OKLAHOMA
State Board of
Osteopathic Examiners

Policy for Approval of Pain Management, Opioid Use, or Addiction CME

Policy Number:	OSBOE-P002
Adopted by Board:	September 18, 2025
To be Reviewed:	2028

Purpose:

This policy defines the necessary components and process for approval of statutorily required CME on Pain Management, Opioid Use, or Addiction.

Relevant Citations:

59 O.S. § 641 B. The State Board of Osteopathic Examiners may prescribe through rule the necessary information required relevant to a licensee's professional activity including, but not limited to:

> 8. The licensee's completion of continuing medical education or other forms of professional maintenance or evaluation, including specialty board certification or recertification, during the previous registration period.

59 O.S. § 641 D.

1. In addition to the payment of the annual renewal fee, each licensee applying for a renewal of the certificate shall furnish to the State Board of Osteopathic Examiners proof that the person has attended at least two (2) days of the annual educational program conducted by the Oklahoma Osteopathic Association, or its equivalent, as determined by the Board, in the fiscal year preceding the application for a renewal; provided, the Board may excuse the failure of the licensee to attend the educational program in the case of illness or other unavoidable casualty rendering it impossible for the licensee to have attended the educational program or its equivalent.

2. The Board shall 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 Board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number. Such education may be held at the annual educational program referenced in paragraph 1 of this subsection.

OAC 510:10-3-8. Annual registration

(b) **Continuing education required.** Annual license renewal requires proof of having attended and received credit for sixteen (16) American Osteopathic Association (AOA) Category One hours of Continuing Medical Education (CME).

1. Osteopathic physicians who are obtaining or maintaining board certification through the American Board of Medical Specialties (ABMS) may complete sixteen (16) Category One American Medical Association (AMA) credit hours for purposes of satisfying their CME credits for renewal.

2. **One (1) hour every year of the required sixteen (16) hours shall be devoted to the subject of prescribing Controlled Dangerous Substances (CDS)** as defined in Title 21, Code of Federal Regulations, Part 1308 or Title 63 of the Oklahoma Statutes.

(A) The one (1) hour of CME shall be dedicated to pain management, opioid use, or addiction, The course shall be obtained at **a seminar approved by the State Board of Osteopathic Examiners.**

(B) Certification of attendance shall be submitted to CE Broker by the organization sponsoring the program.

(C) Those osteopathic physicians who are licensed in Oklahoma who do not possess the State Bureau of Narcotics and Drug Enforcement Administration authority to handle CDS are exempt from this requirement.

3. A licensee who, for any period during the CME cycle year, was considered a Resident or Fellow is exempt from CME requirements. CME requirements will be required beginning the first July 1 following graduation from Residency or Fellowship.

4. All relevant CME data and completion certificates shall be submitted through CE Broker. If applicable, the course provider may report the relevant CME data on behalf of the licensee.

Policy:

1. Presentations regarding pain management, opioid use, or addiction may be attended in person or via live interactive media which enables attendees to ask live questions with immediate responsive answers and action.
2. Presentations regarding pain management, opioid use, or addiction may be offered through on-demand alternatives if the course has been approved by the Board. However, to obtain board approval, such on-demand alternatives must include:
    a. Storytelling or real-life examples;
    b. Captions and transcripts to improve accessibility;
    c. Analytics and feedback tools to monitor engagement rates, completion metrics, and viewing behavior;
    d. Periodic quizzes that must be passed to continue the presentation;
    e. Downloadable guides;
    f. Learner feedback to improve future content; and
    g. Any additional interactive elements to reinforce learning.

3. An Osteopathic Physician must be present or sponsor the proper prescribing portion of the instruction in order to acquire the one hour necessary for approval by the Osteopathic Board.

("Sponsor" is defined as: Review, approve, and be physically present. If presenting on-demand media, sponsor must be available to answer questions regarding the presentation and responses must be provided within twenty-four (24) hours. However, the officially sponsoring D.O. is not required to instruct the material presented.)

4. This one hour of Proper Prescribing course needs to be approved by the Executive Director at the Oklahoma State Board of Osteopathic Examiners.
5. One hour of Proper Prescribing is required to be attended every year.
6. Following completion, this one hour shall be reported to CE Broker on behalf of the physician by the CME provider.

For the one (1) hour programs, no credit will be awarded without the above requirements being followed.

Procedure:

1. All portions of the presentations regarding pain management, opioid use, or addiction shall be approved prior to presentation in order for CME Credit to be awarded. Requests for approval must be sent through CE Broker and the applicable portions of the course materials need to be provided in advance directed to the Board's Executive Director at the Oklahoma State Board of Osteopathic Examiners office.

2. In order to allow time for processing, requests should be submitted at least thirty (30) days prior to the presentation.

3. Approved presentations may advertise that, "This program meets the requirements for approval of one (1) hour of CME credit by the Oklahoma State Board of Osteopathic Examiners."

Executive Director Approval Standards:

1. No presentation shall be approved by the Executive Director unless it discusses the following minimum requirements:

    a. A Reference must be made to relevant peer-reviewed materials and standards that have been published within three (3) years of the compiling of the presentation.
    b. At a minimum the following points must be discussed in presentations regarding pain management, opioid use or addiction treatment:
        1. Acute, subacute, and chronic pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen.
        2. Clinicians should offer or arrange treatment with evidence-based medications to treat patients with opioid use disorder. Detoxification on its own, without medications for opioid use disorder, is not recommended for opioid use disorder because of increased risks for resuming drug use, overdose, and overdose death.

3. Discontinuing opioids after extended periods of continuous opioid use can be challenging for clinicians and patients. Tapering or discontinuing opioids in patients who have taken them long term can be associated with clinically significant risks, particularly if opioids are tapered rapidly or patients do not receive effective support. Unless there are indications of a life-threatening issue such as warning signs of impending overdose (e.g., confusion, sedation, or slurred speech), opioid therapy should not be discontinued abruptly, and clinicians should not rapidly reduce opioid dosages from higher dosages.

c. A thorough discussion of each of the following must also be included in a **proposed opioid use presentation**.
    1. Prescription Monitoring Program – PMP must be checked at the initial prescription and then at least every 180 days. 63 O.S. § 2-309D(G)
    2. Acute Pain Prescription Limits: For acute pain, prescriber shall not issue an initial prescription for an opioid drug in a quantity exceeding seven (7) day supply. Prescription shall be for the lowest effective dose of immediate-release opioid drug and must state "acute pain" on the face of the prescription. 63 O.S. § 2-309I(A) & (G). Following the initial seven (7) days, after consultation (in person or by telephone), a subsequent 7-day prescription may be issued if prescriber determines the prescription is necessary and appropriate, documents the rationale for prescribing, and determines and documents the prescription does not present undue risk of abuse, addiction or diversion. A second 7-day prescription of an immediate-release opioid drug in a quantity not to exceed seven (7) days may be issued on the same day as the initial prescription if: (i) The subsequent prescription is due to a major surgical procedure and/or "confined to home" status as defined in 42 U.S.C. 1395n(a); (ii) The practitioner provides the subsequent prescription on the same day as the initial prescription; (iii) The practitioner provides written instruction on the subsequent prescription indicating the earliest date on which the prescription may be filled (i.e. "do not fill until" date); and (iv) The subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription. 63 O.S. § 2-309(I)(B)(5)
    3. If a medication needs to be changed due to allergy, ineffective dose or other medical condition, document thoroughly in the record the need and rationale for change.
    4. Chronic Pain Prescriptions: If continuing treatment for three months or more, practitioner shall: (1) review every three (3) months the course of treatment, any new information regarding etiology of pain and progress toward treatment objectives; (2) assess patient prior to every renewal to determine if patient is experiencing

dependency, Opioid Use Disorder, or addiction and document assessment; if a Substance use disorder (SUD) is present a referral to a specialist should be considered (3) periodically make reasonable efforts, unless clinically contraindicated to stop, decrease dosage, or try other treatment modalities; (4) review PMP; (5) monitor compliance with patient provider agreement, and state “chronic pain” on the face of the prescription. After one year of compliance with the patient provider agreement, physician may review treatment plan and assess patient at six-month intervals. 63 O.S. § 2-309I(F)

5. Morphine Milligram Equivalent - MME: If you the prescriber chooses to prescribe greater than 100 MME, the rationale should be documented thoroughly. 63 O.S § 2-309I(J)(3)
6. Prior to an Initial Prescription for any Opioid: Practitioner shall: (1) take and document a thorough medical history; (2) conduct and document a physical exam; (3) develop a treatment plan; (4) access the PMP; (5) limit supply to no more than seven (7) days for acute pain; (6) if the patient is under 18, enter into a Patient-Provider Agreement with the parent or legal guardian; (7) if the patient is a pregnant woman enter into a patient-provider agreement. 63 O.S. § 2-309I(A) & (B)
7. Informed Consent & Risk Discussions: Prior to initial prescription and again prior to third prescription, practitioner must discuss risks including: (1) risks of addiction and overdose, dangers of taking opioids with alcohol, benzodiazepines and other CNS central nervous system depressants; (2) reason the prescription is necessary; (3) alternative treatment available; (4) risks can include fatal respiratory depression. Practitioner shall document the discussion in the medical record. 63 O.S. § 2-309I(D)
8. Patient-Provider Agreement: Practitioner shall enter into a Patient-Provider Agreement with a patient: (1) at the time of the third prescription for opioid drug; (2) If patient requires more than three months of pain management; (3) if patient is prescribed benzodiazepines and opioids together; (4) if patient requires more than 100 mg morphine milligram equivalents (MME); (5) If patient is pregnant; or (6) with the parent or legal guardian if the patient is a minor. 63 O.S. § 2-309I(J); 63 O.S. § 2-309I(B)(6),(7); 63 O.S. § 2-101(45)
9. The requirements of opioid management do not generally apply to a patient who has sickle cell disease, receiving cancer treatment or receiving aftercare cancer treatment, hospice, palliative care, residents of a long-term care facility, or medications for treatment of substance abuse or opioid dependence. 63 O.S. § 2-309I(H)
10. Written Policy: Any provider authorized to prescribe opioids shall adopt and maintain a written policy including execution of written

contract patient-provider agreement between practitioner and qualifying opioid therapy patient. 63 O.S. § 2-309I (I) (J)

11. Standard of Care: This law shall not be construed to require a practitioner to limit or forcibly taper a patient on opioid therapy. The standard of care requires effective and individualized treatment for each patient as deemed appropriate by the prescribing practitioner.