



Prevention Collaboration in Action

Identifying Needs and Opportunities for
Collaboration

Preparing for Prescriber Education: Getting the Lay of the Land

Prescription opioid misuse remains a major issue for the prevention field even as illicit fentanyl overtakes it as the largest driver of opioid-related overdose deaths.¹ In 2021, more than 8.8 million Americans misused prescription opioids² and approximately 1 in 5 fatal opioid overdoses involved prescription opioids.³

Prevention efforts focused on educating prescribers about opioids and alternative pain management techniques are an important strategy for reducing risk of opioid misuse and overdose. **Prescriber education programs** are effective in helping prescribers understand the complexities of treating chronic pain, including describing when and how to appropriately prescribe opioids.⁴

Prevention professionals 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, can help practitioners target prevention programming and identify appropriate partners.

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

- [Who is authorized to prescribe opioids in your state?](#)
- [Who issues prescriber licenses in your state?](#)
- [What educational programming or certifications do prescribers need to obtain a license to prescribe opioids?](#)

- [Do opioid prescribers in your state need to adhere to continuing education requirements to renew a license?](#)
- [What prescriber education resources are already available?](#)
- [What collaboration opportunities exist to expand or improve prescriber education?](#)

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.⁵ 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.⁵
2. **Mid-level practitioners** include physician assistants, nurse practitioners, nurse midwives, nurse anesthetists, 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 Nevada, grant broad prescribing abilities to mid-level practitioners like physician assistants. Others, like Kentucky, prohibit physician's assistants from prescribing any controlled substances.⁶

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.dea diversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf

Q: Who issues prescriber licenses in your state?

Obtaining a federal DEA registration number is just the first step in becoming authorized to prescribe controlled substances. All prescribers must also obtain a license from state-designated 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. Licenses, and DEA registration numbers, are state specific. Practitioners who work across states must obtain multiple DEA numbers and separate state licenses.⁷

States vary considerably as to where their licensing boards “live.” Some licensing boards are housed within their state governments. For example, the Colorado Medical Board sits within the state's Department of Regulatory Agencies. Others exist independently as stand-alone entities, such as the Arkansas Medical Board.⁸

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 opioids. For example, Massachusetts' Board of Registration in Medicine oversees the licensing for physicians, who can prescribe opiates, and acupuncturists, who cannot.⁹

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

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

As part of the Medication Access and Training Expansion Act, practitioners who apply for (or renew) their DEA registration after June 2023 are required to complete a one-time, eight-hour training on treatment of patients with opioid or other substance use disorders.¹⁰ State licensing boards have tremendous leeway in determining further educational requirements for prescribers seeking a license. States may also require opioid prescriber education as part of their continuing medical education to satisfy state licensing requirements.¹¹

State licensing boards also have flexibility in determining their licensure process.

- Some states, like California, use a “one license” process.¹² In these states, the DEA registration is all that is required to prescribe controlled substances.¹³
- In other states, like Massachusetts, an additional state-level license is required in order to prescribe controlled substances.¹²

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: 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, to reduce racial inequities and disparities within their health care systems, several states (including Illinois,¹⁴ Massachusetts,¹⁵ and Michigan¹⁶) have implemented mandatory continuing prescriber education on implicit bias. Additional education topics may include state and federal requirements for prescribing controlled substances; pain management alternatives; appropriate prescribing practices; managing acute pain; palliative medicine; prevention, screening, and signs of addiction; responses to prescription drug misuse; or end-of-life care.¹⁷

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>

Q: What prescriber education resources are already available?

The federal government has released several prescriber education resources which support best practices for safely and appropriately prescribing controlled substances. These resources can inform or complement prescriber education efforts and include:

- [CDC Clinical Practice Guidelines for Prescribing Opioids for Pain](#). Originally drafted in 2016 and updated in 2022, these guidelines provide recommendations for prescribers on how to determine whether to prescribe opioids for pain, assess for risk factors, and address potential harms related to opioid misuse.¹⁸
- [HHS Pain Management Best Practices](#). This 2019 report provides a comprehensive look at clinical best practices for pain management and recommendations to address gaps in care.¹⁹
- [HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics](#). Released in 2019, this report guides prescribers on how to determine whether to taper an individual off opioids, and how to do it safely with integrated behavioral health support.²⁰

Many states, like Maryland²¹ and Rhode Island,²² have their own educational resources on best prescribing practices, which often build upon federal resources.

Q: What collaboration opportunities exist to expand or improve prescriber education?

Before planning any new prescriber education efforts, conduct an environmental scan^a to identify ongoing state or community efforts. This can minimize duplication of effort and promote coordination and collaboration between educational entities.

Whether strengthening existing prescriber education efforts or implementing new ones, seek to collaborate with medical professionals and associations. They offer a unique understanding of prescribers' specific needs and the best opportunities and strategies for providing education. Potential collaborative partners include:²³

- State medical boards
- Trade associations
- Medical schools and teaching hospitals
- Universities
- Hospital systems
- Community health centers
- Policymakers
- Coalitions
- Task forces and working groups

Identifying existing prescriber education initiatives and coordinating programming with them can reduce duplication of effort and improve service delivery.

^aAn “environmental scan” is a process of systematically identifying existing information (e.g., risk or misuse data, resource or capacity data, potential partners, academic literature) that may support accomplishing a prevention-related goal or initiative.

REFERENCES

- ¹ Duff, H. J., Shen, W. W., Rosen, L. W., & Lampe, J. R. (2022). *The opioid crisis in the United States: A brief history*. Congressional Research Service. <https://crsreports.congress.gov/product/pdf/IF/IF12260>
- ² SAMHSA. (2023). *Results from the 2022 National Survey on Drug Use and Health: Detailed tables*. U.S. Department of Health and Human Services.
- ³ CDC. (2023). *Opioid overdose*. U.S. Department of Health and Human Services. <https://www.cdc.gov/drugoverdose/deaths/opioid-overdose.html#>
- ⁴ Omer, U., Danopoulos, E., Veysey, M., Crampton, P., & Finn, G. (2021). A rapid review of prescribing education interventions. *Medical Science Educator*, 31(1), 273-289. <https://doi.org/10.1007/s40670-020-01131-8>
- ⁵ Code of Federal Regulations. (n.d.). *FDA Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances*, 21 C.F.R § 1301. <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ffb071c655915a3939f8e22a96ea0972&mc=true&n=pt21.9.1301&r=PART&ty=HTML>
- ⁶ Diversion Control Division. (2022). *Mid-level practitioners authorization by state*. Drug Enforcement Administration, U.S. Department of Justice. https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf#search%3Dmid-level%20practitioner
- ⁷ Diversion Control Division. (n.d.). *Registration Q&A*. Drug Enforcement Administration, U. S. Department of Justice. https://www.deadiversion.usdoj.gov/faq/registration_faq.htm
- ⁸ Federation of State Medical Boards. (n.d.). *Contact a state medical board*. <http://www.fsmb.org/contact-a-state-medical-board/>
- ⁹ Executive Office of Health and Human Services. (n.d.). *Massachusetts Board of Registration in Medicine (BORIM)*. Commonwealth of Massachusetts. <https://www.mass.gov/orgs/board-of-registration-in-medicine>
- ¹⁰ SAMHSA. (2023). *Recommendations for curricular elements in substance use disorders training*. U.S. Department of Health and Human Services. https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training#_edn2
- ¹¹ Medical Board of California. (n.d.). *Physicians and surgeons continuing medical education*. State of California. <https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx>
- ¹² Diversion Control Division. (n.d.). *Practitioner's state license requirements*. Drug Enforcement Administration, U.S. Department of Justice. https://www.deadiversion.usdoj.gov/drugreg/reg_apps/pract_state_lic_require.htm

- 13 Sullivan, T. (2022, July 17). *Illinois to require implicit bias awareness CME training*. Policy & Medicine. <https://www.policymed.com/2022/07/illinois-to-require-implicit-bias-awareness-cme-training.html>
- 14 The University of Vermont. (n.d.). *Controlled substances in research guide*. <https://www.uvm.edu/sites/default/files/media/csguide.pdf>
- 15 Board of Registration in Medicine. (2021, November 18). *The Massachusetts Board of Registration adopts policy requiring CME on the topic of implicit bias in healthcare* [Press Release]. Commonwealth of Massachusetts. <https://www.mass.gov/news/the-massachusetts-board-of-registration-adopts-policy-requiring-cme-on-the-topic-of-implicit-bias-in-healthcare>
- 16 Michigan State Medical Society. (2021). *Medical license renewal: What you need to know*. <https://www.msms.org/About-MSMS/News-Media/medical-license-renewal-what-you-need-to-know>
- 17 New York State Department of Health. (2022). *Frequently asked questions about mandatory prescriber education*. https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/docs/faq.pdf
- 18 Dowell, D., Ragan, K. R., Jones, C. M., Baldwin, G. T., & Chou, R. (2022). CDC clinical practice guidelines for prescribing opioids for pain: United States, 2022. *MMWR*, 71(RR-3), 1-95. <https://doi.org/10.15585/mmwr.rr7103a1>
- 19 Pain Management Best Practices Inter-Agency Task Force. (2019). *Pain Management Best Practices Inter-Agency Task Force report: Updates, gaps, inconsistencies, and recommendations*. U.S. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf>
- 20 Working Group on Patient-Centered Reduction or Discontinuation of Long-term Opioid Analgesics. (2019). *HHS guide for clinicians on the appropriate dosage reduction or discontinuation of long-term opioid analgesics*. U.S. Department of Health and Human Services. https://www.hhs.gov/system/files/Dosage_Reduction_Discontinuation.pdf
- 21 Maryland Board of Physicians. (n.d.). *Board guidance*. Maryland Department of Health. https://www.mbp.state.md.us/resource_information/res_con/resource_consumer_od_board_guidance.aspx
- 22 Rhode Island Department of Health. (n.d.). *Safe opioid prescribing*. State of Rhode Island. <https://health.ri.gov/healthcare/medicine/about/safeopioidprescribing/>
- 23 Center for the Application of Prevention Technologies. (n.d.). *Opportunities for collaborating with medical professionals to prevent opioid misuse*. Education Development Center. https://solutions.edc.org/sites/default/files/Opportunities-For-Collaborating-With-Medical-Professionals_508Compliant.pdf