain Cont'd



To the extent that functional improvement is medically expected based on the patient's condition, the physician shall formulate an appropriate treatment plan

The treatment plan shall include specific & verifiable goals of treatment, w/ a schedule for periodic evaluations

Utilize appropriate screening tools for each patient to determine if the patient:

- Is presently suffering from another medical condition which may impact the prescribing or dispensing of a controlled substance; or
- Presents a significant risk for illegal diversion of a controlled substance

If, after screening, the physician determines that there is a:

Reasonable likelihood that the patient suffers from substance abuse or dependence, or a psychiatric or psychological condition, he/she shall facilitate a referral to an appropriate treatment program or provider & use that info to evaluate & treat the patient

Risk that the patient may illegally divert a controlled substance, but determines to continue long-term prescribing, the physician shall use a prescribing agreement that meets professional standards. The prescribing agreement & informed consent may be combined into 1 document

# Standards for Commencing Long-Term Use of Controlled Substances for Pain Cont'd



Obtain & document a baseline drug screen

If, after screening, it is determined that the prescribed controlled substance will or is likely to be used other than medicinally or other than for an accepted therapeutic purpose, do not prescribe any controlled substance to that patient

After explaining the risks & benefits of long-term use of a controlled substance, the physician shall obtain the written informed consent of the patient in a manner that meets professional standards

The physician shall initially attempt, to the extent possible, or establish & document a previous attempt by another physician, of a trial of non-controlled modalities & lower doses of a controlled substance in increasing order to treat the pain & related symptoms, before continuing w/ long-term prescribing of a controlled substance at a given level

# INITIATING THERAPY, MODIFYING DOSING, & DISCONTINUING USE OF ER/LA OPIOID ANALGESICS

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## Unit II



# Standards for Documentation



Professional standards for documentation of patient assessment, education, treatment agreement & informed consent, action plans, outcomes & monitoring

Each physician prescribing or dispensing a controlled substance shall obtain & document all relevant info in a patient's medical record:

- In a legible manner
- In sufficient detail to enable the board to determine whether the physician is conforming to professional standards for prescribing or dispensing controlled substances & other relevant professional standards

If unable to conform to standards for prescribing or dispensing controlled substances due to circumstances beyond your control, or professional determination finds it is not appropriate to comply w/ a specific standard, based on individual facts applicable to the patient's diagnosis & treatment, document those circumstances in the patient's record & only utilize a controlled substance if the patient record justifies it under the circumstances

# Standards for Continuing Long-Term Prescribing of Controlled Substances for Pain



**If a physician continues to prescribe or dispense a controlled substance beyond 3 months to a patient  $\geq 16$  years for pain & related symptoms:**

See the patient at least once a month initially for evaluation & review of progress. The patient may be evaluated less frequently, on a schedule determined by professional judgment, after it is determined:

- The controlled substance has been titrated to the level appropriate & necessary to treat the medical complaint & related symptoms
- The controlled substance is not causing unacceptable side effects
- Sufficient monitoring is in place to minimize the likelihood that the patient will use the controlled substance in an improper manner or divert it for an improper use

**At appropriate intervals:**

- Obtain a current history from the patient
- Consider, & perform if appropriate, a focused physical exam
- Perform appropriate measurable exams as indicated in the treatment plan

# Standards for Continuing Long-Term Controlled Substances for Pain Cont'd



At appropriate intervals, evaluate the working diagnosis & treatment plan based upon the info gained to determine whether there has been functional improvement or any change in baseline measures. Modify the diagnosis, treatment plan, or controlled substance therapy, as appropriate

If the patient presents a significant risk of diversion or improper use of a controlled substance, discontinue use or justify continued use in the patient record

If the medical complaint & related symptoms continue w/ no significant improvement in function despite treatment w/ a controlled substance, & if improvement is medically expected, obtain appropriate consultation to determine whether there are undiagnosed conditions to be addressed in order to resolve the medical complaint

For a patient exhibiting symptoms suggestive of a mood, anxiety, or psychotic disorder, obtain a psychiatric or psychological consultation if appropriate

# Standards for Continuing Long-Term Controlled Substances for Pain Cont'd



If a patient reports experiencing episodes of breakthrough pain (BTP), the physician shall:

- Attempt to identify the trigger or triggers for each episode
- Determine whether the BTP may be adequately treated through non-controlled treatment
- If the physician determines that the non-medication treatments do not adequately address the triggers, & after considering the risks & benefits determines to add an as-needed controlled substance to the regimen, take appropriate steps to minimize improper or illegal use of the additional controlled substance

At least once a year, perform or ensure that the patient's primary treating physician performs a preventive health screening & physical exam appropriate to the patient's gender, age, & medical condition

# Standards for Continuing Long-Term Controlled Substances for Pain Cont'd



At least once every 3 months, obtain & review a current KASPER report, for the 12-month period preceding the request, & use that info to evaluate & treat the patient

If the physician obtains specific info that the patient is not taking the controlled substance as directed, is diverting a controlled substance, or is engaged in improper or illegal controlled substance use, he/she shall immediately obtain & review a KASPER report & use the info to evaluate & treat the patient

If a KASPER report discloses that the patient is obtaining a controlled substance from another practitioner without the physician's knowledge & approval, in a manner that raises suspicion of illegal diversion, promptly notify the other practitioner of the relevant info from the KASPER review

Obtain consultative assistance from a specialist if appropriate



# Standards for Continuing Long-Term Controlled Substances for Pain Cont'd



If appropriate, conduct random pill counts & appropriately use that info to evaluate & treat the patient

Utilize random & unannounced drug screens, appropriate to the controlled substance & the patient's condition. If the drug screen or other available info indicates that the patient is non-compliant:

- Do a controlled taper
- Stop prescribing or dispensing the controlled substance immediately; or
- Refer patient to an addiction specialist, mental health professional, pain management specialist, or drug treatment program, depending upon the circumstances

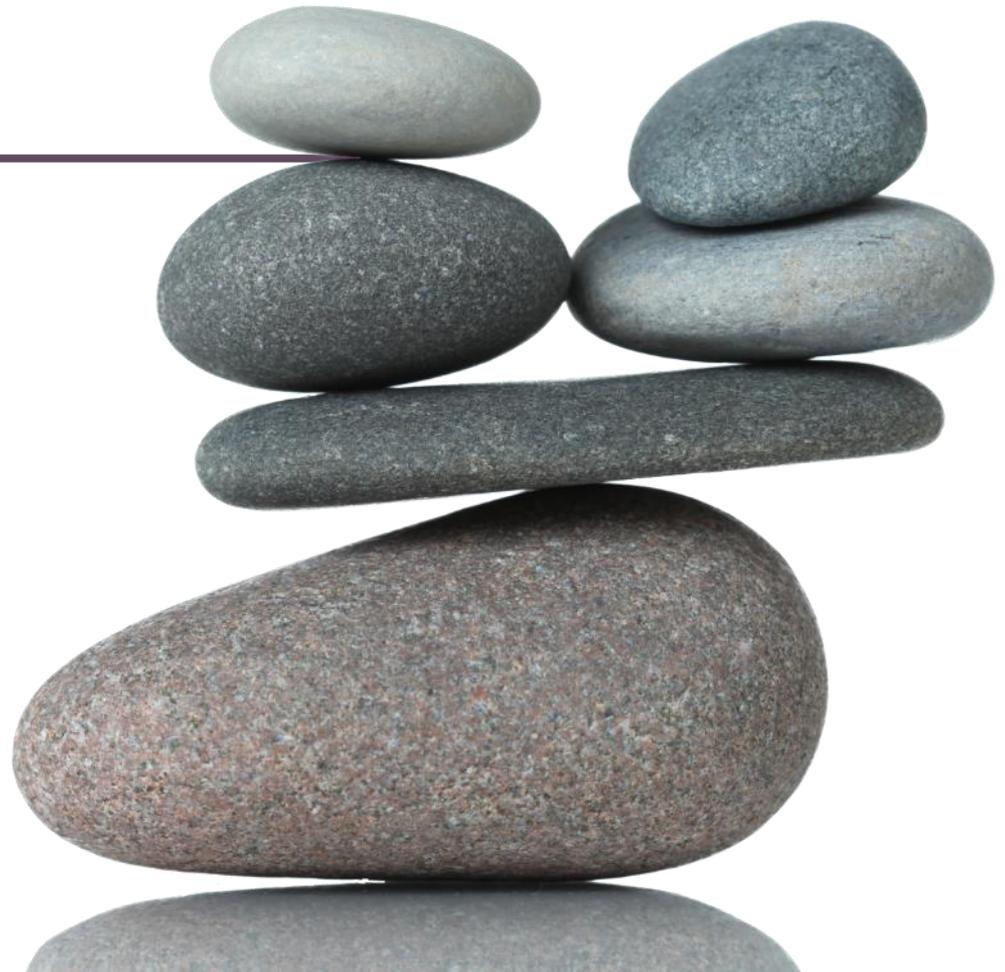
Discontinue controlled substance treatment or refer the patient to addiction management if:

- There has been no improvement in function & response to the medical complaint & related symptoms, if improvement is medically expected
- Controlled substance therapy has produced significant AEs; or
- The patient exhibits inappropriate drug-seeking behavior or diversion

# MANAGING THERAPY WITH ER/LA OPIOID ANALGESICS

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## Unit III



# Kentucky All Schedule Prescription Electronic Reporting (KASPER)



Database of all Schedule II-V controlled substances dispensed in or mailed to Kentucky

Reports are available 24/7, typically within 15-20 seconds

If KASPER staff review is required, report will be available the next business day

Dispensers must upload info within 1 business day of dispensing; most data is available in KASPER within 2-3 days after dispensing date

Providers may share the report w/ the patient & place it in the patient's medical record (the report is then deemed a medical record & subject to disclosure on the same terms & conditions as an ordinary medical record)

Providers may discuss the report w/ another provider treating the patient, the dispenser of the medication, or law enforcement if there is cause

Providers can run a reverse KASPER on their DEA # for a prescribing report

Kentucky Cabinet for Health and Family Services. *Kasper Frequently Asked Questions*. <https://ekasper.chfs.ky.gov/FAQ/FAQ.htm>

*KASPER Tips: The Prescriber Report, aka "Reverse KASPER"*. [www.chfs.ky.gov/NR/rdonlyres/0C83B3B6-AEB5-40D5-B846-40EA752A52EA/0/KASPERTipsReverseKASPER.pdf](http://www.chfs.ky.gov/NR/rdonlyres/0C83B3B6-AEB5-40D5-B846-40EA752A52EA/0/KASPERTipsReverseKASPER.pdf)



# COUNSELING PATIENTS & CAREGIVERS ABOUT THE SAFE USE OF ER/LA OPIOID ANALGESICS

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## Unit IV



# Prescription Drop Boxes



Prescription drop boxes are available across Kentucky in conjunction w/ law enforcement agencies & local governments

There are 173 locations in 110 counties, w/ sites being added daily

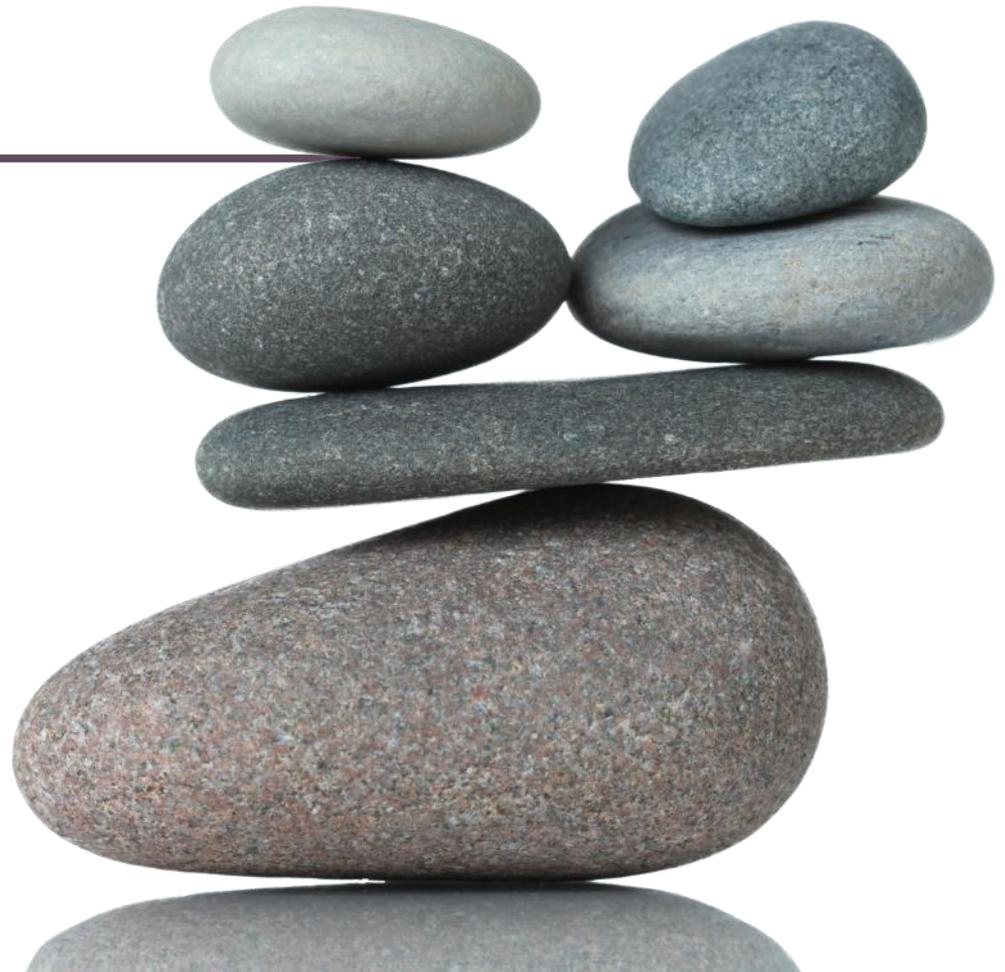
Visit <http://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx> to find a location



# GENERAL DRUG INFORMATION FOR ER/LA OPIOID ANALGESIC PRODUCTS

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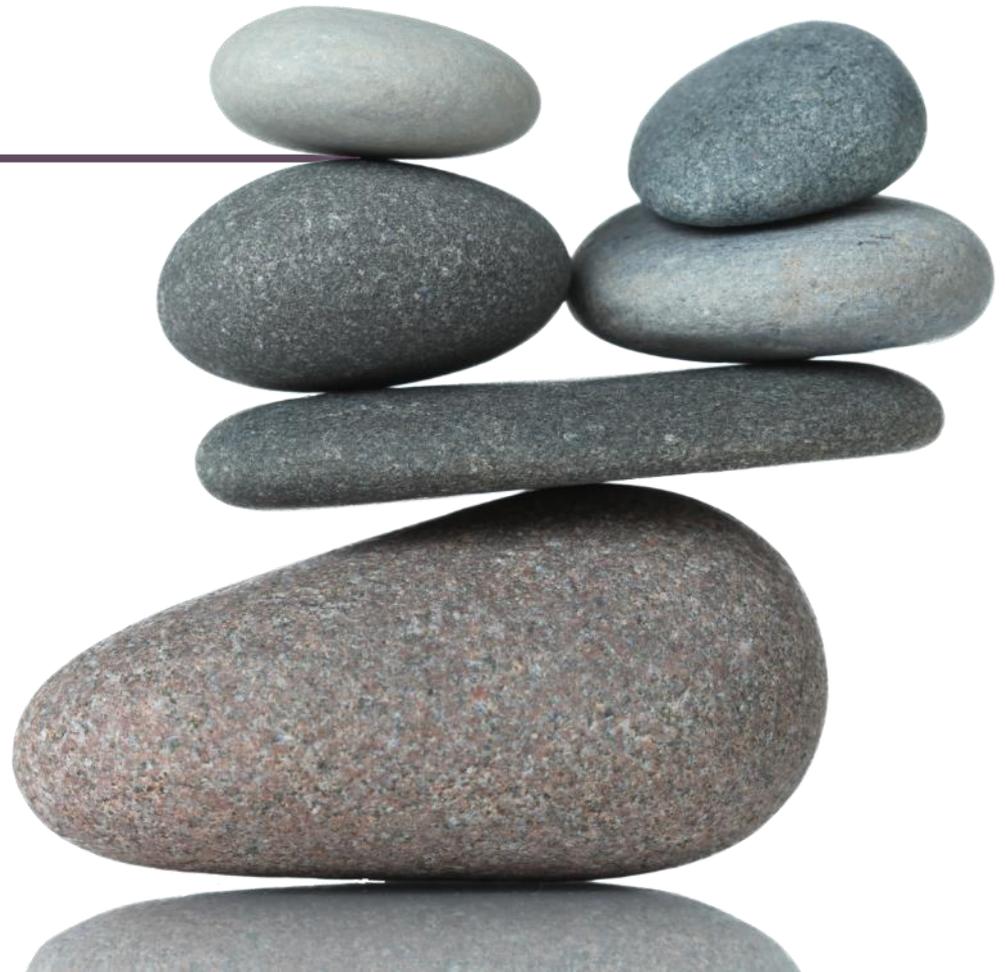
## Unit V



# SPECIFIC DRUG INFORMATION FOR ER/LA OPIOID ANALGESIC PRODUCTS

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## Unit VI



# Additional Standards for Prescribing Hydrocodone



**Prior to the initial prescribing or dispensing of a controlled substance containing hydrocodone, a physician shall:**

Obtain a medical history & conduct a physical or mental health exam of the patient, as appropriate to the patient's medical complaint, & document the info in the patient's medical record

Query KASPER for the 12-month period preceding the patient encounter & appropriately utilize that data to evaluate & treat the patient

Make a written plan stating the treatment objectives & further diagnostic exams required

Discuss the risks & benefits of controlled substance use w/ the patient, patient's parent if the patient is an unemancipated minor, or patient's legal guardian or health care surrogate, including risk of tolerance & drug dependence

Obtain written consent for the treatment

# Additional Standards for Prescribing Hydrocodone Cont'd



A physician prescribing or dispensing additional amounts of a controlled substance containing hydrocodone for the same medical complaint & related symptoms shall:

- Review, at reasonable intervals based on the patient's individual circumstances & course of treatment, the plan of care
- Provide the patient any new info about the treatment
- Modify or terminate the treatment as appropriate

If the course of treatment extends beyond 3 months:

- Query KASPER no less than once every 3 months for all available data on the patient for the 12-month period immediately preceding the query
- Review that data before issuing a new hydrocodone prescription or refill

# Additional Standards for Prescribing Hydrocodone Cont'd



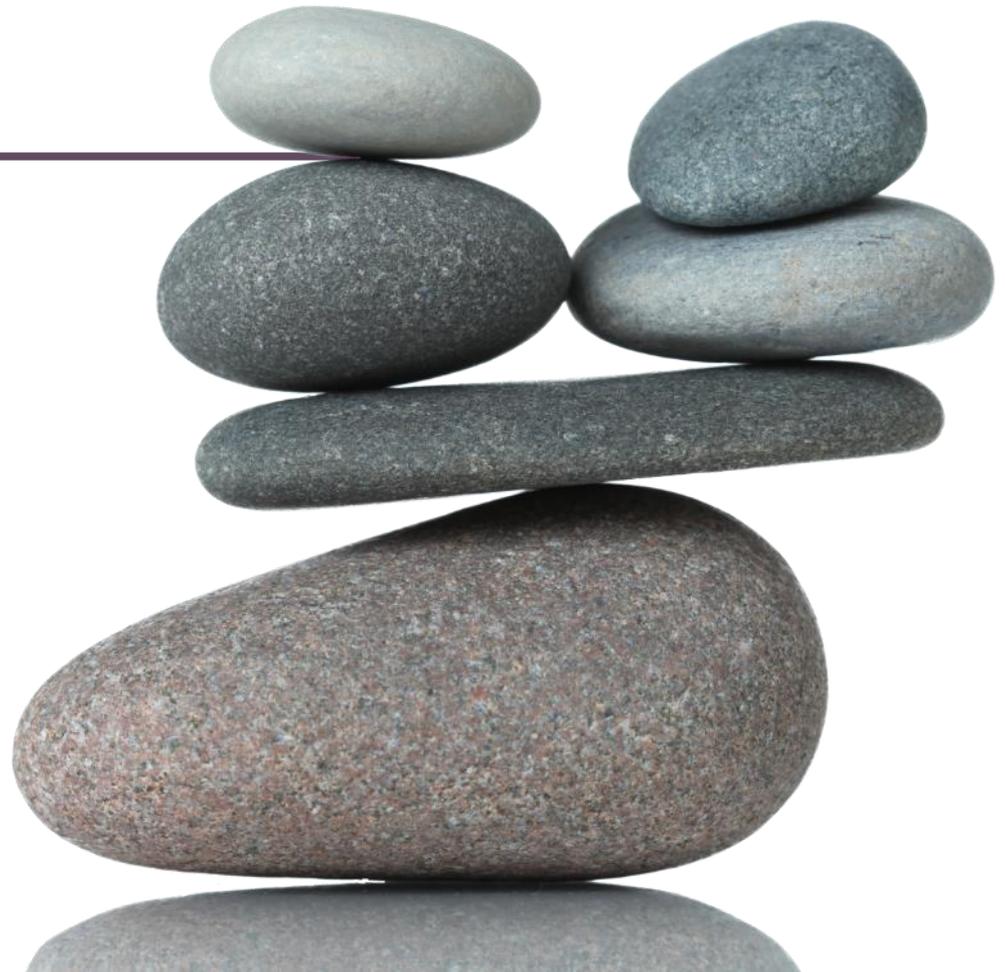
Keep accurate, readily accessible, & complete medical records which include, as appropriate:

- Medical history & physical or mental health exam
- Diagnostic, therapeutic, & laboratory results
- Evaluations & consultations
- Treatment objectives
- Discussion of risk, benefits, & limitations of treatments
- Treatments
- Medications, including date, type, dosage, & quantity prescribed or dispensed
- Instructions & agreements
- Periodic reviews of the patient's file

# WHY PRESCRIBER EDUCATION IS IMPORTANT

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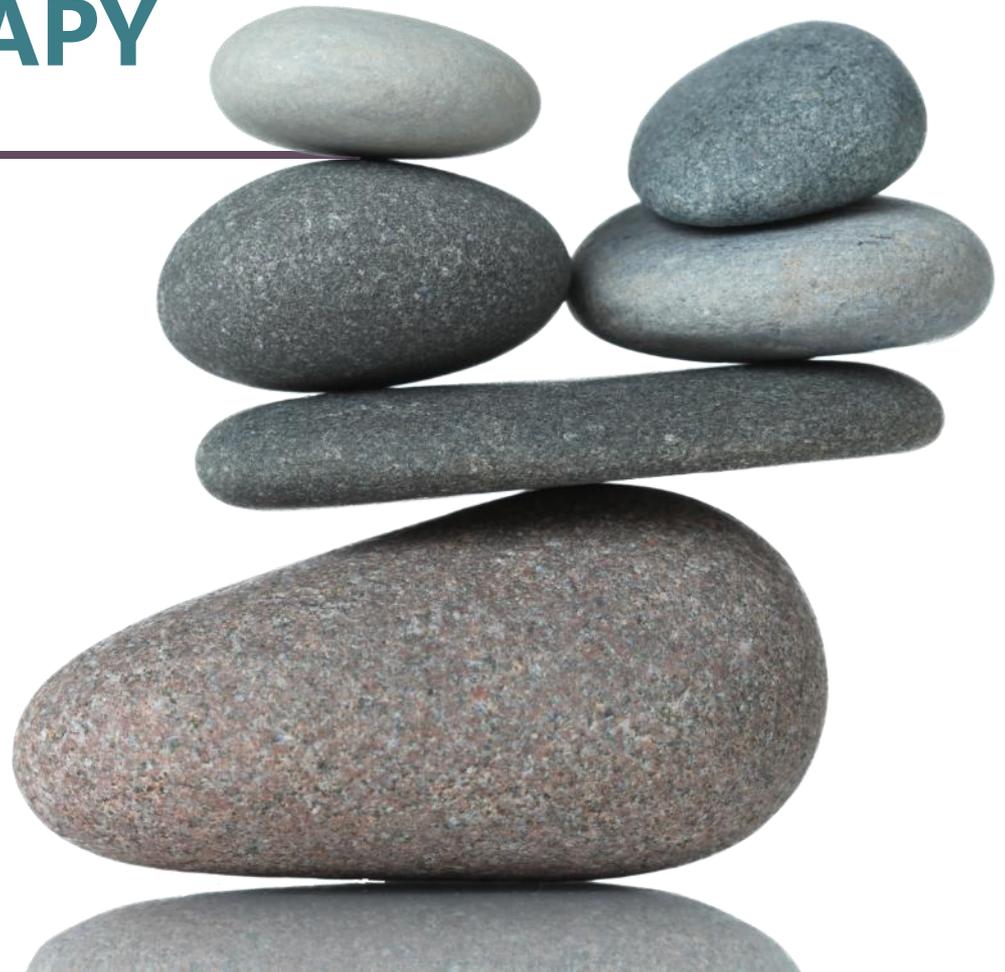
## Introduction



# ASSESSING PATIENTS FOR TREATMENT WITH ER/LA OPIOID ANALGESIC THERAPY

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## Unit 1



# INITIATING THERAPY, MODIFYING DOSING, & DISCONTINUING USE OF ER/LA OPIOID ANALGESICS

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## Unit II



# Additional Considerations for Opioid Prescribing



Avoid prescribing benzodiazepines w/ opioids due to:

- Potential increase in opioid toxicity
- Increased risk of sleep apnea
- Increased risk of overdose deaths & other potential AEs

# 80 mg Morphine Equivalent Daily Dose (MED) "Trigger Point"



If patient received opioids  $\geq 80$  mg MED for  $>3$  continuous months, strongly consider the following to optimize therapy & help ensure patient safety:

Reestablish informed consent, including providing the patient w/ written info on potential AEs of long-term opioid therapy

Review patient's functional status & documentation, including the "4A's" of chronic pain treatment:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• <b>A</b>ctivities of daily living</li><li>• <b>A</b>dverse effects</li></ul> | <ul style="list-style-type: none"><li>• <b>A</b>nalgesia</li><li>• <b>A</b> aberrant behavior</li></ul> |
|--|---|

Review treatment plan:

- Patient's response to treatment & progress toward treatment objectives
- Any modification to treatment plan to achieve a favorable risk-benefit balance

Utilize the Ohio Automated Rx Reporting System to check on patient compliance

Consider a patient pain treatment agreement, including more frequent office visits

Reconsider patient evaluation by other providers who specialize in the treatment of the perceived source of the pain

# 80 mg Morphine Equivalent Daily Dose (MED) “Trigger Point”



Further assess addiction risk or mental health concerns

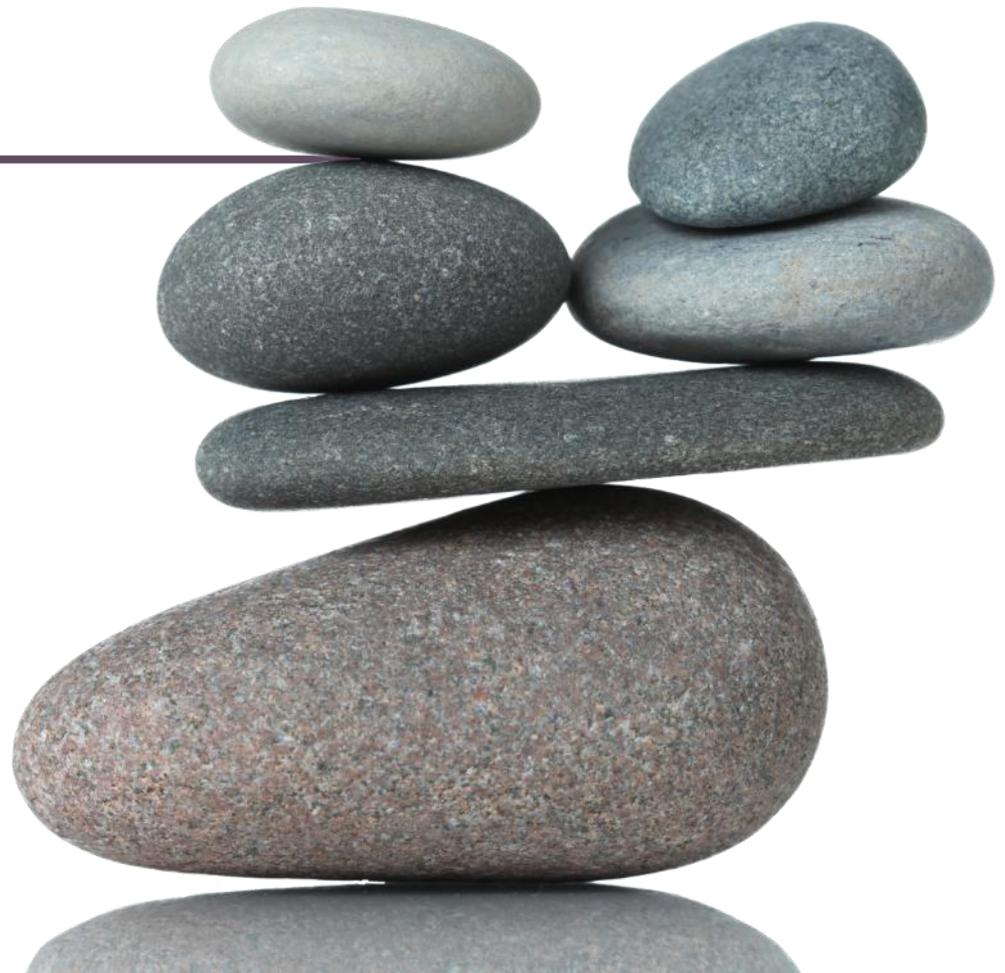
Refer to an addiction medicine specialist when appropriate

If opioid therapy is continued, use clinical judgment & decision-making consistent w/ accepted standards of care to further reassess treatment

# MANAGING THERAPY WITH ER/LA OPIOID ANALGESICS

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## Unit III



# Ohio Automated Rx Reporting System (OARRS)



Database of Schedule II-V controlled substances dispensed or mailed to outpatients in Ohio, including samples dispensed by prescriber

Data reported daily

Prescribers who personally furnish opioids **must** report into OARRS

A "zero report" indicating no dispensing on a particular day is required daily

Prescribers of opioids **must** register w/ the OARRS

Registered prescribers can authorize employees as registered delegates to run reports on their behalf

Delegates must use their own linked account & are not permitted to interpret the report

***For questions contact the State Medical Board of Ohio at 1-614-466-3934***

Ohio State Board of Pharmacy. OARRS. *Frequently Asked Questions: HB 341 – Mandatory OARRS Registration and Requests*. 2015. <https://pharmacy.ohio.gov/Documents/Pubs/Special/FAQs/Frequently%20Asked%20Questions%20-%20HB%20341%20-%20Mandatory%20OARRS%20Registration%20and%20Requests.pdf>  
Ohio Administrative Code. 4731 State Medical Board. Chapter 4731-11 Controlled Substances. *4731-11-11 Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS)*. 2011. <http://codes.ohio.gov/oac/4731-11-11>  
Ohio State Board of Pharmacy. OARRS. *OARRS Acceptable Use Policy Prescriber*. 2012. [www.ohiopmp.gov/portal/docs.aspx](http://www.ohiopmp.gov/portal/docs.aspx)  
Ohio State Board of Pharmacy. OARRS. *Important Changes to OARRS Reporting Effective May 22, 2014*. 2014. [www.ohiopmp.gov/portal/docs.aspx](http://www.ohiopmp.gov/portal/docs.aspx)  
Ohio State Board of Pharmacy. OARRS. *Reporting of controlled substances which are personally furnished by a prescriber*. 2015. [www.ohiopmp.gov/Portal/Documents/Reporting%20to%20OARRS.pdf](http://www.ohiopmp.gov/Portal/Documents/Reporting%20to%20OARRS.pdf)

# Ohio Automated Rx Reporting System (OARRS)



A registered prescriber is authorized to request an Rx History Report only if:

- Request is for the purpose of providing medical treatment
- Prescriber has a current prescriber-patient relationship w/ the individual
- Patient has made an appointment or has been referred

Prescribers **must** request patient info from OARRS & document in patient record:

- Before initially prescribing opioids: request info for  $\geq 1$ -year period
- If treatment  $> 90$  days, request info periodically at intervals  $\leq 90$  days

Exemptions:

- Hospice patients or inpatients of a hospital, nursing home, or residential care facility
- If amount is  $\leq 7$ -day supply
- If OARRS report is not available (document unavailability in patient record)

If you practice in a county adjoining another state, you must request the other state's prescription drug information

Prescriber can include report in medical record & review info from report w/ patient

Prescriber may contact other providers listed on report to discuss info



# Ohio Automated Rx Reporting System (OARRS)



If prescriber believes patient may be abusing or diverting drugs:

Access OARRS & document result in records if patients exhibit signs of drug abuse & diversion:

- Selling prescription drugs
- Forging or altering a prescription
- Stealing or borrowing reported drugs
- Increasing the dosage of reported drugs in amounts that exceed prescribed amount
- Having a drug screen result that is inconsistent w/ treatment plan or refusing a drug screen
- Being arrested or convicted for a drug-related offense
- Receiving reported drugs from multiple prescribers without clinical basis
- Having a family member, friend, law enforcement officer, or healthcare professional express concern related to patient's drug use

Use sound clinical judgment to decide whether to prescribe reported drug

Ohio Administrative Code, 4731 State Medical Board, Chapter 4731-11 Controlled Substances. *4731-11-11 Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS)*. 2011. <http://codes.ohio.gov/oac/4731-11-11>

# Ohio Automated Rx Reporting System (OARRS)



Consider accessing OARRS if patient shows other signs of possible abuse or diversion, including:

- A known history of chemical abuse or dependency
- Appearing impaired or overly sedated during an office visit or exam
- Requesting reported drugs by specific name, street name, color, or identifying marks
- Frequently requesting early refills of reported drugs
- Frequently losing prescriptions for reported drugs
- A history of illegal drug use
- Sharing reported drugs with another person
- Recurring emergency department visits to obtain reported drugs

# COUNSELING PATIENTS & CAREGIVERS ABOUT THE SAFE USE OF ER/LA OPIOID ANALGESICS

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## Unit IV



# Prescription Drug Disposal



Permanent drop-off locations

>60 located in Police Departments  
& Sheriff's Offices in Ohio

To locate a drop-box, visit:

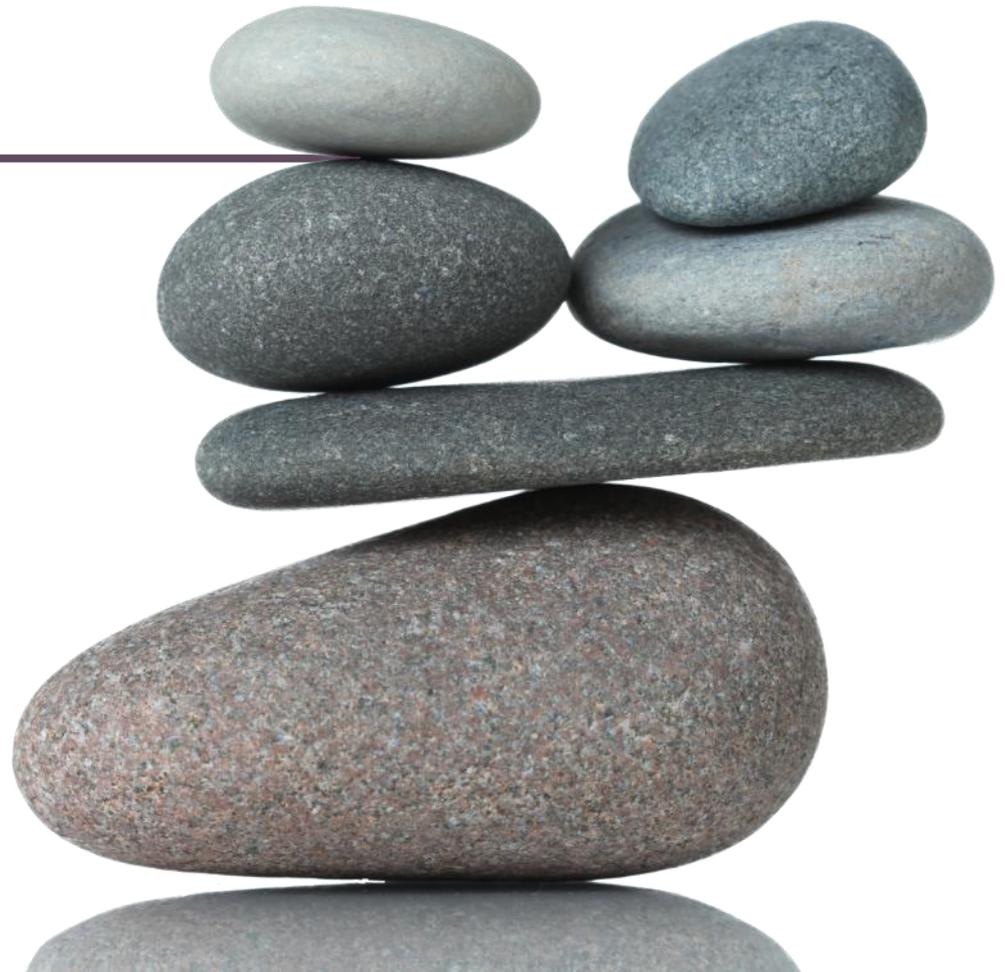
[www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Drug-Diversion/Prescription-Drug-Drop-Boxes](http://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Drug-Diversion/Prescription-Drug-Drop-Boxes)



# GENERAL DRUG INFORMATION FOR ER/LA OPIOID ANALGESIC PRODUCTS

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## Unit V



# SPECIFIC DRUG INFORMATION FOR ER/LA OPIOID ANALGESIC PRODUCTS

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## Unit VI

