



COLLEGE of AMERICAN PATHOLOGISTS

January 22, 2024

Lisa Robin, MLA, Chief Advocacy Officer
Kandis McClure, JD, Director of Federal Advocacy and Policy,
Federation of State Medical Boards
1775 'Eye' Street NW, Suite 410
Washington, DC 20006

via email to lrobin@fsmb.org and kmcclure@fsmb.org

Re: Opioid/Pain Management Related CME Requirements

Dear Chief Advocacy Officer Robin and Director McClure:

I am writing on behalf of the College of American Pathologists (CAP), concerning state-mandated continuing medical education (CME) for opioid prescribing. The CAP is the world's largest organization of board-certified pathologists and the leading provider of laboratory accreditation and proficiency testing programs. The CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

As you are aware, pathologists, as a specialty class of physicians, seldom obtain Drug Enforcement Agency (DEA) licenses, rarely prescribe, and have limited direct patient interaction, if at all. Given the inherent, medical practice patterns of pathologists, our members can avail fully rationalized and necessary exemptions under state medical boards and state laws that provide an exemption¹ from opioid/pain management CME. These requirements have several permutations, but in some form exempt physicians who do not have DEA licenses, do not prescribe, and do not have direct patient interactions. These exemptions for the most part apply to the routine and common medical practice of pathologists.

However, there are quite a few states² that have indiscriminately and illogically applied the opioid CME mandate to pathologists and other physicians for whom this CME is of no medical value given the complete absence of prescription activity. As a practical matter, while the CME is not overly onerous, it does detract from value-added medical education and medical practice time involving patient diagnosis and care.

Accordingly, we urge the Federation of State Medical Boards (FSMB) to develop, promulgate, and disseminate a consistent national policy and subsequent guidance to make expressly clear that, optimally, any state-mandated opioid and pain management CME requirements not be statutorily or regulatorily applicable to physicians who do not have DEA licenses.

¹ AL, AK, AZ, CA, FL, GA, IA, KY, LA, ME, MD, MA, MS, NE, NM, NY, NC, OH, OK, TX, UT, VT, WA

² CO, CT, DE, ID, IL, IN, MI, MT, NV, NH, NJ, OR, PA, RI, SC, TN, VA, WV, and WI.



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We further urge the FSMB to recommend to State Medical Boards, that are invested with policy or regulatory discretion, to exempt physicians under the pertinent CMEs' categorical criteria to provide regulatory relief for physicians who can then devote such time to more useful medical activities germane to their scope of practice and further provide excellent patient care.

If you have any questions, please feel free to contact Barry Ziman, Director of Legislation and Political Action, CAP, at 202-236-0567 or email bziman@cap.org.

We hope to hear back from you as to whether the FSMB is amenable to this request. Thank you for your consideration.

Sincerely,

Donald S. Karcher, MD, FCAP
President