Background

Despite the high burden of substance use disorders and the dramatic increase in overdose deaths in the United States, most medical professionals receive little training on pain management, opioid prescribing, and substance abuse prevention and treatment. A small number of states have begun to address these shortcomings through legal and regulatory changes, including requiring physicians to receive continuing medical education on controlled substance prescribing best practices, and legislation recently introduced in Congress would extend these efforts nationally.

In a recent study of 104 American medical schools, only four reported having a required pain course, and only 16 percent offered a designated pain elective. The mean number of hours students received in the treatment of pain was less than 12. Among practicing primary care physicians, over 47 percent reported that their medical education and training was unsatisfactory in preparing them to address opioid dependence, and 40 percent reported that it was unsatisfactory in preparing them to address chronic pain. Another study focusing on community health clinics serving predominantly uninsured or underinsured patients found that “the majority of attending physicians rated their medical school education (81.5 percent), and residency training (54.7 percent), about chronic pain treatment as insufficient.” Moreover, one study found that fewer than 20 percent of primary care physicians in a recent survey reported being “very prepared” to identify alcohol or drug dependence, while another found that 60 percent of physicians surveyed did not “receive[] training on identifying prescription drug abuse and addiction.”

Research shows the effects of this failure to adequately train medical professionals in these important areas. In a recent study, more than 40 percent of patients receiving treatment for substance use disorder reported that their physician “missed the diagnosis of a substance use disorder, and only 25 percent were involved in their decision to seek treatment.” A nationwide study of HIV care providers revealed that they seldom follow recommended guidelines for opioid prescribing and have limited confidence in their ability to recognize opioid analgesic abuse. A separate study found that nearly half of the primary care physicians and psychiatrists surveyed did not “routinely recommend[] addiction treatment.” This lack of training in the prevention, diagnosis, and treatment of drug-related medical conditions has been known for decades, but little has been done to address it.

Recently, however, improving physician education in the areas of appropriate prescribing and effective response to substance use disorder has been identified as a priority for the profession. The American Medical Association has called for policy reforms that provide “[p]ositive incentives to promote physician education that provides current prescribing best practices…,” including “enhancing [the] education and training of physicians [and] prescribers, [] … continuing throughout one’s professional career,” on topics such as “making informed prescribing decisions, considering all available treatment options and data for their patients, reducing inappropriate prescribing of opioids, making appropriate referrals for patients with opioid use disorders, and taking other steps to address over-prescribing of opioids….” Similarly, the
Institute of Medicine supports improving pain management education for health professionals at both the undergraduate and graduate level, particularly for primary care providers, as well as continuing education programs for current providers.\textsuperscript{14}

Continuing Medical Education (CME) has been shown to help providers “feel confident in implementing the appropriate intervention,”\textsuperscript{15} and a study of physicians found that the number of hours of CME received was a key factor in their willingness to treat substance use disorder.\textsuperscript{16} Another study found that physicians who participated in a CME course providing only two practice sessions experienced increased comfort and performance levels in “screening for substance abuse, offering treatment options, providing a brief intervention, and suggesting referral options.”\textsuperscript{17}

Because of a recognition that the actions of prescribers who fail to follow best practices are contributing to the current opioid crisis,\textsuperscript{18} the current lack of training in the prevention, diagnosis, and treatment of drug-related medical conditions and the widely recognized importance of improving physician education in the areas of appropriate prescribing and effective response to substance use disorder, a number of states and the federal government have taken action to ensure that physicians and other professionals with prescriptive authority receive continuing education that will enable them to better care for their patients.

\textbf{State Efforts}

As of August 2015, at least 15 states require that physicians obtain CME in pain management or controlled substance prescribing.\textsuperscript{19} Massachusetts requires that physicians obtain three credits in pain management every three years,\textsuperscript{20} while West Virginia requires that within one year of receiving initial licensure and during each two-year license renewal cycle, physicians must receive at least three hours of drug diversion training, best-practice prescribing of controlled substances training, and training on prescribing and administration of an opioid antagonist.\textsuperscript{21} States with similar requirements include California,\textsuperscript{22} Delaware,\textsuperscript{23} Iowa,\textsuperscript{24} Kentucky,\textsuperscript{25} New Mexico,\textsuperscript{26} Oregon,\textsuperscript{27} Rhode Island\textsuperscript{28} and South Carolina.\textsuperscript{29} Tennessee requires one credit every two years in prescribing controlled substances and that providers of intractable pain management have specialized CME training.\textsuperscript{30} In Vermont, during each two year license renewal cycle, physicians must take one hour in a category that includes pain management services as an option, and each licensee who has or has applied for a DEA number must take at least one hour on safe and effective prescribing of controlled substances.\textsuperscript{31}

Additionally, several states impose CME requirements based on a provider’s licensure type, practice setting and patient characteristics. For example, Florida, Georgia and Texas require all physicians practicing in pain management clinics to obtain CME in pain management or controlled substance prescribing.\textsuperscript{32} Georgia also requires physicians who do not hold a certification in pain management or palliative medicine and whose opioid pain management patients comprise 50 percent or more of the provider’s patient population to obtain 20 CME hours pertaining to pain management or palliative care every two years.\textsuperscript{33} In Ohio, a physician owner/operator of pain management clinics must complete at least 20 hours CME in pain medicine every two years.\textsuperscript{34} Osteopathic doctors in Florida and Oklahoma must obtain one credit on controlled substances during each license renewal cycle.\textsuperscript{35} At least one state legislature – New York – recently introduced bills that would enact more extensive CME requirements.\textsuperscript{36}

While these efforts are relatively new, there is some evidence that CME requirements improve provider knowledge and change behavior. In 2001, California passed legislation requiring physicians to receive, at minimum, 12 hours of CME courses on pain control and end of life care.\textsuperscript{37} In a survey of physicians who attended an October 2002 conference to satisfy this requirement, 67 percent of respondents indicated that they “planned to change their practice based on the information they had received.”\textsuperscript{38} Four months later, 90 percent of responding physicians, “indicated that they had, in fact, changed their practice based on the CME program.”\textsuperscript{39}

Likewise, in 2012, the New Mexico Medical Board adopted a rule requiring physicians and physician assistants to receive five hours of CME courses covering such topics as safe opioid prescribing, non-opioid medications for pain management, pain diagnosis and treatment, opioid misuse and addiction, and the treatment of patients who misuse opioids.\textsuperscript{40} A survey of physicians who attended one such course found “significant positive change in knowledge, self-efficacy, and attitudes,” after completion.\textsuperscript{41} Since the implementation of the new CME requirements, New Mexico has seen significant declines in prescribed opioid dosages and benzodiazepine prescriptions.\textsuperscript{42}
Proposed Federal Action

The Safer Prescribing of Controlled Substances Act, recently introduced in Congress, aims to build upon these state efforts by creating federal controlled substance education requirements. If enacted, the law would require all practitioners seeking to obtain or renew a DEA license for the prescription or dispensing of controlled substances to receive training that, at minimum, covers:

- Best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids.
- Responsible prescribing of pain medications.
- Methods for diagnosing, treating, and managing a substance use disorder, including the use of medications approved by the FDA and evidence-based nonpharmacological therapies.
- Linking patients to evidence-based treatment for substance use disorders.
- Tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.

To facilitate these new requirements, the law also requires the Substance Abuse and Mental Health Services Administration to establish or support training modules meeting the above criteria and to make them available online and free of charge.

SUPPORTERS

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41. Id.