

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 14, 2019
ATTENTION: Members, Medical Board of California
SUBJECT: Administrative Summary
STAFF CONTACT: Kimberly Kirchmeyer, Executive Director

REQUESTED ACTION:

This report is intended to provide the Members with an update on the staffing, budget, and other administrative functions/projects occurring at the Medical Board of California (Board). No action is needed at this time.

Administrative Updates

Board staff has had several meetings with interested parties regarding the Board, including but not limited to the following:

- Board staff had calls with the Board's President and Vice President to discuss pending projects and the Board agendas.
- Regular meetings continue to be held with Gloria Castro, Senior Assistant Attorney General.
- Board staff continues to meet with Kathleen Nicholls, Deputy Chief, Health Quality Investigation Unit (HQIU).
- Board staff met with staff from HQIU, the Attorney General's Office (AGO), and Enforcement Committee Chair, Dr. Yip, to discuss the transition due to the elimination of vertical enforcement.
- Board staff continues to meet with DCA and the Department of Justice (DOJ) to discuss the Controlled Substance Utilization Review and Evaluation System (CURES) database and the implementation of new legislation pertaining to CURES.
- Board and DOJ staff held webinars regarding CURES on November 30 and December 17, 2018 regarding the mandatory use of CURES that began October 2, 2018. Another webinar is scheduled for January 23, 2019.
- Board and DOJ staff provided a presentation to the San Antonio Regional Hospital staff regarding the mandatory use of CURES requirements.
- Board staff attended the State Board Advisory Panel to the United States Medical Licensing Examination (USMLE) meeting via remote participation.
- Board staff attended the Federation Credentials Verification Service Advisory Council meeting via teleconference.
- Board staff met with University of California Graduate Medical Education Directors to provide an update on the Board and to discuss changes to licensing requirements.
- Board staff attended webinars and teleconferences with the Federation of State Medical Boards (FSMB), United States Medical Licensing Examination (USMLE) and the International Association of Medical Regulatory Authorities.
- Board staff provided a presentation on the Board's enforcement process, reporting requirements, and the Physician Health and Wellness Program at the Medical Staff Leadership Educational Conference in Murrieta.
- Board staff attended a DCA Director's quarterly meeting.
- Board staff attended a Substance Abuse Coordination Committee meeting where discussion and action took place on changes to Uniform Standard #4.
- Board staff provided an update on Board activities at the Physician Assistant Board.

- Board staff provided a presentation to the California Association of Medical Staff Services (CAMSS) Orange County Chapter regarding mandated reporting, the Board's enforcement and licensing process, public disclosure laws, and CURES.
- Board staff provided an update on the licensing requirements and the CURES requirements to the Center for Healthcare Medical Executives.
- Board staff provided a presentation on the CURES requirements to NORCAL Group Risk Management Department.
- Board staff provided a presentation regarding the CURES requirements to health care providers from Glendale Memorial Hospital.
- Board staff provided a presentation regarding the CURES requirements to health care providers from Chino Valley, Glendora, Montclair, and San Dimas Community Hospitals.
- Board staff provided a presentation regarding the CURES requirements to health care providers from Garden Grove Hospital.
- Board staff had meetings with interested parties and the Business, Consumer Services, and Housing Agency regarding the implementation of a Licensed Physicians from Mexico Pilot Program.
- Board staff continues to meet with representatives from the California Department of Public Health, the Board of Pharmacy, the Dental Board, the Department of Health Care Services, DOJ, the Emergency Medical Services Authority, DCA, and other interested parties regarding prescription opioid misuse and overdose. The group is identifying ways all the entities can work together to educate prescribers, dispensers, and patients regarding this issue of serious concern.

Staffing Update

The Board has 163.6 permanent full-time positions (in addition to temporary staff). The Board is at a 12% vacancy rate, which equates to 19.5 vacant positions. This is higher than the 8.5% vacancy rate provided in the last administrative summary. There are two candidates pending hiring, which takes the vacancy rate to 11%. Seven of the positions are pending in the Board's Probation Unit due to a pending review of the classifications for this unit. However, the Board has recruited retired annuitants to assist with the work in this unit while the request is pending. Management will be working to fill all positions as soon as possible.

Budget Update

The Board's budget documents are attached. The fund condition identifies the Board's fund reserve at 5.1 at the end of fiscal year (FY) 17-18 and is projected to be at 3.3 at the end of FY 18-19. It is important note, though, that due to the transition of the DCA to the new Fi\$Cal reporting system, budget documents for FY 17-18 are still not available at this time. Therefore, the months in reserve for FY 17-18 may be adjusted in the future. With the information available at this time based upon projections, the Board is projected to be at -.4 months in reserve in FY 20-21. Thus, the Board will be looking into a fee increase, by performing a fee audit study within the next two years.

On January 10, 2019, the Governor's Budget was released. The Board had one budget change proposal (BCP) in the Governor's Budget, however, there are three other BCPs that impact the Board's budget and fund. The Board's BCP, which was requested by the Members, is for the increase in hourly rate for the Board's expert reviewers. Expert reviewers will be able to receive the increased rate if they have completed the Expert Reviewer Training provided by the Board. There is also a BCP to increase the HQUI's line item for medical consultants by \$1.18 million.

For the last several years, HQUI's medical consultants have been able to be funded from salary savings within the HQUI. However, with the positions being filled, this has resulted in a need for HQUI to decrease the medical consultants' hours. A decrease in their hours results in a delay in the Board's investigations. Therefore, a BCP was submitted to increase the funding to meet this need.

The third BCP impacting the Board is due to the elimination of the vertical enforcement (VE) program effective January 1, 2019. In 2006, when VE originated, the Board requested an additional \$1.912 million for the costs associated with VE. With its elimination, the Board is requesting the AG's budget be reduced by this same amount.

Finally, DCA has submitted a BCP for additional positions in its Legal Unit to assist in the regulation review, in its Fiscal Operations and Business Services Units to assist with the Fi\$Cal reports and documentation needed for this new database system, and in its Human Resources Unit to assist with processing personnel documents. The Board's portion of this increase in staffing will result in an increase in prorata of \$204,000 in the first year.

CURES Update

The Board continues to receive calls and requests for presentations related to the mandate to consult the CURES database. In addition, staff has continued to co-present with the DOJ on webinars related to this new requirement. The webinars provide information to prescribers and dispensers on CURES 2.0, including the features of the system and step-by-step instructions on how to access CURES, resetting passwords, and requesting Patient Activity Reports (PAR). The webinars also provide information on the exemptions to the mandate to consult and actions that may be taken for not complying with the law. Lastly, the Board's FAQs document, attached, continues to be a valuable tool used by physicians in answering questions related to this change.

The CURES statistics indicate that approximately 10,000 additional physicians registered in CURES since June and at this time there are 106,583 physicians registered in the CURES system. In addition, in October, 1,139,347 PARs were run compared to 356,449 in September, which indicates that physicians are following the new requirement. In December, the number of PARS did taper down to 743,068.

AB 1753 Update

In December, the Board also released a letter regarding the new requirements for prescription forms due to AB 1753 (Low, Chapter 479). Based upon a lack of transition period in the legislation, it was expected that patients may encounter difficulty in obtaining their medications. Therefore, upon release of a statement by the Board of Pharmacy, the Board also issued a release. On January 10, 2019, the Board issued a joint release with the DOJ and the Board of Pharmacy to provide further guidance on this issue. Those notices are attached.

Volunteer Physician Registry

The Board just released a new user-friendly Volunteer Physician Registry on its website. The goal of the registry is to allow physicians to register indicating that they are willing to provide volunteer services and then allow clinics in need of volunteers to search the database, using

screening criteria, to identify physicians to volunteer. The search criteria includes a physician's area of medical practice, languages spoken, and the location where the physician wants to volunteer.

Physicians are able to create a profile in the system, and then modify the profile whenever necessary. In addition, the physician's license status information is updated every day from the BreZE database. If a physician's license expires, is cancelled or suspended, his or her profile is automatically removed from the registry search database.

Licensed Physicians and Dentists from Mexico Pilot Program Update

The Licensed Physicians and Dentists from Mexico Pilot Program (Pilot Program) was created to allow up to thirty licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology from Mexico to practice medicine in California for a period not to exceed three years if certain requirements are met. These individuals are only authorized to work in specific clinics within California. The law authorizing the Pilot Program states, "[i]mplementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities." The Board has received the funding for this program and also submitted a BCP to authorize spending for this program, including the hiring of a staff person to oversee the Pilot Program. The Board hired the staff member for the program and has been developing the appropriate forms, procedures, and policies to implement the Pilot Program. It is expected that the Board will begin receiving applications in April 2019.

The Board will also be contracting with an outside entity to evaluate the program as required by law. The evaluation must be conducted jointly with a medical school, the National Autonomous University of Mexico, and the Board. The evaluation will include the quality of care provided by the physicians, the adaptability of the physicians to California medical standards, the impact on the working and administrative environment in nonprofit community health centers and on interpersonal relations with co-workers, the response and approval by patients, the impact on cultural and linguistic services, and the increases in medical encounters provided by the physicians to limited-English-speaking patient populations and increases in the number of limited-English-speaking patients seeking health care services from nonprofit community health centers. Reports by this entity must be provided to the Legislature during the three year period.

Federation of State Medical Boards (FSMB) Update

The FSMB will hold its annual meeting on April 25-27, 2019, in Fort Worth, Texas. The Board will be submitting a request to allow the Board President and Executive Director attend this meeting. On pages BRD 6D-1 to BRD 6D-7 is a draft of the meeting agenda. Some of the agenda items include discussions about sexual boundary violations, tools and techniques to communicate more effectively with stakeholders, global medical regulatory trends, medical regulation in the next ten years, balancing governance with operations, information on how medical boards can bolster public confidence, opioid prescribing, and the aging physician in America and the impact to patient care.

On pages BRD 6D-8 to 6D-37 is the Annual Report on the United States Medical Licensing Examination (USMLE) to Medical Licensing Authorities in the United States. This report provides an overview of the USMLE and updates on program news, enhancements to USMLE, performance data, an overview of the standard setting process, and a summary of state medical boards' interactions with the USMLE program.

0758 - Medical Board Analysis of Fund Condition

(Dollars in Thousands)

	Actual 2017-18	CY 2018-19	BY 2019-20	BY+1 2020-21	BY+2 2021-22
BEGINNING BALANCE	\$ 28,728	\$ 29,436	\$ 18,850	\$ 8,252	\$ (2,407)
Prior Year Adjustment	\$ 1,271	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 29,999	\$ 29,436	\$ 18,850	\$ 8,252	\$ (2,407)
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues:					
4129200 Other regulatory fees	\$ 408	\$ 425	\$ 425	\$ 425	\$ 425
4129400 Other regulatory licenses and permits	\$ 7,227	\$ 7,243	\$ 7,243	\$ 7,243	\$ 7,243
4127400 Renewal fees	\$ 48,797	\$ 49,617	\$ 49,589	\$ 49,589	\$ 49,589
4121200 Delinquent fees	\$ 127	\$ 136	\$ 136	\$ 136	\$ 136
4140000 Sales of documents	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
4163000 Income from surplus money investments	\$ 131	\$ 248	\$ 67	\$ -	\$ -
4150500 Interest from interfund loans	\$ 226	\$ -	\$ -	\$ -	\$ -
4171400 Escheat of unclaimed checks and warrants	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8
4172500 Miscellaneous revenues	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
Transfer From General Fund	\$ 9,000	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 65,928	\$ 57,681	\$ 57,472	\$ 57,405	\$ 57,405
Transfers and Other Adjustments:	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 65,928	\$ 57,681	\$ 57,472	\$ 57,405	\$ 57,405
TOTAL RESOURCES	\$ 95,927	\$ 87,117	\$ 76,322	\$ 65,656	\$ 54,998
EXPENDITURES AND EXPENDITURE ADJUSTMENTS					
Expenditures:					
1111 Program Expenditures (State Operations)	\$ 62,689	\$ 62,201	\$ 62,366	\$ 62,366	\$ 62,366
<u>2018-19 and Ongoing Approved Costs</u>					
BreEZe Costs		\$ 2,562	\$ 2,259	\$ -	\$ -
<u>Anticipated Future Costs</u>					
Expert Reviewer			\$ 499	\$ 499	\$ 499
BreEZe Costs			\$ -	\$ 2,259	\$ 2,259
Vertical Enforcement			\$ (1,912)	\$ (1,912)	\$ (1,912)
HQIU Medical Consultants			\$ 1,180	\$ 1,180	\$ 1,180
DCA Admin BCP			\$ 204	\$ 172	\$ 106
1111 Program Expenditures (State Operations) Subtotal	\$ 62,689	\$ 64,763	\$ 64,596	\$ 64,564	\$ 64,498
Expenditure Adjustments:					
8880 Financial Information System for California (State Operations)	\$ 79	\$ 7	\$ (18)	\$ 7	\$ 7
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ 319	\$ 685	\$ 685	\$ 685
9900 Statewide Pro Rata	\$ 3,723	\$ 4,078	\$ 3,707	\$ 3,707	\$ 3,707
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 66,491	\$ 69,167	\$ 68,970	\$ 68,963	\$ 68,897
Unscheduled Reimbursements		\$ 900	\$ 900	\$ 900	\$ 900
FUND BALANCE					
Reserve for economic uncertainties	\$ 29,436	\$ 18,850	\$ 8,252	\$ (2,407)	\$ (12,999)

Months in Reserve	5.1	3.3	1.4	-0.4	-2.3
--------------------------	-----	-----	-----	------	------

NOTES:

- A. Assumes workload and revenue projections are realized for FY 18/19 and beyond.
- B. Interest on fund estimated at .382%.
- C. \$6 million was loaned to the General Fund in FY 08/09 and \$9 million was loaned to the General Fund by the Board in FY 11/12. \$6 million was repaid in FY 16/17 and \$9 million was repaid in FY 17/18.
- D. The Financial Information System for California is a direct assessment which reduces the fund balance but is not reflected in the Medical Board of California's state operational budget.
- E. Unscheduled reimbursements result in a net increase in the fund balance.

Fiscal Year 2018-19
Budget Expenditures Reports

January 2019

In July 2017, the board and bureaus within the Department of Consumer Affairs (DCA), including the Medical Board of California, migrated to the State of California's new financial management system, Financial Information System for California (FI\$Cal). Replacing more than 2,500 legacy systems, FI\$Cal is one system providing accounting, budget, cash management, and procurement services statewide.

At each quarterly meeting, the Medical Board reviews its expenditure reports. Due to complications with FI\$Cal, these reports are still not available for the January 2019 meeting. DCA is working with FI\$Cal to resolve the lack of reports.

**MEDICAL BOARD OF CALIFORNIA
ATTORNEY GENERAL EXPENDITURES - FY 2018-19
DOJ AGENCY CODE 003573 - ENFORCEMENT (6303)**

Page 1 of 2

		<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
July	Attorney Services	6801.25	\$170.00	\$1,156,212.50
	Paralegal Services	854.25	\$120.00	\$102,510.00
	Auditor/Analyst Services	206.75	\$99.00	\$20,468.25
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$11.95
				<hr/>
				\$1,279,202.70
August	Attorney Services	6916.50	\$170.00	\$1,175,805.00
	Paralegal Services	635.00	\$120.00	\$76,200.00
	Auditor/Analyst Services	108.75	\$99.00	\$10,766.25
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$259.95
				<hr/>
				\$1,263,031.20
September	Attorney Services	5941.75	\$170.00	\$1,010,097.50
	Paralegal Services	711.50	\$120.00	\$85,380.00
	Auditor/Analyst Services	104.00	\$99.00	\$10,296.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$1,854.85
				<hr/>
				\$1,107,628.35
October	Attorney Services	6622.25	\$170.00	\$1,125,782.50
	Paralegal Services	863.00	\$120.00	\$103,560.00
	Auditor/Analyst Services	127.25	\$99.00	\$12,597.75
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$971.60
				<hr/>
				\$1,242,911.85
November	Attorney Services	5813.00	\$170.00	\$988,210.00
	Paralegal Services	906.00	\$120.00	\$108,720.00
	Auditor/Analyst Services	125.50	\$99.00	\$12,424.50
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$1,109,354.50
December	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00

Total July-Dec = \$6,002,128.60
FY 2018-19 Budget = \$13,891,400.00

**MEDICAL BOARD OF CALIFORNIA
ATTORNEY GENERAL EXPENDITURES - FY 2018-19
DOJ AGENCY CODE 003573 - ENFORCEMENT (6303)**

page 2 of 2

		<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
January	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00
February	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00
March	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00
April	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00
May	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00
June	Attorney Services	0.00	\$170.00	\$0.00
	Paralegal Services	0.00	\$120.00	\$0.00
	Auditor/Analyst Services	0.00	\$99.00	\$0.00
	Special Agent	0.00	\$150.00	\$0.00
	Cost of Suit			\$0.00
				<hr/>
				\$0.00

FYTD Total = \$6,002,128.60
FY 2018-19 Budget = \$13,891,400.00

ENFORCEMENT/PROBATION RECEIPTS
MONTHLY PROFILE: JULY 2016 - JUNE 2019

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD Total
Invest Cost Recovery	0	100	2,050	50	50	50	50	50	15,050	0	1,192	450	19,092
Criminal Cost Recovery	181	6,225	100	50	450	50	2,050	350	50	9,025	1,200	10,200	29,931
Probation Monitoring	57,451	50,482	52,323	53,240	42,615	115,898	232,208	163,281	67,638	74,923	38,963	53,282	1,002,304
Exam	5,087	7,610	7,228	11,875	8,187	7,675	870	14,037	10,870	3,355	4,275	3,663	84,732
Cite/Fine	3,500	1,400	3,000	11,150	7,100	5,600	4,900	5,550	5,550	4,275	7,740	1,650	61,415
MONTHLY TOTAL	66,219	65,817	64,701	76,365	58,402	129,273	240,078	183,268	99,158	91,578	53,370	69,245	1,197,474
FYTD TOTAL	66,219	132,036	196,737	273,102	331,504	460,777	700,855	884,123	983,281	1,074,859	1,128,229	1,197,474	
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD Total
Invest Cost Recovery	0	350	250	500	250	250	250	250	250	250	250	0	2,850
Criminal Cost Recovery	32,360	15,100	50	50	2,225	100	50	1,450	3,350	50	50	100	54,935
Probation Monitoring	60,368	36,585	29,158	48,139	81,047	106,868	287,318	91,733	51,170	48,826	28,246	31,900	901,358
Exam	19,195	6,719	590	7,125	980	3,375	6,611	3,670	15,017	0	3,825	3,000	70,107
Cite/Fine	950	5,150	950	4,450	8,600	4,500	5,200	1,050	6,450	3,250	3,450	3,900	47,900
MONTHLY TOTAL	112,873	63,904	30,998	60,264	93,102	115,093	299,429	98,153	76,237	52,376	35,821	38,900	1,077,150
FYTD TOTAL	112,873	176,777	207,775	268,039	361,141	476,234	775,663	873,816	950,053	1,002,429	1,038,250	1,077,150	
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	FYTD Total
Invest Cost Recovery	0	1,000	0	586	8,755								10,341
Criminal Cost Recovery	1,235	50	2,036	55	50								3,426
Probation Monitoring	55,313	51,828	45,046	95,778	49,102								297,067
Exam	0	0	1,275	1,613	6,795								9,683
Cite/Fine	6,800	3,400	10,250	1,700	1,550								23,700
MONTHLY TOTAL	63,348	56,278	58,607	99,732	66,252	0	0	0	0	0	0	0	344,217
FYTD TOTAL	63,348	119,626	178,233	277,965	344,217	344,217	344,217	344,217	344,217	344,217	344,217	344,217	

excel:enfreceiptsmoonthlyprofile.xls.revised 12/20/2018

NOTE: Beginning with October 2013, payment amounts reflect payments made directly to MBC; they do not include payments made through BreEZe online system. Online payment information is unavailable.

Board Members' Expenditures - Per Diem/Travel
July 1, 2018 - June 30, 2019

NAMES	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	YTD
DR. BHOLAT - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Dr. Bholat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MS. FRIEDMAN - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Ms. Friedman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DR. GNANADEV - Per diem	\$ 1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,300
Travel	\$ 1,030	\$ -	\$ -	\$ 528	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,558
Total-Dr. Gnanadev	\$ 2,330	\$ -	\$ -	\$ 528	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,858
DR. HAWKINS - Per diem	\$ 1,700	\$ 1,300	\$ 1,800	\$ 1,600	\$ 1,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,800
Travel	\$ 877	\$ -	\$ -	\$ -	\$ 159	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,036
Total-Dr. Hawkins	\$ 2,577	\$ 1,300	\$ 1,800	\$ 1,600	\$ 1,559	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,836
DR. KRAUSS - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Dr. Krauss	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MS. LAWSON - Per diem	\$ 900	\$ 300	\$ 400	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,100
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Ms. Lawson	\$ 900	\$ 300	\$ 400	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,100
MS. LUBIANO - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Ms. Lubiano	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DR. LEWIS - Per diem	\$ 1,200	\$ 800	\$ 1,200	\$ 1,100	\$ 900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,200
Travel	\$ 702	\$ -	\$ 600	\$ 604	\$ -	\$ 408	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,314
Total-Dr. Lewis	\$ 1,902	\$ 800	\$ 1,800	\$ 1,704	\$ 900	\$ 408	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,514
MS. PINES - Per diem	\$ 1,200	\$ 1,100	\$ 1,400	\$ 1,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,300
Travel	\$ 943	\$ -	\$ 329	\$ 792	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,065
Total-Ms. Pines	\$ 2,143	\$ 1,100	\$ 1,729	\$ 2,392	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,365
MS. SUTTON-WILLS - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 866	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 866
Total-Ms. Sutton-Wills	\$ 866	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 866
MR. WARMOTH - Per diem	\$ 900	\$ 500	\$ 500	\$ 1,200	\$ 300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,400
Travel	\$ 870	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 870
Total-Mr. Warmoth	\$ 1,770	\$ 500	\$ 500	\$ 1,200	\$ 300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,270
MS. WRIGHT - Per diem	\$ 1,200	\$ 1,000	\$ 1,300	\$ 1,800	\$ 1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,600
Travel	\$ 769	\$ -	\$ -	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,349
Total-Ms. Wright	\$ 1,969	\$ 1,000	\$ 1,300	\$ 2,380	\$ 1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,949
DR. YIP - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Dr. Yip	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

As of: 1/2/19

TOTAL PER DIEM BUDGETED	\$ 32,000
TOTAL PER DIEM	\$ 31,700
TOTAL TRAVEL	\$ 10,057
TOTAL	\$ 41,757



Controlled Substance Utilization Review and Evaluation System (CURES) Mandatory Consultation – Frequently Asked Questions

1. What does ‘mandatory use of’ or ‘consultation of’ CURES mean?

This requirement means that unless an exemption exists in law, a physician must query the CURES database and run a Patient Activity Report (PAR) on each patient the first time a patient is prescribed, ordered, or administered a Schedule II-IV controlled substance. The PAR must be run within twenty-four hours, or the previous business day, before prescribing, ordering, or administering the controlled substance. In addition, a physician must also query the database at least once every four months if the controlled substance remains a part of the patient’s treatment plan. Please go to the Board’s [website](#) for more information.

2. What does ‘first time’ mean?

‘First time’ is defined as the initial occurrence in which a health care practitioner intends to prescribe, order, administer, or furnish a Schedule II-IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

3. What actions constitute successfully meeting the requirement to "consult CURES?" For example, can a staff member or other proxy consult CURES on behalf of the physician?

Consulting CURES means the physician prescribing, ordering, administering, or furnishing the Schedule II-IV controlled substance has received a Patient Activity Report (PAR) and has reviewed the information on the document. While a physician can have a registered delegate request the CURES report, the report will go into the physician’s dashboard on CURES so the physician can review the PAR prior to prescribing, ordering, administering, or furnishing.

4. How do I document that I checked CURES prior to prescribing, is a note in the chart sufficient or do I print the CURES report and put it in the patient’s file?

If a physician consults CURES, it is not required to note it in the patient’s file; however, the Board recommends the physician do so. It is up to the physician to determine how to document that he or she consulted CURES, e.g., document it in the chart or print the report and place it in the patient’s file.

5. How do I document I had an exemption and did not need to check CURES?

Most exemptions do not require a physician to document that he or she did not consult CURES because an exemption applied; however, the Board still recommends that a physician document the patient’s record with the reason for not consulting CURES.

Documentation of an exemption **is required** if it is not reasonably possible for a physician to access the information in the CURES database in a timely manner, another physician, who can access the CURES database, is not reasonably available, and the quantity of the controlled substance does not exceed a non-refillable five-day supply of the controlled substance.

6. Can the Board audit CURES to determine physician compliance?

Yes, the CURES Program has the ability to audit the activity of users within the system and the Board has access to this activity.

7. How will the Board know that I did not check CURES and what are the consequences or administrative sanctions of non-compliance with mandatory use?

The Board can receive information about non-compliance through a number of ways. The Board may receive a complaint from a patient, another licensee, or any other source that the physician is not consulting CURES as required. In addition, during the review of any investigation into a physician's care and treatment, the investigator, as part of the investigation process, will ensure CURES was consulted prior to prescribing, ordering, administering, or furnishing controlled substances as required by law.

Failing to consult CURES is a violation of the law and it could result in the issuance of a citation and fine, or could be a cause of action in an accusation that leads to disciplinary action. Disciplinary action could be a public reprimand, suspension, probation, or revocation. Each violation of the law is reviewed on a case-by-case basis.

8. Can a medical assistant or nurse be a delegate as listed in the CURES Program?

The law requires the prescribing physician consult the CURES database. Consistent with DOJ procedures pursuant to Business and Professions Code section 209, a physician may authorize a delegate to order reports from CURES. However, it is important to note that the delegate can only request the Patient Activity Report (PAR). The report will be sent to the physician's dashboard and only the physician can go in and review the PAR. Please remember that a physician may not provide his/her CURES password to anyone.

9. We are "this type" of a facility. Do the physicians in our facility have to run a CURES report prior to prescribing?

It is the Board's recommendation that you review the specific sections of law for each of the facility types and determine if your facility is exempt while the patient is admitted to your facility or if the patient is seen at your facility for a surgical procedure. You may choose to seek legal counsel to assist in your review of the appropriate sections of law.

To assist with your review, here are the specific links for each facility type where an exemption may apply:

Licensed clinic:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1200

Outpatient setting:

http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=1.3.&article

Health facility:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1250.&lawCode=HSC

County medical facility:

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=2.5.&article=1

Place of practice:

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=4.&article=3.5

- 10. In a teaching clinic, or similar setting, often providers have to write prescriptions for other providers who may be out. If I am writing a prescription for a Schedule II-IV controlled substance, which the record confirms the patient has previously received, will I have to check CURES?**

Yes, each physician is required to consult the CURES database prior to prescribing, ordering, or administering.

- 11. If I am covering for one of the other physician's in my practice and a patient requests a refill, and I fill it, do I need to consult CURES? What if the other physician consulted CURES recently?**

Yes, you must consult CURES unless one of the exemptions apply. Even if the other physician recently consulted CURES, if this is the first time you prescribed to the patient or is over four months from the last time you consulted CURES for this patient for this controlled substance, you must consult CURES.

- 12. If a patient is given a non-refillable 5-day prescription for a Schedule II-IV controlled substance from the surgical unit as part of a surgical procedure, the physician does not have to consult CURES as this is an exception. However, if the patient is seen in follow-up one week later and needs an additional refill of medication for pain control, does the physician have to consult CURES?**

Yes, the physician must consult CURES. The law states that a physician, who previously had an exemption, must consult the CURES database prior to subsequently prescribing a Schedule II-IV controlled substance to the patient and at least once every four months thereafter if the substance remains part of the treatment of the patient.

- 13. If my patient was admitted to a hospital for non-surgical treatment and was receiving a Schedule II-IV controlled substance in the hospital, do I have to consult CURES to prescribe a Schedule II-IV controlled substance at discharge from the hospital or am I exempt if I only prescribe a non-refillable seven-day supply?**

If you have not previously consulted CURES, you would be required to consult CURES at discharge no matter the number of days supplied. The exemption only pertains to controlled substances administered while the patient is admitted to or during emergency transfer between facilities specified in law.

- 14. I am a hospitalist at a facility specified in the law. Am I exempt from checking CURES if I am discharging a surgical patient and the prescription for the Schedule II-IV controlled substance is not more than a five-day supply?**

According to the law, if the prescription is part of the patient's treatment for the surgical procedure, the physician does not need to consult CURES as long as the supply does not exceed a non-refillable five-day supply.

15. What actions should be taken if the physician recognizes excessive prescribing or that the patient may be abusing controlled substances?

The physician needs to follow the standard of care when reviewing the patient's controlled substance history. It is important that the patient receive appropriate care, which could include substance abuse treatment, discussion regarding pain management, titration of controlled substances, etc., depending upon the circumstances.

In addition, if a physician believes another physician is excessively prescribing controlled substances to a patient, the Board recommends that you report that physician to the Board for appropriate action.

16. What is the threshold for determining compliance with this statute? (Given the logistics of a typical practice, it will be impractical that 100% compliance will be achievable.)

The law requires complete compliance unless there is an exemption. The Board will review each violation on a case-by-case basis and take action as appropriate.

17. If a physician is titrating up a medication, for example starts with Oxycontin 5mg and then titrates up to 10mg, is this considered a 'new prescription' and is CURES consultation required with each titration?

No, this is not a new 'controlled substance' as it is still the same drug, just a different dosage and therefore another check is not required for four months if that controlled substance remains a part of the patient's treatment.

18. Some of our clinics are using pharmacists to assist with medication reconciliation and other functions at the time of outpatient visits. As part of this process, the pharmacist will print out a Patient Activity Report (PAR) from CURES (using their own log-on) for any patients that have controlled substances on their active medication list. These printouts are given to the physician for review during the appointment, saving time for the physician. Will this satisfy the "mandatory consultation requirement" and would the physician need to file the CURES report in the chart in case of audit?

The law says the physician must consult the CURES database, which means the physician must log into the database, or access a health information technology system if it is integrated with the CURES database, to view a PAR. This is true even if the physician authorizes a delegate to request a PAR.

19. I write less than ten Schedule II-IV controlled substances a year. Do I have to do anything with the CURES Program?

While you may not prescribe that often, the law requires that if you have a DEA registration that authorizes you to prescribe Schedules II - IV controlled substances, you must be registered in CURES. Here is a link to a website regarding CURES registration <https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml>.

In addition, as of October 2, 2018, the first time you prescribe a Schedule II - IV controlled substance to a patient, you must consult the CURES database prior to prescribing, with limited exemptions. You must also consult CURES every 4 months thereafter if that controlled substance remains a part of the patient's treatment. Here is a link to the website with more information regarding that requirement http://www.mbc.ca.gov/Licensees/Prescribing/CURES/Mandatory_Use.aspx.

20. I am a physician who holds a license in California but I also hold a license in Montana and practice in Montana. Do I have to be registered in CURES and do I have to consult CURES?

If a physician holds a renewed and current license in California and is authorized to prescribe Schedules II-IV controlled substances in California, they must be registered in the CURES Program. In addition, if the physician is prescribing to a California patient (potentially via telemedicine), the physician would have to consult CURES unless one of the specified exemptions applied.



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (800) 633-2322
www.mbc.ca.gov

Governor Edmund G. Brown Jr., State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

MEMORANDUM

Date: December 28, 2018
To: Physician Prescribers
From: Medical Board of California
Subject: **AB 1753 (Low, Chapter 479)**

Assembly Bill 1753 (Low, Chapter 479) was signed into law in 2018 and becomes effective on January 1, 2019. This bill requires controlled substance security prescription forms to include a unique serialized number in a format approved by the Department of Justice (DOJ). This bill did not include any transition period to allow for continued use of old controlled substance security prescription forms on or after January 1, 2019.

Pharmacists and pharmacies will be looking for the unique serialization numbers on controlled substance security prescription forms on and after January 1, 2019. The Board encourages physician prescribers to utilize the new forms that include the serialization number. However, if you are unable to obtain the new prescription forms by January 1, 2019, please be aware that the Enforcement Committee of the Board of Pharmacy has recommended that the Board of Pharmacy not make any investigation or action a priority that is against a pharmacist who, in the exercise of his or her professional judgment, determines that it is in the best interest of patient or public health or safety to nonetheless fill such prescription.

The Board of Pharmacy is urging pharmacists and pharmacies to exercise their best judgment in handling these situations, and sent a notice reminding pharmacists and pharmacies of the following possible responses:

- Communicating with the prescriber about the need for a compliant security prescription;
- Advising the prescriber to substitute an electronic prescription;
- Consulting with the prescriber about whether the patient might be terminally ill and eligible for a "11159.2 exemption" prescription under Health and Safety Code section 11159.2;
- Treating prescription orders written on the outdated forms for Schedule III, IV and V medications as oral prescriptions, and verifying the order telephonically with the prescriber's office, pursuant to Health and Safety Code section 11164, subdivision (b);
- Schedule II prescriptions on non-compliant security prescription forms present unique challenges, because of the inability to substitute an oral prescription. It is therefore especially important that pharmacists use their best professional judgement to get

needed Schedule II medications to their patients, and the same enforcement priority will be applied to these dispensing decisions until July 1, 2019.

- If failure to dispense may result in loss of life or intense suffering, dispensing pursuant to the emergency situation requirements of Health and Safety Code section 11167, and curing with a compliant controlled substance security prescription form within seven (7) days; and
- Refusing to fill the prescription.

Again, physician prescribers are encouraged to utilize controlled substance security prescription forms with a unique serialized number, as pharmacies and pharmacists will be identifying prescribers who do not timely transition to the new security prescription forms to the appropriate prescribing board, so that compliance can be encouraged.

For additional information regarding security printers or the serialized number format, please contact the Department of Justice at (916) 210-3216 or securityprinter@doj.ca.gov. You can also review the information disseminated by the [Board of Pharmacy](#) and the language in [AB 1753](#).



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



**Joint Statement from the California Department of Justice, California
State Board of Pharmacy, and the Medical Board of California
Regarding Secure Prescription Forms**

January 10, 2019

As of January 1, 2019, California law requires prescription forms for controlled substances to be printed with a uniquely serialized number. Notices explaining the serial number format and reporting requirements have been released by the Department of Justice (DOJ). Additionally, notices to prescribers and pharmacists were issued by the California State Board of Pharmacy (Pharmacy Board), and by the Medical Board of California (Medical Board), yet questions remain about implementation. This joint statement by DOJ, the Pharmacy Board, and the Medical Board is therefore being issued to provide further clarification and guidance on implementation.

As explained in previous notices from the Pharmacy Board and Medical Board, because of the absence of a grandfathering or transition period in Assembly Bill (AB) 1753 (Low), which enacted this change, as of January 1, 2019, only security forms with unique serialized numbers may lawfully be used to write paper controlled substance prescriptions. As of that date, any paper controlled substance prescription written on a controlled substance security prescription form that does not bear all of the 15 security features will be presumptively invalid.

DOJ has issued guidance to the Security Printers and the pharmacy and direct dispense data reporters regarding the approved serialized number format and reporting requirements. The DOJ has approved 38 security printers that are compliant with the new requirement. However, the signatories to this joint statement recognize that it may take some time for all prescribers to begin using the new, fully-compliant security forms. And that there may be a period of weeks or months during which prescribers continue to use outdated security forms, and those outdated forms are presented to dispensers.

Prescribers are encouraged to procure compliant security forms at their earliest opportunity. In the interim, however, none of the signatory agencies want to see patients denied access to necessary medications during this transition period. With that in mind, the Enforcement Committee of the Pharmacy Board has recommended to the Pharmacy Board and the Executive Officer that, prior to July 1, 2019, enforcement staff not make an enforcement priority of actions against and/or investigations of pharmacists (or their employing pharmacies) who, in the exercise of his or her best professional judgment, determine that it is in the best interest of patient or public health or safety to fill a controlled substance prescription written on a security form that would have been compliant prior to January 1, 2019. Further, to assist pharmacists, pharmacies, and other dispensers with implementation challenges, the Pharmacy Board has told its licensees to consider the following responses to presentation of an outdated form:

- (a) Communicating with the prescriber about the need for a compliant security prescription;
- (b) Advising the prescriber to substitute an electronic prescription;
- (c) Consulting with the prescriber about whether the patient might be terminally ill and eligible for a "11159.2 exemption" prescription under Health and Safety Code section 11159.2;
- (d) Treating prescription orders written on the outdated forms for Schedule III, IV and V medications as oral prescriptions, and verifying the order telephonically with the prescriber's office, pursuant to Health and Safety Code section 11164, subdivision (b);
- (e) Schedule II prescriptions on non-compliant security prescription forms present unique challenges, because of the inability to substitute an oral prescription. It is therefore especially important that pharmacists use their best professional judgment to get needed Schedule II medications to their patients, and the same lack of enforcement priority will be applied to these dispensing decisions until July 1, 2019.
- (f) If failure to dispense may result in loss of life or intense suffering, dispensing pursuant to the emergency situation requirements of Health and Safety Code section 11167, and curing with a compliant controlled substance security prescription form within seven (7) days; or
- (g) Refusing to fill the prescription.

Prescribers should expect to receive calls from dispensers seeking to validate such prescriptions.

Frequently Asked Questions

1. Who is responsible for enforcing the provisions required of the Security Printers?

Answer: The DOJ oversees the Security Printer Program and the approved printers who are required, beginning on January 1, 2019, to print controlled substance prescription forms with uniquely serialized numbers. There is no transition or grace period for printers to become compliant with the requirement to print controlled substance prescription forms with uniquely serialized numbers. Security printers that are not compliant with the new printing requirement, as of January 1, 2019, may have their security printer status suspended.

2. Previous communications have indicated that there is no transition period for prescriptions written after January 1, 2019 without a serial number. Who would enforce provisions against dispensers that determine it is in the best interest of the patient to dispense a medication issued on a form that does not include a serial number?

Answer: The Enforcement Committee of the Pharmacy Board has recommended to the Pharmacy Board and the Executive Officer that, prior to July 1, 2019, investigative staff not make an enforcement priority of actions against and/or investigations of pharmacists (or their employing pharmacies) who, in the exercise of his or her best professional judgment, determine that it is in the best interest of patient or public health or safety to fill a controlled substance prescription written on a security form that would have been compliant prior to January 1, 2019.

The DOJ does not have the authority to enforce such provisions on dispensers.

3. Previous communications have indicated that there is no transition period for prescriptions written after January 1, 2019, without a serial number. Who would enforce provisions against prescribers that determine it is in the best interest of the patient to prescribe on a form that does not include a serial number?

Answer: The Medical Board is responsible for enforcing the provisions related to physician prescribers and is encouraging physician prescribers to obtain and utilize the new controlled substance security prescription forms that contain the serial number as soon as possible. If you are a licensee of another board, you are encouraged to contact the appropriate licensing board for direction.

The DOJ does not have the authority to enforce such provisions on prescribers.

4. As a prescriber, will I be assigned or issued a serial number?

Answer: No, prescribers will not be issued a serial number. The serial number is a number printed on prescription forms produced by approved security printers.

5. Is there a sample of what the new security forms look like?

Answer: The Health and Safety Code establishes the required elements, but does not specify the placement of all security form features. As such, not all forms look the same. The DOJ has a list of approved Security Prescription Printers on its website that can be accessed using the following link - - <https://oag.ca.gov/security-printers/approved-list>. Some of the vendors have a sample of the compliant form on their respective website.

6. Is there a standardized format for the serialized number?

Answer: Yes. The serial number is a 15-digit alphanumeric in the following format:

AAANNNNNNANNNNN (A represents an alpha character and N represents a numeral)

7. Are electronic prescriptions required to include the unique serial number?

Answer: No

8. Who should I contact if I have questions?

Answer: Questions regarding the security printers or the serialized number format should be directed to the DOJ, (916) 210-3216 or securityprinter@doj.ca.gov.

Questions regarding prescriber or pharmacist/dispenser requirements should be directed to the respective board under the Department of Consumer Affairs. The following link can be used to access the respective prescribing boards - -

https://www.dca.ca.gov/about_us/entities.shtml.

Questions regarding pharmacy requirements should be directed to the Pharmacy Board, (916) 574-7900.

Please watch for additional advisories to be released as all agencies are working to identify further real-time solutions.

Thank you.

California Department of Justice
California State Board of Pharmacy
Medical Board of California