



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

Policy Number	509
Policy Title	Controlled Substance Utilization Review and Evaluation System (CURES 2.0) and Prescription Drug Monitoring Program (PDMP)
References	State of California Department of Justice, Office of California law (Health and Safety Code Section 11165.1) Assembly Bill 40 (AB40): Cures Information Exchange Web Services (IEWS) https://oag.ca.gov/cures https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml www.aaicures.com http://aaicures.com/register.for.access.php email: cures@doj.ca.gov Help Desk (916)210-3187
Form	CURES Advisory Memo
Effective	July 28, 2016 Updated: October 4, 2018

1 Policy

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3 Monterey County Behavioral Health is committed to the reduction of prescription drug abuse and
4 diversion without affecting legitimate medical practice or patient care. The Controlled Substance
5 Utilization Review and Evaluations System (CURES 2.0) CURES and Prescription Drug Monitoring
6 Program (PDPM) PDPM database can assist health practitioners identify, intervene, and deter
7 abuse and diversion of Schedule II through IV controlled substances.
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9 Pursuant to Section 11165.4 (e) of the Health and Safety Code, the Department of Justice certifies
10 that, as of April 2, 2018, the CURES database is ready for statewide use and that the Department
11 of Justice has adequate staff, user support, and education. Mandatory CURES consultation
12 becomes effective on October 2, 2018.
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14 California law (Health and Safety Code Section 11165.1) requires all California licensed
15 prescribers authorized to prescribe scheduled drugs to register for access to CURES 2.0 by July 1,
16 2016 or upon issuance of a Drug Enforcement Administration Controlled Substance Registration
17 Certificate, whichever occurs later. The Health Insurance Portability and Accountability Act of 1996
18 (HIPAA) and confidentiality and disclosure provisions of California law cover the information
19 contained in CURES 2.0. Access to CURES 2.0 is limited to licensed prescribers and licensed
20 pharmacists strictly for patients in their direct care; and regulatory board staff and law enforcement
21 personnel for official oversight or investigatory purposes.

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23 California Health & Safety Code Section 11165(d) requires dispensing pharmacies, clinics, or other
24 dispensers of Schedule II through IV controlled substances to provide specified dispensing
25 information to the Department of Justice on a weekly basis in a format approved and accepted by
26 the DOJ. Currently, the ASAP 2009 Version 4.1 format is accepted.

27
28 All Monterey County Behavioral Health prescribers shall register for CURES. Applicants must
29 complete the online registration form and provide a valid email address, medical or pharmacist
30 license number, and DEA registration certificate number (prescribers only.) DOJ will validate
31 identity and license electronically with the Department of Consumer Affairs and the Drug
32 Enforcement Administration.

33 <https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml>

34 35 Procedure

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- 37 1. All Monterey County Behavioral Health prescribers shall register for CURES.
- 38 2. Cures publications and training videos are available at <https://cures.doj.ca.gov/>
- 39 3. Cures Registration Requirements
 - 40 a. California law (Health and Safety Code Section 11165.1) requires all California
41 licensed prescribers authorized to prescribe scheduled drugs to register for access
42 to CURES 2.0 by July 1, 2016 or upon issuance of a Drug Enforcement
43 Administration Controlled Substance Registration Certificate, whichever occurs
44 later.
- 45 4. Submission of Controlled Substance Data
 - 46 a. California Health & Safety Code Section 11165(d) requires dispensing
47 pharmacies, clinics, or other dispensers of Schedule II through IV controlled
48 substances to provide specified dispensing information to the Department of
49 Justice on a weekly basis in a format approved and accepted by the DOJ.
50 Currently, the ASAP 2009 Version 4.1 format is accepted.
- 51 5. Direct Dispense Reporting Application
 - 52 a. The Department Of Justice (DOJ), in coordination with Atlantic Associates, Inc.
53 (AAI), allows direct dispense prescribers and entities, including pharmacies filling
54 less than 25 prescriptions per month, to electronically report dispensing data to the
55 DOJ. **Please note that the DOJ no longer accepts paper direct dispense**
56 **reports.** The direct dispense application can be accessed on the Direct Dispense
57 website located at <http://aaicures.com/register.for.access.php>. Once application is
58 submitted, an email confirmation from AAI will provide you with temporary user
59 name and password. If an email confirmation is not received within 48-hours of
60 submitting the application, please contact AAI at CACures@aainh.com or (800)
61 539-3370.
- 62 6. Prescriber and dispenser registration to access CURES 2.0 is simple and fully automated.
63 Prescribers and dispensers can register to access CURES in the following link:
64 <https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml> (you may need to
65 use Chrome to open this page)
- 66 7. Prescription Forms for Prescribers
 - 67 a. Obtain Security Prescription forms

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- i. California law requires prescribers of any Schedule II through V controlled substance to obtain and use tamper-resistant prescription forms ordered only from state-approved security printers. To order tamper-resistant prescription forms, please refer to the Approved List of Security Prescription Printers for vendors authorized by the DOJ and their contact information.
- b. Report Lost or Stolen Prescription Forms
 - i. Reports of lost or stolen prescription forms or pads must be reported to local law enforcement and the PDMP. Users registered with CURES can electronically report their lost or stolen prescription forms or pads online when logged into their CURES account. A law enforcement agency report number is required when submitting a report of lost or stolen prescription forms to the PDMP.
 - ii. For questions concerning how to report lost or stolen prescription pads or forms, please contact the Security Prescription Printer Program at SecurityPrinter@doj.ca.gov

Documentation

1. Once the information has been reviewed, the prescribing physician is responsible for documenting a complete assessment in the electronic medical record.
2. Assessment should include all relevant clinical information (diagnosis, prognosis and need for treatment), risk and protective factors, and data from the CURES document, in support of the physician's decision to prescribe or not prescribe a Schedule II through IV controlled substance for the treatment of a primary mental health disorder.
3. Document information on electronic submission of controlled substance data.



BUREAU OF CRIMINAL IDENTIFICATION
& INVESTIGATIVE SERVICES
CURES PROGRAM
P.O. BOX 160447
SACRAMENTO, CA 95816-1089

April 9, 2018

TO: ALL CURES USERS

RE: CURES 2.0 CERTIFICATION

Pursuant to Section 11165.4(e) of the Health and Safety Code, the Department of Justice certifies that, as of April 2, 2018, the CURES database is ready for statewide use and that the Department of Justice has adequate staff, user support, and education. **Mandatory CURES consultation becomes effective on October 2, 2018, six months after certification.**

To whom does the mandatory CURES consultation requirement apply?

The mandatory consultation requirement of SB-482 applies to any health care practitioner with both (1) a Drug Enforcement Administration Controlled Substance Registration Certificate and (2) a California licensure as any one of the following:¹

- Dentist
- Physician
- Naturopathic Doctor
- Optometrist
- Osteopathic Doctor
- Physician Assistant
- Podiatrist
- Registered Certified Nurse Midwife (Furnishing)
- Registered Nurse Practitioner (Furnishing)

However, the mandatory use requirement of SB-482 **does not apply** to the following health care practitioners:²

- Veterinarians
- Pharmacists

¹ Health and Safety Code, §§ 11150 and 11165.4(a)(1)(A)(i).

² Health and Safety Code, § 11165.4(b).

Under what circumstances are health care practitioners required to consult CURES?

The mandatory consultation requirement of SB-482 will require health care practitioners identified in the above section to consult the CURES database to review a patient’s controlled substance history under both of the following circumstances:³

1. Before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time; and
2. At least once every four months thereafter if the substance remains part of the treatment of the patient.

“First time” means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, III, or IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.⁴

What exemptions apply to the mandatory consultation requirement?

There are several exemptions to the mandatory use requirement outlined in Health and Safety Code section 11165.4(b) and (c). For reference, attached is a copy of the statute with the exemptions to the mandatory consultation requirement highlighted in red.

Additional information concerning CURES registration, User Guides and Frequently Asked Questions is available at <https://oag.ca.gov/cures>.

For questions and/or training requests, please contact the CURES Program at CURES@doj.ca.gov or 916-210-3187.

³ Health and Safety Code, § 11165.4(a).

⁴ Health and Safety Code, § 11165.4(a)(1)(B).

Health and Safety Code 11165.4.

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every four months thereafter if the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the CURES database the first time he or she prescribes, orders, administers, or furnishes a controlled substance to a patient, he or she shall consult the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule 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.

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business day, before he or she prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient while the patient is admitted to any of the following facilities or during an emergency transfer between any of the following facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.

(3) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical procedure and the quantity of the controlled substance does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and Professions Code.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient currently receiving hospice care, as defined in Section 1339.40.

(5) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.

(ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.

(iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason he or she did not consult the database in the patient's medical record.

(6) If the CURES database is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within his or her control.

(7) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.

(8) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable five-day supply if the controlled substance were used in accordance with the directions for use.

(d) (1) A health care practitioner who fails to consult the CURES database, as described in subdivision (a), shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

(2) This section does not create a private cause of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient.

(e) This section is not operative until six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff, which, at a minimum, shall be consistent with the appropriation authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016 (Chapter 23 of the Statutes of 2016), user support, and education. The department shall notify the Secretary of State and the office of the Legislative Counsel of the date of that certification.

(f) All applicable state and federal privacy laws govern the duties required by this section.

(g) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.