

Opioid/Pain Management-Related CME Requirements

Board-by-Board Overview

	CME Required	Statute/Regulation Citation
AL	YES	Effective January 1, 2018, all Alabama Controlled Substance Certificate (ACSC) holders must complete 2 AMA Category 1 CME hours every 2 years in the area of controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, or controlled substance prescribing for chronic pain. Ala. Admin. Code r. 540-x-14.02
AK	YES	For each licensee who holds a DEA number, at least 2 hours must be in pain management and opioid use and addiction. Alaska Statutes § 8-36-070(a)
AZ-M	YES	Effective April 2018, all health professionals with a valid DEA registration number who are renewing their licenses are required to complete a minimum of three (3) hours of opioid-related, substance use disorder-related or addiction-related CME each renewal cycle. A.R.S. 32-3248.02
AZ-O	YES	Effective April 2018, all health professionals with a valid DEA registration number who are renewing their licenses are required to complete a minimum of three (3) hours of opioid-related, substance use disorder-related or addiction-related CME each renewal cycle. A.R.S. 32-3248.02
AR	YES	One of the 20 annual credits must be in the area prescribing opioids and/or benzodiazepines Ariz. Rev. Stat. § 17-80-105
CA-M	YES	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. Cal. Bus. & Prof. Code § Sec. 2190.5. As an alternative, a physician and surgeon may complete a one-time continuing education course of 12 credit hours in the subjects of treatment and management of opiate-dependent patients, including 8 hours of training in buprenorphine treatment or other similar medicinal treatment for opioid use disorders. Those who choose to comply with this section shall complete the requirements of this section by his/her next license renewal date.
CA O	VEC	Cal. Bus. & Prof. Code § Sec. 2190.6
CA-O CO	YES	Same as CA-M Effective March 30, 2020, licensees must complete at least two hours of training
-00	110	per licensing cycle related to best practices for opioid prescribing, recognition of substance use disorders, referral of patients with substance use disorders for treatment, and use of the Electronic Prescription Drug Monitoring Program. Licensees who maintain a national board certification that requires equivalent

		substance use prevention training, or attests to the Board that the health care provider does not prescribe opioids are exempted. Senate Bill 19-228
СТ	YES	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 each of the following topics: infectious diseases, cultural competency, risk management, including, but not limited to, for registration periods beginning on or after October 1, 2015, prescribing controlled substances and pain management, sexual assault, domestic violence, and behavior health. Conn. Gen. Stat. § 20-10(b).
DE	YES	Starting with 2017 renewals, a physician must complete 2 hours of continuing education (CE) biennially in the areas of controlled substance prescribing practices, treatment of chronic pain, or other topics related to prescribing controlled substances. 24 Del. Admin. Code Uniform Controlled Substances Act Regulations 3.1.3.
DC	NO	
FL-M	YES	Each person registered with the DEA and authorized to prescribe controlled substances must complete 2 hours of AMA Category 1 or AOA Category 1-A on prescribing controlled substances for each biennial renewal. Fla. Stat. Ann. 456.0301.
FL-O	YES	First time renewal: 40 hours; five hours to include one hour in each of the following topics: 1) Risk Management, Florida Laws and Rules, and laws regarding the use and abuses of controlled substances; and 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, Florida laws and rules, and federal and state laws related to the prescribing of controlled substances; and two hours required in the Prevention of Medical Errors. Fla. Admin. Code. Ann. R. 64B15-13.001 Each person registered with the DEA and authorized to prescribe controlled substances must complete 2 hours of AMA Category 1 or AOA Category 1-A on prescribing controlled substances for each biennial renewal. Fla. Stat. Ann. 456.0301.
GA	YES	Effective January 1, 2018, each licensee with DEA registration and prescribes controlled substances must complete before their next renewal 3 hours of Category 1 CME on responsible opioid prescribing. 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. Ga. Comp. R. & Regs. r. 360-1501.
GU	NO	
Н	NO	
ID	NO	
IL	YES	Beginning in 2020, physicians must also complete three (3) CME hours on safe opioid prescribing practices offered or accredited by a professional association, state government agency, or federal agency. CME taken by physicians as a requirement for licensure in another state, or for purposes of board certification application or renewal, count towards this new requirement. III. Admin. Code tit. 68 § 1285.110.
IN	YES	Beginning July 1, 2019, 2 hours of CME addressing the topic of opioid prescribing and opioid abuse. IC 35-48-3-3.5.

IA	YES	lowa-licensed physicians who provide primary care must complete two hours of Category 1 training for chronic pain management and two hours of Category 1 training for end-of-life care every five years. lowa Admin. Code r. 653-11.4(272C).
KS	NO	
KY	YES	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. 201 KAR 9:310.
LA	YES	Effective January 1, 2018, all licensees with a CDS license are required to complete a one-time, 3 hour CME course on drug diversion training, best prescribing practices of controlled substances, and appropriate treatment for addiction. La. Admin. Code tit. 46, pt. XLV, §§ 435.
ME-M	YES	Physicians who prescribe controlled substances must complete 3 hours of continuing medical education on the prescription of opioid medication every 2 years. Code Me. R 02-373 Ch. 1 § 11.
ME-O	YES	Physicians who prescribe controlled substances must complete 3 hours of continuing medical education on the prescription of opioid medication every 2 years. Code Me. R. 02-383 Ch. 14 §§ 1-2.
MD	YES	Effective October 1, 2018, when applying for a CDS registration, physicians must attest to the completion of 2 hours of continuing medical education related to the prescribing or dispensing of controlled substances. HB 1452 of 2018
MA	YES	Effective January 1, 2018, the Board's CME Pilot Program requires licensees to obtain no fewer than 50 continuing medical education credits. Credits shall be earned from an organization accredited by the ACCME, AOA, AAFP or a state medical society recognized by the ACCME or from material used for point of care. 3 credits must be completed in opioid education and pain management if the physician prescribes controlled substances. Board of Registration in Medicine, Policy 2017-05, "A CME Pilot Program."
MI-M	YES	A minimum of 3 hours of continuing education must be earned in the area of pain and symptom management under section 17033(2) of the code, MCL 333.17033(2). At least 1 of the 3 hours must include controlled substances prescribing. Mich. Admin. Code r. 338.23712382
MI-O	YES	Same as MI-M
MN	NO	
MS	YES	For licensees with DEA certificates, 5 hours must be related to prescribing medications with an emphasis on controlled substances. Code Miss. Rules 50 013 001.
МО	NO	
MP	N/A	
MT	NO	
NC	YES	Every physician who prescribes controlled substances shall complete at least three hours of CME, from the required 60 hours of Category 1 CME, that is

		designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management. N.C. Admin. Code tit. 21, r. 32R.0101.
ND	NO	
NE	YES	Effective October 1, 2018, physicians who prescribe controlled substances must complete at least three (3) hours of CME biennially regarding prescribing opioids, of which one half hour shall cover PDMPs. Neb. Admin. R. & Regs. Tit. 172, Ch. 88, § 016.
NH	YES	Three (3) hours every 2 years shall be on pain management. N.H. Rev. Stat. § 329:16-g
NJ	YES	For 2019 renewals and every renewal thereafter, one (1) of the required Category 1 Credits needs to be in topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction and diversion. N.J. P.L. 2017, c. 28
NM	YES	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. 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. N.M. Admin. Code § 16.10.4.
NV-M	YES	2 hours must be in medical ethics, pain management, or addiction care; 2 must be in misuse and abuse of controlled substances, prescribing of opioids, or addiction. Nev. Rev. Stat. 630.253
NV-O	YES	As part of the biennial continuing education requirements for an osteopathic physician, the Board requires 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 Nev. Admin. Code § 633.250.
NY	YES	Prescribers who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction. N.Y. Comp. Codes, R. & Regs. tit. 8, §§ 59.13.
ОН	YES	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. Ohio Rev. Code Ann. § 4731.281-283
OK-M	YES	Effective November 1, 2018, each licensee must complete not less than two (2) hours of education in pain management or two (2) hours 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 Board that the licensee does not currently hold a valid federal DEA registration number. Okla. Admin. Code § 435:10-15-1.
OK-O	YES	1 hour every year must be on prescribing, dispensing, and administering controlled substances. Okla. Admin. Code § 435:10-3-8.

pain management and/or the treatment of terminally ill and dying patients. Any combination of CME coursework focusing on pain management and/or the 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. Or. Admin. R. § 847-008-0075(1). PA-M YES 2 hours on CME is required on pain management or identification of addiction, as well as 2 hours on practices of prescribing or dispensing opioids within 12 months of initial licensure. Subsequent license renewals require 2 hours of CME on pain management, identification of addiction, or prescribing practices. SPA-S § 872.3 PA-O YES 3 same as PA-M PR N/A RI YES 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 3 At least two (2) hours must be related to approved procedures for prescribing and monitoring schedules II-IV controlled substances. SC Code § 40-47-40; SC Code Regs. 81-95. SD NO TN-M YES 4 At least 2 of 40 required hours on controlled substance prescribing, which must include instruction in the Department's treatment guidelines on opioids, benzodiazepines, barbfurates, and carisoprodol and may include topics such as medicine addiction, risk management tools, and other topics approved by the Board; providers of intractable pain treatment must have specialized CME in pain management. Tenn. Comp. R. & Regs. 0050-02-12 TX YES 4 For licensees with direct patient care practice, no less than 2 hours of CME regarding safe and effective pain management toles and every eight years thereafter. For Incomp. R. & Regs. 1050-02-12 TX YES 5 Acontrolled substances must be completed in each of the first two renewal periods following initial licensure, and every eight years thereafter. For licensees practicing in pain management elinics, licensees must complete 10 hours of CME annually in	00	VE0	All Francis of the One was Madical Decad () (P) L P L L L L L L L L
well as 2 hours on practices of prescribing or dispensing opioids within 12 months of initial licensure. Subsequent license renewals require 2 hours of CME on pain management, identification of addiction, or prescribing practices. 35 P.S. § 872.3 RI YES	OR	YES	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.
PR N/A RI YES 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 At least two (2) hours must be related to approved procedures for prescribing and monitoring schedules II-IV controlled substances. SC Code § 40-47-40; SC Code Regs. 81-95. SD NO TN-M YES At least 2 of 40 required hours on controlled substance prescribing, which must include instruction in the Department's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol and may include topics such as medicine addiction, risk management tools, and other topics approved by the Board; providers of intractable pain treatment must have specialized CME in pain management. Tenn. Comp. R. & Regs. 0880-0214 TX YES At least 2 of the 40 hours shall be a course(s) designated specifically to address prescribing practices. Tenn. Comp. R. & Regs. 1050-0212 TX YES For licensees with direct patient care practice, no less than 2 hours of CME regarding safe and effective pain management related to the prescription of opioids and other controlled substances must be completed in each of the first two renewal periods following initial licensure, and every eight years thereafter. For licensees practicing in pain management clinics, licensees must complete 10 hours of CME annually in the area of pain management. TEX. Admin. Code tit 22 § 195.2 UT-M YES Same as UT-M VT-M YES Same as UT-M VT-M YES In hour must be on hospice, palliative care, or pain and effective prescribing of controlled substances and pain management. Every prescribing of controlled substances and pain management. 12-5 Vt. Code R. § 200 VT-O NO	PA-M	YES	well as 2 hours on practices of prescribing or dispensing opioids within 12 months of initial licensure. Subsequent license renewals require 2 hours of CME on pain management, identification of addiction, or prescribing practices.
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TN-M YES At least 2 of 40 required hours on controlled substance prescribing, which must include instruction in the Department's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol and may include topics such as medicine addiction, risk management tools, and other topics approved by the Board; providers of intractable pain treatment must have specialized CME in pain management. Tenn. Comp. R. & Regs. 0880-0214 TN-O YES At least 2 of the 40 hours shall be a course(s) designated specifically to address prescribing practices. Tenn. Comp. R. & Regs. 1050-0212 TX YES For licensees with direct patient care practice, no less than 2 hours of CME regarding safe and effective pain management related to the prescription of opioids and other controlled substances must be completed in each of the first two renewal periods following initial licensure, and every eight years thereafter. For licensees practicing in pain management clinics, licensees must complete 10 hours of CME annually in the area of pain management. Tex. Admin. Code tit 22 § 195.2 UT-M YES A controlled substance prescriber shall complete at least 3.5 hours of CE in one or more controlled substance prescribing classes. Utha Code 58-37-6.5. UT-O YES Same as UT-M YES 1 hour must be on hospice, palliative care, or pain and effective prescribing of controlled substances and pain management services. For each licensee who holds a DEA number, at least 2 CME hours must be on safe and effective prescribing of controlled substances and pain management. 12-5 Vt. Code R. § 200	SC	YES	monitoring schedules II-IV controlled substances.
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regarding safe and effective pain management related to the prescription of opioids and other controlled substances must be completed in each of the first two renewal periods following initial licensure, and every eight years thereafter. For licensees practicing in pain management clinics, licensees must complete 10 hours of CME annually in the area of pain management. Tex. Admin. Code tit 22 § 195.2 UT-M YES A controlled substance prescriber shall complete at least 3.5 hours of CE in one or more controlled substance prescribing classes. Utah Code 58-37-6.5. UT-O YES Same as UT-M YES 1 hour must be on hospice, palliative care, or pain and effective prescribing of controlled substances and pain management services. For each licensee who holds a DEA number, at least 2 CME hours must be on safe and effective prescribing of controlled substances and pain management. 12-5 Vt. Code R. § 200	TN-O	YES	prescribing practices.
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	VT-M	YES	holds a DEA number, at least 2 CME hours must be on safe and effective prescribing of controlled substances and pain management.
VI NO	VT-O	NO	
	VI	NO	

VA	YES	2 hours of Category 1 must be in pain management, proper prescribing of controlled substances, and the diagnosis and management of addiction. Va. Admin. Code 85-20-235.
WA-M	YES	Effective 1/1/19, a physician licensed to prescribe opioids shall complete a one-time CE requirement regarding best practices in the prescribing of opioids or the opioid prescribing rules in this chapter. The CE must be at least one hour in length. WAC 246-919-875.
WA-O	YES	Same as WA-M
WV-M	YES	Beginning May 1, 2014, every physician as a prerequisite to license renewal shall complete a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training during the previous reporting period, which three (3) such hours may be provided only by a Board-approved program. W. Va. Code, § 30-3-12.
WV-O	YES	Same as WV-M
WI	YES	2 hours must be on the opioid prescribing guidelines issued by the Board. Wis. Admin. Code MED § 13.02
WY	NO	

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.