



C A L I F O R N I A

DEPARTMENT OF JUSTICE

CURES: California's PDMP

May 7, 2024

Agenda

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2. History of California's Prescription Drug Monitoring Program
3. Requirements for Law Enforcement Access
4. Challenges of Housing CURES in CA DOJ

Controlled Substance
Utilization
Review and
Evaluation
System

CURES Overview

The CURES Program is the prescription drug monitoring program (PDMP) for the state of California.

Pursuant to state statute, the CURES Program is housed within the California Department of Justice (DOJ).

The CURES database contains information about Schedule II, III, IV and V controlled substance prescriptions dispensed to patients, as reported by California-licensed dispensers.

At the present time, the average number of dispensations reported to CURES is approximately 3,000,000 per month.

CURES Overview

The number of registered CURES users, sorted by user role, is provided in the table below.

Registration Statistics as of April 22, 2024

User Role	Total Number of Registrants
Prescribers	186,146
Non-DEA Practitioners*	16,828
Pharmacists	52,590
Delegates	5,314
Law Enforcement Officials	1,752
Regulatory Agency Officials	279
Totals	262,909

* “Non-DEA Practitioner” means a California licensed physician and surgeon who does not hold a DEA registration.

CURES Overview

The average number of **monthly** CURES patient activity report (PAR) searches, sorted by user role, is provided in the table below:

Average Monthly Search Statistics for Quarter 1 of 2024

User Role	Average Monthly PAR Searches
Prescribers	8,158,610
Non-DEA Practitioners	8,437
Pharmacists	7,420,831
Delegates	99,259
Law Enforcement Officials	150
Regulatory Agency Officials	1,115
Totals	15,688,523

History of California's PDMP

The following slides summarize key points in the evolution of California's PDMP from its inception, in 1939, to present day.

This is relevant to our topic because the reason CURES is presently housed in the California DOJ is due, at least in part, to the original purposes and placement of California's PDMP.

History of California's PDMP

1939 The California Triplicate Prescription Program (TPP) was created and housed in DOJ's Bureau of Narcotics Enforcement. Its aim was to reduce prescription drug abuse through the use of state-issued triplicate prescription forms.

Only Schedule II controlled substance prescription dispensation information was captured and reported under the TPP.

One copy of the triplicate form was provided to the patient; another was retained for the practitioner's record. The third copy was sent to the DOJ's Bureau of Narcotics Enforcement.

DOJ's Bureau of Narcotics Enforcement used the records to investigate potential fraud or criminal diversion of controlled substances.

History of California's PDMP

1997 The Legislature established the CURES pilot program. It was also housed in DOJ's Bureau of Narcotics Enforcement.

While this pilot program and the TPP initially operated in parallel, an important development of the former was the electronic reporting of Schedule II controlled substances, rather than reliance on the paper, triplicate reporting process.

The intended use of the reported data was also expanded under the CURES pilot program to include "easy access to the data collected for educational, law enforcement, regulatory, and research purposes."

At this stage, California's PDMP was not yet a widespread clinical tool to assist prescribers and pharmacists in the safe prescribing and dispensing of controlled substances. Nor was there a user-facing searchable platform for users.

History of California's PDMP

2003 The Legislature made CURES a permanent program and eliminated the TPP. The Legislature also expressly authorized the use of CURES as a **clinical tool**, and mandated the reporting of Schedule III controlled substances to CURES.

At this time, there still was no searchable electronic database available, although authorized users could request CURES data via fax or mail.

2009 A searchable, electronic web-application was introduced as a component of CURES. This allowed prescribers and pharmacists, law enforcement officials, and regulatory agency officials to obtain data from CURES electronically, rather than via fax or mail.

The Legislature mandated the reporting of Schedule IV controlled substance to CURES.

2011 Through the State Budget Act, DOJ's Bureau of Narcotic Enforcement was dissolved and the CURES Program was de-funded.

The CURES Program was relocated to the information services division, a non-sworn, civilian arm of the California DOJ, where it remains.

History of California's PDMP

- 2013 State Budget Act allocated funds for the CURES 2.0 build.
- The Legislature mandated CURES registration for prescribers and pharmacists (effective July 1, 2016) and established an on-going funding mechanism for the CURES Program.
- 2016 CURES 2.0 universally released.
- 2018 The Legislature mandated duty to consult CURES prior to prescribing a Schedule II, III, or IV controlled substance to a patient for the first time and at set intervals thereafter.
- DOJ released the Information Exchange Web Service, an integration solution that allowed health care practitioners and pharmacists to use a qualified health information technology system to access information in the CURES database.
- 2020 DOJ promulgated foundational regulations package formally establishing rules and requirements governing access and use of CURES and CURES data by all authorized user roles.
- 2021 The Legislature mandated reporting of Schedule V controlled substances to CURES.

History of Law Enforcement Requirements

The requirements that CURES has imposed on law enforcement access has evolved over time. This slide covers several key developments within the last decade:

Law Enforcement Access Prior to CURES Regulations (2014-2020)

- Pursuant to DOJ policy, when seeking the CURES records of any patient, law enforcement officials (with specified exceptions) were required to provide a search warrant or court order, and an active case number and violation/crime code.

Establishment of CURES Regulations in 2020

- DOJ codified in the California Code of Regulations the law enforcement access rules established prior to 2020. This also included detailed restrictions on who exactly qualified for access as a “Law Enforcement Official” and established a clear threshold that all law enforcement access to CURES data be in furtherance of efforts to control the diversion and resultant abuse of controlled substances.

Updating of CURES Regulations in 2022

- DOJ updated the CURES regulations in 2022, and established a new pre-approval process for Law Enforcement Officials seeking to conduct a PAR search in CURES.

Challenges of Housing CURES in CA DOJ

One major challenge involving the housing of CURES in the California DOJ involves a perception problem.

Users, associations, and even some patients surmise that because CURES is housed within a law enforcement agency, the primary mission of the CURES Program must be to leverage and apply CURES data toward law enforcement objectives, such as addressing the criminal diversion of controlled substances, and investigating prescribers, pharmacists, and patients.

This perception may well have been warranted with respect to the Triplicate Prescription Program stood up in 1939 within a sworn arm of the California DOJ. But as applied to today's CURES Program, this is misconception.

Since 2011, the CURES Program has been housed on the non-sworn, civilian side of the California DOJ. In that capacity, CURES Program functions as a neutral administrator of the database, serving all user populations in accordance with the laws governing our program.

Challenges of Housing CURES in CA DOJ

In terms of the user apportionment, less than 1% of registered CURES users are law enforcement, whereas over 99% are clinical users.

As such, while a majority of CURES Program resources are directed to database administration that is user-neutral, to the extent user-specific resources are marshalled, they are predominately directed towards supporting the clinical user population. Furthermore, the CURES Program has strong working relationships with our state health departments and all of the state regulatory boards.

Finally, as depicted in prior slides, the CURES Program has promulgated comprehensive and detailed regulations governing law enforcement access to CURES data, including detailed eligibility criteria, documentation and pre-approval processes, and access, use, and disclosure requirements.

But facts and perceptions do not always align, and this misconception presents an ongoing challenge with which the CURES Program must contend.

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