

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 528  
AUTHOR: Low  
BILL DATE: July 3, 2019, Amended  
SUBJECT: Controlled Substances: CURES Database  
SPONSOR: Author  
POSITION: Support if Amended

DESCRIPTION OF CURRENT LEGISLATION:

This bill would change the timeframe for dispensers to report dispensed prescriptions to the Controlled Substance Utilization Review and Evaluation System (CURES) from seven days to the following working day and would add Schedule V drugs to CURES. This bill would allow delegates to access information in CURES and allow a prescriber to check information obtained from the CURES database to meet existing mandates, instead of requiring the prescriber to check the CURES database, among other changes.

BACKGROUND:

The CURES Program is currently housed in the Department of Justice (DOJ) and is a state database of dispensed prescription drugs that have a high potential for misuse and abuse. CURES provides for electronic transmission of specified prescription data to DOJ. In September 2009, DOJ launched the CURES Prescription Drug Monitoring Program (PDMP) allowing pre-registered users, including licensed health care prescribers eligible to prescribe controlled substances, pharmacists authorized to dispense controlled substances, law enforcement, and regulatory boards, to access patient controlled substance history information through a secure website. SB 809 (DeSaulnier, Chapter 400) was signed into law in 2013 and included a provision to collect funds from boards that license individuals who prescribe and dispense, for purposes of funding and upgrading the CURES system. This bill also required all prescribers to register with CURES by January 1, 2016, but the law was amended to extend the registration deadline to July 1, 2016. The new CURES 2.0 system, which is a modernized system that has been updated to more efficiently serve prescribers, dispensers and other entities, is now operational and available online, as long as the user uses a compliant browser.

Existing law requires prescribers to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, III, or IV controlled substance to the patient for the first time and at least every four months thereafter if the controlled substance remains part of the patient's treatment, with specified exceptions.

Existing law also allows an entity that operates a health information technology system to integrate with and submit queries to CURES, as specified.

According to the Centers for Disease Control and Prevention, drug overdose deaths continue to increase in the United States. Drug overdose deaths continue to increase in the United States. From 1999 to 2017, more than 700,000 people have died from a drug overdose. Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid. In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999. On average, 130 Americans die every day from an opioid overdose.

### ANALYSIS:

This bill states that it is the intent of the Legislature that state laws regarding the operation and use of PDMPs continue to empower health care oriented technology solutions to the opioid crisis.

This bill would require dispensers to report prescription information to CURES within one working day after the date a controlled substance is dispensed and this bill would add Schedule V controlled substances to CURES.

This bill would allow delegates of prescribers and pharmacists to access controlled substances prescribing information in CURES. This bill would allow a licensed physician who does not hold a DEA registration to submit an application to register for CURES.

This bill would allow a prescriber to consult information from the patient activity report obtained from CURES in order to meet the requirements in existing law. This bill would change the time period in existing law where a prescriber has to check CURES from every four months after prescribing a Schedule II through IV controlled substance to every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment.

This bill would also add to the existing types of facilities that are exempted from having to check CURES if a prescriber furnishes a controlled substance to be administered to a patient in a facility or during a transfer between the facilities, another medical facility, including but not limited to, an office of a health care practitioner and an imaging center. This bill would also exempt health care practitioners from the requirement to check CURES if they administer, order or furnish a controlled substance to a patient as part of the patient's treatment for a radiotherapeutic or diagnostic procedure and the quantity does not exceed a non-refillable seven-day supply of the controlled substance in specified facilities, including another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner. This bill would exempt health care practitioners from the requirement to check CURES that are serving in the absence of the patient's physician if that practitioner orders a renewal request of a medically indicated controlled substance for

an amount not exceeding the original prescription strength or amount or for more than one refill. This bill also includes other minor technical changes.

According to the author, PDMPs are recognized by experts as a powerful tool to combat the abuse and diversion of prescription drugs like opioids. Data reported to CURES provides health professionals, regulators, and law enforcement with critical information to promote safe prescribing and identify abuse.

The Board believes that CURES is a very important enforcement tool and an effective aid for physicians to use to prevent doctor shopping. Reducing the reporting deadline for dispensers and adding Schedule V drugs will make it even more of an effective aid for physicians to utilize. However, the Board believes that all prescribers should be following the mandate to check CURES, even if they are serving in the absence of the patient's physician; as such, the Board is requesting that the provision that provides an exemption in this circumstance be deleted. If this amendment is made, the Board will be in full support of SB 528.

FISCAL: None

SUPPORT: California Academy of Child and Adolescent Psychiatry; California Academy of Family Physicians; California Chapter of the American College of Emergency Physicians; California Chiropractic Association; California Medical Association; California Narcotic Officers' Association; California Radiological Society; California Pharmacists Association; California State Board of Pharmacy; California Veterinary Medical Association; County Behavioral Health Directors Association; and County of San Diego

OPPOSITION: None on file