NEWS & UPDATES

NEW **DEA** REQUIREMENT
MATE ACT
WHAT YOU NEED TO KNOW

WHO IS RESPONSIBLE FOR SATISFYING THIS NEW TRAINING REQUIREMENT?

✓ All DEA-registered practitioners, except for practitioners that are solely veterinarians.

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HOW WILL PRACTITIONERS BE ASKED TO REPORT SATISFYING THIS NEW TRAINING REQUIREMENT?

✓ Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form — regardless of whether a registrant is completing their initial registration application or renewing their registration — affirming that they have completed the new training requirement.

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WHAT IS THE DEADLINE FOR SATISFYING THIS NEW TRAINING REQUIREMENT?

- ✓ The deadline for satisfying this new training requirement is the **date of a prescriber's next scheduled DEA registration submission** — regardless of whether it is an initial registration or a renewal registration — on or **after June 27, 2023.**

- ✓ This **one-time training requirement** affirmation will not be a part of future registration renewals.

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HOW CAN PRACTITIONERS SATISFY THIS NEW TRAINING REQUIREMENT?

✓ Group 1: All practitioners that are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.

✓ Group 2: All practitioners that graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school within five years of June 27, 2023,.

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HOW CAN PRACTITIONERS SATISFY THIS NEW TRAINING REQUIREMENT?

✓ SECOND, practitioners can satisfy this training by engaging in a total of eight hours of training on treating and managing patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:

✓ The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.

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HOW CAN PRACTITIONERS SATISFY THIS NEW TRAINING REQUIREMENT?

✓ Past training in treating and managing patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received relevant training from one of the groups listed below, before this new training obligation was enacted on Dec. 29, 2022, that training counts towards the eight-hour requirement.

✓ Past DATA-Waived training counts towards a DEA registrant's eight-hour training requirement.

✓ Training can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings.

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DOES THE ISMA OPIOID EDUCATION/TRAININGS MEET THIS NEW REQUIREMENT?

✓ Per the DEA MATE training letter, the following accredited groups may provide training. ISMA and ISMA Accredited Providers fall into the first category below:

- Any organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR), whether directly or through an organization accredited by a state medical society that is recognized by the ACCME or CCEPR. ISMA is directly accredited by the ACCME.

DOES THE ISMA OPIOID EDUCATION/TRAININGS MEET THIS NEW REQUIREMENT?

- The American Society of Addiction Medicine (ASAM)
- The American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- The American Osteopathic Association (AOA), or any organizations accredited by the AOA to provide continuing medical education
- The American Dental Association (ADA)
- The American Association of Oral and Maxillofacial Surgeons (AAOMS)
- The American Psychiatric Association (APA)
- The American Association of Nurse Practitioners (AANP)
- The American Academy of Physician Associates (AAPA)
- The American Nurses Credentialing Center (ANCC)
- Any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR
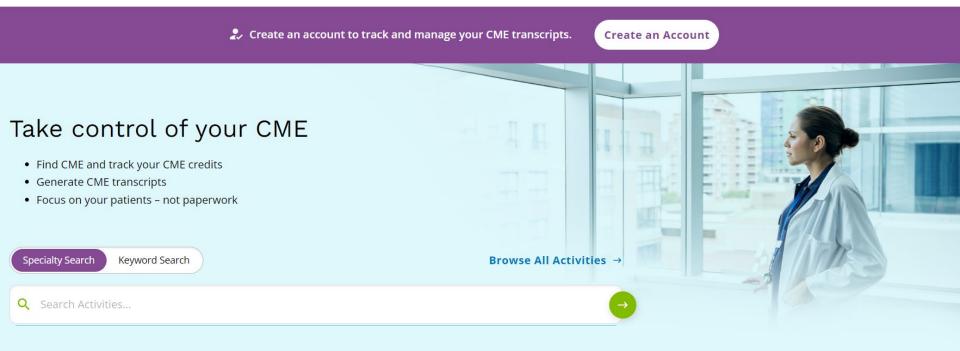
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ACCME Call for Comment on Digital Data Management in CME

February 22, 2023

The ACCME has been working to simplify the management of CME credits and seeks comments from accredited providers on the best next steps to support that evolution and maximize participation from all providers in the digital ecosystem.

For several years, ACCME has offered accredited providers the opportunity to report credit information directly to ACCME, rather than issue a certificate of completion. Upon completing an ACCME-accredited activity, the reported credits can appear in each physician's CME Passport transcript, conveniently keeping their credits in one place. To validate their identity, physicians need only provide as little as their name, one state in which they are licensed, and the month and day of their birthday to each ACCME-accredited provider whose activities they complete. Accredited CME providers can enter both activity and learner credit data in ACCME's Program and Activity Reporting System (PARS) via web fill form, batch upload tools using such as Microsoft Excel, or automated web services. Once the credit is reported by the provider through PARS, it is made available in the physician's personal transcript, and with permission, to their allopathic or osteopathic licensing board(s) and participating certifying board. Physicians can log in to their profile on CME Passport and view a centralized transcript of their credit, as well as share that transcript with any entity they wish, including their certifying board or credentialing office.

ACCME Call for Comment

- The ACCME seeks input on how it can further meet the needs of the community with these systems and maximize the adoption of the system by all providers for everyone's benefit:

- What changes, if any, should be made to ensure reporting learner credit data is as easy and efficient as possible for accredited providers?

- How can ACCME best support accredited providers to ensure physicians have a complete record of their credit data available?

- What lead time should be provided if ACCME *required* all CME credit be reported into the system for all activities?

- How should ACCME approach content taxonomy and tagging when reporting activities while minimizing burden on the accredited provider?

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