

April 23, 2026

The Honorable Kyle Mullica
Chair
Health and Human Services Committee
Colorado General Assembly
200 E. Colfax, RM 307
Denver, CO 80203

Re: American Medical Association support for Colorado Senate Bill 26-138

Dear Chair Mullica:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in strong support of Section 4 of Colorado Senate Bill 26-138 (SB26-138), which would repeal outdated requirements mandating certain continuing medical education (CME) requirements for Colorado's physicians and other health care professionals. Repealing these requirements will help reduce administrative burdens on physicians while preserving physicians' ongoing efforts to end Colorado's—and the nation's—ongoing overdose epidemic.

The AMA strongly supports meaningful education and training for medical students, residents, and physicians throughout their careers in the assessment, treatment, and management of substance use disorders (SUDs) as an essential component of ending the nation's overdose and death epidemic. The AMA also continues to support efforts by medical schools and residency programs to integrate curricula and training concerning the diagnosis, treatment, and management of acute and chronic pain, including education and training on individualized decision-making for pharmacologic and non-pharmacologic options, as well as education efforts concerning SUDs. Notably, from our vantage point, Colorado's Consortium for Prescription Drug Abuse Prevention continues as one of the nation's finest examples of providing practical education and community resources to improve outcomes and save lives.

There are multiple reasons why we support passage of SB26-138 and repeal of these outdated CME requirements. The first reason to repeal the CME mandate is that it takes away focus from policies and actions that work. Colorado has been a leader in supporting evidence-based treatment for individuals with an SUD and for patients with pain. The AMA has been proud to support many laws to remove barriers to medications for opioid use disorder, increase enforcement for mental health and SUD parity, increase access to non-opioid pain care alternatives, increase access to naloxone, and more. While the number of overdose deaths in Colorado remains too high, the AMA is pleased to see downward trends—positive movement that is a direct result of Colorado's focus on evidence-based policymaking.

It follows that the second reason to repeal the current CME mandate is because there is no compelling evidence that it works to improve outcomes or reduce overdose. Proponents of CME mandates falsely claim that such mandates will reduce opioid prescribing and improve care. In fact, Colorado's physicians began to reduce opioid prescribing in 2012-2013—seven years *before* Colorado's CME mandate went into effect. From 2012 to 2020, opioid prescriptions dispensed in Colorado decreased by nearly

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50 percent—a trend that continues. In addition, dosage strength of those prescriptions, measured in morphine milligram equivalents, has decreased by nearly 70 percent since 2012. While Colorado has seen decreases greater than the national average, every state has seen decreases, and there is no correlation between the rate of decrease in states with or without CME mandates.

The third reason to repeal the CME mandate is that there already is a larger, federal mandate on physicians and other health care professionals via the Medication Access and Training Expansion (MATE) Act. Since June 2023, as a condition of receiving a U.S. Drug Enforcement Administration registration, physicians and other health care professionals are required to complete eight hours of education on treating and managing patients with opioid or other SUDs. This includes the appropriate clinical use of all medications approved by the U.S. Food and Drug Administration for treatment of SUD or the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other SUDs. While the AMA did not support the MATE Act, we appreciate that it provides great flexibility for physicians to take education that will relate to their specialty and patient population. In other words, Colorado does not need its own CME mandate because its health care professionals already are required to complete even more education vis-à-vis the MATE Act.

The AMA holds the work of the Colorado Legislature in high regard for its focus on evidence-based policies to end Colorado's overdose epidemic. At a time when illegally made fentanyl, cocaine, methamphetamine, and other illicit, toxic substances continue to ravage the state, the AMA urges Colorado's policymakers to double-down on evidence-based efforts and jettison outdated policies that do not directly help improve outcomes and save lives. The AMA, therefore, strongly supports Section 4 of SB 26-138 and urges you to pass SB 26-138.

Thank you for your consideration. If you have any questions or if we can provide further information, please do not hesitate to reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org.

Sincerely,



John Whyte, MD, MPH

cc: Colorado Medical Society
Lindsey Daugherty
Katie Stewart