

Opioid Continuing Education Requirements for Physicians

COPIC has compiled the following information to help physicians understand state-level CME requirements related to opioid prescribing. States highlighted include: AZ, CO, IA, KS, MN, MT, NE, ND, OK, SD, UT, WI, and WY

To help identify education resources, COPIC has developed a resource titled "[Education Opportunities: Treatment and Management of Patients with Opioid or Other Substance Use Disorders](#)" that lists relevant CME courses that are provided by national organizations (many of which are offered at no cost).

In addition, COPIC offers the following on-demand courses, which can be accessed online at [COPIC's Courses & Seminars page](#):

- COPIC'S Three-Hour Opioids Review (Education for DEA Training Requirements)
- Opioid Management: A Practical Approach to a National Crisis (Opioids I)
- Opioid Crisis: Strategies for Reducing the Burden (Opioids II)

Please note that this information was current as of 4/25/23 and may have changed since then.

ARIZONA

ARS § 32-3248.02: A minimum of 3 hours of opioid-related, substance use disorder-related continuing education is required for each license renewal cycle (every two years). Three hours of CME or accredited CE that is approved by the applicable health profession regulatory board shall be included as part of any CE requirements for that health professional.

The [Arizona Medical Association](#) site offers an on-demand opioid CME for Arizona physicians, \$50 for members and \$150 for non-members.

COLORADO

CRS § 12-30-114: Four (4) CEUs per licensing cycle are required to demonstrate competency regarding:

1. Best practices for opioid prescribing, according to the most recent version of the Colorado Department of Regulatory Agencies' Division of Professions and Occupations guidelines for the safe prescribing and dispensing of opioids;
2. The potential harm of inappropriately limiting prescriptions to chronic pain patients;
3. Best practices for prescribing benzodiazepines;
4. Recognition of substance use disorders;
5. Referral of patients with substance use disorders for treatment; and
6. The use of Colorado's electronic prescription drug monitoring program.

Licensed health care providers, including physicians, PAs, podiatrists, dentists, APRNs with prescriptive authority, optometrists and veterinarians licensed per CRS Title 12, are exempt if they maintain a

national board certification requiring equivalent substance use prevention training OR attest that they do not prescribe opioids.

IOWA

Iowa Administrative Code 653-11.4(1)(d), Training for chronic pain management for permanent or special license renewal: The licensee shall complete the training for chronic pain management as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements per this rule.

1. A licensee who has prescribed opioids to a patient during the previous license period must complete at least 2 hours of category 1 training regarding the CDC guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, every 5 years. A licensee may attest as part of the renewal process that they are not subject to this requirement if licensee did not prescribe opioids to a patient during the previous licensure cycle.
2. A licensee who had a permanent or special license on January 1, 2019, has until January 1, 2024, to complete the chronic pain management training and shall then complete the training once every five years thereafter.

The Iowa Medical Society offers an online training module: <https://www.iowamedical.org/Opioids>

KANSAS

Kan. Admin. Regs. §100-15-4 creates a new Category III continuing education meaning internet or live continuing education activity that meets at least one of the following content requirements: (1) Acute or chronic pain management; (2) the appropriate prescribing of opioids; or (3) the use of prescription drug monitoring programs.

Kan. Admin. Regs. §100-15-5 (a) requires physicians and others to submit proof of completion of continuing education as a condition to renewing a license certifying:

- A. During the 18-month period immediately preceding the license expiration date, the person completed at least 50 credits of continuing education, of which at least one credit shall be in category III, at least 20 credits shall be in category I, and the remaining credits shall be in category II.
- B. During the 30-month period immediately preceding the license expiration date, the person completed at least 100 credits of continuing education, of which at least two credits shall be in category III, at least 40 credits shall be in category I, and the remaining credits shall be in category II.
- C. During the 42-month period immediately preceding the license expiration date, the person completed at least 150 credits of continuing education, of which at least three credits shall be in category III, at least 60 credits shall be in category I, and the remaining credits shall be in category II.

Each 50 minutes equals one credit.

MINNESOTA

Minnesota does not have any opioid training mandates for physicians per their statutes, administrative rules, or medical board rules/policies. A prior law, which expired January 1, 2023, required all health care licensees who have authority to prescribe controlled substances to obtain two (2) hours of continuing education credits between January 1, 2020, and December 31, 2022.

MONTANA

Montana does not appear to have any opioid training mandates per their statutes, administrative rules, or medical board rules/policies.

NEBRASKA

NRS § 38-145(6): All professionals who prescribe controlled substance are required to obtain 3 CE hours on the subject of opioids and 0.5 CE hours (of the 3) on the subject of prescription drug monitoring program (PDMP), biennially. The Nebraska Department of Health and Human Services has [videos on its website](#) so a prescriber can meet both requirements for the statute requirements for license renewal and the statute requirement to view the training before accessing PDMP. (This is set to expire on January 1, 2029).

NORTH DAKOTA

North Dakota does not appear to have any opioid training mandates per their statutes, administrative rules, or medical board rules/policies.

OKLAHOMA

59 Okl.St. Ann. § 641.C.2 (D)) and 495a.1.C (MD) require that the licensee receive not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction each year preceding an application for renewal of a license, unless the licensee has demonstrated to the satisfaction of the Oklahoma Medical Board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.

SOUTH DAKOTA

South Dakota does not have any CE requirements per their statutes, administrative rules, or medical board rules/policies.

UTAH

UT ST § 58-37-6.5(2) mandates controlled substance continuing education based on the period for obtaining licensure renewal. For licenses renewed during January 1, 2014 – December 31, 2023, each controlled substance prescriber shall complete at least 3.5 CE hours per licensing period, in one or more controlled substances prescribing classes. For licenses renewed after January 1, 2024, each controlled substance prescriber shall complete at least 3.5 CE hours in an SBIRT-training (screening, brief intervention, and referral to treatment) class that satisfies state requirements. A controlled substance prescriber need only take the SBIRT-training class once during the licensure in the state; and shall provide a completion record of the SBIRT-training class in order to be reimbursed for SBIRT services to patients who are Medicaid enrollees or covered under a state employee risk pool over the age of 13.

An MD or DO completing a required CE shall complete those hours in classes that qualify for the AMA Physician's Recognition Award Category 1 Credit. The 3.5 hours shall include educational content covering:

- a) the scope of the controlled substance abuse problem in Utah and the nation;
- b) all elements of the FDA Blueprint for Prescriber Education under the FDA's Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, as published July 9, 2012, or as it may be subsequently revised;
- c) the national and Utah-specific resources available to prescribers to assist in appropriate controlled substance and opioid prescribing;
- d) patient record documentation for controlled substance and opioid prescribing;
- e) office policies, procedures, and implementation; and
- f) some training regarding medical cannabis as "in a medicinal dosage form or a cannabis product in a medicinal dosage form."

WISCONSIN

WI ADC § Med. 13.02(1v): for renewal occurring after November 1, 2021, a minimum of 2 of the 30 CE hours (biennial) required shall be a Board-approved educational course or program related to opioid prescribing.

WI ADC § Med. 13.02(1x): for renewal occurring after November 1, 2023, a minimum of 2 of the 30 CE hours (biennial) required shall be a Board-approved educational course or program related to opioid prescribing.

The mandate does not apply to physicians who do not hold a DEA number/certificate of registration to prescribe controlled substances.

The Wisconsin Board of Medicine has [Opioid Prescribing Guidelines](#) that were amended in December 2022. In addition, there is an approved list of [Opioid CME](#) courses.

WYOMING

WY ST § 33-26-305 directs the Wyoming Board of Medicine to require licensees who are registered with the Board of Pharmacy to dispense a controlled substance. The Board of Medicine requires physicians to complete one hour of continuing education related to the responsible prescribing of controlled substances or the treatment of substance abuse disorders every two years. Details on physician license renewal can be found at <https://wyomedboard.wyo.gov/physicians/renew-license>

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