

# *Consensus Statement to Eliminate the Improper Use of Drug Enforcement Administration Registration Numbers*

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Drug Enforcement  
Administration

American Academy  
of Family Physicians

American College of  
Physicians --American  
Society of Internal  
Medicine

American Academy  
of Nurse Practitioners

National Association  
of Boards of  
Pharmacy

American Academy of  
Physician Assistants

American Optometric  
Association

Federation of State  
Medical Boards

American Osteopathic  
Association

**T**he Controlled Substances Act of 1970 (CSA) was enacted to regulate the lawful use of, and eliminate the illegal distribution of controlled substances.

The CSA and regulations adopted pursuant to the Act require a practitioner to obtain and maintain a current Drug Enforcement Administration (DEA) registration in order to purchase, possess, distribute, and prescribe controlled substances.

The intent of the DEA registration number is to identify and validate those individuals who have been authorized by the federal DEA to prescribe controlled substances in the course of their professional practice.

The disclosure of a practitioner's DEA registration number to entities other than those involved in the legal distribution of controlled substances or the enforcement of the laws governing their legal distribution may facilitate the diversion of controlled substances from the legal channels of distribution.

The improper use of the DEA registration number by insurance companies and/or other health care providers for identification purposes is contrary to the spirit of the CSA and national drug control policies.

The improper use of the DEA registration number for identification purposes results in an unnecessary proliferation in the issuance of DEA registrations to many health care professionals who have neither a need nor desire to use or handle controlled substances in their chosen professions. This increases the probability of prescription fraud and diversion.

The associated use of "fake" or "dummy" DEA registration numbers in pharmacies as an effort to satisfy insurance claims increases the probability that improper DEA numbers will be used for controlled drug prescriptions, which is a violation of DEA regulations.

The Congress of the United States mandated that the Department of Health and Human Services implement a national provider identifier system when it passed the Health Insurance Portability and Accountability Act of 1996, which was signed by the President on August 21, 1996. This national identifier system should be funded and implemented as authorized by the Congress.

*It is therefore agreed to and affirmed by the listed entities that the use of the DEA number for uses other than its original intention should be eliminated through appropriate public policy initiatives, which include, but are not limited to: voluntary actions by individual firms or groups; revised state laws or regulations; Congressional mandates and/or federal legislation. We encourage the Secretary of Health and Human Services to accelerate efforts to implement the national provider identifier system. It is a solution to the problems identified above and it is mandated by law.*